

Bob Dixon  
Presiding Commissioner

Rusty MacLachlan  
1<sup>st</sup> District Commissioner

John C. Russell  
2<sup>nd</sup> District Commissioner



Shane Schoeller  
Clerk of the Commission

Christopher J. Coulter, AICP  
County Administrator

Megan Applegate  
Executive Assistant

## COUNTY COMMISSION

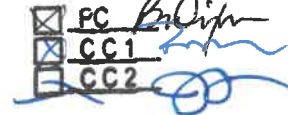
### Greene County, Missouri

(417) 868-4112

#### Greene County Commission Commission Briefing Minutes

Thursday, July 15, 2021  
9:30 AM  
Commission Conference Room  
1443 N. Robberson, 10<sup>th</sup> Floor

PLEASE CHECK & RETURN



The Greene County Commission is now offering an alternative to attending the meeting. Please join our meeting from your computer, tablet or smartphone.

<https://www.gotomeet.me/GCCommissionOffice>. You can also dial in using your phone. United States: +1 (872) 240-3412. You will be prompted for a PIN number where you will hit the "#" key and be prompted for an access code: 675-853-269

PLEASE BE AWARE: Cox Health has adopted a universal masking policy for all their properties. Masks are to be worn entering and exiting their facilities and medical office buildings as well as when in any interior common areas such as a lobby, hallway, shared bathroom, elevator, and stairwell.

**Attendees:** Bob Dixon, John Russell, Rusty MacLachlan, Chris Coulter, Megan Applegate, Donna Barton, Kylie Young, Jill Randolph, Bill Prince, Christopher Cross, Tom Barr, Deputy Winston and Deputy Flora

**Teleconference Attendees:** Mike Cagle, Andrea Stewart, Larry Woods Jeff Bassham, Tami Greene, Crystal Richards, Adam Humphrey, Jon Mooney, Vanessa Brandon, Tina Phillips, Allen Icet, Cheryl Dawson-Spaulding, Royce Denny and Jeff Scott.

#### Informational Items

##### Health Department-Jon Mooney

- Reaching 40% of fully vaccinated individuals.
- 4200 individuals have received vaccine in the last 7 days.
- 220 case 7 day average.

#### Items for Consideration and Action by the Commission

**[EX1]** Discussion and Possible Vote: Petition for Funding RSMo 475.370, Christopher Cross.  
No motion made. With lack of motion the request dies.

##### **[EX2]** Discussion and Possible Vote: Bailiff Positions, Court Administrator

Commissioner Rusty MacLachlan moved to approve the bailiff positions as presented. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

##### **[EX3]** Discussion and Possible Vote: EMPG/ARPA Supplemental Grant, OEM

Commissioner John Russell moved to approve Commissioner Dixon to sign the EMPG/ARPA supplemental grant as presented. Commissioner Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

Cox Medical Tower • 1443 North Robberson Avenue, 10<sup>th</sup> Floor • Springfield, Missouri 65802  
Mailing Address 940 Boonville Avenue • Springfield, Missouri 65802

[www.greenecountymissouri.gov](http://www.greenecountymissouri.gov)

PLEASE CHECK & RETURN

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40

**EX4) Discussion and Possible Vote: Sole Source Contract, Highway (Summit Truck Group)**  
Commissioner John Russell moved to approve the sole source contract with Summit Truck Group. Summit Truck Group is the only international (OEM) parts in a 100 mile radius. Commissioner Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

**EX5) Discussion and Possible Vote: 10<sup>th</sup> Addendum with Greene County for Riverbluff Cave Programs Coordinator/Geologist, Resource Management**

Commissioner Rusty MacLachlan moved to approve the addendum with Greene County and Riverbluff cave. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell

**EX6) Discussion and Possible Vote: MOU GC Juvenile Office and Burrell Behavioral, Juvenile**  
Commissioner Rusty MacLachlan moved to approve the MOU between GC Juvenile and Burrell Behavioral Health as presented. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell

**EX7) Discussion and Possible Vote: MOU GC Juvenile Office and the University of Missouri Greene County Extension Council, Juvenile**

Commissioner John Russell moved to approve the MOU between GC Juvenile and MU Greene County Extension Council. Commissioner Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell

**Other:**

John Russell moved to approve the motion to send and sign a letter to the Greene County Assessor's Office to request quality control reports for the 2020 and 2021 tax year. Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

With no other business the meeting was adjourned.



Bob Dixon  
*Presiding Commissioner*

Rusty MacLachlan  
*1<sup>st</sup> District Commissioner*

John C. Russell  
*2<sup>nd</sup> District Commissioner*



Shane Schoeller  
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*Executive Assistant*

**COUNTY COMMISSION**  
**Greene County, Missouri**  
**(417) 868-4112**

**REVISED: Greene County Commission  
Commission Briefing Agenda**

**Thursday, July 15, 2021**  
9:30 AM  
Commission Conference Room  
1443 N. Robberson, 10<sup>th</sup> Floor

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Informational Items  
Health Department

Items for Consideration and Action by the Commission

Discussion and Possible Vote: Petition for Funding RSMo 475.370, Christopher Cross

Discussion and Possible Vote: Bailiff Positions, Court Administrator

Discussion and Possible Vote: EMPG/ARPA Supplemental Grant, OEM

Discussion and Possible Vote: Sole Source Contract, Highway

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Discussion and Possible Vote: 10<sup>th</sup> Addendum with Greene County for Riverbluff Cave Programs Coordinator/Geologist, Resource Management



Discussion and Possible Vote: MOU GC Juvenile Office and Burrell Behavioral , Juvenile

Discussion and Possible Vote: MOU GC Juvenile Office and the University of Missouri Greene County Extension Council, Juvenile

Other:

REVISED @ 09:25 AM on 7/14/2021





▼ ≡ Revisor of Missouri

# Missouri Revisor of Statutes

Constitution

Committee

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Appendices and Tables



Words ▼

1st search term or section nr

And ▼

2nd search term



## Title XXXI TRUSTS AND ESTATES OF DECEDENTS AND PERSONS UNDER DISABILITY

### Chapter 475



Effective - 28 Aug 1983



**475.370. Exhaustion of estate.** — 1. If the estate of any incapacitated ward or protectee is insufficient to pay his debts, to maintain himself and family, or educate his children, his guardian or conservator may apply to the county commission of the proper county, by petition, setting forth the particulars, and praying for an appropriation from the county treasury for the support of his ward or protectee.

2. The petition shall be accompanied by a true and perfect account of the guardianship or conservatorship, an inventory of the estate and effects, and a list of the debts due from such incapacitated person, and it shall be verified by the affidavit of the petitioner.

3. If the county commission is satisfied that the estate and effects are insufficient for the purposes above specified, it may order such sum to be paid to the guardian or conservator, out of the county treasury, as to it shall appear reasonable, and cause a warrant to be issued accordingly.

4. But no allowance shall be made, at any one time, for a period longer than one year, nor shall the order be made at any time, unless the guardian or conservator has duly accounted, and settled with the probate division of the circuit court, for the moneys and effects which have come to his hands for the support of his ward or protectee, out of the county treasury or otherwise.

(RSMo 1939 §§ 488, 489, 490, 491, A.L. 1955 p. 385 § 355, A.L. 1978 H.B. 1634, A.L. 1983 S.B. 44 & 45)

Prior revisions: 1929 §§ 489, 490, 491, 492; 1919 §§ 485, 486, 487, 488; 1909 §§ 515, 516, 517, 518

---- end of effective 28 Aug 1983 ----

use this link to bookmark section 475.370

Click here for the Reorganization Act of 1974 - or - Concurrent Resolutions Having Force & Effect of Law



**BEFORE THE GREENE COUNTY COMMISSION  
IN THE MATTER OF CORY CROSS**

In the matter of Cory Cross, in his capacity     )  
as a ward of full guardianship                     )

CHRISTOPHER CROSS., in his capacity             )  
as the duly court appointed legal guardian       )  
and federally appointed payee of CORY            )  
CROSS,   )

Petitioner,   )

---

**PETITION FOR FUNDING WITH ATTACHED EXHIBITS IN SUPPORT THEREOF**

COME NOW, petitioner CHRISTOPHER CROSS, in his capacity as the duly court appointed legal guardian and federally appointed payee of CORY CROSS, and with his petition for funding herein avers the following:

**I. CAUSE OF ACTION**

1. Christopher Cross (hereinafter "petitioner") is the duly court appointed legal guardian of Cory Cross (hereinafter "ward") and the federally appointed payee, who files this petition pursuant to Mo. Rev. Stat. § 475.120.4 (2018) and § 475.370.1 (1983), for funding from Greene County in the total sum amount of One Hundred Ninety Dollars (\$190.00) for necessary dental services at the Jordan Valley Community Health Center.

**II. TREATMENT PLANS**

2. Attached hereto is a letter in support of this petition from the ward's dentist, Dr. Hallie Casteel, DDS., explaining the treatment plan for the ward's prescribed dental services.

3. Also attached hereto is a letter in support of this petition from the ward's Psychologist, Dr. Dave Lutz, Ph.D., explaining the mental health treatment benefits for the ward.

4. The petitioner herein attests that the ward will benefit from the prescribed dental services not only in improving his overall quality of life and mental health, but also in his dietary needs by expanding foods the ward can eat and eating food with greater ease.

5. The petitioner also attests he is comfortable in filing this petition because the ward has put forth a genuine effort to and has made substantial improvements in self-directed oral hygiene over a long period of time, that the petitioner believes the ward will maintain proper maintenance of his dentures.



6. At present, the ward's treatment plan entails the ward obtaining upper dentures. However, the long-term plan is for the ward to also obtain lower dentures, as well.

7. At present, the ward's treatment plan entails only his upper dentures because the ward is not financially suited to pay the One Thousand Three Hundred Eighty Dollars (\$1,380.00) full sum amount for both sets of his dentures. As such, the ward has to divide the amounts in half to obtain only his upper dentures at this time.

### **III. INSURANCE COVERAGE**

8. The ward currently has full coverage of MO HealthNet (Medicaid).

9. Although Medicaid covers the overwhelming vast majority of the ward's dental services, it does not cover dentures.

10. The total sum for the ward's upper dentures is Six Hundred Ninety Dollars (\$690.00).

11. On May 17, 2021, the ward prepaid the sum of Five Hundred Dollars (\$500.00) out of his personal estate; leaving a balance of One Hundred Ninety Dollars (190.00) owed.

12. The ward's estate is insufficient to pay the remaining balance.

### **IV. AWARDED GRANTS**

13. The Jordan Valley Community Health Center has access to grants for dental services that a patient can apply for. However, upon the petitioner and the coordinator speaking, the petitioner was advised that the odds of obtaining a grant are poor due to limited funds available, the number of people applying for grants each month, and the limited grant amount given to each patient.

14. Therefore, the petitioner believes the prudent course of action is to file this petition for the requested One Hundred Ninety Dollars (\$190.00), and at a later date, apply for a grant in the sum of Six Hundred Ninety Dollars (\$690.00) to pay for the ward's lower dentures.

### **V. WARD'S TOTAL INCOME AMOUNTS**

15. Attached hereto is a true and complete copy of the ward's Supplemental Security Income (SSI) benefits letter showing the ward's monthly income from the Social Security Administration is Seven Hundred Ninety-Four Dollars (\$794.00).

16. Additionally, the ward receives Supplemental Nutritional Assistance Program (SNAP (food stamps)) benefits in the base amount of Two Hundred Twelve Dollars (\$212.00).

17. Due to congressional acts, the ward has received Ninety-Five Dollars (95.00) for the past two-months in SNAP benefits because of COVID-19.

18. However, the ward's application to recertify for his SNAP benefits is due June 4, 2021, and it is expected that the ward's benefit amount will reduce to his pre-COVID amount of One Hundred



Sixty Dollars (\$160.00).

19. Pursuant to Mo. Rev. Stat. § 475.120.4 (2018) the petitioner is not financially responsible for the ward and his financial resources and income do not factor into the ward's monthly income amounts.

#### **VI. WARD'S ESTATE PROPERTY OWNERSHIP**

20. The federal Social Security Administration has determined that the ward lives in poverty; that he does not have any disposable resources in either property or income, that he qualifies for the full maximum sum of Supplemental Security Income of \$784.00, per-month.

21. The Missouri Department of Social Services by and through its Mo HealthNet Division and Family Support Division, respectively, have determined the ward does not have any disposable resources in either property or income, that he qualifies for the full maximum sum of Two Hundred Twelve Dollars (\$212.00) in food stamps and One Hundred Percent (100%) maximum coverage in Medicaid services.

22. Beyond normal household and personal items such as, but not limited to, Livingroom and Bedroom furniture; Television; a monitor for his Play Station I entertainment unit; hygiene items; fans to circulate air, and Kitchenware, the ward also owns such things as, but not limited to, DVD's and CD-ROM's for movies, music, and his Play Station 1 games, an emotional support animal, typical and normal clothing items.

23. However, the ward does not own vehicles or real estate, burial plot(s), any motor or trailer homes, work machinery or tools, and any other such items that the ward could sell for money.

#### **VII. WARD'S ESTATE OF FINANCIAL RESOURCES**

24. The ward's total income is Seven Hundred Eighty-Four Dollars (\$784.00) per-month.

25. The ward is unemployed because of his serious disabilities.

26. The ward has no stocks, bonds, IRA's, 401(K), retirement income, pension, checking or savings account; life insurance policies, and he does not receive income from renting out personal real estate, or have other similar sources of income.

27. The ward is charged a flat fee of Six Hundred Eighty-Two Dollars (\$682.00) per-month for all of his basic essential living costs.

28. The remaining amount of the ward's monthly income is spent on co-pay's, personal needs and additional food, all as needed.

29. The ward did receive the One Thousand Four Hundred Dollars (\$1,400.00) amount in the last federal stimulus check.





29. Except for the Five Hundred Dollars (\$500.00) used to prepay the ward's dental services, the ward used the money to pay an outstanding bill; purchase new clothing and new shoes; household needs; additional food, and PS1 electronic games for his personal entertainment.

30. The ward's total current amount of cash on hand, as of June 8, 2021, is Seventy-Nine Dollars and Thirty-Five Cents (\$79.35) which is allocated for Cory's personal needs, and for food that Cory will need for the month of June 2021.

### VIII. REQUESTED RELIEF

31. Petitioner respectfully requests the Greene County Commission grant his petition in the amount of One Hundred Ninety (\$190.00) dollars; making the check out as described below:

Jordan Valley Community Health Center

Memo Note: Encounter No. 4894022

32. Petitioner requests the Greene County Commission either mail the check directly to the Jordan Valley Community Health Center or allow Petitioner to pick it up directly himself.

Jordan Valley Community Health Center

Attention: Dental Billing Department

P.O. Box 843778

Kansas City, Missouri 64184

34. For such other and further relief as the Greene County Commission deems just and proper.

### IX. DECLARATION OF TRUTH

I, Christopher Cross, do attest and affirm that the contents and statements of this petition and the exhibits are true and complete, to the best of my knowledge and belief.

Respectfully submitted,

Christopher Cross

Christopher Cross, Legal Guardian, and payee  
#430039

P.O. Box 1409

Jefferson City, Missouri 65102

Cell: (816) 805-9259

Email: Legal\_Guardian77@yahoo.com

Sworn and subscribed to before me on this 18th day of May 2021

Gregg S. Johnson  
Notary Public

Dec. 19, 2024  
My Commission Expires







IN THE 5TH JUDICIAL CIRCUIT COURT, BUCHANAN COUNTY, MISSOURI

Judge or Division:  
PROBATE

Case Number: 09BU-PR00981

FILED

DEC 19 2019

In the Estate of CORY RAY CROSS, an Incapacitated Person.  
(f.k.a. Eldon Eugene Flaherty)

BUCHANAN COUNTY CIRCUIT CLERK


(Date File Stamp)

**AMENDED Letters of Guardianship of an Incapacitated Person**  
(amended to reflect legal name change)

On December 16, 2009, **Christopher R. Cross** was appointed and has qualified as guardian of the person for **Cory Ray Cross**, an incapacitated person.

The above-named guardian is authorized and empowered to perform the duties of such guardian as provided by law under the supervision of the court having care and custody of the person of the above-named incapacitated person.

I, Lou Ann Allday, Clerk of the Probate Division of the Circuit Court of Buchanan County, Missouri, have signed these Letters and affixed the seal of the Court on December 19, 2019.

  
Clerk

Annual Status Report due yearly on DECEMBER 16TH.



**Certificate**

I, Clerk of the Probate Division, certify that the foregoing Letters, now in full force and effect, is a true copy from the record as it appears in my office.

Witness my hand and seal of Court on: 12-19-19 (date).

  
Clerk





To whom it may concern,

This letter is to serve as substantiation of patient's current oral health condition and support of the fact that patient is a candidate for a maxillary oral prosthesis (partial denture).

Patient Cory R. Cross (4/13/1981) was seen at Jordan Valley Community Health Center for a dental recall examination on 5/4/21. Patient is missing maxillary canines, lateral incisors, central incisors, and the upper left first pre-molar. These are the 7 teeth that would be visible when you think of a typical smile. These teeth also function to help bite into and tear off food (eating a sandwich or a hamburger). A maxillary prosthesis (partial denture), to replace these missing teeth, would benefit the patient to increase function and esthetics.

Thank you for any consideration given towards this maxillary partial denture. If I can answer any further questions please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Hallie Casteel".

Hallie Casteel, DDS



1320 EAST KINGSLEY, SUITE A  
SPRINGFIELD, MO 65804-7216  
417-882-4110 FAX 417-312-2517

David J. Lutz, Ph.D. Clinical Psychologist

---

May 13, 2021

Re: Cory Cross

Dear Sir/Madam:

This letter is at the request of Christopher Cross, Cory's father and guardian. This letter is in support of Cory's request to obtain dentures. Cory would benefit from this by an increased quality of life arising through improved dietary choices. It also would benefit his psychological state, including self-confidence. Cory has made substantial improvement in the time that we have worked together. This would be another way to support him.

I know that you must make difficult choices in allocating benefits. I hope that you are able to help Cory in this way.

Sincerely,

A handwritten signature in cursive script that reads "David J. Lutz". The signature is written in dark ink and is positioned above the printed name and title.

David J. Lutz, Ph.D.  
Clinical Psychologist  
PYR 0201 Expires January 31, 2022





**Jordan Valley Community Health Center**  
440 E Tampa, 340B00942300JV-Jordan Valley Community Health Center  
Springfield, MO 65806-1131

**Proposed Treatment Plan**  
05/17/2021

Patient: Cory Ray Cross

Date of Birth: 4/13/1981

MRN: 141814

Address: PO Box 5814, Springfield, MO 65801

Home Phone: (816) 805-9259

Phase	Date	Provider	Service	Tooth	Surface	Amount	Insurance	Patient
Ungrouped								
	05/17/2021	HDoublet, Todd	D5213 Maxillary Partial Denture - Cast Metal Framework W	6-12		1380.00	690	690.00
					Subtotal	1380.00	690	690.00
Total					Total	1380.00	690	690.00

Note: Insurance coverage is only an estimation. Guarantor is responsible for all treatments not covered by insurance.

Signature of patient or guarantor

Christopher Cross

Date 5/17/21

Sliding Scale amount \$1690.00  
Prepaid \$500.00



**Jordan Valley Community Health Center**

440 E Tampa

340B00942300JV-Jordan Valley Community Health Center

Springfield MO 658061131

4178310150 4178310155

Patient Name: Cross, Cory  
Account ID: 123080  
Transaction Date: 05/17/2021  
Response: Approval (00)  
Transaction Type: MasterCard  
Account Holder: Cory Cross  
Card Number: \*\*\*\*\*9841  
Transaction Amount: \$500.00  
Authorization Code: A78ILQ  
Time: 03:25:38 PM  
ResponseCode: 000  
EMV:

Date 05/17/2021

Signature

I agree to pay the above amount according to my Account holder agreement. Transaction processed through third party vendor.

Printed by tchristensen ( 1120 ) on 5/17/2021 3:25:51 PM

Receipt for Sliding Scale dental charge  
Acct no. is direct express SSI card that  
is in Christopher Cross' name as payer





**Social Security Administration**  
SPRINGFIELD MO

Date: May 06, 2021  
BNC#: 21BE651D85422  
REF: DI

Name: CORY RAY CROSS

CHRISTOPHER RAY CROSS , GDN OF  
CORY RAY CROSS  
PO BOX 5814  
SPRINGFIELD, MO 65801-5814

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

**Information About Supplemental Security Income Payments**

For the period 1/2020 to 5/2021 you received a total of \$ 13,366.00 in Supplemental Security Income benefits.

Beginning January 2021, the current Supplemental Security Income payment is \$ 794.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Our records show that you became disabled on June 17, 2014.

**Date of Birth Information**

The date of birth shown on our records is April 13, 1981.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**Things To Remember**

Get your benefit verification notice online, visit [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount) to set up your my Social Security account.



**Breakdown of Payments for CORY RAY CROSS from 1/2020 to 5/2021.**

Month	Payment	Month	Payment	Month	Payment
01/2020	\$ 783.00	07/2020	\$ 783.00	01/2021	\$ 794.00
02/2020	\$ 783.00	08/2020	\$ 783.00	02/2021	\$ 794.00
03/2020	\$ 783.00	09/2020	\$ 783.00	03/2021	\$ 794.00
04/2020	\$ 783.00	10/2020	\$ 783.00	04/2021	\$ 794.00
05/2020	\$ 783.00	11/2020	\$ 783.00	05/2021	\$ 794.00
06/2020	\$ 783.00	12/2020	\$ 783.00		





# JORDAN VALLEY

Applicant Name Cory Cross

Effective Dates: 5/17/2021 - 5/17/2022

Call 831-0150 to schedule an appointment for Medical or Dental  
For Medical Appointments please call within 1-3 days of the time you would like to schedule.

CRC ✓ Once enrolled into the sliding fee program, the sliding fee agreement is in effect for  
1 year ☐ 60 days ☐ 30 days, at which time the patient must re-enroll in the program.

CRC ✓ While receiving assistance through the slide program, the patient is required to report any changes in household occupancy or financial status for re-evaluation.

CRC ✓ Payment is due at the time of service for all appointments.

The payment schedule for patients enrolled in the sliding fee program is as follows (Subject to change):

	< 100% FPL	101%-150% FPL	151%-175% FPL	176%-200% FPL
<b>Medical / Optometrists Visit:</b>				
Adults (age 19 and older)*	\$25.00	\$35.00	\$40.00	\$45.00
Pain/MFM/Ophthalmologist*	\$55.00	\$65.00	\$70.00	\$75.00
Children (ages 0-18)*	\$10.00	\$15.00	\$17.50	\$20.00
Adult Preventative	\$55.00	\$65.00	\$70.00	\$75.00
Well Child Visits *		No co-pay required		
<b>Mental Health:</b>				
Psychologist/LCSW	\$10.00	\$15.00	\$17.50	\$20.00
Psychiatrist / Psychiatric NP	\$55.00	\$65.00	\$70.00	\$75.00
<b>Dental:</b>	Fixed Fee	40% discount	30% discount	20% discount

Pharmacy:

Discounts on some prescriptions are available at Walgreens

\* This fee includes office visit only. Chest x-rays and select labs are also included in the office copay.

Services not included in the office copay – additional slide fees apply (Subject to change):

If you are not sure if a service is included be sure to ask....

- Procedures / GYN Surgeries
- Immunizations
- Ultrasound / Lab / X-rays
- HIV/ STD testing (services provided by Health Dept)
- Colposcopy (cervical biopsy), Lccp and various other GYN procedures
- Vasectomy or Circumcision (newborn within 7days)
- Contraceptive services (covered by Medicaid Uninsured Women's Health program)

Date: 5/17/21

Applicant Initials: Christopher Cross

Administrative Offices: 440 E. Tampa • Springfield, MO • Phone: (417) 831-0150 • Fax: (417) 831-0155



<b>RECEIPT</b>		DATE <u>January 1, 2021</u>	No. <u>535323</u>
RECEIVED FROM <u>Cory Cross</u>		\$ <u>682.00</u>	
<u>Six Hundred Eighty-Two and 00/100</u> DOLLARS			
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>Rent, Utilities, Trash, Phone - First fee charge</u>			
ACCOUNT	<u>682.00</u>	<input type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	FROM <u>1-1-21</u> TO <u>1-31-21</u> BY <u>Cory Cross</u>
PAYMENT	<u>682.00</u>		
BAL. DUE	<u>0.00</u>		

<b>RECEIPT</b>		DATE <u>February 1, 2021</u>	No. <u>535324</u>
RECEIVED FROM <u>Cory Cross</u>		\$ <u>682.00</u>	
<u>Six Hundred Eighty-Two and 00/100</u> DOLLARS			
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>Rent, Utilities, Trash, Phone - First fee charge</u>			
ACCOUNT	<u>682.00</u>	<input type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	FROM <u>2-1-21</u> TO <u>2-28-21</u> BY <u>Cory Cross</u>
PAYMENT	<u>682.00</u>		
BAL. DUE	<u>0.00</u>		

Receipts are standard format used for Cory's food stamps and Medicaid, to show expenses.



# RECEIPT

DATE March 1, 2021

No. 535325

RECEIVED FROM Cory Cross

\$ 682.00

Six Hundred Eighty-Two and 00/100 DOLLARS  
 FOR Rent, Utilities, Trash, Phone - Flat fee charge

ACCOUNT 682.00  
 PAYMENT 682.00  
 BAL. DUE 0.00

☐ CASH  
☐ CHECK  
☐ MONEY ORDER  
☐ CREDIT CARD

FROM 3-1-21 TO 3-31-21

BY Cory Cross

# RECEIPT

DATE April 1, 2021

No. 535326

RECEIVED FROM Cory Cross

\$ 682.00

Six Hundred Eighty-Two and 00/100 DOLLARS  
 FOR Rent, Utilities, Trash, Phone - Flat fee charge

ACCOUNT 682.00  
 PAYMENT 682.00  
 BAL. DUE 0.00

☐ CASH  
☐ CHECK  
☐ MONEY ORDER  
☐ CREDIT CARD

FROM 4-1-21 TO 4-30-21

BY Cory Cross

# RECEIPT

DATE May 1, 2021

No. 535327

RECEIVED FROM Cory Cross

\$ 682.00

Six Hundred Eighty-Two and 00/100 DOLLARS  
 FOR Rent, Utilities, Trash, Phone - Flat fee charge

ACCOUNT 682.00  
 PAYMENT 682.00  
 BAL. DUE 0.00

☐ CASH  
☐ CHECK  
☐ MONEY ORDER  
☐ CREDIT CARD

FROM 5-1-2021 TO 5-31-21

BY Cory Cross

# RECEIPT

DATE June 1, 2021

No. 535328

RECEIVED FROM Cory Cross

\$ 682.00

Six Hundred Eighty-Two and 00/100 DOLLARS  
 FOR Rent, Utilities, Trash, Phone - Flat fee charge

ACCOUNT 682.00  
 PAYMENT 682.00

☐ CASH  
☐ CHECK  
☐ MONEY

FROM 6-1-21 TO 6-30-21



Kylie Young, Court Administrator  
Greene County Circuit Court  
1010 North Boonville  
Springfield, MO 65802  
417-868-4899

Memo: Court Request for an Additional Bailiff

July 14, 2021

Recently the Greene County Health Department has hired two staff to perform the same duties and the Social Worker did in the past for the court. When the social worker resigned from the court, the court chose not to fill the position due to the placement of the Greene County Health Department resources. The court would like to discontinue the Social Worker position and move the FTE position to be another Full-Time Bailiff position.

Listed are the business reasons for the court requesting an additional bailiff

- The court currently has 20 Full-Time Bailiffs, 1 Lead Bailiff, 2 Part-Time Bailiffs to cover 18 divisions, attend training and cover any leave requests. Recently we been down as many as 4-5 bailiffs at a time due to medical, training and resignations. We experienced an increase in overtime accrual. The lead bailiff fills in when ever needed as an additional resource. Leave requests had to be denied in some instances. We have 4 bailiffs eligible for retirement an anticipate some retirements in the next 12 months.
- The court is back to scheduling juries in the courthouse again. Jury selection has been conducted off-site. The need for bailiffs to cover in custody trials will be increasing. Two bailiffs are needed in in-custody situations one to stay with the jury and one to stay with the defendant. When the court is fully functioning again we can have 3 juries on going at once. Two in the courthouse and 1 off-site. In the near future, all three may be back on site in the courthouse. If all three are criminal trials with in-custody inmates this occupies 6 bailiffs and all three jury staff are occupied.
- Sheriff Arnott requires bailiffs to attend block training and to maintain their POST hours. Block training is scheduled every Wednesday. One course is offered every Wednesday. The list of courses repeats twice a year. In order for the bailiffs to attend and maintain their POST hours, 2-3 bailiffs need to attend training each Wednesday. This is quite a scheduling challenge. Last year during the height of the pandemic the Sheriff's Department waived the training requirement. The requirement is back in place for 2021.

- Currently we have two bailiffs out on light duty one for a Workers Comp incident and another from a shoulder injury incurred off-duty. They are being used to train the new bailiffs, staff the information desk, and for jury trials at the moment however they can not work independently a courtroom as security or be working with an incarcerated defendant. We anticipate the bailiffs will be out for a least another month or two.
- The court has attempted over a 6-7week period to recruit a part-time bailiff unsuccessfully. We have had success in advertising full time positions and been able to recruit full time positions. We have recently filled 3 vacant full-time positions.

Salaries and Benefits calculated over a 16 pay periods (assumed hire date 5/16/21) with 5 months coverage is below:

#### 5502-502 Bailiff, PT

FTE	Grd	Rate	Salary	FICA	Lagers	Grp Ins	WC	Total	GR1
44	12	19.22	828.70			321.52		(-11,974.31)	

Further GR1 savings if left unfilled for the rest of the year

#### 5507-001 Soc Worker

FTE	Grd	Rate	Salary	FICA	Lagers	Grp Ins	WC	Total	GR2
100	14	22.40	28,672.00	2193.41	451.58	3868.63	81.66	(-35,267.28)	

#### 5502-xxx Bailiff

FTE	Grd	Rate	Salary	FICA	Lagers	Grp Ins	WC	Total	GR2
100	12	19.22	24,601.60	1,882.02	530.47	3,868.63	730.72	31,613.44	

Net estimated GR2 savings to staff FT bailiff instead of social worker (-3,653.84)

(given a 5-16-21 hire date)





Tue 5/4/2021 8:19 AM

Jeff Scott

RE: Bailiff Positions

To: Kylie Young

Cc: Mike Cagle

GR 1

Hi Kylie,

Of course we want to work with you on this need. When we get to specifics I would like Mike to figure up the change in costs, copied on email. I think since this was court ordered we would want a Judge approving the change to the court order and then we would also take it to Commission to change budget. To make sure I understand - we would look at freezing a part-time bailiff in Fund 101 and freeze the social worker position in fund 102 and add an extra full-time bailiff. (I would prefer this gets added to GR Fund 102, since the majority of the offset occurs there) Please let me know your thoughts.

GR 2

Jeff

GR 2

-----Original Message-----

From: [Kylie.Young@courts.mo.gov](mailto:Kylie.Young@courts.mo.gov) <[Kylie.Young@courts.mo.gov](mailto:Kylie.Young@courts.mo.gov)>

Sent: Monday, May 3, 2021 4:09 PM

To: Jeff Scott <[JScott@greenecountymo.gov](mailto:JScott@greenecountymo.gov)>

Subject: Bailiff Positions

Jeff I need to talk to you about the bailiff situation. We have had no applicants for the part-time position in advertising over 6 -7 weeks. We are down 2 bailiffs for medical one on workers comp and another injured at home. One bailiff out who wife was just induced today a week early and one vacant position. In addition, the court has to have Bailiffs out every Wednesday to send them to the Sheriff's block training when is during the week. we need to have 2 out each Wednesday in order to have the staff complete the required training. We have been able to obtain applicants for the full time positions. We have a backlog on jury trials and require two bailiffs when there is a criminal in custody case.

Greene County health Department is hiring two individuals to assist with providing mental health services and providing the same services as out ocual Worker position was. Would it be possible to not fill the social worker position an move the funds to staff anoither full time bailiff position? We should also have some vacancy savings in the part-time bailiff line to cover the cost as well. Are there other alternativew I am not seeing at this time?

I am interviewing this week fl had one good applicant and hope to have a second one on thursday morning. It will take time to get them through the background check at the Sheriffs Office.

Kylie Young

**Salaries and benefits calculated over 16 pay periods (assumed hire date 5/16/21)**

					5 mths coverage				
					commence	commence			
					11/14/21	08/01/21			
	<u>FTE</u>	<u>Grd</u>	<u>Rate</u>	<u>Salary</u>	<u>FICA</u>	<u>LAGERS</u>	<u>Grp Ins</u>	<u>WC</u>	<u>Total</u>
5502-502 Bailiff, PT	44	12	19.22	10,824.70	828.09			321.52	(11,974.31)

**Further GR 1 savings if left unfilled for rest of year**

	<u>FTE</u>	<u>Grd</u>	<u>Rate</u>	<u>Salary</u>	<u>FICA</u>	<u>LAGERS</u>	<u>Grp Ins</u>	<u>WC</u>	<u>Total</u>
5507-001 Drug Court Social Worker	100	14	22.40	28,672.00	2,193.41	451.58	3,868.63	81.66	(35,267.28)
5502-xxx Bailiff	100	12	19.22	24,601.60	1,882.02	530.47	3,868.63	730.72	31,613.44

**To remain unfilled for the rest of 2021**

**To be added as a new employee in 2021**

**Net estimated GR 2 savings to staff FT bailiff instead of social worker (3,653.84)  
(given a 5/16/21 hire date)**

ROUTING ORDER	(1) PARK'S DEPARTMENT	(2) GREENE COUNTY	(3) FINANCE DEPARTMENT
EFFECTIVE DATE	(4) CITY CLERK'S OFFICE	(5) PARK'S DEPARTMENT	
	TERMINATION DATE 06/30/2022	CONTRACT NUMBER: 2012-0814-10	
( ) NEW CONTRACT		(X) RENEWAL OF CONTRACT No. 2012-0814	
PARK BOARD		GREENE COUNTY	
CITY OF SPRINGFIELD, MO, BY AND THROUGH THE SPRINGFIELD- GREENE COUNTY PARK BOARD 1923 N WELLER, SPRINGFIELD, MO 65803 PHONE (417) 864-1049 FAX (417) 837-5811 BOB BELOTE, DIRECTOR; <a href="mailto:BBOLOTE@SPRINGFIELDMO.GOV">BBOLOTE@SPRINGFIELDMO.GOV</a>		GREENE COUNTY, MISSOURI 940 N BOONVILLE AVE, SPRINGFIELD, MO 65802 PHONE (417) 868-4015; FAX (417) 868-4163 VANESSA BRANDON, ENVIRONMENTAL PLANNER <a href="mailto:vbrandon@greencountymo.gov">vbrandon@greencountymo.gov</a>	


**10th ADDENDUM WITH GREENE COUNTY FOR RIVERBLUFF CAVE PROGRAMS COORDINATOR/GEOLOGIST**

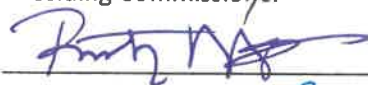
Entered into this \_\_\_ day of \_\_\_\_\_, 2021, for good and valuable consideration, the undersigned hereby agree that this Addendum shall become part of Contract No: 2012-0814, and all previous Addenda thereto, executed by the parties identified above. The parties agree that:

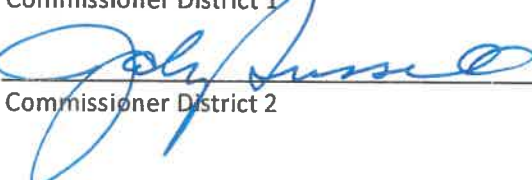
1. The term of this agreement is extended to June 30, 2022, and all prior references to a termination date are deleted and replaced with this new termination date.
2. Park Boards' annual contribution to Greene County for fiscal year 2021-2022, as setout and described in Contract 2012-0814, is not to exceed Thirty-Nine Thousand Three Hundred Twenty-Six and 96/100 Dollars (\$39,326.96), and is due and payable bi-annually, due on or after January 1, 2022 and on or after June 30, 2022 and will not be appropriated for this purpose until or as part of Park Board's 2021-2022 Budget.
3. That all other provisions of the aforementioned Contract shall remain in full force and effect.
4. That this Addendum, together with Contract No: 2012-0814 and all previous Addenda thereto, contains the entire agreement of the parties. No modification, amendment or waiver of any of the provisions of this Contract shall be effective unless in writing specifically referring hereto and signed by all parties.

**IN WITNESS WHEREOF**, the parties hereto have set their hands and seals on the day and year herein stated.

**GREENE COUNTY, MISSOURI**

BY:   
Presiding Commissioner

By:   
Commissioner District 1


By:   
Commissioner District 2


By: \_\_\_\_\_  
County Clerk

**CITY OF SPRINGFIELD, MO, BY AND THROUGH THE  
SPRINGFIELD-GREENE COUNTY PARK BOARD**

By: \_\_\_\_\_  
Chair or Vice-Chair

By: \_\_\_\_\_  
Director or Assistant Director of Parks

Approved as to form:   
County Counselor

Approved as to form:   
City Attorney or Assistant City Attorney

**AUDITOR CERTIFICATION FOR GREENE COUNTY, MO:** I certify that the expenditure contemplated by this document is within the purpose of the appropriation to which it is to be charged and that there is an unencumbered balance of anticipated revenue Appropriated for payment of same.

By: \_\_\_\_\_, County Auditor

**CERTIFICATE OF DIRECTOR OF FINANCE FOR THE CITY OF SPRINGFIELD, MO:** I certify that the expenditure contemplated by this document is within the purpose of the appropriation to which it is to be charged and that there is an unencumbered balance of appropriated and available funds to pay therefore.

By: \_\_\_\_\_, Director or Acting Director of Finance



<b>ROUTING ORDER</b>	(1) PARK'S DEPARTMENT (4) CITY CLERK'S OFFICE	(2) GREENE COUNTY (5) PARK'S DEPARTMENT	(3) FINANCE DEPARTMENT
<b>EFFECTIVE DATE</b>	<b>TERMINATION DATE</b> 06/30/2022	<b>CONTRACT NUMBER: 2012-0814-10</b>	
<input type="checkbox"/> <b>NEW CONTRACT</b>		<input checked="" type="checkbox"/> <b>RENEWAL OF CONTRACT No. 2012-0814</b>	
<b>PARK BOARD</b>		<b>GREENE COUNTY</b>	
CITY OF SPRINGFIELD, MO, BY AND THROUGH THE SPRINGFIELD- GREENE COUNTY PARK BOARD 1923 N WELLER, SPRINGFIELD, MO 65803 PHONE (417) 864-1049 FAX (417) 837-5811 BOB BELOTE, DIRECTOR; <a href="mailto:BBOLOTE@SPRINGFIELDMO.GOV">BBOLOTE@SPRINGFIELDMO.GOV</a>		GREENE COUNTY, MISSOURI 940 N BOONVILLE AVE, SPRINGFIELD, MO 65802 PHONE (417) 868-4015; FAX (417) 868-4163 VANESSA BRANDON, ENVIRONMENTAL PLANNER <a href="mailto:vbrandon@greenecountymo.gov">vbrandon@greenecountymo.gov</a>	


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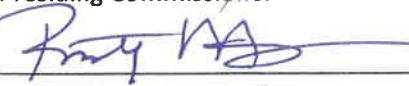
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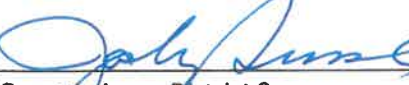
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**IN WITNESS WHEREOF**, the parties hereto have set their hands and seals on the day and year herein stated.

**GREENE COUNTY, MISSOURI**

BY:   
Presiding Commissioner

By:   
Commissioner District 1


By:   
Commissioner District 2

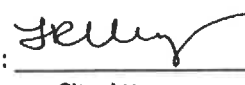
By: \_\_\_\_\_  
County Clerk

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Approved as to form:   
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By: \_\_\_\_\_, Director or Acting Director of Finance





## Application

### **126396 - FY21 Emergency Management Performance Grant Program - American Rescue Plan Act (EMPG-ARPA) - Final Application**

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**127077 - EMPG Sustainment**

**Emergency Management Performance Grants (EMPG) Local**

**Status:** Editing

**Submitted Date:**

**Submitted By:**

### **Applicant Information**

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#### **Primary Contact:**

<b>Name:*</b>	Ms Title	Robbin First Name	Sawyer Last Name
<b>Job Title:*</b>	Administrative Services Manager		
<b>Email:*</b>	rsawyer@greencountymo.gov		
<b>Mailing Address:*</b>	330 W Scott Street		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>* City</b>	Springfield	<b>Missouri</b> State/Province	<b>65802</b> Postal Code/Zip
<b>Phone:*</b>	417-869-6040		Ext.
<b>Fax:</b>	417-869-6654		

#### **Organization Information**

<b>Applicant Agency:*</b>	Greene County Emergency Management Agency		
<b>Organization Type:*</b>	Government		
<b>Federal Tax ID#:*</b>	446000506		
<b>DUNS #:*</b>	095831228		
<b>Unique Entity ID:</b>			
<b>SAM/CCR CAGE Code:</b>	3QMR3	<b>11/23/2011</b> Valid Until Date	
<b>Organization Website:</b>	greencountymo.gov/oem		
<b>Mailing Address:*</b>	330 W Scott Street		
<b>Street Address 1:</b>			





**Street Address 2:**

<b>City:</b>	Springfield	Missouri	65802	3859
	City	State/Province	Postal Code/Zip	+ 4
<b>County:</b>	Greene			
<b>Congressional District:</b>	07			
<b>Phone:</b>	417-869-6040			Ext.
<b>Fax:</b>	417-869-6654			

## Contact Information

**Authorized Official**

Enter the name and address of the individual who has the authority to legally bind the applicant agency.

- City Government - If the applicant agency is a city, the mayor/ city administrator shall be the Authorized Official.
- County Government - If the applicant agency is a county, the presiding commissioner shall be the Authorized Official.

<b>Authorized Official:</b>	Mr	Bob	Dixon
	Title	First Name	Last Name
<b>Job Title:</b>	Presiding Commissioner		
<b>Agency:</b>	Greene County Commission		
<b>Mailing Address:</b>	933 N Robberson Avenue		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>City/State/Zip:</b>	Springfield	Missouri	65802
	City	State	Zip Code
<b>Email:</b>	bdixon@greencountymo.gov		
<b>Phone:</b>	417-868-4112		
	Office	Ext.	Cell
<b>Fax:</b>	417-829-6196		

**Project Director**

For EMPG grant the EMD is the Project Director.

<b>Emergency Management Director:</b>	Mr	Larry	Woods
	Title	First Name	Last Name
<b>Agency:</b>	Greene County Emergency Management Agency		
<b>Mailing Address:</b>	330 W Scott Street		
<b>Street Address 1:</b>			
<b>Street Address 2:</b>			
<b>City/State/Zip:</b>	Springfield	Missouri	65802



	City	State	Zip Code
<b>Email:</b> *	lwoods@greenecountymmo.gov		
<b>Phone:</b> *	417-869-6040		
	Office	Ext.	Cell
<b>Fax:</b> *	417-869-6654		

**Fiscal Officer**

*For EMPG grants the City/County Treasurer is the Fiscal Officer.*

<b>Fiscal Officer:</b> *	Mr	Justin	Hill
	Title	First Name	Last Name

**Job Title:**\* Treasurer

**Agency:**\* Greene County Government

**Mailing Address:**\* 940 N Boonville Avenue, Room 112

**Street Address 1:**

**Street Address 2:**

<b>City/State/Zip:</b> *	Springfield	Missouri	65802
	City	State	Zip Code

**Email:**\* jrhill@greenecountymmo.gov

<b>Phone:</b> *	417-868-4051		
	Office	Ext.	Cell

**Fax:**\* 417-829-6196

**Project Contact Person**

**Is the Emergency Management Director and the Project Contact Person the same?\*** No  
If the EMD & Project Contact are same It is not necessary to complete the Project Contact information.

<b>Project Contact Person:</b>	Ms	Deborah	Allen
	Title	First Name	Last Name

**Job Title:** Accounting Specialist

**Agency:** Greene County Auditor's Office

**Mailing Address:** 940 N Boonville Avenue

**Street Address 1:**

**Street Address 2:**

<b>City/State/Zip</b>	Springfield	Missouri	65802
	City	State	Zip Code

**Email:** dallen@greenecountymmo.gov

<b>Phone:</b>	417-829-6206		
	Office	Ext.	Cell

**Fax:** 417-829-6667



## Project Narrative Justification

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**Project Title\*** EMPG Sustainment

**Project Type\*** Sustain

**The requested funds will be used to:\*** Sustainment of Existing Project

**Select the primary Core Capability that will be supported by this proposed project.\*** Prevention Operational Coordination

**Project Narrative Summary\***

This funding supports all mitigation, prevention, and preparedness emergency management activities. The funding supports personnel and resources to facilitate the above. Anticipated results include:

1. Sustainment of whole-community Emergency Management Program.
2. Maintenance of all emergency management planning documents.
3. Maintenance and readiness of whole-community Emergency Operations Center.
4. Sustainment of community-based exercise and training program.

**Gap or Need Addressed\*** Operational Funding

**Project Objective\*** Provide gap assistance due to decreased primary EMPG funding

**Anticipated Project Impact\*** Without this funding, significant EM operations will need to be curtailed causing a significant hardship to the community.

*Select the Mission Areas that apply to this project. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.*

**Mission Area\*** Prevention, Protection, Response

*Select the POETE categories that apply to this project. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.*

**POETE Category\*** P - Planning, O - Organization, E - Equipment, T - Training, E - Exercise

*Select the Identified Gap or Need reference document for this project. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.*

**Reference for Identified Gap or Need\*** THIRA/SPR, AAR/IP, Other Deliberate Plan

## Performance Goals

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**Performance Goals\*** Deliver prompt, reliable, and actionable information and operational coordination to the whole-community through the use of clear, consistent, accessible, culturally and linguistically appropriate methods to effectively operate regarding any threat or hazard.

**Current Capability Metrics\*** Currently, our ability to perform basic and fundamental operations is hampered due to a rapid and unanticipated lack of funding. This grant request is to provide for basic needs for EOC operations and supplies.

**Milestones\*** Implementation will be conducted throughout the fiscal year in accordance with



established EMPG reporting requirements.

## EMPG Baseline Requirements

My agency agrees to  
comply with the baseline  
requirements included on Yes  
the FY21 EMPG  
application.\*

## This Form Completed By:

\* Robbin Sawyer  
Name

\* Admin. Services Mgr.  
Title

\* 417-869-6040  
Phone

\* rsawyer@greene-county.mo.gov  
Email

\* 07/08/2021  
Date Completed

## Emergency Operation Center Supplies & Operating Expenses

Line Item Code:	Supply/Operation Type:	Item Name:	Quantity:	Unit Cost:	Total Supply and Operation Cost:	Federal Portion:	Match Portion Provided:
11006	Other (Computer, projector, chair, etc.)	Other EOC Supplies/Operating Maint Expenses	12.0	\$1,885.92	\$22,631.00	\$11,315.50	\$11,315.50
11007	Registration Fees (professional membership dues, conferences, etc.)	Dues & Subscription/Professional Memberships	12.0	\$61.67	\$740.00	\$370.00	\$370.00
11008	Postage	Postage	12.0	\$20.83	\$250.00	\$125.00	\$125.00
11009	Subscriber Services (internet, satellite, cable, etc.)	Subscriber Services	12.0	\$2,657.08	\$31,885.00	\$15,942.50	\$15,942.50
11010	Vehicle Maintenance (EM vehicles only)	Vehicle Maintenance	12.0	\$250.00	\$3,000.00	\$1,500.00	\$1,500.00
11005	Phone	Phone	12.0	\$1,676.25	\$20,115.00	\$10,057.50	\$10,057.50
11004	General Office Supplies (paper, pens, paper clips, etc.)	General Office Supplies	12.0	\$291.67	\$3,500.00	\$1,750.00	\$1,750.00
11003	Utilities (electric, water, gas, etc.)	Utilities	12.0	\$3,750.00	\$45,000.00	\$22,500.00	\$22,500.00
11002	Insurance (vehicle, building, etc.)	Insurance	12.0	\$1,670.83	\$20,050.00	\$10,025.00	\$10,025.00
11001	EOC Maintenance (copier, computer, generator, etc.)	EOC Maintenance	12.0	\$3,867.38	\$46,408.60	\$23,204.30	\$23,204.30





						\$96,789.80	\$96,789.80
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### ***Emergency Operations Center Supplies & Operating Expenses Justification***

*If supplies or operating expenses are included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.*

**11001 - EOC Maintenance:** Copier/lease maintenance contract, storm siren maintenance, and IT/internet maintenance through various vendors. This also includes maintenance on the following items: radios, A/V equipment, printers, UPS data center, network switches, and phone system. These services and equipment are utilized by OEM personnel.

**11002 - Insurance:** Building insurance (content and structure) utilized by OEM personnel and OEM vehicle liability insurance utilized by authorized OEM personnel.

**11003 - Utilities:** Gas, water, sewer, and electric through City Utilities, and weather alert utilities utilized by OEM personnel.

**11004 - General Office Supplies:** Pens, folders, clips, rubber bands, printer supplies, notebooks, post-it notes, calendars, document filing and storage needs, desk accessories and organization aids, flash drives, batteries, etc. purchased through various vendors and utilized by OEM personnel.

**11005 - Phone:** Regular office phone service, emergency elevator dial-up services, conference calls/webinars, voice lines, alert notification system, and wireless aircards/MiFis, which are utilized by OEM personnel.

**11006 - Other EOC Supplies/Operating Expenses/Maintenance:** Printer and plotter supplies for equipment in the EOC and Training Room, radio batteries, software upgrades and software maintenance contracts, replacement computers for the EOC, and various other supplies to outfit the EOC, which are utilized by OEM personnel.

**11007 - Dues & Subscriptions/Professional Memberships/Standards:** SMESO, MOEMA, IAEM, and other membership dues for OEM personnel.

**11008 - Postage:** Mail and shipping fees utilized by OEM personnel.

**11009 - Subscriber Services:** Satellite phone service utilized by OEM personnel.

**11010 - Vehicle Maintenance:** Repairs and general maintenance on the Ford F250, Trailblazer, Durango, Impala, and F450 (all OEM vehicles) utilized by OEM personnel.

### ***Emergency Operation Center Office Equipment***

Line Item Code:	Item Name:	AEL Category:	Quantity:	Unit Cost:	Total Office Equipment Costs:	Federal Portion:	Match Portion Provided:
						\$0.00	\$0.00

### ***Emergency Operations Center Office Equipment Justification***



*If equipment is included in the budget, provide justification for each expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.*

5000 Character Limit

## Total Budget

<b>Supplies</b>	<b>\$96,789.80</b>	<b>\$96,789.80</b>	<b>\$193,579.60</b>
Federal		Match	Total
<b>Office Equip</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Federal		Match	Total
<b>Total</b>	<b>\$96,789.80</b>	<b>\$96,789.80</b>	<b>\$193,579.60</b>
Federal		Match	Total

## Capitalization Level

*Enter your agency's capitalization level. This is the dollar amount which qualifying expenditures are recorded as fixed assets for your City/County.*

**Capitalization Level:** \$1,000.00

## Certification of Local Match

Type of Match:	Source Name	Match Amount
Hard	Greene County Budget	\$96,789.80
		\$96,789.80

## Supplanting

*I, as my agency's Authorized Official certify that any funds awarded through the Emergency Management Performance Grant (EMPG) shall be used to supplement existing funds for program activities and will not replace (supplant) non-federal funds that have been appropriated for the purposes and goals of the grant.*

**Select box to certify understanding:** Yes

**Authorized Official Title:** Presiding Commissioner

**Authorized Official Name:** Bob Dixon

**Authorized Official Phone** 417-868-4112



#:

Authorized Official  
Email:

bdixon@greencountymo.gov

Date Certified:

07/15/2021



## Other Attachments

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## Certified Application Assurance

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*To the best of my knowledge and belief, all data in this application is correct and the document has been duly authorized by the governing body of the agency. As the applicant agency, we attest to and will comply with the requirements of the 2021 Emergency Management Performance Grant - APRA.*

*I have read and am familiar with the following documents:*

*2021 EMPG ARPA Program Manual  
2021 EMPG Notice of Funding Opportunity*

*I have provided copies of these documents to the Authorized Official and Project Director.*

*Your typed name as the applicant represents your acceptance of the requirements of this application.*

Name:

Robbin Sawyer

Job Title:

Administrative Services Manager

Date:

07/09/2021





OFFICE OF THE PURCHASING DIRECTOR  
1443 N. ROBBERTSON AVE., SUITE 1000, SPRINGFIELD, MO 65802

BOB DIXON  
PRESIDING COMMISSIONER

RUSTY MACLACHLAN  
COMMISSIONER, 1<sup>st</sup> DISTRICT

JOHN C. RUSSELL  
COMMISSIONER, 2<sup>nd</sup> DISTRICT

July 12, 2021

To: Greene County Commission  
RE: Single Feasible Source Purchase

Commissioners:

The Highway Purchasing Department has determined the following item(s) are a single feasible source purchase and wish to enter the single feasible source purchase into the commission minutes.

Authorized Dealer: Summit Truck Group dealership of International OEM parts, sales, rental and service within 100 miles of Springfield, Missouri

Please see the attached correspondence provided by Summit Truck Group.

Pursuant with Section 50.783 RSMo., this intent to make a single source purchase was advertised and no competitive responses were received during the allotted period.

Regards,

*Tami Greene*

Tami Greene  
Purchasing Coordinator

By:

  
Presiding Commissioner

By:

  
Commissioner District 1

By:

  
Commissioner District 2







**To whom it may concern:**

**Please let it be known that Summit Truck Group is the only authorized dealer within 100 miles of the Greene County area for International OEM parts, sales, rental and service.**

**If there are any questions or concerns, please feel free to contact me at the below email, number, or address.**

**Kind Regards,**



**Aaron Arber**

**Parts Manager**

**o: 417-869-1551 m: 417-569-0509**

**a: 2635 E Diamond St | Springfield, MO 65803**

**w: [www.summittruckgroup.com](http://www.summittruckgroup.com) e: [Aaron.Arber@summittruckgroup.com](mailto:Aaron.Arber@summittruckgroup.com)**





OFFICE OF THE PURCHASING DIRECTOR  
1443 N. ROBBERTSON AVE., SUITE 1000, SPRINGFIELD, MO 65802

BOB DIXON  
PRESIDING COMMISSIONER

RUSTY MACLACHLAN  
COMMISSIONER, 1<sup>ST</sup> DISTRICT

JOHN C. RUSSELL  
COMMISSIONER, 2<sup>ND</sup> DISTRICT

July 1, 2021

News-Leader  
Phone 836-1164  
Fax #836-1147  
No. of Pages (1)

Attention: Legal Ads Department

Please publish the following Advertisement for Sole Source Purchases one time only on Friday, July 2, 2021.

**NOTICE OF INTENT TO MAKE SINGLE FEASIBLE SOURCE  
PURCHASE**

Greene County believes there is only a single feasible source from which to purchase the following items, and intends to make a purchase unless viable competition is established. Contact the Purchasing Department at 417-868-4019 by 9:00 a.m. on Monday, July 12, 2021 if you can supply the following:


- **Authorized International OEM parts, sales, rental and service.**

Please furnish a tear sheet as proof of publication. Refer to Account No.168837/417-868-4019 when invoicing.

Thank You,

*Tami Greene*

Purchasing Coordinator  
GREENE COUNTY HIGHWAY  
417 868-4019  
tgreene@greencountymo.gov

 **Public Notices**

**NOTICE OF INTENT TO MAKE SINGLE  
FEASIBLE SOURCE PURCHASE**

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