

# City of Hailey

OFFICE OF THE MAYOR

115 MAIN STREET SOUTH, SUITE H  
HAILEY, IDAHO 83333

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

February 17, 2012

Kimberly Coonis  
Blaine County Senior Connection  
P.O. Box 28  
Hailey, ID 83333

Dear Ms. Coonis:

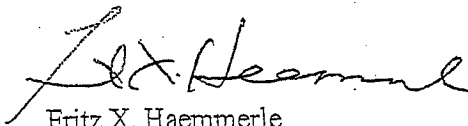
The City of Hailey is so fortunate to have the vibrant Blaine County Senior Connection within its boundaries. Hailey is the largest populated city within Blaine County, having double the residents of all the other cities combined. The assistance offered to our aging citizens through the Blaine County Senior Connection is invaluable and highly appreciated. We fully support your efforts to expand your services through an Idaho Community Development Block Grant.

The Blaine County Senior Connection offers a variety of services to our community, including meeting and entertainment space, regular congregate meals for elderly citizens, the opportunity to socialize, have medical checks, fitness activities. In addition, the extended care from your facility to elderly and disabled citizens in their homes allows individuals to remain in their homes. These services include home delivered meals as well as other home care services.

Your kitchen is the hub of many of these activities. Bringing the kitchen up to code through a construction project increases the safety and productivity of your services.

Thank you for your work within our community. We are happy to lend our support to this project.

Sincerely,



Fritz X. Haemmerle  
Mayor, City of Hailey  
208-788-4221 ext 30





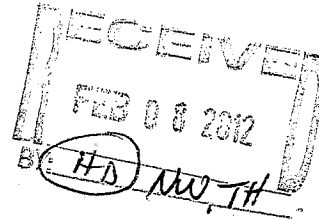
STATE OF IDAHO  
DEPARTMENT OF  
ENVIRONMENTAL QUALITY

1410 North Hilton • Boise, Idaho 83706 • (208) 373-0502

C.L. "Butch" Otter, Governor  
Toni Hardesty, Director

February 6, 2012

Certified mail no.: 7000 0520 0016 4835 2061



Honorable Fritz Haemmerle  
City of Hailey  
115 Main Street South  
Hailey, Idaho 83333

Re: City of Hailey Wastewater Planning Grant #313-2007-6

Dear Mayor Haemmerle:

We are pleased to inform you that the action plan for finishing your wastewater planning efforts has been approved. The purpose/scope of the grant has not been changed or amended.

Attached is a set of wastewater system classification worksheets for your use in determining the future classification of your system. The updated system classification information is important and should be shared with your responsible charge operator (RCO) and substitute responsible charge operator (SRCO). Wastewater facility upgrades make it possible that the system classification will change and that the associated RCO and SRCO licenses will require upgrade. If you have any questions regarding system classification, please contact Mike May at (208) 373-0406.

The amendment to the original state grant offer is enclosed with the new deadline for submittal of your planning documents. Please review this document and if you find it satisfactory, sign and return the original document through certified mail on or before 60 days from the date of this grant offer and send to:

MaryAnna Peavey  
Department of Environmental Quality  
1410 North Hilton  
Boise, Idaho 83706

As of now the current authorized signor is Susan McBryant. If you would like to change the authorized signor to another representative please fill out and submit a new authorizing resolution. A blank form has been enclosed for your convenience.

City of Hailey  
February 6, 2012  
Page 2

If you have any questions regarding this grant, please contact MaryAnna Peavey at (208) 373-0122.

Sincerely,

*Barry N. Burnell*

Barry N. Burnell  
Water Quality Division Administrator

Enclosure

BNB:CP:dls

c: Brian Reed, DEQ Twin Falls Regional Office  
Bill Hart, DEQ State Office  
Ester Ceja, DEQ State Office

**IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY WASTEWATER  
GRANT AGREEMENT AMENDMENT**

Amendment No. 1 to the Grant Offer and Grant Contract Agreement (Agreement), Project Number WWG-313-2007-6 between the Idaho Department of Environmental Quality (DEQ) and the city of Hailey signed by the DEQ on February 12, 2007.

TO BE ATTACHED AND MADE PART OF the above referenced Agreement.

THE DEQ AND THE CITY OF HAILEY AGREE TO AMEND THE AGREEMENT AS FOLLOWS:

1. Section IV. H

Revised Deadline


Submit final facility planning documents and environmental information document to the Department for review and approval by 12/31/2012.

2. Effective Date of Amendment

This Amendment shall become effective upon acceptance by the city of Hailey. If the city finds the Amendment acceptable, it shall sign the document and return on or before 60 days from the date of this DEQ amended grant offer.

ALL OTHER CONDITIONS AND TERMS IN THE ORIGINAL AGREEMENT REMAIN THE SAME.

**Idaho Department of Environmental Quality**

  
\_\_\_\_\_  
Toni Hardesty, Director

Dated this 3<sup>rd</sup> day of February, 2012.

**City of Hailey**

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Name and Title of Representative

\_\_\_\_\_  
Date



STATE OF IDAHO  
DEPARTMENT OF ENVIRONMENTAL QUALITY

AUTHORIZING RESOLUTION

A RESOLUTION OF THE <sup>1</sup> \_\_\_\_\_ OF THE <sup>2</sup> \_\_\_\_\_  
AUTHORIZING <sup>3</sup> \_\_\_\_\_ TO  
SIGN ALL APPLICATIONS, GRANT AGREEMENTS, AND OTHER  
DOCUMENTS RELATING TO WASTEWATER PLANNING GRANTS.

WHEREAS, the <sup>2</sup> \_\_\_\_\_ intends to develop a plan for wastewater  
facilities for the <sup>2</sup> \_\_\_\_\_ wastewater system, such plan being necessary  
to determine the needs of the area for health, safety, and well being of the people; and

WHEREAS, the plan is to be developed in accordance with the requirements in Idaho  
Administration of Wastewater Facility Grants (IDAPA 58.01.04), and will set forth  
wastewater facilities required to be constructed to serve the needs of the area; and

WHEREAS, the costs of the planning of the wastewater facilities is eligible for state  
funding;

NOW, THEREFORE, BE IT RESOLVED by the <sup>1</sup> \_\_\_\_\_ of the <sup>2</sup> \_\_\_\_\_  
\_\_\_\_\_, Idaho, that <sup>3</sup> \_\_\_\_\_  
\_\_\_\_\_ is/are duly authorized to sign applications, grant  
agreements and amendments, and other documents relating to wastewater facilities  
planning grants.

Passed and adopted by the <sup>1</sup> \_\_\_\_\_ of the <sup>2</sup> \_\_\_\_\_  
\_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_,  
(day) (month) (year)

by the following votes:

<b>AYES:</b>		<b>NAYS:</b>	
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ATTESTED BY:

\_\_\_\_\_  
City Recorder/Other Title-similar duties

\_\_\_\_\_  
Mayor/Appropriate Position Title

<sup>1</sup> City council, board, or other governing body  
<sup>2</sup> City, district, or association  
<sup>3</sup> Name of mayor or other official

# City of Hailey

115 MAIN STREET SOUTH, SUITE H  
HAILEY, IDAHO 83333

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

February 16, 2012

Mr. Steve Moore  
District Manager  
Blue Cross of Idaho  
P.O. Box 5025  
Twin Falls ID 83303

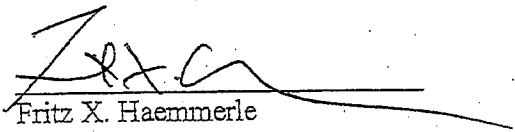
Dear Mr. Moore:

This letter is to inform you of the City of Hailey's cancellation of its group medical/Rx coverage through Blue Cross of Idaho effective midnight on February 29, 2012.

Your service to us over the past several years has been exemplary.

If you have any questions, feel free to contact City Administrator Heather Dawson at 208-788-4221 ext. 18.

Sincerely,

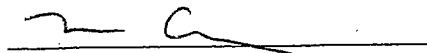


Fritz X. Haemmerle  
Mayor, City of Hailey



Heather Dawson  
Hailey City Administrator

ATTEST:



Mary Cone  
Hailey City Clerk



# City of Hailey

OFFICE OF THE MAYOR

115 MAIN STREET SOUTH, SUITE H  
HAILEY, IDAHO 83333

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

February 17, 2012

Mayor Randy Hall  
City of Ketchum  
P.O. Box 2315  
Ketchum, ID 83340

Dear Mayor Hall:

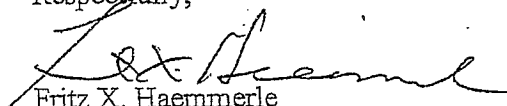
Congratulations to you and your staff this week as the Idaho Independent Intergovernmental Authority was accepted by the State of Idaho Department of Insurance. We are fully aware of how much effort was put into leading this project by the City of Ketchum, including but not limited to:

- Assigning your City Administrator Gary Marks to lead and nurture the statewide effort
- Funding the initial coordination work and travel costs of your broker Legacy Enterprises
- Funding the initial costs for legal review of the early documents
- Allowing your team to travel statewide numerous times during the past three years
- Funding in advance 6-months of Ketchum's premiums, approximately \$300,000, to the III-A Trust, to meet a requirement by the State Department of Insurance to have adequate bank balance to cover the first month of premiums for over 800 employees
- Assigning your staff member Lisa Enourato to support the III-A organizational work and communicate with 36 member cities.

The effect of these efforts on the City of Hailey is that our employees remain insured without a redesign in benefits which would have eliminated significant health coverage. Additionally, Hailey taxpayers will now fund these benefits at a cost that is equal to 2011 costs, which resulted in an annual savings of \$69,000 and an immediate savings of \$40,000 from March 1, 2011 to the end of the fiscal year, compared to our current plan. We extend our sincere gratitude to your city.

Congratulations on your vision and tenacity. I look forward to further opportunities for our two cities to work together.

Respectfully,

  
Fritz X. Haemmerle  
Mayor, City of Hailey  
208-788-4221 ext 30



*State of Idaho*  
**DEPARTMENT OF INSURANCE**

C.L. "BUTCH" OTTER  
Governor

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398

WILLIAM W. DEAL  
Director

February 15, 2012

Stephanie J. Bonney  
Moore Smith Buxton & Turcke, Chartered  
950 W Bannock St Ste 520  
Boise ID 83702

RE: Registration of Joint Public Agency Self-Funded Health Care Plan  
Idaho Independent Intergovernmental Authority, ABN III-A Trust

Dear Ms. Bonney:

We are pleased to enclose Idaho Certificate of Registration No 4132, issued to the above referenced plan effective February 14, 2012.

Please review the enclosed Certificate. If you feel that an error may have been made in any area of the Certificate, please contact the Department immediately at the above address or telephone number. Please make this Certificate a part of your a permanent file.

It is expected that the company will at all times comply with the laws of the State of Idaho. Information pertaining to Idaho's law and rules may be obtained on our website at [www.doi.idaho.gov](http://www.doi.idaho.gov)

You must notify this Department if any information provided in the original application should change.

Sincerely,

  
Carol Anderson

Technical Records Specialist  
Examinations Section

cc: Georgia Siehl, Bureau Chief  
Bill Michels, Deputy Chief Examiner  
Cliff Larson, Senior Financial Analyst, Supervisor  
John Keenan, Deputy Attorney General  
Donna Daniel, Sr Rates Analyst  
Kathy Miller, Premium Tax Specialist  
Amy Lambrecht, Consumer Affairs Supervisor  
Arlene Barrie, Market Analyst

*Equal Opportunity Employer*

# State of Idaho Department of Insurance

## CERTIFICATE OF REGISTRATION

Number 4132

THIS CERTIFIES, THAT

IDAHO INDEPENDENT INTERGOVERNMENTAL AUTHORITY  
ABN III-A TRUST  
organized in Idaho

Having presented satisfactory evidence of compliance with the requirements of Title 41, Chapter 41, Idaho Code regulating the operation of self-funded employee health care plans in the State of Idaho, this Certificate of Registration is hereby granted to said Trust to transact such business in the State of Idaho.

**Expiration Conditions:**

This Certificate of Registration is expressly conditioned upon the holder hereof remaining in full compliance with, and not in violation of any of the applicable laws and requirements of the State of Idaho. It shall at all times remain the property of the State of Idaho, and shall continue and remain in full force and effect from the date shown hereon, until expired, suspended, revoked or until otherwise terminated.

Expiration, suspension, revocation may cause termination of the plan's authority to conduct the business of a self-funded health care plan in the State of Idaho and this Certificate of Registration must forthwith be returned to the Department of Insurance of the State of Idaho. In addition termination may occur for failure of payment of the continuation fee, all taxes and filing of a properly completed annual statement with the Director of Insurance within ninety (90) days after close of fiscal year of the Plan.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Official Seal of the Department of Insurance to be affixed at Boise, Idaho, on this 14<sup>th</sup> day of February 2012.

  
\_\_\_\_\_  
William W. Deal  
Director

