

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**

**Tuesday, August 31, 2021**  
**8:45 AM**  
**Commission Conference Room**  
**1443 N. Robberson, 10<sup>th</sup> Floor**

**PLEASE CHECK & RETURN**

☒ PC *blip*  
☒ CC1 *blip*  
☒ CC2 *blip*

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/GCCCommissionOffice>. 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.

**WARNING** Under Missouri law, any individual entering the premises or engaging the services of Greene County waives all civil liability against the individual or Greene County for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

**Attendees:** Bob Dixon, Rusty MacLachlan, John Russell, Chris Coulter, Megan Applegate, Jim Arnott and Larry Woods

**Teleconference Attendees:** Crystal Richards, Cindy Stein, Cheryl Dawson-Spaulding, Justin Hill, Jeff Scott, Mike Cagle, Tina Phillips, Phil Corcoran, Jeff Bassham, Jeff Bassham, Andrea Stewart and Mailyn Jeffries.

**Informational Items**

**Budget-Jeff Scott**

- Budgets due 09/01.
- ERA update

**Human Resources-Mailyn Jeffries**

- Employment law update, VESSA.
- Work comp audit update, results are coming in the next few weeks.
- 22 posted positions currently on website.

**Chris Coulter**

- Requests coming in for Jamestown Property

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

##### **(EX1)** Discussion and Possible Vote: SHSP Enhancing Cyber Security Local Awareness Grant Approval, OEM

Commissioner John Russell moved to approve the application for the SHSP enhancing cyber security local awareness grant and allow the Presiding Commissioner to sign. Commissioner Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

##### **(EX2)** Discussion and Possible Vote: EMPG Grant Approval, OEM

Commissioner John Russell moved to approve the application for the EMPG grant and allow the Presiding Commissioner to sign. Commissioner Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

##### **Discussion and Possible Vote: DPS Grant, Sheriff's Office**

Commissioner Rusty MacLachlan moved to approve the application for the DPS grant and allow the Presiding Commissioner to sign. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

##### **Discussion and Possible Vote: Financial Planner Position, Sheriff's Office**

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

##### **(EX3)** Discussion and Possible Vote: Salary Adjustment, Youth Leader Positions, Juvenile

Commissioner Rusty MacLachlan moved to approve the salary adjustment request for the youth leader positions. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

##### **(EX3)** Discussion and Possible Vote: Request to Move Clinical Coordinator Position from PT to FT, Juvenile

Commissioner John Russell moved to approve request for the Clinical Coordinator position to go from part time to full time. Commissioner Rusty MacLachlan seconded the motion and it passed unanimously. Yes: Dixon, MacLachlan and Russell.

#### **Other:**

Sheriff Jim Arnott gave an update on car inventory.

Current jail population is 1003. 21 municipal inmates, 252 federal inmates.

Jeff Scott gave update on the eviction moratorium that expired on August 26<sup>th</sup> 2021.

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  
*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 Agenda**

**Tuesday, August 31, 2021**  
**8:45 AM**  
**Commission Conference Room**  
**1443 N. Robberson, 10<sup>th</sup> Floor**

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/GCCCommissionOffice>. 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.

WARNING Under Missouri law, any individual entering the premises or engaging the services of Greene County waives all civil liability against the individual or Greene County for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

Informational Items

Budget  
Human Resources  
Chris Coulter

Items for Consideration and Action by the Commission

Discussion and Possible Vote: SHSP Enhancing Cyber Security Local Awareness Grant Approval, OEM

Discussion and Possible Vote: EMPG Grant Approval, OEM

Discussion and Possible Vote: DPS Grant, Sheriff's Office

Discussion and Possible Vote: Financial Planner Position, Sheriff's Office

Discussion and Possible Vote: Salary Adjustment, Youth Leader Positions, Juvenile

Discussion and Possible Vote: Request to Move Clinical Coordinator Position from PT to FT, Juvenile

Other:

Campus Security, Sheriff's Office

**Cox Medical Tower • 1443 North Robberson Avenue, 10<sup>th</sup> Floor • Springfield, Missouri 65802**  
**Mailing Address 940 Boonville Avenue • Springfield, Missouri 65802**  
**[www.greenecountymo.gov](http://www.greenecountymo.gov)**

# Missouri Department of Public Safety

## Application

128936 - FY 2021 SHSP Enhancing Cybersecurity Local Preparedness (ECSLP)

129384 - Crestron Equipment Upgrade

State Homeland Security Program (SHSP)

Status:

Editing

Submitted Date:

---

## Primary Contact

Name:\*

Ms

Robbin

Sawyer

Title

First Name

Last Name

Job Title:

Administrative Services Manager

Email:

rsawyer@greencountymo.gov

Mailing Address:

330 W Scott Street

Street Address 1:

Street Address 2:

\*

Springfield

Missouri

65802

City

State/Province

Postal Code/Zip

Phone:\*

417-869-6040

Ext.

Fax:

417-869-6654

---

## Organization Information

Applicant Agency:

Greene County Emergency Management Agency

Organization Type:

Government

Federal Tax ID#:

446000506

DUNS #:

095831228

Unique Entity ID:

SAM/CCR CAGE Code:

3QMR3

11/23/2011

Valid Until Date

Organization Website:

greenecountymo.gov/oem

Mailing Address:

330 W Scott Street

Street Address 1:

Street Address 2:

City\*

Springfield

City

Missouri

State/Province

65802

Postal Code/Zip

3859

+ 4

County:

Greene

Congressional District:

07

Phone:\*

417-869-6040

Ext.

Fax:

417-869-6654

## Contact Information

### Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicants elected or appointed chief executive. For example:

If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official

If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official

If the applicant agency is a State Department, the Director shall be the Authorized Official

If the applicant agency is a college/university, the President shall be the Authorized Official

If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts

If the applicant agency is an Regional Planning Commission or Council of Government, the Executive Director shall be the Authorized Official

**\*\*This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125\*\***

Authorized Official:\*

Mr

Title (Mr Ms, etc)

Bob

First Name

Dixon

Last Name

Job Title:

Presiding Commissioner

Agency:

Greene County Commission

Mailing Address:

1443 N Robberson Avenue, 10th Floor

Street Address 1:

Street Address 2:

\*

Springfield

City

Missouri

State

65802

Zip Code

Email:

bdixon@greenecountymo.gov

Phone:\*

417-868-4112

Office

Ext.

Cell



Fax:

417-868-4818

**Applicant Project Director**

Applicant Project Director:\*

Mr

Larry

Woods

Title (Mr.Ms.etc)

First Name

Last Name

Job Title:

Director

Agency:

Greene County Emergency Management Agency

Mailing Address:

330 W Scott Street

Street Address 1:

Street Address 2:

\*

Springfield

Missouri

65802

City

State

Zip Code

Email:

lwoods@greenecountymo.gov

Phone:\*

417-869-6040

Office

Ext.

Cell

Fax

417-869-6654

**Fiscal Officer**

Fiscal Officer:\*

Mr

Justin

Hill

Title (Mr.Ms.etc)

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:

\*

Springfield

Missouri

65802

City

State

Zip Code

Email:

jrhill@greenecountymo.gov

Phone:\*

417-868-4051

Office

Ext.

Cell

Fax

417-829-6196

**Project Contact Person**

Project Contact Person:

Mr

Brandon

Backlin

Title (Mr.Ms.etc)

First Name

Last Name

Job Title:

Network Administrator

Agency:

Greene County Emergency Management Agency

Mailing Address:

330 W Scott Street

Street Address 1:

Street Address 2:

Springfield

Missouri

City

State

Zip Code

Email:

bbacklin@greenecountymmo.gov

Phone:

417-869-6040

Office

Ext.

Cell

Fax:

417-869-6654

---

## Section A.1 through B.2

### A. Project Worksheet

A.1 Project Title:

Crestron Equipment Upgrade

A.2 Agency Name:

Greene County Emergency Management Agency

A.3 Region:

D

A.4 County:

Greene

A.5 Project Location Zip Code:

65802

A.6 Project Activity Type:

Establish/enhance cyber security program

A.7 Was this project previously funded with State Homeland Security Program (SHSP) funds?

No

A.8 Does this project increase capabilities (build/enhance), or does this project sustain capabilities at the current level?

Build/Enhance

A.8.a If you answered Build/Enhance to question A.8 provide an answer to the following question. Has your agency coordinated with other agencies to determine if the resources requested are currently available within the region/state?

No

*Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.*

A.8.b If answered yes to A.8.a, explain coordination efforts made by your agency, as well as the outcome of the coordination efforts.

A.9.a Project Description

We are wanting to upgrade our current integrated hardware/software which will update us from an insecure operating system to a secure system.

A.9.b Provide a summary of specific project actions/items that will be purchased with grant funds:

The following is a summary of specific items that will be purchased with grant funds: control system for audio/video, 10.1" wall mount touch screen, multi-surface mount kit, and shipping for all components.

A.9.c Provide estimated duration of the project (how long will it take to complete this project):

The estimated duration of the project is one to three months, with no loss of facility functionality.

A.9.d What are the objectives this project is designed to accomplish? (the purpose of the project)

The objective is to secure the Greene County network through updating security weak points which exist in our building.

A.9.e How does this project align with/increase terrorism preparedness for your agency/region/state?

This will assist in preventing cyber intrusion and possible cyber ransomware situations.

A.9.f By checking this box the applicant agency attests the requested project works to close gaps and strengthen capabilities identified in their agencies' Nationwide Cybersecurity Review (NCSR) or other cybersecurity risk assessment. **Note: The NCSR or other cybersecurity risk assessment is subject to review by the Missouri Office of Homeland Security (OHS).**

Yes

A.9.g How does this project close gaps and strengthen capabilities identified in your agencies' Nationwide Cybersecurity Review (NCSR) or other cybersecurity risk assessment?

There are primary control points within our EOC network. The control point operating system is based on Windows XP. This operating system is historically known for its ability to be compromised. With the system being end-of-life, even its firmware cannot be updated. Due to the configuration of the control system, it must be integrated into the County government network in order to control the facility functions.

A.9.h Why is this project necessary for the region/state?

The facility hosts the primary Multi-Agency Coordination Center (MACC) for the region. As such, vulnerabilities in this control system could lead to significant negative impacts to being able to facilitate MACC operations.

A.10 Please discuss the future sustainment plan for the requested item(s) in the application.

These hardware components will be sustained by in-house information technology staff.

## B. Project Capability, THIRA and Dual Use

Please review the State FY 2019 MO THIRA and FY 2020 MO SPR to determine the following:

B.1 Which Primary Core Capability best aligns to this project?

Cybersecurity

B.2 How does this project impact the Capability Target listed on the State THIRA/SPR for the Core Capability chosen in B.1?

This project is directly related to cybersecurity. By replacing these components, it will eliminate a large gap in the County network.

1000 Character Limit



**B.3 If this project is dual use, please describe how this project supports terrorism preparedness, and how this project increases preparedness for other hazards unrelated to terrorism: (both terrorism preparedness, and other unrelated hazards)?**

*Dual use are activities, which support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use. 1000 Character Limit*

**B.4 Please review the National Priorities in the FY 2021 SHSP Notice of Funding Opportunity.**

- 1. Enhancing Cybersecurity**
- 2. Enhancing the Protection of Soft Targets/Crowded Places**
- 3. Enhancing Information and Intelligence Sharing and Cooperation with Federal Agencies including DHS**
- 4. Addressing Emergent Threats**
- 5. Combating Domestic Violent Extremism**

**If this project aligns to a National priority, please select the priority below. (If your project does not align to a National priority, please select Not Applicable.)**

**National Priority:**

Enhancing Cybersecurity

## **C. Project Background**

**Complete Project Background Investment Justification alignment and Prior Accomplishments for each year *ONLY if proposed project was also funded with prior grant funds.***

**C.1 Was any portion of the proposed project funded with FY 2020 funds?:** No

**C.4 Was any portion of the proposed project funded with FY 2019 funds?:** No

**C.7 Was any portion of the proposed project funded with FY 2018 funds?:** No

## **D. Deployable/Sharable Resources**

**Deployable Resource:** Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.

**Shareable Resource:** Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).

**D.1 Does this project fund resources that are:** NA

**If answered Deployable in question D.1 complete questions D.2-D.8.**

**If answered Shareable in question D.1 complete questions D.2-D.4.**

**If answered NA in question D.1 skip to Section E.**

**D.2 Item Name:**

**D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s)?:**

*250 Character Limit*

**D.4 Special conditions/requirements on sharing the deployable/shareable resource(s):**

*Example: Specific requirements of equipment, operator, etc.  
250 Character Limit*

*FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.*

D.5 Is deployable resource NIMS Kind & Typed?:

D.6 Deployable Resources

Kind & Type Name(s):

*Example: Mass Casualty Support Vehicle  
250 Character Limit*

D.7 Deployable Resources

Kind & Type ID(s):

(ID x-xxx-xxxx)

*Example: ID 3-508-1032 Vehicle  
250 Character Limit*

D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:

*250 Character Limit*

## E. Audit Details

E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year? **Yes**

*If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.*

E.2 Date last audit completed: **07/21/2020**  
MM/DD/YYYY

*If an agency has never had an audit, please enter the date of their last annual financial statement.*

E.3 By checking this box the applicant agency understands they are required to upload a copy of the agency's most recent completed audit (or annual financial statement) in the Named Attachments section of this application: **Yes**

## F. Risk Assessment

F.1 Does the applicant agency have new personnel that will be working on this award? **No**

*New personnel is defined as working with this award type less than 12 months.*

F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award? **No**

*New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.*

F.3 Does the applicant agency receive any direct Federal awards? **No**

*Direct grants are grants that you apply directly to the federal government for and there is no intermediary agency such as OHS.*

F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year? **No**

## G. National Incident Management System (NIMS)

G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent, protect against, mitigate, respond to, and recover from incidents?: **Yes**

G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?: **Yes**

G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?: **Yes**

G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?: **Yes**

G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?: **Yes**

G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?: **Yes**

G.7 Has your agency designated a point of contact to serve as the principal coordinator for the implementation of NIMS? **Yes**

G.8 Has your agency adopted NIMS terminology for the qualification, certification, and credentialing of incident personnel? **Yes**

G.9 Does your agency use the NIMS Resource Management Process during incidents? (identify requirements, order and acquire, mobilize, track and report, demobilize, reimburse and restock) **Yes**

G.10 Does your agency implement JIS for the dissemination of incident information to the public, incident personnel, traditional and social media, and other stakeholders? **Yes**

G.11 Does your agency use MAC Groups/Policy Groups during incidents to enable decision making among elected and appointed officials and support resource prioritization and allocation? **Yes**

G.12 Does your agency organize and manage EOC's and EOC teams consistent with pertinent NIMS guidance? **Yes**

G.13 Does your agency apply plain language and clear text communications standards? **Yes**

G.14 Does your agency develop, maintain, and implement procedures for data collection, analysis, and dissemination to meet organizational needs for situational awareness? **Yes**

*If answered No to any questions G.1-G.14, please explain planned activities during grant period to strive towards being NIMS compliant.*

G.15 Planned Activities:

H. Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

#### SHSP Certified Assurances

H.1 By checking this box, I have read and agree to the terms and conditions of this grant: **Yes**

In order to be considered eligible for funding, the correct Authorized Official must be designated and have knowledge of the certified assurances associated with this funding opportunity. If the incorrect Authorized Official is listed in H.2 of the application, the application will be deemed ineligible for funding.

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract and is generally the applicants elected or appointed chief executive. For example:

If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official

If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official

If the applicant agency is a State Department, the Director shall be the Authorized Official

If the applicant agency is a college/university, the President shall be the Authorized Official

If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, this includes Fire Protection Districts.

If the applicant agency is an Regional Planning Commission (RPC) or Council of Government (COG), the Executive Director shall be the Authorized Official

If a designee is being utilized to authorize the application, the Missouri Department of Public Safety (DPS) reserves the right to request documentation that indicates the designee has the authority to legally bind the applicant into a contract in lieu of the Authorized Official at the time of application submission.

**\*\*The above list is not an all-inclusive list. If you do not fall into the above listed categories, or if you are unsure of who the Authorized Official is for your agency, please contact the Missouri Office of Homeland Security at (573) 522-6125.\*\***

#### H.2 Authorized Official

Name and Title:

Bob Dixon, Presiding Commissioner

H.3 Name and Title of person completing this proposed application:

Robbin Sawyer, Administrative Services Manager

H.4 Date:

08/27/2021

---

## Personnel

| Name: | Position Title: | Position Status: | Employment Status: | %of time spent on this grant funded activities: | Requested Personnel Cost: | Discipline: | Function: | Allowable Activity: |
|-------|-----------------|------------------|--------------------|---|---------------------------|-------------|-----------|---------------------|
|       |                 |                  |                    |   | \$0.00                    |             |           |                     |

---

## Narrative Justification - Personnel

n/a

Personnel Benefits

| Name: | Benefits % of Salary | Requested Benefit Cost: | Discipline: | Function: | Allowable Activity: |
|-------|----------------------|-------------------------|-------------|-----------|---------------------|
|       |                      | \$0.00                  |             |           |                     |

Narrative Justification - Benefits

n/a

Travel

| Item Name: | Category: | Explanation of Other Travel: | Total Cost: | Discipline: | Function: | Allowable Activity: |
|------------|-----------|------------------------------|-------------|-------------|-----------|---------------------|
|            |           |                              | \$0.00      |             |           |                     |

Narrative Justification - Travel

Travel Justification

n/a

Equipment

| Line Item Name:   | AEL #:       | Qty: | Unit Cost: | Total Cost: | Sustainme nt: | Discipline:    | Function: | Allowable Activity:                 |
|---|--------------|------|------------|-------------|---------------|----------------|-----------|-------------------------------------|
| MC4-R 4-Series Control System for Crestron                  | 04HW-01-INHW | 3.0  | \$800.00   | \$2,400.00  | No            | Cyber Security | Equipment | Cybersecurity Enhancement Equipment |
| TSW-1070-B-S 10.1 in. Wall Mount Touch Screen, Black Smooth | 04HW-01-INHW | 6.0  | \$1,866.67 | \$11,200.02 | No            | Cyber Security | Equipment | Cybersecurity Enhancement Equipment |

|  |              |     |          |          |    |                |           |                                     |
|--|--------------|-----|----------|----------|----|----------------|-----------|-------------------------------------|
| TSW-770/1070-MSMK-ANG-B-S Multisurface Mount Kit | 04HW-01-INHW | 4.0 | \$133.33 | \$533.32 | No | Cyber Security | Equipment | Cybersecurity Enhancement Equipment |
| Shipping   | 04HW-01-INHW | 1.0 | \$350.00 | \$350.00 | No | Cyber Security | Equipment | Cybersecurity Enhancement Equipment |
| \$14,483.34                                      |              |     |          |          |    |                |           |                                     |

### Narrative Justification - Equipment

Our currently running panels run on Windows XP embedded; which is a very insecure operating system. Our current touch panels also went into an 'End of Life' status long ago, so Crestron is not issuing firmware/operating system updates for them. New Crestron touch panels run Android, a much more secure operating system. This purchase will allow us to further secure our computer network while not losing any operational functionality. The ability to effortlessly move information around our Public Safety Center is crucial in expediting the decision-making process.

### Supplies/Operations

| Supply/Operation Type: | Item Name: | Qty: | Unit Cost: | Total Supply or Operation Expense Cost: | Discipline: | Function: | Allowable Activity: |
|------------------------|------------|------|------------|---|-------------|-----------|---------------------|
|                        |            |      |            | \$0.00                                  |             |           |                     |

### Narrative Justification - Supplies/Operations

n/a

### Contractual

| Item Name: | Type of Contract: | Contract Amount: | Discipline: | Function: | Allowable Activity: |
|------------|-------------------|------------------|-------------|-----------|---------------------|
|            |                   | \$0.00           |             |           |                     |



## n/a

|                           |             |
|---------------------------|-------------|
| Total Personnel:          | \$0.00      |
| Total Benefits:           | \$0.00      |
| Total Travel:             | \$0.00      |
| Total Equipment:          | \$14,483.34 |
| Total Supplies/Operation: | \$0.00      |
| Total Contractual:        | \$0.00      |
| Total Project Cost:       | \$14,483.34 |

[illegible]

## AUDIT REQUIREMENTS

---

An audit is required for the agency fiscal year, when STATE financial assistance, (which consists of funds received directly from the State of Missouri, but does not include federal pass-through funds), of \$250,000 or more is expended by the applicant agency.

➤An audit is required for the agency fiscal year, when FEDERAL financial assistance, (which consists of funds received directly from the Federal Government or federal funds passed through state agencies), of \$750,000 or more is expended by the applicant agency.

➤No audit of any type is required when STATE financial assistance of less than \$250,000 or FEDERAL financial assistance of less than \$750,000 is expended. However, the recipient must maintain detailed records on grant activity required for such grants.

➤NOTE: The State Auditor of Missouri audits all state agencies, third class counties, and all judicial circuits. First, second, and fourth-class counties and other local political subdivisions and not-for-profit agencies must make arrangements with a private CPA firm to perform an audit.

---

This section must be completed **even if your agency is not required** to submit an audit to the Missouri Department of Public Safety.

1. Date of last audit: 7/21/20
2. Date(s) covered by last audit: 01/01/19 - 12/31/19
3. Last audit performed by: KPM CPAs, PC  
Phone number of auditor: 417/882-0904  
Lead Auditor: Rebecca Baker (rbaker@kpmcpa.com)
4. Date of next audit: Summer 2021
5. Date(s) to be covered by next audit: 01/01/20 - 12/31/20
6. Next audit will be performed by: KPM, CPAs, PC  
Phone number of auditor: 417/882-0904
7. Total amount of funds received from **ALL** entities **INCLUDING** the Department of Public Safety: Federal Amount: \$1,750,943 State Amount: \$68,230
8. Harvester Report ID for audit year: 848618
9. Were equitable sharing expenditures included in the SEFA: Yes

Agency: Greene County Missouri

Phone: 417/868-4120

Signed:   
*Effective 2016*

Date: 09/19/20



We have prepared a quote for you

**Greene County Local Government Material Only**  
**Crestron TSW-1070-B-S**

Quote # 000755  
Version 1

Prepared for:

**Greene County Local Government**

Joshua Helms  
jhelms@greencountvmo.gov

## Material

| Manufacturer Name | Manufacturer Part Number  | Product Description  | Qty | Price      | Ext. Price  |
|-------------------|---------------------------|--|-----|------------|-------------|
| Crestron          | MC4-R                     | 4-Series Control System for Crestron Homeâ„¢ OS              | 3   | \$800.00   | \$2,400.00  |
| Crestron          | TSW-1070-B-S              | 10.1 in. Wall Mount Touch Screen, Black Smooth               | 6   | \$1,866.67 | \$11,200.02 |
| Crestron          | TSW-770/1070-MSMK-ANG-B-S | Multisurface Mount Kit for TSW-770 and TSW-1070 Series, Angl | 4   | \$133.33   | \$533.32    |
|                   |                           |  |     |            |             |
|                   | Shipping                  | Shipping   | 1   | \$350.00   | \$350.00    |
|                   | NEW                       |  | 1   | \$0.00     | \$0.00      |

Subtotal: **\$14,483.34**

## Greene County Local Government Material Only Crestron TSW-1070-B-S



## Prepared by:

**RoomReady**

Shaun Webb  
(309) 451-3999  
swebb@roomready.com

## Prepared for:

**Greene County Local Government**

330 W Scott St  
Springfield, MO 65802  
Joshua Helms  
(417) 868-4879  
jhelms@greencountymo.gov

## Quote Information:

**Quote #: 000755**

Version: 1

Delivery Date: 08/18/2021

Expiration Date: 09/16/2021

## Quote Summary

| Description               | Amount      |
|---------------------------|-------------|
| Material                  | \$14,483.34 |
| Total: <b>\$14,483.34</b> |             |

Notes: Quote does not include services from ZDI

Payment Terms: Material only orders are required to prepay by credit card. If credit card is not available, purchase orders are accepted, however materials are not released until payment is received.

RoomReady

Greene County Local Government

Signature: \_\_\_\_\_

Name: Shaun Webb

Title: Account Executive

Date: 08/18/2021

Signature: \_\_\_\_\_

Name: Joshua Helms

Date: \_\_\_\_\_

### Youth Leader Analysis

Assumes all funded youth leader positions are fully staffed through year-end  
for the final 10 periods of 2021.

|  |                       |
|--|-----------------------|
| 5 FTE 100s @ 80 hrs/period * 10 periods * additional \$2.37/hour = | 9,480.00              |
| 7.65% FICA   | 725.22                |
| 8.4% LAGERS  | 796.32                |
| 5 FTE 50s @ 40 hrs/period * 10 periods * additional \$2.37/hour =  | 4,740.00              |
| 7.65% FICA   | 362.61                |
| Maximum additional cost  | 16,104.15             |
| Juvenile Detention vacancy savings to date (based on salary tool)  | 21,665.36             |
|  | <b>SAVINGS EXISTS</b> |

### Clinical Coordinator Analysis

Assume clinical coordinator moves from 20/hrs per week to 40 hrs/week  
with LAGERS and Insurance taking effect immediately.

|  |                       |
|--|-----------------------|
| 40 additional hours/period * 10 periods * \$29.09/hour =       | 11,636.00             |
| 7.65% FICA   | 890.15                |
| 8.4% LAGERS  | 977.42                |
| Insurance (4 months - estimate)                                | 3,323.36              |
| Additional cost  | 16,826.94             |
| Juvenile Courts vacancy savings to date (based on salary tool) | 74,550.30             |
|  | <b>SAVINGS EXISTS</b> |