

AGENDA ITEM SUMMARY

DATE: 12/10/2009 DEPARTMENT: Treasurer, Planning DEPT. HEAD SIGNATURE: SS

SUBJECT:

EECBG Pass-through grant (Regional Stimulus)

AUTHORITY:  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

Update on Energy Efficiency and Conservation Block Grant (EECBG) regional proposal

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

\_\_\_\_ City Attorney      \_\_\_\_ Clerk / Finance Director      \_\_\_\_ Engineer      \_\_\_\_ Building  
\_\_\_\_ Library      \_\_\_\_ Planning      \_\_\_\_ Fire Dept.      \_\_\_\_  
\_\_\_\_ Safety Committee      \_\_\_\_ P & Z Commission      \_\_\_\_ Police      \_\_\_\_  
\_\_\_\_ Streets      \_\_\_\_ Public Works, Parks      \_\_\_\_ Mayor      \_\_\_\_

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Letter of support, proposed MOU (should grant be awarded) and draft table of project allocation following for Council update. Submission deadline of grant is December 18, 2009; final grant proposal will be submitted at the next Council meeting for ratification. (Staff Report was included in Consent Agenda for November 23, 2009 meeting.)

Recommend Mayor Davis sign letter of support attached.

FOLLOW-UP REMARKS:

Please don't hesitate to ask Becky or Mariel any questions you might have.

# City of Hailey

115 MAIN STREET SOUTH, SUITE H  
HAILEY, IDAHO 83333

(208) 788-4221  
Fax: (208) 788-2924

Idaho Association of Counties  
Attn: Tony Poinelli  
700 W Washington St  
Boise, ID 83702-5535

December 14, 2009

RE: Letter of Support for EECBG Partners

Over the past six months City of Hailey staff have been working in collaboration with 6 other local governments and nonprofits to craft both local and regional strategies that will significantly improve energy efficiency, stimulate our local economies, reduce fossil fuel emissions and decrease the total energy use in each of our respective communities.

On behalf of the City of Hailey, I would like to express my support for the Energy Efficiency and Conservation Block Grant (EECBG) regional proposal that this working group has drafted. This proposal will enable our communities to implement needed and strategic upgrades to our building stock and create lasting change and raise much need awareness about the importance of energy conservation.

This proposal aims to leverage resources from each local government, key nonprofit partners, the Idaho Department of Transportation and individual community members. Strengthening the energy efficiency of our local government building and traffic light inventory will save thousands in the years ahead. The resource conservation outreach effort will raise awareness about resource conservation efforts such as energy audits, retrofits and recycling throughout our community while the rebate program will help individuals make strategic investments in their own homes that will save them money while helping reduce our energy dependence. Finally outlining a conservation strategy for our community will help guide future investments and secure critical buy-in from the community.

I support this regional EECBG proposal and looking forward to working on its implementation.

Best regards,

Rick Davis, Mayor

DRAFT Figures: 12-4-09

	Sun Valley	Ketchum	Hailey	Bellevue	Fairfield	Blaine	Camas	TOTALS
Regional Green Retrofit Program	\$ 37,409	\$ 37,409	\$ 37,409	\$ 37,409	\$ 37,409	\$ 37,409	\$ 37,409	\$ 261,864
Regional "energy efficiency & conservation strategy" (EECS) plan Outreach	\$ 714	\$ 714	\$ 714	\$ 714	\$ 714	\$ 714	\$ 714	\$ 5,000
Regional Resource Conservation	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 7,000
Energy Efficient Traffic Lights	\$ 4,571	\$ 4,571	\$ 4,571	\$ 4,571	\$ 4,571	\$ 4,571	\$ 4,571	\$ 32,000
Regional Energy Audit program	\$ 2,857	\$ 2,857	\$ 2,857	\$ 2,857	\$ 2,857	\$ 2,857	\$ 2,857	\$ 20,000
Sun Valley Retrofits	\$ 50,000							\$ 50,000
Ketchum Retrofits		\$ 50,000						\$ 50,000
Hailey Retrofits			\$ 50,000					\$ 50,000
Bellevue Retrofits				\$ 39,136				\$ 39,136
Blaine County Retrofits					\$ 50,000			\$ 50,000
Fairfield Retrofits					\$ 50,000			\$ 50,000
Camas County Retrofits							\$ 50,000	\$ 50,000
Administration (5% of total)	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 35,000
<b>TOTALS</b>	<b>\$ 103,552</b>	<b>\$ 103,552</b>	<b>\$ 103,552</b>	<b>\$ 92,688</b>	<b>\$ 103,552</b>	<b>\$ 103,552</b>	<b>\$ 103,552</b>	<b>\$ 700,000</b>

\$ 35,000.00

\$



## BLAINE COUNTY PLANNING/ZONING/BUILDING DEPARTMENT

219 1st Avenue South, Suite 208, Hailey, ID 83333

Planning & Zoning: 208-788-5570 ♦ Building Department: 208-788-5573 ♦ Fax 208-788-5576

www.blainecounty.org

Date: December 10, 2009

To: Energy Efficiency Conservation Block Grant (EECBG) Partners; City of Bellevue, City of Fairfield, City of Hailey, City of Ketchum

From: Shana Sweitzer, Blaine County Planning and Zoning

RE: Concepts for a Memorandum of Understanding Between EECBG Partners

---

### Background and Purpose:

The purpose of the EECBG grant is to increase energy efficiencies and reduce energy costs and consumption. The grant criteria identifies leveraging of resources across local jurisdictions as a strong component for a competitive grant application. The Idaho Office of Energy Resources has encouraged cities and counties to work together to increase economies of scale and as such is supporting "stacked proposals". For example, five cities and one county collaborating on one proposal are eligible for \$600,000 via a "stacked proposal". Cities and counties who choose to partner must select one entity to act as the Principal Entity for the duration of the project timeline; Spring 2009 - September 27, 2012. The other partner cities and/or counties will act as Secondary Entities. To ensure that partners are able to maximize the advantages of a regional approach, Blaine County is recommending a Memorandum of Understanding (MOU) that outlines roles, responsibilities and expectations between the Principal entity (Blaine County) and Secondary entities (Bellevue, Fairfield, Sun Valley, Ketchum, Hailey). A MOU is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is a more formal alternative to a gentlemen's agreement. Below outlines the main elements which the County foresees in an EECBG grant MOU.

**Roles and Responsibilities:** There are various submittal responsibilities the Principal and Secondary Entities must meet to ensure timely OER reimbursement and compliance. For Example, the Principal entity who signs the OER contract will be required to submit special status reports, financial reports, and ARRA performance reports on a monthly and annual schedule. The County will have difficulty meeting its OER contract responsibilities without Secondary Entities submitting adequate and timely information to the County. A MOU will identify the information needed for reporting, layout of such information, and submittal deadlines.

**OER Criteria:** The grant contains inherent boundaries with regard to what activities are reimbursed and how projects are implemented i.e. Davis Bacon Act, Buy American, NEPA Excluded Retrofits, etc. These restrictions outlined in an MOU will ensure everyone is on the “same page”.

**Project Funding and Design:** The EECBG partnership has researched and identified regional projects that are highly effective and efficient due to economies of scale and program design. If awarded grant monies the program perimeters need to be clearly understood by all parties. For example, the Government Building Retrofit Project specifies which buildings are proposed for audit and a RFP for one auditor to complete all government building energy audits. The grant narrative uses the above details to support economies of scale statements and requested fund amounts. An MOU would identify agreed upon project amounts and program design details to ensure the grant is implemented as proposed.

**Grant Administration Costs:** The entire grant request is for \$600,000. Five percent ( $.5 \times \$600,000 = \$30,000$ ) of the grant will be dedicated towards grant administration costs which will be split between the Principal and Second Entity. The Principal Entity will receive \$15,000, distributed over three years, to administer the grant. Secondary Entities will receive \$2,500 each ( $6 \times \$2500 = \$15,000$ ) to pay for in-house grant administration costs. A MOU will outline who, how much, and when money for grant administration will be reimbursed.

**Remedy:** A MOU's main purpose is to facilitate communication and get everyone on “the same page”, however discrepancies and disagreements may occur. The MOU might lay out a process for resolving either.

**Validity:** The MOU will identify the length of agreed upon terms and when the agreement is no longer valid.



AGENDA ITEM SUMMARY

DATE: 12/14/09 DEPARTMENT: PW - Building DEPT. HEAD SIGNATURE: \_\_\_\_\_

**SUBJECT:** Motion to approve of surplus property disposal by donating building materials to the Building Materials Thrift Store, repairable office items to Deseret Industries and disposing of the remainder to the landfill.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

Disposal of property is conducted by the City of Hailey with City Council approval. An inventory of items to be disposed of is compiled and the disposition method for each described. City Hall's basement is the collection point for broken chairs, old desks, various library items and doors from various city hall remodel projects. A similar declaration was made in December, 2007 and some of this material may be the same, just not removed following that declaration.

Donated items from city basement to Building Material Thrift Store

- 11 Doors – with and without frames
- 3 Door Frames
- 4 boxes of Vinyl Tile

*If material is not desired by previous recipient it will go to the landfill or recycling*

Donated items from city basement to Deseret Industries

- Magazine display rack
- 8 broken desk chairs
- 6 conference room chairs in need of repair
- 2 cubicle panels
- 2 treadmills
- Nordic skier
- Stair Stepper

Discarded items to landfill or recycling

- 3 Broken desks
- 2 computers (to have the hard drives wiped clean)
- 2 CRT Monitors
- Old weight machine

Photos of the items are attached as well as the December, 2007 agenda item.

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:** Caselle # \_\_\_\_\_  
 Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
 Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
 Staff Contact: Tom Hellen Phone # 788-9830 Ext 14  
 Comments: \_\_\_\_\_

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)**

<input type="checkbox"/> City Attorney	<input type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input type="checkbox"/> Building
<input type="checkbox"/> Library	<input type="checkbox"/> Planning	<input type="checkbox"/> Fire Dept.	<input type="checkbox"/> _____
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input type="checkbox"/> Police	<input type="checkbox"/> _____
<input type="checkbox"/> Streets	<input type="checkbox"/> Public Works, Parks	<input type="checkbox"/> Mayor	<input type="checkbox"/> _____

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

**ADMINISTRATIVE COMMENTS/APPROVAL:**

City Administrator \_\_\_\_\_ Dept. Head Attend Meeting (circle one) Yes No

**ACTION OF THE CITY COUNCIL:**

Date \_\_\_\_\_

City Clerk \_\_\_\_\_

**FOLLOW-UP:**

\*Ord./Res./Agmt./Order Originals: Record

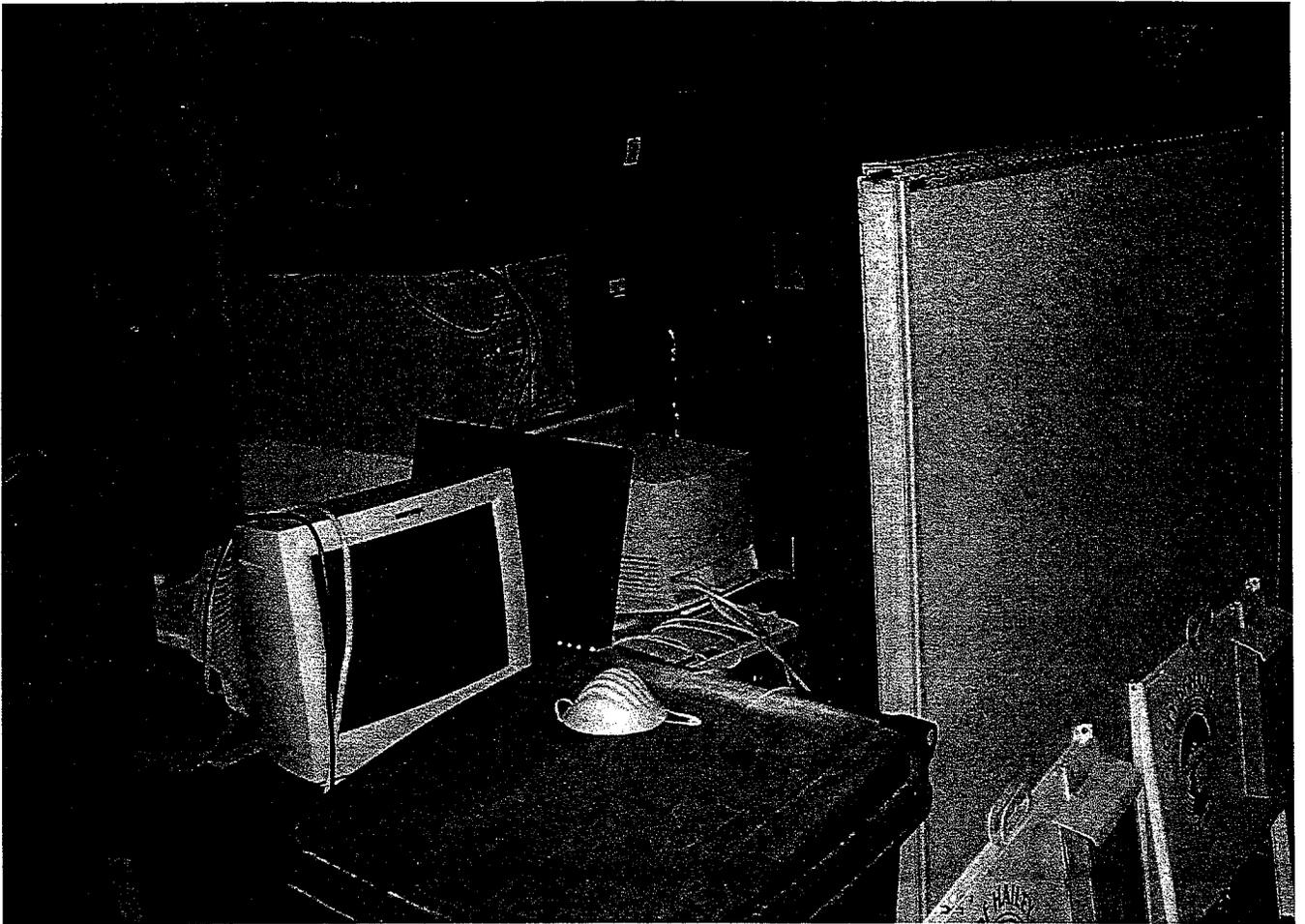
Copies (all info.):

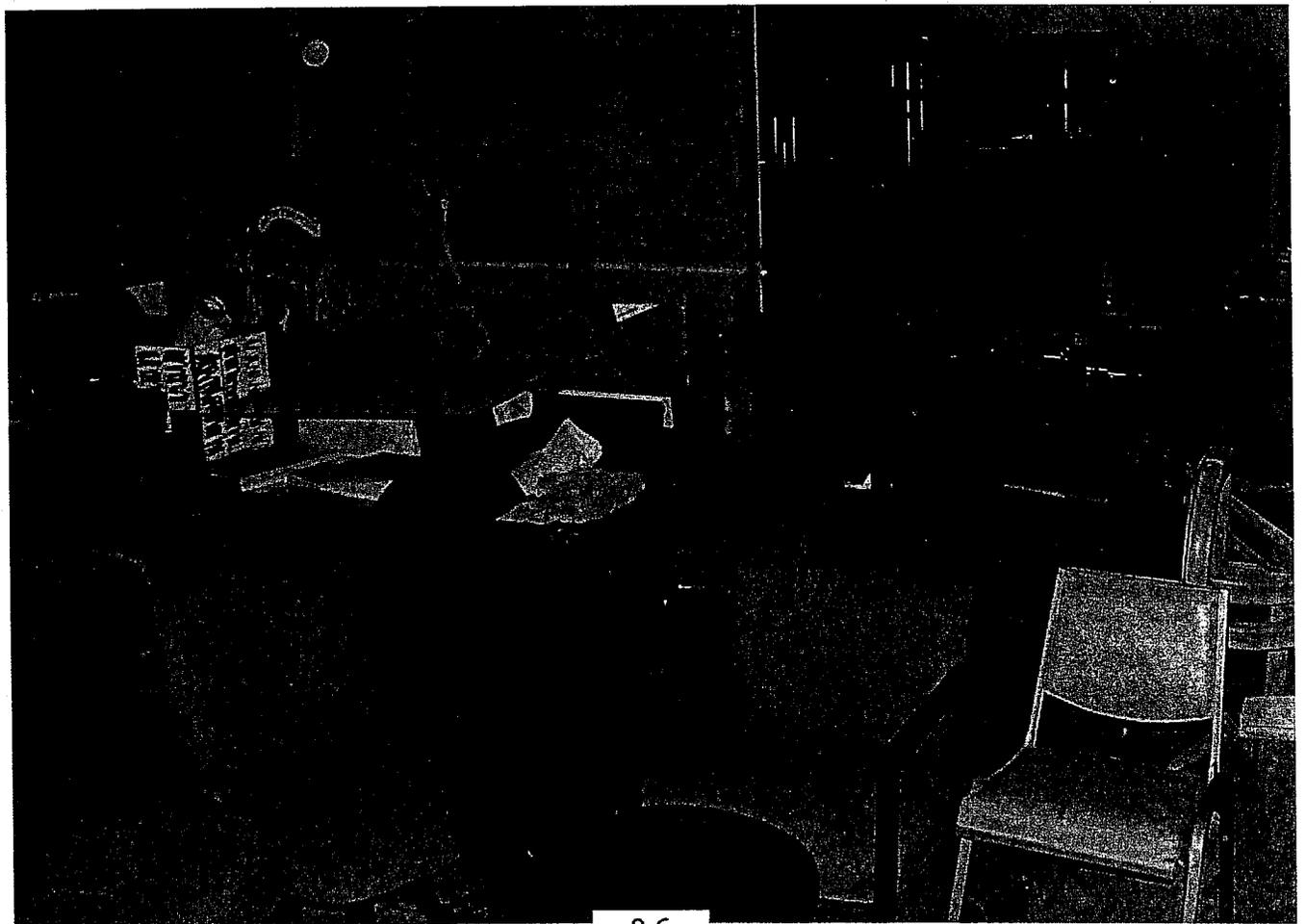
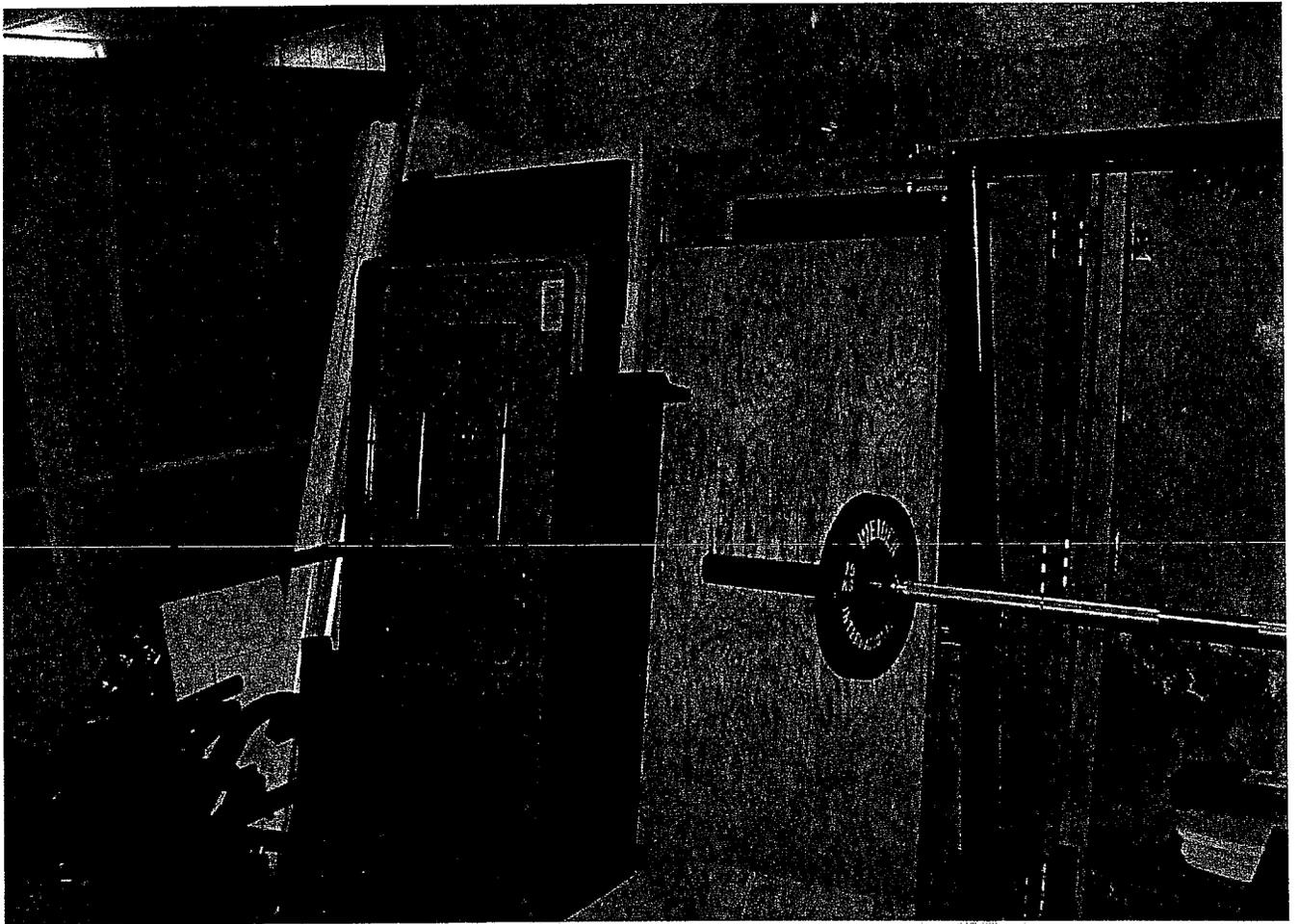
Instrument # \_\_\_\_\_

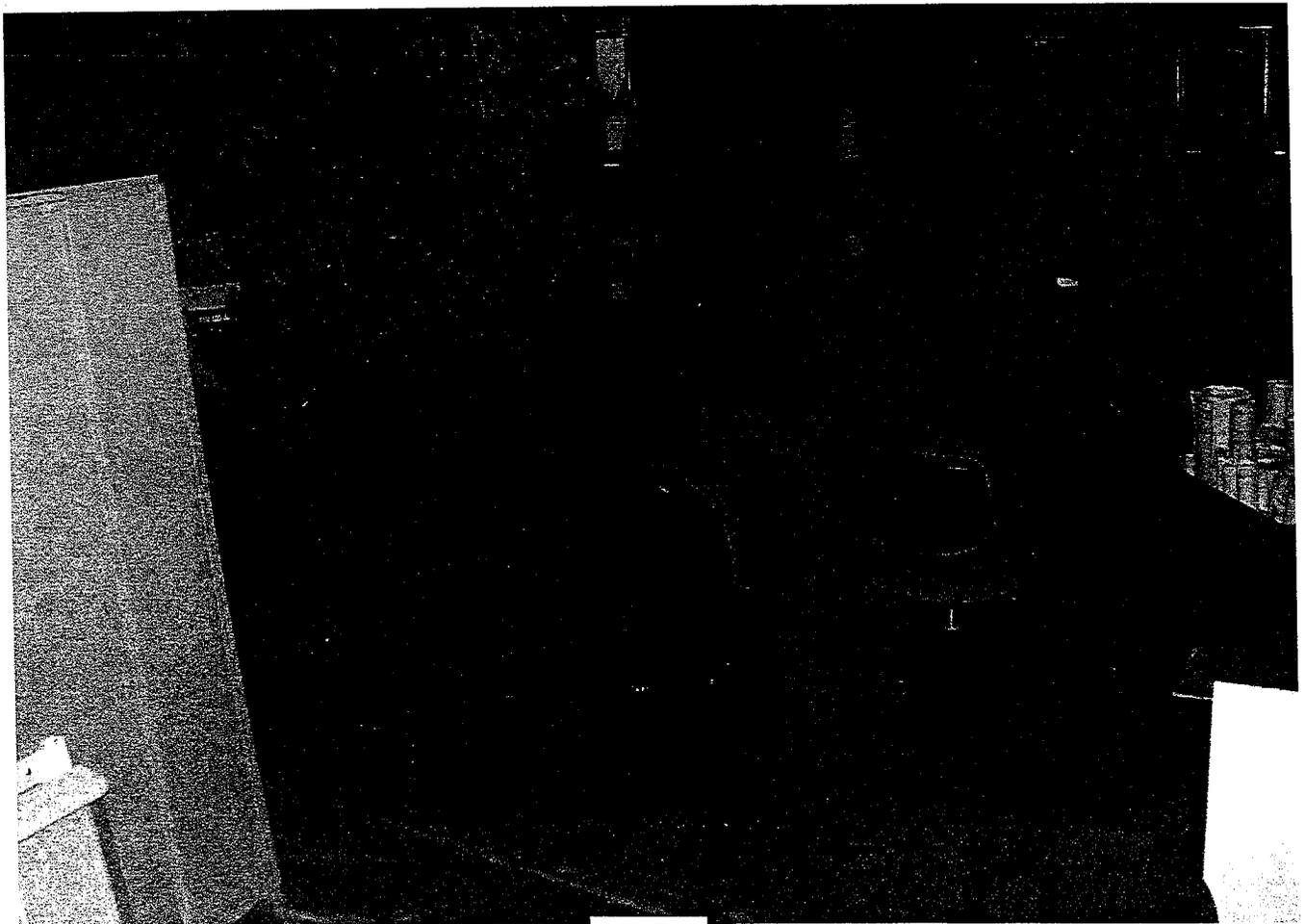
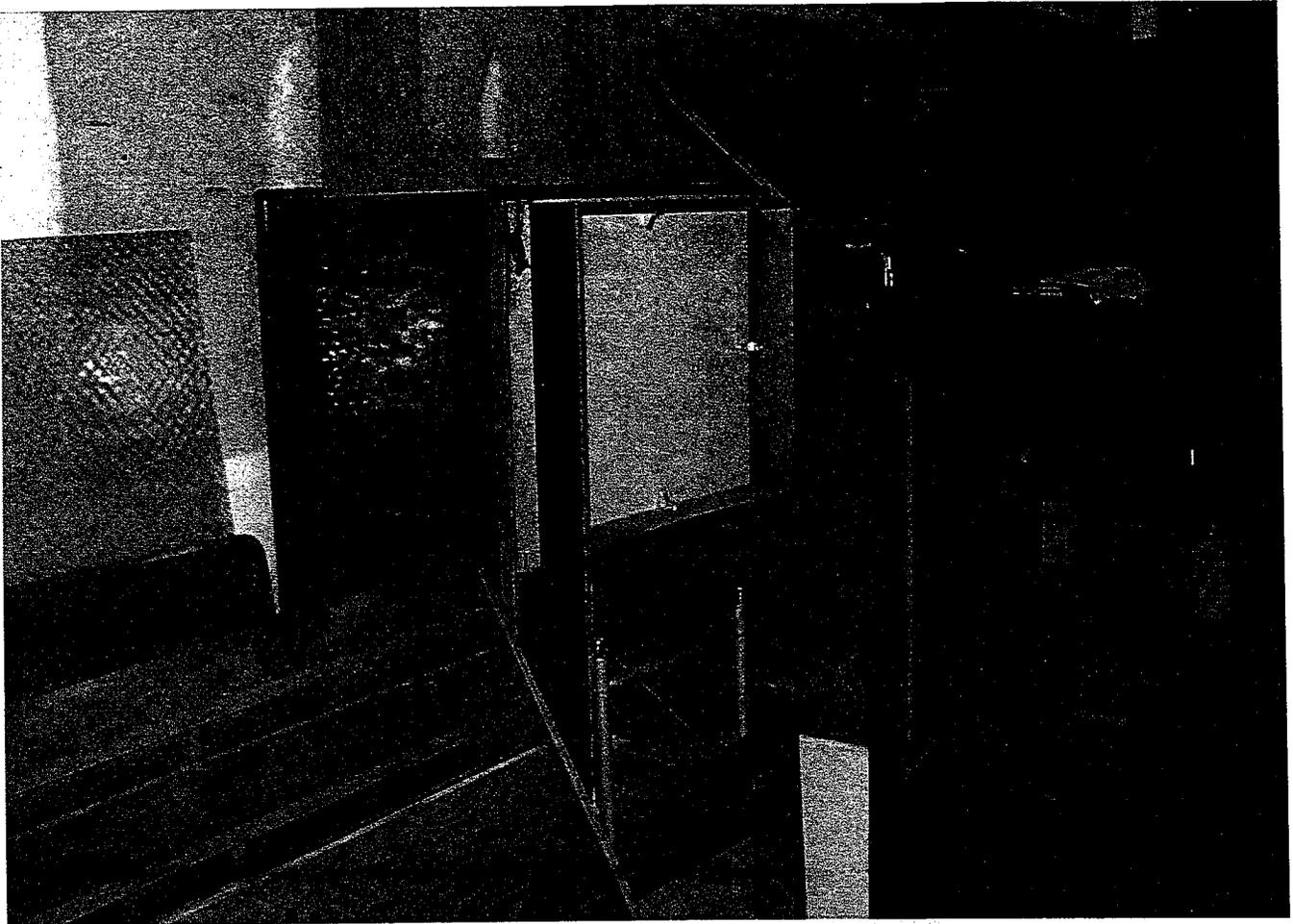
\*Additional/Exceptional Originals to: \_\_\_\_\_

Copies (AIS only)

Draft 12-30-03







AGENDA ITEM SUMMARY

DATE: 12/10/07 DEPARTMENT: Finance DEPT. HEAD SIGNATURE: \_\_HD

---

**SUBJECT:**

CA 401 Motion to approve of surplus property disposal by donating repairable office items to Deseret Industries and disposing of the remainder at the landfill

---

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

Best practices relative to ethics, environmental sustainability, and sensitive information protection.

---

**BACKGROUND:**

Disposal of property is conducted by the City of Hailey with City Council approval. An inventory of items to be disposed is compiled, and the disposition method for each described. City Hall's basement has been a collector for broken or non-ergonomic chairs and other furniture, as well as for items collected by Hailey Police Department.

Earlier this year, the City Council approved of the disposal of computer equipment through the new electronics recycling program, and a large area of the basement was cleaned up without impacting the landfill. Under the same concept, finance department staff called several entities to find one that would pick up Hailey's discarded furniture. Deseret Industries was the only entity that was interested in picking up our property, which will be cleaned, repaired, and sold by Deseret Industry stores at no cost to the city. The items which were acceptable to the company are noted below, and other items too damaged to be picked up are listed for delivery by city crews to the landfill.

During this cleanup project, records which are described as semi-permanent under Idaho Code will be prepared for disposition by shredding, recycling, or hauling to the landfill, depending upon the content and type of paper of the record. A detailed list will be prepared during this process, and will be provided to the council at its next meeting. That list will include records older than 5 years such as time cards, invoices, and duplicate receipts.

**Donated items from city basement to Deseret Industries:**

Chairs

✓ 6 conference room chairs, wooden high-back/cushioned in need or repair/cleaning

1 lime green desk chair w/broken wheels

2 desk chairs with broken back pieces

1 desk chair with rickety seat

✓ 4 cream-colored outdated chairs

1 brown vinyl and cloth outdated chair

1 desk chair w/o back piece

5 black vinyl chairs with cracking vinyl

Couch 1 beige love seat, very dirty

Desks

1 wooden desk in pieces

1 small black metal and wooden top desk

1 metal and wooden broken desk

1 small wooden desk in pieces

**Police Basement Items**

**\*confiscated by police, confirmed to donate**

Backpacks

4 backpacks in good condition

1 black backpack with broken zipper

1 black leather travel bag

1 diaper bag

1 lunch bag

1 backpack with wheels

Shoes

1 pair of new Nike tennis shoes

Clothing

1 80's style jean jacket

Bike Helmets

1 black bike helmet w?stickers

Baseball Bats

3 baseball bats in good condition

**BACKGROUND** (continued from page 1):

**Discarded Items Deseret Industries Declined to Take**

\*items not suitable for donation

Chairs

- 1 chair w/broken back
- 1 chair w/ broken arm
- 2 chairs w/o bases
- 2 chair bases that don't match baseless chairs
- 1 broken brown folding chair

Desks

- 1 small black metal desk w/missing pieces
- 2 wooden desks w/missing pieces
- 1 wooden file cabinet w/missing pieces
- 2 wooden desk shelves w/o desk to match

Doors

- 1 inside door w/unfixable hole

Floor Tiles

- 5 open boxes of outdated floor tiles

Plastic Carpet Cover

- 1 cracking plastic carpet cover

**Police Basements Items**

\*items ok'd by police to discard

Planters

- 2 broken hanging planters with dead plants inside
- 2 broken pots with dead plants inside

Plastic brochure holders

- 1 box broken brochure holders

Radar Gun

- 1 outdated radar gun

Book Ends

- 1 box of old book ends

Motor Oil

- 1 box of used motor oil in oil containers

Safe

- 1 brown safe w/broken lock

Clothes

- 1 pair stained white pants
- 1 pair of old swim trunks
- 1 pair of broken brown sandals
- 1 pair of broken red cloth flip flops
- 1 old yellow baseball hat
- 1 old black fleece coat w/broken zipper

Speaker Box

- 1 makeshift speaker box w/o speakers

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:**

No costs incurred other than hauling page 2 to the landfill.

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IF APPLICABLE)

___ City Attorney	___ Clerk / Finance Director	___ Engineer	___ Building
___ Library	___ Planning	___ Fire Dept.	___ _____
___ Safety Committee	___ P & Z Commission	___ Police	___ _____
___ Streets	___ Public Works, Parks	___ Mayor	___ _____

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

Move to approve of surplus property disposal by donating repairable office items to Deseret Industries and disposing of the remainder at the landfill

**AGENDA ITEM SUMMARY**

**DATE:** 1/10/08

**DEPARTMENT:** FINANCE

**DEPT. HEAD SIGNATURE:**

**SUBJECT:** Donation and recycling of surplus materials that are outdate/expired. In the past the supplies were ordered in bulk and technology has changed. The excess materials need to be disposed of.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IFAPPLICABLE)

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:** Caselle  
# \_\_\_\_\_  
Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: Heather Dawson Phone # 788-4221-X 18

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IFAPPLICABLE)  
\_\_\_\_ City Attorney    \_\_\_\_ Clerk / Finance Director    \_\_\_\_ Engineer    \_\_\_\_ Building  
\_\_\_\_ Library    \_\_\_\_ Planning    \_\_\_\_ Fire Dept.  
\_\_\_\_ Safety Committee    \_\_\_\_ P & Z Commission    \_\_\_\_ Police  
\_\_\_\_ Streets    \_\_\_\_ Public Works, Parks    \_\_\_\_ Mayor

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**  
6 expired toner cartridges – given to Office Value for recycling  
Donate to Office Value for distribution to businesses that may need the following supplies:  
    6 cases of continuous feed paper  
    6 printer cartridges for printers the city no longer has  
    4 boxes of continuous feed labels  
    2 boxes of alpha sticker labels  
    1 case of file folders for continuous feed paper

**ADMINISTRATIVE COMMENTS/APPROVAL:**

City Administrator \_\_\_\_\_ Dept. Head Attend Meeting (circle one) Yes No

**ACTION OF THE CITY COUNCIL:**  
Date \_\_\_\_\_  
City Clerk \_\_\_\_\_

**FOLLOW-UP:**  
\*Ord./Res./Agmt./Order Originals: Record    \*Additional/Exceptional Originals to: \_\_\_\_\_  
Copies (all info.):    Copies (AIS only)

**AGENDA ITEM SUMMARY**

DATE: 12/14/09 DEPARTMENT: PW - Streets DEPT. HEAD SIGNATURE: 

**SUBJECT:** Motion to approve the purchase of a new Sidewalk Snowplow/Lawn mower for \$24,213 using Capital Funds

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

As noted in a memo on the snow plowing plans for this winter we were not renting a second plow for the sidewalks to save over \$7,000 in Operating costs. It was also noted that purchasing a new piece of equipment was being explored. The attached shows three bids for a new combination snowplow and lawnmower for the Streets and Parks departments. This equipment will present us with options for future parks and other city property maintenance.

The recommendation is for the purchase of a new Kubota F3680 mower, 72" mower deck, 60" snow blade and a hard cab for \$24,213. Estimated delivery is 4 weeks.

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:** Caselle # \_\_\_\_\_  
Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: Tom Hellen Phone # 788-9830 Ext 14  
Comments:

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IF APPLICABLE)

<input type="checkbox"/> City Attorney	<input type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input type="checkbox"/> Building
<input type="checkbox"/> Library	<input type="checkbox"/> Planning	<input type="checkbox"/> Fire Dept.	_____
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input type="checkbox"/> Police	_____
<input type="checkbox"/> Streets	<input type="checkbox"/> Public Works, Parks	<input type="checkbox"/> Mayor	_____

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

**ADMINISTRATIVE COMMENTS/APPROVAL:**

City Administrator \_\_\_\_\_ Dept. Head Attend Meeting (circle one) Yes No

**ACTION OF THE CITY COUNCIL:**

Date \_\_\_\_\_

City Clerk \_\_\_\_\_

# Burks Tractor Co., Inc.

3140 Kimberly Road • Twin Falls Idaho 83301

(208) 733-5543



## QUOTATION

Name City of Hailey  
 Address 115 Main Street SW  
 City Hailey

Date 11-18-09  
 Phone 208-788-3686  
 County Blaine State Id

QTY.	DESCRIPTION	PRICE
1	F3680 Kubota Mower 36HP 4wd Hst	\$14133. <sup>00</sup>
1	RCK 73" Mower deck	\$3250. <sup>00</sup>
<del>1</del>	<del>Grass Catcher Kubota RCK 73-F36</del>	<del>\$3535.<sup>00</sup></del>
1	Kubota 60" front Blade • Quick Hitch • Remote Valve • Weight Bracket	\$3890. <sup>00</sup>
1	F5200 Hand CAB w HAZARD	\$3940. <sup>00</sup>
	Sales Tax	

Trade-In make \_\_\_\_\_  
 Model \_\_\_\_\_ Year \_\_\_\_\_  
 Serial No. \_\_\_\_\_

Trade-In \$ \_\_\_\_\_  
 Total ~~\$27,738.<sup>00</sup>~~  
 Terms \$24,213.<sup>00</sup>

RESPECTFULLY SUBMITTED,  
 Burks Tractor Co., Inc.



8169 South State, PO Box 68  
 Midvale, Utah 84047  
 801-566-3256 fax 801-566-5889



**QUOTE**

**TURF EQUIPMENT  
& IRRIGATION INC**

**Customer**

Name: Hailey City  
 Attn: \_\_\_\_\_  
 Phone: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date: 12/7/2009  
 Page No. \_\_\_\_\_  
 Sales Rep: Greg  
 Exp Date: 30 Days

Qty	Description	Unit Price	TOTAL
1	30627 Toro Groundsmaster 328-D 4WD, Guardian 72" Recycler Deck, Standard Seat, Auxilliary Valve Kit	\$21,767.32	\$21,767.32
1	Hard Cab Includes - Headlights, Windshield Wiper, Heater	\$5,387.50	\$5,387.50
1	Front Straight Blade with Hydraulic Swing	\$2,690.00	\$2,690.00
1	30345 Toro Groundsmaster 3280-D 4WD, Guardian 72" Recycler Deck, Standard Seat, Auxilliary Valve Kit, 12 Volt Accessory Kit, Hard Cab (includes Headlights, Wiper, Heater)	\$26,040.80	\$26,040.80
1	Front Straight Blade with Hydraulic Swing	\$2,690.00	\$2,690.00
<b>Price includes all setup and delivery charges.            Applicable taxes not included.</b>			

*29,049.80*  
  
*28,730.80*

Comments:

SubTotal \_\_\_\_\_  
 Shipping & Handling \_\_\_\_\_  
 Sales Tax \_\_\_\_\_

**TOTAL \$0.00**

Sales Rep Signature: \_\_\_\_\_

Division Manager Signature: \_\_\_\_\_

**Tyler B. Sorenson**

**Kelly Schwarz**

---

**From:** Wes Standley [wesstandley@yahoo.com]  
**Sent:** Friday, December 04, 2009 11:40 AM  
**To:** Kelly Schwarz  
**Subject:** G6035 prices, and information  
**Attachments:** Grass Catcher spec.pdf; G6000 series.pdf; G6030-G6035.pdf

To: City of Hailey  
Attn: Kelly Schwartz

From: Wes Standley Twin Falls Tractor & Imp. Co.

The following is a price and or bid for the City of Hailey, Idaho for a New Holland Commercial Mower with a Cab, 72" Mower deck, 24 Cubic Foot Grass Catcher, and a 60" Front Blade. These prices and information come from Twin Falls Tractor & Imp. Co. a New Holland Dealership in Twin Falls, Idaho.

**1- G6035 36hp 4wd Commercial Mower with a Block Heater, unit will be equipped with a Soft Cab which includes:**

4 post R.O.P.S. with Canopy  
Front Windshield Kit  
Electric Windshield Wiper Kit  
Cab Heater, and Defrost  
Fuse Panel (for Wipers, and Heaters)

**1- 72 inch Side Discharge Rotary Mower (shaft drive)**

**1- 702D 60 inch Quick Attach Front Blade (hydraulic angling)**

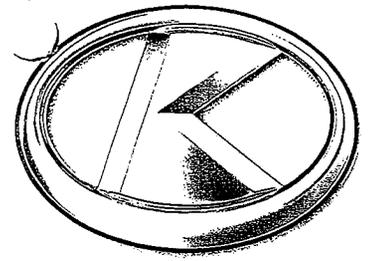
**1- Pro-24 Grass Catcher (V belt driven)**

***The Total Price which includes freight and setup: \$31,750.00***  
***price subject to change after 30 days***

Thank You Wes Standley Twin Falls Tractor & Imp. Co. 1935 Kimberly rd. Twin Falls, ID.  
83301

(208)733-8687 Business Phone  
(208)731-8021 Cell Phone

KUBOTA

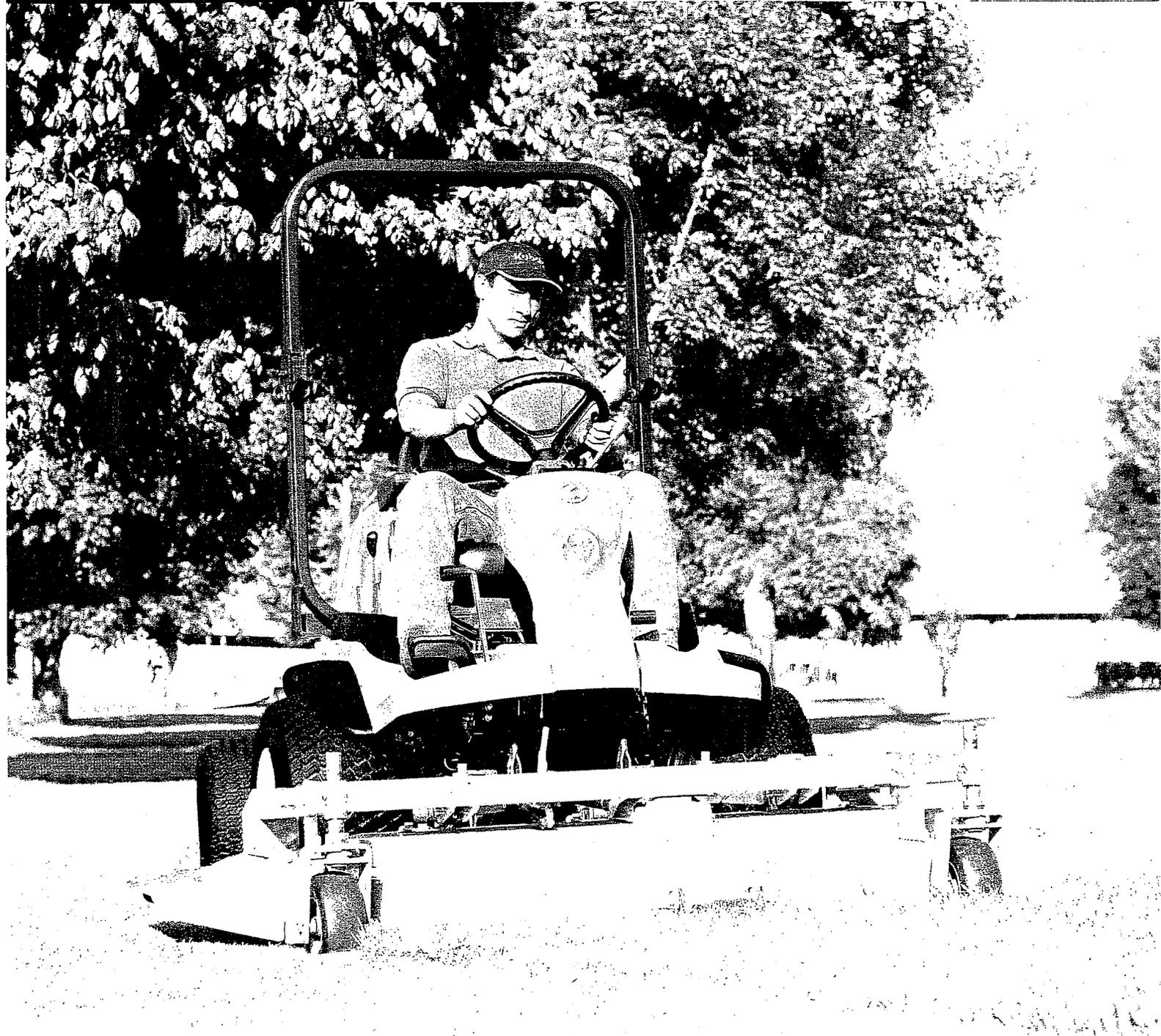


## KUBOTA DIESEL FRONT MOWER

**F**

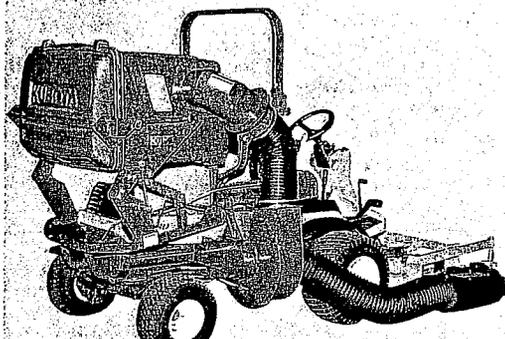
F2680E/F3080/F3680

Three high-performance professional front-mount mowers for a wide range of commercial applications. All feature power, traction, and versatility, providing outstanding productivity.



# IMPLEMENTS & ATTACHMENTS

Heavy-duty options for



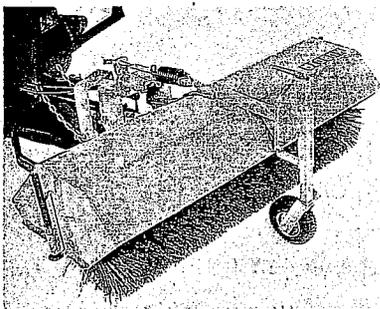
## Grass catcher

With quick, one-position hydraulic dumping and quiet operation, this optional 12-bushel grass catcher provides fast and easy collection and dumping of grass clippings. The PTO-driven unit is compact and self contained, and does not compromise maneuverability.

## Implements and Attachments

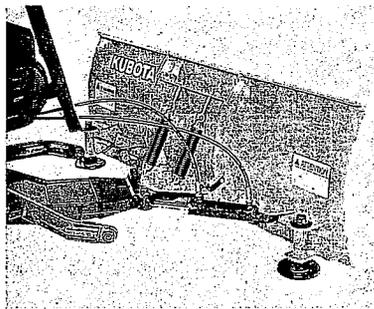
GCK72-F36	Grass Catcher
F2535D	60" Front Debris Blower (Quick Attach)
B2765	60" Front Blade (Quick Attach)
L2062C	60" Front Rotary Sweeper (Quick Attach)
F5210B	51" Front Snow Blower (Quick Attach)
F2525	1/2 PTO Kit (For Front Implements)
B2786	Snow Blower Side Extensions
F5216	Remote Hydraulic Kit (Hose Kit)

**Versatile quick-attach implements for all your jobs.**



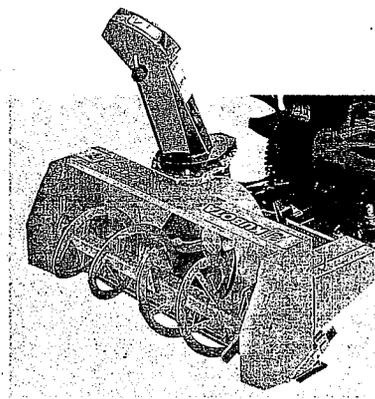
## Rotary Sweeper

This 60" rotary sweeper makes short work of any sweeping job. A front-mounted gauge wheel, hydraulic angling, and parking stands are standard equipment.



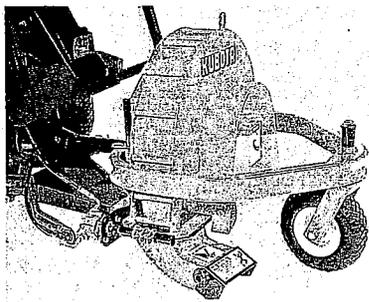
## Front Blade

This 60" front blade offers spring-trip moldboard shock protection, heavy-duty skid shoes, and 5-position mechanical angling. Hydraulic angling is available as an option.



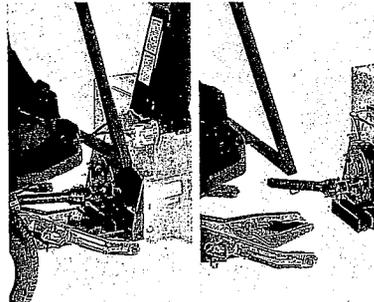
## Snow Blower

The 51" width makes this high-capacity snow blower ideal for sidewalk snow removal. The rugged design incorporates a center-mounted, shaft-driven auger box, hydraulic chute rotation, and serrated auger.



## Debris Blower

This powerful 60" debris blower generates a wind velocity of 250 mph, ensuring fast and efficient handling of leaves and aeration cores. Standard equipment includes hydraulic chute rotation and a front gauge wheel.



## Quick-Hitch

The "Quick-Hitch" mounting system requires no tools, ensuring fast and easy switching between blades, snow blowers, sweepers, and debris blowers.



## Hard Glass Enclosure

Weather conditions are not a concern when you're using Kubota's new deluxe hard cab featuring full front and side tempered glass windows. The cab boasts innovatively designed rubber mounts to assist in reducing cab vibration and engine noise, making for a more comfortable ride.

AGENDA ITEM SUMMARY

DATE: 12/14/09

DEPARTMENT: Administration

DEPT. HEAD SIGNATURE: HD

**SUBJECT:** Authorize Mayor Davis to sign Benefits package effective 1/1/2010 with Blue Cross of Idaho showing the increase of the deductible to \$1000 and other minor contractual changes not subject to negotiation.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_

**BACKGROUND:**

In order to support employees through future health care changes, stability in structure should be maintained when possible. It was recommended and approved at the last council meeting that the City of Hailey would add in a life-flight benefit, and restructure the current Blue Cross Policy to raise the current deductible of \$500 to \$1000.

Following those decisions, administrative staff has obtained the contract documents from Blue Cross for signature by the Mayor.

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:**

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:**

\_\_\_\_ City Attorney      \_\_\_\_ Clerk / Finance Director      \_\_\_\_ Engineer      \_\_\_\_ Mayor  
\_\_\_\_ P & Z Commission      \_\_\_\_ Parks & Lands Board      \_\_\_\_ Public Works      \_\_\_\_ Other

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

Motion to approve Blue Cross Blue Shield medical benefits contract for 2010, with \$1000 deductible and other minor contractual changes.

**FOLLOW UP NOTES:**



*Preferred Blue® PPO*

Summary of Benefits: City of Halley, Effective January 1, 2010		Preferred Blue® Large Group	
Benefit Period* Deductible (Individual/Family)		\$1,000/\$2,000	
Coinsurance		You pay 20% of the allowed amount for covered services	You pay 40% of the allowed amount for covered services
Out-of-Pocket Limit (Does not include: deductible, drugs, dental and vision, non-covered services and charges over the allowed amount)		\$1,500	\$3,000
Comprehensive Lifetime Benefit Limit (Per insured)		\$1,000,000	
<b>COVERED SERVICES</b> <i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. Some services may require prior authorization.</i>	<b>In-Network deductible and/or coinsurance payment required before insurance pays?</b>	<b>In-Network</b>	<b>Out-of-Network</b>
		The amount you pay	
Allergy Injections	No	You pay a \$5 copayment (if this is the only service provided during the visit)	You pay 40% of the allowed amount
Ambulance Transportation Services	Yes	You pay 20% of the allowed amount	You pay 50% of the allowed amount
Chiropractic Care (Limited to \$800 combined per insured, per benefit period.)	Yes		You pay 40% of the allowed amount
Dental Services Related to Injury (Covered only for the 12-month period immediately following the date of injury, providing your group's contract remains in effect during that 12-month period.)	Yes		You pay 40% of the allowed amount
Diabetes Self-Management Education Services (From approved providers only. Limited to \$500 per insured, per benefit period.)	No	You pay a \$30 copayment per visit	Not covered, you pay 100% of the billed charges
Diagnostic Services (Including diagnostic mammogram.)	Yes	You pay 20% of the allowed amount	You pay 40% of the allowed amount
Durable Medical Equipment			
Emergency Services – Facility Services (Copayment waived if admitted)	Yes	You pay \$100 copayment for hospital Outpatient emergency room visit, then you pay 20% of allowed amount	You pay \$100 copayment for hospital Outpatient emergency room visit, then you pay 40% of allowed amount
Emergency Services – Professional Services	Yes	You pay 20% of the allowed amount	You pay 40% of the allowed amount
Home Health Skilled Nursing (Limited to \$5,000 combined per insured, per benefit period.)			
Home Intravenous Therapy	Yes	You pay nothing	Not covered, you pay 100% of the billed charges
Hospice Services (\$10,000 lifetime benefit limit per insured. There are no benefits for services rendered by non-contracting hospice providers.)			
Hospital Services (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)	Yes	You pay 20% of the allowed amount	You pay 40% of the allowed amount
Inpatient Physical Rehabilitation (\$150,000 lifetime benefit limit per insured. There are no benefits for services rendered by non-contracting facility providers.)	Yes		Not covered, you pay 100% of the billed charges
Maternity Services	Yes		You pay 40% of the allowed amount
Mental Health– Inpatient (Facility and Professional Services)			



**Preferred Blue® PPO**

COVERED SERVICES <i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. Some services may require prior authorization.</i>		In-Network deductible and/or coinsurance payment required before insurance pays?	In-Network	Out-of-Network
			The amount you pay	
Mental Health-- Outpatient	Psychotherapy Services	No	You pay a \$30 copayment per visit	You pay 40% of the allowed amount
	Facility and other Professional Services	Yes	You pay 20% of the allowed amount	
Orthotic Devices		Yes	You pay 50% of the allowed amount	Not covered, you pay 100% of the billed charges
Outpatient Rehabilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to \$2,000 per insured, per benefit period.)		Yes	You pay a \$30 copayment per visit	You pay 40% of the allowed amount
Physician Office Visit (Other services rendered during a physician office visit will be subject to deductible and coinsurance.)		No	You pay 20% of the allowed amount	
Post Mastectomy Reconstructive Surgery		Yes		
Prosthetic Appliances				
Skilled Nursing Facility (Limited to 30 days combined per insured, per benefit period)				
Selected Therapy Services (Including chemotherapy, enterostomal therapy, growth hormone therapy, radiation, renal dialysis, respiratory therapy, and inpatient occupational therapy.)				
Surgical/Medical (Professional Services)				
Transplant Services (\$5,000 travel benefit per Benefit Period, for heart, lung, liver, kidney, pancreas, heart/lung, and pancreas/kidney combinations, and allogeneic bone marrow Transplants when traveling to and from a Blue Distinction Centers for Transplants (BDCT).)				
Preventive Care Benefits (See policy for specifically listed services)			Yes/No	You pay nothing for services specifically listed up to \$500. For services in excess of \$500, you pay deductible and coinsurance
Immunizations (See policy for specifically listed immunizations)		No	You pay nothing for listed immunizations	

\*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible amounts and out-of-pocket limits.

**This summary describes the general features of this program; it is not a contract.  
All provisions of the Group Master Policy apply to this program  
Noncontracting providers may bill you for amounts over the maximum allowance.**

## SUMMARY OF GENERAL EXCLUSIONS AND LIMITATIONS

### *No benefits will be provided for services, supplies, drugs or other charges that are:*

- Not medically necessary. If services requiring prior authorization by Blue Cross of Idaho are performed by a contracting provider and benefits are denied as not medically necessary, the cost of said services are not the financial responsibility of the insured. However, the insured could be financially responsible for services found to be not medically necessary when provided by a noncontracting provider. In excess of the maximum allowance.
- For hospital inpatient or outpatient care for extraction of teeth or other dental procedures, unless necessary to treat an accidental injury or unless an attending physician certifies in writing that the insured has a non-dental, life-endangering condition which makes hospitalization necessary to safeguard the insured's health and life.
- Not prescribed by or upon the direction of a physician or other professional provider; or which are furnished by any individuals or facilities other than licensed general hospitals, physicians, and other providers.
- Investigational in nature.
- Provided for any condition, disease, illness or accidental injury to the extent that the insured is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal workers' compensation acts, or under employer liability acts, or other laws providing compensation for work-related injuries or conditions. This exclusion applies whether or not the insured claims such benefits or compensation, or recovers losses from a third party.
- Provided or paid for by any federal governmental entity except when payment under the policy is expressly required by federal law, or provided or paid for by any state or local governmental entity where its charges therefore would vary, or would be affected by the existence of coverage under the policy.
- Provided for any condition, accidental injury, disease or illness suffered as a result of any act of war or any war, declared or undeclared.
- Furnished by a provider who is related to the insured by blood or marriage and who ordinarily dwells in the insured's household.
- Received from a dental, vision, or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- For surgery intended mainly to improve appearance or for complications arising from surgery intended mainly to improve appearance, except for:
  - Reconstructive surgery necessary to treat an accidental injury, infection, or other disease of the involved part; or
  - Reconstructive surgery to correct congenital anomalies in an insured who is a dependent child.
  - Benefits for reconstructive surgery to correct an accidental injury are available even though the accident occurred while the insured was covered under a prior insurer's coverage, if there is no lapse of more than sixty-three (63) days between the prior coverage and coverage under the policy.
- Rendered prior to the insured's effective date, or during an inpatient admission commencing prior to the insured's effective date, except as specified in the general provisions section of the policy.
- For personal hygiene, comfort, beautification (including non-surgical services, drugs, and supplies intended to enhance the appearance), or convenience items or services even if prescribed by a physician, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs, spas, hot tubs, whirlpool baths, waterbeds or swimming pools and therapies, including but not limited to, educational, recreational, art, aroma, dance, sex, sleep, electro sleep, vitamin, chelation, homeopathic, or naturopathic, massage, or music.
- For telephone consultations; and all computer or internet communications; for failure to keep a scheduled visit or appointment; for completion of a claim form; or for personal mileage, transportation, food or lodging expenses or for mileage, transportation, food or lodging expenses billed by a physician or other professional provider.
- For inpatient admissions that are primarily for diagnostic services or therapy services; or for inpatient admissions when the insured is ambulatory and/or confined primarily for bed rest, special diet, behavioral problems, environmental change, or for treatment not requiring continuous bed care.
- For inpatient or outpatient custodial care; or for inpatient or outpatient services consisting mainly of educational therapy, behavioral modification, self-care or self-help training, except as specified as a covered service in the policy.
- For any cosmetic foot care, including but not limited to, treatment of corns, calluses, and toenails (except for surgical care of ingrown or diseased toenails).
- Related to dentistry or dental treatment, even if related to a medical condition; or orthotics, eyeglasses or contact lenses, or the vision examination for prescribing or fitting eyeglasses or contact lenses, unless specified as a covered service in the policy.
- For hearing aids or examinations for the prescription or fitting of hearing aids.
- For any treatment of either gender leading to or in connection with transsexual surgery, gender transformation, sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, even if related to a medical condition.
- Made by a licensed general hospital for the insured's failure to vacate a room on or before the licensed general hospital's established discharge hour.
- Not directly related to the care and treatment of an actual condition, illness, disease or accidental injury.
- Furnished by a facility that is primarily a place for treatment of the aged or that is primarily a nursing home, a convalescent home, or a rest home.
- For acute care, rehabilitative care, or diagnostic testing, except as specified as a covered service in the policy; for Mental or Nervous Conditions and Substance Abuse or Addiction services not recognized by the American Psychiatric and American Psychological Associations.
- Incurred by an eligible dependent child for care or treatment of any condition arising from or related to pregnancy, childbirth, delivery, or an involuntary complication of pregnancy, unless specifically provided as a covered service in the policy.
- For any of the following:
  - For appliances, splints or restorations necessary to increase vertical tooth dimensions or restore the occlusion, except as specified as a Covered Service in this Policy;
  - For orthognathic Surgery, including services and supplies to augment or reduce the upper or lower jaw;
  - For implants in the jaw for pain, treatment, or diagnostic testing or evaluation related to the misalignment or discomfort of the temporomandibular joint (jaw hinge), including splinting services and supplies;
  - For alveolectomy or alveoplasty when related to tooth extraction.
- For weight control or treatment of obesity or morbid obesity, even if medically necessary, including but not limited to surgery for obesity. For reversals or revisions of surgery for obesity, except when required to correct an immediately life-endangering condition.
- For use of operating, cast, examination, or treatment rooms or for equipment located in a contracting or noncontracting provider's office or facility, except for emergency room facility charges in a licensed general hospital, unless specified as a covered service in the policy.
- For the reversal of sterilization procedures, including but not limited to, vasovasotomies or salpingoplasticies.
- Treatment for infertility and fertilization procedures, including but not limited to, ovulation induction procedures and pharmaceuticals, artificial insemination, in vitro fertilization, embryo transfer or similar procedures, or procedures that in any way augment or enhance an insured's reproductive ability, including but not limited to laboratory services, radiology services or similar services related to treatment for fertility or fertilization procedures.
- For transplant services and artificial organs, except as specified as a covered service under the policy.
- For acupuncture.
- For surgical procedures that alter the refractive character of the eye, including but not limited to, radial keratotomy, myopic keratomileusis, laser-in-situ keratomileusis (lasik), and other surgical procedures of the refractive-keratoplasty type, to cure or reduce myopia or astigmatism, even if medically necessary, unless specified as a covered service in a vision benefits section of the policy, if any. Additionally, reversals, revisions, and/or complications of such surgical procedures are excluded, except when required to correct an immediately life-endangering condition.
- For hospice home care, except as specified as a covered service in the policy.
- For pastoral, spiritual, bereavement, or marriage counseling.
- For homemaker and housekeeping services or home-delivered meals.
- For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation, unless such injuries are a result of a medical condition or domestic violence.
- For treatment or other health care of any insured in connection with an illness, disease, accidental injury or other condition which would otherwise entitle the insured to covered services under the policy, if and to the extent those benefits are payable to or due the insured under any medical payments provision, no fault provision, uninsured motorist provision, underinsured motorist provision, or other first-party or no fault provision of any automobile, homeowner's, or other similar policy of insurance, contract, or underwriting plan.
- In the event Blue Cross of Idaho (BCI) for any reason makes payment for or otherwise provides benefits excluded by the above provisions, it shall succeed to the rights of payment or reimbursement of the compensated provider, the insured, and the insured's heirs and personal representative against all insurers, underwriters, self-insurers, or other such obligors contractually liable or obligated to the insured, or his or her estate for such services, supplies, drugs or other charges so provided by BCI in connection with such illness, disease, accidental injury or other condition.
- Any services or supplies for which an insured would have no legal obligation to pay in the absence of coverage under the policy or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage.
- For a routine or periodic mental or physical examination that is not connected with the care and treatment of an actual illness, disease or accidental injury or for an examination required on account of employment; or related to an occupational injury; for a marriage license; or for insurance, school or camp application; or for sports participation physicals; or a screening examination including routine hearing examinations, unless specified as a covered service under the policy.
- For immunizations except as provided as a covered service in the policy.
- For breast reduction surgery or surgery for gynecomastia.
- For nutritional supplements.
- For replacements or nutritional formulas except when administered enterally due to impairment in digestion and absorption of an oral diet and is the sole source of caloric need or nutrition in an insured.
- For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
- For an elective abortion, except to preserve the life of the female upon whom the abortion is performed, unless benefits for an elective abortion are specifically provided by a separate endorsement to the policy.
- For alterations or modifications to a home or vehicle.
- For special clothing, including shoes (unless permanently attached to a brace).
- Provided to a person enrolled as an eligible dependent, but who no longer qualifies as an eligible dependent due to a change in eligibility status that occurred after enrollment.
- Provided outside the United States, which if had been provided in the United States, would not be a covered service under the policy.
- Furnished by a provider or caregiver that is not listed as a covered provider, including but not limited to, naturopaths and homeopaths.
- For outpatient pulmonary and/or cardiac rehabilitation.
- For complications arising from the acceptance or utilization of noncovered services.
- For the use of hypnosis, as anesthesia or other treatment, except as specified as a covered service.
- For dental implants, appliances, and/or prosthetics, and/or treatment related to orthodontia, even when medically necessary, unless specified as a covered service in the policy.
- For arch supports, orthopedic shoes, and other foot devices.
- Benefits for contraceptives, unless specified as a covered service in the policy.
- For wigs and cranial molding helmets.
- For surgical removal of excess skin that is the result of weight loss or gain, including but not limited to association with prior weight reduction (obesity) surgery.
- For the purchase of therapy or service dogs/animals and the cost of training/maintaining said animals.



*Preferred Blue®PPO*

Prescription Drug Option City of Hailey, Effective January 1, 2010		Preferred Blue® PPO Large Group
Prescription Benefits		
Retail and Mail Order (90 day supply with multiple copays)	Generic	You pay a \$10 copayment
	Formulary Brand Name	You pay a \$25 copayment
	Non-Formulary Brand Name	You pay a \$40 copayment
Smoking Cessation	BCI pays up to \$600 per Insured, per Benefit Period (Benefits are subject to applicable Prescription Drug Deductible and/or Copayment or Coinsurance amounts and are limited to a 30-day supply at one time.)	

\*For brand name drugs that have a corresponding generic substitute your pharmacist should fill your prescription with the generic (unless indicated otherwise by your physician) and you will pay the lowest copayment. If you purchase the brand name drug and it has a corresponding generic equivalent, you will be responsible for the difference in cost between the generic and brand name drug plus the applicable brand name copayment.



10033431 - City of Hailey

Quote Number : 28838
Effective Date : 01/01/2010
Broker : 003453BC
Location : Twin Falls District Office
Enrollment Status : Enrolled Group

Print Date : 11/17/2009 12:23:47PM

Option: 2

Medical Plan

Preferred Blue PPO
Deductible 1000
Coinsurance 80
Out of Pocket 1500
Physician 30
Maternity Yes
Accident No
Drug \$10/\$25/\$40

Vision Plan

None

EAP

4 Visits

Employee 2.44

Table with 4 columns: Medical, Rate, Count, Total Premium. Rows include Employee Only, Employee & Spouse, Employee & Child, Employee & Children, Employee, Spouse, & Children, and a total row.

EAP

\$153.72

Total Premium

26,243.69

Authorized Group Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Authorized Independent/Agent Producer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## AGENDA ITEM SUMMARY

DATE: 12/14/09

DEPARTMENT: Administration

DEPT. HEAD SIGNATURE: HD

---

**SUBJECT:** Authorize Mayor Davis to sign Air St Luke's Membership Agreement to allow Hailey employees to become eligible for supplemental air ambulance benefits through that membership, which benefit extends to employees spouse and dependents.

---

**BACKGROUND:**

In order to support employees through future health care changes, stability in structure should be maintained when possible. It was recommended and approved at the last council meeting that the City of Hailey would add a life-flight benefit, and restructure the current Blue Cross Policy to raise the current deductible of \$500 to \$1000.

The council asked for further information regarding the air ambulance benefits available through area providers. Life Flight Network of Portland (St Al's) costs \$2,240 compared to Air St Luke's cost for the same number of employees of \$1250. Both services have reciprocal agreements with one another, because dispatch determines which service to call and the providers have no control of that. Blue Cross of Idaho does cover air and ground ambulance service, but our employees who have been subject to this need report that only about ½ their nearly \$15,000 in costs have been covered by Blue Cross. See attached statement from Blue Cross of Idaho.

Hailey currently has 89 individuals on its payroll. Of these, 61 are Blue Cross Members, 20 are fire volunteers, and 8 are part time or council members not enrolled in Blue Cross. We estimate that there are an additional 95 spouse/dependents associated with the 69 paid personnel not including volunteer fire fighters. Of these 95 spouse/dependents, 33 are currently enrolled in our Blue Cross benefit. The 20 volunteer fire fighters have approximately 44 spouse/dependents associated with them.

Benefits are offered, per the Hailey City Employee Handbook, as follows:

**Employee Classifications**

1. "Exempt employees" are those who are exempt from the provisions of the Fair Labor Standards Act. They are ineligible for overtime pay or compensatory time off for hours worked beyond their regularly scheduled workweek, but may be eligible for other city benefits. This category consists of elected and appointed officials, volunteers, and Department Heads, and other employees qualifying as exempt employees under the Federal Labor Standards Act.
2. "Full-time non-exempt employees" are those covered by the Fair Labor Standards Act. They are paid on an hourly basis and regularly work at least 32 hours per week. They are eligible for all City benefits as well as overtime pay/compensatory time for hours worked over forty (40) hours in a workweek, except for qualify law enforcement and fire protection employees.
3. "Part-time non-exempt employees" are those who regularly work less than 32 hours per week. They are not eligible for city benefits and are subject to the wage and hour limits of federal law.
4. "Temporary/seasonal employees" are those who work full-time for no more than five (5) months. They are not eligible for City benefits but receive overtime pay for hours worked over forty (40) hours in a workweek.

**Benefits**

- A. **Overview.** The City wishes to provide employees with benefits that support personal and family needs and are in line with benefits provided by comparable government entities. Benefit packages reflect the City's fiscal situation and the changing costs of benefit offerings. They are therefore subject to change based on market trends and availability of City funds.
- B. **Health and Dental Insurance Coverage.** The City of Hailey provides comprehensive health and dental insurance to full-time employees. Spouse and dependent coverage is optional at the employee's expense. Insurance coverage begins on the first day of the month following the month in which the employee is paid for two pay periods. Employees are responsible for oversight of their claims. Continued health coverage is available to former employees at their own cost pursuant to federal law (COBRA).
- D. **Additional Benefits.** The City of Hailey may provide access to but not pay for other benefits. A schedule of optional benefits available to employees is available from the City Clerk's office.

There are three approaches by which Hailey could offer this additional air ambulance insurance benefit:

1. offer it to full time employees and elected officials as a major medical benefit for those enrolled in Blue Cross (61 employee + 95 spouse/dependents = total 156 beneficiaries) as a fully paid benefit of the City of Hailey. St Luke's Cost \$1250; St Al's Cost \$2240. It would be partially redundant for all but about 56 of these people; the other 100 already have some coverage through Blue Cross of Idaho for air ambulance service.
2. offer it as above, but define it as an optional benefit subject to Handbook Section D, Additional Benefits, above – paid for by full-time employees and withdrawn from their pay. Expectations are that approximately 50 employees would enroll at a cost for each employee of: St Luke's \$25/employee; St Al's \$35/employee. No cost to city. Estimated number of beneficiaries = 50 emp + 70 spouse/depend = 120.
3. offer it to all paid personnel (full-time, part-time, and volunteer fire) as a new Additional Benefit with a Handbook Amendment to Employee Classifications Sections 3 and 4, last sentence, with the addition of language "They are not eligible for city benefits except certain group benefits established by the Hailey City Council".... The benefit would then expand to approximately 230 people with a cost to the City of: St Luke's \$1,500; St Al's \$3,500. Partial redundancy to 100 already covered through Blue Cross.
4. offer it as above #3, but require enrolling employees and fire volunteers to have cost deducted from their pay. Cost per employee subject to number of enrollees, but potentially as low as \$20/employee. No cost to city.

These are policy decisions of the City Council. The Air St Luke's contract will allow any employee paid through payroll to be a member of the Employer's group (thus, volunteer fire fighters can be enrolled, but tree committee members, for example can not be). Limitations beyond that are subject to Hailey Employee Handbook policies as adopted by the city council.

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:**

City Attorney       Clerk / Finance Director       Engineer       Mayor  
 P & Z Commission       Parks & Lands Board       Public Works       Other

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

With the low cost of this benefit, a larger number of beneficiaries creates a higher program value. Because our Blue Cross policy does not cover all costs associated with these expensive services, I recommend the #3 approach above, in which all paid employees can opt in through a simple handbook amendment, and city pays.

I also recommend using St Luke's since the reciprocal coverage extends to St Al's trauma, St Luke's has a local presence and uses its funding for local EMS training, and their cost is less.

**FOLLOW UP NOTES:**



December 10, 2009

**City of Hailey**  
**Attn: Robin Crotty**  
**115 Main ST S**  
**Hailey, ID 83333**

Thank you for your interest in an *Air St. Luke's* Business Membership. This past year we have transported more than 1,000 patients by air and nearly 1,600 by ground ambulance. Our membership program continues to grow with more than 10,000 members. This year we initiated the *Air St. Luke's* Human Patient Simulator Program, our Regional Education and Simulation Lab (*REAL*). The goal of the simulation project is to bring real-life clinical education to EMTs, nurses, physicians, and other providers throughout the region. This education can be adapted to the needs of any provider in a way that reinforces hands-on skills, teamwork, and decision-making. The simulation project is fully funded by the *Air St. Luke's* membership program, putting membership dues directly to work improving health care in your community.

To enroll:

- Fill out the information below.
- Indicate the number of employees in your company by checking the corresponding box.
- Copy the attached membership application and distribute to all employees.
- Return all applications and payment to: *Air St. Luke's*, 190 E Bannock ST, Boise, ID 83712

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check one	# of Employees	Business Rate	Optional Family Rate*
<input type="checkbox"/>	3-9	\$40/employee	(Included)
<input type="checkbox"/>	10-24	\$400	(Included)
<input type="checkbox"/>	25-49	\$850	(Included)
<input type="checkbox"/>	50-74	\$1,250	(Included)
<input type="checkbox"/>	75-99	\$1,500	(Included)
<input type="checkbox"/>	100-149	\$2,000	(Included)
<input type="checkbox"/>	150-199	\$2,500	(Included)

\*Family includes spouse and/or dependent children under age 23, claimed on income tax

For membership questions, please contact Brenda Lahr at (208) 381-2018 or (800) 822-1616.



Business Membership Agreement and Application

Air St. Luke's Membership Agreement

By becoming a member, I understand that:

- Air St. Luke's Membership is not an insurance or investment program...
• Membership in Air St. Luke's is being provided by my organization as a benefit...
• The membership benefits are for myself, my spouse (domestic partner), and any unmarried dependent under age 23...
• Both ground and air emergent medical transports are based on medical need, not membership status...

Air St. Luke's Business Membership Application Employee Information (Please print)

Mr./Mrs./Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Members

Table with 4 columns: First Name, Last Name, Relationship, Date of Birth. Includes multiple rows for listing family members.

**AGENDA ITEM SUMMARY**

DATE: 12/14/2009 DEPARTMENT: Administration DEPT. HEAD SIGNATURE: HD

---

**SUBJECT:**

Health Benefits Administration Consultant

---

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

---

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

Hailey has used the services of Maloney & O'Neill Benefits Consulting since April, 2007. The firm has been helpful in offering HR advice, assisting with major benefit design changes, communicating with and on behalf of city employees, and negotiating new renewal rates with major medical insurance providers.

Due to financial considerations, staff has assessed whether discontinuing this service entirely is needed, or whether negotiating a vastly reduced rate for the service is advisable. Staff has opted for the latter, and has attached proposed contract language for approval by the council. The consultant is willing to offer all the same services, but for a rate reduced from \$12,000 per year to \$4,890, \$3000 of which is paid during the period October-December, when the consultant does the most significant amount of work for Hailey.

We believe that continuing this relationship at a reduced rate is a better option than discontinuing it entirely. We expect to enter into some unfamiliar territory in the next few months as staff explores a joint relationship with the City of Ketchum, who is also with Blue Cross, for merging our employee groups, through a joint powers agreement, for the purpose of insurance only. The result will be a group of over 100 employees, which will give us access to information currently unavailable to groups under 100. Ketchum City Administrator Gary Marks has vastly successful experience with this type of JPA, and together we expect to be able to substantially reduce our health insurance costs over the next few years.

---

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

Motion to approve the terms of the draft Maloney & O'Neill contract for benefits administration consulting, effective January 1, 2010, and authorize the Mayor to sign after the form of agreement is approved by the city attorney. The contract will include the benefits to Hailey listed in the attached, and will be paid for by Hailey with \$210/month payments for the period January, 2010 through September, 2010, and \$1,000/month payments for the period October 2010 through December 2010. It is understood that either party may terminate this contractual arrangement, if either party provides a 60 day advance written notice of an intent to terminate.

**Heather Dawson**

---

**From:** Mark Newbold [mnewbold@moloneyoneill.com]  
**Sent:** Monday, November 30, 2009 8:17 AM  
**To:** Heather Dawson  
**Cc:** Becky Stokes; Robin Crotty; Jeff Gunter; Tom Hellen; Patsy Sales; Cami Hamilton  
**Subject:** Proposal For Employee Benefits Consulting Services From Moloney+O'Neill Benefits

November 30, 2009

Ms. Heather Dawson  
 City Administrator  
 City of Hailey  
 115 Main Street South, Suite "H"  
 Hailey ID 83333

RE: Proposal For Employee Benefits Consulting Services For The Period January 1, 2010 through December 31, 2010

Dear Heather,

I am pleased to submit the following proposal to renew our Moloney+O'Neill Benefits' employee benefits consulting services with the City of Hailey for the period January 1, 2010 through December 31, 2010. In return for being re-appointed as the City of Hailey's employee benefits consultant, Moloney+O'Neill Benefits will provide the following services:

- Periodic review of available employee benefit options to ensure that they remain the most competitive available.
- Available on an as needed basis to attend Benefit Committee meetings, City Council meetings, and employee meetings to explain the employee benefits options being offered and answer questions, concerns, etc.
- Provide and maintain an employee benefits web site that contains information on all of the employee benefit options currently available to City of Hailey employees and their family members.
- Provide access to "M+O Connect", an internet portal that contains tools and resources to assist the City of Hailey with property/liability insurance risks, OSHA compliance, FMLA compliance, HIPAA compliance, human resources administration, employee benefits administration as well as providing an extensive documents library on topics related to risk management & insurance.
- Provide access to Red and Associates, a human resources consulting firm, that provides an on-line human resources administration tool and a human resource coaching service.
- Provide access to Paine Hamblen, a law firm that provides legal assistance on issues pertaining to employee benefits and employment law.
- Provide a benchmark survey report that compares the City of Hailey's employee benefit program with peers on a statewide, regional and national basis and on a similar size of enrollment basis.
- Provide assistance with the administration of the current Flexible Spending Account (FSA) and HRA/VEBA program.
- Provide assistance with COBRA administration.

---

**From:** Mark Newbold [mailto:mnewbold@moloneyoneill.com]  
**Sent:** Wednesday, December 02, 2009 12:37 PM  
**To:** Heather Dawson  
**Cc:** Patsy Sales; Cami Hamilton  
**Subject:** RE: Proposal For Employee Benefits Consulting Services From Moloney+O'Neill Benefits

Dear Heather,

Thanks for your e-mail!

Your thoughts, comments, suggestions, etc. are received and understood. All of us at Moloney+O'Neill would welcome the opportunity to continue to serve as City of Hailey's employee benefits consultant under the terms you outlined below. We agreeable to the consulting fee of \$210 per month during the course of the year from January 1st through September 30th and with the understanding that the City would remit \$1,000 per month during the period of October through December, assuming that you wish to retain our services going forward.

I look forward to visiting with you by phone later this afternoon to establish a method by which you can reduce your staff time spent on benefits administration. Thanks again for the opportunity to be of service to City of Hailey. Talk to you soon!

All the best,

Mark

Mark Newbold, CEBS  
Principal/Employee Benefits Advisor  
Moloney+O'Neill Benefits  
Phone: 1-800-801-4448, ext. 203

## Heather Dawson

We are already committed by your contract to the first three months of the fiscal year at \$1000 per month. Your proposal, should we choose the \$500/month option, leaves us paying \$7,500 for the fiscal year, which is no less of a reduction than your previous offer made 60-days-ago.

I would propose, instead, a fee of \$210 per month during the course of the year from January 1 through September 30. During the period October through December we would remit \$1000 per month. This proposal would result in your firm being paid \$4,890 per year, which is similar in scope to the 2% option. As you know from the selection process during which we established our relationship with you, we stand opposed to a percentage option for a variety of reasons.

This proposal is contingent upon us working out a method by which we can reduce our staff time spent on benefits administration. Let's discuss and finalize these issues prior to December 9, in order to get a firm proposal before our City Council on December 14, the last meeting of the year.

Thanks for your help  
Heather Dawson

# City of Hailey

115 MAIN STREET SOUTH, SUITE H  
HAILEY, IDAHO 83333

(208) 788-4221  
Fax: (208) 788-2924

February 28, 2007

*Form of 2007 Agreement*

To Whom It May Concern:

This letter will serve as notification that effective March 1, 2007, Moloney + O'Neill Benefits, Inc. is appointed the Consultant of Record for the employee benefits of the City of Hailey. It is understood that either party may terminate this contractual arrangement, if either party provides 60 day advance written notice of an intent to terminate. It is further understood and agreed that any consulting fees due are to be paid directly to Moloney + O'Neill Benefits, Inc.

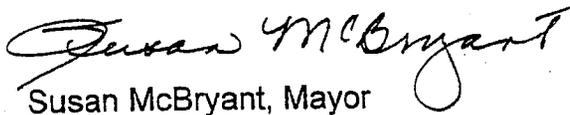
Our firm will receive the same level of compensation as is currently in place until the date on which the new medical and/or dental benefit plans are implemented, at which time all premiums charged for these plans will not include broker/agent commissions and a monthly consulting fee of \$1,000.00 will be charged by our firm.

In return for this consideration, our firm will provide the following services to the City Of Hailey:

1. Quarterly review of each employee benefit plan's overall performance with an action plan determined to remediate any service-related issues.
2. Semi-annual review of each employee benefit plan's financial performance with input provided to the city's employee benefits management team as to what to expect in the way of premium adjustments at renewal. We will be assisted in this effort by our actuarial consultant, Kevin McCartin of McCartin Analytical Services of Portland, Oregon. Mr. McCartin has over 30 years of experience as an actuarial consultant with Blue Cross & Blue Shield Plans throughout the United States and with Kaiser Permanente. He has been in private practice since 1990.
3. Periodic review of each employee benefit plan's benefit design to determine appropriate benefit design options at renewal (i.e. a choice of one medical plan or providing a dual choice option between a more traditional benefit design option and a consumer-driven, higher deductible benefit design option using premium savings realized to fund a tax-free Health Reimbursement Account (HRA) or Health Savings Account (HSA).
4. Establish a Worksite Health Promotion Program for enrolled employees and enrolled spouses that features a Health Risk Assessment tool and baseline screenings on cholesterol, blood pressure, hip-to-waist ratio, bone density, blood sugar (glucose), etc. The program's goal is to engage enrolled employees and their enrolled family members to make better decisions on their health which lead to healthier outcomes and reduced medical insurance claims utilization rates over time. A separate fee of \$35.00 per participant will be charged for this service. Travel expenses for the vendor providing this service is not included.

5. Establish an employee benefits web site that can be linked to the City of Hailey's web site that provides 24 hour access to information on employee benefits (including retirement plan information), personnel policies & procedures, worksite health promotion information, etc.
6. Provide an annual "Employee Benefits Statement" for each employee that shows a dollar value for each benefit of employment provided by the city (i.e. wage, retirement plan contribution, unemployment insurance, medical & dental insurance premium contributions, paid time off, etc.). This will assist in the effort to provide ongoing, consistent information to communicate the monetary value of each employee's employment relationship with the city.
7. Provide ~~new employee orientation~~ information packets on the city's employee benefits package to facilitate effective communication of the employee benefits offered to employees and create efficiencies in the enrollment process.
8. Be available on an ongoing basis by toll-free number and/or e-mail to assist enrolled employees and their enrolled family members with claims and/or service related issues pertaining to any aspect of their employee benefits. We will also be available to do on-site employee meetings to explain benefit options and answer questions as needed.
9. Meet with the city's employee benefits management team from time to time to brainstorm new ideas in the employee benefits arena and discuss the merits of employee benefit options presented.
10. Provide COBRA administration services.
11. Keep the city's employee benefits management team informed of any state and/or federal regulatory changes that affects the city's employee benefits design and/or administration.

Sincerely,

  
Susan McBryant, Mayor

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations. The second part of the document provides a detailed breakdown of the company's financial performance over the last quarter. It includes a comparison of actual results against budgeted figures, highlighting areas of both strength and weakness. The third part of the document outlines the company's strategic goals for the upcoming year, focusing on increasing market share and improving operational efficiency. It also discusses the potential risks and challenges that may arise and how the company plans to address them. The final part of the document provides a summary of the key findings and recommendations, along with a list of action items for the management team.