

BOARD OF SUPERVISORS

District 1 | **Stacey Walker**

District 2 | **Ben Rogers**

District 3 | **Brent Oleson**

JEAN OXLEY LINN COUNTY PUBLIC SERVICE CENTER

935 2ND ST. SW

CEDAR RAPIDS, IA 52404

PH: 319-892-5000 | FAX: 319-892-5009

LinnCounty.org



**LINN COUNTY BOARD OF SUPERVISORS
MEETING AGENDA**

Wednesday, August 19, 2020

11 a.m.

Formal Board Room—Jean Oxley Public Service Center
935 2nd St. SW, Cedar Rapids, IA

Call to Order

Pledge of Allegiance

Public Comment: Five Minute Limit per Speaker

This comment period is for the public to address topics on today's agenda.

Consent Agenda

Items listed on the consent agenda are routine and will be considered by one motion without individual discussion unless the Board removes an item for separate consideration.

Approve and authorize Chair to sign retroactive to August 13, 2020 the Sponsor Request for Completion of the USDA-NRCS Eastern Polk County Watershed Plan letter and the grant application to the USDA-NRCS Watersheds & Flood Prevention Operations Program on behalf of the Lower Cedar Watershed Management Authority.

Reports

Resolutions

Contract and Agreements

Approve and authorize Chair to sign an Agreement Between Linn County Board of Health/Public Health and Linn County Community Services/Home Health for FY21 Local Public Health Services State Appropriation Funds Agreement Number: LPHS_LCCS_2021 for \$213,898.00 effective July 1, 2020 through June 30, 2021.

Licenses & Permits

Regular Agenda

Discuss and Decide on Consent Agenda

Minutes

Discuss and decide on meeting minutes.

Discuss and decide on actions related to county damages from the storm of August 10, 2020

Update on Linn County's response to COVID-19

Discuss and decide on COVID-19 Budget requests

Third & final consideration of Ordinance Amendment, for rezoning case JR20-0002, request to rezone property located at 2031 Paris Rd. SW SE 20-86-06, from the REC-CNR (Recreation-Critical Natural Resources) overlay district to CNR (Critical Natural Resources) zoning district, approximately 63.17 acres, Kurt & Mary Gillette, owners & Linn County Planning & Development, petitioner.

Discuss and decide on approval of the 2020 Homestead Credit, Disabled Veterans & Military Exemption Allowances & Disallowances.

Public Comment: Five Minute Limit per Speaker

This is an opportunity for the public to address the board on any subject pertaining to board business.

Claims

Discuss and decide on claims.

Board Member Reports

Correspondence

Appointments

Adjournment

To adhere to social distancing requirements, Linn County employees and the public may participate in this meeting as follows:

- 1) Conference call—telephone number 866-576-7975, access code 218839#
- 2) Email questions or comments prior to or during the meeting to: bd-supervisors@linncounty.org

For questions about meeting accessibility or to request accommodations to attend or to participate in a meeting due to a disability, please contact the Board of Supervisors office at 319-892-5000 or at bd-supervisors@linncounty.org.

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August 13, 2020

RE: Sponsor Request for Completion of USDA-NRCS Eastern Polk County Watershed Plan

To Application Reviewers:

Linn County (Sponsor) is applying for Watershed and Flood Prevention Operations (WFPO) funds to develop the Lower Cedar Watershed Plan and Environmental Assessment (Plan), in collaboration with the USDA-NRCS. The Sponsor requests \$705,000 in federal funding, will contribute \$20,000 in in-kind funds, and local partners will contribute an additional \$41,765.20 to the effort. This Plan would encompass six HUC-12 watersheds within three HUC-10s: the Indian Creek HUC-10 including East Indian Creek (HUC-12 #070802060102), Dry Creek (HUC-12 # 070802060101), and Indian Creek-Squaw Creek (HUC-12 ID #070802060103); the Big Creek HUC-10 including Big Creek (HUC-12 # 070802060203) and Abbe Creek (HUC-12 #070802060202); and the Wapsinoc Creek HUC-10 including West Branch Wapsinoc Creek (HUC-12 ID #070802060702). These watersheds are within Linn County and Cedar County, and are tributary to the Cedar River.

The Sponsor is an active member of the Indian Creek and Lower Cedar Watershed Management Authorities (WMA), who are responsible for flood control and water quality watershed-based efforts and managed by a local appointed Board of Directors. The Sponsor has significant resource management concerns related to flood damages, erosion, and sedimentation within these watersheds and is need of financial resources to develop a plan that will help guide future efforts to implement improvement projects in the targeted watersheds. The Sponsor will work with the WMA to develop the Plan, and will specifically partner with the Cities of Cedar Rapids, West Branch, Bertram, Marion, Cedar County, and local stakeholders to complete the planning process. The Sponsor has the responsibility to lead plan development in partnership with USDA-NRCS, and will work with the WMA to procure a planning consultant, develop a public engagement process, establish alternatives, evaluate preferred alternatives, and create an implementation strategy to achieve the watershed plan goals. Potential plan alternatives include no action, stream restoration and channel improvements, flood prevention structures, and agricultural Best Management Practices to improve soil health.

The Sponsor currently manages an Iowa NRCS Iowa Partners for Conservation grant, awarded in 2018 for the Indian Creek Soil Health Partnership Project. Therefore, the Sponsor is very familiar with the requirements of federal grant management. In addition, the Sponsor is currently working with the WMA on a separate planning process for the Lower Cedar Watershed to characterize water quality concerns stemming from nonpoint source pollution using a grant of \$100,000 awarded by Iowa Department of Natural Resources. Due to resource limitations of that grant, the WMA was not able to conduct hydrologic assessments or evaluate alternatives and site-specific solutions. This proposed WFPO Plan would provide much-needed resources to complete these assessments to identify cost-effective and environmentally sound solutions.

At the time of writing this proposal, a derecho storm of significant magnitude swept through our communities. We have done our best to compile all necessary grant documents and letters of support. If an element of the grant package is missing, please let us know and we will provide you with the necessary documentation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ben Rogers', written over a horizontal line.

Ben Rogers, Chairperson
Linn County Board of Supervisors

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="08/14/2020"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="County of Linn"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="42-6004338"/>	* c. Organizational DUNS: <input type="text" value="0753011080000"/>	
d. Address:		
* Street1: <input type="text" value="935 Second Street SW"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="Cedar Rapids"/>	<input type="text"/>	
County/Parish: <input type="text" value="Linn"/>	<input type="text"/>	
* State: <input type="text" value="IA: Iowa"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="52404-2100"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Planning & Development"/>	Division Name: <input type="text" value="Planning & Zoning"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mike"/>	<input type="text"/>
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Tertinger"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Planner II"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="319-892-5141"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="mike.tertinger@linncounty.org"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA-NRCS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

NB-390-20-12

* Title:

PDM - Watershed and Flood Prevention Operations Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Lower Cedar Watershed Plan & Environmental Assessment: Indian Creek, Dry Creek, Squaw Creek, West Branch Wapsinoc Creek, Abbe Creek, and Big Creek

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="705,000.00"/>
* b. Applicant	<input type="text" value="20,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="41,765.20"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="766,765.20"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

**AGREEMENT BETWEEN
LINN COUNTY BOARD OF HEALTH / PUBLIC HEALTH
AND LINN COUNTY COMMUNITY SERVICES / HOME HEALTH
FOR FY21 LOCAL PUBLIC HEALTH
SERVICES STATE APPROPRIATION FUNDS
AGREEMENT NUMBER: LPHS_LCCS_2021**

This Agreement is entered into this _____ day of _____ 2020, between the Linn County Board of Health / Public Health, hereinafter referred to as "LCPH", and Linn County Community Services/Linn County Home Health, hereinafter referred to as "Agency."

WHEREAS, Linn County Board of Health is authorized pursuant to § 137.103, 137.104, 2010 Code of Iowa to have jurisdiction over public health matters within the county and to provide personal health services as may be deemed necessary for the protection and improvement of the public health, and;

WHEREAS, in furtherance of the above stated goals LCPH has obtained funding from the Iowa Department of Public Health (hereinafter referred to as IDPH) to provide Home Health services, as defined in Title 641 of the Iowa Administrative Code, Chapter 80, to Linn County residents in need, and

WHEREAS, IDPH has authorized LCPH to contract with an agency to provide said Home Health services, and

WHEREAS, Linn County Home Health is an appropriate agency that has agreed to provide said Home Health services to Linn County residents in need.

NOW, THEREFORE, in consideration of the mutual undertakings and agreements hereinafter set forth, LCPH and Agency agree as follows:

I. AGENCY DUTIES

A. Service responsibilities:

1. Agency shall provide Home Health services (see "Approved Activity" chart below) that meet the standards outlined in IAC 641-80 to urban and

rural Linn County residents who meet the service priorities.

B. Program administration:

1. Agency shall administer the Home Health services program.
2. Agency agrees to adhere to all applicable conditions detailed in the FY21 Local Public Health Services Contract Special Conditions between LCPH and IDPH, a copy of which is attached hereto as Exhibit I and incorporated herein by this reference.
3. Agency agrees to adhere to all applicable conditions detailed in the Iowa Department of Public Health Contract General Conditions (07-01-2019), a copy of which is attached hereto as Exhibit II and incorporated herein by this reference.
4. Agency shall cooperate with LCPH in providing information necessary to ensure compliance with this agreement, to evaluate performance of Agency in the provision of services, and to evaluate progress of Agency towards outcomes as identified below, or any additional outcome measures identified by IDPH.
5. The Agency agrees that it will not allow smoking or tobacco use within any portion of any indoor facility it leases, rents, or owns, and over which it has the authority to establish policy. The Agency agrees that it shall comply with Iowa's Smokefree Air Act, contained at Iowa Code chapter 142D.
6. Agency agrees to notify LCPH in writing within ten (10) working days of any changes in key personal. The written notification shall include the name and title of the successor.

<u>APPROVED ACTIVITY</u>	<u>BILLING UNIT</u>	<u>OUTCOME MEASURE</u>
Home Care Aide (Homemaker)	One Hour of Service	% of consumers who responded to a data collection method and reported that homemaker services helped them remain in their home

7. Agency shall provide LCPH, IDPH and any of their duly authorized representatives with access to any documents, papers and records of the Agency, which are pertinent to this Agreement for the purpose of audit and examination.
8. Agency shall complete at a minimum an annual cost analysis, using a costing methodology approved by IDPH and supply LCPH and the IDPH Regional Community Health Consultant with a copy of the current cost report for the unit cost. The Agency may re-evaluate its cost semi-annually. Reimbursement will be based on the lower of cost or charges for each of the activities funded by the contract.
9. Agency shall submit monthly reimbursement claims for units of Home Health services provided up to a maximum allocation of **Two Hundred Thirteen Thousand, Eight Hundred Ninety Eight Dollars (\$213,898)**. Reimbursement claims shall be received by LCPH on or before the 10th day of the month following the month of service.

II. LCPH DUTIES:

- A. LCPH shall make available to Agency a maximum of Two Hundred Thirteen Thousand, Eight Hundred Ninety Eight Dollars (\$213,898) for Home Health services on the condition that said funds are made available to LCPH by the Iowa Department of Public Health.
- B. LCPH shall be responsible for submitting billings for reimbursement to the Iowa Department of Public Health.

- C. LCPH shall monitor the Home Health services programs to ensure compliance with this agreement.
- D. LCPH shall work cooperatively with Agency to assure eligibility criteria are meeting the identified needs of County residents and are within funding allocations.
- E. LCPH shall assist Agency in establishing priority criteria and alternative service delivery options in the event of drastic funding reductions or increased service requests.

III. AGREEMENT ADMINISTRATION:

- A. During the Agreement term, the Director of LCPH shall be the agreement liaison for LCPH. The Executive Director of Linn County Community Services shall be the agreement liaison for Agency.
- B. The Agreement shall be amended only upon a written agreement executed by both parties, except upon a reduction in the amount of grant funds budgeted by the Iowa Department of Public Health. **UPON NOTICE OF A REDUCTION OF GRANT AMOUNTS RECEIVED BY LCPH FROM THE STATE, THIS AGREEMENT SHALL BE CONSIDERED AMENDED TO INCLUDE THE REDUCED GRANT AWARD.**
- C. The agreement may be terminated for cause upon the provision of sixty (60) days written notice. Causes for termination are:
 - 1. Mutual agreement of the parties.
 - 2. Determination by LCPH that insufficient funds are available to continue the services involved.
 - 3. Failure of either party to abide by the provisions of this Agreement.
 - 4. Reasonable cause to believe that there has been abuse or maltreatment of any persons receiving services by the employees or agents of Agency.
- D. All notices provided to be given hereunder shall be addressed to the Director of LCPH, 1020 6th St SE, Cedar Rapids, Iowa 52401 and to the Linn County Board of Health, or to such other places as LCPH or Agency shall designate by appropriate notice in writing and shall be sent by United States registered mail,

postage prepaid.

- E. Agency entered into this Agreement pursuant to and by authority of its Board of Directors at its meeting of _____, 2020.
- F. This Agreement shall be effective **July 1, 2020 and terminate June 30, 2021.**

Chairperson, Linn County Board of Health

Chair Person, Linn County Board of Supervisors

Address

Address

Date

Date

*BOH-LCHH LPHS Contract FY21.docx
REV. 3/20*

Prepared by Jessie Black
Linn County Planning & Development
935 2nd Street S.W., Cedar Rapids, Iowa 52404-2100
(319) 892-5130
Return to Becky Shoop, Auditor's Office

LINN COUNTY ORDINANCE No. - - 2020 AN ORDINANCE AMENDING THE OFFICIAL ZONING MAP OF LINN COUNTY, IOWA BY REZONING AND CHANGING THE DISTRICT CLASSIFICATION OF CERTAIN PROPERTY LOCATED AT 2031 PARIS RD, IOWA FROM THE "REC-CNR" RECREATIONAL-CRITICAL NATURAL RESOURCES OVERLAY DISTRICT TO THE "CNR" CRITICAL NATURAL RESOURCES ZONING DISTRICT

BE IT ORDAINED by the Board of Supervisors of Linn County, Iowa, as follows:

SECTION 1. ZONING DISTRICT CHANGED. The zoning of property located at 2031 Paris Rd, Iowa legally described as:

Parcel B, Plat of Survey #1013 as recorded in Book 5012 Page 84 of the records of the Linn County, Iowa Recorder on January 28, 2003, being a part of Government Lots 3 & 4 in the S ½ of Section 20-86-6, Linn County, Iowa.

is hereby changed from the "REC-CNR" Recreational-Critical Natural Resources overlay district to the "CNR" Critical Natural Resources zoning district.

SECTION 2. ZONING MAP AMENDED. The Planning and Development Director, or his/her designee, is instructed to modify the Official Zoning Map of Linn County, Iowa to reflect the district classification change described in Section 1.

SECTION 3. REPEALER. All ordinances or parts of ordinances in conflict with this ordinance are repealed.

SECTION 4. SEVERABILITY. If any section, provision or part of this ordinance shall be adjudged invalid or unconstitutional, such adjudication shall not affect the validity of the ordinance as a whole or any section, provision or part thereof not adjudged invalid or unconstitutional.

SECTION 5. SAVING. The Code of Ordinances, Linn County, Iowa, shall remain in full force and effect, save and except as amended by this ordinance.

SECTION 6. EFFECTIVE DATE. This ordinance shall be in effect after its final passage, approval and publication as provided by law.

Public hearing and first consideration on the 10th day of August, 2020

Second consideration on the 12th day of August, 2020

Third and final passage on the 19th day of August, 2020

Published in the Gazette on the _____ day of _____, 2020.

LINN COUNTY BOARD OF SUPERVISORS

Chairperson

Supervisor

Supervisor

ATTEST:

Joel D. Miller, Linn County Auditor

STATE OF IOWA)
)SS
COUNTY OF LINN)

I, _____, County Auditor of Linn County, Iowa, hereby certify that the above and foregoing is a true copy of an ordinance passed by the Linn County Board of Supervisors at a regular meeting of said Board held on _____, 2020 and published as provided by law on _____, 2020.

Linn County Auditor

Subscribed and sworn to me this _____ day of _____, 2020.

Notary Public, State of Iowa

Linn County
 Homestead, Military and DAV Allowances and Disallowances
 Summary for AY2020

	TY2022 AY2020	Document Name with Detail
City		
Homestead		
Allowances	1632	cedar rapids 2020 homestead recommendations BOS 8.19.20.pdf
Disallowances	-	
Military		
Allowances	144	cedar rapids 2020 Military recommendations BOS 8.19.20.pdf
Disallowances	-	
DAV		
Allowances	22	CCR 2020 DAV Allowances and Disallowances BOS 8.19.20.pdf
Disallowances	8	CCR 2020 DAV Allowances and Disallowances BOS 8.19.20.pdf
County		
Homestead		
Allowances	1328	2020 LC homesteads and military allowances BOS 08.19.20.pdf
Disallowances	70	LC 2020 Disallow Data for Board of Supervisors 8.19.20.pdf
Military		
Allowances	147	2020 LC homesteads and military allowances BOS 08.19.20.pdf
Disallowances	18	LC 2020 Disallow Data for Board of Supervisors 8.19.20.pdf
DAV		
Allowances	25	LC DAV allowances and disallowances BOS 8.19.20.pdf
Disallowances	1	LC DAV allowances and disallowances BOS 8.19.20.pdf