

AGENDA
Codington County Board of Commissioners
Codington County Court House, 14 1st Ave SE, Watertown SD
Commission Chambers, Room #114
9:00 a.m., Tuesday, November 2, 2021

1. Pledge of Allegiance
2. Call for public comment. Public comment may be submitted via telephone at 605-882-6248 or 605-882-6297
3. Conflict of interest items
4. Action to approve the November 2, 2021 agenda
5. Action to approve the October 26, 2021, minutes of the Board of Codington County Commissioners
6. Monthly reports
 - a. Extension
 - b. Veterans Service Officer
 - c. Sheriff
7. Action to approve 2022 wage increase for non-union employees
8. Action to register for a “Proposed Opioid Settlement” and sign-on to settlement
9. Mark Vaux, Executive Director Watertown Development Company, annual update
10. Action to approve FY2023 Weed Grant application
11. Discussion/possible action to purchase a 950 Wheel Loader
12. Action to approve a change order on Project BRO 8015(38)
13. Action to approve claims for payment
14. Action to approve automatic budget supplements
15. Action to approve personnel changes
16. Action to approve travel requests
17. Public Notices – a possible quorum of Commissioners could be in attendance at:
 - a. Sioux Valley Commissioners Association meeting, 11/10/2021, 12:00 noon, Brookings County Outdoor Adventure Center
18. Old Business
19. New Business
20. Open
 - a. Public Comments
 - b. Commission Comments
21. Action to enter into Executive session per SDCL 1-25-2
 - (1) Discussion of personnel issues
 - (2) Consulting with legal counsel or reviewing communications from legal counsel regarding proposed or pending litigation or contractual matters
 - (3) Preparing for contract negotiations with employees or employee’s representatives
 - (4) Discussing information listed in SDCL 1-27-1.5 (8) and 1-27-1.5 (17) (safety or disaster)
22. Action to adjourn until 9:00 a.m., Tuesday, November 9th, 2021; at the Codington County Court House

Codington County does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of service.

**Official Proceedings
County of Codington, Watertown, South Dakota
Codington County Court House
14 1st Ave SE**

October 26, 2021

The Codington County Commissioners met in regular session at 9:00 a.m., Tuesday, October 26, 2021, at the Codington County Court House. Commission members present were: Lee Gabel, Charlie Waterman, Myron Johnson, Troy VanDusen and Brenda Hanten; Chair Hanten presiding. Commissioner Gabel led the pledge of allegiance.

CALLS FOR PUBLIC COMMENT AND CONFLICT OF INTEREST ITEMS

Chair Hanten called for public comments to be taken up during the open portion of the meeting; none were offered. There were no conflict-of-interest items to note.

AGENDA APPROVED

Motion by VanDusen, second by Gabel, to approve the October 26, 2021 agenda as posted; all voted aye; motion carried.

MINUTES APPROVED

Motion by Waterman, second by VanDusen, to approve the minutes of the October 19, 2021 meeting of the Codington County Commissioners; all voted aye; motion carried.

RESOLUTION 2021-37 NICK AND MATT KRANZ PASTURE ADDITION

Zoning Officer, Luke Muller, presented to the Board and reviewed the plat of the “Nick and Matt Kranz Pasture Addition,” and noted the plat has been recommended for approval by the Codington County Planning and Zoning Board. The Board adopted the following plat resolution:

RESOLUTION #2021-37

A Resolution to approve the platting of the Nick and Matt Kranz Pasture Addition in the County of Codington, South Dakota

BE IT RESOLVED by the County Commissioners of Codington County, South Dakota, as follows:

That an examination has been made of the plat entitled:

Nick and Matt Kranz Pasture Addition, located in the Northwest Quarter (NW1/4) Section 15-T116N-R52W of the 5th Prime Meridian, in the County of Codington, South Dakota; and it appearing to the Board of County Commissioners that the arrangement of streets and alleys and the area within its jurisdiction have not been interfered with by the said plat and survey, and that the County Planning Commission of the said County has recommended approval of the said plat, and it also appearing that the plat and survey accompanying the same has been executed according to law.

NOW, THEREFORE, said plat is hereby approved and the County Auditor of Codington County, South Dakota, is hereby authorized to endorse on the said plat a copy of the Resolution and to certify to the same thereon.

The above and foregoing resolution was moved for adoption by Commissioner Gabel, second by Commissioner VanDusen; all voted aye; whereupon the Chair of the Board of County Commissioners declared the same to be duly passed and adopted.

Dated this 26th day of October, 2021, at Watertown, Codington County, South Dakota

Brenda Hanten

Commission Chair, Codington County, South Dakota

STATE OF SOUTH DAKOTA

§

COUNTY OF CODINGTON

I, the undersigned, the duly appointed, elected, qualified, and acting County Auditor of Codington County, South Dakota, do hereby certify that the foregoing is a true and correct copy of Resolution 2021-37, adopted by the Board of County Commissioners of Codington County, South Dakota.

Dated this 26th day of October 2021, at Watertown, Codington County, South Dakota.

Cindy Brugman

County Auditor, Codington County, South Dakota

MOU HELPLINE CENTER NETWORK OF CARE

Welfare Director, Sara Foust, presented the Board with a Partner Agency MOU, between Codington County and the Helpline Center Network of Care, for the provision of internet-based software serving as a single data point of reference that electronically links human service agencies through shared and protected client information with the goal of better serving clients, reducing duplication of efforts and services, and to decrease gaps in access to service. The Helpline Center Network of Care provides access to resource information used to quickly assist people in finding basic needs (housing, food, and clothing,) physical and mental healthcare, substance abuse treatment, and other human needs. The Helpline Center has received a grant which will allow for the expansion of their services. The grant will run through August 2024 and there will be no cost to Codington County during the grant period. The County will be responsible for payment of a user fee, currently \$30.00 per month, after August of 2024. Shauna Batcheller, Helpline Center Network of Care Manager and Tehra Nelson, Helpline Center Community Specialist, were present and participated in this discussion via Zoom. Motion by Johnson, second by Gabel, approve the MOU as presented, pending the County's ability to comply with the provision of professional liability insurance coverage of not less than five hundred thousand (500,000.00) with Helpline Center named as a certificate holder per article 10 of the agreement; all voted aye; motion carried.

COMMUNITY HEALTH WORKER GRANT FUNDS

Welfare Director, Sara Foust, requested authorization to apply for a one-year grant, in the amount of \$50,000.00, with potential for a second year of funding, through the Community Health Worker Collaborative of South Dakota, for a Community Health Worker. A Community Health Worker would primarily target high utilizers in the legal system to prevent recidivism and assist people to work out of the legal system eventually saving County funds. The Board would like to see what the cost would be to the County for the hiring of a full-time employee for this position. Motion by VanDusen, second by Gabel, to allow the Welfare Director to apply for the grant funds, recognizing that the grant, if awarded, would need additional action by this Board to accept; upon roll call vote of the Board; Gabel, Johnson, VanDusen and Hanten voted aye; Waterman voted no; motion carried.

MONTHLY REPORTS

Emergency Management Director, Jamie Torstenson, updated the Board. The office responded to weather situations October 9 & 10; participated in Search and Rescue assistance to Hamlin and Clark counties; attended a County Partners meeting; hosted a County and City department head meeting with the WPD, FDP, and Sheriff's Office; and will host an upcoming LEPC meeting on November 16. The E.M. Director provided recent COVID numbers in Codington County and noted the recent drought monitor shows great improvement in Codington County. A brief discussion was held regarding an emergency generator for the Court House and the possibility of using American Rescue Plan funds for such a purchase.

NOTICE TO BIDDERS COUNTY ROAD 23-4 RIP RAP PROJECT

Motion by VanDusen, second by Waterman, to authorize a notice to bidders for a rip rap project on County Road 23-3, as presented and requested by Highway Supt., Rick Hartley; and to require that the successful bidder provide the County with certification stating that all materials meet specifications as listed in "The South Dakota Department of Transportation's Standard Specifications for Roads and Bridges"; all voted aye; motion carried. A bid letting for the project will take place during the Board's meeting scheduled for Tuesday, November 9th, 2021.

FRONT END LOADER REPAIR

Highway Supt., Rick Hartley, provided the Board with a service repair quote, from Butler Cat, for the County's 950H wheel loader, in the amount of \$27,754.33. The loader has been examined by Butler and it has been determined that the transmission needs to be replaced. The Highway Supt., noted this loader was purchased in 2006, funds have been budgeted to replace the machine in 2022, and Butler will apply the cost of the repairs to the current machine towards the cost of a new loader. Motion by Waterman, second by Gabel, to approve the repairs to the loader; all voted aye; motion carried.

HIGHWAY DEPT. OVERHEAD DOOR DECLARED SURPLUS

Motion by Waterman, second by VanDusen, to declare an overhead door at the Highway Dept. surplus to be sold. This door was replaced with a new door by action of the Board at their meeting on October 19, 2021. Upon vote of the Board; all voted aye; motion carried.

OCTOBER SALARY CLAIMS

Motion by Gabel, second by Johnson, to approve October salary claims; all voted aye; motion carried:
Commissioners: 10,595.07 total salaries. Auditor: 22,779.70 total salaries. Co. Treasurer: 34,018.37 total salaries. States Attorney: 36,495.03 total salaries. Gov. Buildings: 20,850.04 total salaries. Director of Equalization: 46,204.67 total salaries. Reg. of Deeds: 24,918.13 total salaries. Veterans Service: 16,299.58 total salaries. Sheriff: 102,274.01 total salaries. Co. Jail: 126,467.75 total salaries Welfare: 11,785.73 total salaries; Kari Kraayenbrink F/T 3516.54. County Nurse: 5,164.53 total salaries. Co. Park: 3,468.91 total salaries. Ag. Bldg.: 10,129.64 total salaries. Co. Extension: 10,443.28 total salaries. Weed: 8,061.48 total salaries. Planning Board: 549.73 total salaries. Road & Bridge: 102,307.49 total salaries. Emergency Management: 16,595.16 total salaries. Crime Victim: 7,252.52 total salaries. W.I.C.: 4,834.54 total salaries. Total 621,495.36. Breakdown of withholding amounts which are included in the above: S.D. Retirement 57,858.22; S.D. Retirement 72.87 spouse option; S.D. Supplemental Retire. 3,365.00 suppl. retire.; Sanford 83,035.19 ins.; Reliance Standard Life Insurance 772.23 life ins.; Delta Dental 6,424.20 ins.; Avesis 888.55 ins.; Nationwide Retire. Sol. 25.29 suppl. retire.; AFSCME Council 65 526.90 employee union dues; AFLAC 4,180.59 ins.; John Hancock 7,746.98 suppl. retire.; AFLAC 927.46 ins.; Watertown United Way 60.00 employee contributions; Office of Child Support 435.00 employee payments; Sioux Valley Credit Union 25,006.00 employee payments; SDRS Supplemental Retirement 4,010.00 Roth retirement; Teamsters Local Union 120 394.00 employee union due; Codington County Deputy Sheriff's Association 135.00 employee union dues; ReliaBank Dakota 42,680.97 federal withholding; ReliaBank Dakota 70,498.40 social security.

TRAVEL REQUESTS

Motion by Johnson, second by Gabel, to approve the following travel requests: Emergency Management Director and Senior Maintenance Tech., Joint Safety & Loss Control Conference; and Weed Board member, District meeting; all voted aye; motion carried.

ADJOURNMENT

There being no further business to come before the Board a motion was made by Johnson, second by Gabel, to adjourn at 10:01 a.m., until 9:00 a.m., Tuesday, November 2nd, 2021; all voted aye; motion carried.

ATTEST:

Cindy Brugman
Codington County Auditor

Codington County does not discriminate on the basis of color, national origin, sex, religion, age, or disability in employment or the provision of service.

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CHARLES D. McGUIGAN
CHIEF DEPUTY ATTORNEY GENERAL

October 25, 2021

FILED

OCT 26 2021

Cindy Brugman
14 1st Ave. SE
Watertown, SD 57201

Re: *Proposed Opioid Settlement Sign-On*

Dear Ms. Brugman,

The purpose of this letter is three-fold:

1. To encourage you to register at <http://nationalopioidsettlement.com/>, if you have not already done so;
2. To sign on to the proposed settlement once you are registered; and
3. To encourage you to contact the South Dakota Attorney General's Office with any questions you may have concerning the settlement and how it will affect your county or municipality.

The State of South Dakota has joined both settlements and the first question always seems to be how much money will be received and when will it be paid. South Dakota could receive approximately \$50 million dollars over 18 years. That amount is an estimate and, to some degree, depends upon you. The more states and the more subdivisions that join the settlement are determining factors as to the amount of money South Dakota will ultimately receive. The higher subdivision participation rate both in South Dakota and across the nation, the more money will be available.

Conversely, if a critical mass of subdivisions electing to participate in the settlement is not reached, there will be no settlement. The manufacturers and Johnson & Johnson have until February 4, 2022, to announce whether the settlement will move forward. The criteria they are using to make that decision is unknown, but we do know the decision will be unilaterally made with no input from states or subdivisions.

How the money will be spent is another frequently asked question. At this point the specifics are unknown, but we do know that 85% of the money received is to be used for Opioid Remediation.

What qualifies for Opioid Remediation? Exhibit E, attached hereto, generally illustrates what qualifies as remediation. Which programs will be picked, how they will be picked, how much money will be allocated to them, and all logistics associated with the funding remain unknown at this time.

Will you receive money directly? The best answer we can give at this time is "perhaps". For smaller counties, the answer is probably no because the amounts allocated to smaller counties will likely be too small to effectively establish an opioid remediation plan. It is likely to assume that some consolidation of funds will most likely play into the overall remediation plan. However, right now is the right time to formulate innovative remediation plans, especially plans that aim to get those with an opioid use disorder into a position where they will be able to obtain the proper treatment and therapy needed to overcome the disorder.

The prior notification letter announcing the registration and sign-on gives a deadline of January 2, 2022, to sign-on. Please consider finishing the process prior to that date. Why? Because there are a lot of unknowns that need to be addressed. It is freely admitted that there are more unknowns at this time than knowns. Subsequently, knowing which subdivisions are participating makes it simpler to formulate how the money will be spent. Most importantly, as emphasized in the notification letter, the sooner a plan is implemented, the sooner help can be available.

In this endeavor into uncharted waters, the one known is that the more subdivisions that elect to participate in the settlements, the more money will come to South Dakota.

Sincerely,



Jason R. Ravensborg
Attorney General

JRR/mn

Enclosure

EXHIBIT E

List of Opioid Remediation Uses

Schedule A Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).¹⁴

- A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**
1. Expand training for first responders, schools, community support groups and families; and
 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
- B. **MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹⁴ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

**Schedule B
Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:¹⁵

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹⁵ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARF*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTP”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES**

JOE FOSS BUILDING
523 E CAPITOL AVE
PIERRE SD 57501-3182
danr.sd.gov

TO: County Weed & Pest Supervisors, Weed & Pest Control Commission/Attendees
FROM: Brenda Sievers, Plant Industry Program Manager *BS*
DATE: October 1, 2021
SUBJECT: Call for Weed & Pest Grant Applications for FY2023

At their September 15, 2021 meeting, the SD Weed & Pest Control Commission approved a call for grant applications for FY2023 funds. The Commission approved the following:

\$230,000 divided amongst the counties that meet the criteria (See grant criteria for more info.)
\$220,000 to fund competitive grants

The Commission will be awarding contractual grants to each county that meets the criteria, with the amount depending upon which criteria they meet. The enclosed grant form is FY2023 Call for Grants & Contractual Agreements.

Also, the Commission has made available \$220,000 in competitive grants of which any dollar amount can be awarded to one or more counties for special weed projects within the county. The competitive grant criteria and application form is marked FY2023 Competitive Weed & Pest Grant. These grant requests will be evaluated by a committee appointed by the SD Weed & Pest Control Commission Chairman and the committee recommendations for funding will be presented to the full Commission at their meeting in February for final approval.

All grant applications must be mailed and postmarked to the Department of Agriculture & Natural Resources, Plant Industry Program, **no later than November 15, 2021**. If grants are emailed or faxed in, the original copy **must** follow and be **postmarked no later than November 15, 2021**. ***Please get your grant applications in early and do not wait until the last day.*** The Commission will act on all grant applications on February 16, 2022, at their meeting held just prior to the Annual Weed & Pest Conference in Mitchell, SD.

If you have any questions, please contact me at 605.280.4463, your district Commission member or the Department office at 605.773.3623. You may also ask Department staff at the upcoming District Weed & Pest Meetings. I have enclosed the dates and locations of the 2021 District Weed & Pest Meetings. As a reminder, there are meeting requirements to qualify for the grants, as well as the requirement to get your inspection, fiscal and annual reports to the Department.

Please read the requirements carefully!!!

Inspection Summaries are due November 1st, 2021.

Annual and Fiscal Reports are due January 31st, 2022.

FY2023 CALL FOR GRANTS & CONTRACTUAL AGREEMENTS

To be considered, all grant applications **must** be received by the Department of Agriculture and Natural Resources, Resource Conservation and Forestry – Plant Industry Program, postmarked, faxed, or emailed on or **before November 15, 2021**. The Commission will act on these applications on February 16, 2022, at the Ramada Hotel & Conference Center, Mitchell, SD.

Specific **REQUIREMENTS, PRIORITIES, and EVALUATIONS CRITERIA** are enclosed. The application forms to be used are also enclosed. If awarded a weed and pest grant, funds must be expended between July 1, 2022 through June 1, 2023. The grant fund dollars, if approved, cannot be spent prior to July 1, 2022.

Weed & Pest Fund Grant Requirements for FY2023 are:

- a. Counties must have prior year's annual reports, tours and summaries filed with the Department of Agriculture & Natural Resources by February 1, 2022.
- b. County Weed & Pest Supervisor and/or a county representative must attend at least one training session per year if provided by the department. (1 county personnel must attend)
- c. County Weed & Pest Supervisor and a county representative or board member must attend the annual weed and pest conference. If the representative isn't a board member, they must be a resident of the county. (2 county personnel must attend) (See note below**)
- d. County Weed & Pest Supervisor and county representative or board member must attend a district weed meeting. (2 county personnel must attend)
- e. 50/50 cost share is required
- f. A husband and wife will not be considered two representatives from a county.

**** NOTE ****

- If only one person (supervisor or designee) attends the conference they are qualified to receive grant funds.
- If a grant is awarded, the breakdown of funds will be:
 - Full amount of the grant will be awarded if the county meets all the requirements, including 2 attendees at the Conference
 - One half of the full amount of the grant will be awarded if the county meets all the requirements, but has only 1 attendee at the Conference
- If in the event that a county or counties don't qualify for funding, the remaining funds will be divided equally to the nearest \$100, amongst those remaining counties that have met the requirements, without exceeding spending authority.

A. STATUTORY REQUIREMENT

The Commission may expend weed and pest control funds through grants or contracts to weed and pest county boards, governmental agencies or other entities it considers appropriate for weed and pest control projects for the following (SDCL 38-22-38):

1. Employment of a new and innovative weed and pest control project or development, implementation or demonstration of any weed and pest control project that may be proposed, implemented or established by local, state or national organizations, whether public or private. Such expenditures shall be on a cost-share basis with such organizations;
2. Weed and pest control cost share programs with the county weed and pest boards;
3. Special grants to county weed and pest control boards to eradicate or contain significant weeds or pests newly introduced into the county. These grants may be issued without matching funds from the board;
4. Assist county weed and pest boards in purchasing pesticides and application equipment and hiring labor necessary to protect against expansion of noxious weeds and declared pests;
5. Support multi-county weed and pest control and eradication efforts;
6. Promote landowner responsibility to control noxious weeds and pests in South Dakota;
7. Support educational and research efforts to find new and better ways of controlling noxious weeds and declared pests.

A project is eligible to receive funds only if the county in which the project occurs has funded its own weed and pest program. The commission may also expend funds to pay for the costs of administering the weed and pest control fund not to exceed three percent of the allowable expenditure for each fiscal year and for administrative expenses incurred by the commission.

B. COMMISSION POLICY

The Commission has established the following as characteristics for available funding.

1. Continue and increase public information and education programs.
 - a. Mass media involving television, radio, newspapers, magazines, and newsletters.
 - b. Weed and pest booths at major agricultural trade shows.
 - c. Educating youth via programs integration with FFA, 4-H, Ag in the Classroom, etc.
 - e. County noxious weed management seminars, workshops, etc.
2. Continue to support large scale cooperative noxious weed management projects.
3. Continue and expand County Weed & Pest Supervisor training and certification.
4. Continue and expand research on noxious weed and declared pest management.
5. The commitment by documentation of other resources by the applicant is required to ensure successful completion of the project. The Commission does require a 50/50 cost share for the project.

6. Allocate a pool of money equally between all eligible counties requesting funds. Based on evaluation criteria below

C. **EVALUATION CRITERIA**

Applications shall be evaluated on the following:

1. Program accomplishments by the applicant during the past year; copy of bills submitted to the Department of Agriculture and Natural Resources prior to reimbursement showing how money was spent, ie., chemical or equipment.
 - a. Prior year's annual reports, tours and summaries have been filed with the Department of Agriculture and Natural Resources.
 - b. County Weed & Pest Supervisor or a county representative must attend at least one training session per year if provided by the department.
 - c. County Weed & Pest Supervisor or designee must attend a district meeting and annual conference.
 - d. At least one County Commissioner, Weed and Pest Board member or county representative must attend a district weed meeting and the annual weed and pest conference.

These grants are intended to support the programs and policies established by the SD Weed & Pest Control Commission. The intent is to encourage new, improved, or innovative activities that will allow the program to become more effective. The intent is not to replace current operational budgets for ongoing control activities. The Commission has given priority to grant applications that are directed at thistle and leafy spurge control efforts. Grant applications that include pickup or trucks or supervisor's wages or benefits will not be permitted, however the purchase of chemical will be allowed. **Requests for educational meetings will be allowed, but only meeting room expense and coffee will be reimbursable.**

Applications must be postmarked, faxed or emailed no later than November 15, 2021. If faxed or emailed, the original must still be sent and must be postmarked no later than November 15, 2021.

WEED & PEST FUND GRANTS – FY2023

Date: _____

County: _____

Applicant: _____

Address: _____

Name & Telephone Number of Contact Person: _____

Please describe in the space below what the grant funds will be used for. (If additional space is needed, please add additional pages to this application.)

Signature of Applicant: _____

Please return form to the following address:

South Dakota Department of Agriculture

Resource Conservation & Forestry

Plant Industry Program

523 E. Capitol Ave., Foss Bldg.

Pierre, SD 57501-3182

Application must be postmarked, faxed or emailed no later than November 15, 2021. If faxed or emailed, the original must still be sent and must be postmarked no later than November 15, 2021.



October 27, 2021

CODINGTON COUNTY
HIGHWAY DEPARTMENT
1201 10TH ST NW
WATERTOWN, South Dakota 57201-1053

Dear Rick Hartley,

We are pleased to quote the following for your consideration.

Caterpillar Model: 950M3VFUSL Wheel Loader

STOCK NUMBER: M031086 **SERIAL NUMBER:** **YEAR:** **SMU:**

Caterpillar Model: 950M3VFUSL Wheel Loader

STANDARD EQUIPMENT

POWERTRAIN -Engine, Cat C7.1 ACERT -Torque converter, with lock-up clutch -free wheel stator -Transmission countershaft, automatic, -powershift (5F/3R) -Pump transmission, split flow -Productive Economy Mode (fuel -consumption optimization) -Brakes, full hydraulic enclosed wet-disc -with Integrated Braking System (IBS) -Brake wear indicators -Fan drive hydraulic, electronically -controlled, temperature sensing, -on demand -Fuel priming pump (electric) -Fuel/Water separator -Engine air intake with strata-tubes -Parking Brake, disk & caliper

HYDRAULICS -Load sensing system with variable -displacement piston pump. -Hoses, Caterpillar XT -Couplings, Caterpillar O-ring face seal -Hydraulic oil cooler (swing out) -Oil sampling valves -Remote diagnostic pressure taps -Hydraulic Service Center

ELECTRICAL -Batteries (2), maintenance free 1400CCA -Starting and charging system (24V) -Alternator, 115-amp brushed -Alarm, back-up -Ignition key; start/stop switch -Main disconnect switch -Receptacle remote start (cables not -included) -Starter, electric, heavy duty -Emergency shut-off switch -Rear camera -Electrical Service Center

OPERATOR ENVIRONMENT -A-Post mounted membrane 16 switch keypad -Climate control -Bucket/Work tool function lockout -EH Parking Brake -Intermittent front wiper control -Horn, electric -Lights, cab dome (2) -Radio ready (entertainment) includes -antenna, speaker & converters (12V 10A) -3 receptacles, 12V -Beverage holders (2) with storage -compartment for cell phone/MP3 player -Coat hooks (2) -Sliding window -Ergonomic Cab Access -Sun visor, front -Computerized monitoring system -Front dash information display with: --Speedometer/Tachometer --Digital gear indicator --Temperatures: engine coolant, -hydraulic oil, transmission oil --Fuel level -Warning Indicators: --Temperatures: axle oil, engine intake -manifold --Pressures: engine oil, fuel pressure -Hi/Low, primary steering oil, -service brake oil --Battery voltage Hi/Low --Engine air filter restriction --Hydraulic oil filter restriction --Hydraulic oil level low --Parking brake --Transmission filter bypass -Multi-function monitor: --180mm(7") color LCD touch-screen -display --Rear-view camera image display -(reverse travel activated) -Machine utilization information: --Total fuel consumption --Average fuel burn rate --Engine fuel consumption --Total idle time --Total operating hours --Travel distance (odometer) --Total idle fuel --Total operating hours, neutral --Total operating hours with hydraulic -filter in bypass -

OTHER STANDARD EQUIPMENT -Engine idle management system and auto -idle shutdown -Filters: fuel, engine air, engine oil, -hydraulic oil, transmission -Hitch, drawbar -Kickout, lift & tilt, automatic -(adjustable) -Sight gauges: engine coolant, hydraulic -oil, and transmission oil level -Lift and tie down points -Articulation locking bar -Parallel Z-bar lifting

MACHINE SPECIFICATIONS

950M WHEEL LOADER
 LANE 2 ORDER
 REGIONAL PKG, AM-N
 STANDARD PKG WITH AD/CPM RDY
 LINKAGE, STANDARD LIFT
 COUNTERWEIGHT, 1460KG
 AXLES, AUTO/AUTO, ED
 HYDRAULICS, 3V RC STD/LOG
 HYDRAULIC OIL, STANDARD
 STARTING, COLD (120V)
 LIGHTS, LED, PREMIUM
 PRODUCT LINK, CELLULAR PLE641
 RADIO, AM/FM/BLUETOOTH
 FAN, STANDARD
 ANTIFREEZE, -50C (-58F)
 TIRES, 23.5R25 MX XHA2 * L3
 INSTRUCTIONS, ENGLISH
 WINDOWS, STANDARD
 FILTRATION, STANDARD
 SEAT BELT, 3"
 AIR INLET PRECLEANER, TURBINE
 CAT LOADER SCALE

HOOD, NON-METALLIC
 SOUND SUPPRESSION, STANDARD
 LIGHTS, REVERSING STROBE
 LIGHT, WARNING BEACON
 GUARD, POWERTRAIN
 QUICK COUPLER READY, STD
 LINES GP-IMPLEMENT 3V (QC)
 ROLL ON-ROLL OFF
 FUEL ANTIFREEZE, -25C (-13F)
 STORAGE PROTECTION
 PROTECTION, CYLINDER ROD
 OCT 1 2021 PRICE INCREASE
 STEERING SYST, STD, WHL
 AUTO DIFF, STEERING WHEEL
 JOYSTICK 3V, STEERING WHEEL
 COOLING CORES, 9 FPI
 CAB TRIM, DELUXE (HMU)
 FENDERS, BASIC +
 LUBRICATION, MANUAL, STD
 RADIO, CB (READY)
 PALADIN QUICK ATTACH
 PALADIN 4.5YD BUCKET

SELL PRICE	\$313,062.28
EXT WARRANTY	Included
LESS TRADE ALLOWANCE	(\$46,050.00)
NET TRADE DIFFERENCE	\$267,012.28
BALANCE DUE	\$267,012.28

TRADE-INS

Model	Make	Serial Number	Year	Trade Allowance
950H	CATERPILLAR (AA)	K5K01145		\$46,050.00

WARRANTY

Standard Warranty: 12 Months Standard Warranty including 12 Months Mileage.
 Extended Warranty: 950-84 MO/3500 HR PREMIER

We believe the equipment as quoted will exceed your expectations. Thank you for the opportunity to quote this equipment.

Sincerely,

Toby Royer
 Machine Sales Representative TobyRoyer@butlermachinery.com
 605-261-2881

PCN 04YH
 Project No BRO 8015(38) County Codington Contract Amt \$926,449.75
 Type of Work Structure (102'-10 1/2" Continuous Concrete Bridge) & Approach Grading
 Contractor Prahm Construction, Inc.

The following change in plans and/or specifications for the subject project is hereby made:

Test Pile

Instruction: Adjust the Test Pile quantity to match installed quantity.

Reason: During the Final Review, Alan Berheim noticed that some of the test pile lengths were not paid for correctly. The correct test pile lengths are shown below.

Abutment 1: Length Driven-62.9', Length Paid-65', Plans Length-70', Net Change=+5'

Bent 2: Length Driven-72', Length Paid-65', Plans Length-60', Net Change=+7'

Bent 3: Length Driven-47.5', Length Paid-65', Plans Length-60', Net Change=-5'

Abutment 4: Length Driven-66.7', Length Paid-65', Plans Length-70', Net Change=+5'

Total Net Change=12'

According to Section 510.5A of the Standard Specifications "Test pile will be paid for at the contract unit price per lineal foot. If the plans quantity is greater than the actual quantity driven, the plans quantity will be used for payment." During initial payment it was assumed that all test pile were 65' based on plans length and number of test pile, that is why each one was paid the 65', not plans quantity if not driven past the plans length.

Line No. 015 P HP 10x42 Steel Test Pile, Furnish and Drive 12.000 @ 85.000 / Ft

Line No	Std Bid Item No	Item Description	Qty As Now Ordered	Current Change in Qty	Unit Price	Unit	Current Change in Amt
015P	510E3361	HP 10x42 Steel Test Pile, Furnish and Drive	272.000	12.000	85.000	Ft	1,020.00

Increase This Order	<u>\$1,020.00</u>
Decrease This Order	<u>\$0.00</u>
Net Change This Order	<u>\$1,020.00</u>
Net Change To Date	<u>\$5,681.07</u>

All standard specifications apply unless otherwise noted.

Additional substantial calendar days:

Additional field work calendar days:

Additional substantial working days:

Additional field work working days:

New substantial completion date:

New field work completion date.

The net change due to this CCO is an increase of \$1,020.00

Prepared by Daniel Sitter Date 09/21/2021

PCN 04YH

Project No BRO 8015(38)

County Codington

Contract Amt \$926,449.75

Type of Work Structure (102'-10 1/2" Continuous Concrete Bridge) & Approach Grading

Contractor Prahm Construction, Inc.

Contractor Acceptance

The changes contained in this construction change order are made in accordance with the provisions of the contract for subject project and when accepted by the Contractor and upon approval by the South Dakota Department of Transportation shall become a part of said contract.

On _____

By _____

Title _____

Watertown Area Engineer Approval

On 10/19/21

By *Matto Z*

County Approval

On _____

By _____