

AGENDA
MORGAN COUNTY BOARD OF COUNTY COMMISSIONERS
Assembly Room, Administration Building
231 Ensign Street, Fort Morgan, CO 80701
Tuesday, March 15, 2022

The County Will Be Abiding By the Social Distancing Requirements in Public Health Order 20-28 for This Meeting. Due To Limited Space In The Assembly Room, Remote Attendance Is Encouraged. If You Have Any Questions Regarding Attending The Meeting, Please Contact Karla Powell at 970-542-3500.

To participate in the Citizen's Comment Period you must connect via Zoom Conferencing Access Information: <https://us02web.zoom.us/j/87871557777> If you cannot connect via Zoom, you may submit written public comment to morgancountybcc@co.morgan.co.us by email by 4 p.m. on Monday March 14, 2022.

To participate in Public Hearings you may connect via Zoom Conferencing Access Information: <https://us02web.zoom.us/j/87871557777> to listen via phone, please dial: 1-312-626-6799, Meeting ID: 878 7155 7777

To watch and/or listen to the meeting but not participate, you may do so by connecting via Zoom Conferencing Access Information: <https://us02web.zoom.us/j/87871557777> or to listen via phone, please dial: 1-312-626-6799, Meeting ID: 878 7155 7777

9:00 A.M.

A. WELCOME – CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL:

Commissioner Becker
Commissioner Westhoff
Commissioner Arndt

The Board of Morgan County Commissioners will convene as the Morgan County Board of Social/Human Services in the matter of:

1. CALL TO ORDER
2. Consideration of Approval – DHS MINUTES dated February 15, 2022
3. Consideration of Approval – DHS WARRANTS January 2022 (Susan Nitzel, Accounting Manager)
4. Consideration of Approval – DHS CERTIFICATION OF PROVIDER AND VENDOR BENEFIT AUTHORIZATIONS January 2022 (Susan Nitzel, Accounting Manager)

STAND IN RECESS

*Any meeting or event scheduled to be held at the Commissioners' Offices (218 West Kiowa Avenue, Fort Morgan, CO) will be relocated to a site with handicapped access upon request. For special assistance for the Morgan County Board of Commissioners meeting, please notify us at least 48 hours before the scheduled agenda item. Please call (970)542-3500, extension 1410, to request accommodations for any of the two locations.

PREPARED BY: Karla Powell, Administrative Services Manager
AGENDA POSTED ON Thursday, March 10 @ 4:00 P.M.

(*Recess as necessary)

B. CITIZEN'S COMMENT PERIOD

Citizens are invited to speak to the Commissioners on agenda or non-agenda items. There is a 3 minute time limit per person, unless otherwise noted by the Chairman. Please note that no formal action will be taken on these items during this time due to the open meeting law provision; however, they may be placed on future posted agenda if action is required.

C. CONSENT AGENDA

All matters under the consent agenda are considered to be routine by the Board of County Commissioners and will be enacted with a single vote. There will be no separate discussion of these items. If discussion is deemed necessary, any Board member may ask that the item be removed from the Consent Agenda and considered separately:

1. Ratify the Board of County Commissioners approval of meeting minutes dated March 1, 2022.
2. Ratify the Board of County Commissioners approval of Contract 2022 CNT 037, Utility Associates, Inc., Term of Contract March 7, 2022 through March 6, 2023
3. Ratify the Board of County Commissioners approval of Contract 2022 CNT 038, Wiggins Electric, Inc., Term of Contract March 3, 2022 through March 2, 2023
4. Ratify the Board of County Commissioners approval of Contract 2022 CNT 039, Intellectual Technology, Inc., Term of Contract March 1, 2022 until terminated
5. Ratify the Board of County Commissioners approval of Contract 2022 CNT 040, Viaero Wireless, Term of Contract December 2, 2021 through December 1, 2022
6. Ratify the Board of County Commissioners approval of Contract 2022 CNT 041AR, Home WAV, LLC Term of Contract May 1, 2022 through April 30, 2023
7. Ratify the Board of County Commissioners approval of Contract 2022 CNT 042, Stericycle dba Shred-It, Term of Contract March 1, 2022 through February 28, 2023
8. Ratify the Board of County Commissioners approval of Contract 2022 SV 05, Life Med Safety, Term of Contract March 4, 2022 through March 3, 2023
9. Ratify the Board of County Commissioners approval of Contract 2022 SV 06, Buchanan Welding and Construction, LLC, Term of Contract February 24, 2022 through completion
10. Ratify the Board of County Commissioners approval of Contract 2022 SV 07, Wiggins Electric, Term of Contract March 1, 2022 through completion
11. Ratify the Board of County Commissioners approval of Contract 2022 SV 06, Buchanan Welding and Construction, LLC, Term of Contract February 24, 2022 through completion
12. Ratify the Board of County Commissioners approval of Contract 2022 MOU 03, LPR Camera / DATA Access, Term of Contract February 24, 2022 through completion
13. Ratify Chairman Jon Becker's signature on the Morgan County Public Trustee report for February 2022 signed March 8, 2022.
14. Ratify Chairman Jon Becker's signature on Fort Morgan Water Company, Ltd. 2022 Water Lease, signed March 7, 2022
15. Ratify the Board of County Commissioners approval of Rental/Lease Agreement for 602 Ellsworth, Brush, CO 80723, signed March 14, 2022
16. Ratify the Board of County Commissioners approval on assignment of debt collections to Wakefield and Associates, Client #210210, #212253, #212199

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D. UNFINISHED BUSINESS

Log Lane Village – Quit Claim Deed clarification of right of way boundaries

E. GENERAL BUSINESS AND ADMINISTRATIVE ITEMS

1. Consideration of Approval – **Resolution 2022 BCC 09** A Resolution Amending The Morgan County Zoning Regulations To Allow Home Occupations In The Jackson Lake Village Zone And To Clarify The Purpose Of The Home Occupation Regulations (Planning & Zoning Technician, Charlotte Bolduc)

2. Consideration of Approval – **Resolution 2022 BCC 10** A Resolution Approving The Application Of An Ambulance Service License For The Morgan County Ambulance Service (Finance Director, Michelle Covelli)

F. LIQUOR LICENSES

The Board of County Commissioners will convene as the Morgan County Local Liquor Licensing Authority in the matter of:

**1. Consideration of Approval – Application for Special Events Liquor License Permit
(Applicant: Morgan Community College Foundation, Roberta Bigalk)**

Open for Public Comment

Close for Public Comment

Discussion and Decision

G. COUNTY OFFICIAL AND DEPARTMENT HEAD REPORTS

1. Commissioners Calendar for week of March 11, 2022, 2022 through March 22, 2022

H. ADJOURNMENT

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PREPARED BY: Karla Powell, Administrative Services Manager
AGENDA POSTED ON Thursday, March 10 @ 4:00 P.M.

State of Colorado)
) ss.
County of Morgan)

I, Jacque Frenier, Director of Human Services of Morgan County, Colorado, hereby confirm that the payments listed below were made to the respective payees totaling the sum as indicated for the month of January 2022.

Date	Director, Jacque Frenier
HMS warrants	\$269,127.64
HMS payroll	\$169,232.79
Total warrants	\$438,360.43

APPROVAL BY COUNTY BOARD OF HUMAN SERVICES

State of Colorado)
) ss.
County of Morgan)

I, Jon Becker, Chairman of the Board of Human Services of Morgan County, Colorado, hereby confirm that the payments set forth herein have this date been approved, and warrants in payment thereof ordered issued upon the Social Services Fund, accounts as of January 31, 2022 totaling the sum of \$438,360.43.

Date _____ Chairman, Jon Becker

Morgan County Department of Human Services
Warrants List Summary
January 31, 2022

Expenditures:	1/5/2022	1/12/2022	1/19/2022	1/26/2022	1/31/2022	Month Total	Dec. 2021 Month Total
Program Costs	2,925.00	4,663.72	8,860.38	32,552.35		49,001.45	16,126.57
Program Contracts		1,290.00	22,822.43	2,193.53		26,305.96	31,802.10
Program Grants						-	2,570.37
County Interfund		8,534.68		29,177.98		37,712.66	17,215.86
Employee Payroll					67,872.07	67,872.07	65,673.43
Employee Benefits					88,235.50	88,235.50	86,385.67
						-	-
						-	-
	2,925.00	14,488.40	31,682.81	63,923.86	156,107.57	269,127.64	219,774.00

169,232.79 HMS direct deposits
67,872.07 warrant payroll
237,104.86 gross salary

237,104.86 Total wages for January

Check Register**Morgan County Government**

24-Feb-22

From: 01-Jan-22 To: 31-Jan-22

Check No	Check Date	VendorNo	Vendor	Check Amount	Status
Bank Account: 10 SOCIAL SERVICES FUND					
1021093	05-Jan-22	1148	SERVICE MASTER	\$2,925.00	R
1021094	12-Jan-22	6699	ACCESS PRINTER SUPPLIE	\$677.60	R
1021095	12-Jan-22	6580	BABY BEAR HUGS	\$1,290.00	R
1021096	12-Jan-22	8458	CENTER FOR HEALING TRA	\$100.00	R
1021097	12-Jan-22	736	CENTURYLINK	\$52.06	R
1021098	12-Jan-22	5270	CINTAS	\$340.60	R
1021099	12-Jan-22	8914	CORPORATE TRANSLATION	\$555.02	R
1021100	12-Jan-22	503	GREAT COPIER SERVICE IN	\$144.53	R
1021101	12-Jan-22	7381	HOFFMANN PARKER WILSO	\$642.75	R
1021102	12-Jan-22	8431	LEXISNEXIS RISK DATA MG	\$130.00	R
1021103	12-Jan-22	9703	LKF FAMILY LLC	\$1,047.00	R
1021104	12-Jan-22	83	MORGAN COUNTY CENTRA	\$876.70	R
1021105	12-Jan-22	86	MORGAN COUNTY GENERA	\$7,657.98	R
1021106	12-Jan-22	1463	OFFICE DEPOT	\$394.79	R
1021107	12-Jan-22	229	TK ELEVATOR CORPORATI	\$515.37	R
1021108	12-Jan-22	9704	VIRGIL G HOWELL	\$64.00	R
1021109	19-Jan-22	6699	ACCESS PRINTER SUPPLIE	\$327.95	R
1021110	19-Jan-22	9246	ALLO COMMUNICATIONS LL	\$220.35	R
1021111	19-Jan-22	9421	AMERICAN BIOIDENTITY IN	\$54.50	R
1021112	19-Jan-22	736	CENTURYLINK	\$60.25	R
1021113	19-Jan-22	2615	DELUXE MOTEL	\$1,050.00	R
1021114	19-Jan-22	9247	DISCOVER GOODWILL OF S	\$3,333.33	R
1021115	19-Jan-22	1085	MORGAN CO FAMILY CENT	\$9,500.71	R
1021116	19-Jan-22	9406	MORGAN COUNTY TREASU	\$5,895.83	R
1021117	19-Jan-22	1164	S.H.A.R.E., INC.	\$9,988.39	R
1021118	19-Jan-22	229	TK ELEVATOR CORPORATI	\$1,251.50	R
1021119	26-Jan-22	7132	A CARING PREGNANCY	\$2,193.53	R
1021120	26-Jan-22	8458	CENTER FOR HEALING TRA	\$200.00	R
1021121	26-Jan-22	7294	FRONT RANGE LEGAL PRO	\$735.00	R
1021122	26-Jan-22	9706	KAYCE DAWN LADD	\$170.00	R
1021123	26-Jan-22	1996	LABCORP	\$38.00	R
1021124	26-Jan-22	9454	LONG BUILDING TECHNOLO	\$300.00	R
1021125	26-Jan-22	83	MORGAN COUNTY CENTRA	\$29,177.98	R
1021126	26-Jan-22	1103	MORGAN COUNTY TREASU	\$28,351.00	R
1021127	26-Jan-22	939	NE COLORADO CELLULAR, I	\$881.86	R
1021128	26-Jan-22	9617	NEWMARK REAL ESTATE C	\$600.00	R
1021129	26-Jan-22	1463	OFFICE DEPOT	\$965.17	R
1021130	26-Jan-22	6954	PRAIRIE MOUNTAIN PUBLIS	\$111.32	R

Check Register**Morgan County Government**

24-Feb-22

From: 01-Jan-22 To: 31-Jan-22

Check No	Check Date	VendorNo	Vendor	Check Amount	Status
1021131	26-Jan-22	8001	YNOSENCIA BARRAZA	\$200.00	R
1021132	31-Jan-22	8449	AMERICAN FIDELITY ASSUR	\$4,467.09	R
1021133	31-Jan-22	8450	AMERICAN FIDELITY ASSUR	\$504.15	R
1021134	31-Jan-22	2391	C H P	\$64,452.80	R
1021135	31-Jan-22	1104	MORGAN CO TREASURER	\$54,338.09	R
1021136	31-Jan-22	2006	MORGAN COUNTY TREAS	\$8,806.52	R
1021137	31-Jan-22	6164	MORGAN COUNTY TREASU	\$23,002.73	R
1021138	31-Jan-22	378	PREPAID LEGAL SERVICES	\$124.60	R
1021139	31-Jan-22	483	STERLING COMMUNITY	\$70.00	R
1021140	31-Jan-22	9375	TEXAS LIFE INSURANCE CO	\$341.59	R
Bank Total:				\$269,127.64	

CERTIFICATION OF PROVIDER, VENDOR AND BENEFIT AUTHORIZATIONS

State of Colorado)
) ss.
County of Morgan)

I, Jacque Frenier, Director of Human Services of Morgan County, Colorado, hereby certify that the payments as set forth on accounts listed below, on pages attached, are made to the respective payees in the amounts set opposite their names, and totaling the sum as indicated for the month of January, 2022. These are actual payments paid in the month of January, 2022. These payments may include benefits from prior months.

Date _____

Director- Jacque Frenier

Temporary Assistance for Needy Families (TANF)	\$38,428.24
Child Care	\$41,632.29
Foster Care	\$32,361.85
Sub Adopt/RGRDS	\$38,786.72
Core Services	\$15,127.91
LEAP	\$20,390.08
Aid to Needy Disabled (AND)	\$7,789.74
Old Age Pension (OAP)	\$20,653.51
Food Assistance Benefits (Food Stamps)	\$803,311.00
PEBT-Food Assistance Benefits (School)	\$8,947.84
Employment 1st	\$25.00

Total	\$1,027,454.18
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APPROVAL BY COUNTY BOARD OF HUMAN SERVICES

State of Colorado)
) ss.
County of Morgan)

I, Jon J Becker, Chairman of the Board of Human Services of Morgan County, Colorado, hereby certify that the authorizations set forth herein have this date been approved, and reimbursement to the state for the county share in the amount listed above is approved.

Date _____

Chair

EBT-Provider, Vendor, Benefit Authorizations

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD total
TANF	\$51,184.00	\$46,659.00	\$51,824.00	\$59,786.00	\$59,146.46	\$52,382.88	\$52,123.00	\$105,468.00	\$49,209.00	\$45,373.00	\$46,565.66	\$49,529.82	\$669,250.82
Child Care	\$29,483.64	\$25,504.78	\$24,337.59	\$41,993.73	\$34,784.12	\$34,065.68	\$33,474.26	\$24,978.58	\$21,019.21	\$27,141.67	\$22,808.78	\$32,808.75	\$352,400.79
Foster Care	\$55,457.11	\$53,342.41	\$45,333.45	\$50,107.23	\$47,906.42	\$46,425.93	\$48,438.70	\$50,548.91	\$53,553.29	\$50,493.56	\$44,005.32	\$37,257.48	\$582,869.81
Sub Adopt/ RGRDS	\$34,886.65	\$34,571.80	\$33,087.55	\$35,369.45	\$34,228.50	\$35,369.45	\$34,973.45	\$36,462.82	\$36,462.82	\$35,286.60	\$36,462.82	\$35,286.60	\$422,448.51
Core Services	\$15,791.87	\$17,974.29	\$23,713.18	\$19,404.99	\$18,739.08	\$18,614.08	\$18,717.49	\$19,054.08	\$13,129.20	\$18,009.80	\$21,970.75	\$18,313.25	\$223,432.06
LEAP	\$26,797.27	\$86,486.09	\$11,852.31	\$5,897.69	\$5,092.29	\$152,521.17	\$5,280.71	\$79,990.00	\$0.00	\$0.00	\$20,700.22	\$23,681.78	\$418,299.53
AND	\$9,646.00	\$8,654.47	\$7,737.59	\$7,337.00	\$9,242.00	\$9,842.00	\$7,977.40	\$6,252.00	\$6,350.00	\$5,804.50	\$5,622.50	\$7,250.50	\$91,715.96
OAP	\$35,048.50	\$37,312.60	\$34,472.98	\$34,760.51	\$32,919.94	\$39,918.26	\$32,006.62	\$31,869.63	\$31,146.10	\$28,908.71	\$29,232.13	\$35,456.13	\$403,050.11
Food Stamps	\$292,215.00	\$278,618.82	\$287,301.00	\$695,901.00	\$520,507.00	\$537,788.00	\$743,155.00	\$754,643.00	\$603,460.00	\$554,490.00	\$553,054.00	\$547,897.93	\$6,369,030.75
Empl 1st	\$225.00	\$25.00	\$175.00	\$100.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$550.00
Total	\$550,735.04	\$589,149.26	\$519,834.65	\$950,657.60	\$762,565.81	\$926,927.45	\$976,171.63	\$1,109,267.02	\$814,329.62	\$765,505.84	\$780,422.18	\$787,482.24	\$9,533,048.34
										monthly average		\$794,420.70	

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	June-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD total
TANF	\$46,680.20	\$48,500.65	\$44,676.98	\$42,105.00	\$41,112.00	\$38,844.94	\$40,042.00	\$146,839.09	\$36,575.22	\$36,653.00	\$43,120.00	\$40,705.00	\$605,854.08
Child Care	\$24,206.57	\$26,433.44	\$26,000.81	\$31,252.38	\$22,356.68	\$21,663.76	\$36,505.16	\$28,057.04	\$46,618.75	\$41,824.76	\$41,444.82	\$56,109.26	\$402,473.43
Foster Care	\$37,325.53	\$45,526.02	\$53,213.57	\$64,001.24	\$71,418.41	\$66,430.91	\$45,282.32	\$44,762.20	\$52,302.52	\$38,592.30	\$38,269.16	\$34,545.36	\$591,669.54
Sub Adopt/ RGRDS	\$36,462.82	\$37,220.47	\$35,000.13	\$38,726.13	\$38,676.90	\$41,166.13	\$40,816.33	\$41,063.22	\$40,732.83	\$37,940.40	\$39,205.07	\$37,550.10	\$464,560.53
Core Services	\$17,362.00	\$14,217.75	\$14,769.50	\$14,165.75	\$15,595.75	\$15,627.35	\$15,296.41	\$14,825.42	\$15,087.97	\$14,337.91	\$17,238.31	\$15,751.66	\$184,275.78
LEAP	\$29,773.16	\$83,740.41	\$25,820.30	\$9,526.40	\$8,440.19	\$107,994.85	\$0.00	\$0.00	\$0.00	\$0.00	\$58,378.93	\$28,212.43	\$351,886.67
AND	\$4,470.50	\$4,510.75	\$4,907.50	\$5,757.25	\$4,747.50	\$4,468.63	\$3,445.50	\$3,745.16	\$3,627.50	\$3,788.50	\$3,919.49	\$8,452.64	\$55,840.92
OAP	\$29,256.07	\$26,948.11	\$26,218.40	\$24,821.58	\$24,104.89	\$38,888.28	\$20,135.41	\$19,423.51	\$20,861.02	\$20,556.46	\$23,361.93	\$29,457.65	\$304,033.31
Food Stamps	\$623,874.00	\$657,039.93	\$647,549.00	\$679,174.00	\$760,211.72	\$711,238.24	\$689,074.08	\$695,761.52	\$852,742.00	\$782,171.00	\$804,020.00	\$1,047,533.00	\$8,950,388.49
PEBT Food Stamps									\$374,343.00	\$502,361.20	\$0.00	\$1,366,500.00	\$2,243,204.20
Empl 1st	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$50.00	\$75.00
Total	\$849,410.85	\$944,137.53	\$878,156.19	\$909,529.73	\$986,664.04	\$1,046,323.09	\$890,597.21	\$994,477.16	\$1,442,890.81	\$1,478,250.53	\$1,068,957.71	\$2,664,867.10	\$14,154,261.95
										monthly average		\$1,179,521.83	

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	June-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD total
TANF	\$38,428.24												\$38,428.24
Child Care	\$41,632.29												\$41,632.29
Foster Care	\$32,361.85												\$32,361.85
Sub Adopt/ RGRDS	\$38,786.72												\$38,786.72
Core Services	\$15,127.91												\$15,127.91
LEAP	\$20,390.08												\$20,390.08
AND	\$7,789.74												\$7,789.74
OAP	\$20,653.51												\$20,653.51
Food Stamps	\$803,311.00												\$803,311.00
PEBT Food Stamps	\$8,947.84												\$8,947.84
Empl 1st	\$25.00												\$25.00
Total	\$1,027,454.18												
													monthly average \$1,027,454.18

EBT Last month to Current month comparison

Program	Cases	January 22	December 21	Difference
TANF		\$38,428.24	\$40,705.00	(\$2,276.76)
Child Care		\$41,632.29	\$56,109.26	(\$14,476.97)
Foster Care	20 / 18	\$32,361.85	\$34,545.36	(\$2,183.51)
Sub Adopt/ RGRDS	100 / 76	\$38,786.72	\$37,550.10	\$1,236.62
Core Services	81 / 77	\$15,127.91	\$15,751.66	(\$623.75)
LEAP		\$20,390.08	\$28,212.43	(\$7,822.35)
AND		\$7,789.74	\$8,452.64	(\$662.90)
OAP	103 / 106	\$20,653.51	\$29,457.65	(\$8,804.14)
Food Stamps	1556 / 1655	\$803,311.00	\$1,047,533.00	(\$244,222.00)
PEBT Food Stamps		\$8,947.84	\$1,366,500.00	(\$1,357,552.16)
Empl 1st		\$25.00	\$50.00	(\$25.00)
Total		\$1,027,454.18	\$2,664,867.10	(\$1,637,412.92)

Year to Year By month

Program	Cases	January 22	January 21	Difference
TANF		\$38,428.24	\$46,680.20	(\$8,251.96)
Child Care		\$41,632.29	\$24,206.57	\$17,425.72
Foster Care	20 / 22	\$32,361.85	\$37,325.53	(\$4,963.68)
Sub Adopt/ RGRDS	100 / 74	\$38,786.72	\$36,462.82	\$2,323.90
Core Services	81 / 86	\$15,127.91	\$17,362.00	(\$2,234.09)
LEAP		\$20,390.08	\$29,773.16	(\$9,383.08)
AND		\$7,789.74	\$4,470.50	\$3,319.24
OAP	103 / 117	\$20,653.51	\$29,256.07	(\$8,602.56)
Food Stamps	1556 / 1359	\$803,311.00	\$623,874.00	\$179,437.00
PEBT Food Stamps		\$8,947.84		\$8,947.84
Empl 1st		\$25.00	\$0.00	\$25.00
Total		\$1,027,454.18	\$849,410.85	\$178,043.33

QUITCLAIM DEED

Morgan County, through its Board of County Commissioners, whose address is 218 Kiowa Avenue, Fort Morgan, Colorado 80701 for good and valuable consideration, the receipt of which is hereby acknowledged, hereby conveys to the Town of Log Lane Village, a Colorado municipality, whose address is 109 Main Street, Log Lane Village, Colorado 80705, the following real property, in the County of Morgan, and State of Colorado, to wit:

The thirty foot (30') right of way, known as Cedar Street, for the length of said right of way from the north intersection with Spruce Street, as shown on the annexation map recorded at reception number 790736 in the records of the Morgan County Clerk and Recorder, in a northerly direction to the south boundary of the intersection of said right of way with Juniper Circle.

Signed this 14th day of February, 2022.

By:

Jon J. Becker, Chair
Morgan County Board of County
Commissioners

Attest:

Susan Bailey, Clerk to the Board

Acceptance by Town of Log Lane Village:

Elizabeth Heesel





AREA DATA
TOTAL ANNEXATION = 1.51 ACRES

PERIMETER DATA
TOTAL PERIMETER = 1214 FEET

ANNEXATION BOUNDARY
CONTIGUOUS WITH CITY LIMITS = 215 FEET
1/6 OF TOTAL PERIMETER = 202 FEET



VICINITY MAP
N15

MAP OF ANNEXATION AND PLAT OF WESTWOOD ADDITION TO THE TOWN OF LOG LANE VILLAGE, COLORADO

A PORTION OF THE SW1/4NE1/4 OF SECTION 35, TOWNSHIP
4 NORTH, RANGE 58 WEST OF THE SIXTH PRINCIPAL MERIDIAN.

MORGAN COUNTY, COLORADO

State of Colorado } ss.
County of Morgan }

The foregoing instrument was acknowledged before me this
7th day of March, 2001, by

David D. Graft and Alice J. Graft

Witness my hand and official seal

My Commission Expires 5-10-02
William G. Graft
Notary Public

OWNER'S STATEMENT AND DEDICATION

KNOW ALL MEN BY THESE PRESENTS:

That DAVID D. GRAFT, ALICE J. GRAFT and Joan Alwood are the owners of that real property as shown on this plat, and that they have caused this Subdivision and Map of Annexation to be prepared and, by their signatures hereon, they do hereby dedicate for public use, the streets, alleys, easements and other ways and places as shown and dedicated hereon.

David D. Graft
Alice J. Graft

Shirley Ball
Joan Alwood by Shirley Ball, Attorney in Fact

State of Colorado } ss.
County of Morgan }

The foregoing instrument was acknowledged before me this
7th day of March, 2001, by

Shirley Ball Town Clerk of the Town of Log Lane Village as Attorney in Fact for the property owner Joan Alwood under Power of Attorney Recorded August 25, 1988 in Book 805 of page 342, Records of Morgan County, Colorado.

Witness my hand and official seal.
My Commission Expires 5-10-02
William G. Graft
Notary Public

LEGAL DESCRIPTION:

THAT PORTION OF THE SW1/4NE1/4 OF SECTION 35, TOWNSHIP 4 NORTH, RANGE 58 WEST OF THE SIXTH PRINCIPAL MERIDIAN, MORGAN COUNTY, COLORADO, DESCRIBED AS FOLLOWS:
BEGINNING AT A POINT ON THE NORTH LINE OF SAID SW1/4NE1/4 100.00 FEET WEST OF THE NE CORNER THEREOF;
THENCE SOUTH PARALLEL WITH THE EAST LINE OF SAID SW1/4NE1/4 A DISTANCE OF 150.00 FEET;
THENCE EAST PARALLEL WITH THE NORTH LINE OF SAID SW1/4NE1/4 A DISTANCE OF 150.00 FEET;
THENCE SOUTH PARALLEL WITH THE EAST LINE OF SAID SW1/4NE1/4 A DISTANCE OF 215.00 FEET;
THENCE WEST PARALLEL WITH THE NORTH LINE OF SAID SW1/4NE1/4 A DISTANCE OF 242.00 FEET;
THENCE NORTH PARALLEL WITH THE EAST LINE OF SAID SW1/4NE1/4 A DISTANCE OF 365.00 FEET TO A POINT ON THE NORTH LINE THEREOF;
THENCE EAST ALONG THE NORTH LINE OF SAID SW1/4NE1/4 A DISTANCE OF 92.00 FEET TO THE POINT OF BEGINNING.

CONTAINING 1.51 ACRES MORE OR LESS.

SURVEYOR'S CERTIFICATE

I, Michael E. Anderson, a duly registered land surveyor in the State of Colorado, do hereby certify that the Plat of Westwood Addition and Annexation to the Town of Log Lane Village, Colorado truly and correctly represents the results of a survey made by me or under my direct supervision. I do hereby certify that more than one-sixth of the exterior boundary of the area to be annexed to the Town of Log Lane Village, Colorado is contiguous with the boundaries of the annexing municipality.

Date 3/7/01
Michael E. Anderson
Professional Land Surveyor

ACCEPTANCE BY THE BOARD OF TRUSTEES

The Board of Trustees of Log Lane Village, Colorado has accepted the annexation of the above described parcel of land, and dedication by Ordinance No. 1-01 passed, approved and adopted on February 14th A.D. 2001.

Attest Shirley M. Ball
Town Clerk

CLERK'S CERTIFICATE

State of Colorado
County of Morgan
Town of Log Lane Village

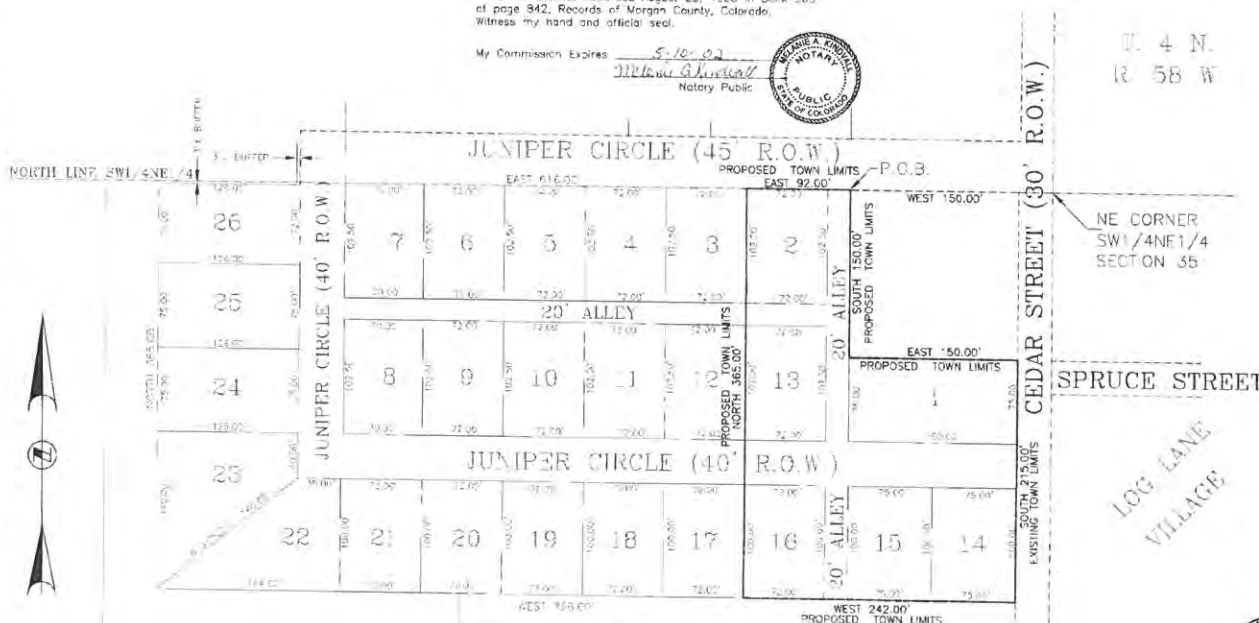
I hereby certify that this instrument was filed in my office at 9:20 o'clock, A.M. March 15th A.D. 2001.

COUNTY CLERK AND RECORDER'S CERTIFICATE

State of Colorado) ss. # 770736
County of Morgan) ss. pg 64

I hereby certify that this instrument was filed in my office at 9:42 AM, March 21, A.D. 2001.

and is duly recorded in
Fay H. Johnson
Recorder
Deputy



MAP OF ANNEXATION AND PLAT OF
WESTWOOD ADDITION TO THE TOWN OF
LOG LANE VILLAGE, COLORADO

SCALE
1" = 50'

DATE
SEPTEMBER 13, 2000

MICHAEL E. ANDERSON
LICENSED LAND SURVEYOR
PLS No. 14796

13995 HWY 151 FT. MORGAN, CO. 80701
B.O. & F. 970-542-2784
Res. 970-542-2785
Cell 970-769-2200

**MORGAN COUNTY, COLORADO
BOARD OF COUNTY COMMISSIONERS**

RESOLUTION NO. 2022 BCC 09

**A RESOLUTION AMENDING THE MORGAN COUNTY ZONING REGULATIONS
TO ALLOW HOME OCCUPATIONS IN THE JACKSON LAKE VILLAGE ZONE AND
TO CLARIFY THE PURPOSE OF THE HOME OCCUPATION REGULATIONS**

WHEREAS, home occupations are currently not permitted in the Jackson Lake Village zone district;

WHEREAS, the County desires to permit home occupations as an accessory use in the Jackson Lake Village zone subject to the restrictions on home occupation in Secs. 4-305 through 4-315 of the Morgan County Zoning Regulations;

WHEREAS, on February 14, 2022, the Planning Commission held a duly noticed public hearing on the proposed amendments and recommended approval;

WHEREAS, on March 1, 2022, the Board of County Commissioners held a duly noticed public hearing on the proposed amendments;

WHEREAS, the Board of County Commissioners has complied with all relevant provisions for amending the Morgan County Zoning Regulations; and

WHEREAS, after considering public testimony received and the recommendation of the Planning Commission, the Board of County Commissioners finds these amendments to be in the best interest of the citizens of Morgan County.

NOW THEREFORE BE IT RESOLVED by the Morgan County Board of County Commissioners as follows:

Section 1. Section 3-600(E) of the Morgan County Zoning Regulations is amended by the addition of a new subsection (5) to read as follows:

(5) Home occupations

Section 2. Section 4-305 of the Morgan County Zoning Regulations is amended to read as follows:

The purpose and intent of the home occupation regulations is to allow for certain home occupations within the County based on specific limits and requirements. These regulations are also intended to ensure that home occupations are compatible with the residential development in the surrounding neighborhoods and to protect the overall community character.

Section 3. Section 4-310 of the Morgan County Zoning Regulations is amended to read as follows:

All home occupations in the County are subject to the following restrictions:

*

*

*

APPROVED on the 1st day of March, 2022, *nunc pro tunc*

BOARD OF COUNTY COMMISSIONERS
MORGAN COUNTY, COLORADO

Jon J. Becker, Chairman

Gordon H. Westhoff, Commissioner

Mark A. Arndt, Commissioner

ATTEST:
(SEAL)

Susan Bailey, Clerk to the Board

**MORGAN COUNTY, COLORADO
BOARD OF COUNTY COMMISSIONERS**

RESOLUTION NO. 2022 BCC 10

**A RESOLUTION APPROVING THE APPLICATION OF AN AMBULANCE SERVICE
LICENSE FOR THE MORGAN COUNTY AMBULANCE SERVICE**

WHEREAS, pursuant to C.R.S. § 25-3.5-301, no person may provide ambulance services without being licensed by the Board of County Commissioners in the Morgan County;

WHEREAS, the Morgan County Board of County Commissioners (“BOCC”), adopted Morgan County Ambulance Regulations through Resolution No. 2022 BCC10,

WHEREAS, the BOCC reviewed and considered the application of the Morgan County Ambulance Service at its meeting on March 15, 2022; and

WHEREAS, the BOCC desires to approve the application of the Morgan County Ambulance Service.

NOW THEREFORE BE IT RESOLVED by the Morgan County Board of County Commissioners as follows:

1. The application for an Ambulance Service License submitted by the Morgan County Ambulance Service is hereby approved and an Ambulance Service License shall be issued effective March 15, 2022 and shall remain in effect until March 15, 2023.

APPROVED this 15th day of March, 2022.

BOARD OF COUNTY COMMISSIONERS
MORGAN COUNTY, COLORADO

Jon J. Becker, Chairman

Mark A. Arndt, Commissioner

Gordon H. Westhoff, Commissioner

ATTEST:
(SEAL)

Susan Bailey, Clerk to the Board

MORGAN COUNTY AMBULANCE LICENSE APPLICATION

PLEASE PRINT. ORIGINAL DOCUMENTS REQUIRED. APPLICATION MUST BE NOTARIZED IN 2 PLACES.

New Application X Renewal Application Date

Company name (Owner/parent Company)

Check on: Sole Proprietor Partnership Corporation Other X

Address 1000 East Railroad City Fort Morgan State Colorado Zip Code 80701
Telephone number 9705423570 Fax number 9705423571 E-mail ambadmin@co.morgan.co.us

Doing Business As (AKA) Morgan County Ambulance Service

Address 1000 East Railroad City Fort Morgan State Colorado Zip Code 80701
Telephone number 9705423570 Fax number 9705423571 E-mail ambadmin@co.morgan.co.us

Manager or individual responsible for operation of service: Name Travis W. Freeman

Address 1000 East Railroad City Fort Morgan State Colorado Zip Code 80701
Telephone number 9705423570 Fax number 9705423571 E-mail tfreeman@co.morgan.co.us

Dispatch Center

Address 801 E Beaver Ave City Fort Morgan State Colorado Zip Code 80701
Telephone number 9708675678 Fax number E-mail djmartin@co.morgan.co.us

Insurance Company

Address City State Zip Code

Insurance Agent

Address City State Zip Code
Telephone number Fax number E-mail

Attachments required to complete the application:

- Certificate of Insurance showing required insurance.
- Drug list approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director)
- Copies of waivers granted by CDPHE for specific skill(s) and/or medication(s)
- Geographic of the service area
- Motor Vehicle Condition form completed for each vehicle
- List of locations (central and sub-station), where ambulances will be located. Attach zoning authorization if appropriate
- List of current personnel providing service (list all levels of state certified EMT's numbers and respective expiration dates, ONLY ambulance drivers Driver's License with the respective expiration dates)
- List of current ambulances (include the year, make, type, maximum capacity for each vehicle)
- Please attach a check to each application

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge and beliefs, meets the new 6 CCR 1015-3 Rule, and contains no willful misrepresentations or falsification.

Determination that an ambulance service license has been issued based on false information constitutes grounds for license revocation and possible criminal prosecution.

Applicant's Signature Travis W. Freeman Date Signed 3/7/2022
Please print the applicant's name Travis W. Freeman Telephone 970-768-5878
Address 1000 East Railroad City Fort Morgan State Colorado Zip Code 80701
Telephone number 9705423570 Fax number 9705423571 E-mail tfreeman@co.morgan.co.us

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 9th DAY OF March, 2022, IN
THE COUNTY OF Morgan, STATE OF COLORADO.

Signature of Notary Karla L. Powell

KARLA LARENE POWELL
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20194012709
MY COMMISSION EXPIRES APRIL 3, 2023

[SEAL]

TO BE COMPLETED BY THE MEDICAL DIRECTOR

Medical Director: John Collins Medical License Number: DRP 0000783
Address 1000 East Railroad City Fort Morgan State Colorado Zip Code 80701
Telephone number 9705423570 Fax number 9705423571 E-mail jacmdfac@aol.com

Facility Affiliation Morgan County Ambulance Service

Facility Address: 1000 East Railroad Fax number: 9705423570 E-Mail: _____
Telephone number: _____ Fax number: _____ Email: _____

☐ I have been granted a waiver from CDPHE for specific skill(s) or medication(s). I will provide a copy of all waivers with the application.

The following are licensing requirements of medical director.

- 1) Meet the requirements established by the Rules Pertaining to EMS Practice and Medical Director Oversight 6 CCR 1015-3, Chapter 2
- 2) Registered and Accepted as a Colorado Medical Director as defined in the 6 CCR 1015-3, Chapter 2
- 3) Provision of a medical continuous quality improvement (CQI) program that meets the newest standards of CCR (must be available to County upon request)
- 4) Ensure that the ambulance service complete a patient care report for each patient that is assessed
- 5) Ensure that the ambulance service completes and submits an agency profile
- 6) Investigate and provide written documentation of the investigation and resolution process of each complaint received from the County (Non-compliance with any of these requirements may result in suspension or revocation of ambulance service license).

I understand and accept the responsibilities of a Medical Director for MC Ambulance service. I understand that non-compliance with any of these requirements may result in suspension or revocation of ambulance license.

Medical Director's Signature John Collins Date Signed 3/9/2022
Please print Medical Director's name John Collins Telephone 970-542-3570

SUBSCRIBED AND AFFIRMED BEFORE ME THIS THE 9th DAY OF March, 2022, IN THE COUNTY
OF Morgan, STATE OF COLORADO.

Signature of Notary Karla L. Powell

My Commission Expires 4-3-2023

KARLA LARENE POWELL
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20194012709
MY COMMISSION EXPIRES APRIL 3, 2023

[SEAL]

MORGAN COUNTY AMBULANCE LICENSING INSPECTION PRE-INSPECTION CHECKLIST

Prior to inspection, the following items must be completed and returned to each county representative no less than 30 days before the date of license expiration. **NOTE: Original Documentation is REQUIRED:**

- IT 1. **Application** for Ambulance Service License. Applicant and Medical Director signatures must be notarized.
- N/A 2. **Name & address** of each stockholder or partner owning 10% or more of the outstanding stock of the company, or having more than 10% ownership interest (if applicable).
- IT 3. **Certificate of Motor Vehicle Condition Form** (completed for each vehicle and within 60 days of application submission)
In order to assure patient and crew safety, all ambulances must be manufactured by an organization registered with the National Highway Traffic Safety Administration (NHSTA) as a final stage manufacturer. 6CCR 1015-3 3.3.1H
- IT 4. **Certificate of Insurance** showing the required liability coverage.

(Do not send the Evidence of Insurance card that is normally kept in the glove box)
- _____ 5. Drug List approved by the Medical Director/sponsor for use in the field (signed and dated by Medical Director)
- IT 6. **List of personnel** providing ambulance service (please list all levels of state certified EMT's, the respective expiration dates and for the personnel that are ONLY ambulance drivers, please provide the drivers name and license expiration date only. No driver's license numbers please.)
- IT 7. **List of current ambulances** including year, make, type, patient capacity for each vehicle
- IT 8. **List of locations** (central & sub-station), where ambulances will be located. Attach zoning authorization if appropriate.
- IT 9. **Map of service area**
- _____ 10. **Check(s) or money order(s)** for the fees to the appropriate county.

When all of the paperwork and fees are received and approved by the appropriate counties, the Ambulance Inspector will be contacted. The Inspector will contact the ambulance company to schedule the inspection.

PLEASE ALLOW 10 BUSINESS DAYS FOR APPLICATION REVIEW

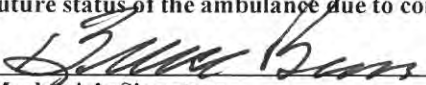
Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6422 (#2)
VIN: 1FDWF37P65EA15122 Vehicle Owner: Morgan County Government
Make: FORD Model: F350 Year: 2005
License Plate Number: 291-HRX Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHTSA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature _____ Title _____ Date _____
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name _____ Address _____ Telephone _____

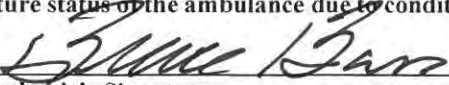
Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6426 (#3)
VIN: 1GB3K0C8XEF139330 Vehicle Owner: Morgan County Government
Make: CHEVROLET Model: 3500 Year: 2015
License Plate Number: 549-OSQ Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHTSA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature Date
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name Address Telephone

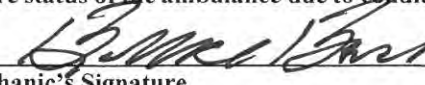
Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6428 (#11)
VIN: WD3PE7CCXFP143627 Vehicle Owner: Morgan County Government
Make: MERCEDES Model: SPRINTER Year: 2015
License Plate Number: UMQ-016 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHTSA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature _____ Title _____ Date _____
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name _____ Address _____ Telephone _____


Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6429 (#01)
VIN: 1GB3KZCY7JF195918 Vehicle Owner: Morgan County Government
Make: CHEVROLET Model: 3500 Year: 2018
License Plate Number: WKO-310 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature _____ Title _____ Date _____
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name _____ Address _____ Telephone _____

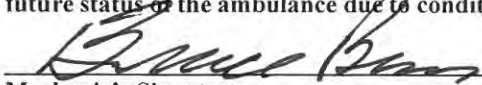
Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6430 (#12)
VIN: WD4PF0CDXKP112378 Vehicle Owner: Morgan County Government
Make: MERCEDES Model: SPRINTER Year: 2019
License Plate Number: DFI-364 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHTSA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature Title Date
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name Address Telephone


Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6431 (#07)
VIN: 3C7WRLCL6MG526550 Vehicle Owner: Morgan County Government
Make: DODGE RAM Model: 4500 Year: 2021
License Plate Number: CDK-E78 Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHTSA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature Title Date
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name Address Telephone

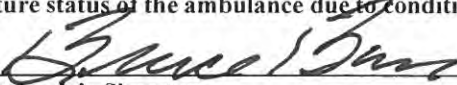
Morgan County
Ambulance Inspection Checklist
Certificate of Motor Vehicle Condition

Date of Certification: _____ Agency's Fleet Number: 6432 (#08)
VIN: 3C7WRLCL1MG526553 Vehicle Owner: Morgan County Government
Make: DODGE RAM Model: 4500 Year: 2021
License Plate Number: _____ Expiration Date: _____

Mechanical Evaluation Check List

Item	Acceptable	Not Acceptable	Comment
Alignment	✓		
Back-Up Alarm	✓		
Body & sheet metal	✓		
Belts and Hoses	✓		
Brakes	✓		
Electrical system	✓		
Emergency Lights	✓		
Engine Cooling System	✓		
Exhaust system	✓		
Fire Extinguishers (ABC 5-10lbs) (1 exterior/1 interior) secured and up to date	✓		
Fuel System	✓		
Glass	✓		
Hand/Foot Brake	✓		
Lights	✓		
Opticom	✓		
Running Lights	✓		
Siren	✓		
Spare Tire	✓		
Steering	✓		
Suspension	✓		
Transmission	✓		
Vehicle and patient compartment heater and cooling system	✓		
Wheels & tires	✓		
Wipers	✓		

The undersigned, professing to be a motor vehicle mechanic, has of this date evaluated the mechanical condition of the identified ambulance, determined that this vehicle is in safe operating condition, and that the ambulance was manufactured by a National Highway Traffic Safety Administration (NHSTA) registered organization. Said evaluation does NOT warrantee future status of the ambulance due to conditions beyond mechanic's control.

 Fleet Manager 3/7/2022
Mechanic's Signature Date
Morgan County Road and Bridge 17303 MCR S, Fort Morgan, CO, 80701 970-542-3560
Company Name Address Telephone



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 6300 South Syracuse Way, Suite 700 Centennial CO 80111	CONTACT NAME: Tara Tinney PHONE (A/C, No, Ext): 303 889 2590 E-MAIL ADDRESS: Tara_Tinney@ajg.com		FAX (A/C, No): 720-200-5118
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Morgan County PO Box 596 Fort Morgan, CO 80701	INSURER A: Colorado Counties Casualty & Property Pool		
	INSURER B: County Worker's Compensation Pool		
	INSURER C: Pennsylvania Manufacturers Assoc Ins Co		12262
	INSURER D: Various (See Attached)		
	INSURER E: Arch Insurance Company		11150
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 1930104284**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Member			PER PARTICIPATION CERT	1/1/2021	1/1/2022	EACH OCCURRENCE \$250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$250,000 GENERAL AGGREGATE \$250,000 PRODUCTS - COMP/OP AGG \$250,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PER PARTICIPATION CERT	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$250,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$250,000			8221000951483	1/1/2021	1/1/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WCX005783206	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B A D	County Workers' Comp Pool Prop, Mob Eq, Auto PD, XS Excess Property			PER PARTICIPATION CERT PER PARTICIPATION CERT See Attached	12/31/2020 1/1/2021 1/1/2021	12/31/2021 1/1/2022 1/1/2022	\$875,000 DEDUCTIBLE \$500 Layered \$150,000 See attachment

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' Compensation SIR: \$875,000
Carrier B: CWCP is a qualified Self Insured Pool and is reinsured by Carrier E
RE: Contract 57240. 11949-Affiliation Agreement.

CERTIFICATE HOLDER**CANCELLATION**

Colorado Plains Medical Center
Attn: Kevin Zachary
1000 Lincoln St
Fort Morgan CO 80701

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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COLORADO COUNTIES CASUALTY AND PROPERTY POOL
1/1/2021 TO 1/1/2022 PROPERTY - LAYERED PROGRAM - POLICY NUMBERS, PARTICIPATION

Layer	Carrier	Policy Number	Participation	% Participation
Primary \$10,000,000 including Flood/Quake	UW's at Lloyds (various) Lead	PW0330021, PW0330121	\$4,500,000	55%
2% Hail Ded/Per Building	Starr Specialty Lines Ins. Co.	SLSTPTY11390921	\$2,000,000	15%
Auto Physical Damage Over the Road Sublimit \$1M	Westchester Surplus	D38095432004	\$2,000,000	20%
	Allied World	031216751A	\$1,500,000	10%
Total Primary Layer			\$10,000,000	100%
	Starr Specialty Lines Ins. Co.	SLSTPTY11390921	\$3,000,000	13%
\$15,000,000 Excess of \$10,000,000 Incl Flood/Quake	Evanston (Markel)	MKLV2XPR000023	\$4,500,000	32%
	UW's at Lloyds (various)	PW0330021	\$4,500,000	35%
	Westchester Surplus Lines	D38095432004	\$3,000,000	20%
Total Excess Layer \$15M xs \$10M			\$15,000,000	100%
\$25,000,000 Excess of \$25,000,000 Incl Flood/Quake	Fidelis	NOGW47603021	\$12,500,000	50%
	Aspen Specialty Ins. Co.	PX00K6221	\$3,750,000	15%
	RSUI Indemnity Co.	NHD915886	\$2,500,000	10%
	Lexington Ins. Co.	0006893563	\$5,000,000	20%
	Rokstone/Mitsui	NOGW47604021	\$6,250,000	5%
Total Excess Layer \$25M xs \$25M			\$25,000,000	100%
\$50,000,000 Excess of \$50,000,000	Homeland Ins. Co. of New York	795014043	\$25,000,000	50%
	RSUI Indemnity Co.	NHD915887	\$25,000,000	50%
Total Excess Layer \$50M xs \$50M				100%
Excess Automobile Physical Damage - over the Road	Endurance	IMU10012212603	\$4,000,000	100%
\$4,000,000 excess \$1,000,000				

MEDICAL CONTROL
Procedure and medication request

THE FOLLOWING ARE MEDICATIONS AND PROCEDURES THAT CAN BE UTILIZED PER PROTOCOL WITHOUT PRIOR MEDICAL CONTROL CONTACT.

PARAMEDICS:

Adenosine	Amiodarone	ASA
Atrovent	Atropine	Benadryl
Sodium Bicarb (adult)	Dextrose	Demerol
Dopamine	Epinephrine	Fentanyl
Glucagon	Lasix	Lidocane
Mag Sulfate (cardiac)	Morphine	Narcan
*Norcuron	Nitroglycerine	Phenergan
Proventol	Romazacon	*Succinylcholine
Terbutaline	Valium	Versed
Vasopressin	Fluid Challenge	
Cricothyrotomy (needle)	Chest Decompression	Extubation
Central Venous Catheter Maintenance only		External Pacing
Cardioversions	CPAP/BIPAP/PEEP	Intubations
Intraosseous	NG Tube placement	OG tube placement
*Rapid Sequence Intubations		12 lead monitoring
*Surgical Cricothyrotomy		External Jugular IV's
Medication Infusion Pump monitoring		

***Not approved until further notice.**

THE FOLLOWING ARE MEDICATIONS THAT REQUIRE DIRECT ORDER FROM MEDICAL CONTROL PRIOR TO ADMINISTRATION:

Heparin Bolus	Heparin Infusion	Mag Sulfate (OB)
Mental Health hold		

EMT INTERMEDIATE:

Standing Orders for Medications Administration:

O2	Dextrose	ASA
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Medication administration that requires a direct physician order, or direct visual Paramedic supervision:

Epinephrine	Atropine	Sodium Bicarb
Lidocane	Atrovent	Proventol
Nitroglycerine (SL)	Narcan	Neosynephrine (nasal)
Valium	Lasix	Morphine
Adenosine	Amiodarone	Vasopressin

ALL OF THE PROCEDURES LISTED ABOVE FOR PARAMEDICS MAY ALSO BE CARRIED OUT BY EMT INTERMEDIATES WITH THE FOLLOWING EXCEPTIONS:

Cricothyrotomy	Cardioversions	CPAP/BIPAP
12 lead monitoring	Rapid Sequence Intubations	

EMT BASIC IV:

Standing orders for Medications Administration:

IV Dextrose	Oral Dextrose	NS, LR, D5W
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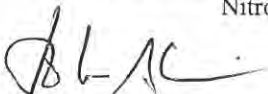
EMT BASIC AND BASIC IV:

May assist the administration of the following medications with a direct physicians order:

Oral Dextrose	ASA	Epi- pin
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The following may be given with direct physician order, if they patient have been prescribed them and the medication prescribed is present:

Nitroglycerine (SL)	Inhalers
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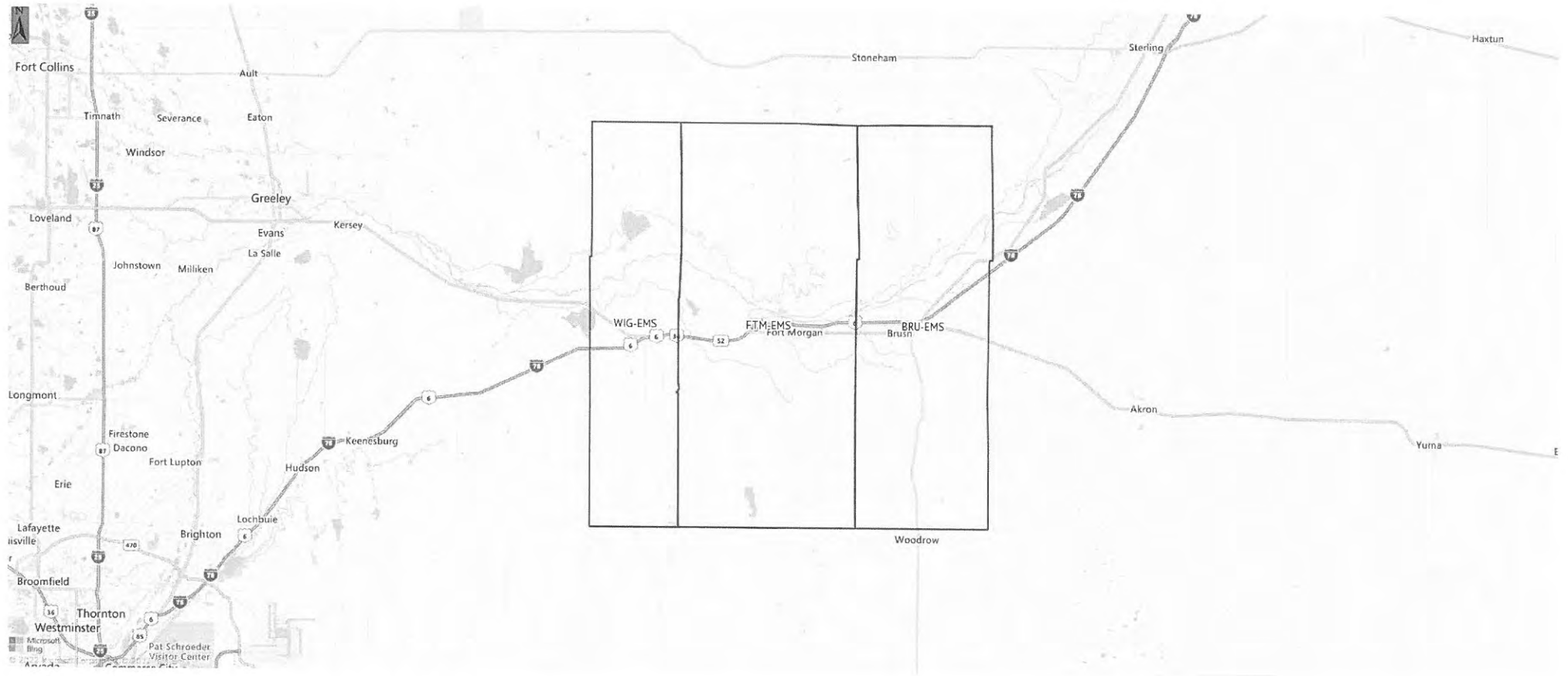


PHYSICIAN ADVISOR

3/27/03
DATE

[illegible]

MCAS Map



Station 1: 4 Ambulances // Located at 1000 East Railroad, Fort Morgan, CO, 80701
Station 2: 2 Ambulances // Located at 617 Hospital Road, Brush, CO, 80723
Station 3: 1 Ambulance // Located at 701 Central Ave, Wiggins, CO, 80654

Public Copy

DR 8438 (08/19/19)
 COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division
 (303) 205-2300

Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- ☐ Social ☐ Athletic
☐ Fraternal ☐ Chartered Branch, Lodge or Chapter
☐ Patriotic ☐ National Organization or Society
☐ Political ☐ Religious Institution
- ☒ Philanthropic Institution
☐ Political Candidate
☐ Municipality Owned Arts Facilities

LIAB Type of Special Event Applicant is Applying for:		DO NOT WRITE IN THIS SPACE Liquor Permit Number
2110 <input type="checkbox"/> Malt, Vinous And Spirituous Liquor	\$25.00 Per Day	
2170 <input type="checkbox"/> Fermented Malt Beverage	\$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate <u>Morgan Community College Foundation</u>		State Sales Tax Number (Required) <u>23-7092582</u>
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) <u>300 Main St. Ft. Morgan, CO 80701</u>		3. Address of Place to Have Special Event (include street, city/town and ZIP) <u>734 Barkow Rd. Fort Morgan, CO 80701</u>

4. Authorized Representative of Qualifying Organization or Political Candidate <u>Madalyn Babcock</u>		Date of Birth	Phone Number
Authorized Representative's Mailing Address (if different than address provided in Question 2.)			

5. Event Manager <u>Roberta Bisack</u>		Date of Birth	Phone Number
Event Manager Home Address (Street, City, State, ZIP)		Email Address of Event Manager	

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes How many days?		7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes License Number	
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8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? ☐ Yes ☐ No

List Below the Exact Date(s) for Which Application is Being Made for Permit									
Date		Date		Date		Date		Date	
Hours	From	Hours	From	Hours	From	Hours	From	Hours	From
10	To 10 p.m.		To		To		To		To
Date		Date		Date		Date		Date	
Hours	From	Hours	From	Hours	From	Hours	From	Hours	From
	To		To		To		To		To
Date		Date		Date		Date		Date	
Hours	From	Hours	From	Hours	From	Hours	From	Hours	From
	To		To		To		To		To

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature <u>Madalyn Babcock</u>	Title <u>Foundation Coordinator</u>	Date <u>02/03/22</u>
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Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)		<input type="checkbox"/> City <input type="checkbox"/> County	Telephone Number of City/County Clerk
Signature	Title	Date	

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information			
License Account Number	Liability Date	State	Total
		-750 (999)	\$

(Instructions on Reverse Side)

COMMISSIONERS CALENDAR

March 11, 2022 through March 22, 2022

March 11, 2022	9:00 a.m.	CCI Steering Committee Meetings
March 14, 2022	11:00 a.m. 12:00 p.m. 1:00 p.m.	Office Meeting Human Resources Department Meeting Info Systems Department Meeting
March 15, 2022	9:00 a.m. 9:05 a.m. 9:10 a.m. 12:00 p.m.	DHS Financial Meeting Board of County Commissioners Meeting (Assembly Room) (Please check https://morgancounty.colorado.gov/ for meeting options.) Liquor License Special Event Hearing - MCC Gala Tourism Panel Board Meeting
March 16, 2022	8:00 a.m. 9:30 a.m.	Brush Chamber of Commerce Board Meeting - Westhoff NECALG - Westhoff
March 17, 2022	8:30 a.m.	KFTM Radio Interview Daily County Business
March 18, 2022		Daily County Business
March 21, 2022	11:00 a.m. 12:00 p.m.	Office Meeting Human Resources Department Meeting
March 22, 2022	9:00 a.m. 10:00 a.m. 1:00 p.m. 2:00 p.m.	Planning & Zoning Department Meeting County Attorney Office Hours Emergency Management Department Meeting Solid Waste Department Meeting

Unless otherwise noted, all meetings with department heads and other non-BOCC elected officials listed above may include an update on the status of the department, a general discussion of projects, any matters or concerns that the County needs to address, and activities and operations of the department.

Department meetings may be by conference call or virtual meeting upon request.

CALENDAR SUBJECT TO CHANGE DUE TO AGREEABLE CANCELLATIONS AND/OR WALK IN BUSINESS

Posted 03/11/2022 @ 4:00 P.M. by Karla Powell, Administrative Services Manager

** All meetings are held in the Commissioner's Office located at 218 West Kiowa Avenue, Fort Morgan unless otherwise noted

*Any meeting or event scheduled to be held at the Commissioners' Offices (218 West Kiowa Avenue, Fort Morgan, CO) will be relocated to a site with handicapped access upon request. For special assistance for the Morgan County Board of Commissioners meeting, please notify us 48 hours before the scheduled agenda item. Please call (970)542-3500, extension 1410, to request accommodation.