

**PORTER COUNTY BOARD OF COMMISSIONERS
TUESDAY, JULY 24TH, 2023
5:30 P.M.**

(The entire meeting is available to watch on the Porter County website.)

The Regular meeting of the Porter County Board of Commissioners convened at 5:30 p.m. on Tuesday, July 24th, 2023 in the Commissioners' Chambers of the Administration Center.

Those present were: Commissioners Laura Blaney, Barb Regnitz, Jim Biggs and County Attorney Scott McClure; Executive Administrative Asst. Melanie Massey and Recording Secretary Kathy Merle not in attendance.

Call to Order/Pledge

Com. Biggs, Welcome everyone to our July 24th regular meeting of the Porter County Board of Commissions.

CONSENT AGENDA

Approval of Payroll – July 21st, 2023.

Approval of Claims – July 13th and July 20th, 2023.

Approval of Minutes for June 26th, 2023.

Com. Blaney, moved to approve the Consent Agenda, Com. Regnitz, second, motion carried.

ANNOUNCEMENTS

Seeking applications for the West Porter Fire District Board. You must be a Porter County resident of Lakes of the Four Seasons. The applicant will complete the remainder of the term of Jack Weber which will end on December 31st, 2024. The deadline for applications is August 3rd and the appointment will be made at the August 8th's meeting.

Sheriff's Residence.

Com. Regnitz, I just want to remind people that anyone that is interested in leasing out the Sheriff's residence we are going to be doing a walk-through of the building on Wednesday, July 26th. That is this coming Wednesday at 10 a.m. If anyone needs the address or any other information you can stay after the meeting and we'll talk about that.

Com. Biggs, Just one other thing. It is not on the agenda but I wanted to point out that this is Curt Elis' last meeting. Curt is retiring. He had a full head of black hair when he started here. I just want to tell you we really appreciated the job that you've done. You basically blazed the trail for that position. It didn't exist before you show up so thank you. Thank you for those 3 a.m. text messages as well.

HIGHWAY DEPT. – JIM POLAREK, DIRECTOR

Local Technical Assistants Program - Awards presented to employees who have completed the Road Builder Program.

Mr. Domonkos, My name is Rich Domonkos. I'm a program manager with the Indiana Local Technical Assistance Program. I'm here to do the favorite part of my job and that is handout awards. Everything else is work. This is fun. I want to thank you for the opportunity. I will be very, very quick. I wanted to give you a little context of what the award is. It's our Road Building Program at Indiana ITAP. We're a resource for our cities, towns and counties. Our Road Builder Program has been around since 2004 and Porter County has a rich history with the program with several graduates over that time frame. So what we're going to do today is we're going to add six new names to that list from the Porter County Highway Dept. That list currently includes 228 World Builder graduates, 79 Master Road Builder graduates from 98 different cities, towns and counties across the state of Indiana. It is a great achievement for the

county. For the individuals who took the time to complete the program and certainly, hopefully that translates into a reward for them. And then also in their work for the residents of Porter County. We'd like to recognize Sean Calvin, Jeremy Laid, Jim Polarek, Justin Smith, Mike Wallace, Robert Goodman and Timothy Richardson. I know he's in Florida but we would also like to recognize Sean Calvin for receiving his Master Road Builder which is the next level of achievement in the program. I mentioned that because it's also an achievement for the county having devoted the time to make sure that the County Highway workers are able to grow and learn is a wonderful achievement. I would say over the years that I've been doing this program Porter County is one of those counties that kind of lead the way in that. So congratulations to all of you.

Com. Regnitz, Thank you so much.

COMMISSIONERS

An Ordinance Amending Chapter 12 Health and Safety by the Addition of Article XIII – Prohibition on the Retail Sale of Dogs, Cats or Rabbits by Pet Shops – 2nd Reading.

Com. Regnitz, moved to approve an Ordinance Amending Chapter 12 Health and Safety by the Addition of Article XIII – Prohibition on the Retail Sale of Dogs, Cats or Rabbits by Pet Shops on 2nd Reading, Com. Blaney, second, motion carried.

An Ordinance Establishing a Non-Reverting Fund #4001 for the Deposit of Rental Income from Porter County Government owned Properties – 2nd Reading.

Com. Regnitz, moved to approve an Ordinance Establishing a Non-Reverting Fund #4001 for the Deposit of Rental Income from Porter County Government owned Properties on 2nd Reading, Com. Biggs, second, motion carried.

Com. Blaney, Opposed.

A discussion regarding the Transfer of Funds which come before the Commissioners.

Com. Biggs, It has been brought to my attention earlier this year our department heads come before this Board for a simple transfer of funds within their budget. Then they go in front of the Council to have a final approval. I brought it to the Commissioners attention because I felt it unnecessary to come before this Board. Unless someone can point something out to me that I'm missing because at the end of the day it is the fiscal body that is going to make that decision. So why come before us to begin with? Entertain discussion. Scott.

Atty. McClure, The logic for why the rule was put into place originally about seven or eight years ago was because and this only applies to the Commissioners actual departments. It was to have a situation in which one of your departments that you are in charge of their department head you are aware and have the ability to ask questions before they are in front of the Council. The reason it came up in the past was that if you had the Highway Dept. or the Expo making a request if it doesn't go through the Commissioners' agenda then you could have that department go to the Council ask for something that this Board is unaware of it. What ended up happening in the past was the day of the Council meeting you would start getting calls of why this department was asking for this and whether or not this Board was aware at that moment was the problem. That is why we put it on the agenda. So at that point the Commissioners all had an opportunity to say yes we were well aware of the transfer or the additional. This is why they're doing it. We heard it at our meeting. We approved it and support it. That was the underlying logic. I'm aware that it holds no weight legally. This Board is not the fiscal body but that's why it was only for the Commissioners' departments themselves. So that you wouldn't have that situation, but if we want to come up with a different scenario that's fine. It was designed to not get the call Tuesday morning why is department xyz asking for something. Whoever that Councilman is calling on this three headed Board may or may not know why IT has a request or Highway has a request or Expo has a request. So that is why it was confined down to the Commissioners. That was the logic. Whether or not this Board wants to continue with that is up to the Board. That is the reason. Not to confuse people that somehow you are approving transfers. In reality you are approving your department head to make the request with the blessing of this Board when they are in front of the Council because they had to go through this. The Commissioners have seen it and have voted on it. So it can't be a surprise to anyone. That was the trailing logic.

Com. Biggs, Do you agree Laura?

Com. Blaney, Yes.
Com. Biggs, Do you agree Barb?

Com. Regnitz, Yes.

Com. Biggs, Never mind. We're good.

Skillman – A Proposal of Construction Management Services for the Renovation of the Memorial Opera House.

Schmidt Associates – A Proposal of Services for the Renovation of the Memorial Opera House.

Atty. McClure, You can do these together. We've done them once contingent on the Council appropriation. The motion was very precise on the date of that additional appropriation. That is why we are here again. We can take them both. They are the same ones we approved contingent I believe two meetings ago.

Com. Regnitz, moved to approve Skillman and Schmidt's Proposals of Services for the Renovation of the Memorial Opera House, Com. Blaney, second, motion carried.

Com. Biggs, Is that thunder that I hear.

Com. Blaney, I voted for it the last time.

Com. Biggs, We're actually getting to a vote. Thank you both. Barb for the hard work you've done and Laura for the hard work you've done over the years trying to get to this point. I know it's not perfect. I know it's not everything all of us wanted. Some of us wanted the add-on and some of us didn't but what we can come away with today is that building is now going to get renovated. So that is a good thing.

HEALTH DEPT. – CARRIE GSCHWIND, DIRECTOR

An Ordinance Establishing a Non-Reverting Fund #8917 for Tobacco Prevention from the Health Innovation Partnerships and Programs/Health Issues and Challenges Grant – 1st Reading.

Ms. Gschwind, There is a group of Health Initiatives and Challenges Grant that we're offered through the state for various different health initiatives. We had received the Lead Grant and also one for Tobacco. It's specifically to assist the Porter County Tobacco Coalition with youth cessation. It is funding for a two-year period for salaries and wages. It would be a part-time person who would work a couple of days a week to go into the schools to present the program that the Tobacco Coalition has come up with.

Com. Biggs, So it would be two-part time positions?

Ms. Gschwind, No it will be one person that works a couple of days a week.

PUBLIC HEARING OPENED

Com. Biggs, Anyone wishing to speak against this ordinance? Anyone wishing to speak against this ordinance? Third call, anyone wishing to speak against this ordinance? Anyone in favor of this ordinance? Anyone wishing to speak in favor of this ordinance?

Ms. Higgins, I'm Carrie Higgins. I'm actually the program director of the Tobacco Coalition for Porter County. Our funding has been cut and so we really have not programming going into the schools in Porter County right now for prevention and education. We have a great program that we can take into the schools but our grant only allows us to train teachers to do that or train other folks and organizations. As you know teachers have plenty to do. They don't want one more thing to do. We are hoping with this extra funding that is coming from the state that we would be able to actually get someone into our schools to help with the vaping epidemic and our kids. That would be a great help to the Coalition.

Com. Biggs, Third and final call anyone wish to speak in favor of this ordinance?

PUBLIC HEARING CLOSED

Com. Blaney, moved to approve the Ordinance for Tobacco Prevention on 1st Reading, Com. Regnitz, second, motion carried.

FACILITIES – DANIEL SULLIVAN, DIRECTOR

Hydro Management – A contract to provide monthly monitoring and treatment of closed-loop water systems used in HVAC such as boiler and cooling tower loops at the Valpo Courthouse, Portage Courthouse, JDC and the Admin. Building. At a monthly cost of \$698.50 or an annual cost of \$8,382.00.

Mr. Sullivan, This is basically a means of maintaining the investment we've made in those new boilers a few years ago. It keeps the water that is flowing through them and at just the right balance that doesn't cause corrosion and so forth. It is a pretty standard means of keeping those things running smoothly and getting as much as 50 years out of them which you would hope for a boiler. That is the hope.

Com. Regnitz, moved to approve Hydro Management, Com. Regnitz, second, motion carried.

DEVELOPMENT & STORM WATER MNGMNT. – BOB THOMPSON, DIRECTOR

A request for a zoning map amendment from A1, General Agriculture District to I2, General Industrial District. Petitioner - Nelson Schoon, Project Ribeye – 2nd Reading.

Mr. Thompson, It was approved first reading with written commitments. The written commitment document I believe was signed and sent down to the Commissioners for review. It did have the items that were requested by the Planning Commission plus we added the hours of operation as the Commissioners requested at their first reading.

Com. Biggs, Any questions by the Board?

Com. Regnitz, moved to approve the zoning map amendment from A1, General Agriculture District to I2, General Industrial District. Petitioner - Nelson Schoon, Project Ribeye on 2nd Reading with the written commitments, Com. Blaney, second, motion carried.

NORTHWEST INDIANA NOW – JULIE STORBECK

A request to use the Courthouse grounds on Monday, July 31st from 5:30 pm to 8:30 pm to hold a vigil on the eve of the enactment of the SB1 abortion ban. They will provide information on their work to enact the ERA, their work of gender equality and what reproductive healthcare is still legally available. They will have tents set up for voter registration, water stations and first aid. There will also be banners.

Com. Blaney, moved to approve the use of the Courthouse grounds, Com. Biggs, second, motion carried.

Com. Regnitz, Opposed.

VALPO EVENTS – KATIE ABEL

A Request to use the Courthouse grounds on Saturday, September 9th, 2023 for the 44th Annual Popcorn Festival. On site will be a tent, popcorn tent with industrial popping machines, medic tent, and water station. NWI Tents will begin tent setup on Wednesday, Sept. 6th. They are also requesting the use of the judge's parking lot after close of business on Friday, September 8th for EMS/medic setup needs. They would also like access to the roof at 157 Franklin to use the antenna and use of the parking spots not occupied by the 911 employees in the lot at 157 Franklin for handicapped parking, which they will have Porter County Sheriff's monitoring throughout the day.

Com. Regnitz, moved to approve the request for Popcorn Fest, Com. Blaney, second, motion carried.

POPCORN FEST PARKING GARAGE FEES

Atty. McClure, We have an agreement with the City of Valparaiso. There's certain payments made that allowed that parking garage to remain free and opened during the day and evening. As part of that agreement it was contemplated and what we've done since that agreement is during the Popcorn Fest itself we have our parking garage available but it is \$10.00 to park in it for the day.

Com. Biggs, We were doing this last year.

Ms. Massey, Many years.

Atty. McClure, This isn't new.

Com. Regnitz, Let's raise it to \$15.00 or \$20.00.

Com. Biggs, Things are coming right now. I know where you're coming from. I don't want to do that.

Com. Blaney, moved to approve the \$10.00 charge per car in the Admin. Garage for Popcorn Fest, Com. Regnitz, second, motion carried.

SEA-4 - DISCUSSION

Com. Regnitz, I just want to repeat what I said at our last meeting in case someone is not familiar. This started off as Senate Bill 4. It just was the Health Bill and once this legislation went into effect the name changed to Senate Enrolled Act 4. This legislation actually went into effect on July 1st. I know a number of people have been emailing us either encouraging us to opt in or opt out of the legislation. And actually we have no control over the legislation. It did go into effect on July 1st however I know what we are going to be talking about today. I wanted to let anybody that is interested that if you download the SEA-4 legislation document from IAG.IN.GOV there are five sections that do pertain to opting into the additional funding. And if you want to make a note of them it is 19, 43, 47, 50 and 51. So those five sections of SEA-4 apply to the conversation we're about to have.

Dr. Stamp, Thank you for clarifying that Commissioner. In fact my mother was looking at the agenda today for tonight's meeting and she said Maria I don't see you on here. So I went back and furious looked at the agenda. I said oh it's SEA-4 now. Having to know what that means helps.

Ms. Gschwind, I apologize we got up here a little bit late but in the back there are the sheets about the Governor's Public Health Commission itself. And then also about our local funding. Just kind of for those in the back for everybody to see. Thank you so much Commissioners for having us here to discuss the Health First Indiana Initiative that's what the robust funding portion of it is called.

Com. Biggs, Carrie are any of your board members here today? Can you please sit up in front? The reason I'm doing that is pouring over that legislation what is crystal clear is the Board of Health plays a pivotal role here. A huge role along with the Board of Commissioners. I'm as eager to here from Dr. Stamp and Carrie and you all as well as we move along with this.

Ms. Gschwind, Thank you so much. Next slide please. The reason that we have two numbers up here is because the graphic shows the State of Indiana with the 45 counties that had opted in as the last Monday as of this morning. It's actually 54 counties that have currently opted into the funding. When you look at our funding information we are going to talk about our potential funding for next year you will see that we are using that minimum amount. We are at the point where enough counties have opted in and they do expect more that we would be potentially receiving that minimum funding amount for Porter County. On this next slide you can see we just kind of used the approximate 1.3 levy average. That is the average of the 2021, 2022 and 23 levies would be the Porter County portion for this year going forward and then that minimum funding amount for the potential funding. This is an initiative that is a Public Health infrastructure bill. It gives local health departments what's intended to be appropriated ongoing funding to analyze the needs in their community knowing that each county in Indiana is going to have different gaps and different needs. And be able to develop programs to meet those needs either in house or by working with other organizations in the area. So to receive the funding the local County Commissioners would need to opt in. This shows a commitment for the

Commissioners to work with the Board of Health and the Health Dept. to support Public Health. Both in our program development and in ongoing funding. This shows that co-funding amount potential for 2024. And then again the potentially for 2025 going into the second year. Next slide. The expectation from the Indiana Dept. of Health is that we would fund core services and we would spend at least 60% of the funding on the core services that you see on this first slide. These are the services that are the health issues across the state and then up to 40% can be spent on services that you more frequently see as like the regulatory services. So for the 60 to 100% these are what we see as nursing or health educated related services. They are going to involve collaborations with multiple divisions of our department. For example vital statistics and nursing are both involved in fatality review. Operations and fatality review boards and nursing, foods and environmental divisions work together on communicable disease outbreaks. Next slide. These are considered our regulatory services. They're important for healthy backgrounds, healthy environments but often they're behind the scenes. We do perform most of these core services. However for Vector Pest Control our environmental health supervisor does have his pesticide applicator's license. We do see this as an area where we can grow in the future in this core service. So as you can see this is a really ambitious list of core services. We do a really great job in Porter County. We do provide most of these services on some scale but there are some that we are not completely equipped to provide. With this funding we would be able to contract some services. We would also potentially be able to administer some sub grants where we would partner with other agencies to provide some of the services and grant some of the funds.

Dr. Stamp, Next slide. In anticipation hopefully of Porter County opting in to the Health First Indiana we have begun some planning. We wanted to give you a timeline of what we have done so far and what we anticipate doing in the coming months to allow us to develop and improve our services intentionally. I believe in front of you, you have a copy of our assessment. The large spreadsheet there of our current services in these core areas and how much staffing goes into the services. What needs to be done to meet the initial KPI's, those are key performance indicators. You will hear that word a lot going forward. This spreadsheet was developed by a Board of Health member. Most of our Board of Health members have had the opportunity to contribute to the document either directly or indirectly by way of recommendation already. We have course welcome collaboration and it's required with the Commissioners as had been said here before. The Commissioners see and hear a lot about areas of needs in Porter County. That is really important to have you all involved too. This is a working document not quite ready for prime time but we'll talk a little bit later about how that will get out to the public when it's time. Internally we have developed a basic Public Health survey and have released it on a smaller scale. We have received some community response. We're looking at collating that information coming up here. We're looking to tailor this survey to be a little bit more specific to different areas to get input from areas like health care providers from businesses and from other service providers too. So hopefully that will help guide our planning. We did reach to the Pierce Group which is a health care consulting firm and received a proposal for a formal community needs assessment that we're going to bring before our Board in August hopefully for approval. Then we go forward with this needs assessment. This is the group that did the suicide prevention assessment for Porter County last year and they came very highly recommended. So we believe that having an outside organization engage our stakeholders and review our data will kind of help us prioritize our needs and hone in our programming. We have funding currently to complete the health care needs assessment with the Pierce Group. So our hope is to actually have this project completed this fall. We don't have to wait for funding January 1st to get this started. This slide and the next slide. Understanding that our budget is due on September 1st to the Indiana Department of Health which is coming up here pretty quickly. We have started work on this. Also the state is really looking to make sure that the funding that the Health First Indiana funds could provide go towards that 60/40 requirement. Of course if we had all nursing needs and needed to spend more than 60% that would be just fine. They just don't want to see us spending more than 50% of the money on food inspections or one of the regulatory issues unless that is really needed in the county and then waivers are actually available for that too. It's really great and flexible for the needs of the county. We'll start with that and adjust it as need be. They understand that submitting our budget is coming up quickly. And that there will be changes, so they understand that. We just need to keep an open line of communication with the Department of Health about that too. Next slide. So this is the budget and then going forward once we have determined what we will be able to do in-house and what we will need to work with our partners for then we will develop our job descriptions, MOU's, grant opportunities. Post those positions, higher and then this coming year in 2024 the Indiana Department of Health would like the counties to develop their own KPI's. So that we have metrics to look at and go forward to make sure we're meeting them and guide our programming appropriately. The next slide is a screenshot of the budget template that we need to submit to the State Department of Health. I know it's really small and hard to read there but the point is the yellow line and the green line they're really focused on whether that 60% is there for funding in those nursing and

education services. I do like that they are requesting us to put our funding requests, our salaries and our FTE's toward a core service. We've never really looked at our budget that way. How much money of what we do is spent on any given area? We do have some big numbers that way and of course our grants are prescriptive that way but I kind of like this idea that we are looking at our services and figuring out really what in our budget is going toward what services we provide. Dr. Boxum our board chairperson is going to be talking about our next slide.

Dr. Boxum, Once we got wind of this bill we internally the Health Dept. started thinking about assessing the needs that we already provide. Whether this bill passed or not. This is something that was important for us to start looking into to assess what we provide. Are there gaps? What should we do to help improve upon those gaps? So started our own internal assessment along with reviewing Vital Statistics. Now since the bill has passed we've gotten some community survey reviews. We've just started some initial planning on how to start addressing those things. And I also want to thank you guys for letting us speak in front of you. We've been waiting for this for a while. The first item mentioned is linkage to care. What we've been calling it so far is the care coordinator. Access to care or for patients or for the public to know what to do. It can be confusing and people cannot know what the next step may be. They get handed a bad diagnosis, a questionable environmental act and they don't know where to go to next. So developing a person to be that human being to help direct them as to the next step to go. Then we can devise a relationship with different places to help be that gap filler and help people find the next step. Whether it be helping with maternal health or something in the environment that someone is dealing with but having that person on hand there to help out in that situation out I think instead of someone being overwhelmed with a daunting diagnosis. That person should be knowledgeable of the services in our area and then help find that care for the person in terms of whatever they may need. The next item would be maternal and child health. This is obviously a big topic for the state and for any local community. Maternal and child health is a priority for anyone in health care starting from the beginning of someone getting a positive pregnancy test. Where to go next. All the way through the pregnancy to have a healthy supported pregnancy and then postpartum care and the care of an infant and child. So all of those points need addressing and we would like to help develop further plans to help all of those points to improve maternal and child health care in our community. Chronic and disease prevention and screenings. This is a huge factor towards morbidity and mortality in our community to help people find screens. To be aware of when they should get their screens. What should they do if a screen test comes positive for diabetes or an STI? How do they get treatment for their chronic illnesses? I just read a study about there was so many people who had medications for blood pressure but weren't taking them appropriately. So just in terms of help and management of chronic diseases both in prevention, both in screening, and both in treatment as well. Trauma and injury prevention. Trauma and injury will be the number one reason for childhood deaths. So this is obviously a huge thing to continuously address and obviously with our elderly as well. So drowning, fall prevention, firearm safety these things may feel like they're out there but I think the more we drill these types of safety information towards people the less we can have accident injuries. Outreach, those of us who work in this community will find that a lot of times people just don't know how to get to us. We can now have more capabilities of getting out to those people who can't find us or get to us. And for us to develop plans to do that. A school liaison. We would love to have a full-time school liaison to always have that point of contact to our schools. Again like we had mentioned before to partnership with the tobacco coalition. We all know that vaping is a huge issue with our youth and to increase helping our schools and helping with our smoking and vaping scenarios would be something that would be extremely helpful and would be excited to start upon.

Dr. Stamp, I do have a couple of things that I would like to mention regarding this bill. They're a little bit more of the minutia. We need to keep in mind that any new position that we're creating with this funding, any grants or contracts or MOU's they'll need to be posted for 30 days. We do plan on our website to add a button or change a button to have a link to all things Health First Indiana regarding our County. That would include links to surveys, to the plans that we develop, to postings for hiring and contracts. Those types of things. Then also for instance if we go through with the community needs assessment that result would go on there. The assessment would go on there. Those kind of things so that everybody could find them in one place. Any KPI's we would develop those types of things would all go to this spot on our website.

Com. Regnitz, On that Community Needs Assessment is that going to be all areas of Public Health, the 60 and the 40 percent both areas?

Dr. Stamp, Yes.

Com. Regnitz, Good.

Dr. Stamp, We may as well do it thorough right off the bat. The funds are non-reverting. This first year is a planning year if um if there's something we need to save for whatever we can do that. The money doesn't need to go back to the state and stays in public health. We do expect our management costs to increase along with our programming increases to be honest and fair about this. And we do anticipate probably in the next year or so hiring somebody who will help us with Health Finance or Grant Management. They would work with the Auditors and with any sub-grantees that we would potentially have to make sure that the work is being done appropriately. And that the finances are being managed appropriately. That would just be too much for one administrator to do on their own. Then only 10% of these funds can be spent on capital purchases. If we need more than that in a given year we can kind of work the budget as the money from the county levy does not have that limitation on it. And it can be saved from year to year also. We do really need a bathroom in the Health Department to collect specimens. We'll be working on that post haste. I really appreciate the time you've allotted us to talk about this and we are happy to answer any questions we can answer for you.

Com. Regnitz, I do have a question. In terms of the ongoing assessment obviously you're going to do this great job of doing this needs assessment and I love that idea but as you move down the road are you going to have any sort of ongoing process where you will be able to continue to see? You know you might have some providers that just drop out of whatever they've been doing before and now you have a new gap. Or somebody else is picking up the slack in some area that you were covering before. So are you going to have somebody that's just going to scan the...

Dr. Stamp, Right, exactly. We certainly hope to. That is really the ideal way Public Health Works is you do an assessment. You find a need. Address that need and reassess and make sure that you're moving forward. We have not discussed with the Pierce Group yet. Going forward whether that would need to be done through them or whether that would be done through our KPI's that we develop internally. I see that if any key performance indicators we set based on our current situation in Porter County, if we are only looking at those we could miss new things, right. So we will need to always kind of have our finger on the pulse of what's going on in Porter County and address new needs and issues that arise and integrate that in with our services if it's something that that needs to be done. How that exactly looks just yet in what way we'll do that we aren't certain yet. The linkage to care position you were mentioning providers dropping out. I see this linkage this care coordinator person really understanding and knowing who is in the community providing what services and care. It's potentially a big position to get to know what all is available and how to get people plugged in. And then when people retire and when businesses close or organizations are no longer functioning in Porter County that's going to be on that person to keep everything updated along those lines as far as referral to care goes.

Com. Biggs, Did your board have the opportunity to review your presentation tonight?

Dr. Stamp, Everybody has seen the presentation. They've received a copy of it. We have not had a board meeting since June. Our next meeting is August 1st.

Com. Biggs, Well first of all let me say this. We've been given a huge gift you know every county in the state by the taxpayers. I know some state lawmakers want to say that was a gift from them. It's from the state taxpayers. So it's really going to be important that we all are communicating at every level to make this thing work. My experience in government has not been good when large sums of money have been flushed into an agency without proper planning and oversight. It almost always crashes and burns. And I just hope that at every step of the way your board is communicating with you and you're communicating with your board.

Dr. Boxum, I would like to add to that. In regards to that despite the fact that we haven't had meetings since June there has been a lot of email communication. I specifically put forth an email to our board for anyone to add anything that they would like to see included in this if they haven't felt that it has been. What items that they think that are important to address because all of us have different experiences in the community. Most of the board has responded with very specific ideas and plans.

Com. Biggs, And that's probably with a budget the size that it looks like. You're going to have to meet more than you've been meeting. You're going to have to do that if you're really going to stay up on this and monitor it. Especially this first year is going to be critical. You're all going to be trailblazers for the people who replace you one day. You're either going to get it right and it's going to be the model or you're going to get it wrong and be the example as to why it needs to be done different. Just one other thing I want to add here is that you all have a huge job in front of you. It's a huge job. I hope that our older residents, our senior residents because

we're we are an aging population here in Northwest Indiana Porter County that you're moving forward with them in mind. I'm not saying that because I'm getting old. We hear it as Commissioners about older people being able to get to the doctor. Somebody checking on them that sort of thing. And just please keep that in mind when you when you're moving forward. Thank you. Any other questions?

Com. Blaney, What do we need to do right now?

Atty. McClure, We need to have a motion and a second to opt in or opt out.

Com. Regnitz, moved to opt in for the additional funding for the Health First Indiana Program, Com. Blaney second, motion carried.

Com. Blaney, Thank you for all of your work and efforts on communicating to us what exactly this bill means and how we're going to move forward with the money. I'm looking forward to seeing a lot more of our population benefiting from our Health Department.

Com. Regnitz, I hope that we can see your board here more often as well because obviously this is a huge undertaking. You all have a very big responsibility and we'd love to hear your progress. And when you do come and when you do develop your health plan for Porter County I'd love for you to come back and share that with us.

Dr. Stamp, Excellent.

Dr. Boxum, Happily. I look forward to that.

Com. Biggs, Again it's a huge opportunity. Be the example how it should be done.

Dr. Boxum, It's exciting.

Com. Biggs, Thank you ladies.

Ms. Miller, My name is Dawn Miller. I just want to say how I'm disappointed that a \$5 million renovation project has been approved (Inaudible) 10 other counties that don't benefit from the MOH. The COVID ARPA money could have and should have been put towards various other things. One example would be the homelessness which is on the rise of many of the 11 Porter counties. That's all on that. On the SEA Bill why is it called funding? When I was speaking to Senator Charbonneau the money is coming out of his pocket and our pocket. So it's basically taxpayer foot money so. Thank you for your time.

Ms. Patelis, My name is Barbara Patelis. I actually live in Hobart Indiana but I'm here because your county offered this hearing today and public discussion. We went to the one in Lake County and they wouldn't even put it on the agenda have a public hearing or any discussion. However, we're faced with the same situation. I used to live in Portage. I think our legislators have done a disservice to us. Senator Charbonneau and Senator Kenley got the ball rolling. I want to read you some comments that Senator Kenley made. He's from Noblesville. He said the discussion of this bill is related to overcoming the pushback related to mandates. They want to act like it has nothing to do with mandates but this was actually the discussion "how to eliminate deviations". A deviator is a person who cherishes and practices freedoms. Senator Kenley from Noblesville even discussed re-education campaigns "for resisting counties there were legislators who had local health departments that wanted to operate autonomously without participating in the state program" and Senator Kenley said we need to loving support them in their misdirection. This doesn't sound like a legislature that was really in touch with its people. The young lady over there talked about surveys going forward. I kind of wish they would have done a survey before they started this because the taxpayers didn't ask for this bill. There are no metrics for this bill. I don't know how you can pass a bill and then do a whole litany of metrics and measurements afterwards. It's like Nancy Pelosi said the bill is so big you have to pass it to know what's in it. If the economy was down where is this big tax bump coming from. It makes no sense. What it actually means is that we have been over taxed if this \$1.6 billion is coming from tax money we've been over taxed. That money or the greatest portion of it should have been returned to the taxpayers like it was a few years ago when we got a tax refund. Why on the board is there a veterinarian and representative of the NAACP? What is that all about?

Com. Biggs, They're not out there to answer anybody's questions.

Ms. Patelis, I know it's a rhetorical question. I felt like there should be a mayor on this board. This is a board appointed by the governor. It's not elected by anyone. And I believe it's

true that in the discretionary money that people that they hire now, they were talking about new hires, they can pay off some of their student loans with that money. That's one of the things that's in there.

Com. Biggs, With this money?

Ms. Patelis, With the discretionary (Inaudible) yes.
Com. Biggs, I don't think that is in there.

Ms. Patelis, Well I think I read it there. So I guess that's all I have to say. I'm really disappointed in our legislators. It's kind of like we're doing the same job that we were doing before but we're doing it more. If they want to collect data on people as my legislator said my former legislator they redrew the district lines and she's no longer my legislator but she said wouldn't it be good to know how many people in the State of Indiana have tuberculosis. And I said well I guess so but you can just get an email or pick up the phone. Of course this was at the beginning. I've been following this bill for months. But anyway I guess it's going to be reassessed in two years. We can hope that it either works or that we can get rid of it. But you know when you establish a huge bureaucracy like this it looks like it's going to be, it's pretty hard to fire people. Just saying that. Thank you.

Com. Biggs, Ma'am I appreciate your concerns. I'm not I'm not asking a question. I just appreciate them. If this is not the right thing that to do, this piece of legislation, we're going to know fairly quickly.

Ms. Patelis, I appreciate the comments you said earlier.

Com. Biggs, I also know that serving in in County government for 20 years is that there's a lot of people out there that need help. People that you and I don't see on a regular basis. They're homebound. Many of them are children and my hope is that a year from now we can say without hesitancy we did the right thing here. I understand where you're coming from and Dawn is you as well. You're entitled to your opinions and I understand the concern. Trust me I have a lot of concerns. I still have concern that's why there's a responsibility on these people that sit on the board and work in the administration and with the employees. In general with the Board of Health. They have a huge responsibility here that they've never had before. When all this starts rolling. And that's why I said let's be the example of how it was done right. We'll get our opportunity so let's take advantage of it but thank you.

Mr. Pulard, My name is Johannes Pulard and I was a candidate for Indiana State Senate District Four last year and I'm running for Indiana State Senate again in 2026. I have a huge concern with Senate Bill 4. As I am going to be a candidate again I've been studying the way our general assembly works and I have spoken with former state reps and current state reps. I don't know how many of you are aware of what a caucus is. In the general assembly both houses hold caucuses. In the caucus they get to decide what bills are heard. What bills are not heard? And any representative that the Speaker of the House or the Senate President Pro Temp does not care about could be excluded from the caucus. Senate Bill 4 was voted for in one of those caucuses. It was voted for without hearing the opinion of the people of Indiana because the Senate President Pro Temp Roderick Bray and Speaker of the House Todd Houston and Governor Eric Holcomb both knew of the opposition across the state from about Senate Bill 4. My deepest concern about Senate Bill 4 is the centralizing of the health departments to be under the control of Indianapolis. And the next time they want to plan another pandemic like we had with COVID which I never bought as a pandemic from day one. Things did not add up from what I've read up back when I was a kid. Mandates, the mask mandate which I never complied with, refused to comply with and with the vaccine, with the COVID vaccine. So many people got injured by this vaccine including my father. Thank God his injury wasn't that severe. The other day a classmate of mine from eighth grade gave me a call and she told me she got the first dose. A week later she had to have a stent put in her. You hear all these stories about people who've been vaccinated for COVID are having myocarditis. They're dying from strokes. They're dying from a heart attack. You have athletes that are dropping dead on the playing field. If you guys are going to get that funding I would hope that there would be some kind of Health Care to be able to treat all the injuries that people have been vaccinated are having. A lot of these injuries have changed their lives. Fortunately I never took the vaccine and I'm not about to take any mandated vaccine period. That doesn't mean I'm against vaccines. I understand the science of vaccines but this was not a vaccine. MRNA just doesn't work. So this is my biggest concern. You heard Fauci say that there's going to be another pandemic. You heard that Joe Biden has been saying that. Dr. Tedros of the World Health Organization has said that. And also I understand that our governor attended both the World Economic Forum in Davos Switzerland

and the World Health Organization in Geneva Switzerland. I think we really need to pay attention. There are some very sinister intentions with all these health bills with Senate Bill 4 and it just opens the opportunity for medical tyranny to come into this state. The thing I'm very concerned about that there's language in this bill about a digital vaccine passport which I'm categorically against. I will vow if elected in 2026 I will vote draft legislation to repeal Senate Bill 4 because it's quite clear that in most of Indiana there are so many people that are against this bill. And the language by that Senator Kenley lovingly guide the counties that are misdirected. I mean that if that doesn't sound stalinesque I don't know what does. Thank you.

Ms. Kyger, Thank you very much and I want to say thank you to the Board and all those in attendance here. My name is Lisa Kyger. I am with Community Health Care System. We have four hospitals here in Northwest Indiana and I value, so thank you for your input. I'm very thankful that we live in a country where we have freedom of speech and that we can take everybody's input. I think this SEA-4 can very much be a positive for our community. I do love the fact that we have some goals and I did see the MOU's memorandum of understanding. I would like to let you know that I would love several of the things that the committee covered. We as a Health Care System we are not for profit. We have already done and I'd love to see some collaboration with these healthcare departments. Just recently our health care system did do a community needs assessment. And you are right on track. I think in our guts we know some of the key issues here in Northwest Indiana especially Porter County but diabetes, obesity, cardiovascular disease, maternal health as well as child health, mental illness is another one. Our top five. So I would love and I will volunteer myself to be part of maybe a community sounding board because you do have a very huge task. Very large responsibility for the folks here in Porter County but our Health Care System also we saw this exact same need and so there is very much a very strong synergy between exactly what the health care department is trying to go forward with. As well as our health care system. For the past seven years we have actually taken initiative as a health care system and we have a team of outreach nurses. We don't charge for many of our screenings and the main focus we are truly here to serve people. It's not necessarily to vaccinate because we do believe in the freedom of choice. In any medical care that patients receive. It's really to teach and help prevent especially these five areas. Our nurses have been out working with community. We of course are within the health care system but we try to stay unbiased and give referrals to different specialists within the health care system and guide people. We try to catch a lot of these things early blood pressure, cardiovascular issues. We have one of our nurses here who is a specialist in nutrition but there are RN's. So we have a great team. I would hope that the board and the Commissioners as you move forward with those great I think potential SEA-4 funding will reach out to those health care systems that are already here in our communities and serving our county residents. I'm looking forward to that and I do value the gentleman who mentioned long-haulers our health care system actually has a long haulers clinic. We do treat folks that have some of those issues. We have tried to fill those needs and we do continue to update that community needs assessment as well. I'd like to offer myself in any way that I can assist you because I am a Porter County resident. My thoughts are is we're here to make a difference. God has given each us gifts and so we need to use those to make our communities better. We are here to do that. Thank you.

Com. Regnitz, Lisa is also on our Poco Wellness Connection Board. We've already talked to Carrie about continuing on especially with some assistance in the funding. So it's not just about medical treatment it's also about looking towards health and wellness and I really appreciate you being a part of that.

Ms. Kyger, Well thank you for all that you do. We appreciate it too and we are partners in the community. So thank you.

Mr. Eagle, Hello I'm Jerry Eagle live here in the Valparaiso area. As I quote from President Reagan the nine most terrifying words in the English language are I'm from the government and I'm here to help. Okay so if we look at the last three years that was the big test. That was the major test of our public health system and they were tasked. It was an unknown when it first came on the scene. So we were just grasping at whatever we can to try to figure out what to do. Well you know there should be a lot of lessons learned out of these last three years and one of the things that I hope when you work with the board is to try to address those issues. Because as the gentleman said about mandates and those all those things the masking, the mandates, standing six feet away from each other, wearing a mask, walking into a restaurant but when you sit down you can take it off. All these illogical things that happened didn't do anything to quote flatten a curve. That's what they were trying to do was to flatten the curve. So I'll readdress that here in a second but it is a fact that the state of Indiana ranks 45th of the 50 states in terms of Public Health and yes we're we have issues. You know they state that the obesity, smoking, life expectancy are part of the main problem areas. The fact that sudden infant death syndrome is on the rise and now we got this sudden adult death syndrome SADS on the

rise. Teen suicide, death by fentanyl overdoses all those things are going on the rise. So things are just getting out of hand. The data is showing that there's a rise in what we call unexplained deaths. I just read in the paper not too long ago about the guy that was a big contributor to the COVID response team down at Lafayette at Purdue University passed away. He was in his early 50's. He was a big proponent of the vaccines. Probably got vaccines, booster the whole works. Collapsed just like that. Unexplained heart attack. In 1961 my childhood vaccine schedule was this polio, smallpox, diphtheria, tetanus and pertussis. That's it. That's all I had five. Today you have a kid showing up first thing out of the birth canal hepatitis shot right away. Right out of the channel. And it starts from there for the next 18 years. That child is going to be like a pin cushion with 72 scheduled shots. Repeats or whatever. So why did we go from a core of five to 72? Well in 1984 that the entire vaccine a big Pharma thing exploded with all these things coming online. And here we are we have a public health system that's pushing that. So is it any wonder we're seeing an increase in autism and some in infant deaths among children. Now you know those in the public health apparatus say oh we've already proven that it doesn't. Vaccines don't cause autism. Well what do you do to explain it? You show the trend. Also in 1984 trends going up in autism. So these are the things that need to be addressed as to what's going on. The other thing is we have the same administrative staff that is making up the public health apparatus that will continue to be employed but now we're giving them a bigger paycheck to work with. Do we expect any different results? It's like this you know definition of insanity over and over again but expect the same results or different results. What am I asking? The recommendation that I have for you since you've indicated that approval for the SEA-4 funding I'm asking you to attach conditions to establish local control over our local public health department. Don't have the state just dictate all the terms. Number One, never again allow our Public Health Department or any public health for that matter a group of unelected bureaucrats impose their will in terms of mandates on the public. They can make all the recommendations they want but don't be imposing these as their will against us. Let us decide. Give us the information let us decide. Allow parents to opt out from CDC recommended vaccine schedules for their children. This should not require any form of an exemption for having some other person making a judgment call whether that parent knows what's good for their own child. Whether it's religious, medical or anything like that. No that's up to the parent to decide. They can participate limited or participate the full thing or say not at all. Funding for autopsies. For any unexplained death that occurs and if a family can't afford it but they want to know why allow that funding from the public health department to determine what caused that death. All of a sudden you've got a kid on the field drops dead. Unexplained heart attack. Sad. Let's check the blood, let's check the organs and let's check what's going on with his heart. Where did this come from? Where this myocarditis? Where did this thrombosis come from? What's going on? We need to do that. We need to address a change in leadership focus in our health department from a big Pharma solution to like a more of a holistic approach. If we hand over a significant boost of taxpayer funding to the same people that just failed us during the pandemic how can we expect a different result. So really the public confidence is low. I was looking at the State Health Department completion rate of vaccines. Right now Porter County holds a rate of about 61 percent of the population has participated in the vaccine schedule. For the city in Indiana in 2020 it was around 70 percent. That's before the COVID shots were rolled out. They were rolled out in 2021. It went from 70.2 percent to 61 in 2021 to 57 percent in 2022 now only 56.4 percent. That shows a lack of confidence by the public in the medical and public health apparatus. So how do we fix that? Well our public health departments as well as the medical system they require an admission that their policies were not effective and that they are willing to learn lessons from what happened. Their policies disrupted countless lives, businesses and families. The use of political propaganda messaging drove people apart. For example we had a president as recently that said we have a pandemic of the unvaccinated. Can you imagine that? The top-down messaging that that propagated through our Public Health System into our Public Square created unbelievable discrimination against those who chose not to participate. Got no vacs, got no job. Got no mask, you can't enter. You got no vaccine, no mask well I tell you what if you catch the COVID you're on your own. Don't expect any help. That was basically the position a lot of people had and this needs to stop. This needs to stop. So I did see on the slide and I was going to say require a paradigm shift from treatment to prevention. I saw the prevention so that that should focus on healthy lifestyles and not reliant so much on these Pharma products to promote health. There's a lot of other ways to do it besides just jabbing these kids with up to 72 shots in the course of their young adult life. I appreciate your time. Thank you.

Ms. Hor, My name is Jennifer Hor. I'm a resident of Porter County and I just wanted to thank Dr. Stamp all the people from her office and from the Board of Health that put all the work into the presentation tonight and getting information out. It's just so helpful. I just know how much work went into that not knowing if there would be any result. It was some really impressive information so I just wanted it to very briefly acknowledge the amount of work that went into that. Thank you.

Ms. Frey, My name is Debbie Frey and I live in Valparaiso. I wanted to thank you tonight for your vote. That shows confidence in a wonderful presentation that helped me understand all of the things that you are faced with accepting the money. You've done a tremendous job in the past as I've been a beneficiary of and as one of those old folks too. I'll be elated to see about your outreach for those of us who are seniors. I can't thank you enough for taking the time to let us come and speak and we hear a variety of opinions here but you made the right decision and the money...I listened to presentations by Senator Charbonneau I mean the data. We have issues in Indiana with health and we need to address them. Anything that our local Health Department can do is going to make this a better place for us to live. So thank you very much for this. I'm elated. I can't say enough good things about these hard working people. You got this!

Ms. Vance, I'm Ruth Vance from Valparaiso. I have questions. They may be rhetorical because I don't know that you can answer them or will. So from what I understand and I could be wrong that from this legislation the county has an obligation to pay 25 percent copay of what they're getting from the state. Is that correct?

Com. Regnitz, Yes.

Ms. Vance, Of what they're getting from the state? So I don't know how much the current County budget is providing.

Com. Regnitz, So on average over the past three years it was \$1,339,572.00. The 25 percent match on the low end and it looks like the low end for 25. That was what they have to match in 24 is the average of the last three commitments from the Council for their budgeting.

Ms. Vance, So there's enough money and there's not a deficit that the county would have.

Atty. McClure, The answer is correct.

Com. Regnitz, But the match for 25 is 25 percent and so on the low end it would be \$844,423.13. That would actually be less than what the county has spent currently budgeting to the Health Department.

Ms. Vance, Years going forward though I would just...it's a concern that if the county ever comes up with the deficit of to be able to make that amount where's the money going to come from? More taxes or I don't know. Then I'm wondering I know that the County Health Department would probably have to contract out for some services. I would just suggest that they come up with a metric, a way of really figuring out if bad investment in that particular vendor was good. And it worked out well. There should be some kind of metric evaluation I would suggest that you put in place for that. I also would suggest since this is such a new thing that your County Commissioners should put on your schedule either every year or every two years to revisit this to see if you change your mind and want to opt out. So that it doesn't just get away from you. I thought that would be a good idea to do that.

Com. Biggs, I thought I made that clear.

Ms. Vance, You did okay thank you. So that you will revisit it. That's good because the problem is it's all too enticing when money is offered to us to take it but there's always strings attached to that money and we have to always be cognizant of that fact. I hate to see the county cede its authority to the state. Then you know the state is going to cede their authority to the feds. And we know our country has already ceded its authority to the World Health Organization and that really concerns me. Thank you.

Ms. Majecky, My name is Sheila Majecky. Public Health is vital to communities. It is not an excuse for irresponsibility or lack of transparency or common sense. The problem that I see besides people not trusting our government, not trusting our health department is the lack of transparency. It's what's not said. It's these drugs but we don't say what the drugs are. Someone at the school but we don't know exactly who at the school. It's just a very big lack of transparency. The legislators put everybody in a very bad position. You win if you take the money but if you don't do exactly what they say you are at risk of losing that money. The governor's Public Health Commission made their intention clear on June 30th, 2022. To be clear this is only the foundation for their plan to centralize Public Health and force compliance of counties in the future. They were clear that autonomous counties are the enemy. We tried to warn legislators by exposing these truths via snippets of that meeting that can be found on Hoosiers for Medical Liberty. As was already mentioned about the masks mandates, mandates and vaccines he continued we

are trying to avoid that kind of situation by making sure that everyone who was in the program wants to be in the program and wants to participate. Well what do you think that means? He refers directly to the fight back and forth about mass and vaccinations. He is referring to the brave counties that stood their ground and refused to comply with the harsh lockdowns. The very lockdowns that are now known to have had devastating effects on our economy, our health but worst of all the mental and intellectual health of our school children. He knows that the keys to preventing the preservation of liberty is limiting your ability to protect your constituents in the future. He knows the best way to do that is through financial strings. What does he mean by the second statement? Avoid that kind of situation. He means that by giving you the ability to choose to opt in which you've done you agree to whatever strings are attached. They will use this against countless counties who opt in just the way they did during COVID. Do you remember the ESSR funds tied to how schools reopened? Do you remember the response to dissent? No problem you don't have to comply but if you don't you are going to lose your funding and pay it back. I mean some School District in Chesterton had to put in some kind of weird bathroom because of funding. Your vote to opt in is your eternal yes to whatever the State Department of Health or the public health powers of be determined in the name of Public Health. Legislators crowded about the clause in SEA-4 about retaining County power. What they failed to realize or maybe failed to see is that there is a loophole later in the bill. Again we tried to point this out and we ignored. This loophole will be exploited and whatever administrative rules the State Health Department adopts will bind the county. Unelected Health officials that you appoint will be forced to choose between following these rules and the funding they have already budgeted and spent. What happens when those rules are contract tracing? Limiting the number of people who can gather. Business closures or requirements to check a vaccine passport. You must ask yourself what did your county do in those situations. How would the course of COVID been different if the brave counties didn't have the liberty to decide the best course of action in your county? Would they still be trying to force mask mandates? The reason this program is being set into place is not about public health it's about control. Just like the whole COVID thing was about control and we all know that now. If those brave counties were restricted by financial strings we never would have been able to end the mask mandates. Thanks to the political article praising the progressive Eric Holcomb for his leadership prioritizing Public Health. This is on the world stage. The program that will be used as a blueprint to strip counties across the Nation of their autonomy and undermine the Constitution while claiming you chose to be in the program. Agreed to the terms. You wanted to participate. Clearly by what I have presented this vote is one skirmish in the battle for the sovereignty of this great country. Will this vote be the shot heard around the world? We are not asking you to pledge your lives, your fortunes or your sacred honor. We are asking you to vote to opt no and I know you already voted to opt in but when everything that I've listened to as a 38-year nurse says we're going to have a commission, we're going to study this, we're going to...you should already had those numbers. Those numbers should have been brought forth first. That's the first thing. How's our diabetes? What are we doing about prevention? What are we doing in the cardiovascular world? There should be some numbers there already. We shouldn't be let's do this new bill get all this money so that we can do the numbers.

Com. Biggs, Well ma'am that doesn't mean that we can't take the money that we'll be receiving this coming year and do that. That's one of the things we do with it. I think that's why there's that provision in the bill that we can opt in and we can opt out. If the state government and I don't in my heart of hearts I don't want to believe that they created this bill to control us....

Ms. Majecky, You got a little history behind it. That's the thing.

Com. Biggs, But if that was they're end goal here they've grossly underestimated the power of local government.

Ms. Majecky, I hope so. I just want to thank everyone for your time. I want to thank the Public Health Commission. God Bless America.

Com. Regnitz, I just I want to thank you and everyone for speaking. And I want to encourage everybody that has concerns you can attend the Health Board meetings. You can understand what they're doing you can attend Commissioners meetings. Feel free to speak up at both. If you're concerned about what's happening downstate in the legislature please get involved. It is critical that everybody that has concerns that they get involved and that they make their opinions and their concerns known as well. So thank you it's really important that we all work together.

Ms. Majecky, Yes absolutely. Thank you so much.

Com. Biggs, Anybody else last call. Well thank you all very much for hanging in here. It's now a 7:02. Thank you and have a nice evening.

With no further business, the meeting was adjourned at 7:02 p.m.

BOARD OF COMMISSIONERS
PORTER COUNTY, INDIANA

Jim Biggs

Barb Regnitz

Laura Blaney

Attest: _____
Karen Martin, Auditor