



# Saline County Board of Commissioners

## Meeting Agenda

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### AGENDA

#### SALINE COUNTY BOARD OF COMMISSIONERS

#### SALINE COUNTY COURTHOUSE

#### Wilber, NE

#### 9:30 AM

**DATE: January 7, 2025**

This agenda is kept on a daily basis and may change from day to day as requests come in to the County Clerk's office. Requests to be on the agenda must be in the County Clerk's office 24 hours prior to the start of the meeting as stated above. This agenda is considered current on the day of the meeting and cannot be changed or altered except for an emergency.

The Board reserves the right to go into executive session if such session is clearly necessary for the protection of the public interest or for the prevention of needless injury to the reputation of an individual.

#### ROLL CALL

#### APPROVAL OF AGENDA

#### APPROVAL OF MINUTES OF THE PREVIOUS MEETING

**CITIZENS FORUM - In compliance with the Open Meetings Act and Saline County Resolution #2023-34 a rule of five (5) minutes per person to speak has been established.**

#### CORRESPONDENCE

#### REPORT OF OFFICIALS

#### BUSINESS FOR ACTION

Discuss/Take Action Annual noxious weed reports

Lori Moldenhauer , Aging Services - Program Update

Anita Stougard, Program Director - FY 2026 EB Application

Discuss/Take Action FY 2026 EB Application

Matheus Ribeiro, County Extension Office

Discuss/Take Action Application Approval for Board Member - Barry Young

Discuss/Take Action Extension Office meeting room policy

Discuss/Take Action December District Court Fees \$33,697.65

Discuss/Take Action December Clerk Fees - \$28,731.75

Discuss/Take Action making reimbursements for Flex, Health Reimbursement and Dependent Care as they are submitted

Discuss/Take Action Resolution #2024-079 transfer \$21,000.00 from the Inheritance Fund to the Saline County Historical Fund, to be reimbursed when funds are available

Discuss/Take Action - Saline County Tourism Committee - Proposed List of Approved Tourism Applications.

#### RESOLUTIONS TO TRANSFER FUNDS

Discuss/Take Action Resolution #2025-002 Transfer \$337,000.00 from the Inheritance Fund to the General Fund

Discuss/Take Action Resolution #2025-003 Transfer \$5,700.00 from the Inheritance Fund to the Grant Fund, to be reimbursed when funds are available

Discuss/Take Action Resolution #2025-004 Transfer \$3,300.00 from the Inheritance Fund to the Victim-Witness Coordinator Fund, to be reimbursed when funds are available

Discuss/Approve Resolution #2025-005 Transfer \$1,900.00 from the Inheritance Fund to the Juvenile Services Aid Program Fund, to be reimbursed when funds are available

### **HIGHWAY SUPERINTENDENT - ROAD AND BRIDGE MATTERS**

Discuss/Take Action - request to occupy right of way by Windstream Nebraska LLC to replace cable on the west side of County Road 1600.

Discuss/Take Action - Master Professional Services Agreement.

### **CLAIMS APPROVAL**

### **11:30 COUNTY GENERAL ASSISTANCE AND CLOSED SESSION MATTERS**

1:00 p.m. Closed Session - Planning and Zoning Board interviews

Discuss/Take Action Appointments for Planning and Zoning Board

Discuss/Take Action Appointments for Board of Adjustments

Adjourn Sine Die

### **ADJOURNMENT**

**NEBRASKA CRIME COMMISSION**  
**FY2026 Community-based Juvenile Services Aid**  
**[EB] Application**

Nebraska Revised Statute §43-2404.02

<b>Lead County/Tribe:</b>	Saline County		Phone: (402) 251-4174
<b>Address of Applicant:</b>	Address: 306 W. 3 <sup>rd</sup> Street		
	City: Wilber	State: NE	Zip Code: 68465 – 0978
<b>List of Partnering Counties/Tribes:</b>			
<b>Lead Project Contact:</b>	Name: Anita Stougard		Phone: (402) 251-4174
	Title: Program Director		
	Email: astougard@salinecountyne.gov		
	Address: 306 W. 3 <sup>rd</sup> Street		
	City: Wilber	State: NE	Zip Code: 68465-0978
<b>Secondary Project Contact: (optional)</b>	Name: David Solheim		Phone: (402) 821-2531
	Title: County Attorney		
	Email: dsholheim@salinecountyne.gov		
	Address: 204 S. High Street		
	City: Wilber	State: NE	Zip Code: 68465 – 0713
<b>Financial Contact:</b>	Name: Deb Spanyers		Phone: (402) 821-2502
	Title: Saline County Treasurer		
	Email: salinecountytreas@diodenet.com		
	Address: P.O Box 865		
	City: Wilber	State: NE	Zip Code: 68465 -0865
<b>Authorized Official:</b>	Name:		Phone: (402) 821-2502
	Title: Chair, Saline County Board of Commissioners		
	Email:		
	Address:		
	City:	State: NE	Zip Code:

# SECTION I: COMMUNITY PLANNING INFORMATION

## Comprehensive Juvenile Services Community Plan: **REQUIRED FOR FUNDING**

*This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.*

1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan?  Yes     No
2. How do the requests in this application align with the strategies to address the priorities in the community plan? Reducing recidivism, providing services that will help to reduce the likelihood of future offending, reducing system costs, Increase school attendance, increase in conflict resolution skills, increase in pro-social attitudes and behaviors, increase in decision making skills, increase in development and maintenance of relationships with positive, caring adults
3. Was the community plan reviewed for progress or updates at any other times throughout the year?  
 Yes     No
4. Have changes been made to the community plan since the last submission to the Crime Commission?  
 Yes     No If yes, explain:
5. List the current priorities in the community plan:
  - a. Strengthen collaboration and distribute responsibilities for community betterment among communities, public organizations, private organizations, government entities and all interested parties via collective impact
  - b. Support the current diversion program
  - c. Support a system of school-based mental health services for students
  - d. Support Alternatives to Detention for pre-adjudicated youth to minimize costs to the county
6. What steps have been taken towards addressing these priorities? To reach a 75% response to ensure active participation on planning issues, b) all eligible youth are referred to the diversion program directly from the county attorney, reducing the entry rate in to the juvenile justice system, c) therapy services provided directly in the school eliminates family barriers due to insurance, cost, and transportation issued, and/or time for therapy, d) providing funding for pre-adjudicated youth for the need of EM, CYC will defer costs to the county
7. How is the community team evaluating progress with the needs and priorities in the community plan? Updates include grant funding discussion, which areas funding will be allocated, update of data concerning diversion. This is done at team meetings when possible
8. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application?  Yes     No  
If yes, explain:  
  
*If yes, please submit a community plan addendum adding the new priority(s).*
9. Did the community team vote and approve the requests in this application:  Yes     No
  - a. If no, how was this decision made: Decision was made by program director and county attorney. Finding it difficult to have the community team be present at meetings or to give input/feedback
  - b. Provide the meeting date and agenda when the application was approved: 12-10-24

**\*REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS\***



## PROGRAM NARRATIVE

**\*Fill out separately for each program or service listed in the Program Type Table\***

**PROGRAM TITLE:** School-based Behavioral Health Therapist

1. If awarded, these funds will (check only one):  
 Create a new service/activity  
 Enhance an existing program funded by the grant  
 Continue an existing program funded by the grant  
 Expand, continue, or enhance an existing project not funded under the grant in the previous year
2. Briefly describe the need for additional funding that is not being met in the [CB] request: The impact of a full-time therapist on the school community will increase the availability of increased therapeutic hours and reduce the waiting list for services
3. If you were to receive a partial award for this project, how would you prioritize the funds? All funds requested will go towards therapist hours and/or mileage
4. What allowable program type request on page 5 of the Request for Application does this program fall under:  
Treatment Services
5. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding:  Yes  No  
If yes, provide grant number(s): 25-CB-0524
6. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): The Crime Commission's supportive funds are crucial to this program. Our school partners who also provide limited funding often are unable to add additional support as costs for all services rise. We, as a program, are continually in search of grants and other funding opportunities to assist us in the continuation of our services.
7. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Family Service Behavioral Health Program provides school-based therapy, serving youth and families. Through evidence-based practice we address mental and behavioral needs to help youth be successful at school, at home, and in the community. Early intervention allows us to reach youth before behaviors escalate and more intensive services are needed.
8. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): Youth are in crisis and presenting with serious behavioral health issues including trauma, use of drugs and alcohol, and other at-risk behaviors. Truancy is high among youth with behavioral health needs. Youth are scoring high on the NYS in the areas of low parent engagement and high leisure and recreation time. Data from the 2023 NPRFSS regarding Violence, Bullying and Mental Health; all grades reported occurrences of bullying with a rate exceeding 46%, verbal bullying was highest among 8<sup>th</sup> graders at 61%, 12<sup>th</sup> graders report feeling depressed at a rate of 40%.
9. Is the issue above a stated issue in the comprehensive juvenile services plan?  Yes  No  
Provide page number in community plan where this issue is referenced? 8-9
10. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? The intended impact of our behavioral health program is to teach youth healthy coping mechanisms, and resiliency by building on protective factors and personal strengths. Strength-based individual and group therapy is utilized to treat trauma, anxiety, and/or depression which has led to criminogenic behavior. Through building rapport, psychoeducation, and teaching of healthy coping skills, and techniques, we try to assist youth in eliminating their drug and/or alcohol use. In addition, by addressing trauma, anxiety and depression we can get to the root causes of why youth are absent from school. We continually work to engage parents in the therapeutic process. As part of this, we can focus on the parent-child relationship and engagement. Measurement of program impact is measured by goal attainment measured at closure by the number of goals met as indicated on a treatment plan, pre and post Likert indicates the level of behavior displayed by the youth in the school and home settings, and satisfaction survey completed twice a year (November and April) to measure the level of youth satisfaction with therapy services in addition to increased functioning

and improvement in noted areas of concern, for example, decreased anxiety, increased attendance, decreased negative externalizing behaviors.

11. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	Blue Valley	Referrals and collaboration of care
2	Six Pence	We are exploring the ability to provide and receive referrals and collaboration of care
3	Public Health Solutions	Coordination of care, referral options
4		
5		

12. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Family Service Lincoln
- b. Age, Gender, and Race/Ethnicity targeted by this program: This program focuses on youth between the ages of 11-18 and is open equally to all
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. A prompt referral could be related to a professional seeing a change in a student's behavior. This behavior change can range from a drop in grades, to truancy, defiance, or opposition. Another prompt for referral can be related to a change in emotions or behaviors such as a student isolating, not participating in school or social events or making comments about not wanting to live. Referrals are primarily made through our partnership with Crete Public Schools. The referrals can be made by teachers, parents, administrators, school counselors, or other school personnel. Parents are contacted to complete intake within two weeks of receipt of the referral. Interventions: Family Service's behavioral health program is strength based. At intake, we assess strengths in the client both through personal identification parent information, and collateral or referral source input. We rely on the youth's natural strengths and abilities to build rapport, motivate the client, and engage interest in therapy. Individual therapy fosters, encourages and advocates for youth to pursue, enhance and rely on their strengths to overcome challenges, increasing independence and pro-social engagement. Therapeutic modalities are utilized to treat underlying mental health conditions affecting behavior.
- d. Do all referrals get accepted?  Yes  No If no, explain: Referrals not meeting criteria for Community-based Juvenile Service Aid (i.e., are not displaying at risk behaviors and/or not at risk of being involved in the juvenile justice system) will not be served through this program.
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: Youth are required to have at least one criminogenic fact that puts them at risk of juvenile delinquency per the RFA. The process used to determine the appropriateness of the program includes risks noted on the referral from our partnering schools. Further assessments are completed during intake to determine the level of interventions and services needed. If it is determined the student needs this service to be successful and improve mental, behavioral and/or attendance goals, the student is approved and will begin services provided the parent and youth agree to participate in the intake and treatment process. If the student is not approved due to not meeting criteria, the family and school will be connected to other resources. Screening and assessments tools consist of our referral form, intake history, pre-treatment assessment, mental status exam, strengths, and difficulties questionnaire and other client specific assessments as needed.
- f. What is the maximum capacity of youth this program can serve at one time? 24
- g. How many youths are anticipated to be served by this program during the project period: 30
- h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): Family Service Lincoln's behavioral health therapy services are provided within school setting to assist students and families in dealing with situations that impact the students' behaviors and relationships at school and home. Individual and family therapy services address areas such as depression, anxiety, trauma, anger management, conflict resolution, relationship building, drug and/or alcohol use, life transitions and self-esteem. By

addressing their mental and emotional needs, students can focus more on school and be successful. Through our collaboration with schools, we provide a comprehensive approach to meet the needs of the families. Therapists engage parents in the therapeutic process through family sessions. We teach parents the skills needed to address their youth's behaviors while strengthening their relationship. We can help youth who may be growing up in an unhealthy environment, learn the skills to survive and thrive. Our preventative focus allows us to provide services to youth and families before they become involved with the juvenile justice system; thus saving the family emotional, mental, and financial hardship.

i. What type of programming and/or practices are you utilizing? Check all that apply.

- Evidence-based
- Promising
- Cultural based
- Research-based
- Practice-based

j. Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community Family Service has certified therapists in Trauma-Focused Cognitive Behavioral Therapy. Though this work, they are following a specific workbook that consists of indemnifying trauma, relaxation techniques, and trauma narrative. Many therapists learned other evidence and research-based practices while in graduate school. Some of the most common are Cognitive Behavioral Therapy, teaching clients how thoughts, emotions and behaviors are interrelated and methods of emotional regulation, Solution-Focused therapy session focus on the solution, not the problem and Dialectic Behavioral Informed Therapy focuses on acknowledging and validating client emotion in addition to pushing to change unwanted behavior. DBT focuses on emotional regulation, distress tolerance and radical acceptance. Collaborative Assessment and Management of Suicidality is utilized to treat and manage suicidal ideation and behavior. Services are provided at both middle and high school level. Therapists determine which practice will be most effective in working with youth, considering their level of development, and understanding. Our program provides school-based, individual and group therapy services to youth within the Crete community. Therapists utilize the above-mentioned evidence-based practices in treatment. 100% clients discharged did so successfully, having met treatment goals and maintained or decreased negative behaviors. The programmatic client satisfaction survey results showed 80% of respondents agreed or strongly agreed they were better at handling daily life and 97% reported feeling they had someone to talk to when needed.

k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Youth are discharged from the program after successful completion, i.e. meeting or partially meeting treatment goals. Termination occurs when a youth moves away from the program area, stops attending, or is referred to a higher level of care.

l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: As an agency, we work with individuals from all cultures and diverse populations. Our program provides bilingual services when possible. We provide strengths-based, preventative care to build the resilience of our client population within their communities. Each evidence-based practice is adapted to honor and preserve cultural differences. Therapists encourage youth and families to openly share their own cultural values and beliefs. Therapists participate in cultural and diversity training. In addition, therapists are encouraged to research varied cultural perspectives and check in with their clients to ensure understanding and welcoming of new information. Therapists work collaboratively with each other and resources in the community to enhance learning and understanding of community assets.

m. Is there a cost to youth and/or families to participate in this program or service? Yes No Amount:  
If yes, explain what steps are taken to ensure costs are not a barrier to program participation:

n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery? Clients are invited to provide session feedback on a regular basis. Twice a year, client satisfaction surveys are collected. These surveys are sent to parents of children ages 5-12 and directly to adolescents receiving services. Survey feedback is utilized to enhance training and address areas of improvement within our program. Specific feedback for individual therapists is provided with supervision to strengthen the therapist's skills.

o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? Yes No

If yes, describe: We evaluate our program regularly based on client outcomes such as goal attainment, a decrease in risk and criminogenic factors and an increase in protective factors as noted by assessment information, collateral information, and ongoing client feedback in addition to client satisfaction surveys collected twice a year.

13. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: The Behavioral Health Program addresses the following risks and criminogenic behaviors: Drug/alcohol use, anxiety/depression, mental health disorder(s), sensation seeking, lack of concern for others, previous victimization, truancy, low achievement, low attachment, deviant peer groups. Individual and group therapy is provided to engage, acknowledge, and validate client life experiences. Using evidence-based curriculum and practices, therapists can address the various risks and behaviors. Therapists collaborate with youth, families, and the school to build on strengths and teach problem solving skills, to encourage school engagement through consistent attendance, teacher-student relationships, positive classroom behavior and high academic standards. Therapists work with clients to teach skills and techniques to increase personal drive/self-esteem, positive coping skills, self-regulation/impulse control and promote positive mental, physical and emotional health. By individual and group engagement, therapists work to teach youth skills, allowing them to navigate and cope with challenging life events. These skills can impact youth to become successful adults in the community. By teaching students' skills and strategies early on, they can learn to cope with life difficulties. Our therapists demonstrate unconditional positive regard by providing a safe, caring and supportive environment for youth where they can share without being judged. Youth build trusting relationships with our therapists and know we are here to help them. Youth also gain knowledge and skills in addressing their mental health needs. Youth learn how to manage their anxiety, depression and/or anger through addressing their cognitive distortions and learn coping skills. For example, by addressing a youth's anxiety, the youth improve their attendance, homework completion, overall physical health, and relationships with school personnel.

14. *If the program currently operates, regardless of funding source:*

a. How long has this program been operating? 4 years

b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: This program's effectiveness is demonstrated through successful goal completion, client self-reports and discharges with a decrease in or maintenance of problem related behaviors. In FY24 had 14 clients successfully discharged from the program, having met treatment goals and all had a decrease in problematic behaviors as rated on the Liker Scale. FY25 has had issues maintain a therapist within the schools, due to other job offers. Mostly what we are seeing is a lack of therapists to fulfill positions.

c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Continued funding is necessary to support the community need for youth behavioral health services to address truancy concerns, suicide risks, ongoing behavioral issues general, and the long waiting lists to receive mental health care (as reported by partnering schools). Many of our school partners who provide limited funding are struggling and unable to provide additional support as costs for services rise. The program continually seeks grants and other funding opportunities to help continue the service. The Behavioral Health Program at Family Service Lincoln fills a need in the community by being in schools and providing services to families who may not qualify for financial coverage through Medicaid and/or cannot afford third-party insurance. Our licensed staff members meet with youth at their school, which is a natural and familiar environment. Providing services in the schools reduces stress or conflict for parents who would otherwise have to leave their employment to transport their child to appointments. Working within the school setting allows for consistent attendance to therapy sessions and decreased the rate of "no-shows" or late cancellations.

**\*REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS\***

# SECTION III: BUDGET

## Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	
Travel (County/Tribe)	
Operating Expenses (County/Tribe)	
Contract Fee for Service (County/Tribe)	\$ 20,000
Sub-Awards Total	
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ 20,000.00</b>

Budget Requirements	
All budget requests must be <b>allowable, cost effective, and necessary for project activities.</b> All requests must comply with the following:	
DIRECT	All costs must be direct expenses. No indirect organizational costs may be requested.
ALLOCABLE	Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding.
ACTUAL	Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator's time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours.
REASONABLE	A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An "arm's length" transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area.
NECESSARY	All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes.

## CONTRACTS (COUNTY/TRIBE)

\*\*A contract is required for a service to be considered a contract\*\*

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

Program Title <i>From Program Type Table</i>	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences		Amount Requested
Mental Health	School-based Behavioral Health Therapist	Family Service Lincoln	\$40	500	<input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$20,000
<b>CONTRACT FEES TOTAL</b>						<b>\$20,000</b>

\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*

## CONTRACTS NARRATIVE

**\*Fill out for each contract listed in the table above\***

**SERVICE TYPE AND PROVIDER NAME:** School-based Behavioral Health Therapist, Family Service Lincoln

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: School-based behavioral health therapist. The referral could be related to a professional seeing a change in the behavior of a student. This could range from drop in grades, truancy, defiance, opposition, change in emotions or behaviors such as isolation, not participating in school or social events, or making comments about not wanting to live. Referrals can be made by teachers, administrators, school counselors, parents or school psychologists.
2. Did the county use an application process to determine the provider for this service?  Yes     No  
Explain: Family Service Lincoln was a referral to the diversion program director from another county who uses their services. Contract was then approved by the Saline County Board of Commissioners.
3. Does the County/Tribe currently have a contract in place with the provider?  Yes     No
4. Describe how the contracted service is **allowable, cost effective, and necessary for project activities**: This is an allowable expense as defined in the RFA, cost effective for youth/parent as there is no out-of-pocket expenses for the participants. Necessary cost to pay for therapist hourly wage to carry out the program and meet program goals and outcomes.

**\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\***

## Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

## Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

Anita Stougard

12-30-24

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Typed Name of Lead Project Contact

Date

## Section VI: Signature

### **CERTIFICATION**

I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.

I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.

**Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.**

**Name and Title of Authorized Official:**

**Signature of Authorized Official:**

**Date:** 1-7-25

## CONSULTANT AGREEMENT

THIS AGREEMENT dated July 1, 2024, is made by and between Saline County, hereinafter referred to as Contractor, located at 306 W. 3<sup>rd</sup> Street, Wilber, Nebraska 68465 through funding received by the Nebraska Crime Commission Community Based Juvenile Services Aid (Fiscal year 2024-2025) Grant #25-CB-0524; and Family Service Association of Lincoln, Nebraska located at 501 S. 7<sup>th</sup> Street, Lincoln, NE 68508.

WHEREAS Saline County desires to contract with Family Service Association for services.

NOW, THEREFORE, FOR VALUABLE CONSIDERATION SET FORTH HEREIN, THE PARTIES AGREE TO THE FOLLOWING and shall be in effect for the period from July 1, 2024, to June 30, 2025.

**Saline County through funding received from the Nebraska Crime Commission through Grant #25-CB-0524 agrees to a mental health therapist(s) needed to meet the need, in collaboration with Family Service at a wage of \$40.00 per hour for behavioral/mental health services for youth. The total amount of the contract is not to exceed \$22,244.00.**

Principal Duties and Responsibilities of the Family Service Therapists include the following:

To provide individual, group, and family therapy to resolve or manage intrapersonal or interpersonal problems, build on individual and family strengths, and advocate for mental and social well-being of clients ages 11 years of age through 18 years of age.

1. Client Services

- a. Provides individual, dyadic, or family therapy to clients as assigned.
- b. May develop and manage mental health groups (general or specific topics).
- c. Acts as case manager for their assigned clients.
- d. Assists in the authorization of services.
- e. Documents and manages the client's case file.
- f. Completes assessment, treatment planning, and the documentation of services provided to the client.
- g. Makes collateral contacts as needed for their clients and obtains releases of information for those contacts.
- h. Refers clients to internal or external services to address client's needs or as requested by the client.
- I. Terminates service when it is in the best interest of the client or at the client's request.

2. Record Keeping/Case Documentation

- a. The case record is the responsibility of the therapist.
- b. Files must be kept up to date, document the reason(s) for continued treatment, and in good order.
- c. Therapist assesses client needs and establishes a written treatment plan.
- d. Therapist documents the occurrence of on-going service, documents progress or changes to the treatment plan, and assists in the development of plans for discharge.

- e. Services are documented in the file and documentation is submitted within specific timeframes.
3. Community Relationships
    - a. Therapist recognizes the importance of contacts with the community and consistently maintains a professional decorum in their dealings with others.
    - b. Relationships with other professionals and systems will be maintained to guard the opportunity for clients to self-determination in a strength-based, supportive environment.
    - c. Therapist will involve themselves in community activities/organizations that promote the agency, its staff, and the provision of needed services for clients.
  4. Agency Involvement/Professional Development
    - a. Takes responsibility in continued learning about changes in program/agency for their professional growth.
    - b. Attends required meetings.
    - c. Uses opportunities offered by the agency/school to strengthen professional knowledge/skills.
    - d. Increases professional knowledge/skills through continuing education (i.e., attending or presenting workshops, teaching, research, professional reading, etc.)
  5. Interpersonal Relationships
    - a. Contacts by the therapist will conform to, and be guided by, the ethical standards of the profession.
    - b. Therapist will strive in their work to interact in a way that is supportive of clients, the agency, and the profession.

### **Billing**

Services rendered are accounted through submittal of monthly billings detailing the total hours worked by the Consultant/Provider. Billings must be received from the Consultant/Provider no later than the 5<sup>th</sup> day of the month following the month of service. Final billings must be submitted by the 5<sup>th</sup> day of the month following the end of the Agreement period.

The Consultant/Provider must certify that all claims are accurate, complete, and fully supported through case file documentation. Failure to submit timely billings in accordance with instructions will affect reimbursement of funds. Saline County is not liable for costs incurred by Consultant/Provider when service exceeds the total funds stated in this Agreement. Per N.R.S. 43-2404.02 the Consultant/Provider will only bill for services rendered to youth aged eleven years of age through eighteen years of age. Billings are to be mailed to Anita Stougard, Nebraska Extension Saline County located at 306 W. 3<sup>rd</sup> Street, Wilber, NE 68465 or electronically to [astougard2@unl.edu](mailto:astougard2@unl.edu)

### **Reporting**

Family Service Lincoln will submit quarterly reports.

Quarterly reports will include the following information:

1. Youth's Information:

- a. Name
- b. Date of Birth
- c. Gender
- d. Ethnicity
  - i. Include self-reported race/ethnicity if different from race/ethnicity identified above
- e. Employment status
- f. Enrollment date
2. Address of youth and any other contact information (Zip code)
3. Family Information:
  - a. Size
  - b. Income
  - c. Custody (single parent, two parent, state ward, guardian, or lives on own)
4. School:
  - a. School Name
  - b. School referral date to School Based Behavioral Health therapist
  - c. School Referral Source
  - d. School enrollment
  - e. Current grade
  - f. Eligibility for free/reduced lunches
5. Presenting Issue
6. Diagnosis
7. Include Scoring on an evaluation completed
8. Pre and post assessments as required by the Juvenile Justice Institute
9. Prior Law Violations, History of Aggressive Behavioral and/or High-Risk Environment (include notes, if any)
10. Contacts: start date, end date, type of contact, intervention type, frequency and number of hours that took place during the quarter (EX: Met with client one time per week for 12 weeks from (date) to (date)).
11. Discharge
  - a. Date
  - b. Reason
  - c. Progress at Discharge

If the Nebraska Crime Commission's reporting requirements change to monthly during the 2024-2025 grant year, Family Services will be notified and will comply with the change in reporting requirements. In the event of a change to monthly reporting, all reporting will be due by the day set forth by the Nebraska Crime Commission.

**Non-Agency and Insurance:** Each party acknowledges and asserts that a general liability insurance policy is, and will continue to be, held by each party independently to cover their own actions and interests within the scope of services provided under this agreement. Each party is an independent entity. Each party shall be solely and independently responsible for their own services and actions provided or called for within this agreement. In no way shall either party be considered an agent, employee, or other representative of the other party. Actions, negligence, or other wrongful acts of one party shall not be imputed upon the other party. Any fees, judgments,

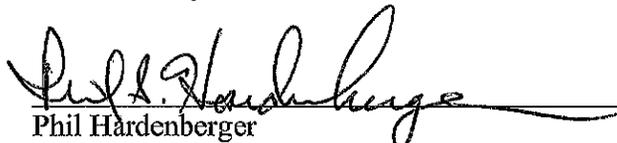
costs, attorney fees or other damages, in any manner whatsoever associated with the terms of this agreement, shall be the sole responsibility of the party incurring said fees or costs and neither party shall be liable for any loss, injury, or damages incurred by the other.

**Term and Termination.** This Agreement shall commence as of the Effective Date and shall continue to June 30, 2025, unless and until terminated early by either party as set forth herein. Either party may terminate this Agreement at any time for any reason upon thirty (30) days prior written notice to the other party. The Saline County Youth Diversion Coordinator, who monitors compliance of the program, maintains the right to enforce immediate termination of Family Service Association if conduct in anyway jeopardizes the integrity of the School-based Behavioral Health Program.

Upon termination of this Agreement, the above-mentioned contractor will agree to return any materials/equipment to Saline County that was purchased or loaned for the specific use of the program.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT DATED JULY 1<sup>ST</sup>, 2024.

*Anita Stougaard*  
Anita Stougaard  
Saline County Youth Diversion Coordinator

  
\_\_\_\_\_  
Phil Hardenberger  
Saline County Board of Commissioners

  
\_\_\_\_\_  
Dennis Hoffman  
Executive Director

**NEBRASKA CRIME COMMISSION**  
**FY2026 Community-based Juvenile Services Aid**  
**[EB] Application**

Nebraska Revised Statute §43-2404.02

<b>Lead County/Tribe:</b>	Saline County		Phone: (402) 251-4174
<b>Address of Applicant:</b>	Address: 306 W. 3 <sup>rd</sup> Street		
	City: Wilber	State: NE	Zip Code: 68465 – 0978
<b>List of Partnering Counties/Tribes:</b>			
<b>Lead Project Contact:</b>	Name: Anita Stougard		Phone: (402) 251-4174
	Title: Program Director		
	Email: astougard@salinecountyne.gov		
	Address: 306 W. 3 <sup>rd</sup> Street		
	City: Wilber	State: NE	Zip Code: 68465-0978
<b>Secondary Project Contact: (optional)</b>	Name: David Solheim		Phone: (402) 821-2531
	Title: County Attorney		
	Email: dsholheim@salinecountyne.gov		
	Address: 204 S. High Street		
	City: Wilber	State: NE	Zip Code: 68465 – 0713
<b>Financial Contact:</b>	Name: Deb Spanyers		Phone: (402) 821-2502
	Title: Saline County Treasurer		
	Email: salinecountytreas@diodenet.com		
	Address: P.O Box 865		
	City: Wilber	State: NE	Zip Code: 68465 -0865
<b>Authorized Official:</b>	Name:		Phone: (402) 821-2502
	Title: Chair, Saline County Board of Commissioners		
	Email:		
	Address:		
	City:	State: NE	Zip Code:

# SECTION I: COMMUNITY PLANNING INFORMATION

## Comprehensive Juvenile Services Community Plan: **REQUIRED FOR FUNDING**

*This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.*

1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan?  Yes     No
2. How do the requests in this application align with the strategies to address the priorities in the community plan? Reducing recidivism, providing services that will help to reduce the likelihood of future offending, reducing system costs, Increase school attendance, increase in conflict resolution skills, increase in pro-social attitudes and behaviors, increase in decision making skills, increase in development and maintenance of relationships with positive, caring adults
3. Was the community plan reviewed for progress or updates at any other times throughout the year?  
 Yes     No
4. Have changes been made to the community plan since the last submission to the Crime Commission?  
 Yes     No If yes, explain:
5. List the current priorities in the community plan:
  - a. Strengthen collaboration and distribute responsibilities for community betterment among communities, public organizations, private organizations, government entities and all interested parties via collective impact
  - b. Support the current diversion program
  - c. Support a system of school-based mental health services for students
  - d. Support Alternatives to Detention for pre-adjudicated youth to minimize costs to the county
6. What steps have been taken towards addressing these priorities? To reach a 75% response to ensure active participation on planning issues, b) all eligible youth are referred to the diversion program directly from the county attorney, reducing the entry rate in to the juvenile justice system, c) therapy services provided directly in the school eliminates family barriers due to insurance, cost, and transportation issued, and/or time for therapy, d) providing funding for pre-adjudicated youth for the need of EM, CYC will defer costs to the county
7. How is the community team evaluating progress with the needs and priorities in the community plan? Updates include grant funding discussion, which areas funding will be allocated, update of data concerning diversion. This is done at team meetings when possible
8. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application?  Yes     No  
If yes, explain:  
  
*If yes, please submit a community plan addendum adding the new priority(s).*
9. Did the community team vote and approve the requests in this application:  Yes     No
  - a. If no, how was this decision made: Decision was made by program director and county attorney. Finding it difficult to have the community team be present at meetings or to give input/feedback
  - b. Provide the meeting date and agenda when the application was approved: 12-10-24

**\*REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS\***



## PROGRAM NARRATIVE

**\*Fill out separately for each program or service listed in the Program Type Table\***

**PROGRAM TITLE:** School-based Behavioral Health Therapist

1. If awarded, these funds will (check only one):  
 Create a new service/activity  
 Enhance an existing program funded by the grant  
 Continue an existing program funded by the grant  
 Expand, continue, or enhance an existing project not funded under the grant in the previous year
2. Briefly describe the need for additional funding that is not being met in the [CB] request: The impact of a full-time therapist on the school community will increase the availability of increased therapeutic hours and reduce the waiting list for services
3. If you were to receive a partial award for this project, how would you prioritize the funds? All funds requested will go towards therapist hours and/or mileage
4. What allowable program type request on page 5 of the Request for Application does this program fall under:  
Treatment Services
5. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding:  Yes  No  
If yes, provide grant number(s): 25-CB-0524
6. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): The Crime Commission's supportive funds are crucial to this program. Our school partners who also provide limited funding often are unable to add additional support as costs for all services rise. We, as a program, are continually in search of grants and other funding opportunities to assist us in the continuation of our services.
7. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Family Service Behavioral Health Program provides school-based therapy, serving youth and families. Through evidence-based practice we address mental and behavioral needs to help youth be successful at school, at home, and in the community. Early intervention allows us to reach youth before behaviors escalate and more intensive services are needed.
8. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): Youth are in crisis and presenting with serious behavioral health issues including trauma, use of drugs and alcohol, and other at-risk behaviors. Truancy is high among youth with behavioral health needs. Youth are scoring high on the NYS in the areas of low parent engagement and high leisure and recreation time. Data from the 2023 NPRFSS regarding Violence, Bullying and Mental Health; all grades reported occurrences of bullying with a rate exceeding 46%, verbal bullying was highest among 8<sup>th</sup> graders at 61%, 12<sup>th</sup> graders report feeling depressed at a rate of 40%.
9. Is the issue above a stated issue in the comprehensive juvenile services plan?  Yes  No  
Provide page number in community plan where this issue is referenced? 8-9
10. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? The intended impact of our behavioral health program is to teach youth healthy coping mechanisms, and resiliency by building on protective factors and personal strengths. Strength-based individual and group therapy is utilized to treat trauma, anxiety, and/or depression which has led to criminogenic behavior. Through building rapport, psychoeducation, and teaching of healthy coping skills, and techniques, we try to assist youth in eliminating their drug and/or alcohol use. In addition, by addressing trauma, anxiety and depression we can get to the root causes of why youth are absent from school. We continually work to engage parents in the therapeutic process. As part of this, we can focus on the parent-child relationship and engagement. Measurement of program impact is measured by goal attainment measured at closure by the number of goals met as indicated on a treatment plan, pre and post Likert indicates the level of behavior displayed by the youth in the school and home settings, and satisfaction survey completed twice a year (November and April) to measure the level of youth satisfaction with therapy services in addition to increased functioning

and improvement in noted areas of concern, for example, decreased anxiety, increased attendance, decreased negative externalizing behaviors.

11. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	Blue Valley	Referrals and collaboration of care
2	Six Pence	We are exploring the ability to provide and receive referrals and collaboration of care
3	Public Health Solutions	Coordination of care, referral options
4		
5		

12. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Family Service Lincoln
- b. Age, Gender, and Race/Ethnicity targeted by this program: This program focuses on youth between the ages of 11-18 and is open equally to all
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. A prompt referral could be related to a professional seeing a change in a student's behavior. This behavior change can range from a drop in grades, to truancy, defiance, or opposition. Another prompt for referral can be related to a change in emotions or behaviors such as a student isolating, not participating in school or social events or making comments about not wanting to live. Referrals are primarily made through our partnership with Crete Public Schools. The referrals can be made by teachers, parents, administrators, school counselors, or other school personnel. Parents are contacted to complete intake within two weeks of receipt of the referral. Interventions: Family Service's behavioral health program is strength based. At intake, we assess strengths in the client both through personal identification parent information, and collateral or referral source input. We rely on the youth's natural strengths and abilities to build rapport, motivate the client, and engage interest in therapy. Individual therapy fosters, encourages and advocates for youth to pursue, enhance and rely on their strengths to overcome challenges, increasing independence and pro-social engagement. Therapeutic modalities are utilized to treat underlying mental health conditions affecting behavior.
- d. Do all referrals get accepted?  Yes  No If no, explain: Referrals not meeting criteria for Community-based Juvenile Service Aid (i.e., are not displaying at risk behaviors and/or not at risk of being involved in the juvenile justice system) will not be served through this program.
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: Youth are required to have at least one criminogenic fact that puts them at risk of juvenile delinquency per the RFA. The process used to determine the appropriateness of the program includes risks noted on the referral from our partnering schools. Further assessments are completed during intake to determine the level of interventions and services needed. If it is determined the student needs this service to be successful and improve mental, behavioral and/or attendance goals, the student is approved and will begin services provided the parent and youth agree to participate in the intake and treatment process. If the student is not approved due to not meeting criteria, the family and school will be connected to other resources. Screening and assessments tools consist of our referral form, intake history, pre-treatment assessment, mental status exam, strengths, and difficulties questionnaire and other client specific assessments as needed.
- f. What is the maximum capacity of youth this program can serve at one time? 24
- g. How many youths are anticipated to be served by this program during the project period: 30
- h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): Family Service Lincoln's behavioral health therapy services are provided within school setting to assist students and families in dealing with situations that impact the students' behaviors and relationships at school and home. Individual and family therapy services address areas such as depression, anxiety, trauma, anger management, conflict resolution, relationship building, drug and/or alcohol use, life transitions and self-esteem. By

addressing their mental and emotional needs, students can focus more on school and be successful. Through our collaboration with schools, we provide a comprehensive approach to meet the needs of the families. Therapists engage parents in the therapeutic process through family sessions. We teach parents the skills needed to address their youth's behaviors while strengthening their relationship. We can help youth who may be growing up in an unhealthy environment, learn the skills to survive and thrive. Our preventative focus allows us to provide services to youth and families before they become involved with the juvenile justice system; thus saving the family emotional, mental, and financial hardship.

i. What type of programming and/or practices are you utilizing? Check all that apply.

- Evidence-based
- Promising
- Cultural based
- Research-based
- Practice-based

j. Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community Family Service has certified therapists in Trauma-Focused Cognitive Behavioral Therapy. Though this work, they are following a specific workbook that consists of indemnifying trauma, relaxation techniques, and trauma narrative. Many therapists learned other evidence and research-based practices while in graduate school. Some of the most common are Cognitive Behavioral Therapy, teaching clients how thoughts, emotions and behaviors are interrelated and methods of emotional regulation, Solution-Focused therapy session focus on the solution, not the problem and Dialectic Behavioral Informed Therapy focuses on acknowledging and validating client emotion in addition to pushing to change unwanted behavior. DBT focuses on emotional regulation, distress tolerance and radical acceptance. Collaborative Assessment and Management of Suicidality is utilized to treat and manage suicidal ideation and behavior. Services are provided at both middle and high school level. Therapists determine which practice will be most effective in working with youth, considering their level of development, and understanding. Our program provides school-based, individual and group therapy services to youth within the Crete community. Therapists utilize the above-mentioned evidence-based practices in treatment. 100% clients discharged did so successfully, having met treatment goals and maintained or decreased negative behaviors. The programmatic client satisfaction survey results showed 80% of respondents agreed or strongly agreed they were better at handling daily life and 97% reported feeling they had someone to talk to when needed.

k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Youth are discharged from the program after successful completion, i.e. meeting or partially meeting treatment goals. Termination occurs when a youth moves away from the program area, stops attending, or is referred to a higher level of care.

l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: As an agency, we work with individuals from all cultures and diverse populations. Our program provides bilingual services when possible. We provide strengths-based, preventative care to build the resilience of our client population within their communities. Each evidence-based practice is adapted to honor and preserve cultural differences. Therapists encourage youth and families to openly share their own cultural values and beliefs. Therapists participate in cultural and diversity training. In addition, therapists are encouraged to research varied cultural perspectives and check in with their clients to ensure understanding and welcoming of new information. Therapists work collaboratively with each other and resources in the community to enhance learning and understanding of community assets.

m. Is there a cost to youth and/or families to participate in this program or service? Yes No Amount:  
If yes, explain what steps are taken to ensure costs are not a barrier to program participation:

n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery? Clients are invited to provide session feedback on a regular basis. Twice a year, client satisfaction surveys are collected. These surveys are sent to parents of children ages 5-12 and directly to adolescents receiving services. Survey feedback is utilized to enhance training and address areas of improvement within our program. Specific feedback for individual therapists is provided with supervision to strengthen the therapist's skills.

o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? Yes No

If yes, describe: We evaluate our program regularly based on client outcomes such as goal attainment, a decrease in risk and criminogenic factors and an increase in protective factors as noted by assessment information, collateral information, and ongoing client feedback in addition to client satisfaction surveys collected twice a year.

13. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: The Behavioral Health Program addresses the following risks and criminogenic behaviors: Drug/alcohol use, anxiety/depression, mental health disorder(s), sensation seeking, lack of concern for others, previous victimization, truancy, low achievement, low attachment, deviant peer groups. Individual and group therapy is provided to engage, acknowledge, and validate client life experiences. Using evidence-based curriculum and practices, therapists can address the various risks and behaviors. Therapists collaborate with youth, families, and the school to build on strengths and teach problem solving skills, to encourage school engagement through consistent attendance, teacher-student relationships, positive classroom behavior and high academic standards. Therapists work with clients to teach skills and techniques to increase personal drive/self-esteem, positive coping skills, self-regulation/impulse control and promote positive mental, physical and emotional health. By individual and group engagement, therapists work to teach youth skills, allowing them to navigate and cope with challenging life events. These skills can impact youth to become successful adults in the community. By teaching students' skills and strategies early on, they can learn to cope with life difficulties. Our therapists demonstrate unconditional positive regard by providing a safe, caring and supportive environment for youth where they can share without being judged. Youth build trusting relationships with our therapists and know we are here to help them. Youth also gain knowledge and skills in addressing their mental health needs. Youth learn how to manage their anxiety, depression and/or anger through addressing their cognitive distortions and learn coping skills. For example, by addressing a youth's anxiety, the youth improve their attendance, homework completion, overall physical health, and relationships with school personnel.

14. *If the program currently operates, regardless of funding source:*

a. How long has this program been operating? 4 years

b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: This program's effectiveness is demonstrated through successful goal completion, client self-reports and discharges with a decrease in or maintenance of problem related behaviors. In FY24 had 14 clients successfully discharged from the program, having met treatment goals and all had a decrease in problematic behaviors as rated on the Liker Scale. FY25 has had issues maintain a therapist within the schools, due to other job offers. Mostly what we are seeing is a lack of therapists to fulfill positions.

c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Continued funding is necessary to support the community need for youth behavioral health services to address truancy concerns, suicide risks, ongoing behavioral issues general, and the long waiting lists to receive mental health care (as reported by partnering schools). Many of our school partners who provide limited funding are struggling and unable to provide additional support as costs for services rise. The program continually seeks grants and other funding opportunities to help continue the service. The Behavioral Health Program at Family Service Lincoln fills a need in the community by being in schools and providing services to families who may not qualify for financial coverage through Medicaid and/or cannot afford third-party insurance. Our licensed staff members meet with youth at their school, which is a natural and familiar environment. Providing services in the schools reduces stress or conflict for parents who would otherwise have to leave their employment to transport their child to appointments. Working within the school setting allows for consistent attendance to therapy sessions and decreased the rate of "no-shows" or late cancellations.

**\*REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS\***

# SECTION III: BUDGET

## Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	
Travel (County/Tribe)	
Operating Expenses (County/Tribe)	
Contract Fee for Service (County/Tribe)	\$ 20,000
Sub-Awards Total	
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ 20,000.00</b>

Budget Requirements	
All budget requests must be <b>allowable, cost effective, and necessary for project activities.</b> All requests must comply with the following:	
DIRECT	All costs must be direct expenses. No indirect organizational costs may be requested.
ALLOCABLE	Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding.
ACTUAL	Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator's time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours.
REASONABLE	A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An "arm's length" transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area.
NECESSARY	All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes.

## CONTRACTS (COUNTY/TRIBE)

\*\*A contract is required for a service to be considered a contract\*\*

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

Program Title <i>From Program Type Table</i>	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences		Amount Requested
Mental Health	School-based Behavioral Health Therapist	Family Service Lincoln	\$40	500	<input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$20,000
<b>CONTRACT FEES TOTAL</b>						<b>\$20,000</b>

\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*

## CONTRACTS NARRATIVE

**\*Fill out for each contract listed in the table above\***

**SERVICE TYPE AND PROVIDER NAME:** School-based Behavioral Health Therapist, Family Service Lincoln

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: School-based behavioral health therapist. The referral could be related to a professional seeing a change in the behavior of a student. This could range from drop in grades, truancy, defiance, opposition, change in emotions or behaviors such as isolation, not participating in school or social events, or making comments about not wanting to live. Referrals can be made by teachers, administrators, school counselors, parents or school psychologists.
2. Did the county use an application process to determine the provider for this service?  Yes     No  
Explain: Family Service Lincoln was a referral to the diversion program director from another county who uses their services. Contract was then approved by the Saline County Board of Commissioners.
3. Does the County/Tribe currently have a contract in place with the provider?  Yes     No
4. Describe how the contracted service is **allowable, cost effective, and necessary for project activities**: This is an allowable expense as defined in the RFA, cost effective for youth/parent as there is no out-of-pocket expenses for the participants. Necessary cost to pay for therapist hourly wage to carry out the program and meet program goals and outcomes.

**\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\***

## Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

## Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

Anita Stougard

12-30-24

---

Typed Name of Lead Project Contact

Date

## Section VI: Signature

### **CERTIFICATION**

I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.

I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.

**Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.**

**Name and Title of Authorized Official:**

**Signature of Authorized Official:**

**Date:** 1-7-25

## CONSULTANT AGREEMENT

THIS AGREEMENT dated July 1, 2024, is made by and between Saline County, hereinafter referred to as Contractor, located at 306 W. 3<sup>rd</sup> Street, Wilber, Nebraska 68465 through funding received by the Nebraska Crime Commission Community Based Juvenile Services Aid (Fiscal year 2024-2025) Grant #25-CB-0524; and Family Service Association of Lincoln, Nebraska located at 501 S. 7<sup>th</sup> Street, Lincoln, NE 68508.

WHEREAS Saline County desires to contract with Family Service Association for services.

NOW, THEREFORE, FOR VALUABLE CONSIDERATION SET FORTH HEREIN, THE PARTIES AGREE TO THE FOLLOWING and shall be in effect for the period from July 1, 2024, to June 30, 2025.

**Saline County through funding received from the Nebraska Crime Commission through Grant #25-CB-0524 agrees to a mental health therapist(s) needed to meet the need, in collaboration with Family Service at a wage of \$40.00 per hour for behavioral/mental health services for youth. The total amount of the contract is not to exceed \$22,244.00.**

Principal Duties and Responsibilities of the Family Service Therapists include the following:

To provide individual, group, and family therapy to resolve or manage intrapersonal or interpersonal problems, build on individual and family strengths, and advocate for mental and social well-being of clients ages 11 years of age through 18 years of age.

1. Client Services

- a. Provides individual, dyadic, or family therapy to clients as assigned.
- b. May develop and manage mental health groups (general or specific topics).
- c. Acts as case manager for their assigned clients.
- d. Assists in the authorization of services.
- e. Documents and manages the client's case file.
- f. Completes assessment, treatment planning, and the documentation of services provided to the client.
- g. Makes collateral contacts as needed for their clients and obtains releases of information for those contacts.
- h. Refers clients to internal or external services to address client's needs or as requested by the client.
- I. Terminates service when it is in the best interest of the client or at the client's request.

2. Record Keeping/Case Documentation

- a. The case record is the responsibility of the therapist.
- b. Files must be kept up to date, document the reason(s) for continued treatment, and in good order.
- c. Therapist assesses client needs and establishes a written treatment plan.
- d. Therapist documents the occurrence of on-going service, documents progress or changes to the treatment plan, and assists in the development of plans for discharge.

- e. Services are documented in the file and documentation is submitted within specific timeframes.
3. Community Relationships
    - a. Therapist recognizes the importance of contacts with the community and consistently maintains a professional decorum in their dealings with others.
    - b. Relationships with other professionals and systems will be maintained to guard the opportunity for clients to self-determination in a strength-based, supportive environment.
    - c. Therapist will involve themselves in community activities/organizations that promote the agency, its staff, and the provision of needed services for clients.
  4. Agency Involvement/Professional Development
    - a. Takes responsibility in continued learning about changes in program/agency for their professional growth.
    - b. Attends required meetings.
    - c. Uses opportunities offered by the agency/school to strengthen professional knowledge/skills.
    - d. Increases professional knowledge/skills through continuing education (i.e., attending or presenting workshops, teaching, research, professional reading, etc.)
  5. Interpersonal Relationships
    - a. Contacts by the therapist will conform to, and be guided by, the ethical standards of the profession.
    - b. Therapist will strive in their work to interact in a way that is supportive of clients, the agency, and the profession.

### **Billing**

Services rendered are accounted through submittal of monthly billings detailing the total hours worked by the Consultant/Provider. Billings must be received from the Consultant/Provider no later than the 5<sup>th</sup> day of the month following the month of service. Final billings must be submitted by the 5<sup>th</sup> day of the month following the end of the Agreement period.

The Consultant/Provider must certify that all claims are accurate, complete, and fully supported through case file documentation. Failure to submit timely billings in accordance with instructions will affect reimbursement of funds. Saline County is not liable for costs incurred by Consultant/Provider when service exceeds the total funds stated in this Agreement. Per N.R.S. 43-2404.02 the Consultant/Provider will only bill for services rendered to youth aged eleven years of age through eighteen years of age. Billings are to be mailed to Anita Stougard, Nebraska Extension Saline County located at 306 W. 3<sup>rd</sup> Street, Wilber, NE 68465 or electronically to [astougard2@unl.edu](mailto:astougard2@unl.edu)

### **Reporting**

Family Service Lincoln will submit quarterly reports.

Quarterly reports will include the following information:

1. Youth's Information:

- a. Name
- b. Date of Birth
- c. Gender
- d. Ethnicity
  - i. Include self-reported race/ethnicity if different from race/ethnicity identified above
- e. Employment status
- f. Enrollment date
2. Address of youth and any other contact information (Zip code)
3. Family Information:
  - a. Size
  - b. Income
  - c. Custody (single parent, two parent, state ward, guardian, or lives on own)
4. School:
  - a. School Name
  - b. School referral date to School Based Behavioral Health therapist
  - c. School Referral Source
  - d. School enrollment
  - e. Current grade
  - f. Eligibility for free/reduced lunches
5. Presenting Issue
6. Diagnosis
7. Include Scoring on an evaluation completed
8. Pre and post assessments as required by the Juvenile Justice Institute
9. Prior Law Violations, History of Aggressive Behavioral and/or High-Risk Environment (include notes, if any)
10. Contacts: start date, end date, type of contact, intervention type, frequency and number of hours that took place during the quarter (EX: Met with client one time per week for 12 weeks from (date) to (date)).
11. Discharge
  - a. Date
  - b. Reason
  - c. Progress at Discharge

If the Nebraska Crime Commission's reporting requirements change to monthly during the 2024-2025 grant year, Family Services will be notified and will comply with the change in reporting requirements. In the event of a change to monthly reporting, all reporting will be due by the day set forth by the Nebraska Crime Commission.

**Non-Agency and Insurance:** Each party acknowledges and asserts that a general liability insurance policy is, and will continue to be, held by each party independently to cover their own actions and interests within the scope of services provided under this agreement. Each party is an independent entity. Each party shall be solely and independently responsible for their own services and actions provided or called for within this agreement. In no way shall either party be considered an agent, employee, or other representative of the other party. Actions, negligence, or other wrongful acts of one party shall not be imputed upon the other party. Any fees, judgments,

costs, attorney fees or other damages, in any manner whatsoever associated with the terms of this agreement, shall be the sole responsibility of the party incurring said fees or costs and neither party shall be liable for any loss, injury, or damages incurred by the other.

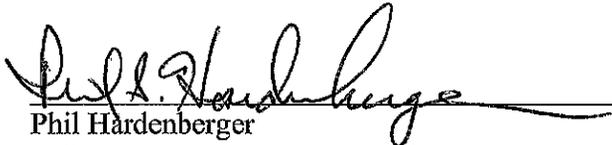
**Term and Termination.** This Agreement shall commence as of the Effective Date and shall continue to June 30, 2025, unless and until terminated early by either party as set forth herein. Either party may terminate this Agreement at any time for any reason upon thirty (30) days prior written notice to the other party. The Saline County Youth Diversion Coordinator, who monitors compliance of the program, maintains the right to enforce immediate termination of Family Service Association if conduct in anyway jeopardizes the integrity of the School-based Behavioral Health Program.

Upon termination of this Agreement, the above-mentioned contractor will agree to return any materials/equipment to Saline County that was purchased or loaned for the specific use of the program.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT DATED JULY 1<sup>ST</sup>, 2024.

*Anita Stougaard*

Anita Stougaard  
Saline County Youth Diversion Coordinator

  
Phil Hardenberger

Saline County Board of Commissioners



Dennis Hoffman  
Executive Director



**Saline** \_\_\_\_\_ **County(ies) Extension Board Application**

Thanks for your interest in serving on your local Extension board. Please complete and return this application to your local Extension office at the address below. A resume may be included with your application.

Nebraska Extension in Saline \_\_\_\_\_ County(ies)  
Address 2382 County Road L  
City, State, Zip Wilber, NE 68465

Registered Voter: Yes  No  Verified:   
Resident of the Relevant Political Subdivision: Yes  No  Verified:   
(e.g. county, district, county quadrant, etc.)

Name: Barry Kent Young

Address: 2382 County Road L

City: Wilber Zip: 68465

County of Residence: Saline

Telephone Number: 402-821-7739

Email Address: barry.young44@yahoo.com

Occupation/Profession: Consultant / Producer

**Questions**

1. Why are you interested in serving on the local Extension board?

I feel my point of view would be a valuable resource in promoting our local extension and county. It has been well documented that to whom much is given, of him much will be required. It is my civic duty to serve the community where I reside with the time, talents, and experience that I have.

(continued on reverse)

2. Briefly describe community, county and state challenges and opportunities.

I believe that young families in our community are facing challenges with the availability of daycare services, and it is impacting our community's ability to retain and attract young, active families.

Although regional challenges can differ, educating and planting seeds toward process mindset change in areas of soil health, water conservation, nutrient, and carbon cycles, and all-around land and resource stewardship can benefit many of our current Agricultural concerns.

3. Describe present or previous community, volunteer or professional board experiences and roles.

10 years Wilber United Methodist Church Trustee

9 years youth league baseball coach

8 years Wilber United Methodist Church Senior Youth Group Leader

8 years Nebraska Czechs of Wilber multiple committees

3 years Hotel Wilber committee board

4. What interests and activities are you involved in that you believe would be an asset to the Extension Board?

My passion is soil health and stewardship. Our farm is currently ROC (Regenerative Organic Certified) certified. I also work for a livestock nutrition and technology company. I am both Beef Quality Assurance (BQA) and Pork Quality Assurance (PQA+) Certified. My substitute role at the W-C district has been near 50% for the local Ag Advisor, putting me in direct communication with tomorrow's local Ag leaders. I participate in many state and national events such as; Nebraska Dairy, Poultry, Cattlemens, and Pork Producers. I also support and have a close relationship with AFAN (Alliance For the Future of Agriculture in Nebraska).

5. Share your leadership style and describe what leadership means to you.

My leadership style adapts to the situation. I do migrate to a more transformational-democratic approach making sure all voices are heard with clear discussion, goals, and assignments. I am aware that harnessing emotional intelligence and keeping the servant leadership styles in mind helps balance my approach. Leadership is successfully speaking for and moving a group toward a common goal.

I am qualified to serve on the Saline County(ies) Extension Board and my appointment to said board will not conflict with my professional or personal interests.

Barry Kent Young

12-16-2024

\_\_\_\_\_  
Signature (Sign or type legal name)

\_\_\_\_\_  
Date

***Thank you for your interest in serving on the local Extension board!***

# Saline County Extension Office Facility Use Policy

University of Nebraska Extension in Saline County allows the use of the north meeting room and middle meeting room with local government entities as well as non-profit groups that parallel the mission of Nebraska Extension. To ensure future availability of the space, please follow the guidelines below. The Extension Office may cancel a reservation or relocate a reservation if the space is needed for departmental purposes and reserves the right to cancel or deny existing and/or future use for any individual or organization which violates policies and procedures.

**Frequency of Use:** Room reservations are given consideration on a first-come, first-served basis no more than 2 months ahead of time unless approved by Extension staff.

**Building Access:** The contact person for the reservation will need to speak with Extension staff between 8:00 am and 4:30 pm on a normal business day to sign the meeting room agreement as well as receive any instruction required. If a key is necessary, keys can be checked out (1 person per organization) on the final business day prior to the event. **A key will not be given out in advance.** If an event occurs during normal business hours, a key will NOT be issued. Keys must be returned at the immediate conclusion of the event through the drop box if returning directly to Extension Staff is not possible due to the room being used outside of business hours. Keys that are not returned immediately following the event will be considered late and a violation of meeting room policy possibly eliminating opportunities for future use. For example, if an event concludes at 7 pm on Sunday evening within the facility, but the responsible party leaves materials in the meeting room for a later pick up date, the key MUST be returned through the drop box at the conclusion of the Sunday event. Any remaining materials or supplies left after the conclusion of the room use must be picked up during business hours. Any items not picked up within 48 hours will be donated or discarded. **It is not permissible to keep the key for the purpose of picking up remaining items.**

**Clean Up:** It is the responsibility of the contact person to ensure the entire areas utilized are left in proper order at the conclusion of the event (including restrooms). Attendees should place their trash in appropriate receptacles and no items should be left on the tables or floors. Room(s) must be returned to original set-up including wiping off tables and cleaning. It is not the Extension Offices responsibility to provide cleaning supplies or related equipment. Tables, chairs, and any other items must be placed in their original places. The Extension Office has a right to assess a clean-up or repair fee or deny future use of the facilities if an organization has not properly left the room in order upon departing.

**Facility Contents and Damages:** Decorations or other facility additions are allowed, but they are not to be attached to walls, floors, ceilings, windows, blinds, fixtures, or other parts of the building. The organization or person utilizing the meeting room(s) assigned are responsible for building damages, such as but not limited to, damaged walls or paint, stained carpets, broken tables, etc. Furnishings or furniture shall not be removed or added to any room without Extension knowledge and prior approval. If technology such as meeting room monitors or Wi-Fi are expected to be used, it is up to the reservation holder to ensure that they know how to set up and operate such equipment. It is not guaranteed that staff are available to assist with any unexpected technological challenges nor are they required to provide office supplies, copies, table service, etc.

**Monetary Gain:** Spaces may not be used for any commercial sales or profit gain. No admission fees may be collected for any activity taking place. Gambling is not allowed. Political meetings are prohibited.

**Safety & Doors:** Flames of any kind are prohibited including candles. No smoking or alcohol allowed. Emergency numbers are included in this policy as well as on the counter of the north meeting room and

bulletin board of the middle meeting room. It is the responsibility of the contact person to ensure that doors are closed and locked. There are fire codes for our building and capacity is limited to 50 in the north meeting room and 30 in the smaller (middle) meeting room.

The signature below indicates that the contact person has read and agreed to comply with the policies and procedures governing the use of the space(s) within the Saline County Extension office. The contact(s) assumes responsibility for the preservation of room order and sole responsibility for any damages or losses.

***Acknowledgement of Policy and Room Agreement***

Organization: \_\_\_\_\_

Contact name(s): \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Dates & times of reservation: \_\_\_\_\_

Please list which room(s) are being utilized: (North, Middle, or both): \_\_\_\_\_

Explanation of use of the space(s) including scope of use, time of event, and other details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, date key is checked out: \_\_\_\_\_ \* If applicable, date/time key is to be returned: \_\_\_\_\_ \*

By signing below, I understand and accept all responsibility and policies related to the Extension Office's meeting room(s) and facilities.

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

\* Please list the best estimation as to when key will be returned at the conclusion of the event if outside of business hours.  
(Please disregard if not applicable to events during business hours where a key is not checked out.)

***Application Checklist:***

- Application completed***
- Key and any building-related instructions (example: locking doors)***
  - Emergency and medical-related equipment***
  - Emergency contact information***

# IN CASE OF EMERGENCY:

## TORNADO

Seek shelter in an interior room, such as the restrooms, within the Extension Office or utilize the First Lutheran Church directly to the northwest of this building. An access key for the church is in a red lock box in the middle meeting room/kitchen area on the south wall, between the microwave and kitchen counter. This key unlocks the west entrance of the church.

## EMERGENCY SUPPLIES/IN CASE OF FIRE

A small emergency supply kit is in the west end of cabinet along the south wall of the north meeting room including a flashlight. A fire extinguisher is on the south wall of the middle meeting room mounted behind the microwave and dishwasher area.

## FIRST AID

A large first aid kit is on the south wall in the kitchen area near the microwave as well as an emergency defibrillator.

## CONTACT INFORMATION:

911 or Saline County Sheriff's Office: 402-821-2111

Once timing allows, please communicate any emergencies with Extension staff.

Melanie Kunc, 402-821-1712

Ingrid Lindal, 402-805-8154



# Saline County Clerk REPORT OF FEES

## December 2024

Copies	\$	47.50
Emailing Fees	\$	34.50
Phone & Written Searches	\$	-
Maps	\$	-
Tax Liens (Federal & State)	\$	-
Election, voter registration lists, etc.	\$	-
Marriage Licenses	\$	136.00
Real Estate	\$	5,008.00
Documentary Stamp Tax	\$	23,505.75
<b>TOTAL</b>	<b>\$</b>	<b><u>28,731.75</u></b>

**Approved**

This 7th day of January, 2025

**County Board**

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RESOLUTION #2024-079

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$21,000.00 be transferred from the Inheritance Fund #2700 to the Saline  
County Historical Fund #9300, to be reimbursed when funds are available.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of January, 2025.

SEAL

\_\_\_\_\_  
Saline County Clerk

**SALINE COUNTY TOURISM ADVISORY COMMITTEE MEETING  
MINUTES FROM DECEMBER 12, 2024**

The Saline County Tourism Advisory Committee met on Dec. 12, 2024 at 1:30 pm at Teri Shestak's home. Present were Chairwomen Sheryl Kastanek, Eric Stehlik, Janet Jeffries, and Gary Wooten. Those absent were Deb Polacek and Roger Chrans. A quorum was established.

Secretary minutes were read. A motion by Janet Jeffries to accept the minutes was made and seconded by Eric Stehlik. Motion carried.

Eric Stehlik gave a financial report. For the 2025 grants there is \$100,466.57 in the Promotion Fund and \$52,056.65 in the Improvement Fund. A discussion was held on whether the Commissioners could make a onetime transfer of some of the Promotion money could be placed in the Improvement Fund. Chairwomen Sheryl will talk with the state about this.

Janet J. talked about the publicity going into the papers. This went well.

The Commissioners wish us to join SENTC. We again discussed how the SE booklet of events needs to come out in a timely manner, not after events are occurring. No one from the Committee really wants to attend the meetings. Sheryl will talk to the Commissioners.

The election of officers was postponed until after our meeting with the Commissioners. Eric S. would like off the committee entirely. A new person will need to be found to take Eric's place. Eric may have someone in mind. Eric will finish the 2024 grants. Gary W. made a motion to table the election and Teri S. seconded the motion. Motion carried.

Selection of grants was next on the agenda. Promotion grants were awarded first. There were 25 promotion grants. There was \$100,466.57 available. \$27,915 was actually awarded to 23 grants. Two grants were denied as they were asking for money for mileage, stipends for the speaker, and refreshments. Teri S. made a motion to approve the grants. Eric S. seconded the motion. Motion carried. Site Improvement grants were next awarded. There were 38 grants. There was \$52,056.65 available. \$41,633.77 was awarded to 31 grants. Seven grants were denied. One grant to a personal B & B for insulation and six others to the same grantee due to the hierarchy of grants they were asking for. (One of their grants for a sign should have been in the Promotion grants.) Gary W. made a motion to approve the grants. Janet J. seconded the motion. Motion carried.

Discussion was held that the Committee needed to meet with the Commissioners on the Committee and the jobs the Chairwoman and Financial Officer have to deal with when receiving the grants. Sheryl will talk to the state on what is expected of the Committee.

Sheryl K. made a motion to adjourn the meeting. Janet J. seconded. Motion carried.. The meeting was adjourned at approximately 4:30pm.

Respectfully Submitted,

Teri Shestak

**SALINE COUNTY TOURISM GRANTS  
DEC. 12, 2024**

**PROMOTION GRANTS**

Group	Requested	Awarded
Stuckman Baatz Library	\$750 each event	\$1,500
Saline County Ag Society	\$1,500	\$1,500
Saline County Ag Society	\$1,500	\$1,500
Saline County Ag Society	\$1,500	\$1,500
Saline County Ag Society	\$1,500	\$1,500
DeWitt Community Club	\$580	\$580
DeWitt Legion Post 212	\$500	\$500
DeWitt Legion Post 212	\$1,500	\$1,500
DeWitt Legion Post 212	\$1,500	\$1,500
DeWitt Civic Board	\$1,500	\$1,500
DeWitt Legion Post 212	\$ 1,000	\$1,000
Western Community Club	\$1,500	\$1,500
T.J. Sokol Hall (Wilber)	\$1,500	\$1,500
Saline County Historical Society	\$585	\$585
Saline County Historical Society.	\$270	Denied
Saline County Historical Society	\$886	Denied
Friend Historical Society	\$1,500	\$1,500
Village of DeWitt	\$1,500	\$1,500
Saline Center	\$1,500	\$1,500
Western Heritage Museum	\$1,000	\$1,000 (not for float)
Crete Chamber	\$1,000	\$1,000
Crete Chamber	\$1,500	\$1,500
Crete Chamber	\$1,000	\$1,000
Crete Chamber	\$750	\$750
DeWitt Senior Center	\$1,500	\$1,500
Total Amount Awarded -		\$27,915

**IMPROVEMENT FUND**

Group	Requested	Awarded
DeWitt Legion Post 212	\$1,500	\$1,500
DeWitt Legion Post 212	\$1,500	\$1,500
DeWitt Legion Post 212	\$1,500	\$1,500
Crete Heritage Society	\$1,500	\$1,500
Crete Heritage Society	\$1,500	\$1,500
Western Community Club	\$1,500	\$1,500

## IMPROVEMENT FUND CONTINUED

Group	Requested	Awarded
Cynthia Cassel (B&B)	\$2,000	Denied
T J Sokol Hall (Wilber)	\$1,500	\$1,500
Tabor Hall	\$1,500	\$1,500
Tabor Hall	\$1,500	\$1,500
Tobias Community Club	\$1,500	\$1,500
Tobias Community Club	\$500	\$500
Tobias Legion Post 311	\$1,500	\$1,500
Village of Swanton	\$1,500	\$1,500
Village of Swanton	\$1,500	\$1,500
Saline County Historical Society	\$816	\$816
Saline County Historical Society	\$830	\$830
Saline County Historical Society.	\$1,500	\$1,500
Saline County Historical Society.	\$238	\$238
Saline County Historical Society	\$379	\$379
Meridian SFS Baseball	\$1,500	\$1,500
Friend Historical Society	\$1,491.77	\$1,491.77
Village of DeWitt	\$1,000	\$1,000
Village of DeWitt	\$1,500	\$1,500
Village of DeWitt	\$ 1,500	\$1,500
Western Heritage Museum	\$2,000	\$1,500
Western Heritage Museum.	\$1,500	\$1,500
Western Heritage Museum	\$2,000	\$1,500
Western Heritage Museum	\$1,800	Denied
Western Heritage Museum	\$1,800	Denied
Western Heritage Museum	\$1,200	Denied
Western Heritage Museum	\$2,000	Denied
Western Heritage Museum	\$800	Denied *Belongs in Promotion
Wilber Legion	\$1,500	\$1,500
Wilber Legion	\$1,500	\$1,500
DeWitt Senior Center	\$1,500	\$1,500
	Total amount awarded-	\$41,633.77

## **Saline County Tourism Tax Report to the Saline County Board of Commissioners-12-31-2024**

The Saline County Tourism Committee is comprised of Janet Jeffries, Teri Shestak and Sheryl Kastanek of Crete, Gary Wooten and Roger Chrans of Wilber, Deb Polacek of Friend and Eric Stehlik of Dorchester. This group is dedicated to getting as much possible funding to local non-profit organizations as we follow rules, regulations and Nebraska State Statue.

In a recent conference (12-18-24) with Jeff Schrier of the NE State Auditor office. 402-471-2111, a few questions were answered.

To his knowledge, the auditing office was pleased with the manner Saline County Tourism Tax proceeds were handled. Rules and Regulations are adhered to and followed.

The total tax of 4% is divided between Promotion-2% and Site Improvement-2%. Extra funds can be transferred to the promotion fund from the Improvement fund, but not promotion to improvement. Saline County has a higher promotion fund balance. The committee wants to distribute promotion funds, but has a limited number of events requiring these funds. While the State Audit committee would prefer non-profit organizations to receive these funds, the funds can be used by private enterprise if it enhances tourism to the county. Examples might be Karpisek Market bringing guests to a community, but does the insurance agency in a town enhance tourism development? Mr. Schrier said the Saline County Attorney Solheim would make the decision. An extremely fine line the committee would rather not have to decide. We can raise the limit of funds given in promotion. The committee did deny a 2025 private enterprise request of site improvement for insulation of their personal bed and breakfast.

At this time, the grant reimbursement forms are sent to myself as president of the committee. Many of the forms are properly prepared. Unfortunately, I spend too much volunteer time trying to correct and help the inadequate ones. Many phone calls, emails, copies, miles and dealing with nasty people are something the volunteer president should not have to deal with. I can turn in billings for products, but cannot receive any reimbursement for my hours spent dealing with this. What can we do to alleviate this problem. We all want the funds to be utilized, but we must adhere to state status, rules and regulations. After I get the proper forms and documentations, I then give to Administrator Eric Stehlik to make final approval. Eric then turns the reimbursement packet into the Saline County Clerk office for approval of the commissioners and final payment. The committee is dedicated to following the criteria of awarding the funds. We desire to work together to get as much funding as we can to Saline County non-profit organizations now and in the future.

Sincerely,

Sheryl Kastanek

RESOLUTION #2025-002

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$337,000.00 be transferred from the Inheritance Fund #2700 to the  
General Fund #0100.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of January, 2025,

SEAL

\_\_\_\_\_  
Saline County Clerk

RESOLUTION #2025-003

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$5,700.00 be transferred from the Inheritance Fund #2700 to the Grant  
Fund #2500 to be reimbursed when funds are available.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup>, day of January, 2025.

SEAL

\_\_\_\_\_  
Saline County Clerk

RESOLUTION #2025-004

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$3,300.00 be transferred from the Inheritance Fund #2700 to the Victim-  
Witness Coordinator Fund #2513, to be reimbursed when funds are available.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of January, 2025.

SEAL

\_\_\_\_\_  
Saline County Clerk

RESOLUTION #2025-005

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$1,900.00 be transferred from the Inheritance Fund #2700 to the Juvenile  
Services Aid Program Fund #2516, to be reimbursed when funds are available.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of January, 2025.

SEAL

\_\_\_\_\_  
Saline County Clerk

SALINE COUNTY  
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY

Windstream Nebraska, LLC, hereinafter referred to as "owner" requests to construct telecommunications facilities occupying the Right-of-Way of the Saline County Public Highway System. Windstream to replace 300' of 12pr buried copper cable on the west side of County Road 1600 in Saline County, NE - **WO#71504007000145;PR-30111**

Owner proposes to place and maintain the aforesaid construction on Saline County Public Right-of-Way at owner's risk and expense and hereby absolves Saline County, its officials and employees from any liability arising from the placing and maintaining of said construction.

The owner will cooperate fully with the officials of Saline County and will keep them fully and immediately informed of all construction or maintenance work required on Saline County Public Right-of-Way. The surface of the road will be restored to the same condition as it was prior to the work and such restoration will be accomplished to the reasonable satisfaction of the Saline County Officials.

Person to be contacted, prior to construction by a Telephone Company or a Utility Company, is the County Highway Superintendent or the Highway Coordinator, Courthouse – 2nd floor, telephone #821-2737. Each location to be inspected by Saline County when permit is submitted and upon project completion, at which latter time any work or supply of gravel reasonable required to restore the surface of the road or work to restore the County Right-of-Way to the same condition as it was prior to the work will be determined and the work performed and gravel supplied by the owner.

Draw a sketch indicating approximate location to or from some easily recognized landmark, or a sketch may be attached.

Date January 2, 2025

*Melvin Fecher*

Melvin Fecher – Analyst I – Permitting Team  
1170-B1F02-1211A, 4005 N Rodney Parham Rd  
Little Rock, AR 72212

At the option of the County Board of Commissioners, the owner shall furnish a Surety Bond for an amount specified by the County Board of Commissioners. The form of the Surety Bond shall be acceptable to the Saline County Board.

Surety Bond Required: YES \_\_\_\_\_ NO x Amount \_\_\_\_\_

COMMENTS: (County only) I recommend that this permit be granted subject to Windstream Nebraska, LLC agreeing to return the damaged area to its original condition.

Date January 7, 2025

\_\_\_\_\_  
Highway Superintendent or Coordinator

We hereby grant Windstream Nebraska LLC permission to occupy the County Right-of-Way at the location and according to the procedure and conditions described in this document.

Date January 7, 2025

\_\_\_\_\_  
(Signature - Chairman of County Board)







Work Order to Master Professional Services Agreement dated 1.3.2025

Date of Work Order: 1.3.2025

<p><b>Consultant</b>          Speece Lewis, a Bowman Company          906 S 26<sup>th</sup> Street          Lincoln NE 68510</p> <p>Phone: 402.483.5466</p>	<p><b>Client</b>          Saline County Board of Commissioners          Saline County Courthouse          204 South High Street          Wilber NE 68465</p> <p>Phone: 402.821.2737</p>
<p>Project Name: 2025 County Services          Saline County, Nebraska</p>	<p>Work Order No.: 003</p>

**SCOPE OF SERVICES AND FEES**

Speece Lewis, a Bowman Company is pleased to provide the following proposal for furnishing miscellaneous engineering and consultant services, drainage design, and consultant recommendations to Saline County, Nebraska from January 1, 2025, to December 31, 2025. Large projects will be covered under separate Work Orders.

***POTENTIAL SERVICES PROVIDED***

Speece Lewis will provide the following services as directed by the Board:

1. Survey – Preliminary Roadway and Drainage
2. Hydrologic and Hydraulic Analyses. Individual existing bridge and culvert sites will be studied and sized for replacement requirements. Drainage areas large enough to require CBCs or bridges are not included. Individual roadway drainage problems will be studied, and recommendations provided to alleviate any issues.
3. The Engineer or consulting firm will provide consultation on budget and procurement of supplies if requested. Actual preparation of budget, specifications, or purchase orders is not included.
4. Sizing of bridge girders or recommending other bridge parts for bridge maintenance or rehabilitation will be furnished upon request.
5. Inspection, measurement, and computer load rating of certain existing bridges may be requested.
6. Interpret and make recommendations to the County Board regarding County Highway and Bridge laws.
7. Assist in the preparation of US Army Corps of Engineers 404 Applications and Saline County Floodplain Applications. Provide wetland delineation studies for specific sites which are required for 404 Applications.
8. The Engineer or consulting firm will provide on-call services at any time at the request of the County Highway Department or the County Board of Commissioners. This may require attendance at County Board meetings, on-site meetings with landowners to review drainage problems, and/or meetings with the Corps of Engineers to discuss permit applications pertaining to County projects which involve

channel changes. Provide Cost Estimates for projects as requested by County Board or County Highway Department.

9. Speece Lewis Engineers will carry out any specific engineering study requested by the County Highway Department of the Saline County Board of Commissioners.

**AUTHORIZATION FOR SERVICES**

Any Engineering Services provided under this contract must be authorized by the Saline County Board of Commissioners or the Saline County Highway Department.

**FEE:** Our hourly rates are identified as follows:

Engineer IV	\$ 210.00 / hour
Engineer III	\$ 165.00 / hour
Engineer II	\$ 125.00 / hour
Engineer I	\$ 100.00 / hour
Engineering Technician	\$ 115.00 / hour
Biologist	\$ 125.00 / hour
Survey Crew	\$ 195.00 / hour
Inspection	\$ 95.00 / hour
Administrative Services	\$ 95.00 / hour
Mileage @ cost per mile	Per current Federal Mileage Rate

<sup>1/</sup> "To the extent feasible, Speece Lewis Engineers will attempt to reduce trip costs and Saline County expenditures by combining meetings with the County Board with meetings for other purposes. This will reduce overall costs to Saline County."

To ensure proper credit and timely payment, all invoices submitted to Bowman Consulting Group Ltd. for services rendered under this Agreement must include the project number and task number provided above.

The individual signing this Work Order acknowledges that this Work Order is incorporated into and made a part of the Master Professional Services Agreement between Bowman Consulting Group Ltd. as Consultant and the undersigned as Client, and states that he or she has the authority to sign on behalf of the Client.

**Speece Lewis, a Bowman Company**

**Saline County, Nebraska**

By: \_\_\_\_\_  
Name: Tim Farmer, P.E.  
Title: Principal

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

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SALINE  
BOARD PREAPPROVAL REPORT  
GENERAL  
FROM 01/10/2025 TO 01/10/2025

Account # 1099	Description	Account Amt	Vendor	Invoice Description	Claim #
602-00 CLERK					
00-2-1704	MILEAGE ALLOWANCE	187.60	JENNIFER HERMSMEIER	MILEAGE	25010011
		*****			
	<b>602-00 CLERK</b>	<b>187.60</b>			
		*****			
603-00 TREASURER					
00-3-0101	OFFICE SUPPLIES	30.42	EAKES OFFICE PLUS	INV 9053665-0 INV 9059370-	25010006
00-3-0101	OFFICE SUPPLIES	37.79	VISA	ACCT 5848	25010032
00-5-0500	OFFICE EQUIPMENT	79.98	VISA	ACCT 5848	25010032
		*****			
	<b>603-00 TREASURER</b>	<b>148.19</b>			
		*****			
607-00 ELECTION					
00-2-1704	MILEAGE ALLOWANCE	175.54	DEE DRAKE	MILEAGE	25010005
00-2-1704	MILEAGE ALLOWANCE	184.92	JAMIE WOLTEMATH	MILEAGE	25010039
		*****			
	<b>607-00 ELECTION</b>	<b>360.46</b>			
		*****			
610-00 VOICE/DATA SERVICES					
00-4-0204	LANDLINE SERVICES	1,501.27	WINDSTREAM	ACCT0909358389	25010035
00-4-0205	MOBILE PHONE SERVICES	2,088.71	VERIZON WIRELESS	INV 6100839085	25010030
		*****			
	<b>610-00 VOICE/DATA SERVICES</b>	<b>3,589.98</b>			
		*****			
641-00 BUILDING & GROUNDS (COURT HOUSE)					
00-3-0103	JANITORIAL SUPPLIES	112.25	DOLLAR GENERAL CHARGE SAL	ACCT 899593338	25010004
00-5-0230	BUILDING IMPROVEMENTS	1,581.50	ELECTRONIC CONTRACTING CO	INV 66238 INV 66173	25010007
00-5-0230	BUILDING IMPROVEMENTS	2,671.33	SECURITY EQUIPMENT INC	INV 905803	25010025
		*****			
	<b>641-00 BUILDING &amp; GROUNDS (COURT HOUSE)</b>	<b>4,365.08</b>			
		*****			
645-00 EXTENSION OFFICE					
00-2-1200	OFFICE EQUIPMENT REPAIR	229.86	EAKES OFFICE PLUS	INV 9053665-0 INV 9059370-	25010006
00-2-2000	PRINTING AND PUBLISHING	3.64	SWEET TEA MEDIA LLC	INV 203043	25010026
00-3-0101	OFFICE SUPPLIES	76.81	QUILL CORPORATION	INV 41889634	25010022
		*****			
	<b>645-00 EXTENSION OFFICE</b>	<b>310.31</b>			
		*****			

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SALINE  
BOARD PREAPPROVAL REPORT  
GENERAL  
FROM 01/10/2025 TO 01/10/2025

Account #	Description	Amt	Vendor	Invoice Description	Claim #
651-00	SHERIFF				
00-1-1100	UNIFORM ALLOWANCE	196.96	VISA	ACCT 9495	25010031
00-3-0101	OFFICE SUPPLIES	215.00	L-TRON CORPORATION	INV 685876	25010016
00-3-0112	LAW ENFORCEMENT SUPPLIES	225.45	LYNN PEAVEY COMPANY	INV 414542	25010017
00-3-0211	TIRES & REPAIR (MACHINERY & EQ	233.88	FARMERS COOPERATIVE	INV 002949	25010009
00-3-0212	EQUIPMENT REPAIRS-COMMERCIAL	220.77	O'REILLY AUTO PARTS	INV 4484100718	25010021
00-3-0212	EQUIPMENT REPAIRS-COMMERCIAL	59.00	VISA	ACCT 9495	25010031
		*****			
	651-00 SHERIFF	1,151.06			
		*****			
652-00	ATTORNEY				
00-2-0100	POSTAL SERVICES	219.00	SALINE COUNTY ATTORNEY PE	REIMBURSE	25010023
00-2-1801	DUES, SUB, REG, & TRAINING	420.00	NEBRASKA STATE BAR ASSOCI	MEMBER #27630 MEMBER #2478	25010020
		*****			
	652-00 ATTORNEY	639.00			
		*****			
662-00	ATTORNEY-CHILD SUPPORT				
00-2-0100	POSTAL SERVICE	365.00	SALINE COUNTY ATTORNEY PE	REIMBURSE	25010023
00-2-1801	DUES, SUB, REG, & TRAINING	134.89	EQUIFAX WORKFORCE SOLUTIO	INV 2063283303	25010008
		*****			
	662-00 ATTORNEY-CHILD SUPPORT	499.89			
		*****			
671-00	JAIL				
00-2-1200	OFFICE EQUIPMENT REPAIR	394.91	US BANK EQUIPMENT FINANCE	INV 544759160	25010029
00-2-1801	DUES, SUB, REG, & TRAINING	34.99	VISA	ACCT 9495	25010031
00-2-1806	SAFETY INSPECT, TESTING & PUBL	95.00	CHARLES M HROCH	INV 4181	25010012
00-2-1900	BOARD OF PRISONERS-MEALS	13,974.76	SUMMIT FOOD SERVICE LLC	INV2000228104	25010028
00-2-3000	MEDICAL SERVICES	235.00	MICHAEL KAREL PAC	12/13/24	25010014
00-2-9900	MISCELLANEOUS	24.38	VISA	ACCT 9495	25010031
00-3-0101	OFFICE SUPPLIES	303.44	EAKES OFFICE PLUS	INV 9053665-0	25010006
00-3-0101	OFFICE SUPPLIES	107.06	VISA	ACCT 9495	25010031
00-3-0103	JANITORIAL SUPPLIES	32.86	EAKES OFFICE PLUS	INV 9053665-0	25010006
00-3-0103	JANITORIAL SUPPLIES	64.71	WALKER UNIFORM RENTAL	INV 1379266	25010033
00-3-0119	BUILDING SUPPLIES	221.95	VISA	ACCT 9495	25010031
		*****			
	671-00 JAIL	15,489.06			
		*****			
693-00	EMERGENCY MANAGEMENT (CIVIL DEF)				
00-1-0301	ADMINISTRATIVE SALARY	3,760.00	JEFFERSON COUNTY EMERGENC	NOVEMBER 2024	25010013
00-1-0305	CLERICAL SALARY	665.00	JEFFERSON COUNTY EMERGENC	NOVEMBER 2024	25010013
		*****			
	693-00 EMERGENCY MANAGEMENT (CIVIL DEF)	4,425.00			
		*****			

SALINE  
BOARD PREAPPROVAL REPORT  
GENERAL  
FROM 01/10/2025 TO 01/10/2025

Account # 1099 Description Account Amt Vendor Invoice Description Claim #  
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Account #	Description	Amt	Vendor	Invoice Description	Claim #
970-00	MISCELLANEOUS & MISC. COURTS				
00-2-2411	DISTRICT COURT ATTORNEY FEES	3,876.00	MURRAY LAW, PC LLO	CR 24-299 & 88 CR 24 353 &	25010018
00-2-2412	COUNTY COURT ATTORNEY	855.00	SCOTT RYAN GROPP, ATTORNE	JANUARY 2025 CR 24 200 CR 2	25010010
00-2-2414	JUVENILE ATTORNEY	3,348.75	REBECCA ANDERSON	JV 22 84 JV 24 22 JV 23 53	25010001
00-2-2414	JUVENILE ATTORNEY	142.50	SCOTT RYAN GROPP, ATTORNE	JANUARY 2025 CR 24 200 CR 2	25010010
00-2-2414	JUVENILE ATTORNEY	570.00	JUSTIN KUNTZ	JV 23 47 JV 24 19	25010015
00-2-2502	PROFESSIONAL FEE: HUMAN RESOUR	1,497.00	SOARIN GROUP LLC	INV INV-13918	25010027
00-2-2515	CONTRACTUAL SERVICES (PUBLIC D	9,360.00	SCOTT RYAN GROPP, ATTORNE	JANUARY 2025 CR 24 200 CR 2	25010010
00-2-2601	DISTRICT COURT COSTS	521.63	NEBRASKA HEALTH & HUMAN S	INV 175236	25010019
00-2-2601	DISTRICT COURT COSTS	8.80	SALINE COUNTY ATTORNEY PE	REIMBURSE	25010023
00-2-2602	COUNTY COURT COSTS	234.00	BRYAN HEALTH	ACCT 11672049	25010002
00-2-2602	COUNTY COURT COSTS	39.00	SALINE COUNTY ATTORNEY PE	REIMBURSE	25010023
00-2-2602	COUNTY COURT COSTS	20.00	SECRETARY OF STATE RULES	DECEMBER 2024	25010024
00-2-2603	JUVENILE COURT COSTS	24.20	SALINE COUNTY ATTORNEY PE	REIMBURSE	25010023
00-2-2603	JUVENILE COURT COSTS	87.00	ABBIE ZUBEK	WITNESS FEES	25010036
00-2-2603	JUVENILE COURT COSTS	60.20	ASHLEY NICHOLSON	WITNESS FEES	25010037
00-2-2603	JUVENILE COURT COSTS	34.74	KATIE NGUYEN	WITNESS FEES	25010038
00-2-9900	MISCELLANEOUS	332.40	CAPITAL CITY TRANSFER SER	INV 18552	25010003
00-2-9900	MISCELLANEOUS	1,000.00	WILBER BODY SHOP	DEDUCTIBLE	25010034

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970-00 MISCELLANEOUS & MISC. COURTS 22,011.22  
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0100 GENERAL FUND 53,176.85  
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Account #	Description	Amt	Vendor	Invoice Description	Claim #
705-00	BRIDGE/ROAD MAINTENANCE				
00-1-1300	OTHER PERSONAL SERVICES	33.00	DOUG MEINKE	REIMBURSE	25010044
00-2-0501	LIGHT	587.08	NORRIS PUBLIC POWER	ACCT 124625900	25010047
00-2-0502	WATER	46.70	CITY OF FRIEND	ACCT 1986 ACCT 523	25010041
00-2-0502	WATER	45.60	VILLAGE OF TOBIAS	DECEMBER 2024	25010050
00-2-0504	SEWER	12.00	VILLAGE OF TOBIAS	DECEMBER 2024	25010050
00-2-1600	OTHER EQUIPMENT REPAIR	786.45	MATHESON TRI-GAS INC	INV 0030764429	25010043
00-3-0106	SHOP SUPPLIES	7.00	MEYER SEED AND SUPPLY	INV 1601	25010045
00-3-0202	GRAVEL AND BORROW	5,689.50	BEATRICE CONCRETE CO INC	INV S1 201362 INV X1 20136	25010040
00-3-0202	GRAVEL AND BORROW	5,345.55	SOUTHWEST GRAVEL PRODUCTS	INV SC2024-23	25010049
00-3-0207	STEEL PRODUCTS	465.00	MIDWEST STEEL WORKS INC	INV 62578	25010046
00-3-0211	MACHINERY & EQUIPMENT TIRES-RE	15,756.50	POMP'S TIRE SERVICE INC	INV 1430111104 INV 14301117	25010048
00-5-1306	DRUG TESTING FEES & SUPPLIES	226.00	CRETE AREA MEDICAL CENTER	ACCT 12931356	25010042

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705-00 BRIDGE/ROAD MAINTENANCE 29,000.38  
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0300 ROAD & BRIDGE FUND 29,000.38  
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SALINE  
BOARD PREAPPROVAL REPORT  
ROAD & BRIDGE  
FROM 01/10/2025 TO 01/10/2025

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
630-00 DISTRICT COURT-BAILIFF 00-2-1704	MILEAGE	206.36	KATHY HOMOLKA	DECEMBER MLG	25010051
<b>630-00 DISTRICT COURT-BAILIFF</b>		<b>206.36</b>			
<b>0900 DISTRICT COURT-BAILIFF FUND</b>		<b>206.36</b>			
662-00 CHILD SUPPORT ENFORCEMENT 00-3-0400	MISCELLANEOUS SUPPLIES	3,000.00	STEVEN J SCHMIDT	11/30-12-13/24	25010052
<b>662-00 CHILD SUPPORT ENFORCEMENT</b>		<b>3,000.00</b>			
<b>0985 CHILD SUPPORT ENFORCEMENT INCENTIVE FUND</b>		<b>3,000.00</b>			
837-00 AGING SERVICES 00-1-1400	PROGRAM EXPENSE	792.00	SAMANTHA MOLDENHAUER	12/11-31/24	25010055
00-2-1704	MILEAGE ALLOWANCE	40.20	LORI MOLDENHAUER	MILEAGE	25010054
00-3-0209	FUEL	98.21	FARMERS COOPERATIVE	ACCT 5654	25010053
<b>837-00 AGING SERVICES</b>		<b>930.41</b>			
<b>2250 AGING SERVICES FUND</b>		<b>930.41</b>			
666-00 JUVENILE DIVERSION 00-3-0101	OFFICE SUPPLIES	200.00	CHANGE COMPANIES	INV 245278	25010056
00-3-0400	MISCELLANEOUS	40.55	CHANGE COMPANIES	INV 245278	25010056
<b>666-00 JUVENILE DIVERSION</b>		<b>240.55</b>			
<b>2330 JUVENILE DIVERSION FUND</b>		<b>240.55</b>			

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SALINE  
BOARD PREAPPROVAL REPORT  
JUVENILE DIVERSION  
FROM 01/10/2025 TO 01/10/2025

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
672-00	DRUG COURT				
00-2-1704	MILEAGE ALLOWANCE	64.32	BRADEN J DVORAK	MILEAGE	25010057
00-2-1704	MILEAGE ALLOWANCE	128.64	AMANDA FANNING	MILEAGE	25010058
00-2-2515	CONTRACTED SERVICES	1,300.00	KALKWARF & SMITH LAW OFFI	JANUARY 2025	25010059
	<b>672-00 DRUG COURT</b>	<b>1,492.96</b>			
	<b>2390 DRUG COURT FUND</b>	<b>1,492.96</b>			
652-00	VICTIM/WITNESS GRANT (ATTYS OFFICE)				
00-1-0100	VICTIM/WITNESS GRANT	43.03	VERIZON WIRELESS	INV 6100839085	25010060
	<b>652-00 VICTIM/WITNESS GRANT (ATTYS OFFICE)</b>	<b>43.03</b>			
	<b>2513 VICTIM/WITNESS GRANT FUND</b>	<b>43.03</b>			
666-00	JUVENILE SERVICES AID PROGRAM GRANT				
00-1-0200	SALARIES	1,790.62	ANITA STOUGARD	12/11-24/24	25010062
00-3-0101	OFFICE SUPPLIES	140.00	CHANGE COMPANIES	INV 245278	25010061
	<b>666-00 JUVENILE SERVICES AID PROGRAM GRANT</b>	<b>1,930.62</b>			
	<b>2516 JUVENILE SERVICES AID PROGRAM GRANT FUND</b>	<b>1,930.62</b>			
600-00	911 EMERGENCY MANAGEMENT FUND				
00-2-2502	PROFESSIONAL FEES	2,964.00	GEOCOMM INC	INV INV140596	25010063
	<b>600-00 911 EMERGENCY MANAGEMENT FUND</b>	<b>2,964.00</b>			
	<b>2910 911 EMERGENCY MANAGEMENT FUND FUND</b>	<b>2,964.00</b>			

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SALINE  
BOARD PREAPPROVAL REPORT  
911 EMERGENCY MANAGEMENT FUND  
FROM 01/10/2025 TO 01/10/2025

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
600-00 911	WIRELESS SERVICE FUND				
00-5-1217	911 WIRELESS SERVICE FUND	1,380.00	GEOCOMM INC	INV INV140596	25010064
00-5-1217	911 WIRELESS SERVICE FUND	500.00	PATRICK HOTOVY MD	12/18/24	25010065
00-5-1217	911 WIRELESS SERVICE FUND	4,545.61	CENTURYLINK	INV 716635901	25010066
00-5-1217	911 WIRELESS SERVICE FUND	260.66	VISA	ACCT 6084	25010067
		*****			
<b>600-00 911 WIRELESS SERVICE FUND</b>		<b>6,686.27</b>			
		*****			
		*****			
<b>2913 911 WIRELESS SERVICE FUND</b>		<b>6,686.27</b>			
		*****			
600-00	FINANCE/ADMINISTRATION				
00-2-2900	LAW ENFORCEMENT COSTS	3,492.27	VISA	ACCT 9495	25010068
		*****			
<b>600-00 FINANCE/ADMINISTRATION</b>		<b>3,492.27</b>			
		*****			
		*****			
<b>2960 CRIME PREVENTION (LAW ENFORCEMENT) FUND</b>		<b>3,492.27</b>			
		*****			
665-00	LAW ENFORCEMENT COMMISSARY				
00-2-1900	FOOD	2,723.41	SUMMIT FOOD SERVICE LLC	INV2000228211	25010071
00-2-9900	MISCELLANEOUS	237.80	CHARM-TEX INC	INV 0387219-IN	25010069
00-2-9900	MISCELLANEOUS	343.80	EAKES OFFICE PLUS	INV 9053463-0	25010070
00-2-9900	MISCELLANEOUS	919.61	SUMMIT FOOD SERVICE LLC	INV2000228211	25010071
00-2-9900	MISCELLANEOUS	195.36	VISA	ACCT 9495	25010072
		*****			
<b>665-00 LAW ENFORCEMENT COMMISSARY</b>		<b>4,419.98</b>			
		*****			
		*****			
<b>2965 LAW ENFORCEMENT COMMISSARY FUND</b>		<b>4,419.98</b>			
		*****			
		*****			
<b>GRAND</b>		<b>107,583.68</b>			
		*****			

**Pay Period**

**1 #1**

**Pay Date:**

**1/10/2025**

Direct Deposits	\$210,355.88
Tax Liabilities	\$73,763.50
Third Party Liabilities	
Third Party Electronic Payments	\$403.39
Payroll Billing	\$3,425.48
Total amount to be debited or wired	\$287,948.25

**Totals for Meeting Minutes**

Ameritas – <i>Group Retirement</i>	\$34,428.84
Medica (#5359)	\$105,289.82
Health Savings Account	\$10,932.92
Principal (#5240)	\$3,221.45
Madison National Life (#3270)	\$1,424.76
AFLAC (#155)	\$985.06
Empower Retirement (#5207)	\$2,194.61
Point C – <i>Dep. Care and Unreimb. Med</i>	\$655.50
Colonial Supplement Ins. (#3334)	\$177.43
Teamsters Local Union No. 554 (#4366)	\$364.00
New York Life (#4741)	\$93.95
Saline County Court	\$260.20
Lancaster County Court	\$302.90

Approved this 7th day of January, 2025

County Board

Chairman

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_