

TODD COUNTY BOARD OF COMMISSIONERS

Health and Human Services Board Meeting Agenda

Date: August 25, 2015

Time: 9:00 AM

Meeting to be held in the Historic Courthouse, Long Prairie, Minnesota

		Approx. Time
1	Call to Order and Roll Call	9:00
2	Pledge of Allegiance	9:01
3	Amendments to the Agenda	9:03
4	Approve July 28, 2015 Meeting Minutes	9:04
5	General	9:05
5.1	Energy Assistance Program - Internal Controls Documentation	
5.2	Temporary Pay Adjustment - Employees Working out of Class	
5.3	SCHA Procurement Appeal Update	
5.4	Review 2016 HHS Preliminary Budget	
6	Claims	

Adjourn

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Approve July 28, 2015 Meeting Minutes	
Date of Meeting: August 25, 2015	Total time requested: 5 min
Department Requesting Action: Administration	
Presenting Board Action/Discussion at Meeting: Denise Gaida	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
July 28, 2015 Meeting Minutes attached	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve Meeting Minutes from July 28, 2015 as read	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures STATE OF MINNESOTA } COUNTY OF TODD } I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	Seal
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TODD COUNTY HEALTH & HUMAN SERVICES

Minutes of the Meeting of the Health & Human Services Meeting

July 28, 2015

Call to Order

The Todd County Board of Commissioners met in the Todd County Historic Courthouse in the City of Long Prairie MN on the 28th day July, 2015 at 9:00 a.m. Commissioner Becker was absent. The meeting was opened with the Pledge of Allegiance. Commissioner Erickson was absent.

Approval of Agenda

On motion by Neumann and second by Becker, the following motion was introduced and adopted by unanimous vote: To approve the agenda as presented.

Approval of Minutes

On motion by Kneisl and second by Neumann, the following motion was introduced and adopted by unanimous vote: To approve the June 23, 2015 minutes as read.

General

Katherine Mackedanz, Mike Steinbeisser, Lisa Chapin and Emily Steinert reported on the 2015 Legislative Session Summaries. The 2015 Legislative session began in mid-January and having to end by mid- May 2015 for capital renovation. More than 4,600 bills were introduced by both the House and Senate during regular session of that only 80 bills were sent to the Governor with 75 signed into law.

Jackie Och and Emily Steinert reported on the letter that was sent from Region IV- Human Services Directors and Administrative Services Manager with support of County Administrators/Coordinators and Board of Commissioners sent a unified a letter to the MNSure Board of Directors sharing their perspectives, concerns and challenges with the MNSure system.

Jackie Och reported on the NJPA Regional Purchase of Services Contract Manager to Region 5 Counties. In June of 2015, National Joint Powers Alliance (NJPA) held its second annual Innovation Funding. An application was made to Innovation Funding for the support of a "Regional Purchase of Service Contract Manager" position, to be used by all five Counties in Region Five (Cass, Crow Wing, Morrison, Todd, and Wadena). At this time the application was not funded through NJPA's Innovation Funding process. After the final Innovative Funding process was completed the NJPA staff and Board of Director's began exploring the concept and it's model. NJPA is proposing to support County need by employing the staff at NJPA to contract and consult out to various Cities and Counties at a significantly discounted rate. The position will be filled under their Shared Services programs for Cities & Counties.

Jena Peterson was present and gave the Quarter 2 Financial Reports.

Social Services Fund Warrants

On a motion by Becker and second by Kneisl the following motion was approved by unanimous vote: To recommend to the County Board the approval of all claims as presented on the Integrated and Disbursements Audit List for the Board on record at the Social Service Office, Courthouse Annex, representing claims in the amount of 113,149.30.

Social Services Fund Warrants

On a motion by Becker and second by Kneisl the following motion was approved by unanimous vote: To recommend to the County Board the approval of all claims as presented on the Integrated and Disbursements Audit List for the Board on record at the Social Service Office, Courthouse Annex, representing claims in the amount of 156,220.12

On motion by Becker and second by Kneisl the meeting was adjourned at 9:49 am for the month of July, 2015.

Commissioner Warrants

Vendor Name	Amount
BRENNY FUNERAL CHAPEL	3,500.00
DHS - MSOP- MN SEX OFFENDER POGRAM	7,399.70
DHS - SWIFT	21,333.71
MORRISON COUNTY SOCIAL SERVICE	2,137.50
PERISH/ALAN	2,551.34
RURAL MN CEP INC	11,229.55
TODD COUNTY AUDITOR/TREASURER	15,096.10
V13188	3,602.33
173 PAYMENTS LESS THAN 2000	46,299.07
FINAL TOTAL	113,149.30

ANU FAMILY SERVICES INC	2125.00
CARITAS MENTAL HLTH CTR	2182.72
CATHOLIC CHARITIES	2832.90
COMMUNITY AND FAMILY SRVS LLC	3768.31
DEPARTMENT OF CORRECTIONS	5575.00
DHS - SWIFT	7710.32
# 4453 FOSTER CARE	2550.00
GREATER MN FAMILY SRVS INC	5629.72
HEARTH LAND GIRLS RANCH	12993.00
KINDRED FAMILY FOCUS	19114.06
LP KIDS/LP-GE SCHOOLS	2265.24
MERIDIAN SERVICES INC	3693.77
NEXUS INC - MILLE LACS ACADEMY	4378.80
NORTHERN PINES MENTAL HLTH CTR	29195.00
PINEHAVEN YOUTH AND FAMILY SRVS INC	2564.70
PORT OF CROW WING GIRLS HOME	3565.80
PRAIRIE COMMUNITY SRVS	2030.10
PRODUCTIVE ALTERNATIVES INC	2550.52
TODD COUNTY DAC	7246.05
VILLAGE RANCH CHILD AND FAMILY SRVS	4647.90
WEST CENTRAL REG JUVENILE CTR	3312.50
Payments less than 2,000	26288.71
FINAL TOTAL	156220.12

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Energy Assistance Program - Internal Controls Documentation	
Date of Meeting: 08/25/2015	Total time requested: 5 min
Department Requesting Action: Health and Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och/Lisa Chapin/Janel Toppari-Sovich	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
The Office of the Legislative Auditor (OLA) requires the Minnesota Department of Commerce to ensure Service Providers maintain an effective internal control system and appropriate management of public funds. The Internal Controls Documentation helps meet this requirement by documenting specific aspects of a Service Provider's Internal Controls. The ICD is organized in accordance with the United States Government Accountability Office's "Standards for Internal Control in Federal Government".	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve the Energy Assistance Program Internal Controls Documentation for FFY2016.	
Financial Implications: \$0	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
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Todd County Health and Human Services FFY2016 Internal Controls Documentation

Minnesota Department of Commerce
Office of Energy Assistance Programs

Instructions

The Energy Assistance Program (EAP) Service Provider (SP) must have appropriate staff from their agency complete the following Internal Controls Documentation (ICD) on an annual basis. Appropriate staff may include the agency Executive Director, Fiscal Director, and EAP Coordinator. Responses from previous years may be used if still valid. The ICD should be updated annually to reflect any modifications to an agency’s internal controls and submitted with the SP’s Local Plan.

Background

The Office of the Legislative Auditor (OLA) requires the Minnesota Department of Commerce (Commerce) to ensure Service Providers maintain an effective internal control system and appropriate management of public funds. The *Internal Controls Documentation* helps meet this requirement by documenting specific aspects of a Service Provider’s Internal Controls. The ICD is organized in accordance with the United States Government Accountability Office’s “Standards for Internal Control in Federal Government” or “Green Book” (GAO-14-704G). Each standard is listed prior to the associated response items for guidance.

1. Control Environment

Standard 1: The oversight body (e.g., agency Board of Directors) and management should demonstrate a commitment to integrity and ethical values.

EAP Environment: Describe what your agency does to maintain an environment supporting the EAP mission, ethical values, and program integrity efforts. Describe how the agency’s commitment to integrity and ethical values is established, communicated and practiced.

Todd County Health and Human Services supports the EAP mission to “Improve low income Minnesota households’ capacity to positively affect their well-being by meeting immediate home energy needs and reduce home energy needs.” Todd County Health and Human Services recognizes that households in poverty lack income, health, or education which makes them more susceptible to crisis situations.

Standard 2: The oversight body (e.g., agency Board of Directors) and management should oversee the entity’s internal control system.

Board Oversight: Describe the specific actions and means of communication each of the following takes to oversee EAP services.

Board, Tribal Council, or Equivalent

The Todd County Board of Commissioners is responsible for approving the Energy Assistance Program each year. The Board is also responsible for approving any policy changes and is made aware of any program changes by the Health and Human Services Financial Supervisor or the EAP Coordinator.

Senior Leadership (i.e. Executive Director or equivalent, Finance Director)

Monthly cash requests are monitored, reviewed and signed-off by senior leadership. Todd County participates in ongoing planning regarding separation of duties. We also conduct an internal review as part of our annual review process.

EAP Coordinator

The EAP Coordinator reports program changes and activities to the Health and Human Services Financial Supervisor, fiscal and EAP staff. The coordinator also oversees meetings and staff trainings and monitors and reviews program activities to assure the program follows EAP policy and procedure.

Board, Tribal Council, or Equivalent Information: List the full name of each agency board member or equivalent and their length of time serving in their position (add rows for each board member).

Member Name	Year Appointed	If Officer, role description (e.g., treasurer)
Barb Becker	2014	Vice Chair
Rod Erickson	2013	
Dave Kircher	2007	Board Chair
Randy Neumann	2005	
Gary Kneisl	2007	

Proxy Board Members: If official board members have appointed proxy board members to represent them, please list the name of the official board member, the name of the associated proxy board member, and a brief description of the proxy member’s qualifications.

Member Name	Proxy Member Name	Proxy Member Qualifications
NA		

Board, Tribal Council, or Equivalent Meetings: How frequently does the agency board or equivalent meet (e.g., monthly, bi-monthly, quarterly, etc.)?

The Todd County Board of Commissioners meets three times per month.

Standard 3: Management should establish an organizational structure, assign responsibility, and delegate authority to achieve the agency’s objectives.

Structure of Authority: Attach a copy of the agency’s organizational chart and describe how each of the following actors assigns responsibility and delegate authority to achieve agency objectives. Board, Tribal Council, or Equivalent

The County Board of Commissioners oversees the Director of Todd County Health and Human Services.
Senior Leadership (i.e. Executive Director or equivalent, Finance Director)

The Todd County Director of Health and Human Services oversees the Financial Support Services Manager.

EAP Coordinator

The Todd County Health and Human Services Manager oversees the Energy Assistance Program Coordinator.

Standard 4: Management should demonstrate a commitment to recruit, develop, and retain competent individuals.

Employee recruitment: Describe what the agency does to ensure it hires competent employees, promote or enable employee development, and provide employees with the training and tools necessary to accomplish their assigned job duties (provide specific examples).

Todd County employs individuals whose abilities possess the best match to fit the requirements of the job. Where applicable, the Minnesota merit system will be used for testing skills which required by the job, such as the EAP Coordinator position. All EAP employees attend an annual training to be updated on program policies and procedure and also attend Todd County trainings which total 20 hours per year for full-time employees.

Standard 5: Management should evaluate performance and hold individuals accountable for their internal control responsibilities.

Employee evaluation: Describe how the Service Provider's management (i.e., EAP Coordinator) evaluates EAP employees' performance, including:

Staff knowledge and implementation of program policies and procedures (including adequate training of backup staff)

The EAP Coordinator evaluates the performance of EAP staff by providing staff with training at the start of the EAP season and throughout the EAP season as needs arise. The coordinator makes communications on policy changes available to staff; such as providing staff with the Energizer and A Spark, monitoring the quality and quantity of work performed and by performing random household file checks (audits). The coordinator routinely checks eHeat to check on application production by each staff member. The coordinator also compares EAP staff production of our agency against the production of other service providers via information from the Department of Commerce. Backup staff is trained so that EAP program duties can be performed seamlessly.

Staff eHEAT proficiency and competence

Staff is trained upon hire on the eHeat system and continues to learn new functions in eHeat as their responsibility increases. Staff is also updated on eHeat changes at the annual staff start-up meeting.

2. Risk Assessment

Standard 6: Management should define objectives clearly to enable the identification of risks and define risk tolerances.

Standard 7: Management should identify, analyze, and respond to risks related to achieving the defined objectives.

Standard 8: Management should consider the potential for fraud when identifying, analyzing and responding to risks.

Standard 9: Management should identify, analyze, and respond to significant changes that could impact the internal control system.

Risk Assessment: Risk assessment is a process to identify potential hazards and analyze what could happen if a hazard occurs. In this section, identify and analyze the Service Provider-specific business risks that could potentially impact EAP's financial integrity (e.g., waste, fraud, or abuse), program reputation, and/or overall quality of services. Because identifying possible risk events is a key component of any risk assessment, examples have not been provided. The extent to which a Service Provider does or does not thoroughly complete this section will indicate the Service Provider's understanding of the risks it faces, and consequently, how well it will be able to prevent or mitigate the impact of those risks if they occur. There will likely be more than two risks, so additional rows may be necessary. For more detailed information, the instructions from FFY2014 posted on *the Energy Assistance Program Tools* on the web may be helpful.

	Event	Probability (low, medium, high)	Impact (low, medium, high)	Description of Impact	How will the event be identified?	Service Provider Controls	
						Prevention (if applicable)	Mitigation (once it occurs)
#	<i>Describe the risk event</i>	<i>What is the likelihood that this event will occur?</i>	<i>How severe would the consequences be?</i>	<i>Describe the specific consequences of this event</i>	<i>Describe how the event would become known</i>	<i>Describe actions that could prevent this risk event from occurring</i>	<i>Describe actions that would need to be done if this risk event occurs</i>
1.	ERR funds used to replace a furnace of a non-homeowner	Low	Medium	Misuse of EAP funds, fraud	The homeowner mentions it to someone, during a review audit	Have open lines of communication between the SP, the client, employees and contractors to help verify homeownership and identify potential fraud. Obtain proof of home ownership and visit the home to conduct inspection.	Contact Commerce, ERR funds recalled; low-income HH will be responsible for payment of furnace, contracted work and legal fees and fines. Disciplinary action for SP.
2.	Issue energy assistant grant to two members in same household	Low	Medium	Misuse of EAP funds, program fraud	During vendor monitoring, during random account check with vendor, during audit	Cross-check HH numbers, social security numbers and HH members, request SS numbers for all HH members, verify HH information with last year's information, verify with vendor for name on account.	Contact Commerce, HH grant will be recalled causing potential crisis for HH, SP's policies and ethics may be scrutinized. SP could face disciplinary action.

	Event	Probability (low, medium, high)	Impact (low, medium, high)	Description of Impact	How will the event be identified?	Service Provider Controls	
						Prevention (if applicable)	Mitigation (once it occurs)
3.	A household's identity and personal information is compromised	Low	High	A household's identity and personal information is compromised	EAP agency, staff member or the household could identify the circumstance	Follow EAP and agency policies and procedures, verify client has signed Tennessee before communicating with other sources, communicate with staff on data privacy, use only secure email to transmit private data, safeguard private information, make sure all electronic devices are secure, take sensitive phone calls and hold conversations in private, do not listen to voicemail on speaker, shred all private documents.	Contact Commerce, incident will be investigated, SP will face disciplinary action

(add more rows as necessary)

3. Control Activities

Standard 10: Management should design control activities to achieve objectives and respond to risks.

EAP Application processing system: Describe your planned process for conducting each of the following activities:

Validating the accuracy of and approving Primary Heat benefits before payments are made

EAP applications are not approved (paid) before going through a series of three accuracy checks before payment. After an application is determined program-eligible by the EAP worker, the EAP processor signs the verification and sends it to a certifier for review. If the reviewer finds no discrepancies, the verification is signed by the certifier and then forwarded the final time for review. If the application is found accurate during this third review the verification is signed and the primary heat benefit is paid on behalf of the household. If an error is found at any time during the three-step process, the application is sent back to the processor to be reworked and it follows the same cycle.

Validating the accuracy of and approving Crisis benefits before payments are made

Crisis benefits are verified by making sure a household is EAP eligible and has been granted an EAP benefit. The crisis will be verified by calling the vendor and verifying in eHeat that crisis benefits are available to the household.

Validating the accuracy of and approving ERR benefits before payments are made

The EAP Coordinator verifies that the ERR household is an EAP eligible homeowner before obtaining a contractor for ERR services. The coordinator verifies funds are available in eHeat and an ERR event is created.

Prioritizing emergency requests on initial applications

Todd County prioritizes emergency applications, according to date, for processing. Emergency applications take precedence over non-emergency applications.

Managing variation in application volume (i.e., changes in how many applications are received)

The EAP workers manage the applications to be sure they are date-stamped and logged in eHeat upon arrival in our office. The applications are separated by emergency vs. non-emergency applications. Emergency applications are processed first.

Maintaining household files and records (paper files and/or electronic)

Household files are maintained electronically by the energy assistance program. The electronic files are only accessible to those who have authorization to view the files.

Energy Vendor Agreements: Describe how the Service Provider ensures all energy vendors have a signed vendor agreement for the current program year and are not issued payments without a current agreement.

All energy vendors are sent a vendor agreement in August before the start of the EAP season. The EAP coordinator tracks the agreements and communicates with any vendors who are late submitting vendor agreements. Absolutely no payments are issued to vendors without a current vendor agreement on file with our office.

EAP fiscal activities (may require fiscal staff input): Describe how the following are completed; focus especially on what is done to ensure they are completed accurately and without error or misrepresentation.

EAP fiscal reporting (including reconciling actual costs to costs requested in monthly FSR)

Employee timesheets are gathered from EAP staff and an account activity report is generated to determine and compare what expenses, other than employee time, is incurred. Quarterly, actual costs are reconciled to actual payments received by the Fiscal Director.

ERR funds requests.

Cash requests are made after an ERR bill is received from the contractor and approved by the EAP Coordinator. The contractor is paid once the funds are received from Commerce. Fiscal Director reviews and approves all bills prior to issuing payment to vendors.

Cash requests (including ensuring the reasonableness of the requested amount and compliance with 3-day cash on hand rule)

There is never cash on hand for more than three days. ERR's are paid as soon as funds are received from Commerce. A16 and Administration costs/reimbursements are done on a quarterly basis.

How are cash request amounts determined?

As an advance As reimbursement Mix of both

If cash requests are made as a mix of reimbursement and a cash advance, please explain

Cash requests are done as a reimbursement. ERR expenses are paid when funds are received.

Closeout reporting

A budget summary and an account activity is pulled for the period of October 1 through September 30. The summary is broken down between FT staff and PT staff and reconciled to the FSR to ensure all amounts requested match expenses incurred.

Out-of-state travel: Were EAP funds used for out-of-state travel in the past federal fiscal year?

Yes No

If so, please indicate the destination, purpose, dates and name(s) of person(s) whose travel expenses were paid for:

Traveler Name	Destination	Purpose	Dates
NA			

Subcontract costs: Has the agency subcontracted any EAP services in the past fiscal year (not including costs for ERR heating contractors)?

Yes No

If so, please attach copies of associated contracts and describe the purpose below:

NA

Disallowed costs: Is the agency aware of any EAP Administrative and/or Assurance 16 funds that have been used for costs not allowed by EAP policy, state, or federal law?

Yes No

If so, explain:

NA

Fiscal Information

Is the agency's bank statement reconciled on a monthly basis?

Yes No

Attach an excerpt from the chart of accounts that demonstrates State Agency funds are being tracked in the system.

If the agency has an indirect rate agreement, when was it last approved and by what cognizant federal agency?

When Approved	Federal Agency
NA	

Are all accounting records adequately protected from fire, damage and unauthorized access?

Yes No

Do EAP staff complete time sheets?

Yes No

If yes, what length of time does the timesheet cover?

Month ½ Month Week 2 Weeks Other: _____

Are staff timesheets signed by both the employee and their immediate supervisor or designated authorizing official (approval may be done electronically)?

Yes No

Do staff time and attendance records display time spent on various activities such as administration, Outreach, Responsive Energy Self-Sufficiency, and Proactive Energy Self-Sufficiency?

Yes No

How often are time and activity reports reconciled to payroll distribution?

Monthly Quarterly Annually Other: _____

Is the staff level of effort on the timesheet consistent with accounting system reports?

Yes No

Independent Fiscal Audit Information

Fiscal Year Period (e.g., January - December):	January-December	Most Recent Fiscal Year Audited:	2014
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Date Last Audit Completed:	4/27/2015	Next Audit Date:	2015
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Was the most recent audit a qualified or an unqualified opinion

Qualified Unqualified

Audit Findings? Yes No

Was EAP included as a major program? Yes No

Name of Audit Firm: Clifton, Larson and Allen, LLP

Number of consecutive years this firm has audited the agency:

Fiscal Audit Finding Details: List any new or unresolved findings and how they were or are being addressed (add rows for additional findings).

Finding	How and when addressed
NA	

Standard 11: Management should design the entity’s information system and related control activities to achieve objectives and respond to risks.

Fiscal Transactions: Service Providers should have fiscal policies and procedures that conform to Generally Accepted Accounting Principles (where applicable); they should include designating authorized personnel with program specific knowledge. Describe how the accuracy and timeliness of fiscal transactions are assured in terms of:

Communication between program and fiscal staff

EAP staff has daily communication with fiscal staff and we keep each other notified of any program changes, including fund status and changes in funding. EAP staff submits certified energy assistance applications to fiscal daily for approval of primary heat benefits. Crisis payments are submitted several times per day.

Authorization and approach to EAP weekly allocation process

The Department of Commerce controls the weekly allocation process for EAP funds, all primary heat, A16, administration and crisis amounts are a set amount. ERR funds are the exception, these funds can be requested weekly after the initial fund is spent, and are submitted to Commerce after the ERR events are reviewed.

Separation of duties

Todd County Health and Human Services separates EAP duties to ensure payments are made by a separate staff person (fiscal) rather than the staff person who determined the household eligible and the person who certified the application. This separation of duties prevents funds from being comingled and compromised.

Data Privacy: Service Providers should manage the agency’s information system for appropriate access by internal and external sources to protect private household data. Describe how this appropriate access is assured in the following areas:

eHEAT roles and access management

eHeat is routinely checked and managed to assure only authorized users have access to the system. eHeat access is made inactive for users who leave employment with Todd County for extended periods of time over 30 days (lay-off, job change, etc.), and is disabled for those who leave employment permanently. The EAP Coordinator does routine security checks throughout the year to verify that only authorized users have access to eHeat.

Agency-managed information systems and/or databases with EAP household data (e.g. laserfiche, CAP60, Visions, etc)

Computer software, including computer scanning software, is routinely checked and managed to assure only authorized users have access to the scanning and indexing systems. Software accessibility is routinely checked throughout the year to verify that only authorized users have access to the system.

Standard 12: Management should implement control activities through policies.

Policies and procedures:

When were the organization’s policies and procedures written or last updated?

County-wide policies were last updated in 2012. The current Policy Review Committee is in process of reviewing and updating the county policy as needed.

Are the organization and its staff following their written policies and procedures related to fiscal transactions such as purchasing, staff time charges, and allocation plans?

Yes No

Do they contain information about restricted grant funds and treatment of disallowed costs?

Yes No

Does the organization have formal written travel policies?

Yes No

Do they address out-of-town travel?

Yes No

Service Provider Business Conflict of Interest:

Does the Service Provider (including any business unit within the agency) or any employee/Board Member operate a business that could be viewed as a conflict of interest with the delivery of the Energy Assistance Program (energy vendor, landlord, etc.)? If yes, explain the control mechanisms for the separation of the duties and interests of EAP from the conflicting business operations.

A member of the Todd County Board of Commissioners owns a plumbing and heating business and is a service contractor that provides energy related repair and furnace replacements. It has been, and continues to be, Todd county’s practice to select contractors who can provide timely, cost-effective service and to rotate the work as efficiently as possible through our local contractors.

4. Information and Communication

Standard 13: Management should use quality information to achieve the entity’s objectives.

Standard 14: Management should internally communicate the necessary quality information to achieve the entity’s objectives.

Board Communication: How does the organization communicate with its Board regarding program and fiscal outcomes (including how often)?

Todd County Board of Commissioners holds three separate monthly meetings which gives opportunity for program matters to be communicated.

Program Communication: How does the organization communicate with its employees regarding program-related policies and procedures (e.g., disseminating information from The Energizer)?

The Energizer is automatically forwarded via email to the EAP Coordinator, EAP staff, the Financial Services Manager and the fiscal department. Since the Energizer is our main source of information from Department of Commerce, it is also printed off and initialed by all EAP staff to be sure it is circulated throughout the department. Any important changes in the program or funding are also discussed within the department.

Fiscal Communication: How does the organization communicate with its employees regarding policies and procedures that have fiscal implications which could impact their grant(s)?

As well as the Energizer being circulated, all changes are discussed with staff so that everyone has the same information regarding policy and procedure.

Standard 15: Management should externally communicate the necessary quality information to achieve the entity’s objectives.

This standard is addressed in the agency’s Local Plan.

5. Monitoring

Standard 16: Management should establish and operate monitoring activities to monitor the internal control system and evaluate the results.

Program Evaluation: The agency Executive Director or equivalent should describe how the Service Provider management (i.e., Board, Executive Director, etc.) evaluates the effectiveness and efficiency of EAP services and contract compliance

Annual updates are presented to the County Board. The updates include information on households served, total primary heat grants awarded, total households served, total crisis events, total crisis funds disbursed, ERR amounts, and the number of applicants served in the current year compared to prior years. All audits are reviewed and approved by the County Board of all federal programs and internal controls/policies. Board recommendations are based on input provided by the Health and Human Services Director, the Health and Human Services Financial Services Manager and the EAP Coordinator.

Self-Monitoring Areas:

What does the Service Provider have in place to monitor its EAP performance in the following areas?

Area	Describe the monitoring process used in each area:
Application processing timeliness	EAP staff is mindful of state statute which requires applications be processed and paid within a reasonable time period. The EAP Coordinator tracks the status of applications daily in eHeat and follows

	the Department of Commerce target dates for application processing to stay on task.
Handling of after-hours emergencies	An after-hours call log was created in order to track and keep accurate records of all after-hours, weekend and holiday calls. The EAP Coordinator on-call records the following information: callers name, household number, time of call, time call was responded to, and the action taken. The call log can be referenced if we receive conflicting information or need to verify a delivery, etc.
Accuracy and timeliness of reporting to Commerce	Reports are scheduled with enough time to allow for final review and accuracy before submission to Commerce.
Accessibility to EAP services	A spreadsheet was created to track locations where applications are available for applicants to pick up within our service area. The spreadsheet is consistently updated to reflect the number of applications and dates the applications were refreshed.
Accuracy of EAP information and data	The EAP Coordinator, EAP staff and fiscal regularly monitors applications and eHeat for accuracy and consistency in data.
Prevention and detection of fraud	Todd County provides required fraud, waste and abuse training to all employees. The likelihood of fraud is reduced by technical support, enforcing program policies, using software such as eHeat and secure email, monitoring financial transactions, and segregation of duties.

Energy Vendor Information

Beyond annual auditing of a vendor, describe what additional types of monitoring activities the Service Provider does on a regular basis to ensure:

The accuracy of energy vendor consumption information

Consumption is routinely checked by EAP workers when each application is logged into the eHeat system and again when the application is certified and paid. Any consumption that seems unusual is looked at more carefully. We look at the grant a client received in past years, the fuel type, the type of home and the length of time in the home. Oftentimes we follow up with a phone call to the vendor and/or the household to verify the information.

The accuracy of the household's Emergency Verification Information for determining Crisis benefit eligibility and Crisis benefit amount:

EAP staff verifies in eHeat that the household is EAP-eligible and has been awarded a primary heat benefit. EAP staff checks to see if any crisis payments have been made to the household thus far, and determines the amount of crisis funds remaining. All crisis information is verified by calling the vendor to confirm the crisis and determine the appropriate amount to solve the household's crisis. The crisis information is entered in the eHeat crisis screen and is tracked for delivery confirmation if a delivered fuel, it is sent to fiscal for immediate payment if it is a natural gas or electric crisis.

EAP benefits are accurately and timely applied to household accounts:

The EAP Coordinator monitors vendors to make sure payments are posted to household accounts accurately and in a timely manner. In addition to summer monitoring, EAP staff routinely monitors vendors throughout the year to check on the status of household accounts. Household accounts are further monitored when a crisis payment is made (in order to verify reasonability) and again if a household calls questions regarding their grant amount.

Service Provider staffs are consistently and accurately obtaining Delivery Confirmation Information:

The EAP Coordinator checks eHeat daily for delivery confirmations from vendors. The check is done at least twice daily. During peak EAP season and during heavy crisis times, eHeat is checked several times per day for delivery confirmations.

Standard 17: Management should remediate identified internal control deficiencies on a timely basis.

Internal Control Deficiency Resolution

Describe what the agency does to address internal control deficiencies once they are identified:
Agency Management

Management staff meets to review any areas of deficiency and adjust existing processes or develop new or procedures to correct any deficiencies; changes in policy and procedure are communicated to all staff who are affected. Training is provided to all staff as needed or as deemed necessary.

EAP Coordinator

The EAP Coordinator reports any deficiencies or suspected deficiencies to her supervisor and would hold a staff meeting to ensure all policies and procedures are followed. Further staff training would be conducted if necessary.

Attachments

- The agency’s most recent IRS Form 990
- Board of Directors (and proxy member) attendance record for the last full calendar year or fiscal year if the agency has a Board
- Agency Bylaws (if a nonprofit agency)
- Agency Organizational Chart
- Copies of any sub-contracts funded with EAP funds in the past year (not including ERR costs)
- Travel policies and procedures
- Contents page of agency policies & procedures manual
- Excerpt from agency chart of accounts demonstrating tracking of EAP funds
- Approved Cost Allocation Plan (if applicable)

Acknowledgement and Certification

By signing this document I acknowledge I have reviewed its contents and certify the accuracy of the information contained therein:

Agency Approval (Executive Director and Board Chair)

Name:

Title: Executive Director or Equivalent

Signature:

Date:
Name:
Title: Board Chair or Equivalent
Signature:
Date:

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Temporary Reclassification for Child Support Staff Working Out of Class	
Date of Meeting: 08/25/2015	Total time requested: 5 min
Department Requesting Action: Health and Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och/Lisa Chapin	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Due to a recent resignation and an unexpected leave of absence, the child support unit is operating at a low level of staffing. Neva Volkman and Shirley Riski have been temporarily assigned to duties outside of their current job class.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
On September 1 st , the HHS department will bring a board action form requesting approval by the board to pay Neva Volkman as a Support Enforcement Aide, Grade 17, step 5 effective retro to August 4 th and to pay Shirley Riski as a Child Support Officer, Grade 18, step 8 effective retro to August 4 th	
Financial Implications: \$none	Comments
Funding Source: Fund 11-Social Services	
Budgeted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): South Country Health Alliance Procurement Appeal Update	
Date of Meeting: 08/25/2015	Total time requested: 10-15 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input type="checkbox"/> Supporting Documentation enclosed	
On July 28th, Governor Dayton and Commissioner Jesson announced the outcomes of the statewide procurement for managed care. South Country Health Alliance was given the opportunity to contract with only one of their eleven member counties despite the clear and unanimous recommendation of those counties. This decision will result in an 85% reduction in enrollment which threatens the viability of the South Country organization. Todd County and South Country Health Alliance are pursuing a request for mediation as allowed by Statute and are requesting a meeting with Commissioner Jesson. The member counties want SCHA to continue as the health plan for their communities and have made clear they recommend SCHA as the sole source health plan in their respective counties, where allowable by state law.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures
STATE OF MINNESOTA } COUNTY OF TODD } I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:
Seal

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Review 2016 Health & Human Services Preliminary Budget	
Date of Meeting: 08/25/2015	Total time requested: 10 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och/Jena Peterson	
Background <input type="checkbox"/> Supporting Documentation enclosed	
The HHS 2016 preliminary budget includes Fund 11 - Social Services and Fund 21 - Public Health.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

Todd County Health & Human Services

2016 - Budget Considerations

- Union negotiations are not completed – budget information is based on information received from Human Resources. Actual salary and fringe expenses will not be known until negotiations become final.
- South Country Health Alliance – Potential loss of revenue based on final decision by DHS regarding South Country Health Alliance will negatively impact the 2016 budgeted Public Health revenues. Social Services revenue will be not be as greatly impacted by this change, though there will be a negative impact in this area, as well.
- Child Protection Grant – The new Child Protection grant resulted in increasing revenue in the Children’s Services area by \$108,000 for 2016 and increased expenses of this amount since these funds may only be used to fund new services and/or staff.

Todd County Health & Human Services
 Levy Request Recap - 2016

Fund	2016 Levy Request	Current Levy 2015	Variance
Social Services	3,664,083	3,578,723	85,360
Public Health	412,451	364,120	48,331
Health & Human Services	4,076,534	3,942,843	133,691
Levy increase compared to 2015	133,691		
Percent levy increase compared to 2015	3.39%		

2016 Budget - Fund 21 - Public Health

8/20/2015

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
21-481-000-0000-5001	PROPERTY TAXES - CURRENT	(310,816.99)	(311,577.95)	(364,120.00)	(412,451.00)
21-481-000-0000-5004	PROPERTY TAXES - PRIOR & DELINQUENT	(4,601.82)	(6,660.14)	0.00	
21-481-000-0000-5007	PROPERTY TAXES - MOBILE HOME	(249.03)	(284.78)	0.00	
21-481-000-0000-5202	PERA AID	(5,987.36)	(5,987.36)	(5,987.00)	(5,987.00)
21-481-000-0000-5213	MV CREDIT - AGRICULTURE	(10,250.62)	(10,188.20)	0.00	0.00
21-481-000-0000-5215	DISPARITY REDUCTION AID	(1,992.26)	(2,009.22)	0.00	0.00
21-481-000-0000-5271	PAYMENT IN LIEU	(2,008.39)	(2,023.05)	0.00	0.00
21-481-000-0000-5352	MN LOCAL PUBLIC HEALTH GRANT	(59,992.00)	(149,979.00)	(119,983.00)	(131,900.00)
21-481-430-4810-5801	MISCELLANEOUS REVENUE	(72.82)	(12,461.48)	(1,000.00)	(1,000.00)
21-481-430-4815-5812	NACCHO	0.00	0.00	0.00	0.00
21-481-440-5150-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(833.31)	(424.40)	(750.00)	(750.00)
21-481-440-5150-5570	FEE - MEDICARE	(1,755.10)	(642.81)	(1,300.00)	(1,400.00)
21-481-440-5150-5572	FEE - PRIVATE INSURANCE	(5,770.03)	(2,336.63)	(5,000.00)	(6,500.00)
21-481-440-5150-5573	FEE - MEDICAL ASSISTANCE	(482.65)	(124.62)	(300.00)	(300.00)
21-481-440-5150-5574	FEE - MA/INSURANCE	(1,257.68)	(334.29)	(500.00)	(600.00)
21-481-440-5150-5577	FEE - SLIDING FEE/SELF PAY	(8,795.50)	(3,557.60)	(5,000.00)	(4,000.00)
21-481-440-5150-5801	MISCELLANEOUS REVENUE	(281.28)	0.00	0.00	0.00
21-481-440-5155-5301	MN GRANT IPI	(1,650.00)	0.00	(1,600.00)	(1,600.00)
21-481-440-5165-5458	FED COMMUNITY IMMUNIZATION REGISTRY	(1,367.71)	(445.00)	(1,000.00)	0.00
21-481-450-5315-5449	FED EMERGENCY PREPAREDNESS	(24,665.00)	(20,696.00)	(23,000.00)	(26,817.00)
21-481-460-5470-5591	FEE - SANITARIAN FEES	(57,226.50)	(53,210.50)	(56,000.00)	(55,000.00)
21-481-460-6011-5594	FEE - TOBACCO LICENSE FEES	(980.00)	(425.00)	(400.00)	(400.00)
21-481-470-5113-5583	FEE - HED PROJECTS & SCREENINGS	(426.68)	0.00	(500.00)	(1,000.00)
21-481-470-5113-5814	NJPA GRANT				(10,000.00)
21-481-470-5710-5447	FED MCH GRANT - FEDERAL SHARE	(28,527.00)	(30,814.00)	(29,679.00)	(37,425.00)
21-481-470-5710-5448	FED TANF GRANT - FEDERAL SHARE	(31,445.00)	(51,150.00)	(34,100.00)	(34,100.00)
21-481-470-5710-5466	FED MCH EHD	(1,650.00)	(1,700.00)	(1,500.00)	(1,700.00)
21-481-470-5710-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(32,009.08)	(18,302.89)	(30,000.00)	(25,000.00)
21-481-470-5710-5572	FEE - PRIVATE INSURANCE	(2,648.12)	(499.46)	(2,000.00)	(2,000.00)
21-481-470-5710-5573	FEE - MEDICAL ASSISTANCE	(5,860.94)	(3,848.93)	(5,000.00)	(5,000.00)
21-481-470-5710-5574	FEE - MA/INSURANCE	(3,026.18)	(1,241.88)	(2,000.00)	(2,000.00)
21-481-470-5710-5592	FEE - PHNC	(1,081.11)	(993.62)	(1,600.00)	(1,000.00)
21-481-470-5725-5301	MN GRANT	(19,554.32)	0.00	0.00	0.00
21-481-470-5725-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(24,775.01)	(22,954.17)	(23,000.00)	(30,000.00)
21-481-470-5725-5572	FEE - PRIVATE INSURANCE	(1,035.00)	(82.50)	(1,000.00)	(1,000.00)
21-481-470-5725-5573	FEE - MEDICAL ASSISTANCE	(6,207.16)	(9,731.96)	(6,000.00)	(6,000.00)
21-481-470-5725-5574	FEE - MA/INSURANCE	(5,648.76)	(923.97)	(1,500.00)	(1,500.00)
21-481-470-5725-5579	FEE - CONTRACTS-OTHER	(25,544.52)	(49,428.84)	(28,828.00)	(42,000.00)
21-481-470-5725-5592	FEE - PHNC	0.00	(168.06)	0.00	0.00
21-481-470-5730-5370	MN FAMILY PLANNING GRANT - FPSP	(23,709.00)	(16,162.00)	(22,696.00)	(25,243.00)
21-481-470-5730-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(262.80)	(119.51)	0.00	0.00
21-481-470-5730-5592	FEE - PHNC	(41.40)	0.00	0.00	0.00
21-481-470-5750-5480	FED WIC GRANT	(152,641.79)	(170,373.00)	(155,000.00)	(150,000.00)
21-481-470-5790-5580	FEE - CONTRACTS-SCHOOL	(8,613.93)	(7,331.63)	(8,000.00)	(8,000.00)
21-481-470-5800-5580	FEE - CONTRACTS-SCHOOL	(6,101.37)	(2,768.32)	(6,000.00)	(6,500.00)
21-481-470-5800-5584	FEE - ECS/HEADSTART	(5,796.32)	(4,443.07)	(6,000.00)	(5,000.00)
21-481-470-5810-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(5,139.46)	(2,993.37)	(5,000.00)	(3,600.00)
21-481-470-5810-5572	FEE - PRIVATE INSURANCE	(416.74)	(189.69)	(500.00)	(200.00)
21-481-470-5810-5573	FEE - MEDICAL ASSISTANCE	(871.52)	(289.50)	(500.00)	(200.00)
21-481-470-5810-5574	FEE - MA/INSURANCE	(1,523.66)	(138.85)	(500.00)	(200.00)
21-481-470-5810-5577	FEE - SLIDING FEE/SELF PAY	(74.00)	(22.00)	(100.00)	(200.00)
21-481-470-5810-5801	MISCELLANEOUS REVENUE	(3,800.00)	(9,075.00)	(3,000.00)	(3,000.00)
21-481-470-5850-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(1,485.12)	(1,966.18)	(2,000.00)	(2,500.00)
21-481-470-5850-5572	FEE - PRIVATE INSURANCE	0.00	(115.00)	(250.00)	0.00
21-481-470-5850-5577	FEE - SLIDING FEE/SELF PAY	(10.00)	(305.00)	(200.00)	(200.00)
21-481-470-5850-5579	FEE - CONTRACTS-OTHER	(100.00)	(100.00)	0.00	(100.00)
21-481-470-5850-5799	OTHER LOCAL GIFTS AND CONTRIBUTIONS	0.00	(250.00)	0.00	0.00
21-481-470-5860-5377	MN REFUGEE HEALTH DISPARITY GRANT	(884.41)	0.00	(700.00)	(800.00)
21-481-470-6060-5455	FED CHEMICAL HEALTH GRANT-YOUTH ALCOI	(184,987.00)	(203,362.00)	(201,773.00)	(110,000.00)
21-481-470-6075-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(3,220.00)	(1,332.87)	(3,000.00)	(1,000.00)
21-481-470-6075-5572	FEE - PRIVATE INSURANCE	(13.85)	0.00	0.00	0.00
21-481-470-6075-5574	FEE - MA/INSURANCE	(242.85)	(41.44)	(200.00)	(200.00)
21-481-470-6075-5577	FEE - SLIDING FEE/SELF PAY	(900.00)	(840.00)	(250.00)	0.00
21-481-470-6075-5592	FEE - PHNC	(251.01)	(74.24)	(500.00)	(200.00)
21-481-470-6080-5386	MN STATEWIDE HEALTH IMPRVMT PLAN (SHIP	(90,482.39)	(77,743.30)	(100,348.00)	(70,000.00)
21-481-470-6085-5387	MN COMMUNITY TRANSFORMATION GRANT	(77,534.28)	0.00	0.00	0.00
21-481-470-6085-5487	FED COMMUNITY TRANSFORMATION GRANT	0.00	(130,918.90)	0.00	0.00
21-481-470-6090-5450	FED TITLE IIIB	(10,992.00)	(9,885.00)	(11,660.00)	0.00

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
21-481-470-6090-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(753.70)	(421.03)	(500.00)	(500.00)
21-481-470-6090-5574	FEE - MA/INSURANCE	0.00	(73.14)	0.00	0.00
21-481-470-6090-5577	FEE - SLIDING FEE/SELF PAY	(7,122.65)	(7,074.00)	(7,500.00)	(7,000.00)
21-481-470-6090-5586	FEE - MSHO-WAIVER	(2,167.02)	(1,305.49)	(3,500.00)	(2,000.00)
21-481-470-6090-5592	FEE - PHNC	(186.35)	0.00	(500.00)	0.00
21-481-470-6120-5801	MISCELLANEOUS REVENUE	(750.89)	128.82	(300.00)	(500.00)
21-481-490-0000-5371	MN CADI GRANT	(4,271.50)	(7,028.50)	(4,500.00)	0.00
21-481-490-0000-5374	MN AC GRANT	0.00	(91.45)	0.00	0.00
21-481-490-0000-5376	MN TBI GRANT	0.00	(20.00)	0.00	0.00
21-481-490-0000-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	0.00	(25.20)	0.00	0.00
21-481-490-0000-5586	FEE - MSHO-WAIVER	(1,460.85)	(1,048.75)	(1,500.00)	0.00
21-481-490-0000-5801	MISCELLANEOUS REVENUE	(1,371.50)	(1,000.00)	0.00	0.00
21-481-490-4825-5801	MISCELLANEOUS REVENUE	(28,780.00)	(26,067.17)	(22,000.00)	(22,000.00)
21-481-490-5713-5478	FED FOLLOW ALONG PROGRAM	0.00	(1,525.60)	0.00	0.00
21-481-490-5713-5579	FEE - CONTRACTS-OTHER	(2,500.00)	0.00	0.00	0.00
21-481-490-5830-5454	FED CTC OUTREACH CONTRACT	(69,218.26)	(72,052.94)	(68,768.00)	(71,126.00)
21-481-490-6310-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(23,668.89)	(21,661.06)	(18,000.00)	(24,000.00)
21-481-490-6310-5570	FEE - MEDICARE	(77,827.24)	(62,007.66)	(90,000.00)	(90,000.00)
21-481-490-6310-5572	FEE - PRIVATE INSURANCE	(750.00)	0.00	(1,000.00)	(750.00)
21-481-490-6310-5573	FEE - MEDICAL ASSISTANCE	(26,202.19)	(20,108.21)	(30,000.00)	(28,000.00)
21-481-490-6310-5574	FEE - MA/INSURANCE	(6,736.97)	(8,122.72)	(6,000.00)	(12,000.00)
21-481-490-6310-5577	FEE - SLIDING FEE/SELF PAY	(801.00)	(2,690.00)	(2,000.00)	(2,000.00)
21-481-490-6310-5578	FEE - VETERANS ADMINISTRATION	(27,849.68)	(23,353.55)	(28,000.00)	(28,000.00)
21-481-490-6310-5586	FEE - MSHO-WAIVER	(57,300.61)	(49,503.17)	(75,000.00)	(70,000.00)
21-481-490-6330-5570	FEE - MEDICARE	(21,853.64)	(38,980.88)	(30,000.00)	(35,000.00)
21-481-490-6330-5572	FEE - PRIVATE INSURANCE	(1,600.00)	0.00	0.00	0.00
21-481-490-6330-5586	FEE - MSHO-WAIVER	(2,827.27)	0.00	(500.00)	0.00
21-481-490-6375-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(43,853.66)	(32,257.82)	(45,000.00)	(42,000.00)
21-481-490-6375-5570	FEE - MEDICARE	(108,617.25)	(82,237.60)	(110,000.00)	(110,000.00)
21-481-490-6375-5572	FEE - PRIVATE INSURANCE	(910.00)	0.00	0.00	(500.00)
21-481-490-6375-5573	FEE - MEDICAL ASSISTANCE	(35,424.32)	(33,623.24)	(35,000.00)	(34,000.00)
21-481-490-6375-5574	FEE - MA/INSURANCE	(4,823.91)	(6,328.13)	(5,000.00)	(8,000.00)
21-481-490-6375-5577	FEE - SLIDING FEE/SELF PAY	(1,136.25)	(1,669.75)	(2,000.00)	(1,500.00)
21-481-490-6375-5578	FEE - VETERANS ADMINISTRATION	(16,450.28)	(22,774.25)	(15,000.00)	(23,000.00)
21-481-490-6375-5586	FEE - MSHO-WAIVER	(110,715.16)	(100,463.13)	(115,000.00)	(115,000.00)
21-481-490-6375-5597	FEE - SCHA-SELF PAY	0.00	(20.00)	0.00	0.00
21-481-490-6395-5371	MN CADI GRANT	(8,335.22)	(3,683.01)	(7,500.00)	(4,000.00)
21-481-490-6395-5374	MN AC GRANT	(1,805.26)	(3,165.26)	(2,000.00)	(4,000.00)
21-481-490-6395-5375	MN EW GRANT	(5,039.25)	(4,694.90)	(4,000.00)	(5,000.00)
21-481-490-6395-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(3,878.84)	(6,594.33)	(4,500.00)	(4,500.00)
21-481-490-6395-5578	FEE - VETERANS ADMINISTRATION	(3,910.50)	(7,370.50)	(5,000.00)	(7,500.00)
21-481-490-6395-5586	FEE - MSHO-WAIVER	(11,750.48)	(10,391.56)	(11,000.00)	(12,000.00)
21-481-490-6395-5596	FEE - MSHO-SELF PAY	(1,122.48)	(590.80)	(1,000.00)	(500.00)
21-481-490-6395-5597	FEE - SCHA-SELF PAY	(80.00)	(52.64)	(200.00)	0.00
21-481-490-6430-5371	MN CADI GRANT	(159,233.72)	(129,755.24)	(150,000.00)	(135,000.00)
21-481-490-6430-5374	MN AC GRANT	(30,137.38)	(23,433.58)	(28,000.00)	(35,000.00)
21-481-490-6430-5375	MN EW GRANT	(11,895.38)	(9,812.48)	(10,000.00)	(12,000.00)
21-481-490-6430-5376	MN TBI GRANT	(6,440.92)	(8,357.64)	(6,000.00)	(7,000.00)
21-481-490-6430-5565	FEE - ABILITY CARE/SNBC < 65	(6,524.25)	(7,270.50)	(9,000.00)	(9,000.00)
21-481-490-6430-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(91,277.81)	(88,809.92)	(85,000.00)	(90,000.00)
21-481-490-6430-5568	FEE - MSHO NON NURSING HOME	(94,541.55)	(92,265.66)	(94,000.00)	(94,000.00)
21-481-490-6430-5569	FEE - MSHO INSTITUTIONAL	(27,370.48)	(27,058.79)	(25,000.00)	(35,000.00)
21-481-490-6430-5571	FEE - RELOCATION SERVICE COORD	(12,160.54)	(3,601.33)	(5,000.00)	(3,000.00)
21-481-490-6430-5586	FEE - MSHO-WAIVER	(191,326.37)	(171,412.52)	(190,000.00)	(190,000.00)
21-481-490-6430-5587	FEE - CADI-SELF PAY	(21.51)	(155.51)	0.00	(500.00)
21-481-490-6430-5589	FEE - EW-SELF PAY	(454.20)	(62.10)	(500.00)	(1,000.00)
21-481-490-6430-5596	FEE - MSHO-SELF PAY	(306.65)	0.00	0.00	0.00
21-481-490-6430-5597	FEE - SCHA-SELF PAY	(1,378.11)	(2,876.04)	(2,000.00)	(2,000.00)
21-481-490-6445-5371	MN CADI GRANT	(7,133.06)	(186.94)	(10,000.00)	(15,000.00)
21-481-490-6445-5374	MN AC GRANT	0.00	0.00	0.00	0.00
21-481-490-6445-5375	MN EW GRANT	(17.84)	0.00	0.00	0.00
21-481-490-6445-5376	MN TBI GRANT	0.00	0.00	0.00	(500.00)
21-481-490-6445-5566	FEE - SOUTH COUNTRY HEALTH ALLIANCE	(2,690.27)	(4,260.71)	(5,000.00)	(10,000.00)
21-481-490-6445-5586	FEE - MSHO-WAIVER	(3,219.43)	0.00	(10,000.00)	(4,500.00)
21-481-490-6450-5320	LTSS ADMIN - STATE SHARE	0.00	(116,386.00)	(120,000.00)	(65,000.00)
21-481-490-6450-5372	MN LTCC < 65 GRANT	(12,203.23)	0.00	0.00	0.00
21-481-490-6450-5373	MN LTCC > 65 GRANT	(21,939.85)	0.00	0.00	0.00
21-481-490-6450-5420	LTSS ADMIN - FEDERAL SHARE	0.00	(38,393.00)	0.00	(65,000.00)

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
		(2,674,695.45)	(2,800,094.76)	(2,782,092.00)	(2,773,449.00)
21-481-000-0000-6356	OTHER MISCELLANEOUS CHARGES	0.00	30.00	0.00	0.00
21-481-430-0000-6102	FT SALARIES & WAGES	123,620.45	86,176.90	149,436.00	117,394.00
21-481-430-0000-6104	PART-TIME WAGES	0.00	20.35	0.00	0.00
21-481-430-0000-6141	EMPLOYER LIFE INSURANCE	970.40	1,015.60	997.00	967.00
21-481-430-0000-6142	EMPLOYER HEALTH INSURANCE	34,290.45	24,490.40	25,272.00	21,457.00
21-481-430-0000-6143	EMPLOYER PERA	17,309.96	12,595.28	11,723.00	9,229.00
21-481-430-0000-6144	EMPLOYER FICA	17,414.42	13,509.57	11,958.00	9,414.00
21-481-430-0000-6149	HEALTH SAVINGS ACCT	5,195.29	2,707.02	2,329.00	1,669.00
21-481-430-0000-6150	HCSP-SICK SEVERENCE	1,745.48	70,417.87	0.00	0.00
21-481-430-0000-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	18,500.00	2,500.00	3,375.00
21-481-430-0000-6331	TRAVEL AND EXPENSE	5.11	42.39	0.00	0.00
21-481-430-4810-6103	PER DIEM	800.00	600.00	1,000.00	1,000.00
21-481-430-4810-6174	WORKERS COMP INSURANCE	36,111.00	40,241.00	40,000.00	47,000.00
21-481-430-4810-6202	TELEPHONE	2,491.62	2,327.73	2,800.00	2,770.00
21-481-430-4810-6203	POSTAGE AND BOX RENT	0.00	519.99	1,000.00	1,500.00
21-481-430-4810-6242	ADVERTISING	1,022.45	0.00	0.00	1,000.00
21-481-430-4810-6245	MEMBERSHIP DUES & REGISTRATIONS	136.25	2,611.06	2,500.00	3,125.00
21-481-430-4810-6246	MAGAZINE & NEWSPAPER SUBSCRIPTIONS	107.00	0.00	200.00	0.00
21-481-430-4810-6263	PROFESSIONAL SERVICES	330.00	0.00	500.00	500.00
21-481-430-4810-6282	CONTRACTED SERVICES	1,459.50	443.20	1,525.00	1,175.00
21-481-430-4810-6301	MACHINERY AND EQUIPMENT MAINT	0.00	79.23	500.00	500.00
21-481-430-4810-6302	COMPUTER MAINTENANCE SERVICES	30,147.00	39,536.92	24,602.00	25,424.00
21-481-430-4810-6331	TRAVEL AND EXPENSE	215.84	157.36	200.00	300.00
21-481-430-4810-6337	LODGING & MEALS	113.46	448.50	200.00	500.00
21-481-430-4810-6341	EQUIPMENT RENTAL	2,095.06	1,853.34	2,752.00	1,852.00
21-481-430-4810-6352	INSURANCE (P&C)	5,723.00	10,913.00	10,000.00	10,500.00
21-481-430-4810-6356	OTHER MISCELLANEOUS CHARGES	25.70	3.00	0.00	0.00
21-481-430-4810-6385	MIS SERVICES	11,542.00	13,560.00	14,000.00	14,000.00
21-481-430-4810-6411	MEETING & PROMOTIONAL SUPPLIES	550.61	753.30	1,000.00	700.00
21-481-430-4810-6602	FURNITURE & EQUIPMENT PURCHASE	570.03	0.00	0.00	0.00
21-481-430-4815-6245	MEMBERSHIP DUES & REGISTRATIONS	0.00	88.33	100.00	100.00
21-481-430-4815-6266	ADMINISTRATIVE FEES	1,900.00	1,000.00	1,250.00	1,250.00
21-481-430-4815-6411	MEETING & PROMOTIONAL SUPPLIES	0.00	109.68	200.00	100.00
21-481-440-0000-6102	FT SALARIES & WAGES	48,166.02	34,260.60	24,649.00	25,586.00
21-481-440-0000-6104	PART-TIME WAGES	0.00	10.18	0.00	0.00
21-481-440-0000-6142	EMPLOYER HEALTH INSURANCE	7,265.17	5,903.31	4,169.00	4,677.00
21-481-440-0000-6143	EMPLOYER PERA	3,472.41	2,464.94	1,934.00	2,012.00
21-481-440-0000-6144	EMPLOYER FICA	3,463.00	2,364.92	1,972.00	2,052.00
21-481-440-0000-6149	HEALTH SAVINGS ACCT	249.33	379.33	384.00	364.00
21-481-440-0000-6331	MEAL REIMBURSEMENT-PREVENT INF DISEAS	2.00	2.69	0.00	0.00
21-481-440-5150-6202	TELEPHONE	406.30	443.95	450.00	450.00
21-481-440-5150-6241	PRINTING AND PUBLISHING	82.80	159.38	100.00	100.00
21-481-440-5150-6242	ADVERTISING	0.00	27.60	0.00	0.00
21-481-440-5150-6245	MEMBERSHIP DUES & REGISTRATIONS	109.00	270.00	0.00	0.00
21-481-440-5150-6263	PROFESSIONAL SERVICES	0.00	0.00	0.00	0.00
21-481-440-5150-6282	CONTRACTED SERVICES	355.00	348.00	312.00	312.00
21-481-440-5150-6337	LODGING & MEALS	4.70	0.00	0.00	0.00
21-481-440-5150-6356	OTHER MISCELLANEOUS CHARGES	0.00	12.18	0.00	0.00
21-481-440-5150-6431	MEDICAL SUPPLIES	6,475.21	6,770.54	4,800.00	6,000.00
21-481-440-5150-6868	MN CARE TAX	294.18	189.82	400.00	400.00
21-481-440-5165-6202	TELEPHONE	146.30	133.41	200.00	150.00
21-481-440-5165-6341	EQUIPMENT RENTAL	105.65	225.45	200.00	200.00
21-481-450-0000-6102	FT SALARIES & WAGES	32,237.87	26,819.94	18,487.00	19,566.00
21-481-450-0000-6104	PART-TIME WAGES	0.00	40.70	0.00	0.00
21-481-450-0000-6142	EMPLOYER HEALTH INSURANCE	5,333.71	4,476.85	3,126.00	3,576.00
21-481-450-0000-6143	EMPLOYER PERA	2,311.81	1,926.60	1,450.00	1,538.00
21-481-450-0000-6144	EMPLOYER FICA	2,105.15	1,741.20	1,479.00	1,569.00
21-481-450-0000-6149	HEALTH SAVINGS ACCT	600.06	550.16	288.00	278.00
21-481-450-0000-6331	TRAVEL AND EXPENSE	0.00	4.11	0.00	0.00
21-481-450-5315-6202	TELEPHONE	1,036.83	1,084.02	1,200.00	1,200.00
21-481-450-5315-6245	MEMBERSHIP DUES & REGISTRATIONS	19.00	83.56	0.00	0.00
21-481-450-5315-6263	PROFESSIONAL SERVICES	1,124.00	0.00	562.00	0.00
21-481-450-5315-6337	LODGING & MEALS	0.00	14.70	0.00	0.00
21-481-450-5315-6341	EQUIPMENT RENTAL	63.18	115.22	100.00	100.00
21-481-450-5315-6385	MIS SERVICES	1,439.50	0.00	0.00	0.00

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
21-481-450-5315-6401	OFFICE SUPPLIES	0.00	0.00	0.00	0.00
21-481-460-0000-6102	FT SALARIES & WAGES	10,607.34	9,429.64	16,947.00	16,557.00
21-481-460-0000-6142	EMPLOYER HEALTH INSURANCE	1,634.73	1,491.52	2,867.00	3,027.00
21-481-460-0000-6143	EMPLOYER PERA	768.79	683.14	1,330.00	1,303.00
21-481-460-0000-6144	EMPLOYER FICA	808.33	720.36	1,357.00	1,329.00
21-481-460-0000-6149	HEALTH SAVINGS ACCT	395.75	395.80	265.00	236.00
21-481-460-0000-6331	TRAVEL AND EXPENSE	3.46	7.61	0.00	0.00
21-481-460-5470-6202	TELEPHONE	127.47	124.95	150.00	150.00
21-481-460-5470-6203	POSTAGE AND BOX RENT	450.00	450.00	500.00	500.00
21-481-460-5470-6241	PRINTING AND PUBLISHING	3.46	656.76	0.00	0.00
21-481-460-5470-6245	MEMBERSHIP DUES & REGISTRATIONS	0.00	50.00	50.00	50.00
21-481-460-5470-6282	CONTRACTED SERVICES	32,805.72	34,176.79	36,608.00	39,780.00
21-481-470-0000-6102	FT SALARIES & WAGES	521,830.27	551,761.07	563,850.00	567,403.00
21-481-470-0000-6104	PART-TIME WAGES	68,969.23	64,005.73	58,854.00	60,370.00
21-481-470-0000-6141	EMPLOYER LIFE INSURANCE	21.80	80.99	0.00	0.00
21-481-470-0000-6142	EMPLOYER HEALTH INSURANCE	89,793.15	102,623.15	95,356.00	103,709.00
21-481-470-0000-6143	EMPLOYER PERA	42,579.17	44,496.05	44,234.00	44,609.00
21-481-470-0000-6144	EMPLOYER FICA	41,659.53	43,196.86	45,119.00	45,501.00
21-481-470-0000-6149	HEALTH SAVINGS ACCT	6,787.52	8,851.08	8,788.00	8,066.00
21-481-470-0000-6150	HCSP-SICK SEVERENCE	0.00	0.00	0.00	0.00
21-481-470-0000-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	3,500.00	0.00	0.00
21-481-470-0000-6331	TRAVEL AND EXPENSE	101.28	48.40	0.00	0.00
21-481-470-5113-6245	MEMBERSHIP DUES & REGISTRATIONS	0.00	500.00	0.00	0.00
21-481-470-5710-6202	TELEPHONE	217.36	327.79	250.00	300.00
21-481-470-5710-6241	PRINTING AND PUBLISHING	0.00	2,080.87	0.00	200.00
21-481-470-5710-6245	MEMBERSHIP DUES & REGISTRATIONS	229.25	202.00	350.00	350.00
21-481-470-5710-6263	PROFESSIONAL SERVICES	140.00	27.50	0.00	500.00
21-481-470-5710-6337	LODGING & MEALS	288.50	270.71	200.00	200.00
21-481-470-5710-6341	EQUIPMENT RENTAL	43.00	115.22	100.00	100.00
21-481-470-5710-6402	STATIONERY,FORMS,BKS ETC	0.00	96.00	0.00	0.00
21-481-470-5710-6412	DEPARTMENTAL OPERATING SUPPLIES	115.99	187.16	0.00	0.00
21-481-470-5710-6431	MEDICAL SUPPLIES	58.95	0.00	0.00	0.00
21-481-470-5710-6868	MN CARE TAX	31.98	19.85	50.00	25.00
21-481-470-5725-6245	MEMBERSHIP DUES & REGISTRATIONS	19.00	0.00	0.00	0.00
21-481-470-5725-6282	CONTRACTED SERVICES	4,536.85	3,040.99	4,000.00	4,000.00
21-481-470-5725-6331	TRAVEL AND EXPENSE	299.80	3,713.53	1,000.00	1,500.00
21-481-470-5725-6337	LODGING & MEALS	1,013.76	193.34	900.00	900.00
21-481-470-5725-6341	EQUIPMENT RENTAL	147.55	230.45	300.00	300.00
21-481-470-5725-6401	OFFICE SUPPLIES	3,797.48	1,283.12	400.00	400.00
21-481-470-5725-6868	MN CARE TAX	0.00	1.66	0.00	0.00
21-481-470-5730-6202	TELEPHONE	212.69	200.75	200.00	250.00
21-481-470-5730-6203	POSTAGE AND BOX RENT	0.00	100.00	100.00	100.00
21-481-470-5730-6241	PRINTING AND PUBLISHING	989.70	994.00	600.00	900.00
21-481-470-5730-6245	MEMBERSHIP DUES & REGISTRATIONS	245.00	160.00	0.00	200.00
21-481-470-5730-6263	PROFESSIONAL SERVICES	2,986.25	5,686.25	4,480.00	5,000.00
21-481-470-5730-6331	TRAVEL AND EXPENSE	0.00	618.22	500.00	500.00
21-481-470-5730-6337	LODGING & MEALS	222.85	0.00	0.00	0.00
21-481-470-5730-6341	EQUIPMENT RENTAL	132.24	115.22	150.00	150.00
21-481-470-5730-6401	OFFICE SUPPLIES	37.05	16.75	100.00	100.00
21-481-470-5730-6402	STATIONERY,FORMS,BKS ETC	951.47	0.00	0.00	0.00
21-481-470-5730-6431	MEDICAL SUPPLIES	422.37	93.40	250.00	200.00
21-481-470-5730-6868	MN CARE TAX	0.00	3.21	0.00	0.00
21-481-470-5750-6202	TELEPHONE	407.53	403.59	450.00	450.00
21-481-470-5750-6203	POSTAGE AND BOX RENT	0.00	274.04	50.00	200.00
21-481-470-5750-6241	PRINTING AND PUBLISHING	0.00	0.00	0.00	0.00
21-481-470-5750-6245	MEMBERSHIP DUES & REGISTRATIONS	67.00	0.00	0.00	350.00
21-481-470-5750-6282	CONTRACTED SERVICES	39.80	32.46	0.00	0.00
21-481-470-5750-6331	TRAVEL AND EXPENSE	0.00	2,071.80	2,000.00	2,000.00
21-481-470-5750-6337	LODGING & MEALS	307.19	0.00	0.00	0.00
21-481-470-5750-6341	EQUIPMENT RENTAL	200.22	288.07	300.00	300.00
21-481-470-5750-6345	BUILDING RENT	1,614.00	1,614.00	1,500.00	1,614.00
21-481-470-5750-6401	OFFICE SUPPLIES	113.57	547.88	300.00	300.00
21-481-470-5750-6402	STATIONERY,FORMS,BKS ETC	10.56	0.00	0.00	0.00
21-481-470-5750-6431	MEDICAL SUPPLIES	1,131.00	3,126.56	1,500.00	1,500.00
21-481-470-5790-6246	MAGAZINE & NEWSPAPER SUBSCRIPTIONS	83.00	0.00	0.00	0.00
21-481-470-5800-6282	CONTRACTED SERVICES	5,722.36	4,642.37	6,000.00	6,000.00
21-481-470-5810-6245	MEMBERSHIP DUES & REGISTRATIONS	563.50	92.70	0.00	0.00
21-481-470-5810-6263	PROFESSIONAL SERVICES	32.50	0.00	0.00	0.00

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
21-481-470-5810-6282	CONTRACTED SERVICES	2,369.55	2,196.46	2,200.00	2,200.00
21-481-470-5810-6301	MACHINERY AND EQUIPMENT MAINT	227.96	213.00	500.00	500.00
21-481-470-5810-6345	BUILDING RENT	158.16	158.16	215.00	215.00
21-481-470-5810-6402	STATIONERY,FORMS,BKS ETC	36.00	0.00	0.00	0.00
21-481-470-5810-6431	MEDICAL SUPPLIES	43.20	47.00	200.00	200.00
21-481-470-5810-6868	MN CARE TAX	144.13	94.47	150.00	100.00
21-481-470-5850-6868	MN CARE TAX	0.00	42.04	0.00	50.00
21-481-470-6051-6245	MEMBERSHIP DUES & REGISTRATIONS	300.00	0.00	0.00	0.00
21-481-470-6060-6202	TELEPHONE	844.31	778.53	850.00	850.00
21-481-470-6060-6203	POSTAGE AND BOX RENT	692.24	441.28	1,000.00	500.00
21-481-470-6060-6241	PRINTING AND PUBLISHING	17,569.39	24,085.59	18,000.00	12,000.00
21-481-470-6060-6242	ADVERTISING	775.76	10,318.00	0.00	0.00
21-481-470-6060-6245	MEMBERSHIP DUES & REGISTRATIONS	8,409.29	6,498.80	8,000.00	8,000.00
21-481-470-6060-6263	PROFESSIONAL SERVICES	0.00	40.00	0.00	0.00
21-481-470-6060-6282	CONTRACTED SERVICES	17,312.94	19,191.69	12,000.00	8,000.00
21-481-470-6060-6331	TRAVEL AND EXPENSE	5,368.90	12,064.71	5,000.00	5,000.00
21-481-470-6060-6337	LODGING & MEALS	7,998.13	15,366.03	8,000.00	5,000.00
21-481-470-6060-6341	EQUIPMENT RENTAL	305.27	230.45	300.00	300.00
21-481-470-6060-6401	OFFICE SUPPLIES	1,252.87	585.56	1,200.00	700.00
21-481-470-6060-6402	STATIONERY,FORMS,BKS ETC	111.57	1,232.37	700.00	500.00
21-481-470-6060-6411	MEETING & PROMOTIONAL SUPPLIES	13,506.33	19,279.36	15,000.00	10,000.00
21-481-470-6060-6482	SMALL EQUIPMENT & FURNITURE < \$5000	2,284.98	5,150.14	0.00	0.00
21-481-470-6075-6431	MEDICAL SUPPLIES	143.37	150.80	500.00	500.00
21-481-470-6075-6868	MN CARE TAX	92.98	57.95	200.00	100.00
21-481-470-6080-6202	TELEPHONE	188.49	199.12	200.00	200.00
21-481-470-6080-6203	POSTAGE AND BOX RENT	250.00	200.00	0.00	200.00
21-481-470-6080-6241	PRINTING AND PUBLISHING	53.96	216.00	0.00	0.00
21-481-470-6080-6245	MEMBERSHIP DUES & REGISTRATIONS	248.85	210.00	0.00	200.00
21-481-470-6080-6263	PROFESSIONAL SERVICES	528.22	0.00	0.00	0.00
21-481-470-6080-6282	CONTRACTED SERVICES	19,309.96	6,594.86	15,000.00	3,500.00
21-481-470-6080-6331	TRAVEL AND EXPENSE	4.00	4,652.26	5,000.00	1,000.00
21-481-470-6080-6337	LODGING & MEALS	72.81	332.82	500.00	0.00
21-481-470-6080-6341	EQUIPMENT RENTAL	300.74	230.45	300.00	50.00
21-481-470-6080-6401	OFFICE SUPPLIES	346.76	67.66	200.00	100.00
21-481-470-6080-6411	MEETING & PROMOTIONAL SUPPLIES	1,823.40	572.55	500.00	0.00
21-481-470-6085-6202	TELEPHONE	131.12	111.99	0.00	0.00
21-481-470-6085-6203	POSTAGE AND BOX RENT	4,581.05	100.00	0.00	0.00
21-481-470-6085-6241	PRINTING AND PUBLISHING	1,880.19	0.00	0.00	0.00
21-481-470-6085-6242	ADVERTISING	2,957.01	0.00	0.00	0.00
21-481-470-6085-6245	MEMBERSHIP DUES & REGISTRATIONS	551.10	540.00	0.00	0.00
21-481-470-6085-6282	CONTRACTED SERVICES	31,197.49	14,224.40	0.00	0.00
21-481-470-6085-6331	TRAVEL AND EXPENSE	1,415.53	4,797.49	0.00	0.00
21-481-470-6085-6337	LODGING & MEALS	763.85	871.43	0.00	0.00
21-481-470-6085-6341	EQUIPMENT RENTAL	259.49	220.45	0.00	0.00
21-481-470-6085-6401	OFFICE SUPPLIES	926.41	20.79	0.00	0.00
21-481-470-6085-6411	MEETING & PROMOTIONAL SUPPLIES	3,007.48	215.85	0.00	0.00
21-481-470-6085-6482	SMALL EQUIPMENT & FURNITURE < \$5000	1,354.04	2,683.63	0.00	0.00
21-481-470-6090-6202	TELEPHONE	159.97	158.74	150.00	150.00
21-481-470-6090-6203	POSTAGE AND BOX RENT	22.50	22.75	0.00	0.00
21-481-470-6090-6245	MEMBERSHIP DUES & REGISTRATIONS	0.00	0.00	0.00	0.00
21-481-470-6090-6341	EQUIPMENT RENTAL	2.00	0.00	0.00	0.00
21-481-470-6090-6401	OFFICE SUPPLIES	42.00	62.62	100.00	100.00
21-481-470-6090-6431	MEDICAL SUPPLIES	398.57	377.51	500.00	500.00
21-481-470-6090-6868	MN CARE TAX	232.73	184.97	300.00	200.00
21-481-470-6120-6245	MEMBERSHIP DUES & REGISTRATIONS	1,439.67	1,166.95	1,500.00	1,500.00
21-481-470-6120-6411	MEETING & PROMOTIONAL SUPPLIES	556.05	256.63	500.00	250.00
21-481-490-0000-6102	FT SALARIES & WAGES	718,494.86	768,492.05	769,901.00	758,540.00
21-481-490-0000-6104	PART-TIME WAGES	15,583.42	15,729.90	14,714.00	15,093.00
21-481-490-0000-6142	EMPLOYER HEALTH INSURANCE	120,650.77	128,747.30	129,747.00	138,645.00
21-481-490-0000-6143	EMPLOYER PERA	53,004.33	56,578.29	60,187.00	59,636.00
21-481-490-0000-6144	EMPLOYER FICA	52,474.88	57,317.14	61,391.00	60,828.00
21-481-490-0000-6149	HEALTH SAVINGS ACCT	6,862.67	11,113.47	11,958.00	10,784.00
21-481-490-0000-6331	TRAVEL AND EXPENSE	47.12	125.56	0.00	0.00
21-481-490-4825-6202	TELEPHONE	196.53	174.73	200.00	200.00
21-481-490-5713-6203	POSTAGE AND BOX RENT	1,000.00	1,100.00	500.00	1,000.00
21-481-490-5830-6202	TELEPHONE	139.92	138.43	175.00	180.00
21-481-490-5830-6203	POSTAGE AND BOX RENT	2,000.00	2,000.00	2,000.00	2,200.00
21-481-490-5830-6241	PRINTING AND PUBLISHING	0.00	0.00	0.00	200.00

2016 Budget - Fund 21 - Public Health

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AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
21-481-490-5830-6245	MEMBERSHIP DUES & REGISTRATIONS	120.00	0.00	0.00	0.00
21-481-490-5830-6337	LODGING & MEALS	0.00	21.36	0.00	0.00
21-481-490-5830-6341	EQUIPMENT RENTAL	677.56	230.45	650.00	650.00
21-481-490-5830-6345	BUILDING RENT	158.16	158.16	215.00	200.00
21-481-490-5830-6401	OFFICE SUPPLIES	135.82	365.84	100.00	500.00
21-481-490-5830-6411	MEETING & PROMOTIONAL SUPPLIES	428.73	570.50	580.00	1,800.00
21-481-490-6310-6202	TELEPHONE	1,967.92	1,666.51	2,300.00	2,000.00
21-481-490-6310-6203	POSTAGE AND BOX RENT	250.00	50.00	500.00	250.00
21-481-490-6310-6242	ADVERTISING	0.00	652.01	0.00	250.00
21-481-490-6310-6245	MEMBERSHIP DUES & REGISTRATIONS	3,410.75	3,010.25	950.00	3,000.00
21-481-490-6310-6263	PROFESSIONAL SERVICES	2,650.00	2,655.00	2,700.00	2,700.00
21-481-490-6310-6282	CONTRACTED SERVICES	0.00	1,109.00	0.00	350.00
21-481-490-6310-6337	LODGING & MEALS	44.10	0.00	0.00	0.00
21-481-490-6310-6341	EQUIPMENT RENTAL	0.00	0.00	0.00	250.00
21-481-490-6310-6402	STATIONERY,FORMS,BKS ETC	253.57	0.00	0.00	0.00
21-481-490-6310-6431	MEDICAL SUPPLIES	4,658.60	1,806.81	3,000.00	2,000.00
21-481-490-6330-6282	CONTRACTED SERVICES	23,183.15	25,830.23	18,000.00	30,000.00
21-481-490-6366-6331	TRAVEL AND EXPENSE	153.40	62.92	100.00	100.00
21-481-490-6375-6202	TELEPHONE	342.13	339.15	400.00	400.00
21-481-490-6375-6203	POSTAGE AND BOX RENT	550.00	576.24	700.00	500.00
21-481-490-6375-6241	PRINTING AND PUBLISHING	330.24	0.00	0.00	0.00
21-481-490-6375-6242	ADVERTISING	0.00	620.74	0.00	500.00
21-481-490-6375-6245	MEMBERSHIP DUES & REGISTRATIONS	209.00	122.50	0.00	0.00
21-481-490-6375-6263	PROFESSIONAL SERVICES	0.00	226.00	0.00	0.00
21-481-490-6375-6431	MEDICAL SUPPLIES	842.64	748.04	1,000.00	750.00
21-481-490-6395-6356	OTHER MISCELLANEOUS CHARGES	0.00	20.93	0.00	0.00
21-481-490-6430-6202	TELEPHONE	1,366.43	1,571.79	1,200.00	1,800.00
21-481-490-6430-6203	POSTAGE AND BOX RENT	500.00	600.00	900.00	900.00
21-481-490-6430-6245	MEMBERSHIP DUES & REGISTRATIONS	739.00	475.00	500.00	500.00
21-481-490-6430-6263	PROFESSIONAL SERVICES	165.96	195.36	200.00	0.00
21-481-490-6430-6337	LODGING & MEALS	695.37	120.04	200.00	200.00
21-481-490-6430-6341	EQUIPMENT RENTAL	0.00	0.00	0.00	650.00
21-481-490-6430-6402	STATIONERY,FORMS,BKS ETC	0.00	60.00	0.00	0.00
21-481-490-6445-6282	CONTRACTED SERVICES	19,744.48	17,754.28	25,000.00	30,000.00
21-482-430-0000-6104	PART-TIME WAGES	39,958.26	46,017.56	43,465.00	46,690.00
21-482-430-0000-6143	EMPLOYER PERA	2,894.27	3,215.80	3,260.00	3,502.00
21-482-430-0000-6144	EMPLOYER FICA	2,983.81	3,470.08	3,325.00	3,572.00
21-482-430-0000-6150	HCSP-SICK SEVERENCE	182.50	4,037.87	0.00	0.00
21-482-430-0000-6331	TRAVEL AND EXPENSE	7,512.09	7,162.62	8,000.00	8,000.00
21-482-490-6375-6104	PART-TIME WAGES	123,885.94	129,033.20	119,528.00	128,398.00
21-482-490-6375-6143	EMPLOYER PERA	8,973.11	9,048.52	8,964.00	9,630.00
21-482-490-6375-6144	EMPLOYER FICA	9,258.98	9,698.35	9,144.00	9,822.00
21-482-490-6375-6150	HCSP-SICK SEVERENCE	512.75	11,165.41	0.00	0.00
21-482-490-6375-6331	TRAVEL AND EXPENSE	22,891.77	27,990.56	28,000.00	28,000.00
21-482-490-6395-6104	PART-TIME WAGES	39,652.00	43,083.98	54,331.00	58,362.00
21-482-490-6395-6143	EMPLOYER PERA	2,871.99	3,021.39	4,075.00	4,377.00
21-482-490-6395-6144	EMPLOYER FICA	2,962.25	3,238.27	4,156.00	4,465.00
21-482-490-6395-6150	HCSP-SICK SEVERENCE	173.81	3,774.56	0.00	0.00
21-482-490-6395-6331	TRAVEL AND EXPENSE	7,349.54	9,318.65	10,000.00	10,000.00
	Total Expense	2,720,585.93	2,909,622.85	2,782,092.00	2,773,449.00
	Total Revenue	(2,359,027.61)	(2,481,571.89)	(2,417,972.00)	(2,360,998.00)
	Levy Dollars	361,558.32	428,050.96	364,120.00	412,451.00

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
11-420-600-0000-5001	PROPERTY TAXES CURRENT	(958,840.14)	(960,421.13)	(890,564.00)	(1,026,307.00)
11-420-600-0000-5004	PROPERTY TAXES DELINQUENT	(23,566.27)	(25,224.19)	0.00	0.00
11-420-600-0000-5007	MOBILE HOME TAX	(696.50)	(773.78)	0.00	0.00
11-420-600-0000-5213	MV CREDIT - AGRICULTURE	(28,910.71)	(28,330.89)	0.00	0.00
11-420-600-0000-5215	DISPARITY REDUCTION AID	(6,143.68)	(5,851.62)	0.00	0.00
11-420-600-0000-5229	IM PERA AID	(4,933.98)	(4,933.98)	(4,934.00)	(4,934.00)
11-420-600-0000-5271	PAYMENT IN LIEU	(6,193.39)	(6,235.87)	0.00	0.00
11-420-600-0000-5420	FED ADMIN REIMB - 60 IV-E	(3,322.00)	(2,639.00)	(3,500.00)	(3,000.00)
11-420-600-0000-5421	60 TANF COUNTY ADMIN - FEDERAL	(55,939.00)	(46,042.00)	(52,534.00)	(52,065.00)
11-420-600-0000-5422	SCHIP MN CARE DIRECT	(70.00)	(109.00)	0.00	(100.00)
11-420-600-0000-5801	MISCELLANEOUS REVENUE	(214.92)	(315.02)	(1,000.00)	(1,000.00)
11-420-600-0000-5832	NON-CLIENT RECOVERY INCENTIVES	(101.00)	(22.50)	(250.00)	(100.00)
11-420-600-0000-5990	TRANSFERS IN	(52,601.00)	0.00	0.00	0.00
11-420-600-4825-5801	MISCELLANEOUS REVENUE	(51.15)	(81.20)	0.00	0.00
11-420-601-0000-5830	MFIP MAXIS RECOVERY	(4,794.50)	(2,792.09)	(5,000.00)	(3,000.00)
11-420-610-0000-5830	AFDC MAXIS RECOVERY	0.00	(789.75)	0.00	0.00
11-420-620-0000-5830	GA MAXIS RECOVERY	(452.00)	(730.78)	(1,000.00)	(1,500.00)
11-420-620-0000-5832	GA RECOVERIES	(928.50)	(165.00)	(700.00)	(300.00)
11-420-620-0000-5837	BURIAL REFUNDS	(6,279.37)	(6,747.29)	(7,000.00)	(7,000.00)
11-420-620-4400-5320	GAMC COST EFFECT HEALTH INS -STATE SHA	(545.60)	(1,301.00)	(100.00)	(250.00)
11-420-620-4401-5320	GAMC ACCESS - STATE SHARE	(369.18)	(545.60)	0.00	0.00
11-420-625-0000-5830	DWP MAXIS RECOVERY	0.00	(1,022.50)	0.00	(1,000.00)
11-420-630-0000-5321	FOOD SUPPORT BONUS (SNAP)	(6,847.00)	0.00	0.00	0.00
11-420-630-0000-5421	FSP(SNAP) FEDERAL ADMIN AID	(166,721.00)	(225,158.00)	(231,149.00)	(225,000.00)
11-420-630-0000-5830	FSP (SNAP) MAXIS RECOVERY	(2,805.46)	(2,830.33)	(2,500.00)	(3,000.00)
11-420-640-0000-5323	STATE IV-D INCENTIVES	(8,266.89)	(8,053.65)	(9,500.00)	(8,500.00)
11-420-640-0000-5421	IV-D FEDERAL ADMIN AID	(308,455.00)	(373,748.04)	(407,481.00)	(310,557.00)
11-420-640-0000-5423	FEDERAL IV-D INCENTIVES	(71,464.00)	(64,651.00)	(75,000.00)	(65,000.00)
11-420-640-0000-5523	IV-D FEES	(2,619.27)	(3,441.47)	(3,000.00)	(3,500.00)
11-420-640-0000-5524	NON IV-D FEES	(1,330.23)	(527.75)	(300.00)	(200.00)
11-420-640-0000-5830	IV-D MISC REVENUE	(507.93)	0.00	0.00	0.00
11-420-650-0000-5320	MA CTY BUY-IN PREM REIMB - STATE	(37,917.02)	(33,668.70)	(30,000.00)	(30,000.00)
11-420-650-0000-5323	MA MED SUPPORT STATE INCENTIVE	(23,069.01)	(31,282.07)	(24,000.00)	(30,000.00)
11-420-650-0000-5421	MA FEDERAL ADMIN AID	(321,247.00)	(417,868.75)	(420,271.00)	(405,626.00)
11-420-650-0000-5423	MA MED SUPPORT FEDERAL INCENTIVE	(13,841.42)	(18,769.22)	(18,000.00)	(18,000.00)
11-420-650-0000-5834	PMAP MILEAGE REIMB REVENUE	(34,044.83)	(29,120.10)	(25,000.00)	(29,000.00)
11-420-650-4400-5320	MA COST EFFECT HEALTH INS - STATE SHARE	(114,100.84)	(129,931.09)	(102,000.00)	(110,000.00)
11-420-650-4400-5420	MA COST EFFECT HEALTH INS - FED SHARE	(114,103.66)	(142,884.07)	(102,000.00)	(125,000.00)
11-420-650-4401-5320	MA ACCESS - STATE SHARE	(37,951.46)	(41,813.28)	(45,000.00)	(35,000.00)
11-420-650-4401-5420	MA ACCESS - FEDERAL SHARE	(37,954.21)	(41,814.84)	(45,000.00)	(35,000.00)
11-420-650-4826-5528	SCHA CCM INCENTIVES FEES	(22,759.88)	(23,481.55)	(20,780.00)	(20,788.00)
11-420-650-4826-5834	SCHA VOL DRIV MILEAGE REIMB REVENUE	(80,737.90)	(102,230.20)	(80,000.00)	(75,000.00)
11-420-651-4445-5836	MA RECOVERIES	(230,323.99)	(309,239.15)	(200,000.00)	(200,000.00)
11-420-660-0000-5830	MSA MAXIS RECOVERY	(106.47)	0.00	(200.00)	0.00
11-420-680-0000-5421	REFUGEE ASSISTANCE ADMIN AID	(638.00)	(604.00)	0.00	(600.00)
	Total Dept 420 - Income Maintenance	(2,792,765.36)	(3,096,191.45)	(2,807,763.00)	(2,830,327.00)
11-420-000-0000-6909	TRANSFERS OUT	306,180.00	0.00	0.00	0.00
11-430-000-0000-6909	TRANSFERS OUT	204,120.00	0.00	0.00	0.00
11-420-600-4800-6102	FULL-TIME EMPLOYEES	579,051.70	632,481.17	643,855.00	641,184.00
11-420-600-4800-6141	EMPLOYER LIFE INSURANCE	482.60	567.00	521.00	521.00
11-420-600-4800-6142	EMPLOYER HEALTH INSURANCE	125,192.00	136,728.00	129,972.00	143,280.00
11-420-600-4800-6143	EMPLOYER PERA	41,656.77	45,527.71	48,131.00	47,954.00
11-420-600-4800-6144	EMPLOYER FICA	42,442.93	46,007.36	49,094.00	48,913.00
11-420-600-4800-6149	HEALTH SAVINGS ACCT - EMPLOYER	7,625.00	8,250.00	7,500.00	9,000.00
11-420-600-4800-6150	HCSP-SICK SEVERENCE	1,055.09	1,055.09	0.00	0.00
11-420-600-4800-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	18,500.00	1,500.00	2,250.00
11-420-600-4800-6331	PAYROLL MEAL REIMBURSEMENT	0.00	50.98	0.00	0.00
11-420-600-4820-6102	FULL-TIME EMPLOYEES	405,598.97	353,903.68	353,892.00	359,090.00
11-420-600-4820-6103	BOARD MEMBER PER DIEMS	2,530.00	1,380.00	3,400.00	2,500.00
11-420-600-4820-6104	PART-TIME WAGES	(6,973.86)	(4,937.99)	0.00	0.00
11-420-600-4820-6141	EMPLOYER LIFE INSURANCE	259.35	272.15	287.00	291.00
11-420-600-4820-6142	EMPLOYER HEALTH INSURANCE	88,122.54	78,440.41	99,170.00	106,901.00
11-420-600-4820-6143	EMPLOYER PERA	22,200.42	18,171.60	26,492.00	26,898.00
11-420-600-4820-6144	EMPLOYER FICA	22,328.10	18,959.98	27,022.00	27,436.00
11-420-600-4820-6149	HEALTH SAVINGS ACCT - EMPLOYER	8,475.11	7,738.94	12,168.00	12,438.00
11-420-600-4820-6150	HCSP-SICK SEVERENCE	0.00	31,632.88	0.00	0.00

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
11-420-600-4820-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	4,600.00	700.00	1,175.00
11-420-600-4820-6331	PAYROLL MEAL REIMBURSEMENT	0.00	7.80	0.00	0.00
11-420-600-4825-6174	WORKER'S COMPENSATION	4,522.20	4,689.60	4,500.00	5,300.00
11-420-600-4825-6202	TELEPHONE	7,957.67	7,409.81	8,500.00	9,000.00
11-420-600-4825-6203	POSTAGE AND BOX RENT	12,639.59	11,855.40	14,000.00	13,000.00
11-420-600-4825-6241	PRINTING AND PUBLISHING	1,614.53	1,641.78	2,000.00	2,000.00
11-420-600-4825-6242	ADVERTISING	3,529.50	328.50	500.00	500.00
11-420-600-4825-6245	MEMBERSHIP DUES & REGISTRATIONS	372.00	1,703.00	1,911.00	2,411.00
11-420-600-4825-6246	MAGAZINE & NEWSPAPER SUBSCRIPTIONS	57.59	92.39	150.00	100.00
11-420-600-4825-6263	PROFESSIONAL SERVICES	30,482.94	7,592.40	8,952.00	8,952.00
11-420-600-4825-6282	CONTRACTED SERVICES	1,136.45	639.27	1,000.00	1,000.00
11-420-600-4825-6301	MACHINERY AND EQUIPMENT MAINT SERVICE	2,036.98	0.00	1,000.00	1,000.00
11-420-600-4825-6302	COMPUTER MAINTENANCE SERVICES	81,842.84	19,646.33	18,450.00	19,300.00
11-420-600-4825-6331	TRAVEL AND EXPENSE	1,153.37	573.76	1,500.00	1,000.00
11-420-600-4825-6337	LODGING & MEALS	1,054.79	1,426.25	1,000.00	1,100.00
11-420-600-4825-6341	EQUIPMENT RENTAL	1,251.34	3,598.86	2,852.00	3,652.00
11-420-600-4825-6345	BUILDING RENT	30,440.64	36,230.64	36,231.00	36,231.00
11-420-600-4825-6352	INSURANCE (P&C)	8,003.40	9,181.80	9,000.00	9,300.00
11-420-600-4825-6356	OTHER MISCELLANEOUS CHARGES	35.00	416.00	0.00	100.00
11-420-600-4825-6385	MIS SERVICES	23,307.17	26,120.39	26,550.00	26,550.00
11-420-600-4825-6401	OFFICE SUPPLIES	8,476.24	9,984.47	8,000.00	8,500.00
11-420-600-4825-6402	STATIONARY, FORMS, BOOKS ECT	(32.85)	287.90	500.00	250.00
11-420-600-4825-6453	REFERENCE BOOKS & RESOURCE MATERIALS	279.00	75.00	250.00	250.00
11-420-600-4825-6482	SMALL EQUIPMENT & FURNITURE < \$5000	13,933.32	2,240.97	15,000.00	10,000.00
11-420-600-4825-6801	MISCELLANEOUS EXPENSES	127.76	118.90	250.00	150.00
11-420-601-0000-6002	MFIP MAXIS RCV - STATE SHARE	4,297.08	1,848.04	3,750.00	2,250.00
11-420-610-0000-6002	AFDC MAXIS RCV - STATE SHARE	0.00	789.75	0.00	0.00
11-420-620-0000-6002	GA MAXIS RCV - STATE SHARE	226.00	365.40	500.00	1,125.00
11-420-620-0000-6804	GA-SSI RECOVERIES TO STATE	928.50	165.00	700.00	300.00
11-420-620-4400-6027	POOR RELIEF - STATE HOSPITAL COST	110,341.10	313,634.30	150,000.00	150,000.00
11-420-620-4445-6804	GA (MA) RECOVERIES SENT TO STATE	4,739.36	9,107.52	5,000.00	2,500.00
11-420-620-4825-6012	GA MILEAGE - NO LOAD (ACCESS)	5.65	0.00	0.00	0.00
11-420-620-4825-6020	BURIALS	62,747.00	72,761.34	68,000.00	68,000.00
11-420-625-0000-6002	DWP MAXIS RCV - STATE SHARE	0.00	404.38	0.00	750.00
11-420-630-0000-6002	FS (SNAP) MAXIS RCV - STATE SHARE	1,058.63	1,789.34	1,625.00	2,250.00
11-420-630-4825-6801	MISCELLANEOUS EXPENSES (FS BONUS)	707.72	1,065.75	1,000.00	0.00
11-420-640-4800-6102	FULL-TIME EMPLOYEES	233,643.56	256,605.28	247,309.00	219,755.00
11-420-640-4800-6141	EMPLOYER LIFE INSURANCE	197.40	236.50	223.00	186.00
11-420-640-4800-6142	EMPLOYER HEALTH INSURANCE	54,570.00	56,238.50	55,224.00	52,188.00
11-420-640-4800-6143	EMPLOYER PERA	16,807.32	18,234.89	18,503.00	16,459.00
11-420-640-4800-6144	EMPLOYER FICA	16,705.03	18,257.47	18,873.00	16,788.00
11-420-640-4800-6149	HEALTH SAVINGS ACCT - EMPLOYER	6,000.00	5,875.00	6,000.00	6,000.00
11-420-640-4800-6150	HCSP-SICK SEVERENCE	70.13	2,989.95	0.00	0.00
11-420-640-4800-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	5,750.00	750.00	750.00
11-420-640-4800-6331	PAYROLL MEAL REIMBURSEMENT	82.47	0.00	0.00	0.00
11-420-640-4825-6202	TELEPHONE	1,120.00	1,037.56	1,200.00	1,200.00
11-420-640-4825-6203	POSTAGE AND BOX RENT	4,679.00	5,105.00	5,200.00	5,000.00
11-420-640-4825-6245	MEMBERSHIP DUES & REGISTRATIONS	665.00	1,175.00	145.00	145.00
11-420-640-4825-6262	LEGAL FEES	7,780.00	9,920.00	15,000.00	15,000.00
11-420-640-4825-6263	PROFESSIONAL SERVICES	9,286.90	231.00	2,700.00	2,000.00
11-420-640-4825-6264	CHILD SUPPORT - SPECIAL CHARGES	6,852.23	8,707.80	10,000.00	8,500.00
11-420-640-4825-6265	BLOOD TESTS	2,170.00	1,260.00	2,000.00	1,500.00
11-420-640-4825-6273	FEDERAL TAX OFFSET FEE	1,873.98	2,291.52	2,500.00	2,700.00
11-420-640-4825-6282	CONTRACTED SERVICES	0.00	16,025.00	31,200.00	31,200.00
11-420-640-4825-6301	MACHINERY AND EQUIPMENT MAINT SERVICE	1,490.94	1,019.40	1,500.00	1,500.00
11-420-640-4825-6331	TRAVEL AND EXPENSE	247.44	0.00	400.00	500.00
11-420-640-4825-6337	LODGING & MEALS	2,557.91	0.00	500.00	500.00
11-420-640-4825-6401	OFFICE SUPPLIES	1,078.64	836.51	1,000.00	1,000.00
11-420-640-4825-6453	IV-D REFERENCE BOOK & RESOURCE MATERI.	0.00	321.01	100.00	100.00
11-420-640-4825-6482	SMALL EQUIPMENT & FURNITURE < \$5000	10,374.04	0.00	0.00	0.00
11-420-640-4825-6801	MISCELLANEOUS EXPENSES	3,082.27	1,917.00	0.00	5,900.00
11-420-650-4400-6020	MA COST EFF HEALTH INS PAY/REIMB	232,233.77	255,359.24	204,000.00	235,000.00
11-420-650-4400-6024	MA CTY BUY-IN PREMIUM PAY/REIMB (MED B)	39,470.93	34,706.47	30,000.00	30,000.00
11-420-650-4401-6016	MEDICA MILEAGE REIMBURSEMENT (PMAP)	18,541.05	14,608.93	10,000.00	15,000.00
11-420-650-4402-6016	BLUE PLUS MILEAGE REIMBURSEMENT (PMAP)	391.58	1,225.25	500.00	1,000.00
11-420-650-4403-6016	U-CARE MILEAGE REIMBURSEMENT (PMAP)	3,452.79	2,792.40	2,500.00	2,000.00
11-420-650-4404-6040	MA CTY SHARE OF N.H. <65 / >90 DAYS	17,411.58	9,301.28	25,000.00	25,000.00
11-420-650-4405-6040	MA CTY SHARE ICF/MR > 90 DAYS	12,252.28	7,770.58	14,000.00	5,000.00

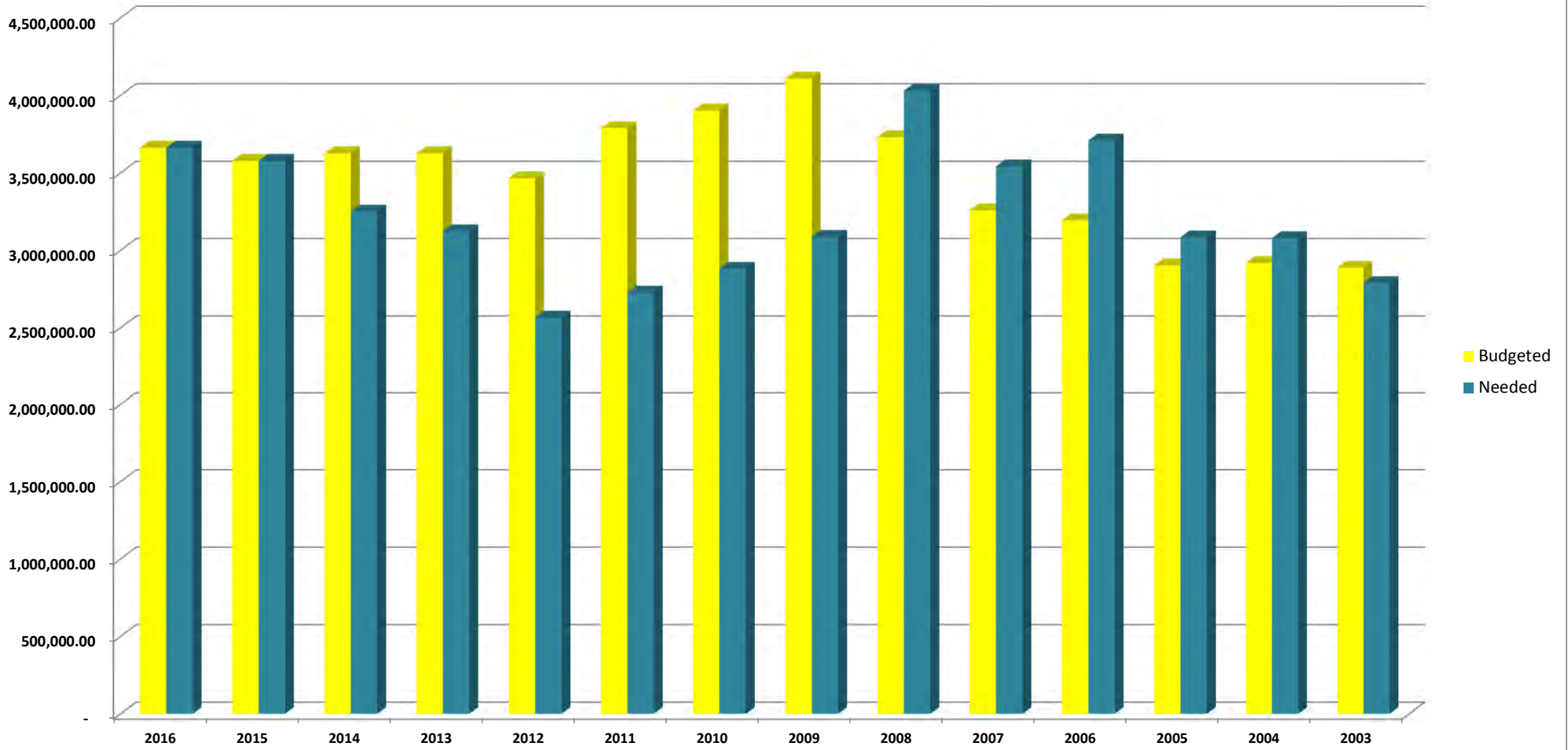
AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
11-420-650-4406-6040	MA CTY SHARE DTH - ICF/MR >90 DAYS	2,330.98	1,180.25	3,000.00	1,000.00
11-420-650-4825-6012	MA MILEAGE - NO LOAD (ACCESS)	5,780.64	14,429.22	11,000.00	20,000.00
11-420-650-4825-6013	MA LODGING (ACCESS)	3,723.00	4,782.13	5,000.00	5,000.00
11-420-650-4825-6014	MA MEALS (ACCESS)	2,965.63	3,527.20	3,500.00	3,500.00
11-420-650-4825-6016	MA MILEAGE - VOLUNTEER DRIVER (ACCESS)	16,835.84	19,968.04	20,000.00	20,000.00
11-420-650-4825-6017	MA MILEAGE - CLIENT (ACCESS)	50,372.62	50,602.82	50,000.00	55,000.00
11-420-650-4825-6018	MA PARKING (ACCESS)	984.50	1,129.25	500.00	750.00
11-420-650-4826-6016	SCHA MILEAGE - VOLUNTEER DRIVER	45,711.07	55,323.86	45,000.00	35,000.00
11-420-650-4826-6102	SCHA FULL-TIME EMPLOYEES	11,962.78	7,802.19	12,220.00	15,505.00
11-420-650-4826-6141	SCHA EMPLOYER LIFE INSURANCE	7.27	4.02	7.00	9.00
11-420-650-4826-6142	SCHA EMPLOYER HEALTH INSURANCE	1,622.29	950.99	2,282.00	3,066.00
11-420-650-4826-6143	SCHA EMPLOYER PERA	867.28	482.73	917.00	1,163.00
11-420-650-4826-6144	SCHA EMPLOYER FICA	905.07	551.36	935.00	1,186.00
11-420-650-4826-6149	SCHA HEALTH SAVINGS ACCT - EMPLOYER	300.00	125.00	300.00	375.00
11-420-650-4826-6150	SCHA HCSP-SICK SEVERENCE	0.00	3,011.04	0.00	0.00
11-420-650-4826-6202	SCHA TELEPHONE	219.82	168.42	250.00	250.00
11-420-650-4826-6203	SCHA POSTAGE	36.00	0.00	0.00	0.00
11-420-650-4826-6331	SCHA PAYROLL MEAL REIMBURSEMENT	2.41	0.00	0.00	0.00
11-420-650-4826-6805	SCHA GRANT EXPENSE	0.00	418.00	0.00	0.00
11-420-651-4445-6804	MA RECOVERIES - STATE SHARE	164,300.83	211,822.42	150,000.00	150,000.00
11-420-660-0000-6002	MSA MAXIS RCV - STATE SHARE	53.24	0.00	150.00	0.00
	Total Dept 420 - Income Maintenance	3,283,688.74	3,063,198.48	2,807,763.00	2,830,327.00
11-430-700-0000-5001	PROPERTY TAXES CURRENT	(2,459,749.34)	(2,457,447.67)	(2,688,159.00)	(2,637,776.00)
11-430-700-0000-5004	PROPERTY TAXES DELINQUENT	(60,795.49)	(64,541.61)	0.00	
11-430-700-0000-5007	MOBILE HOME TAX	(1,792.37)	(1,979.89)	0.00	
11-430-700-0000-5213	MV CREDIT - AGRICULTURE (S55)	(83,582.36)	(83,428.04)	0.00	
11-430-700-0000-5215	DISPARITY REDUCTION AID (S55)	(15,719.94)	(16,188.38)	0.00	
11-430-000-0000-5710	INTEREST REVENUE	(393.15)	(288.21)	(200.00)	(300.00)
11-430-700-0000-5229	SS PERA AID (S55)	(4,482.02)	(4,482.02)	(4,482.00)	(4,482.00)
11-430-700-0000-5271	PAYMENT IN LIEU (S55)	(15,847.14)	(15,955.83)	0.00	0.00
11-430-700-0000-5320	LTSS ADMIN - STATE (S57)	0.00	(82,710.00)	(70,000.00)	(110,000.00)
11-430-700-0000-5401	IV-E SSIS OPERATIONAL - FEDERAL (F09)	0.00	0.00	0.00	0.00
11-430-700-0000-5420	LTSS ADMIN - FEDERAL (F67)	0.00	(82,710.00)	(70,000.00)	(110,000.00)
11-430-700-0000-5801	MISCELLANEOUS REVENUE	(2,679.45)	(2,194.52)	(1,000.00)	(1,000.00)
11-430-700-3000-5310	MN VCA SOC SERV BLOCK GRANT (S53)	(297,328.00)	(309,274.00)	(306,303.00)	(307,504.00)
11-430-700-3000-5408	TXN SOCIAL SERVICE BLOCK GRANT (F56)	(171,806.00)	(165,788.00)	(164,195.00)	(164,773.00)
11-430-700-3000-5421	FED MA SSTS ADMIN (F54)	(148,676.00)	(87,913.00)	(90,000.00)	(90,000.00)
11-430-710-1670-5322	PARENT SUPPORT OUTRCH PRGM-PSOP ST (S	0.00	(5,090.00)	(20,000.00)	(18,519.00)
11-430-710-1670-5422	PARENT SUPPORT OUTRCH PRGM-PSOP FED(0.00	0.00	0.00	0.00
11-430-710-1811-5421	FED IV-E SSTS ADMIN REVENUE (F2)	(20,793.00)	(17,865.00)	(20,000.00)	(28,000.00)
11-430-710-1811-5422	FED IV-E PROGRAM REVENUE (F1)	(56,270.00)	(70,983.00)	(55,000.00)	(100,000.00)
11-430-710-1811-5832	IV-E RECOVERIES (M3)	(6,852.72)	(12,200.23)	(7,000.00)	(9,000.00)
11-430-710-1820-5322	RELATIVE CUSTODY ASSISTANCE (S02)	(34,445.00)	(38,185.00)	(40,000.00)	0.00
11-430-710-1980-5501	LICENSING FEE REVENUE (M01)	0.00	(90.00)	0.00	0.00
11-430-710-3000-5323	MN ADOPTION INCENTIVES (S05)	(696.00)	(1,392.00)	0.00	(1,000.00)
11-430-710-3000-5324	MN NORTHSTAR FOSTER CARE (S03)				(40,000.00)
11-430-710-3000-5325	MN CHILD PROTECTION (S04)				(108,000.00)
11-430-710-3000-5326	FAMILY RESPONSE GRANT (S67)	0.00	(8,407.99)	(4,164.00)	(4,164.00)
11-430-710-3000-5406	FED SELF PROGRAM FUNDS GRANT (F4)	(3,840.00)	(1,229.00)	(3,800.00)	(2,000.00)
11-430-710-3000-5422	CW-TCM REVENUE FED (F5)	(175,298.20)	(159,109.50)	(175,000.00)	(180,000.00)
11-430-710-3000-5426	(4B1) FAMILY RESPONSE GRANT (F65)	(18,122.00)	(9,414.26)	(11,260.00)	(13,015.00)
11-430-710-3000-5832	CW RECOVERIES (M3)	(116,306.95)	(121,244.31)	(100,000.00)	(100,000.00)
11-430-710-3000-5834	FGDM - REVENUE REIMB (M3)	(9,887.51)	(5,505.40)	(12,500.00)	(12,500.00)
11-430-710-3001-5421	71 LCTS MA ADMIN REVENUE (F7)	(47,290.00)	(34,916.00)	(30,000.00)	(35,000.00)
11-430-710-3002-5322	TBI/CADI UNDER 18 - STATE SHARE (S01)	(1,152.50)	(811.13)	(1,000.00)	(1,000.00)
11-430-710-3002-5421	71 LCTS IVE ADMIN REVENUE (F7)	(17,369.00)	(13,850.00)	(10,000.00)	(15,000.00)
11-430-710-3002-5422	TBI/CADI UNDER 18 - FED SHARE (F06)	(1,152.71)	(811.22)	(1,000.00)	(1,000.00)
11-430-720-2112-5315	BSF CC ADMIN STATE GRANT (S08)	(1,783.00)	(1,609.00)	(3,188.00)	(1,500.00)
11-430-720-2112-5415	BSF CC ADMIN FED GRANT (F15)	(2,535.00)	(2,299.00)	(3,897.00)	(2,000.00)
11-430-720-2120-5321	MFIP CC ADMIN STATE REVENUE (S66)	(313.00)	(329.00)	(500.00)	(500.00)
11-430-720-2120-5421	MFIP CC ADMIN FED REVENUE (F13)	(808.00)	(400.00)	(500.00)	(500.00)
11-430-720-2371-5317	MFIP EMPLOYMENT SERVICES STATE (S11)	(26,915.00)	(22,996.00)	(18,908.00)	(18,908.00)
11-430-720-2371-5417	MFIP CONSOLIDATED FUND - TANF (F14)	(159,284.00)	(164,056.00)	(191,179.00)	(182,003.00)
11-430-720-2980-5501	LICENSING FEE REVENUE (M05)	(1,705.00)	(1,450.00)	(1,500.00)	(1,500.00)
11-430-720-3000-5832	MISC CC RECOVERIES	(220.56)	(548.00)	(1,000.00)	(1,000.00)

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
11-430-730-0000-5501	FEES CHEMICAL DEPENDENCY (M9)	(2,322.16)	(4,662.23)	(3,000.00)	(3,500.00)
11-430-730-3000-5307	CCDTF STATE GRANT (S17)	(14,674.89)	(9,564.26)	(11,000.00)	(12,000.00)
11-430-730-3000-5421	MA SSTS ADMIN - RULE 25 (F22)	(37,337.00)	(33,574.00)	(32,800.00)	(35,000.00)
11-430-730-3000-5574	FEE - MA/INSURANCE - RULE 25 ASSESS (M9)	(6,000.00)	(3,000.00)	(3,000.00)	(3,600.00)
11-430-740-3000-5311	CHILD MH COMB STATE GRANT (S63)	(28,721.00)	(4,353.00)	(7,907.00)	(3,744.00)
11-430-740-3000-5312	ADULT COMMUNITY SPRT ST GRANT(S25)	(76,418.00)	(76,418.00)	(76,418.00)	(76,418.00)
11-430-740-3000-5574	FEE - MA/INS (MCO MH TCM) (M13)	(149,886.15)	(137,446.00)	(150,000.00)	(165,000.00)
11-430-740-3000-5832	CW RECOVERIES - RULE 5 (M15)	0.00	(1,005.00)	0.00	(2,000.00)
11-430-740-3001-5322	RULE 79 CASE MGMT - STATE (GAMC) S32	(412.50)	(825.00)	(1,000.00)	(500.00)
11-430-740-3001-5422	RULE 79 CASE MGMT - FED SHARE (F31)	(49,060.28)	(43,489.88)	(50,000.00)	(50,000.00)
11-430-740-3002-5422	MA MN CHILD RES TX (RULE 5) (F66)	0.00	(5,862.90)	(1,000.00)	(1,000.00)
11-430-740-3004-5422	RULE 5 ADMN SET-ASIDE (F66)	(829.55)	0.00	(800.00)	0.00
11-430-740-4911-5834	ADULT RULE 79 CASE MGMT REIMB (M15)	(26,847.36)	(26,897.55)	(15,000.00)	(24,000.00)
11-430-750-3000-5318	DD FAMILY SUPPORT STATE GRANT (S35)	(7,002.00)	(658.00)	(4,993.00)	(5,301.00)
11-430-750-3000-5319	DD SILS STATE GRANT (S34)	(29,022.00)	(43,145.00)	(46,789.00)	(43,767.00)
11-430-750-3000-5320	DD SCREENS - STATE SHARE (S37)	(736.90)	64.10	0.00	0.00
11-430-750-3000-5322	DD MR/RC CASE MGMT STATE SHARE(S38)	(69,626.83)	(63,440.43)	(50,000.00)	(59,000.00)
11-430-750-3000-5334	DD DAY TRAINING & HABILITATION (S41)	0.00	(803.00)	0.00	(1,600.00)
11-430-750-3000-5420	DD SCREENS - FED SHARE (F40)	(736.93)	64.11	0.00	0.00
11-430-750-3000-5422	DD MR/RC CASE MGMT-FED SHARE (F38)	(69,649.80)	(63,453.72)	(50,000.00)	(59,000.00)
11-430-750-3001-5422	VA/DD TCM REBATE (F42)	(483.49)	0.00	(500.00)	0.00
11-430-760-3000-5322	TBI/CADI ADULT >18 - STATE SHARE (S44)	(32,411.69)	(24,230.09)	(18,000.00)	(20,000.00)
11-430-760-3000-5372	MN LTCC < 65 GRANT (S44)	(8,111.57)	0.00	0.00	0.00
11-430-760-3000-5422	TBI/CADI ADULT >18 - FED SHARE (F47)	(32,414.14)	(24,234.37)	(18,000.00)	(20,000.00)
11-430-760-3000-5526	LTCC OVER 65 (M21)	(14,626.52)	0.00	0.00	0.00
11-430-760-3000-5565	FEE - MEDICA ADULT SERVICES (M21)	(37,286.00)	(55,249.85)	(48,000.00)	(60,000.00)
11-430-760-3000-5566	FEE - SCHA ADULT SERVICES (M21)	(13,090.00)	(9,161.59)	(7,000.00)	(7,000.00)
11-430-760-3001-5422	VA/DD TCM FEDERAL REVENUE (F42)	(8,279.31)	(9,199.02)	(8,000.00)	(9,000.00)
11-430-760-3001-5830	ADULT SERVICES MISC REVENUE (M23)	(10,000.00)	0.00	0.00	0.00
11-430-760-6980-5501	LICENSING FEE REVENUE (M21)	(3,600.00)	(6,600.00)	(4,500.00)	(4,500.00)
	Total Dept 430 - Social Services	(4,695,476.48)	(4,716,836.89)	(4,713,442.00)	(4,967,874.00)
11-430-700-4800-6102	FULL-TIME EMPLOYEES	1,116,082.20	1,150,704.73	1,221,196.00	1,255,028.00
11-430-700-4800-6104	PART-TIME WAGES	23,258.52	25,072.62	24,749.00	25,121.00
11-430-700-4800-6141	EMPLOYER LIFE INSURANCE	720.71	825.78	811.00	846.00
11-430-700-4800-6142	EMPLOYER HEALTH INSURANCE	195,095.71	206,615.00	219,019.00	243,498.00
11-430-700-4800-6143	EMPLOYER PERA	82,350.93	84,677.81	93,423.00	96,011.00
11-430-700-4800-6144	EMPLOYER FICA	81,293.04	83,907.48	91,324.00	97,932.00
11-430-700-4800-6149	HEALTH SAVINGS ACCT - EMPLOYER	27,180.00	29,855.00	31,680.00	34,125.00
11-430-700-4800-6150	HCSP-SICK SEVERENCE	2,289.60	14,578.56	0.00	0.00
11-430-700-4800-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	12,000.00	2,750.00	3,000.00
11-430-700-4800-6331	PAYROLL MEAL REIMBURSEMENT	491.56	519.35	0.00	0.00
11-430-700-4820-6102	FULL-TIME EMPLOYEES	393,436.81	381,720.00	390,322.00	410,248.00
11-430-700-4820-6103	BOARD MEMBER PER DIEMS	2,070.00	940.00	2,800.00	1,700.00
11-430-700-4820-6104	PART-TIME WAGES	0.00	456.50	0.00	0.00
11-430-700-4820-6141	EMPLOYER LIFE INSURANCE	223.24	237.65	256.00	268.00
11-430-700-4820-6142	EMPLOYER HEALTH INSURANCE	78,184.93	74,941.43	84,390.00	91,491.00
11-430-700-4820-6143	EMPLOYER PERA	24,811.00	24,615.90	29,256.00	30,746.00
11-430-700-4820-6144	EMPLOYER FICA	24,815.37	24,507.99	29,841.00	31,361.00
11-430-700-4820-6149	HEALTH SAVINGS ACCT - EMPLOYER	6,951.77	8,242.67	11,712.00	11,292.00
11-430-700-4820-6150	HCSP-SICK SEVERENCE	1,702.51	8,520.85	0.00	0.00
11-430-700-4820-6160	HCSP-RETIREMENT CONTRIBUTION	0.00	1,400.00	300.00	700.00
11-430-700-4820-6331	PAYROLL MEAL REIMBURSEMENT	23.25	49.34	0.00	0.00
11-430-700-4825-6174	WORKER'S COMPENSATION	2,886.80	3,126.40	3,200.00	3,550.00
11-430-700-4825-6202	TELEPHONE	11,132.62	13,868.39	13,500.00	16,000.00
11-430-700-4825-6203	POSTAGE AND BOX RENT	6,691.40	5,994.59	6,000.00	6,000.00
11-430-700-4825-6241	PRINTING AND PUBLISHING	1,796.46	1,303.86	1,500.00	1,500.00
11-430-700-4825-6242	ADVERTISING	1,017.34	1,191.00	1,000.00	1,000.00
11-430-700-4825-6245	MEMBERSHIP DUES & REGISTRATIONS	3,384.39	4,363.37	3,774.00	3,774.00
11-430-700-4825-6246	MAGAZINE & NEWSPAPER SUBSCRIPTIONS	38.40	61.60	100.00	100.00
11-430-700-4825-6263	PROFESSIONAL SERVICES	9,602.80	9,911.10	11,368.00	11,368.00
11-430-700-4825-6282	CONTRACTED SERVICES	3,307.63	492.23	600.00	600.00
11-430-700-4825-6301	MACHINERY AND EQUIPMENT MAINT SERVICE	2,112.11	0.00	850.00	850.00
11-430-700-4825-6302	COMPUTER MAINTENANCE SERVICES	2,082.89	2,373.54	2,800.00	3,000.00
11-430-700-4825-6331	TRAVEL AND EXPENSE	746.33	382.43	1,500.00	1,500.00
11-430-700-4825-6337	LODGING & MEALS	3,717.13	3,203.03	2,000.00	2,000.00
11-430-700-4825-6341	EQUIPMENT RENTAL	3,924.78	6,136.12	3,923.00	3,923.00

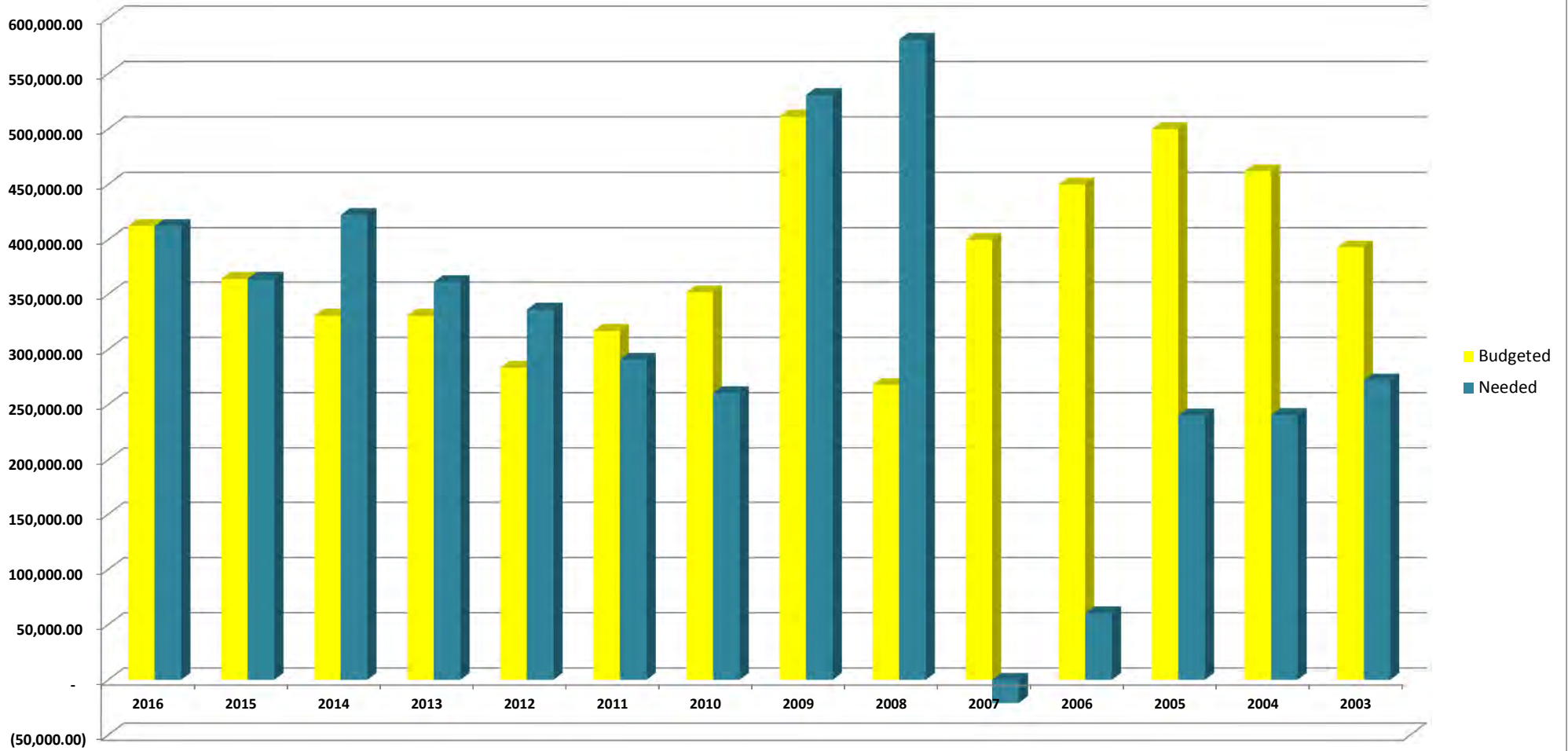
AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
11-430-700-4825-6345	BUILDING RENT	20,293.76	24,153.76	24,154.00	24,154.00
11-430-700-4825-6352	INSURANCE (P&C)	5,335.60	6,121.20	6,000.00	6,200.00
11-430-700-4825-6385	MIS SERVICES	15,538.11	17,413.59	18,025.00	18,025.00
11-430-700-4825-6401	OFFICE SUPPLIES	6,022.73	6,889.46	7,000.00	7,000.00
11-430-700-4825-6402	STATIONERY,FORMS,BKS ECT	69.98	246.16	500.00	250.00
11-430-700-4825-6453	REFERENCE BOOKS & RESOURCE MATERIALS	0.00	0.00	100.00	0.00
11-430-700-4825-6482	SMALL EQUIPMENT & FURNITURE < \$5000	3,996.50	10,416.35	10,000.00	10,000.00
11-430-700-4825-6801	MISCELLANEOUS EXPENSES	1,027.58	607.93	500.00	500.00
11-430-710-1150-6299	INTERPRETER SERVICES	2,498.34	388.00	1,000.00	1,000.00
11-430-710-1161-6054	FAMILY-BASED TRANSPORTATION	68,500.51	66,724.95	68,000.00	50,000.00
11-430-710-1180-6057	HEALTH RELATED SERVICES - CHILD	4,036.65	1,992.70	1,500.00	2,000.00
11-430-710-1181-6057	UA TESTING	12,972.00	8,981.77	10,000.00	12,000.00
11-430-710-1190-6299	CHILD COURT-RELATED SERVICES	44,442.15	22,885.47	18,000.00	13,000.00
11-430-710-1440-6039	HOUSING SERVICES	8,856.10	4,332.13	5,000.00	10,000.00
11-430-710-1450-6802	SOCIAL AND RECREATIONAL	448.79	295.74	500.00	3,500.00
11-430-710-1451-6051	SELF GRANT SOCIAL & RECREATIONAL EXPEN	34.95	(34.95)	0.00	0.00
11-430-710-1461-6051	SELF GRANT ADOLESCENT LIFE SKILLS TRNG	3,555.59	1,482.41	5,000.00	2,000.00
11-430-710-1470-6047	INDEPENDENT LIVING SKILLS	0.00	0.00	0.00	500.00
11-430-710-1550-6092	CHILD INDIVIDUAL COUNSELING	0.00	8,958.33	0.00	5,000.00
11-430-710-1560-6092	CHILD GROUP COUNSELING	5,015.00	560.00	6,500.00	9,000.00
11-430-710-1621-6054	FAMILY-BASED COUNSELING (PROFESSIONAL	69,266.70	74,063.21	50,000.00	58,000.00
11-430-710-1630-6054	FAMILY BASED SKILLS - FFP	0.00	897.75	0.00	0.00
11-430-710-1631-6054	FAMILY-BASED LIFE MGMT SKILLS (PARAPRO)	21,696.55	17,171.64	32,000.00	34,500.00
11-430-710-1640-6054	FAMILY ASSESSMENT RESPONSE SERV	0.00	0.00	1,000.00	1,000.00
11-430-710-1650-6054	SRVS FOR CONCURRENT PLANNING	45.00	0.00	3,000.00	7,000.00
11-430-710-1660-6054	FAMILY GROUP DECISION MAKING (FGDM)	12,084.65	5,877.29	12,500.00	14,500.00
11-430-710-1670-6047	PARENT SUPPORT OUTREACH PROG (PSOP)	1,347.00	4,111.98	20,000.00	18,519.00
11-430-710-1710-6057	EMERGENCY CHILD SHELTER	20,881.92	9,689.48	10,000.00	10,000.00
11-430-710-1801-6077	IVE TRTMT FC	21,753.44	32,067.51	30,000.00	30,000.00
11-430-710-1803-6057	CW TRTMT FC	98,696.28	186,557.53	150,000.00	200,000.00
11-430-710-1805-6057	CW TRTMT FC/ADMIN COSTS	63,897.12	117,279.24	107,500.00	110,000.00
11-430-710-1805-6077	IVE TRTMT FC/ADMIN COSTS	16,774.89	19,574.16	16,000.00	17,000.00
11-430-710-1807-6057	CW TRMT FC EDUCATIONAL TRANS	0.00	0.00	0.00	18,000.00
11-430-710-1807-6077	IVE TRMT FC EDUCATIONAL TRANS	2,506.91	119.06	0.00	0.00
11-430-710-1809-6057	TRMT FFH - PROTECTIVE HOLD	0.00	0.00	0.00	0.00
11-430-710-1810-6057	MISC FC EXPENSES	109.79	0.00	0.00	0.00
11-430-710-1811-6077	IV-E FC	88,540.56	108,764.58	80,000.00	150,000.00
11-430-710-1813-6057	CW FC	188,167.19	205,848.62	225,000.00	155,000.00
11-430-710-1817-6057	CW EDUCATIONAL TRANS	0.00	0.00	0.00	10,000.00
11-430-710-1817-6077	IVE EDUCATIONAL TRANS	0.00	0.00	0.00	12,000.00
11-430-710-1819-6057	FFH - PROTECTIVE HOLD	0.00	0.00	0.00	500.00
11-430-710-1820-6092	RELATIVE CUSTODY ASSISTANCE	32,121.20	42,376.00	40,000.00	40,000.00
11-430-710-1833-6057	CW RULE 8 GROUP HOME	4,576.00	78,193.73	30,000.00	50,000.00
11-430-710-1852-6077	IV-E CORR FACILITIES FC	48,295.50	0.00	10,000.00	10,000.00
11-430-710-1854-6057	CW CORR FACILITIES FC	80,739.00	77,838.00	125,000.00	125,000.00
11-430-710-1860-6097	DETENTION	47,100.86	40,205.80	42,000.00	50,000.00
11-430-710-1880-6057	SUPERVISED INDEPENDENT LVG (18-20)	24,410.00	11,675.40	20,000.00	15,000.00
11-430-710-1890-6097	CHILD RESPITE CARE	12,936.93	28,740.97	12,000.00	15,000.00
11-430-710-1960-6047	ADOPTION EXPENSES	3,867.96	1,043.63	1,000.00	1,000.00
11-430-710-1970-6020	LCTS PAYMENTS TO COLLABORATIVE	64,945.00	48,766.00	40,000.00	50,000.00
11-430-710-1980-6245	DUES/LICENSING/RESOURCE DEVELOPMENT	3,011.86	3,310.65	2,400.00	3,400.00
11-430-720-2112-6038	BSF COUNTY MATCH	12,493.00	11,451.92	12,493.00	12,493.00
11-430-720-2140-6038	OTHER CHILD CARE	80,751.85	56,180.22	50,000.00	40,000.00
11-430-720-2142-6077	IV-E CHILD CARE	4,769.92	19,959.08	10,000.00	20,000.00
11-430-720-2372-6022	STATEWIDE MFIP (CEP)	165,753.04	146,989.32	147,061.00	147,061.00
11-430-720-2377-6022	DIVERSIONARY WORK PROGRAM (CEP)	38,656.64	35,087.67	63,026.00	53,850.00
11-430-720-2378-6022	INNOVATIONS GRANT EXP (CEP)	84.35	0.00	0.00	0.00
11-430-720-2980-6414	CHILD CARE LICENSING & RESOURCE DEVELC	78.00	25.95	500.00	500.00
11-430-730-3160-6031	CD TRANSPORTATION & EXPENSE	1,921.91	2,229.29	2,000.00	2,000.00
11-430-730-3170-6031	DETOX TRANSPORTATION	0.00	185.00	0.00	0.00
11-430-730-3590-6044	CCDTF ADVANCE	116,228.01	107,545.78	95,000.00	107,000.00
11-430-730-3710-6045	DETOXIFICATION (CATEGORY I CD PROGRAM)	32,249.84	25,039.26	25,000.00	30,000.00
11-430-740-4020-6414	MH COMMUNITY ED & PREVENTION EXPENSES	0.00	0.00	200.00	0.00
11-430-740-4030-6079	RULE 78 ADULT CSP GRANT ADVANCE	10,000.00	0.00	10,000.00	0.00
11-430-740-4040-6043	CLIENT OUTREACH (FCSS)	7,591.56	7,591.56	8,000.00	8,000.00
11-430-740-4051-6046	PSYCH TESTING - CHILD	0.00	0.00	500.00	500.00
11-430-740-4160-6023	MH TRANS	1,344.16	4,139.88	4,000.00	4,000.00
11-430-740-4300-6043	OTHER FAMILY COMMUNITY SUPPORT SERVIC	22,774.43	22,774.43	24,000.00	24,000.00

AccountNumber	ACCOUNTDESCRIPTION	2013 Actual	2014 Actual	2015 Budget	2016 Budget
11-430-740-4302-6043	WRAPAROUND PROCESS	12,000.00	12,000.00	12,000.00	12,000.00
11-430-740-4340-6053	OTHER COMM SUPPORT SRV-CSP	91,630.92	84,859.16	90,000.00	90,000.00
11-430-740-4390-6092	CHILD MH BEHAVIORAL AIDE SRVS	(1,770.00)	0.00	0.00	0.00
11-430-740-4520-6065	MENTAL HEALTH CENTER - OUTPATIENT TRMT	12,000.00	12,000.00	12,000.00	12,000.00
11-430-740-4621-6054	SED MH FAMILY-BASED COUNSELING	0.00	3,153.17	4,000.00	4,000.00
11-430-740-4670-6046	CHILD DAY TREATMENT	29,992.19	28,000.00	35,000.00	30,000.00
11-430-740-4720-6080	REG TRMT CTR/HOLD ORDERS/STATE HOSPIT	4,496.70	0.00	15,000.00	15,000.00
11-430-740-4730-6046	ACUTE CARE HOSPITAL INPATIENT	4,638.44	0.00	5,000.00	5,000.00
11-430-740-4833-6057	CW RULE 5 RESIDENTIAL TREATMENT	20,707.73	94,809.34	120,000.00	120,000.00
11-430-740-4900-6040	MMIS NON-FED SHARE MH/TCM VENDORS-CHI	41,707.62	44,528.73	40,000.00	40,000.00
11-430-740-4900-6046	CHILD RULE 79 CASE MGMT	42,165.40	36,855.28	50,000.00	50,000.00
11-430-740-4911-6040	MMIS NON-FED SHARE MH/TCM VENDORS-ADU	29,863.65	23,567.06	15,000.00	24,000.00
11-430-740-4911-6092	ADULT RULE 79 CLINICAL SUPERVISION	0.00	2,925.00	2,700.00	4,500.00
11-430-750-5020-6094	DD-WAIVER COMM ED & PREVENTION EXPENS	260.00	0.00	0.00	0.00
11-430-750-5160-6023	DD TRANS	12,428.93	10,611.21	10,000.00	11,000.00
11-430-750-5160-6094	DD TRANS - WAIVER	2,586.00	144.00	0.00	0.00
11-430-750-5310-6086	DD IN-HOME FAMILY SUPPORT SERVICES	15,310.00	11,012.06	10,000.00	15,000.00
11-430-750-5340-6073	DD - SILS	49,907.28	48,829.41	55,000.00	55,000.00
11-430-750-5350-6084	DD FAMILY SUPPORT PROGRAM	3,619.63	2,681.78	4,000.00	5,301.00
11-430-750-5380-6053	EXTENDED/SUPPORTED EMPLOY	39,353.27	35,541.99	40,000.00	42,000.00
11-430-750-5380-6094	EXTENDED/SUPPORTED EMPLOY - WAIVER	8,595.57	1,425.57	0.00	0.00
11-430-750-5411-6094	MR WAIVER ADAPTIVE AIDS/SUPPLIES/EQUIP	1,193.85	10,503.80	1,500.00	1,500.00
11-430-750-5660-6039	DAC MONTHLY	107,972.76	88,774.49	132,000.00	132,000.00
11-430-750-5741-6083	DD COMMUNITY RESIDENTIAL FACILITIES	9,776.00	816.00	10,000.00	10,000.00
11-430-750-5890-6097	DD ADULT RESPITE CARE	0.00	0.00	1,500.00	1,000.00
11-430-750-5891-6094	MR WAIVER ADULT RESPITE CARE	752.49	0.00	0.00	0.00
11-430-750-5892-6097	DD CHILD RESPITE CARE	7,186.37	7,279.16	8,000.00	8,500.00
11-430-750-5893-6094	MR WAIVER CHILD RESPITE CARE	3,108.12	354.76	0.00	0.00
11-430-760-6020-6414	COMM EDUCATION & PREVENTION	2,534.00	2,534.00	2,739.00	2,739.00
11-430-760-6150-6299	INTERPRETER SERVICES	30.00	200.00	0.00	250.00
11-430-760-6161-6023	SENIOR CITIZENS TRANS & EXPENSE	27,760.59	43,327.27	27,000.00	28,000.00
11-430-760-6162-6023	ADULT TRANSPORTATION	3,203.58	254.24	4,000.00	3,000.00
11-430-760-6180-6090	HEALTH-RELATED SRVS	0.00	0.00	0.00	1,000.00
11-430-760-6190-6299	ADULT COURT-RELATED SERVICES & ACTIVITI	81.25	0.00	1,500.00	1,000.00
11-430-760-6210-6299	LEGAL SERVICES - ADULT	3,374.81	2,824.38	2,000.00	1,000.00
11-430-760-6220-6020	SENIOR COMPANION PROGRAM	48.05	62.91	100.00	100.00
11-430-760-6230-6067	CHORE SERVICES	1,490.00	1,072.00	1,000.00	1,000.00
11-430-760-6270-6090	ASSISTED LIVING SRVS - NON WAIVER	0.00	0.00	500.00	500.00
11-430-760-6340-6073	ADULT SILS	3,547.74	1,616.01	2,000.00	2,000.00
11-430-760-6370-6053	EMPLOYABILITY	3,271.14	0.00	3,000.00	2,000.00
11-430-760-6380-6053	ADULT EXTENDED EMPLOYMENT	1,967.89	1,911.51	2,000.00	2,000.00
11-430-760-6950-6050	GUARDIANSHIP/CONSERVATORSHIP	13,798.48	16,910.66	16,000.00	18,000.00
Total Dept 430 - Social Services		4,349,126.04	4,553,967.86	4,713,442.00	4,967,874.00
Total Expense		7,632,814.78	7,617,166.34	7,521,205.00	7,798,201.00
Total Revenue		(3,982,801.73)	(4,302,640.07)	(3,942,482.00)	(4,134,118.00)
Levy Dollars		3,650,013.05	3,314,526.27	3,578,723.00	3,664,083.00

**Todd County Health & Human Services
Social Services Levy Dollars
2003-2016 Budgeted vs. Needed**



**Todd County Health & Human Services
Public Health Levy Dollars
2003-2016 Budgeted vs. Needed**



Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Approve Commissioner Warrants	
Date of Meeting: August 25, 2015	Total time requested: 5 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Denise Gaida	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Printout sent to Commissioners	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To approve the HHS Commissioner Warrants in the amount of \$116,807.98 and \$89,899.22.	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures
STATE OF MINNESOTA } COUNTY OF TODD }
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:
Seal

Commissioner Warrants

Vendor Name	Amount
ANU FAMILY SERVICES INC	2,750.00
CARITAS MENTAL HLTH CTR	4,995.23
CATHOLIC CHARITIES	3,366.29
CENTRACARE HEALTH - LONG PRAIRIE	3,074.19
COMMUNITY AND FAMILY SRVS LLC	4,355.57
DHS - SWIFT	6,832.15
# 4453 Foster Care	2,635.00
GREATER MN FAMILY SRVS INC	11,385.06
KINDRED FAMILY FOCUS	19,055.75
NEXUS INC - MILLE LACS ACADEMY	4,524.76
NORTHERN PINES MENTAL HLTH CTR	10,496.50
PINEHAVEN YOUTH AND FAMILY SRVS INC	2,650.19
PRODUCTIVE ALTERNATIVES INC	2,265.81
RISING PHOENIX/THE	2,063.88
TODD COUNTY DAC	6,020.82
VILLAGE RANCH CHILD AND FAMILY SRVS	4,802.83
WACOSA	2,607.13
WEST CENTRAL REG JUVENILE CTR	3,312.50
Payments less than 2000	19,614.32
Final Payment	116,807.98
BRENNY FUNERAL HOME	3,500.00
DHS - MSOP-MN SEX OFFENDER PROGRAM	7,161.00
DHS - SWIFT	8,547.78
FRESHWATER EDUCATION DISTRICT 6004	13,876.00
MORRISON COUNTY SOCIAL SERVICE	2,125.00
PERISH/ALAN	2,202.81
RURAL MN CEP INC	13,678.25
Payments less than 2000	38,808.38
Final Payment	89,899.22