



**CITY OF BROKEN BOW
CITY COUNCIL AGENDA
May 10, 2022 @ 6:00 PM
Broken Bow Public Library
626 S D Street, Broken Bow, NE**

Meeting Procedure

The Public may address specific agenda items at the pleasure of the Mayor. Please come to the podium, state your name and address, and limit your remarks to five minutes or less. Out of respect to City employees, we request that any complaints or criticisms of employees not be aired in a public meeting. Concerns about employees should be brought to the attention of the City Administrator or Mayor. An individual in violation will be declared out of order. Individuals who have appropriate items for City Council consideration should complete the Request for Future Agenda Items.

A. Call to Order

B. Open Meetings Act: A current copy of the Open Meetings Act is available and is posted for review by all citizens.

C. Roll Call

D. Pledge of Allegiance

E. Consent Agenda: Council will have consideration of approving the consent agenda items for May 10, 2022, which will include the following:

- a. Approval of Minutes of April 26, 2022, Council Meeting
- b. Approval of Bills as Posted
- c. Approval of Broken Bow Volunteer Fire Department Service Roster
- d. Approval of Broken Bow Volunteer Ambulance Service Roster
- e. Approval of Broken Bow Volunteer Ambulance Service Officers

F. Other Communications:

- a. **City Administrator**

G. Old Business:

- a. **Public Hearing, Ordinance 1260, Amending Mayor and City Council Wages –** Council will have consideration of opening a public hearing regarding Ordinance 1260, Amending Mayor and City Council Wages.
- b. **Waive Two Readings of Ordinance 1260 –** Council will have consideration of waiving the two readings of Ordinance 1260.
- c. **Ordinance 1260, Amending Mayor and City Council Wages –** Council will have consideration of approving Ordinance 1260.

****Please click on the letter next to the agenda item to see the information associated with that item.**



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- d. Public Hearing, Ordinance 1261, Amending 2021-2022 Wage Ordinance–** Council will have consideration of opening a public hearing regarding Ordinance 1261, Amending 2021-2022 Wage Ordinance.
- e. Waive Three Readings of Ordinance 1261 –** Council will have consideration of waiving the three readings of Ordinance 1261.
- f. Ordinance 1261, Amending 2021-2022 Wage Ordinance –** Council will have consideration of approving Ordinance 1261.

H. New Business:

- a. Public Hearing, Resolution 2022-5, Granting Central Nebraska Economic Development District Permission to Fill Out the Pre-Application for CDBG Funds –** Council will have consideration of opening a public hearing on Resolution 2022-5.
- b. Resolution 2022-5, Granting Central Nebraska Economic Development District Permission to Fill Out the Pre-Application for CDBG Funds –** Council will have consideration of approving Resolution 2022-5.
- c. Resolution 2022-6, KENO Funds –** Council will have consideration of approving the use of KENO Funds, for the purchase of the 80ft Aluminum Flagpole for Paul Brown Field in the amount of \$17,150.00.

I. Adjournment

***The next City Council Meeting will be on
Tuesday, May 24, 2022 @ 6:00 pm at the Broken Bow Municipal Auditorium***

Upcoming Events:

- ❖ **May 23 – Board of Public Works at 12:30 pm @ City Council Chambers**
- ❖ **May 24 – City Council Meeting at 6:00 pm @ Municipal Auditorium**
- ❖ **May 30 – City Offices Closed in Observance of Memorial Day**
- ❖ **June 6 – Park Board Meeting at 5:10 pm @ City Council Chambers**

The Council will review the above matters and take such action as they deem appropriate. The Council may enter into closed session to discuss any matter on this agenda when it is determined by the Council that it is clearly necessary for protection of the public interest or the prevention of needless injury to the reputation of any individual and if such individual has not requested a public meeting, or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.

****Please click on the letter next to the agenda item to see the information associated with that item.**

**Broken Bow City Council
Meeting Minutes
April 26, 2022**

The Broken Bow City Council met in regular session on Tuesday, April 26, 2022, in the Broken Bow Municipal Auditorium. Notice of the meeting was given in advance thereof as required by publication in the Custer County Chief on April 21, 2022. Availability of the agenda and related materials was communicated in the advanced notice to the Mayor and all members of the Council, as well as, shared with various media outlets. All proceedings hereafter shown were taken while the meeting was open to the attendance of the public.

Mayor Rod Sonnichsen called the meeting to order at 6:00 P.M., with the following Council members present: David Schmidt, Larry Miller, Chris Myers, and David Baltz. Absent: None. Mayor Sonnichsen announced the availability of the open meetings law, followed by reciting of the Pledge of Allegiance.

Mayor Sonnichsen read the format for submitting requests for future agenda items.

Moved by Schmidt, seconded by Miller to approve the consent agenda for April 26, 2022. Said motion includes approval of the Minutes of the April 12, 2022 Council Meeting, Bills to Date, and March Treasurer Report. Roll Call vote: Voting aye: Schmidt, Baltz, Myers, and Miller. Nays: None. Motion carried.

AceK9, \$2,861.28; Aflac, Pre-Tax \$402.25; Post-Tax \$143.46; Biblionix, \$1,700.00; Bound Tree Medical, \$750.40; Broken Bow Mun Utilities, \$484.68; Carroll Construction Supply, \$281.80; Century Link, \$754.01; City Flex Benefit Plan, \$110.00; City of Broken Bow, Health Insurance, \$2,626.23; City of Broken Bow, Pension Plan, \$1,780.36; \$8,043.02; \$682.31; Colonial Insurance, \$415.08; \$118.72; Consumer Reports, \$31.04; Credit Management Services, \$165.39; \$238.36; Custer County Chief, \$80.49; Dave Dunkel, \$15.71; Demco, \$91.11; EFTPS Online Payment, \$2,231.76; \$6,253.60; \$9,542.60; Eakes Office Products, \$177.71; Family Heritage, \$25.50; Fixed Right Auto Body, \$195.00; Ingram Library Services, \$2,199.83; Insurance Aid Services, \$3,926.04; Julie Toline, \$62.54; KCNI/KBBN, \$250.00; Mead Lumber, \$1,943.43; News Bank, \$579.00; OBrien's Hardware, \$231.96; OCLC Inc., \$141.54; Paulsen Inc., \$1,053.86; Penguin Management, \$1,280.00; Presto X Company, \$54.00; Psychology Today, \$29.97; RT Ace, \$1,336.49; Ranchland Ford, \$30,955.00; Reams, \$10,078.01; S&L Sanitary Service, \$49.30; Safety Kleen Corp., \$208.37; State Income Tax WH NE Online Payment, \$2,907.77; Steve Scott, \$58.52; TX Child Support SDU, \$69.23; The Radar Shop, \$245.00; Trotter Service, \$210.00; Trotter's Whoa & Go, \$198.01; United States Treasury, \$208.28; V-Bar Sales & Service, \$604.64; Varney Healthmart, \$5.11; Verizon Wireless, \$374.84; Bi-Weekly Payroll, \$54,927.49; Total: \$154,390.10.

Moved by Schmidt, seconded by Myers, to open a public hearing at 6:01 pm, regarding Resolution 2022-4, Resolution calling NDEE Water Loan D311229. Roll Call vote: Voting Aye: Schmidt, Myers, Miller, and Baltz. Nays: None. Motion carried. Brad Slaughter, Senior Vice President of Piper Sandler & Co. addressed the Council and

public about the possibility of refinancing the City's Nebraska Department of Environment and Energy (NDEE) Water loan. Discussion was held. Slaughter informed the Council that if the savings is sufficient enough, refinancing could save the City more than \$34,000 between the years 2022-2029 depending on the interest rates. Moved by Schmidt, seconded by Myers, to close a public hearing at 6:07 pm, regarding Resolution 2022-4, Resolution calling NDEE Water Loan D311229. Roll Call vote: Voting Aye: Schmidt, Myers, Baltz, and Miller. Nays: None. Motion carried.

Moved by Miller, seconded by Myers, to approve Resolution 2022-4, Resolution calling NDEE Water Loan D311229. Roll Call vote: Voting Aye: Miller, Myers, Schmidt, and Baltz. Nays: None. Motion carried.

Moved by Schmidt, seconded by Miller, to open a public hearing at 6:08 pm, regarding Ordinance 1259, Ordinance issuing G.O. Water Refunding Bonds, Series 2022 in an amount not to exceed \$925,000. Roll Call vote: Voting Aye: Schmidt, Miller, Myers, and Baltz. Nays: None. Motion carried. Brad Slaughter, Senior Vice President of Piper Sandler & Co. addressed the Council and public about the possibility of refinancing the General Obligation (G.O.) Water Refunding Bonds. Discussion was held. City Administrator Dan Knoell recommended to the Council to waive the three readings. Moved by Schmidt, seconded by Miller, to close a public hearing at 6:09 pm, regarding Ordinance 1259, Ordinance issuing G.O. Water Refunding Bonds, Series 2022 in an amount not to exceed \$925,000. Roll Call vote: Voting Aye: Schmidt, Miller, Baltz, and Myers. Nays: None. Motion carried.

After discussing the matter, Council member Miller introduced Ordinance No. 1259 entitled "AN ORDINANCE AUTHORIZING THE ISSUANCE OF GENERAL OBLIGATION WATER REFUNDING BONDS, SERIES 2022, OF THE CITY OF BROKEN BOW, NEBRASKA, IN THE PRINCIPAL AMOUNT OF NOT TO EXCEED NINE HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$925,000) TO REFUND CERTAIN INDEBTEDNESS OF THE CITY; PRESCRIBING THE FORM OF SAID BONDS; PROVIDING FOR A SINKING FUND AND FOR THE LEVY AND COLLECTION OF TAXES TO PAY SAID BONDS; PROVIDING FOR THE SALE OF THE BONDS AND AUTHORIZING THE CITY TO ENTER INTO A BOND PURCHASE AGREEMENT; AUTHORIZING THE DELIVERY OF THE BONDS TO THE PURCHASER; PROVIDING FOR THE DISPOSITION OF THE BOND PROCEEDS AND ORDERING THE ORDINANCE PUBLISHED IN PAMPHLET FORM." and moved that the statutory rule requiring reading on three different days be suspended. Council member Myers seconded the motion. The Mayor stated the motion and instructed the City Clerk to call the roll. The City Clerk called the roll, and the following was the vote: Ayes: Miller, Myers, Schmidt, and Baltz. Nays: None. Motion carried. The motion to suspend the rules was adopted by three-fourths of the Council and the statutory rule was declared suspended for consideration of said Ordinance. Said Ordinance was then read by title and thereafter Council member Schmidt moved for final passage of the Ordinance, which motion was seconded by Council member Miller. The Mayor stated the question, "Shall Ordinance No. 1259 be passed and adopted?" Upon roll call vote, the vote was as follows: Ayes: Schmidt, Miller, Myers, and Baltz. Nays: None. Motion carried. The passage and adoption of said Ordinance having

been concurred by a majority of all members of the Council, the Mayor declared the Ordinance adopted.

Moved by Schmidt, seconded by Miller, to open a public hearing at 6:11 pm, regarding Ordinance 1260, Amending Mayor and City Council Wages. Roll Call vote: Voting Aye: Schmidt, Miller, Baltz, and Myers. Nays: None. Motion carried. City Administrator Knoell informed the Council and public of the current salaries. The current City Councilmember salary is \$2,100 yearly and the Mayor is \$6,000 yearly. This Ordinance would raise the Council's salary \$1,400 to \$3,500 yearly and raise the Mayor's salary \$1,500 to \$7,500 yearly. Councilmember Miller expressed his concern that the public was not given input and that it was odd to increase their own wages. Knoell explained the last increase was about four years ago and this increase would not take effect until after the November 2022 elections. Knoell stated that the Mayor and Council are very active and more involved. Knoell recommended to the Council for them to waive the three readings of Ordinance 1260. Moved by Schmidt, seconded by Myers, to close a public hearing at 6:20 pm, regarding Ordinance 1260, Amending Mayor and City Council Wages. Roll Call vote: Voting Aye: Schmidt, Myers, Miller, and Baltz. Nays: None. Motion Carried.

Moved by Miller, seconded by Myers, to not waive the three readings of Ordinance 1260, Amending Mayor and City Council Wages. Roll Call vote: Voting Aye: Miller, Myers, and Baltz. Nays: Schmidt. Motion carried.

Mayor Rod Sonnichsen and Chief of Police Steve Scott did the official of pinning of Police Sergeant Chris Anderson.

Updates were given by the following Department Heads: Police Chief Steve Scott, City Clerk Kandi Peters, Electrical Superintendent Blake Waldow, Water/Sewer Superintendent Craig Cranwell, Streets and Parks Overseer, and Deputy Clerk Megan.

Moved by Schmidt, seconded by Myers, to adjourn the City Council Meeting at 6:59 pm. Roll Call vote: Voting aye: Schmidt, Myers, Miller, and Baltz. Nays: None. Motion carried.



Rod Sonnichsen, Mayor

ATTEST:



Kandi K. Peters, City Clerk



<u>Vend#</u>	<u>Vendor Name</u>	<u>Pay#</u>	<u>Post Date</u>	<u>Due Date</u>	<u>Amount</u>	<u>Invoice</u>	<u>Date</u>	<u>PO#</u>	<u>Date</u>	<u>Status</u>
	<u>Account#</u>				<u>Work Order</u>	<u>Description</u>			<u>Debit</u>	<u>Credit</u>
4 County Heating & Air, LLC										
32370	5/10/2022	5/10/2022			4,823.85					Posted
	02-3410.00					Ice Machine and Ice Bin			4,823.85	0.00
Aflac										
32350	4/27/2022	4/27/2022			402.25					Posted
	01-1501.00					PRE TAX AFLAC			402.25	0.00
32351	4/27/2022	4/27/2022			143.46					Posted
	01-1501.00					AFLAC POST TAX			143.46	0.00
32375	5/10/2022	5/10/2022			326.16					Posted
	01-1501.00					Dan Aflac			326.16	0.00
Black Hills Energy										
32373	5/10/2022	5/10/2022			691.99					Posted
	06-3220.00					Utilities-Gas			234.93	0.00
	04-3220.00					Utilities-Gas			43.36	0.00
	02-3220.00					Utilities-Gas			413.70	0.00
									691.99	0.00
Broken Bow Airport Authority										
32367	5/10/2022	5/10/2022			1,083.33					Posted
	01-3409.00					Monthly Payment			1,083.33	0.00
Broken Bow Chamber of Commerce										
32376	5/10/2022	5/10/2022			895.00					Posted
	05-3334.00					ambulance incentive			895.00	0.00
Broken Bow Mun Utilities										
32363	5/10/2022	5/10/2022			3,568.78					Posted
	08-3225.00					fuel			1,379.91	0.00
	06-3225.00					fuel			184.97	0.00
	04-3225.00					fuel			1,008.94	0.00
	05-3225.00					fuel			174.44	0.00
	09-3225.00					fuel			329.71	0.00
	03-3225.00					fuel			490.81	0.00
									3,568.78	0.00
Broken Bow Municipal Utilities										
32364	5/10/2022	5/10/2022			8,367.67					Posted
	01-3213.00					General - Radio/Weather Station Tower			25.67	0.00
	02-3220.00					Pub Bldg - Utilities/Trash			402.65	0.00
	04-3220.00					Police - Utilities/Trash Removal			383.17	0.00
	04-3315.00					Police -Dog Pound Utilities			128.69	0.00
	07-3220.00					Library - Utilities/Trash Removal			976.44	0.00
	08-3220.00					Street - Utilities/Trash			1,216.78	0.00
	08-3422.01					Street - Street Lights			2,807.36	0.00
	09-3220.00					Parks - Utilities/Trash Removal			1,770.66	0.00
	09-3220.00					Parks - Shop Utilities/Trash Removal			521.47	0.00
	10-3220.00					Swim Pool - Utilities/Trash Removal			98.97	0.00
	11-3360.00					Tree Dump - Utilities			35.81	0.00
									8,367.67	0.00
Broken Bow Rural Fire Board										
32377	5/10/2022	5/10/2022			781.83					Posted
	05-3220.00					BBMU & Black Hills			331.04	0.00
	05-3221.00					Fax Line/ Internet			82.68	0.00
	06-3221.00					Internet			37.07	0.00
	06-3220.00					BBMU/Black Hills			331.04	0.00
									781.83	0.00
Capital One										
32385	5/10/2022	5/10/2022			435.77					Posted
	04-3205.00					meals-travel			74.06	0.00
	04-3223.00					new key for storage box			117.69	0.00
	04-3410.00					floor mats for 2022 explorer			172.78	0.00
	04-3223.00					batteries			5.88	0.00
	01-3212.00					407 badge for Shane Fiorelli			55.41	0.00
	04-3223.00					mourning bands			9.95	0.00
									435.77	0.00

Vend#		Vendor Name									
Pay#	Post Date	Due Date	Amount	Invoice	Date	PO#		Date	Status		
	Account#	Work Order		Description				Debit	Credit		
Card Services (continued)											
32390	5/10/2022	5/10/2022	28,354.54							Posted	
	01-3205.00			travel expenses for Clerk school				140.94			0.00
	01-3216.10			amazon prime				16.04			0.00
	12-4200.11			vehicle licensing				15.37			0.00
	02-3310.00			rugs for city hall				592.83			0.00
	08-3348.10			flag pole				17,150.00			0.00
	01-3223.00			pens, folders, address labels				47.37			0.00
	02-3223.01			floor scrubbing pads and kleenex				60.07			0.00
	02-3410.00			digital clock for auditorium				106.99			0.00
	12-4200.11			channel drain paul brown				288.00			0.00
	12-4200.11			floor drain &pvc				193.42			0.00
	12-4200.11			doors, door hinges, drains paul brown				3,433.29			0.00
	12-4200.11			doors				956.11			0.00
	12-4200.11			doors				5,064.61			0.00
	09-3339.00			maintenance grounds				243.23			0.00
	09-3222.00			grounds supplies				46.27			0.00
								28,354.54			0.00
Carquest of Broken Bow											
32391	5/10/2022	5/10/2022	13.74							Posted	
	04-3310.00			Fuses				13.74			0.00
Carroll Construction Supply											
32388	5/10/2022	5/10/2022	281.80							Posted	
	12-4200.11			expansion parts				281.80			0.00
City Flex Benefit Plan											
32352	4/27/2022	4/27/2022	110.00							Posted	
	01-1501.00			SELECT FLEX-UNREIMBURSED M/D/V				110.00			0.00
City of Broken Bow - Health Insurance											
32361	4/27/2022	4/27/2022	2,626.23							Posted	
	01-1501.00			HEALTH INSURANCE				2,626.23			0.00
City of Broken Bow Pension Fund											
32353	4/27/2022	4/27/2022	1,731.73							Posted	
	01-1513.00			RETIREMENT LOAN PAYMENT				1,731.73			0.00
32354	4/27/2022	4/27/2022	9,565.80							Posted	
	01-1502.00			414H RETIREMENT				9,565.80			0.00
32355	4/27/2022	4/27/2022	672.29							Posted	
	01-1502.00			457 RETIREMENT				672.29			0.00
Colonial Insurance											
32348	4/27/2022	4/27/2022	415.08							Posted	
	01-1501.00			COLONIAL LIFE PRE TAX				415.08			0.00
32349	4/27/2022	4/27/2022	118.72							Posted	
	01-1501.00			COLONIAL LIFE POST TAX				118.72			0.00
Custer County Treasurer											
32366	5/10/2022	5/10/2022	12,916.67							Posted	
	01-3217.00			Communications Interlocal Payment				12,916.67			0.00
Custer Public Power											
32369	5/10/2022	5/10/2022	102.05							Posted	
	11-3220.00			CD Cell Power				102.05			0.00
Dollar General-Regions 410526											
32374	5/10/2022	5/10/2022	79.55							Posted	
	02-3223.01			Clorox, windex, sponges, brushes, pledge				79.55			0.00
EFTPS Online Payment											
32357	4/27/2022	4/27/2022	2,599.20							Posted	
	01-1500.00			MEDICARE				2,599.20			0.00
32358	4/27/2022	4/27/2022	8,688.23							Posted	
	01-1500.00			FEDERAL MARRIED				5,587.05			0.00
	01-1500.00			FEDERAL SINGLE				2,569.15			0.00
	01-1500.00			Federal Head of Household				179.16			0.00
	01-1500.00			2020 Federal Single				218.69			0.00
	01-1500.00			2020 Federal Married				134.18			0.00
								8,688.23			0.00

<u>Pay#</u>	<u>Post Date</u>	<u>Due Date</u>	<u>Amount</u>	<u>Invoice</u>	<u>Date</u>	<u>PO#</u>	<u>Date</u>	<u>Status</u>
	<u>Account#</u>	<u>Work Order</u>		<u>Description</u>			<u>Debit</u>	<u>Credit</u>
Vendor Name								
EFTPS Online Payment (continued)								
32359	4/27/2022	4/27/2022	11,113.92					Posted
	01-1500.00			SOCIAL SECURITY			11,113.92	0.00
EZ IT Solutions								
32378	5/10/2022	5/10/2022	2,097.97					Posted
	01-3438.00			IT Services			310.00	0.00
	05-3438.00			IT Services			155.00	0.00
	06-3438.00			IT Services			155.00	0.00
	07-3438.00			IT Services			310.00	0.00
	08-3438.00			IT Services			310.00	0.00
	09-3438.00			IT Services			310.00	0.00
	11-3438.00			IT Services			310.00	0.00
	08-3438.00			camera installation at park and streets			118.99	0.00
	09-3438.00			camera installation at park and streets			118.98	0.00
							2,097.97	0.00
Eakes Office Products								
32365	5/10/2022	5/10/2022	728.32					Posted
	01-3216.00			Copies			469.04	0.00
	01-3216.00			Copies			104.82	0.00
	01-3223.00			Paper, Colored Paper, hanging folders			84.48	0.00
	01-3223.00			name plates			69.98	0.00
							728.32	0.00
Family Heritage								
32356	4/27/2022	4/27/2022	25.50					Posted
	01-1501.00			FAMILY HERITAGE			25.50	0.00
Garrett Tires & Treads								
32380	5/10/2022	5/10/2022	52.25					Posted
	04-3310.00			battery check and replacement 2014			52.25	0.00
Great Plains Communications								
32371	5/10/2022	5/10/2022	70.95					Posted
	08-3221.00			Internet			35.48	0.00
	09-3221.00			Internet			35.47	0.00
							70.95	0.00
Hometown Leasing								
32368	5/10/2022	5/10/2022	159.18					Posted
	04-3216.00			Copier Lease			92.66	0.00
	07-3216.00			Copier Lease			66.52	0.00
							159.18	0.00
Jeffres Sand and Gravel								
32383	5/10/2022	5/10/2022	508.68					Posted
	12-4200.11			gravel for paul brown field			508.68	0.00
Jessica LeAnn Knoell								
32379	5/10/2022	5/10/2022	400.00					Posted
	02-3419.01			Cleaning Services			400.00	0.00
Mid Plains Community College								
32384	5/10/2022	5/10/2022	65.00					Posted
	05-3313.00			CPR And AED Class			65.00	0.00
RT Ace								
32386	5/10/2022	5/10/2022	34.20					Posted
	12-4200.11			Paul Brown field PVC adaptor			34.20	0.00
S&L Sanitary Service								
32389	5/10/2022	5/10/2022	49.30					Posted
	09-3219.00			trash around the square			49.30	0.00
Sara J. Hulinsky								
32382	5/10/2022	5/10/2022	837.00					Posted
	07-3419.01			cleaning service			837.00	0.00
State Income Tax WH NE Online Payment								

Accounts Payable Detail Listing

City of Broken Bow

Vend# Vendor Name

<u>Pay#</u>	<u>Post Date</u>	<u>Due Date</u>	<u>Amount</u>	<u>Invoice</u>	<u>Date</u>	<u>PO#</u>	<u>Date</u>	<u>Status</u>
	<u>Account#</u>	<u>Work Order</u>		<u>Description</u>			<u>Debit</u>	<u>Credit</u>
State Income Tax WH NE Online Payment (continued)								
32360	4/27/2022	4/27/2022	3,716.04					Posted
	01-1500.00			STATE MARRIED			2,379.03	0.00
	01-1500.00			STATE SINGLE			1,337.01	0.00
							3,716.04	0.00

TX Child Support SDU

32362	4/27/2022	4/27/2022	69.23					Posted
	01-1503.00			CHILD SUPPORT-TX			69.23	0.00

Tracker Systems

32372	5/10/2022	5/10/2022	86.98					Posted
	03-3438.00			Tracking Device Installation			86.98	0.00

Verizon Wireless

32381	5/10/2022	5/10/2022	280.07					Posted
	04-3221.00			Police Internet for Ipads			280.07	0.00

Wenquist Inc.

32392	5/10/2022	5/10/2022	21.98					Posted
	04-3410.00			wiring for 2022 explorer			21.98	0.00

110,112.29 44 Non-voided payables listed.

Report Setup

AP - Accounts Payable Listing : Vendor Name

Filter Options

Starting: 4/27/2022

Ending: 5/10/2022

Banks: All

Payable Status: Posted, Printed, ACH, Recorded, Voided

All Vendors Selected

Bi weekly payroll \$62,849.28

Check Approval List - GL Account

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City of Broken Bow

Page 1 of 3

<u>Vendor Name</u>	<u>Invoice</u>	<u>Invoice Description</u>	<u>Account Description</u>	<u>Amount</u>
General				
Aflac		PRE TAX AFLAC	Health/Life/Acc Insuranc	402.25
Aflac		AFLAC POST TAX	Health/Life/Acc Insuranc	143.46
Aflac		Dan Aflac	Health/Life/Acc Insuranc	326.16
Broken Bow Airport Authority		Monthly Payment	Airport Monthly Payment	1,083.33
Broken Bow Municipal Utilities			Weather Station Expens	25.67
Capital One		Police Credit Card	City Promotions	55.41
Card Services		Card Services	Travel & Meeting Expens	140.94
Card Services		Card Services	Software Fees	16.04
Card Services		Card Services	Supplies & Postage	47.37
City Flex Benefit Plan		SELECT FLEX-UNREIMBURSED M/D/V	Health/Life/Acc Insuranc	110.00
City of Broken Bow - Health Insurance		HEALTH INS	Health/Life/Acc Insuranc	2,626.23
City of Broken Bow Pension Fund		414H RETIREMENT	Pension	9,565.80
City of Broken Bow Pension Fund		457 RETIREMENT	Pension	672.29
City of Broken Bow Pension Fund		RETIREMENT LOAN PAYMENT	Loan Payment	1,731.73
Colonial Insurance		COLONIAL LIFE PRE TAX	Health/Life/Acc Insuranc	415.08
Colonial Insurance		COLONIAL LIFE POST TAX	Health/Life/Acc Insuranc	118.72
Custer County Treasurer		communications interlocal	Radio Communications	12,916.67
EFTPS Online Payment		MEDICARE	Payroll Taxes	2,599.20
EFTPS Online Payment		FEDERAL	Payroll Taxes	5,587.05
EFTPS Online Payment		FEDERAL	Payroll Taxes	2,569.15
EFTPS Online Payment		FEDERAL	Payroll Taxes	179.16
EFTPS Online Payment		FEDERAL	Payroll Taxes	218.69
EFTPS Online Payment		FEDERAL	Payroll Taxes	134.18
EFTPS Online Payment		FICA	Payroll Taxes	11,113.92
EZ IT Solutions		IT Services	IT Expense	310.00
Eakes Office Products		Supplies	Copier Maint/Expense	469.04
Eakes Office Products		Supplies	Copier Maint/Expense	104.82
Eakes Office Products		Supplies	Supplies & Postage	84.48
Eakes Office Products		Supplies	Supplies & Postage	69.98
Family Heritage		FAMILY HERITAGE	Health/Life/Acc Insuranc	25.50
State Income Tax WH NE Online Payment		STATE	Payroll Taxes	2,379.03
State Income Tax WH NE Online Payment		STATE	Payroll Taxes	1,337.01
TX Child Support SDU		CHILD SUPPORT-TX	Child Support	69.23
			Total General	\$57,647.59
Municipal Building				
4 County Heating & Air, LLC		Ice Machine	Equipment Purchases	4,823.85
Black Hills Energy		Utilities-Gas	Utilities	413.70
Broken Bow Municipal Utilities			Utilities	402.65
Card Services		Card Services	Building Cleaning Suppli	60.07
Card Services		Card Services	Maint/Repair Equipment	592.83
Card Services		Card Services	Equipment Purchases	106.99
Dollar General-Regions 410526		Cleaning Supplies	Building Cleaning Suppli	79.55
Jessica LeAnn Knoell		Cleaning Services	Contracted Services	400.00
			Total Municipal Building	\$6,879.64
Handi Bus				
Broken Bow Mun Utilities		Fuel	Gas and Oil	490.81
Tracker Systems		Tracking Device Installation	IT Expense	86.98
			Total Handi Bus	\$577.79
Police				
Black Hills Energy		Utilities-Gas	Utilities	43.36
Broken Bow Mun Utilities		Fuel	Gas and Oil	1,008.94
Broken Bow Municipal Utilities			Utilities	383.17
Broken Bow Municipal Utilities			Dog Care	128.69
Capital One		Police Credit Card	Travel & Meeting Expens	74.06
Capital One		Police Credit Card	Supplies & Postage	117.69
Capital One		Police Credit Card	Supplies & Postage	5.88
Capital One		Police Credit Card	Supplies & Postage	9.95
Capital One		Police Credit Card	Equipment Purchases	172.78
quest of Broken Bow		Fuses	Maint/Repair Equipment	13.74
Currett Tires & Treads		Battery	Maint/Repair Equipment	52.25
Hometown Leasing		copier lease	Copier Maint/Expense	92.66
Verizon Wireless		telephone	Telephone/Internet	280.07
Wenquist Inc.		Wiring	Equipment Purchases	21.98
			Total Police	\$2,405.22
Rescue Unit				

Check Approval List - GL Account

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City of Broken Bow

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<u>Vendor Name</u>	<u>Invoice</u>	<u>Invoice Description</u>	<u>Account Description</u>	<u>Amount</u>
Rescue Unit				
Broken Bow Chamber of Commerce		ambulance incentive	Ambulance Driver Incent	895.00
Broken Bow Mun Utilities		Fuel	Gas and Oil	174.44
Broken Bow Rural Fire Board		Monthly share of building	Utilities	331.04
Broken Bow Rural Fire Board		Monthly share of building	Telephone/Internet	82.68
EZ IT Solutions		IT Services	IT Expense	155.00
Mid Plains Community College		CPR Class	Training	65.00
			Total Rescue Unit	<u>\$1,703.16</u>
Fire				
Black Hills Energy		Utilities-Gas	Utilities	234.93
Broken Bow Mun Utilities		Fuel	Gas and Oil	184.97
Broken Bow Rural Fire Board		Monthly share of building	Utilities	331.04
Broken Bow Rural Fire Board		Monthly share of building	Telephone/Internet	37.07
EZ IT Solutions		IT Services	IT Expense	155.00
			Total Fire	<u>\$943.01</u>
Library				
Broken Bow Municipal Utilities			Utilities	976.44
EZ IT Solutions		IT Services	IT Expense	310.00
Hometown Leasing		copier lease	Copier Maint/Expense	66.52
Sara J. Hulinsky		cleaning service	Contracted Services	837.00
			Total Library	<u>\$2,189.96</u>
Street				
Broken Bow Mun Utilities		Fuel	Gas and Oil	1,379.91
Broken Bow Municipal Utilities			Utilities	1,216.78
Broken Bow Municipal Utilities			Street Lighting	2,807.36
Card Services		Card Services	Flags	17,150.00
EZ IT Solutions		IT Services	IT Expense	310.00
EZ IT Solutions		IT Services	IT Expense	118.99
Great Plains Communications		Internet	Telephone/Internet	35.48
			Total Street	<u>\$23,018.52</u>
Park				
Broken Bow Mun Utilities		Fuel	Gas and Oil	329.71
Broken Bow Municipal Utilities			Utilities	1,770.66
Broken Bow Municipal Utilities			Utilities	521.47
Card Services		Card Services	Miscellaneous Expense	46.27
Card Services		Card Services	Maintenance/Repair Grc	243.23
EZ IT Solutions		IT Services	IT Expense	310.00
EZ IT Solutions		IT Services	IT Expense	118.98
Great Plains Communications		Internet	Telephone/Internet	35.47
S&L Sanitary Service			Trash Removal	49.30
			Total Park	<u>\$3,425.09</u>
Swimming Pool				
Broken Bow Municipal Utilities			Utilities	98.97
			Total Swimming Pool	<u>\$98.97</u>
Sanitation				
Broken Bow Municipal Utilities			Sanitation Contract	35.81
Custer Public Power		CD Cell Power	Utilities	102.05
EZ IT Solutions		IT Services	IT Expense	310.00
			Total Sanitation	<u>\$447.86</u>
ST Infra/Capital				
Card Services		Card Services	ARPA	15.37
Card Services		Card Services	ARPA	288.00
Card Services		Card Services	ARPA	193.42
Card Services		Card Services	ARPA	3,433.29
Card Services		Card Services	ARPA	956.11
Card Services		Card Services	ARPA	5,064.61
Carroll Construction Supply		parts for paul brown	ARPA	281.80
es Sand and Gravel		Gravel	ARPA	508.68
Arce		Paul Brown field	ARPA	34.20
			Total ST Infra/Capital	<u>\$10,775.48</u>

Check Approval List - GL Account

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City of Broken Bow

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<u>Vendor Name</u>	<u>Invoice</u>	<u>Invoice Description</u>	<u>Account Description</u>	<u>Amount</u>
				\$110,112.29

Report Selection: Check Approval List - GL Account
Date Range Selection: GL Posting Date
Starting Date: 4/27/2022
Ending Date: 5/10/2022

Bi weekly Payroll \$62,849.28



Broken Bow Volunteer Fire Department

1848 South G Street., Broken Bow, NE 68822

Phone: 308-872-1253 • Fax: 308-767-2651

Andy Holland, Emergency Service Director

Jason Baum Fire Chief

Official Roster

Effective on May 10, 2022 City

- | | | |
|--------------------|--------------------|-------------------------|
| 1. Gene Chapin | 2. Ron Price | 3. Kem Oatman |
| 4. Paul Holland | 5. Dave Linn | 6. Doug Staab |
| 7. Andy Holland | 8. Ryan Anderson | 9. Jason Baum |
| 10. Jess Taylor | 11. Kris Evans | 12. Dustin Watson |
| 13. Nick Coble | 14. Jeff Pflaster | 15. Lance Oatman |
| 16. Joe Franssen | 17. Zeke Atchison | 18. Andy Taylor |
| 19. Pat Zulkoski | 20. Troy Mack | 21. Kelvin Kreitman |
| 22. Cody Neville | 23. Bill Hendricks | 24. David Baltz |
| 25. JD White | 26. Reed Schaefer | 27. Billy Doles |
| 28. Josh Page | 29. Chad Hempstead | 30. Chris Henderson |
| 31. Nicholas Gaddy | 32. Chris Anderson | 33. Gage Douglas Garnas |
| 34. Wade Williams | 35. | 36. |

New Members in RED



Broken Bow Ambulance Service

1848 South G Street, Broken Bow, NE 68822

Phone: 308-872-1253 ☐ Fax: 308-767-2651

Andy Holland, Emergency Service Director/EMS Chief

Official Roster Effective on May 10, 2022

1. Doyle Woods	EMT
2. Londa Woods	EMT
3. Rick Larson	EMT
4. Andrew C Holland	EMR
5. Bobbie Summerford	EMT
6. Renee Sommer	EMT
7. Shane Fiorelli	EMT
9. Lawrence Stump	EMT
10. Kacey Finney	EMT
11. Lacey Fiorelli	EMT
12. Chandra Bitterman	EMT
13. Jacob Karmazin	EMT
14. Brandi Hulburt	EMT
15. Rebeka Anderson	EMR
16. Dennis Schiller	EMT
17. David Baltz	EMT
18. Adam Lashley	EMR
19. Ahren Finney	Non-Healthcare
20. Cody Neville	Non-Healthcare
21. Joanna Keyser	EMT
22. Mishele Wooters	EMT
23. Wade Williams	EMT



Broken Bow Ambulance Service

1848 South G Street, Broken Bow, NE 68822

Phone: 308-872-1253 • Fax: 308-767-2651

Andy Holland, Emergency Service Director/EMS Chief

Starting May 23, 2022
Ambulance Service Officers

EMS Chief: David Baltz

EMS 1st Asst Chief: Andrew C Holland

EMS 2nd Asst Chief/ Safety Officer: Kacey Finney

EMS Training Officer/ MDS: Jacob Karmazin

EMS Supply Officer: Ahren Finney

EMS Treasurer: Mishele Wooters

EMS Secretary: Rebeka Anderson

EMS Board Members: 1. Bobbie Summerford, 2. Dennis Schiller

CITY OF BROKEN BOW
ORDINANCE NO. 1260

AN ORDINANCE OF THE CITY OF BROKEN BOW, CUSTER COUNTY, NEBRASKA
AMENDING SECTION 30.29: MAYOR AND CITY COUNCIL WAGES, REPEALING
THE SECTIONS OF ALL PREVIOUS ORDINANCES IN CONFLICT WITH THIS
ORDINANCE, AND PROVIDING FOR PUBLICATION AND EFFECTIVE DATE.

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF
BROKEN BOW, CUSTER COUNTY, NEBRASKA:

Section 1. That Section 30.29 of the Broken Bow Municipal Code be amended
to read as follows:

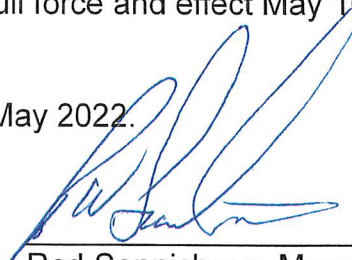
(A) The Mayor shall be paid an annual wage of \$7,500.00.

***(B) The City Council shall be paid an annual wage of \$3,500.00.
(Neb. RS17-108)***

Section 2. All ordinances or parts of ordinances in conflict with this ordinance are
hereby
repealed.

Section 3. This ordinance shall be in full force and effect May 10, 2022, and after
its approval and publication according to law.

Passed and approved this 10th day of May 2022.



Rod Sonnichsen, Mayor

ATTEST:



Kandi K. Peters, City Clerk



CITY OF BROKEN BOW

RESOLUTION 2022-5

Councilmember Larry Miller introduced a Resolution granting Central Nebraska Economic Development District permission to fill out the Pre-Application for CDBG Funds.

BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF BROKEN BOW, NEBRASKA:

Section 1. The Mayor and Council find and determine that Central Nebraska Economic Development District can fill out the Pre-Application for CDBG Funds on behalf of the City of Broken Bow, Nebraska.

Section 2: The Council is authorizing the Mayor to sign the Pre-Application for CDBG Funds.

Section 3. Council Member Chris Myers seconded the motion.

Upon roll call vote the following was:

Ayes: Miller, Myers, Schmidt, and Baltz

Nays: None

Motion Carried.

Dated this 10th day of May 2022.


Rod Sonnichsen, Mayor

ATTEST:


Kandi K. Peters, City Clerk





CDS Inspections & Beyond

RANDY AND LEIGH ALEXANDER

53506 862 ROAD

PLAINVIEW, NE 68769-2118

Phone / Fax: 402-582-3580

E-mail: info@cdsne.com

Dear Housing Rehabilitation Funds Applicant:

Thank you for your interest in participating in the Custer County Housing Rehabilitation Program. Custer County has contracted with our firm, CDS Inspections & Beyond, to administer the Repurposed Community Development Block Grant (CDBG) housing rehabilitation funds they previously received from the Department of Economic Development.

We understand that you may have many questions about the Housing Program, so we have included with this application a General Program Information sheet. It describes the types of home improvements covered through the Housing Rehabilitation Program, as well as Program requirements. Custer County's maximum income limits are also listed at the bottom of the General Program Information sheet.

In order for us to determine your income eligibility for the Program, you need to complete and return the attached application form entitled "Household Survey Information." In addition to the Household Survey, we will need documentation supporting your income and assets information, along with documentation that you meet other Program requirements. A Checklist of Required Documents is included with this application.

Your Application cannot be processed until we receive all the applicable documentation outlined on the Checklist. We will be processing applications on a first-ready, first-serve basis. Funds are limited so it is very important that you respond as quickly as possible.

Once we receive your information and make a determination about your income eligibility for the Housing Rehabilitation Program, we will contact you to discuss the guidelines and confirm your continued interest.

Please submit the Application and other documentation to the Plainview address at the top of this page. If you have an idea of some of the home improvements you would want to make with these funds, please list those items on the last page of the application in the space provided. Feel free to contact us at 402-582-3580 if you have any questions about the program or these forms. We look forward to working with you.

Sincerely,

Leigh Alexander
Housing Administrator

CDS Inspections & Beyond.....Making Homes Healthy One at a Time

CDS INSPECTIONS & BEYOND

Randy & Leigh Alexander

53506 862 Road

Plainview, NE 68769-2118

Phone / Fax: (402) 582-3580 Email: info@cdsne.com Visit us at www.cdsne.com

General Information for the Custer County Housing Rehabilitation Program

The Program is designed to provide funds to eligible homeowners for home repairs and improvements, such as:

- Repair or Replacement of Windows, Doors and Siding;
- Roof repair or replacement;
- Water Heater, Furnace / AC;
- Insulation and Storm Windows;
- Repair of Walls, Ceilings and Floors;
- Accessibility changes for Persons with Disabilities; and
- Health and Safety related items, including reducing or eliminating Lead-Based Paint Hazards.

The primary Eligibility Requirements for the Program are as follows:

- Home must be an owner-occupied single-family home and NOT a mobile home;
- Home must be located within the Custer County City/Village municipal boundaries;
- Properties within federally determined flood plains are not eligible for rehabilitation under this program;
- Household income cannot exceed HUD's Income Limits;
- Property taxes and debts owed to the county/community must be paid and kept current;
- Homeowner must carry current dwelling insurance of at least 90% of replacement costs; and
- After the rehabilitation has been completed, the home must meet the minimum health and safety standards set by the Nebraska Department of Economic Development.

Eligible applicants will receive a 100%, 5-year forgivable loan, that is prorated for each month lived in the home, until the 5-year affordability period is satisfied. Should the home cease to be the primary residence of the homeowner during this 5-year period of time, the remaining loan balance not forgiven will immediately become due.

The maximum funds available for any one eligible household cannot exceed \$25,000 (or \$25 per square foot for a home equal to or less than 1000 ft²), but the actual amount allowed is based on the needs of the property. A lien will be filed against the home by Custer County for the duration of the loan.

GREELEY COUNTY INCOME THRESHOLD FOR HOUSEHOLD – Effective July 1, 2020								
Program Level	1 person*	2 person*	3 person*	4 person*	5 person*	6 person*	7 person*	8 person*
Maximum Income for Program Eligibility (80% of AMI**)	40,150	45,850	51,600	57,300	61,900	66,500	71,100	75,650

* This refers to the number of persons that reside in the applicant household

**AMI = Area Median Income

CHECKLIST OF REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY DETERMINATION

This Checklist is provided to help you through the process of gathering the documentation we need in order to determine your income eligibility for the Housing Program. Please provide these items with your Household Survey. If not, this will delay the process for you.

- ☐ **Copy of Social Security cards of all household members.**
- ☐ **Copy of most recent bank statements.** Provide at least one full month's worth of activity for all bank accounts.
- ☐ **Copy of most recent year's federal income tax return (full set of forms).** If you do not file taxes, please send us a signed, dated statement telling us that you do not file income tax return AND fill out items 1-4 on the enclosed Form 4506T-EZ, sign the bottom and return it to our office. We will fax the form to the IRS on your behalf. You can also access this as a fillable form online at <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>. There is no fee to request this information.
- ☐ **Copy of most current pay stubs of all occupants of household (if working).** If you are self-employed, we need a copy of your last three years' federal tax returns – complete sets. We average your income over the last 3 years to project ahead for the next year.
- ☐ **Employer Verification Form for each working household member (see enclosure).** You must complete the top section, sign the middle section, and then forward to your employer as they need to fill out the bottom section. Your employer must return this to our office on your behalf. Please feel free to make additional copies if needed. If you are not employed, indicate such on the Household Survey.
- ☐ **Asset on Deposit Form for each of your Banks (see enclosure).** You must complete the top section, sign the middle section, and then forward to your bank as they need to fill out the bottom section. Your bank must return this to our office on your behalf. Please feel free to make additional copies if needed. If you do not have any bank accounts, indicate such on the Household Survey.
- ☐ **Documentation of Other Assets.** If you have an investment account, such as stocks, a retirement account or an IRA, we need a statement from the financial institution where this account is held giving us the balance of this account. If you have a whole life insurance policy, we need a statement from the insurance company reflecting its value. These assets must be considered with your application.
- ☐ **Copy of paid receipt of real estate property taxes.** If you are homestead exempt and do not pay property taxes, we need a tax receipt showing no taxes are due, or we need a copy of the approved Homestead Exemption Application.
- ☐ **Copy of the declarations page from your current homeowners' insurance policy.** If your home is not insurable due to its physical condition, we need a statement from an insurance agent identifying home improvements required in order to insure your home. You will be required to put funds in escrow to cover the cost of homeowners' insurance if you are approved for the Program and the repair items needed in order for your home to be insurable are a part of the rehab plan.
- ☐ **Copy of your recorded Property Deed.** If you cannot locate this, please contact your County's Clerk.
- ☐ **Documentation of Social Security Income, if applicable.** If you receive Social Security Benefits, we need a copy of the Social Security Benefits Statement you received from the Social Security Administration (usually in December) outlining your monthly benefits for the current / upcoming calendar year. **We cannot use your 1099 from the SSA.**
- ☐ **Documentation of Child Support.** If you're receiving any child support or are eligible to receive child support, we need a statement from Health and Human Services documenting the payments you've received over the last 12 months.

Please feel free to contact us if you have any questions. We look forward to working with you.

CDS Inspections & Beyond
53506 862 Rd / Plainview, NE 68769 / Phone & Fax (402) 582-3580
Email: info@cdsne.com | Visit us at www.cdsne.com

HOUSING REHABILITATION PROGRAM APPLICATION

HOUSEHOLD SURVEY INFORMATION

Date: _____

(Feel free to use the back of these forms for additional space)

PERSONAL INFORMATION

Applicant's Name _____
First Middle Last
Age _____ Social Security Number _____
Marital Status: _____ Married _____ Unmarried (single, divorced, or widowed) _____ Separated
Applicant Cell Phone _____ Applicant Home Phone _____
Applicant Work Phone _____ Email Address _____
Co-Applicant's Name _____
First Middle Last
Age _____ Social Security Number _____
Co-Applicant Cell Phone _____ Co-Applicant Work Phone _____
Co-Applicant Email _____

PROPERTY INFORMATION

Name property is listed under: _____
Length of time you have lived in your current home: Years _____ Months _____
Property Address _____ Mailing Address _____
City _____ Zip Code _____ County _____
Please indicate time period during which your home was built:
Before 1940 _____ 1940-1959 _____ 1960-1977 _____ Unknown _____
Is your home located in a flood plain? Yes _____ No _____ (If unknown, check with County or City/Village Clerk)
Has your residence ever been tested for lead-based paint? Unknown _____ No _____ Yes _____
If yes, please advise when testing occurred and provide a copy of the report: Date Tested _____

INFORMATION ON DEPENDENTS AND OTHER HOUSEHOLD MEMBERS (excluding self and spouse)

<u>Name and Birth Date</u>	<u>Age</u>	<u>Gender</u>	<u>Lives at Home</u> (yes or no)	<u>Full-time Student</u> (yes or no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT DATA (required for any household member age 18 or over)

Household Member _____	Employer _____	How Long _____
Mailing Address _____	City _____	Zip _____
Occupation _____	Number of scheduled work hours per week _____ (full-time is 40 hours per week)	
Gross Income (before taxes): Per Month _____ Per Year _____		
Household Member _____	Employer _____	How Long _____
Mailing Address _____	City _____	Zip _____
Occupation _____	Number of scheduled work hours per week _____ (full-time is 40 hours per week)	
Gross Income (before taxes): Per Month _____ Per Year _____		
Household Member _____	Employer _____	How Long _____
Mailing Address _____	City _____	Zip _____
Occupation _____	Number of scheduled work hours per week _____ (full-time is 40 hours per week)	
Gross Income (before taxes): Per Month _____ Per Year _____		
<input type="checkbox"/> No members of my / our household are employed (mark box if applicable).		

OTHER INCOME (Social Security, ADC, Disability, Welfare, Unemployment, Child Support, Retirement or Veteran, Rental Income, Worker's Compensation, and any other source not listed)

Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____

ASSETS (Cash value of life insurance policies and revocable trusts, retirement / pension funds, cash held in checking / savings accounts, stocks, equity in rental property, personal property held as investments such as gems / jewelry / coin collection / antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one time receipts such as inheritances / capital gains / insurance settlements, and any other asset not listed)

Average Checking Balance \$ _____	Bank & Address _____
Savings Amount \$ _____	Bank & Address _____
Does the total cash value of your assets exceed \$5,000? _____ Yes _____ No	
Real Estate Owned (other than home in which you reside) _____	Value \$ _____
<input type="checkbox"/> I / We do not have a Checking or Savings Account (mark box if applicable).	

MONTHLY HOUSING EXPENSES

	Monthly Amount	Balance Due	Name of Company
Current Mortgage/Rent Payment			
Electric/Gas/Water Bills			
Property Taxes		← Please divide your annual amount by 12 to get your monthly amount and include that here.	
Homeowner's Insurance			
Totals			

PREVIOUS HOUSING ASSISTANCE

Have you ever been assisted with Nebraska Affordable Housing Program (NAHP) Funds through any City, County or Regional Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Program? _____ When? _____
Note: This question refers to any NAHP assistance received and is not limited to your current home.

OPTIONAL HOUSEHOLD CHARACTERISTICS: The following demographic information is strictly OPTIONAL and has NO bearing on eligibility for participating in our program.

Marital Status: ☐ Single ☐ Married

Head of Household: ☐ Male ☐ Female

Number of older adults (62+): _____

Are any members of your household physically or mentally disabled? ☐ Yes ☐ No

If yes, number of people with disabilities: _____

Race (applicant): ☐ Caucasian ☐ African American ☐ Hispanic ☐ Native American ☐ Asian

☐ Other: Please Specify _____

Race (co-applicant): ☐ Caucasian ☐ African American ☐ Hispanic ☐ Native American ☐ Asian

☐ Other: Please Specify _____

SIGNATURES

I (we) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge. I understand that any misrepresentation of the requested information may result in my disqualification from the Program.

Signature and Date

Signature and Date

Below is a list of home improvements I would consider if I were to be awarded housing rehabilitation funds under this program:

(Please list these in order of priority)

1. _____
2. _____
3. _____
4. _____
5. _____



United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a / we are citizen(s) of the United States.

— OR —

☐ At least one member of our household is a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ , and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

EMPLOYER VERIFICATION FORM

(A SEPARATE FORM MUST BE SIGNED BY EACH INCOME-EARNING MEMBER OF THE HOUSEHOLD)

DATE: _____

EMPLOYEE: _____
Name

EMPLOYER: _____
Name

Street Address City/State/Zip

Street Address City/State/Zip

SS# _____

Phone _____ Fax _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Regulations require that the housing program administrator, verify employment of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the City to access all information requested, included but not limited to that listed below.

Applicant _____ Date _____

1. Employment start date _____
2. Please indicate if employee is paid hourly wages or salary _____
3. \$ _____ gross per hour / week / month / year (Circle one)
4. # _____ hours worked per week
5. Annual anticipated tip earnings not recorded on employee's W2 \$ _____
6. Employee is paid – daily / weekly / bi-weekly / monthly (Circle one)
7. Overtime pay at 1 x hourly rate / 1-1/2 x hourly rate / other rate _____
8. Overtime hours are worked regularly / occasionally / rarely / never (Circle one)
9. If regular or occasional overtime, anticipated hours over next 12 months # _____
10. Year-to-Date Gross Earnings \$ _____
11. Anticipated gross salary over the next 12 months \$ _____
12. Is there any anticipated change of employment or job status, such as a raise, promotion, or lay-off in the near future? If yes, please explain and give anticipated date _____
13. Is employee currently off work due to lay-off, sick leave, work-related accident? If yes, please explain and give estimated date of return: _____

This form should be completed and signed by a bona fide representative of the employer such as timekeeper, bookkeeper, or accountant. **IN NO EVENT SHOULD IT BE COMPLETED BY THE EMPLOYEE.**

SIGNATURE/TITLE _____

DATE _____

PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:

CDS Inspections & Beyond, 53506 862 Road, Plainview, NE 68769-2118

Phone: 402-582-3580. Fax: 402-582-3570. Email: info@cdsne.com

ASSETS ON DEPOSIT VERIFICATION FORM

DATE: _____

NAME: _____

BANK: _____
Name

Street Address City/State/Zip

Street Address City/State/Zip

SS# _____

Phone _____ Fax _____

REQUEST FOR VERIFICATION OF ASSETS ON DEPOSIT

Federal regulations require that the housing program administrator verify all assets on deposit of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the Grantee _____, to access all information requested, included but not limited to that listed below.

Applicant Date Co-Applicant Date

Checking / Savings / Money Market Funds Account No.	Average Monthly Balance for Last 6 Months	Current Interest Rate

Certificates of Deposit / IRA / Retirement Account Account No.	Amount	Withdrawal Penalty	Current Interest Rate

This form should be completed and signed by an authorized representative of the depository.
IN NO EVENT SHOULD IT BE COMPLETED BY THE APPLICANT.

SIGNATURE / TITLE _____

DATE _____

PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:
CDS Inspections & Beyond, 53506 862 Road, Plainview, NE 68769-2118
Phone: 402-582-3580. Fax: 402-582-3570. Email: info@cdsne.com



CDS Inspections and Beyond, Inc.

53506 862 Road
Plainview, NE 68769
Phone / Fax: 402-582-3580
Cell: 402-841-2142
Email: info@cdsne.com
Visit us at www.cdsne.com

Nebraska Department of Economic Development **Disaster Assistance Questionnaire**

YES / NO I / We have applied to FEMA for financial assistance with the damage that our home sustained as a result of the 2019 flooding.

YES / NO I / We received FEMA financial assistance for housing damage to our home as a result of the 2019 flooding.

If yes, we received FEMA financial assistance for the following repairs to our home:

YES / NO The above repairs have been completed on our home.

Signed,

Applicant's Signature

Date

Co-Applicant's Signature

Date

*In order to be eligible for assistance through the Custer County Housing Rehabilitation Program, please provide written documentation of all information received from FEMA regarding the flood damage that your property sustained during the 2019 Flooding.



CDS Inspections & Beyond

RANDY AND LEIGH ALEXANDER
53506 862 Road
PLAINVIEW, NE 68769-2118
Phone / Fax: 402-582-3580
E-mail: info@cdsne.com
Visit us at www.cdsne.com

The Weatherization Assistance Program is a federal program managed by the Nebraska Department of Energy through contracts with regional, non-profit organizations located in Wisner (Goldenrod Hills), Loup City (Central Nebraska Community Services), and Kearney (Community Action Partnership of Mid-Nebraska), among others. This Program can offer qualified applicants limited grant funds to assist with home weatherization. Your signature on this release form will allow our office to share information on your behalf with the Weatherization Assistance Program that covers your county to see if you qualify for home improvement funds through that Agency. We offer this referral as a service to you and will provide your information to the Weatherization Assistance Program only if you appear to be income eligible for assistance through that office. Our goal is to bring as many resources to your home improvement project as possible, so we may make the greatest impact. Therefore, we ask that you sign the authorization below.

.....

I understand that CDS Inspections & Beyond (CDS) is working together with the regional Weatherization Assistance Program that serves my community on my request for rehabilitation of my home and give both the Weatherization Assistance Program and CDS permission to solicit and share any and all information as it pertains to the processing of my application.

Signed,

Program Applicant / Homeowner

Date

Program Co-Applicant / Homeowner

Date

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

► Request may not be processed if the form is incomplete or illegible.
► For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ.** See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
855-587-9604

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999
855-821-0094

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

RESOLUTION 2022-6

RESOLUTION AUTHORIZING THE USE OF KENO FUNDS FOR THE PURCHASE OF THE 80FT ALUMINUM FLAGPOLE FOR PAUL BROWN FIELD

BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF BROKEN BOW,
NEBRASKA:

WHEREAS, the following vendors have submitted an invoice for purchase of 80ft
Aluminum Flagpole for Paul Brown Field.

Card Services – Liberty Flagpoles	<u>\$17,150.00</u>
Total	\$17,150.00

WHEREAS, the payment to the above listed vendors will come from KENO funds.

NOW, THEREFORE, BE IT RESOLVED, by the Mayor and City Council of Broken Bow,
Nebraska: authorizing The City to sign all necessary documentation for payment and to
pay the above listed vendors in the amount totaling \$17,150.00 for the purchase of 80ft
Aluminum Flagpole for Paul Brown Field.

PASSED AND APPROVED this 10th day of May 2022.



Rod Sonnichsen, Mayor

ATTEST:



Kandi K. Peters, City Clerk

