



BOARD OF SUPERVISORS

Michael Sanchez, Chair 1st District
Kevin Goss, Vice Chair 2nd District
Sharon Thrall, 3rd District
Lori Simpson, 4th District
Jeff Engel, Chair 5th District

**AGENDA FOR REGULAR MEETING OF MARCH 5, 2019 TO BE HELD AT 11:00 A.M.
IN THE BOARD OF SUPERVISORS ROOM 308, COURTHOUSE, QUINCY, CALIFORNIA**

www.countyofplumas.com

AGENDA

The Board of Supervisors welcomes you to its meetings which are regularly held on the first three Tuesdays of each month, and your interest is encouraged and appreciated.

Any item without a specified time on the agenda may be taken up at any time and in any order. Any member of the public may contact the Clerk of the Board before the meeting to request that any item be addressed as early in the day as possible, and the Board will attempt to accommodate such requests.

Any person desiring to address the Board shall first secure permission of the presiding officer. For noticed public hearings, speaker cards are provided so that individuals can bring to the attention of the presiding officer their desire to speak on a particular agenda item.

Any public comments made during a regular Board meeting will be recorded. The Clerk will not interpret any public comments for inclusion in the written public record. Members of the public may submit their comments in writing to be included in the public record.

CONSENT AGENDA: These matters include routine financial and administrative actions. All items on the consent calendar will be voted on at some time during the meeting under "Consent Agenda." If you wish to have an item removed from the Consent Agenda, you may do so by addressing the Chairperson.



REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting please contact the Clerk of the Board at (530) 283-6170. Notification 72 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility. Auxiliary aids and services are available for people with disabilities.

STANDING ORDERS

11:00 A.M. **CALL TO ORDER/ROLL CALL**

PLEDGE OF ALLEGIANCE

ADDITIONS TO OR DELETIONS FROM THE AGENDA

PUBLIC COMMENT OPPORTUNITY

Matters under the jurisdiction of the Board, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda and any off-agenda matters before the Board for consideration. However, California law prohibits the Board from taking action on any matter which is not on the posted agenda unless it is determined to be an urgency item by the Board of Supervisors. Any member of the public wishing to address the Board during the "Public Comment" period will be limited to a maximum of 3 minutes.

DEPARTMENT HEAD ANNOUNCEMENTS/REPORTS

Brief announcements by, or brief reports on their activities by County Department Heads

ACTION AGENDA

1. CONSENT AGENDA

These items are expected to be routine and non-controversial. The Board of Supervisors will act upon them at one time without discussion. Any Board members, staff member or interested party may request that an item be removed from the consent agenda for discussion. Additional budget appropriations and/or allocations from reserves will require a four/fifths roll call vote.

A) BOARD OF SUPERVISORS

Approve and authorize the Chair to sign letter to the Department of Transportation (Caltrans) for encroachment permit (Christian Encounter Ministries: 37th Annual Agony Ride; July 26-27, 2019 in the Sierra Valley, Plumas County, CA) **View Item**

B) SHERIFF

Approve and authorize the Chair to sign contract, not to exceed \$20,000, between County of Plumas and RSH, Inc. dba Horton Tire Center for vehicle maintenance and service; approved as to form by County Counsel **View Item**

C) CLERK OF THE BOARD

Approve Board minutes for February 2019

D) BEHAVIORAL HEALTH

Authorize payment of \$1,710, with a contract, to Adventist Health St. Helena for specialty medical services of a juvenile in September 2018 **View Item**

E) PUBLIC WORKS

Authorize Public Works to recruit and fill vacant, funded and allocated 1.0 FTE Maintenance Worker position, Quincy District **View Item**

F) AUDITOR/CONTROLLER

Adopt **RESOLUTION** to establish a Change Fund of \$100.00 for the County Clerk-Recorder **View Item**

2. ALLIANCE FOR WORKFORCE DEVELOPMENT, INC.

Report and update on Business and Job Seeker Services [View Item](#)

3. INDIAN VALLEY COMMUNITY SERVICES DISTRICT – Chris Gallagher

Report and update on the Dam Inundation Map and Emergency Response Plan; exemption for Morning Glory Dairy in Susanville to sell milk products to the prisons, and impact on Plumas County; and discussion and possible action regarding the Greenville Townhall

4. RURAL TO RURAL

Presentation regarding youth opportunities to see over the mountains and reach across the oceans to understand economic development in a global world

5. PLUMAS-SIERRA COMMUNITY FOOD COUNCIL [View Item](#)

- A. Presentation by Paul Mrowczynski and Amber Russell regarding collaboration on community school gardens, purchasing of local producers food products
- B. Presentation by Dr. Darla DeRuiter, Feather River College on the new Ecological Farming Certification Program
- C. Presentation by Laura Rodriguez on the annual Plumas Grown Farm Crawl

SPECIAL DISTRICTS GOVERNED BY BOARD OF SUPERVISORS

The Board of Supervisors sits as the Governing Board for various special districts and county service areas in Plumas County including Dixie Valley Community Services District; Walker Ranch Community Services District; Plumas County Flood Control and Water Conservation District; Quincy Lighting District; Crescent Mills Lighting District; County Service Area #12.

Convene as the Walker Ranch Community Services District Governing Board

6. WALKER RANCH COMMUNITY SERVICES DISTRICT – Robert Perreault

Approve request for refund of \$3,000 for connection fee pertaining to APN 103-160-010, 199 Flint Way within the Walker Ranch CSD (applicant not able to relocate to California); discussion and possible action [View Item](#)

Adjourn as the Walker Ranch Community Services District Governing Board and reconvene as the Board of Supervisors

7. DEPARTMENTAL MATTERS

A) DISTRICT ATTORNEY – David Hollister

- 1) Authorize the District Attorney to recruit and fill vacant, funded and allocated 1.0 FTE Legal Services Assistant position, created by resignation; discussion and possible action [View Item](#)
- 2) Approve supplemental budget of \$7,974.70 for receipt of unanticipated revenue; and allocate to budget unit 70307- Alternative Sentencing Program (527500-Travel for trainings), received from Public Health/MAA Funds; **four/fifths required roll call vote** [View Item](#)

B) SHERIFF – Greg Hagwood

Approve supplemental budget of \$500,000 for Jail Construction Grant (SB844), Fund 0096J, Department 20141 to continue paying expenditures incurred regarding the construction of the new Plumas County Public Safety & Rehabilitation Center; discussion and possible action [View Item](#)

C) **ELECTIONS** – Kathy Williams

Appropriate \$59,400 from the General Fund Contingency to Elections budget 20100 to cover costs of Special Senate District 1 Election, to be held on March 26, 2019; **four/fifths required roll call vote**
View Item

D) **ENVIRONMENTAL HEALTH** – Jerry Sipe

Approve and authorize the Chair to sign letter to The Honorable Bill Quirk, 20th Assembly District in support of AB 402 – Optional Local Primacy Agency (LPA) Fund Stabilization; discussion and possible action **View Item**

8. BOARD OF SUPERVISORS

- A. Discussion and possible action to transfer the responsibilities of Risk Manager from the Auditor/Controller to County Administrator
- B. Correspondence
- C. Weekly report by Board members of meetings attended, key topics, project updates, standing committees and appointed Boards and Associations

Convene as the Plumas County Board of Equalization

9. BOARD OF EQUALIZATION

Re-schedule the Board of Equalization appeal hearing of April 24, 2019 to May 1, 2019 at 10:00 a.m.

Adjourn as the Plumas County Board of Equalization and reconvene as the Board of Supervisors

10. CLOSED SESSION

ANNOUNCE ITEMS TO BE DISCUSSED IN CLOSED SESSION

- A. Conference with Legal Counsel: Claim against the County of Plumas filed by Jack Hannaleck on December 31, 2018 **View Item**
- B. Conference with Legal Counsel: Claim against the County of Plumas filed by Bron Craghead on January 14, 2019 **View Item**
- C. Conference with Legal Counsel: Claim against the County of Plumas filed by Gary Wayne Clark on January 25, 2019 **View Item**
- D. Personnel: Public employee performance evaluation – Environmental Health Director
- E. Personnel: Public employee performance evaluation – Human Resources Director (Board only)
- F. Personnel: Public employee performance evaluation – County Librarian (Board only)
- G. Conference with Legal Counsel: Existing litigation - “Adler, et al., Petitioners v. County of Plumas, et al., Respondents, and Genesee Valley Ranch, LLC, et al., Real Parties in Interest,” Plumas Superior Court Case No. CV17-00152
- H. Conference with Legal Counsel: Existing litigation – Pederson, et al., v. County of Plumas, et al., United States District Court for the Eastern District of California Case No. CIV S-89-1659 JFM P, pursuant to subdivision (a) of Government Code §54956.9
- I. Conference with Legal Counsel: Significant exposure to litigation pursuant to Subdivision (d)(2) of Government Code Section 54956.9
- J. Conference with Labor Negotiator regarding employee negotiations: Sheriff’s Administrative Unit; Sheriff’s Department Employees Association; Operating Engineers Local #3; Confidential Employees Unit; Probation; Unrepresented Employees and Appointed Department Heads

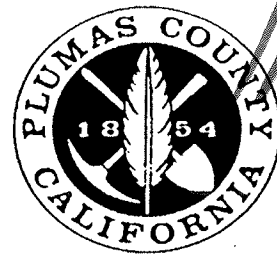
REPORT OF ACTION IN CLOSED SESSION (IF APPLICABLE)

ADJOURNMENT

Adjourn meeting to Tuesday, March 12, 2019, Board of Supervisors Room 308, Courthouse, Quincy, California

BOARD OF SUPERVISORS

MICHAEL SANCHEZ, DISTRICT 1
KEVIN GOSS, DISTRICT 2
SHARON THRALL, DISTRICT 3
LORI SIMPSON, DISTRICT 4
JEFF ENGEL, DISTRICT 5



March 5, 2019

Department of Transportation (Caltrans)
Attn: Permits Engineer
1000 Center Street
Redding, CA 96001

Attention: Permits Engineer

Subject: Encroachment Permit Request
CHRISTIAN ENCOUNTER MINISTRIES
37th Annual Agony Ride: July 26-27, 2019 in the Sierra Valley, Plumas
County, CA

This letter acknowledges that the Plumas County Board of Supervisors has been notified of the above captioned event. The Board of Supervisors has no objection to issuance of an event permit by Caltrans.

Sincerely,

Michael Sanchez, Chair

Cc: Plumas County Director of Public Works

CHRISTIAN ENCOUNTER MINISTRIES

Board Chair,

Christian Encounter Ministries is planning our 37th annual Agony ride in the Sierra Valley July 26-27, 2019. As in the past few years, Caltrans will require a letter of resolution from Plumas County for our use permit for Hwys 49 and 70. I've attached the information that I will be sending to the Plumas County Dept of Public Works as soon as I receive letters of notification from the Sheriff and Highway Patrol.

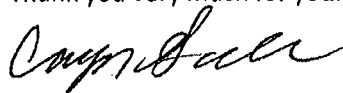
Please send a Plumas County letter of resolution for the Agony Ride to me at:

caryn@christianencounter.org

or

Caryn Galeckas
Christian Encounter Ministries
PO Box 1022
Grass Valley, CA 95945

Thank you very much for your assistance.



Caryn Galeckas
Office Manager
Christian Encounter Ministries



TENDING LIVES • TRAINING LEADERS

PO Box 1022 • Grass Valley, CA 95945 • (530)268-0877 Phone • (530)268-9077 Fax
cem@christianencounter.org • christianencounter.org



1B

Memorandum

DATE: February 19, 2019
TO: Honorable Board of Supervisors
FROM: Sheriff Greg Hagwood
RE: Agenda Items for the meeting of March 5, 2019

It is recommended that the Board:

Approve and sign contract #PCSO00025 between the Plumas County Sheriff's Office (PCSO) and RSH, Inc. dba Horton Tire Center in the amount of \$20,000.

Background and Discussion:

The term of this contract is 04/01/19 – 03/31/20. The purpose of this contract is for vehicle maintenance & service. Agreement has been approved as to form by County Counsel.

Services Agreement

This Agreement is made by and between the COUNTY OF PLUMAS, a political subdivision of the State of California, by and through its Sheriff's Office (hereinafter referred to as "County"), and RSH, INC. a corporation, doing business as Horton Tire Center (hereinafter referred to as "Contractor").

The parties agree as follows:

1. Scope of Work. Contractor shall provide the County with services as set forth in Exhibit A, attached hereto.
2. Compensation. County shall pay Contractor for services provided to County pursuant to this Agreement in the manner set forth in Exhibit B, attached hereto. The total amount paid by County to Contractor under this Agreement shall not exceed Twenty Thousand and No/100 Dollars (\$20,000.00).
3. Term. The term of this agreement shall be from April 1, 2019 through March 31, 2020, unless terminated earlier as provided herein.
4. Termination. Either party may terminate this agreement by giving thirty (30) days written notice to the other party.
5. Non-Appropriation of Funds. It is mutually agreed that if, for the current fiscal year and/or any subsequent fiscal years covered under this Agreement, insufficient funds are appropriated to make the payments called for by this Agreement, this Agreement shall be of no further force or effect. In this event, the County shall have no liability to pay any further funds whatsoever to Contractor or furnish any other consideration under this Agreement and Contractor shall not be obligated to perform any further services under this Agreement. If funding for any fiscal year is reduced or deleted for the purposes of this program, the County shall have the option to either cancel this Agreement with no further liability incurring to the County, or offer an amendment to Contractor to reflect the reduced amount available to the program. The parties acknowledge and agree that the limitations set forth above are required by Article XVI, section 18 of the California Constitution. Contractor acknowledges and agrees that said Article XVI, section 18 of the California Constitution supersedes any conflicting law, rule, regulation or statute.
6. Warranty and Legal Compliance. The services provided under this Agreement are non-exclusive and shall be completed promptly and competently. Contractor shall guarantee all parts and labor for a period of one year following the expiration of the term of this Agreement unless otherwise specified in Exhibit A. Contractor agrees to comply with all applicable terms of state and federal laws and regulations, all applicable grant funding conditions, and all applicable terms of the Plumas County Code and the Plumas County Purchasing and Practice Policies.

7. Amendment. This Agreement may be amended at any time by mutual agreement of the parties, expressed in writing and duly executed by both parties. No alteration of the terms of this Agreement shall be valid or binding upon either party unless made in writing and duly executed by both parties.
8. Indemnification. To the furthest extent permitted by law (including without limitation California Civil Code Sections 2782 and 2782.8, if applicable), County shall not be liable for, and Contractor shall defend and indemnify County and its officers, agents, employees, and volunteers (collectively "County Parties"), against any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics; liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorney's fees and court costs (hereinafter collectively referred to as "Claims"), which arise out of or are in any way connected to the work covered by this Agreement arising either directly or indirectly from any act, error, omission or negligence of Contractor or its officers, employees, agents, contractors, licensees or servants, including, without limitation, Claims caused by the concurrent negligent act, error or omission, whether active or passive of County Parties. Contractor shall have no obligation, however, to defend or indemnify County Parties from a Claim if it is determined by a court of competent jurisdiction that such Claim was caused by the sole negligence or willful misconduct of County Parties.
9. Insurance. Contractor agrees to maintain the following insurance coverage throughout the term of this Agreement:
- a. Commercial general liability (and professional liability, if applicable to the services provided) coverage, with minimum per occurrence limit of the greater of (i) the limit available on the policy, or (ii) one million dollars (\$1,000,000).
 - b. Automobile liability coverage (including non-owned automobiles), with minimum bodily injury limit of the greater of (i) the limit available on the policy, or (ii) two-hundred fifty thousands dollars (\$250,000) per person and five hundred thousand dollars (\$500,000) per accident, as well as a minimum property damage limit of the greater of (i) the limit available on the policy, or (ii) fifty thousand dollars (\$50,000) per accident.
 - c. Each policy of commercial general liability (and professional liability, if applicable to the services provided) coverage and automobile liability coverage (including non-owned automobiles) shall meet the following requirements:
 - i. Each policy shall be endorsed to name the County, its officers, officials, employees, representatives and agents (collectively, for the purpose of this section 9, the "County") as additional insureds. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13; and

- ii. All coverage available under such policy to Contractor, as the named insured, shall also be available and applicable to the County, as the additional insured; and
- iii. All of Contractor's available insurance proceeds in excess of the specified minimum limits shall be available to satisfy any and all claims of the County, including defense costs and damages; and
- iv. Any insurance limitations are independent of and shall not limit the indemnification terms of this Agreement; and
- v. Contractor's policy shall be primary insurance as respects the County, its officers, officials, employees, representatives and agents, and any insurance or self-insurance maintained by the County, its officers, officials, employees, representatives and agents shall be in excess of the Contractor's insurance and shall not contribute with it, and such policy shall contain any endorsements necessary to effectuate this provision. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13; and
- vi. To the extent that Contractor carries any excess insurance policy applicable to the work performed under this Agreement, such excess insurance policy shall also apply on a primary and non-contributory basis for the benefit of the County before the County's own primary insurance policy or self-insurance shall be called upon to protect it as a named insured, and such policy shall contain any endorsements necessary to effectuate this provision.

d. Workers Compensation insurance in accordance with California state law.

If requested by County in writing, Contractor shall furnish a certificate of insurance satisfactory to County as evidence that the insurance required above is being maintained. Said certificate of insurance shall include a provision stating that the insurers will not cancel the insurance coverage without thirty (30) days' prior written notice to the County. County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time. Contractor shall require all subcontractors to comply with all indemnification and insurance requirements of this agreement, and Contractor shall verify subcontractor's compliance.

10. Licenses and Permits. Contractor represents and warrants to County that it or its principals have all licenses, permits, qualifications, and approvals of whatsoever nature that are legally required for Contractor to practice its profession and to perform its duties and obligations under this Agreement. Contractor represents and warrants to County that Contractor shall, at its sole cost and expense, keep in effect at all times during the term of this Agreement any licenses, permits, and approvals that are legally required for Contractor or its principals to practice its professions and to perform its duties and obligations under this Agreement.

11. Relationship of Parties. It is understood that Contractor is not acting hereunder as an employee of the County, but solely as an independent contractor. Contractor, by virtue of this Agreement, has no authority to bind, or incur any obligation on behalf of, County. Except as expressly provided in this Agreement, Contractor has no authority or responsibility to exercise any rights or power vested in County. It is understood by both Contractor and County that this Agreement shall not under any circumstances be construed or considered to create an employer-employee relationship or joint venture.
12. Assignment. Contractor may not assign, subcontract, sublet, or transfer its interest in this Agreement without the prior written consent of the County.
13. Non-discrimination. Contractor agrees not to discriminate in the provision of service under this Agreement on the basis of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, physical or mental handicap, age, or medical condition.
14. Choice of Law. The laws of the State of California shall govern this agreement.
15. Interpretation. This agreement is the result of the joint efforts of both parties and their attorneys. The agreement and each of its provisions will be interpreted fairly, simply, and not strictly for or against either party.
16. Integration. This Agreement constitutes the entire understanding between the parties respecting the subject matter contained herein and supersedes any and all prior oral or written agreements regarding such subject matter.
17. Severability. The invalidity of any provision of this Agreement, as determined by a court of competent jurisdiction, shall in no way affect the validity of any other provision hereof.
18. Headings. The headings and captions contained in this Agreement are for convenience only, and shall be of no force or effect in construing and interpreting the provisions of this Agreement.
19. Waiver of Rights. No delay or failure of either party in exercising any right, and no partial or single exercise of any right, shall be deemed to constitute a waiver of that right or any other right.
20. Conflict of Interest. The parties to this Agreement have read and are aware of the provisions of Government Code section 1090 *et seq.* and section 87100 *et seq.* relating to conflicts of interest of public officers and employees. Contractor represents that it is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement and is later discovered by the County, the County may immediately terminate this Agreement by giving written notice to Contractor.

21. Notice Addresses. All notices under this Agreement shall be effective only if made in writing and delivered by personal service or by mail and addressed as follows. Either party may, by written notice to the other, change its own mailing address.

County:

Sheriff's Department
County of Plumas
1400 E. Main Street
Quincy, CA 95971
Attention: Roni Towery

Contractor:

Horton Tire Center
116 E. Main Street
Quincy, CA 95971
Attention: Ron Horton

22. Time of the Essence. Time is hereby expressly declared to be of the essence of this Agreement and of each and every provision thereof, and each such provision is hereby made and declared to be a material, necessary, and essential part of this Agreement.
23. Contract Execution. Each individual executing this Agreement on behalf of Contractor represents that he or she is fully authorized to execute and deliver this Agreement.
24. Retention of Records. Pursuant to California Government Code section 8546.7, the performance of any work under this Agreement is subject to the examination and audit of the State Auditor at the request of the County or as part of any audit of the County for a period of three years after final payment under the Agreement. Each party hereto shall retain all records relating to the performance and administration of this Agreement for three years after final payment hereunder, and Contractor agrees to provide such records either to the County or to the State Auditor upon the request of either the State Auditor or the County. .

IN WITNESS WHEREOF, this Agreement has been executed as of the date set forth below.

CONTRACTOR:

RSH, Inc.
dba Horton Tire Center

By: _____
Name: Ron Horton
Title: President
Date signed:

By: _____
Name: Stephanie Horton
Title: Vice President
Date Signed:

COUNTY:


County of Plumas, a political subdivision of
the State of California

By: _____
Name: Greg Hagwood
Title: Sheriff-Coroner
Date signed:

By: _____
Name:
Title: Chair, Board of Supervisors
Date signed:

APPROVED AS TO FORM:

Plumas County Counsel

 Deputy

Date signed: 2/14/19

EXHIBIT A

Scope of Work

1. Provide general automotive repair on an as-needed basis upon request of the County. This includes, but is not limited to, the following:
 - a. Lube, oil and filter changes (LOF).
 - b. Sale and installation of new tires.
 - c. Tire rotation.
 - d. Mounting and balancing of tires.
 - e. Vehicle alignment.
 - f. Brakes and shocks repair and replacement.
2. All Work shall be provided in accordance with industry standards for high-quality automotive repairs.

EXHIBIT B

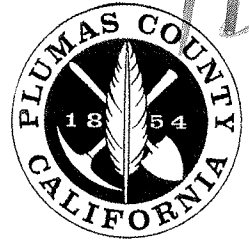
Fee Schedule

1. Labor shall be charged at a maximum of \$105.00 per hour.
2. Prices for tires quoted prior to installation.
3. LOF changes with inspection shall be charged at \$44.95 (all inclusive) for up to five (5) quarts of oil, with no charge rotation with Les Schwab tires.
4. County shall be provided with a written estimate prior to any repairs. County shall not be responsible for the cost of any repairs County did not authorize in advance of the repairs being made. Contractor may not bill County more than the amount listed on the written estimate authorized by the County. If at any time Contractor believes that repairs will cost more than the County-authorized written estimate, Contractor shall provide a revised written estimate to County and obtain County's authorization prior to continuing repairs.
5. Contractor shall be paid monthly in accordance with the terms of this Exhibit. Contractor shall invoice County monthly based on the total of all services performed by Contractor under this Agreement which have been completed to County's sole satisfaction.

PLUMAS COUNTY BEHAVIORAL HEALTH SERVICES

270 County Hospital Road, Ste 109, Quincy, CA 95971
(530) 283-6307 FAX (530) 283-6045

Director Tony Hobson, Ph.D.,



DATE: March 5, 2019

TO: Honorable Board of Supervisors

FROM: Tony Hobson, Ph.D., Behavioral Health Director

SUBJECT: Agenda Request

RECOMMENDATION

It is respectfully requested that the Board of Supervisors approve and authorize payment to Adventist Health St. Helena in the amount of \$ 1,710.00

Background and Discussion

The county has received an invoice for a juvenile patient who was admitted to St Helena Hospital in September 2018. When the facility ran the juvenile's insurance card it indicated that she was a Medi-Cal beneficiary of Plumas County. This office approved a Treatment for Authorization Request form in January 2019. The invoiced fees are related to specialty mental health services provided to the juvenile.

**No county general funds are used for any of the above programs and staffing.
County Counsel has reviewed and approved all above agreements.**

Adventist Health

Adventist Health St. Helena
10 Woodland Rd.
St. Helena, CA 94574
NPI 1720078082

St. Helena Hospital
Center for Behavioral Health
525 Oregon St.
Vallejo, CA 94590
NPI 1851381990

TAX I.D. 94-1279779

Redacted

CS

Physician Fee's Invoice

Bill To
Plumas County Mental Health Attn: Carol Pierce 270 County Hospital Rd., Ste. 109 Quincy, CA 95971

PLEASE REMIT TO:
Adventist Health
PO Box 398845
San Francisco, CA
94139-8845

Date	Invoice #
12/10/2018	48200545563

Terms

DOCTOR	PATIENT NAME	I.D. NUMB...	DOS	PROCEDURE / DX	RATE
Hunter 1649284274		97128675E	9/4/2018	99233 / F34.81	95.00
Hunter 1649284274			9/5/2018	99233 / F34.81	95.00
Hunter 1649284274			9/6/2018	99233 / F34.81	95.00
Hunter 1649284274			9/7/2018	99233 / F34.81	95.00
Punia 1376589663			9/8/2018	99233 / F33.2	95.00
Punia 1376589663			9/9/2018	99233 / F33.2	95.00
Hunter 1649284274			9/10/2018	99233 / F34.81	95.00
Hunter 1649284274			9/11/2018	99233 / F34.81	95.00
Hunter 1649284274			9/12/2018	99233 / F34.81	95.00
Hunter 1649284274			9/13/2018	99233 / F34.81	95.00
Punia 1376589663			9/14/2018	99233 / F34.81	95.00
Punia 1376589663			9/15/2018	99233 / F33.2	95.00
Hunter 1649284274			9/16/2018	99233 / F33.2	95.00
Hunter 1649284274			9/17/2018	99233 / F34.81	95.00
Hunter 1649284274			9/18/2018	99233 / F34.81	95.00
Hunter 1649284274			9/19/2018	99233 / F34.81	95.00
Hunter 1649284274			9/20/2018	99233 / F34.81	95.00
Hunter 1649284274			9/21/2018	99233 / F34.81	95.00

PLEASE REMIT TO:
Adventist Health
PO Box 398845
San Francisco, CA 94139-8845

Total	\$1,710.00
Payments/Credits	\$0.00
Balance Due	\$1,710.00

Any questions, contact Beverly Crites at 707-963-3611 ext 3544 or critesbj@ah.org



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

RECEIVED OCT 19 2018

PICA		PICA	
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN PECA BULK LUNG OTHER (Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (ID#) (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 97128675E	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE SEX	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. INSURED'S ADDRESS (No., Street)	
6. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
CITY STATE ZIP CODE TELEPHONE (Include Area Code)		CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		9. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? PLACE (State)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)	
SIGNED SIGNATURE ON FILE DATE		SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		15. OTHER DATE	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate A-L to service line below (24b))		22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. F34.81 B. C. D. E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER		F. \$ CHARGES G. DAYS OR UNITS H. EPSTU I. ID. QUAL. J. RENDERING PROVIDER ID. #	
1 09/04/18 21 99233 A 185.00			
2 09/05/18 21 99233 A 185.00			
3 09/06/18 21 99233 A 185.00			
4 09/07/18 21 99233 A 185.00			
5 09/10/18 21 99233 A 185.00			
6 09/11/18 21 99233 A 185.00			
7 09/12/18 21 99233 A 185.00			
8 09/13/18 21 99233 A 185.00			
9 09/14/18 21 99233 A 185.00			
10 09/17/18 21 99233 A 185.00			
11 09/18/18 21 99233 A 185.00			
25. FEDERAL TAX I.D. NUMBER SSN EIN 549-78-2895		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION	
St. Helena Hosp. 525 OREGON ST. VALLEJO, CA 94590-3201		St. Helena Hospital Center for Behavioral Health PO Box 398845 San Francisco, CA 94139 1851381990	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

WCMS-1500-1-12

(02-12)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

ADVENTIST HEALTH CMG
821 ST HELENA HWY S STE 208
ATTN: BEVERLY CRITES,
ST HELENA CA 94574-2266

<input type="checkbox"/> PICA 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> PECA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> (10#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 97128675E	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT'S ADDRESS (No., Street) CITY STATE CA ZIP CODE TELEPHONE (Include Area Code)		3. PATIENT'S BIRTH DATE SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M 8. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> 8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE SIGNED _____ DATE 09/25/18		11. INSURED'S POLICY GROUP OR PECA NUMBER NONE PLUMAS COUNTY MCAI a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME ADVENTIST HEALTH CMG d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. <input type="checkbox"/> 17b. NPI		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED _____ DATE 09/25/18 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 08 30 2018 TO 09 21 2018 20. OUTSIDE LAB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24e) A. E33.2 B. C. D. E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER 48200845563 89328456965	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER MM DD YY MM DD YY EMG CPT/HCPCS MODIFIER		F. \$ CHARGES G. DAYS OR UNITS H. EP601 Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
1 09 08 18 09 08 18 21 99233 A 250.00 1 NPI 1376589663			
2 09 09 18 09 09 18 21 99233 A 250.00 1 NPI 1376589663			
3 09 15 18 09 15 18 21 99233 A 250.00 1 NPI 1376589663			
4 09 16 18 09 16 18 21 99233 A 250.00 1 NPI 1376589663			
5 6			
25. FEDERAL TAX ID. NUMBER 263872254 SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. BADLI000 10099 27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the signature(s) and license number(s) apply to this bill and are made a part thereof.) SURENDER PUNIA MD SIGNED 09/25/18 DATE		28. TOTAL CHARGE \$ 100000 29. AMOUNT PAID \$ 30. Rev'd for NUCC Use	
32. SERVICE FACILITY LOCATION INFORMATION CIR BEHAVIORAL HEALTH 525 OREGON ST VALLEJO CA 945903201		33. St. Helena Hospital Center for Behavioral Health PO Box 398845 San Francisco, CA 94139 1851381990	

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PLEASE PRINT OR TYPE

(02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



RECEIVED OCT 19 2018

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

☐ PICA

PICA ☐

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in item 1)	
(Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (ID#)		97128675E	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
5. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
CITY STATE ZIP CODE TELEPHONE (Include Area Code)		CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10a. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		11. INSURED'S POLICY GROUP OR FECA NUMBER PLUMAS CO. MCAL	
SIGNED SIGNATURE ON FILE DATE		11. INSURED'S DATE OF BIRTH MM DD YY SEX <input type="checkbox"/> M <input type="checkbox"/> F	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		11. INSURED'S POLICY GROUP OR FECA NUMBER PLUMAS CO. MCAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate A-L to service line below (24E))		13. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
A. E34.81 B. C. D. E. F. G. H. I. J. K. L.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
1 09/19/18 21 99233 A 185.00 NPI		22. RESUBMISSION CODE ORIGINAL REF. NO.	
2 09/20/18 21 99233 A 185.00 NPI		23. PRIOR AUTHORIZATION NUMBER 48200545563 89328456965	
3 09/21/18 21 99233 A 185.00 NPI		F. G. H. I. J. \$ CHARGES DAYS OR UNITS SPECIAL FARMY RATE ID. QUAL. RENDERING PROVIDER ID. #	
4		5	
5		6	
25. FEDERAL TAX I.D. NUMBER SSN EIN 549-78-2895		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		27. ACCEPT ASSIGNMENT? (For group claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNED S. H. 9/24/18		28. TOTAL CHARGE 2590.00 29. AMOUNT PAID 30. Paid for NUCC use	
32. SERVICE FACILITY LOCATION INFORMATION ST. HELENA HOSP. 525 OREGON ST. VALLEJO, CA 94590-3201 1851381990		33. SERVICE FACILITY LOCATION INFORMATION St. Helena Hospital Center for Behavioral Health PO Box 398345 San Francisco, CA 94139 1851381990	

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PLUMAS COUNTY DEPARTMENT OF PUBLIC WORKS

1834 East Main Street, Quincy, CA 95971 – Telephone (530) 283-6268 Facsimile (530) 283-6323

Robert A. Perreault Jr., P.E., Director John Mannle, P.E., Asst. Director Joe Blackwell, Deputy Director

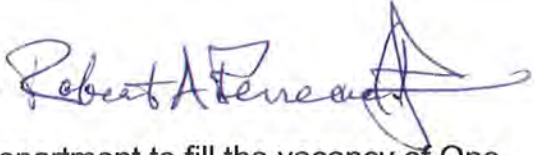


CONSENT AGENDA REQUEST

For the March 5, 2019 meeting of the Plumas County Board of Supervisors

February 25, 2019

To: Honorable Board of Supervisors

From: Robert Perreault, Director of Public Works 

Subject: Authorization for the Public Works/Road Department to fill the vacancy of One (1) FTE PW Maintenance Worker position in the Quincy Maintenance District

Background:

One (1) FTE PW Maintenance Worker is retiring from the Department effective March 29, 2019.

The Department is requesting to fill this position.

This position is funded and allocated in the proposed FY18/19 budget of the Department of Public Works.

The completed Critical Staffing Questionnaire and Departmental Organizational Chart are attached.

Recommendation:

The Director of Public Works respectfully recommends that the Board of Supervisors authorize the Department to fill the vacancy of one (1) FTE PW Maintenance Worker in the Quincy Maintenance District.

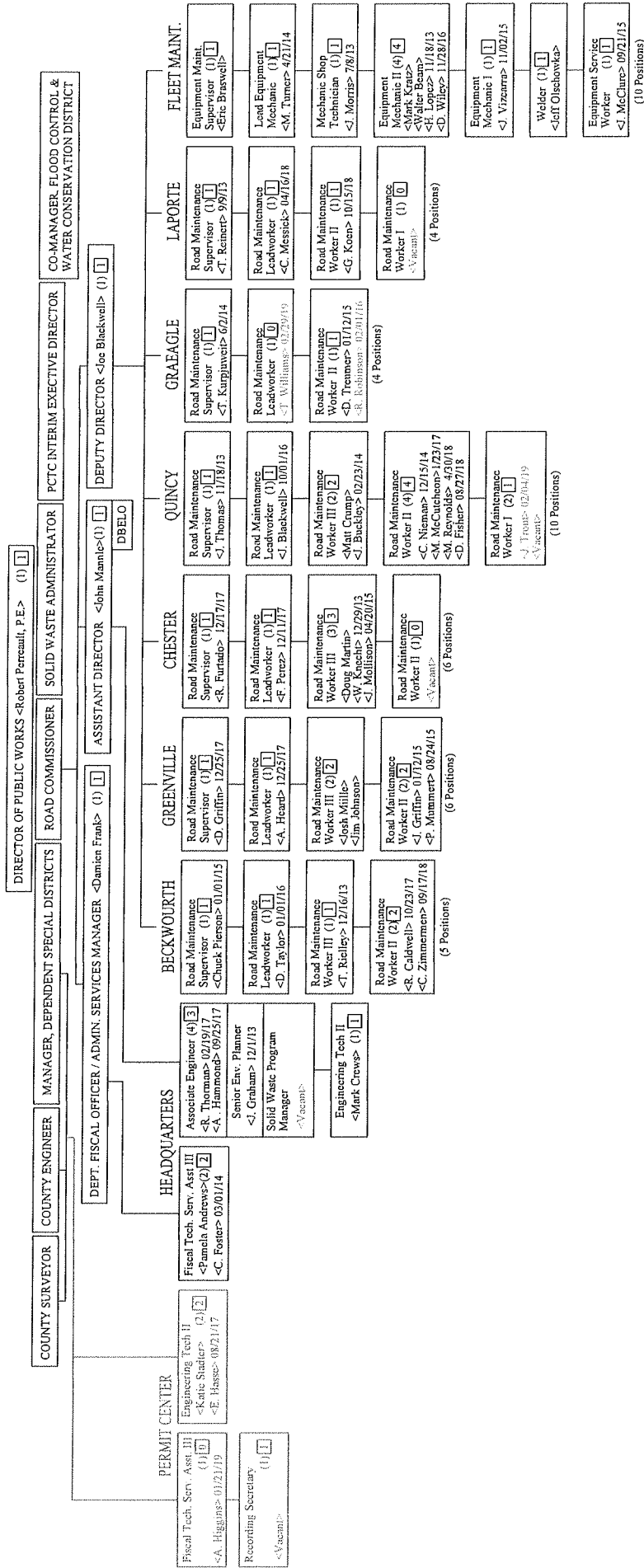
QUESTIONS FOR STAFFING CRITICAL POSITIONS WHICH ARE CURRENTLY ALLOCATED.

Public Works Maintenance Worker I/II Worker Position Quincy

- Is there a legitimate business, statutory or financial justification to fill the position?
Maintenance Workers are the workforce for maintenance and construction work on county roads and bridges.
- Why is it critical that this position be filled at this time?
Maintenance Workers are subject to 24 hour “call out” for road related emergencies and snow removal.
- How long has the position been vacant?
Effective 3/29/2019.
- Can the department use other wages until the next budget cycle?
The department’s wage and benefits portion of the 18/19 budget includes funds for this position.
- What are staffing levels at other counties for similar departments and/or positions?
No specific research has been performed for this position. Generally speaking, however, past research tasks have identified Plumas County as being consistent with neighboring Counties.
- What core function will be impacted without filling the position prior to July 1? **N/A**
- What negative fiscal impact will the County suffer if the position is not filled prior to July 1? **None**
- A non-general fund department head need to satisfy that he/she has developed a budget reduction plan in the event of the loss of future state, federal or local funding. What impact will this reduction plan have to other County departments? **None**
- Does the department expect other financial expenditures which will impact the general fund and are not budgeted such as audit exceptions? **No**
- Does the budget reduction plan anticipate the elimination of any of the requested positions? **No**
- Departments shall provide an estimate of future general fund support for the next two years and how the immediate filling of this position may impact, positively or negatively, the need for general fund support?
None
- Does the department have a reserve? **Yes** If yes, provide the activity of the department’s reserve account for the last three years?

15/16	(\$1,000,000)	16/17	\$0	17/18	(\$600,000)
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PLUMAS COUNTY DEPARTMENT OF PUBLIC WORKS ORGANIZATION CHART



Director of Public Works
Revision Date: 02/15/2019

1F

RESOLUTION NO. 19-

A RESOLUTION TO ESTABLISH A CHANGE FUND FOR THE COUNTY CLERK-RECORDER PER GOV CODE SECTION 29321

WHEREAS, per Government Code Section 29325, the Board of Supervisors is authorized to establish a cash/change fund for use by any County Officer for the following purpose;

A change fund for use in making change in carrying out his/her Official County duties;

WHEREAS, per Government Code Section 29321, such funds may be established by Board resolution which sets forth;

- The necessity or justification for the fund.
- Identification of the County Officer for which the fund is available.
- The fund amount.
- The County Officer for whom the fund is established is personally liable for any losses which may occur, unless relieved from accountability by the Board of Supervisors.

WHEREAS, there is an apparent necessity for the County Clerk-Recorder to have available a change fund to be used for making change in carrying out her Official County duties, and the request to establish such fund has been approved by the Auditor-Controller.

NOW, THEREFORE, BE IT RESOLVED, that the County Clerk-Recorder shall be authorized to establish a CHANGE FUND in the amount of \$100.00.

The foregoing Resolution was duly passed and adopted by the Board of Supervisors of the County of Plumas, State of California, at a regular meeting of said Board, held on the 5th day of March, 2019 by the following vote:

AYES:

NOES:

ABSENT:

Chair, Board of Supervisors

ATTEST:

Nancy DaForno,
Clerk of the Board

PLUMAS COUNTY CLERK~RECORDER

Courthouse
520 Main Street, Room 102,
Quincy, CA 95971

Recorder Division (530) 283-6218
Elections Division (530) 283-6256
Fax: (530) 283-6155



Kathy Williams
Clerk – Recorder
Registrar of Voters

kathywilliams@countyofplumas.com

Julie Hagwood
Assistant Clerk-Recorder
Registrar of Voters
juliehagwood@countyofplumas.com

February 21, 2019

TO: Roberta Allen – Plumas County Auditor

X FR: Julie Hagwood – Assistant Clerk-Recorder

RE: Establishing a Change Fund for the Clerk-Recorder-Election Office

The Board of Supervisors is authorized to establish a cash/change fund for use by any County Officer for the following purpose(s):

- A change fund for use in making change in carrying out his/her Official County duties (Government Code Section 29325).

The Plumas County Clerk-Recorder-Election Office is a self-funding office that provides customer service to the public. The office provides to the public an opportunity to purchase vital records such as Certified Birth Records, Certified Death Records, Certified Marriage Certificates, photo copy services for land title documents needed for title changes or historical purposes, recording of documents, and election fees for candidate statements etc. Our office also facilitates wedding license applications for parties wishing to be married in California. Our office is also very busy during mining time when gold miners record the annual documents they are required to and many utilize cash. We do accept checks and credit cards, but many smaller transactions like photo copies, customers do not wish to use a credit/debit card due to the service charge derived by the GovPay Credit Card module.

Many of these transactions are performed daily as cash transactions that often require change due to the customer. At present, the staff does not have a mechanism to make change for the customer and must go to the second floor of the Courthouse to the Tax Collector-Treasurer's Office to obtain the breakdown of the cash given by the customer in order to complete the transaction. This will make the customer wait for the staff member to come back down stairs to give the customer their change and often leaves the office understaffed during this time and is not a favorable way to provide the important customer service our public deserves.

Such funds may be established by a Board adopted resolution. (Government Code Section 29321) which sets forth:

- The necessity or justification for the fund.
- Identification of the County Officer for which the fund is available.
- The fund amount.
- The County Officer for whom the fund was established is personally liable for any losses which may occur, unless relieved from accountability by the Board of Supervisors.

The Clerk-Recorder-Election Office does have a daily deposit procedure for all transactions performed daily and is audited by a supervising employee and the Auditor's office and secures the cash and checks nightly along with all receipts.

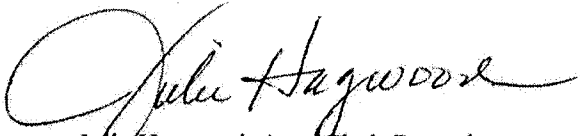
The Clerk-Recorder-Election Office is requesting the Auditor/Controller to review this request to determine if the fund is justified. If justified the Auditor/Controller shall draft an implementing resolution and submit it to the Clerk of the Board for inclusion in the next available agenda of the Board of Supervisors and if upon approval and adoption, we request the Auditor/Controller to issue a County warrant for the approved amount to the County Officer named in the resolution.

If the Auditor/Controller finds such request as unjustified, the Auditor/Controller shall return the letter to requesting officer with an explanation of the reason(s) for disapproval.

The Clerk-Recorder-Election Office is requesting a warrant if justified in the amount of **\$100.00** be issued to **Kathy Williams, Plumas County Clerk-Recorder-Registrar of Voters** for the purpose of establishing a Cash Fund.

Department Fund will be: 20460

Thank you for your consideration of this matter and if we can provide any further information we would be happy to do so.



Julie Hagwood, Asst. Clerk-Recorder
Plumas County
520 Main Street, Room 102
Quincy CA 95971
530-283-6252



Plumas County
Business and Career Network
7 Quincy Junction Road
Quincy, CA 95971
Main: (530) 283-1606
Fax: (530) 283-1606

2

Discussion Paper:

Briefing on the Alliance for Workforce Development, Inc. operations in Plumas County

1. Purpose: It is with pleasure that I take this opportunity to update you on the activities at the Plumas County Employment Center, your local America's Job Center of California (AJCC). Our mission is to serve as a common point of access for job seekers, employers and community members for the purpose of education, training, employment, referral and other supportive services. AFWD delivers federal and state Workforce Innovation and Opportunity Act (WIOA) programs for Adults, Dislocated Workers and Youth of Plumas County.

2. Discussion: AFWD is one of four service providers for the Northern Rural Training and Employment Consortium (NoRTEC) providing various workforce development programs in six of NoRTEC's 11 counties, Butte, Lassen, Modoc, Nevada, Plumas and Sierra counties. Supervisor Thrall represents Plumas County on the NoRTEC Governing Board. AFWD's purpose is to create an atmosphere for both the job seeker and the employer – A place where they can succeed in all endeavors by using the services available to them. We continue to put an emphasis on our "business first" philosophy, as embraced by NoRTEC and also by the new legislation, which increases the focus on business outreach and requiring that businesses be in the forefront of our service delivery models.

In July 2018 NoRTEC launched NoRTEC Jobs which a valuable search engine for jobs in our local communities. This site provides easy access to employer's job positions in a user friendly program. Staff continue to work with job seekers and local businesses to ensure that employers find the most qualified individuals for the job and our job seeking customers obtain sustainable work. Successful AJCC's recognize the value of partnerships with other service agencies, job seekers, employers, and the community they serve. All efforts are tied to enhancing the workforce development, economic vitality, and a *stable and prosperous business community* throughout Plumas County.

- Plumas County's unemployment rate for December of 2018 stood at 8.7%. This is 1/10th a percent lower than this time last year, when Plumas County's unemployment rate stood at 8.8%. Note that due to the Employment Development Departments 2018 Benchmarking process, the January 2019 estimates will not be released until March 8, 2019.
- Customers July 1, 2018– December 31, 2018: A total of 1,636 visits took place by individuals utilizing the many services available through the Plumas Business and Career Network.

- Business Services: We provided 108 businesses with a range of services including, business retention, expansion, recruitment, job postings, labor market information, human resource support, layoff assistance and access to interviewing and meeting space. A total of 653 services were provided to these businesses, indicating that multiple contacts/services are being provided to these employers. Four businesses have participated in AFWD's On-the-Job training program with over \$21,000 in reimbursements to date. This demonstrates that AFWD is succeeding in what WIOA envisioned, which is the development of long-term relationships with our local employers in order to better understand their needs.

3. Program Highlights:

Training-Classroom and Internships: AFWD staff through various client assessments, and client career explorations customize classroom and internships. For reporting period of July 1, 2018-December 31, 2018 a total of 6 clients have participated in these programs resulting in \$31,255 being expended in Plumas County. Career placements included positions such as HVAC Technician, Sheet Metal/Metal Fabricator and Maintenance Worker I.

Temporary Job Creation/STORM 2017: Temporary jobs were created for long-term unemployed job seekers in Plumas County to assist with the clean-up and repair efforts from the devastating storms and flooding of winter 2017 for public and non-profit agencies. These workers have been instrumental in the many projects that continue with Caltrans-Quincy and Chester yards.

Camp Fire/Recovery: AFWD staff assisted the Lake Almanor Chamber of Commerce and the American Red Cross with the evacuation shelters in Chester and Quincy. Assistance provided included unemployment insurance application assistance, resume creation, job listings and staffing the shelters.

Conclusion: AFWD is pleased to continue offering Workforce Development services in Plumas County and providing valuable services to both businesses and job seekers. All of our efforts are geared towards creating a solid workforce, economic vitality and a stable and prosperous business community throughout Plumas County. If you have any questions, please feel free to contact me at (530) 283-1606.

For more information about AFWD activities, please visit our website, www.afwd.org and click on CC Reports. Here you will find quarterly reports for each of AFWD's county operations.

Thank you for your time.

Valerie Bourque
Business Service Representative

Board of Supervisors Presentation Plumas and Sierra Counties Community Food Council

The Plumas-Sierra Community Food Council consists of volunteers representing the following agencies: Plumas County Public Health Supplemental Nutrition Assistance Program Education (SNAP-Ed), Plumas Grown Farm Guild, Plumas & Sierra Counties 4-H, Plumas County Agriculture Commission, Sierra Farmstead, California Natural Resources Conservation Service (USDA NRCS), Community Action Agency of Plumas County Community Development Commission, Feather River College Eco Farming Certificate Program, Plumas Charter School, Plumas Unified School District (PUSD), Plumas County Probation, Plumas & Sierra Counties Master Gardeners, as well as citizens interested in food access for all residents in our region.

Mission

- to increase community resiliency by fostering vibrant local agriculture and increasing access to healthy food for everyone in the Plumas-Sierra region.
- to improve community food security through advocacy, policy, and grassroots programs that shape the region's food system and the health of its residents.

The Food Council conducted the Food, Education, Agriculture, Solutions, Together (FEAST) Summit on October 20, 2017 and settled on 3 goals for the next 3 years:

1. Increase Food Access for all Plumas and Sierra Counties residents
2. Increase collaboration of ranchers and farmers in Plumas and Sierra Counties
3. Develop Community Gardens for families in Plumas and Sierra Counties

2017-2019 Outcomes

- Updated Plumas Rural Services Resource Guide "Food Access List"
- Invited Plumas Grown Farm Guild to join Food Council
- Facilitating activities to develop Community Garden in Quincy

Plumas Unified School District

- With the help of a USDA Farm to School Planning Grant, (PUSD) approved a 5 Year Sustainable Plan for Elementary School Gardens on November 9, 2016. This will sustain school gardens in all four PUSD elementary schools.
- The PUSD Food Services Program has increased purchase of locally grown meats and produce from 2% of total cafeteria budget (2016) to 12% (2018). The Five-Year Plan has a goal of 25% by 2020.
- PUSD provides free meals to all students regardless of income as of August 2018.
- Nutrition Education under the PUSD Wellness policy will be adopting standards to provide healthy food choices in the cafeteria, snack time and in vending machines. Research supports the fact that healthier diets contribute to better student learning. The SNAP-Ed Program has provided the School Garden Managers with Nutrition Curriculum taught through garden activities.
- The Adult Education Consortium (FRC + PUSD) is developing their 3 Year plan and has indicated that they will provide support for the Community Garden in Quincy

Community Action Agency of Plumas County Community Development Commission

The Lost Sierra Community Food Project will have the use of two-and-one-half acres in Quincy where there will be a production farm of approximately two acres and a community garden of approximately one half acre. The community garden will be available for those people in the community who have an interest in growing food for their families. There will be no charge for the use of the community garden.

However, those persons who have an interest in learning more about growing food, may be available to learn more about crop production in the production farm.

The goal of the production garden is to grow fresh produce for local food banks because the food banks do not have regular deliveries of fresh produce or when they do receive fresh produce, they may receive four or five hundred pounds of one particular item such as lettuce or onions, but not a regular variety of produce that can be used to create healthy meals. It is anticipated that approximately one half of the produce grown will be designated for the food banks and the other half will be sold to the school district and will be sold at farmers markets with the intention of generating income to help to make the program self-sustaining.

The project is a collaboration with the Feather River College Eco Farming Certificate program which Community Action assists by helping to fund the college outreach program for the Eco Farming Certificate program. The FRC program instructor is involved in overseeing the community garden and to a lesser degree, the production farm.

In addition to the growing of healthy fresh produce, the program is designed to teach farming practice to young people who have an interest in learning how to grow produce or to utilize that knowledge in other ways such as working in a produce department of a grocery store or in wholesale produce. This can be accomplished by the participation in the college Eco Farming Certificate program, or through adult education and working in the production farm with the U C Master Gardener Certificate Program.



Feather River College Ecological Farming Certificate

March 5, 2019

Courses (10 units required + 4-5 electives)

Spring

ENVR 130 Intro to Sustainable Food Systems (2 credits, full semester)

ENVR 134 Season Extension Structures (1 credit, Saturday mornings in April/May)

ENVR 210 Intro to Soil Science (3 credits, full semester with lab)

BUS 116 Business Communication (3 credits, full semester)

Summer

ENVR 132 High Altitude Crop Production, Early Season (2 credits, T/Th eves & Saturdays)

ENVR 133 Ecological Pest Management (1 credit, Wednesday eves)

ENVR 136 Animal Husbandry on the Small Farm (1 credit, one intensive weekend)

Fall

ENVR 131 High Altitude Crop Production, Late Season (2 credits, T/Th eves & Saturdays)

ENVR 135 Small Farm Tools & Infrastructure (1 credit, one intensive weekend)

ENVR 137 Fruit Tree & Berry Production (1 credit, one intensive weekend)

AGMA 160 Intro to Mechanized Agriculture (3 credits, full semester with lab)

BUS 130 Small Business Management (3 credits, full semester course)

BUS 171 Project Based Learning offered every semester

Instructors

Jessie Mazar, lead instructor

M.S. in Food Systems, University of Vermont

Taught college program in 2018 called "Rethinking Food Security: Agriculture, People, and Politics" in Tanzania, India, Italy, Ecuador, and Malawi.

Eco Farm Cert Courses: 130, 131, 132, 133, 134, 136, 137

Ann Bullard, co-owner of Follow Your Heart Farm, where many of the certificate courses are taught

Her first life as a land surveyor and real property paralegal makes her all the more content as a farmer.

Eco Farm Cert Courses: 135

Rick Leonhardt, Professor of Business at FRC

Rick is a third-generation cattle rancher and operates his own grass-finished beef business in the American Valley.

Eco Farm Cert Courses: BUS 116, 130



What students are saying...

"Being able to provide healthy and wholesome meals for my family with heartfelt effort and dedication from our own garden is a tremendous motivation of mine."

"I am very excited about this class. It is like it was made for me."

"I'm so excited to begin this learning journey with Professor Mazar and fellow students!"

"I secretly dream of becoming a real farmer...I also plan to pass this knowledge on to my kids, who will hopefully continue to pass it on to future generations."

"I am community minded and have a need to be personally responsible or connected to what I wear and eat."

"I am excited to learn farming/gardening techniques that are applicable to this region, including dealing with the cold nights."

"We want to raise fresh vegetables for ourselves and for the schools the food bank during winter."

More info: www.frc.edu/envr



Facebook: Feather River College
Environmental Studies Dept.



Instagram: @envrstudies



PLUMAS GROWN FARM CRAWL HISTORY

The goals of the Farm Crawl are introducing people to local producers in Plumas County along with educating folks about where their local produce comes from. We want to inspire and encourage folks to help with their sustainability by growing some of their own food. We also look at this venue as a way to encourage outside folks to visit and spend time and money in our beautiful county.

The first Farm Crawl happened on Saturday, August 6, 2016. There were four participants stretching from Quincy to Indian Falls: Five Foot Farm, Shoofly Farm, Sundberg Growers, and the Diggin In Program at Quincy Elementary School. There were visitors from Santa Cruz who visited specifically to attend the farm crawl.

The second Farm Crawl happened on Saturday, August 5, 2017. There were six scheduled participants stretching from Cromberg to Indian Falls. The Diggin In Program at Quincy Elementary School could not participate due to air quality and the fact that they were being utilized as a staging area for emergency service vehicles during the Minerva Fire. The participants were: FullHat Farm, Cedar Hill Farm, Follow Your Heart Farm, Five Foot Farm, and Shoofly Farm. A couple from Nevada spent their honeymoon in Quincy with the intent of attending the farm crawl!

The third Farm Crawl happened on Saturday, August 4, 2018. There were nine participating sites stretching from Meadow Valley through Quincy to Indian Falls and reaching all the way to Greenville! The sites were Greenville High School, Shoofly Farm, George's Infinity Gardens, Follow Your Heart Farm, Kinne Family Farm, Five Foot Farm, FullHat Farm, Let It Grow Gardens, and SnowSki Gardens. Follow Your Heart Farm and FullHat Farm reported over 100 visitors!

This will be an annual event falling on the first Saturday in August. We hope to continue to grow to the point where it will become a two-day event. Save the date for 2019, Saturday, August 3rd. Times and locations to be announced.

6

WALKER RANCH COMMUNITY SERVICES DISTRICT
c/o PLUMAS COUNTY ENGINEERING DEPARTMENT
555 WEST MAIN STREET • QUINCY, CA 95971 • (530) 283-6268 • FAX (530) 283-6135
Robert A. Perreault, Jr., P.E. *County Engineer and Manager, WRCSD*

AGENDA REQUEST

for the March 5, 2019 meeting of the Plumas County Board of Supervisors

Date: February 25, 2019

To: Honorable Governing Board

From: Robert Perreault, Manager, WRCSD



Subject: Request for Refund of \$3,000 Connection Fee Pertaining to APN 103-160-010, located on 199 Flint Way within the Walker Ranch CSD; discussion and consider approval.

BACKGROUND:

A property owner, within the district of the CSD has requested a refund of his previously paid Connection Fee.

The property is located at 199 Flint Way in the Bailey Creek Subdivision. The owner paid a \$3,000 Connection Fee on October 10, 2018. The connection fee was paid pursuant to Walker Ranch CSD Resolution 97-6084. Payment is required prior to connection to the potable water and sewer system. The WRCSD Operator has confirmed the property owner has not started construction and no connections to sewer or potable water system have been made.

The property owner, Mr. Gerald Gasperetti, submitted a written request, dated February 6, 2019, that the \$3,000 connection fee be refunded due to stated reason of not being able to move to California.

Current WRCSD staff is not aware of any instance of refunding such connection fees since the creation of the Subdivision and CSD.

RECOMMENDATION:

The Manager of the Walker Ranch Community Services District respectfully recommends that the WRCSD Governing Board authorize the WRCSD Manager to refund the previously paid \$3,000 connection fee to Gerald Gasperetti.

Attachment: Letter of Request for Connection Fee Reimbursement

RE: 199 FLINT WAY
APN 103-160-010

February 6, 2019

Mr. Rob Thorman
Walker Ranch Governing Board

I would like to request a refund of the \$3000 fee I paid to Walker Ranch for service on the lot I own in Bailey Creek.

I will not be able to move to California and build as I had previously planned.

Thank you very much,

Gerald Gasperetti
800 Vineyard Way
Poinciana, FL. 34759
Ph: 407-780-3663



OFFICE OF THE DISTRICT ATTORNEY

David Hollister, District Attorney

520 Main Street, Room 404 · Quincy, California 95971

(530) 283-6303 · Fax (530) 283-6340

Date: February 13, 2019
To: The Honorable Board of Supervisors
From: David Hollister, District Attorney
Subject: AGENDA ITEM FOR BOARD OF SUPERVISORS MEETING OF MARCH 5, 2019.
RE: AUTHORIZATION TO FILL 1.0 FTE FUNDED AND ALLOCATED LEGAL SERVICES ASSISTANT.

Recommendation:

Authorize the District Attorney to recruit and hire the funded and allocated 1.0 FTE Legal Services Assistant I/II to replace an employee who resigned.

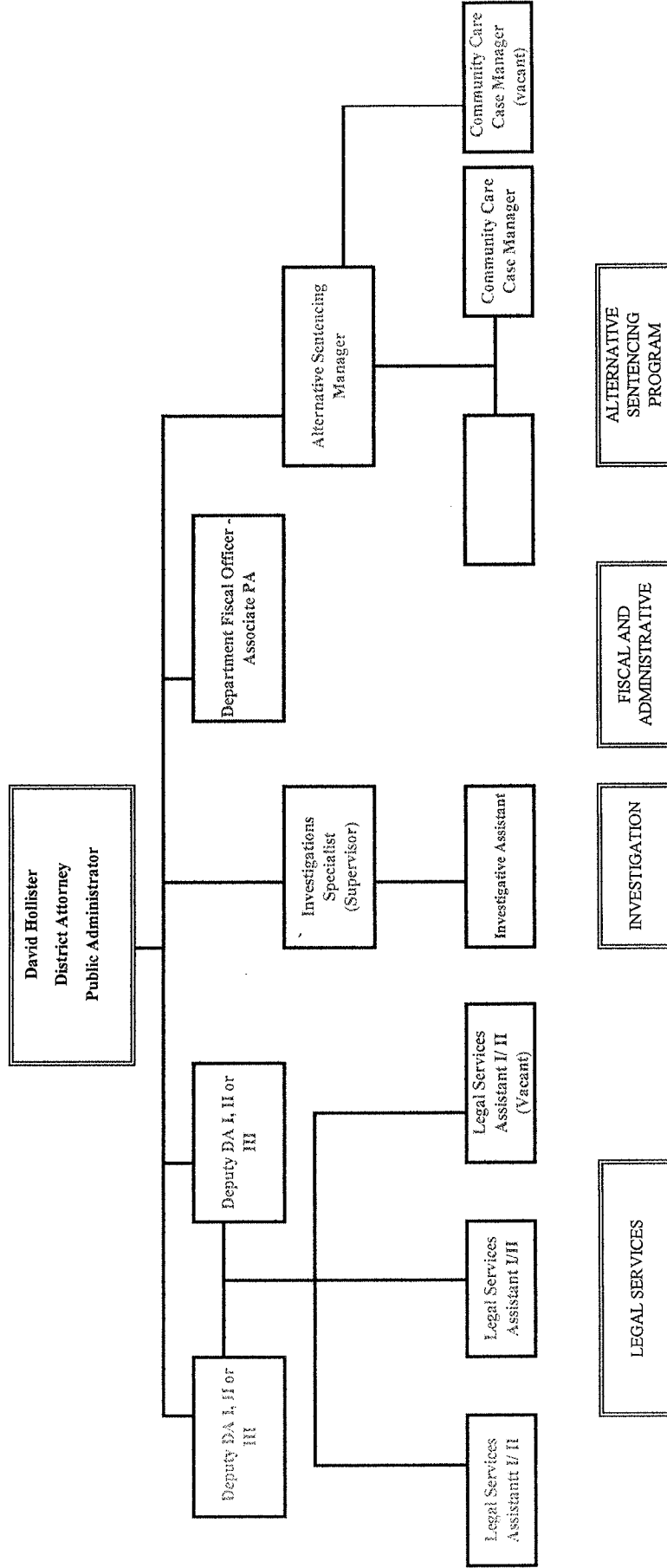
Background and Discussion

On February 13, 2019, one of our crucial front office staff resigned creating a vacancy for a Legal Services Assistant.

This position provides administrative support to the Deputy District Attorney and District Attorney. The position is allocated for 1.0 FTE in Fiscal Year 2018/2019.

I am requesting that the Board authorize Human Resources to recruit and fill the vacant 1.0 FTE allocated and funded Legal Assistant position.

Plumas County District Attorney's Office Organizational Chart 2018-19





OFFICE OF THE DISTRICT ATTORNEY

David Hollister, District Attorney
520 Main Street, Room 404 · Quincy, California 95971
(530) 283-6303 · Fax (530) 283-6340

7A2

Date: February 13, 2019
To: The Honorable Board of Supervisors
From: David Hollister, District Attorney
Agenda: Agenda Item for Board of Supervisors Meeting of March 5, 2019

Recommendation:

- A. Approve Supplemental Budget in the amount of \$7,974.70 for budget unit 70307 Alternative Sentencing Program (ASP), resulting from Medical Administrative Activities (MAA).

Background and Discussion

The Alternative Sentencing Program has been performing activities that qualify for reimbursement from MAA funds since FY 2016-17. As a result, ASP is receiving MAA funds from the Public Health Department in the amount of \$7,975.70. The Department will be using this unanticipated money to attend trainings.

A copy of the Supplemental Budget with line item detail is attached for your review.

COUNTY OF PLUMAS
R BUDGET APPROPRIATION T
OR SUPPLEMENTAL BUDGET

TRANSFER NUMBER
(Auditor's Use Only)

Dept. District Attorney - Alternative Sentencing

1. The reason for this request is (check one):

- | | | | |
|----|-------------------------------------|--------------------------------------------------------------|---------|
| A. | <input type="checkbox"/> | Transfer to/from Contingencies OR between Departments | Board |
| B. | <input checked="" type="checkbox"/> | Supplemental Budgets (including budget reductions) | Board |
| C. | <input type="checkbox"/> | Transfers to/from or new Fixed Asset, within or from a 51XXX | Board |
| D. | <input type="checkbox"/> | Transfer within Department, except fixed assets | Auditor |
| E. | <input type="checkbox"/> | Establish any new account except fixed assets | Auditor |

TRANSFER FROM OR	X	SUPPLEMENTAL REVENUE ACCOUNTS
-------------------------	----------	--------------------------------------

(CHECK "TRANSFER FROM: IF TRANSFER WITHING EXISTING BUDGET, CHECK "SUPPLEMENTAL REVENUE" IF SUPPLEMENTAL, (NEW UNBUDGETED REVENUE)

<u>FUND #</u>	<u>DEPT. #</u>	<u>ACCT. #</u>	<u>ACCOUNT NAME</u>	<u>\$ AMOUNT</u>
0001D	70307	46070 48001	Contributions from other agency	7,974.70
TOTAL:				7,974.70

TRANSFER TO:

<u>FUND #</u>	<u>DEPT. #</u>	<u>ACCT. #</u>	<u>ACCOUNT NAME</u>	<u>\$ AMOUNT</u>
0001D	70307	527500	Travel	7,974.70
TOTAL:				7,974.70

Supplemental budget requests require Auditor/Controller's Signature

Please provide copy of grant award, terms of award, proof of receipt of additional revenue, and/or backup to support this request.

In the space below, state (a) reason for request (b) reason why there are sufficient balances in affected account to finance transfer (c) why transfer cannot be delayed until next budget year (attach memo if more space is needed) or (d) reason for the receipt of more or less revenue than budgeted.

- A) Supplemental Budget for unanticipated Revenue
- B) N/A
- C) N/A
- D) MAA funding was not finalized until after the Budget Hearings

Approved by Signing Authority:

Sh. 2400

2/13/2019

☒ / Approved/Recommended ☐ / Disapproved/Not Recommended

County Administrative Officer:

Auditor

Signature

Board Approval Date: _____ Agenda Item No. _____

Clerk of the Board signature _____

Date Entered by Auditor Controller _____ Initials _____

Original and 1 copy of ALL transfers go to Auditor/Controller; If supplemental request they must go to the Auditor/Controller. Original will be kept by Auditor, copies returned to Department after it is entered into the system.

Supplemental transfer must have Auditor/Controller's signature. Auditor/Controller will forward all signed, supplemental transfers to the Board for approval.

If one copy of agenda request and 13 copies of Board memo and backup are attached, the entire packet will be forwarded, after all signatures are obtained, to the Clerk of the Board. If only the budget form is sent it will be returned to the Department after all signatures are obtained.

Transfers that are going to be submitted to the Board for approval:

- A. Must be signed by the Auditor/Controller; if supplemental must be signed by the Auditor.



GREGORY J. HAGWOOD
SHERIFF/CORONER
DIRECTOR


Office of the Sheriff

Office of Emergency Services

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

7B

Memorandum

DATE: February 19, 2019
TO: Honorable Board of Supervisors
FROM: Sheriff Greg Hagwood 
RE: Agenda Item for the meeting of March 5, 2019

RECOMMENDATION:

Approve supplemental expenditure budget for Fund 0096J – Dept 20141 in the amount of \$500,000.00.

BACKGROUND & DISCUSSION:

The Sheriff's Office was awarded a Jail Construction Grant under SB844 in the amount of \$25 million. The county has set up fund 0096J to track the matching funds required to be expended on the project.

A supplemental budget to increase the amount available to expend is needed at this time to continue paying expenditures incurred regarding the construction of the new Plumas County Public Safety & Rehabilitation Center.

The funds are available in the 0096J fund balance and will be expended in dept 20141.

**COUNTY OF PLUMAS
REQUEST FOR BUDGET APPROPRIATION TRANSFER
OR SUPPLEMENTAL BUDGET**

TRANSFER NUMBER
(Auditor's Use Only)

Department: JAIL CONSTRUCTION MATCH Dept. No: 20141 Date 2/19/2019

The reason for this request is (check one):

			Approval Required
A.	<input type="checkbox"/>	Transfer to/from Contingencies OR between Departments	Board
B.	<input checked="" type="checkbox"/>	Supplemental Budgets (including budget reductions)	Board
C.	<input type="checkbox"/>	Transfers to/from or new Fixed Asset, within a 51XXX	Board
D.	<input type="checkbox"/>	Transfer within Department, except fixed assets	Auditor
E.	<input type="checkbox"/>	Establish any new account except fixed assets	Auditor

☐ **TRANSFER FROM OR** ☒ **SUPPLEMENTAL REVENUE ACCOUNTS**

(CHECK "TRANSFER FROM" IF TRANSFER WITHIN EXISTING BUDGET, CHECK "SUPPLEMENTAL REVENUE" IF SUPPLEMENTAL, NEW UNBUDGETED REVENUE)

Fund #	Dept #	Acct #	Account Name	\$ Amount
0096J			USE OF FUND BALANCE	
Total (must equal transfer to total)				

☐ **TRANSFER TO OR** ☒ **SUPPLEMENTAL EXPENDITURE ACCOUNTS**

(CHECK "TRANSFER TO" IF TRANSFER WITHIN EXISTING BUDGET, CHECK "SUPPLEMENTAL EXPENDITURE" IF SUPPLEMENTAL, NEW UNBUDGETED EXPENSE)

Fund #	Dept #	Acct #	Account Name	\$ Amount
0096J	20141	521900	PROFESSIONAL SERVICES	500,000.00
Total (must equal transfer to total)				500,000.00

Supplemental budget requests require Auditor/Controller's signature

Please provide copy of grant award, terms of award, proof of receipt of additional revenue, and/or backup to support this request.

In the space below, state (a) reason for request, (b) reason why there are sufficient balances in affected accounts to finance transfer, (c) why transfer cannot be delayed until next budget year (attach memo if more space is needed) or (d) reason for the receipt of more or less revenue than budgeted.

A) SUPPLEMENTAL BUDGET FOR MATCHING FUNDS EXPENDED ON JAIL CONSTRUCTION PROJECT

B) FUNDS DESIGNATED FOR JAIL CONSTRUCTION PROJECT

C) EXPENSES TO BE INCURRED THIS FISCAL YEAR

D) N/A

Approved by Department Signing Authority:

Ron Jowery

☐ Approved/ Recommended

☐ Disapproved/ Not recommended

Auditor/Controller Signature: _____

Board Approval Date: _____ Agenda Item No. _____

Clerk of the Board Signature: _____

Date Entered by Auditor/Controller: _____ Initials _____

INSTRUCTIONS:

Original and 1 copy of ALL budget transfers go to Auditor/Controller. If supplemental request they must go to the Auditor/Controller. Original will be kept by Auditor, copies returned to Department after it is entered into the system.

Supplemental transfer must have Auditor/Controller's signature. Auditor/Controller will forward all signed, supplemental transfers to the Board for approval.

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Transfers that are going to be submitted to the Board for approval:

- A. Must be signed by the Auditor/Controller; if supplemental must be signed by the Auditor/Controller.

7c

PLUMAS COUNTY CLERK~RECORDER

Recorder Division (530) 283-6218
Elections Division (530) 283-6256



520 Main Street, Room 102, Courthouse
Quincy, CA 95971 Fax: (530) 283-6155

DATE: February 21, 2019
TO: Honorable Board of Supervisors, Plumas County
CC: Gabriel Hydrick, County Administrator
FROM: Kathy Williams, Plumas County Clerk-Recorder
SUBJECT: Operational Funds to Conduct Special Senate
District 1 Election

Kathy

Kathy Williams
Clerk – Recorder
Registrar of Voters
kathywilliams@countyofplumas.com

Julie Hagwood
Assistant
juliehagwood@countyofplumas.com

It is recommended that the Board approve a transfer of funds to the appropriate line items in the Elections budget to conduct the Special Senate District 1 Election to be held on March 26, 2019.

Background and discussion: Senator Ted Gaines was elected to the State Board of Equalization at the November 6, 2018 General Election, thereby creating a vacancy in that office. The Governor called a special election for March 26, 2019 to fill the vacancy. This will be a countywide election. Costs for the November General election were included in the elections budget and line items were charged accordingly depleting much of the funds. There is a shortage of funding to conduct this election as it was unknown and not included in the budgeting process.

There is the possibility for a second special election requiring funding on June 4, 2019 if one of the five candidates do not receive a majority vote. If a second countywide election is called, another transfer will be needed at that time.

COUNTY OF PLUMAS
REQUEST FOR BUDGET APPROPRIATION TRANSFER
OR SUPPLEMENTAL BUDGET

TRANSFER NUMBER
(Auditor's Use Only)

Department: ELECTIONS Dept. No: 20100 Date 02/21/19

The reason for this request is (check one):

Approval Required

- | | | | |
|----|-------------------------------------|-------------------------------------------------------|---------|
| A. | <input checked="" type="checkbox"/> | Transfer to/from Contingencies OR between Departments | Board |
| B. | <input type="checkbox"/> | Supplemental Budgets (including budget reductions) | Board |
| C. | <input type="checkbox"/> | Transfers to/from or new Fixed Asset, within a 51XXX | Board |
| D. | <input type="checkbox"/> | Transfer within Department, except fixed assets | Auditor |
| E. | <input type="checkbox"/> | Establish any new account except fixed assets | Auditor |

☐ **TRANSFER FROM OR**

☒ **SUPPLEMENTAL REVENUE ACCOUNTS**

(CHECK "TRANSFER FROM" IF TRANSFER WITHIN EXISTING BUDGET, CHECK "SUPPLEMENTAL REVENUE" IF SUPPLEMENTAL, NEW UNBUDGETED REVENUE)

Fund #	Dept #	Acct #	Account Name	\$ Amount
0001			General Fund Contingencies	400 \$59,788.04
Total (must equal transfer to total)				400 \$59,788.04

☐ **TRANSFER TO OR**

☒ **SUPPLEMENTAL EXPENDITURE ACCOUNTS**

(CHECK "TRANSFER TO" IF TRANSFER WITHIN EXISTING BUDGET, CHECK "SUPPLEMENTAL EXPENDITURE" IF SUPPLEMENTAL, NEW UNBUDGETED EXPENSE)

Fund #	Dept #	Acct #	Account Name	\$ Amount
0001	20100	51020	Election Other Wages	\$4,147.50
0001	20100	51060	Overtime Pay	\$1,054.05
0001	20100	520210	Postage	\$18,098.63
0001	20100	520233	Printing Srv/Charges	\$34,720.79 332.75
0001	20100	524007	Election Cost Other	\$1,767.07
Total (must equal transfer to total)				400 \$59,788.04

Supplemental budget requests require Auditor/Controller's signature

Please provide copy of grant award, terms of award, proof of receipt of additional revenue, and/or backup to support this request.

In the space below, state (a) reason for request, (b) reason why there are sufficient balances in affected accounts to finance transfer, (c) why transfer cannot be delayed until next budget year (attach memo if more space is needed) or (d) reason for the receipt of more or less revenue than budgeted.

A) To cover shortfall of operating funds to conduct 1 or 2 special Senate District 1 Elections

B) _____

C) _____

D) _____

Approved by Department Signing Authority:

Kathleen Williams

☒ Approved/ Recommended

☐ Disapproved/ Not recommended

Auditor/Controller Signature:

[Signature]

Board Approval Date: _____

Agenda Item No. _____

Clerk of the Board Signature: _____

Date Entered by Auditor/Controller: _____

Initials _____

INSTRUCTIONS:

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SPI - FINANCEPLUS
DATE: 02/21/19
TIME: 10:52:14

PLUMAS COUNTY
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTA21

SELECTION CRITERIA: expldgr.key_orgn='20100'
ACCOUNTING PERIOD: 8/19

SORTED BY: FUND,DEPT/FUND,1ST SUBTOTAL,ACCOUNT
TOTALLED ON: FUND,DEPT/FUND,1ST SUBTOTAL
PAGE BREAKS ON: FUND,DEPT/FUND

FUND - 0001 - GENERAL

	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
0001-1-13-20100 51000 ELECTIONS REGULAR WAGES	142,337.89	5,479.26	.00	82,709.54	59,628.35
0001-1-13-20100 51020 ELECTIONS OTHER WAGES	4,500.00	.00	.00	4,147.50	352.50
0001-1-13-20100 51060 ELECTIONS OVERTIME PAY	2,500.00	.00	.00	1,054.05	1,445.95
0001-1-13-20100 51070 ELECTIONS UNEMPLOYMENT INSURAN	175.00	.00	.00	87.50	87.50
0001-1-13-20100 51080 ELECTIONS RETIREMENT	34,024.09	535.31	.00	8,124.63	25,899.46
0001-1-13-20100 51081 ELECTIONS OPEB LIABILITY	3,506.00	.00	.00	1,753.00	1,753.00
0001-1-13-20100 51090 ELECTIONS GROUP INSURANCE	37,046.04	1,988.26	.00	26,523.04	10,523.04
0001-1-13-20100 51100 ELECTIONS FICA/MEDICARE OASDI	11,424.35	428.13	.00	6,633.64	4,790.71
0001-1-13-20100 51110 ELECTIONS COMPENSATION INSURAN	2,909.00	.00	.00	1,454.50	1,454.50
0001-1-13-20100 51150 ELECTIONS LIFE INSURANCE	149.73	6.24	.00	93.60	56.13
TOTAL 1ST SUBTOTAL - SALARIES & BENEFITS	238,572.10	8,437.20	.00	132,580.96	105,991.14

0001-1-13-20100 520201 ELECTIONS PHONE - LAND LINE (1,500.00	.00	.00	885.16	614.84
0001-1-13-20100 520210 ELECTIONS POSTAGE/SHIP. MAIL	21,000.00	392.85	.00	18,098.63	2,901.37
0001-1-13-20100 520220 ELECTIONS PAPER/PAPER SUPPLIE	.00	.00	.00	.00	.00
0001-1-13-20100 520221 ELECTIONS ENVELOPES	10,000.00	.00	.00	.00	10,000.00
0001-1-13-20100 520225 ELECTIONS PO BOX RENT/ANNUAL	1,000.00	.00	.00	.00	1,000.00
0001-1-13-20100 520227 ELECTIONS FOLDERS/FILES/BINDE	.00	.00	.00	.00	.00
0001-1-13-20100 520230 ELECTIONS COPY CHARGES	.00	.00	.00	.00	.00
0001-1-13-20100 520233 ELECTIONS PRINTING SVC/CHRG	35,000.00	.00	.00	34,720.79	279.21
0001-1-13-20100 520234 ELECTIONS PRINTER SUPPLIES	.00	.00	.00	.00	.00
0001-1-13-20100 520250 ELECTIONS COPY MACHINE LEASE	1,500.00	.00	.00	456.35	1,043.65
0001-1-13-20100 520900 ELECTIONS EQUIPMENT MAINTENAN	7,500.00	.00	.00	3,361.06	4,138.94
0001-1-13-20100 520907 ELECTIONS EQUIP. MAINT. CONTRA	.00	.00	.00	.00	.00
0001-1-13-20100 521103 ELECTIONS BATTERIES	.00	.00	.00	.00	.00
0001-1-13-20100 521600 ELECTIONS MEMBERSHIPS/ANNUAL	1,000.00	.00	.00	225.00	775.00
0001-1-13-20100 521750 ELECTIONS FITNESS & WELLNESS	.00	.00	.00	.00	.00
0001-1-13-20100 521800 ELECTIONS OFFICE EXP	3,000.00	.00	.00	689.33	2,310.67
0001-1-13-20100 521847 ELECTIONS BACK UP MEDIA/COMP	.00	.00	.00	.00	.00
0001-1-13-20100 521896 ELECTIONS STORAGE BOXES/SUPPL	.00	.00	.00	.00	.00
0001-1-13-20100 521900 ELECTIONS PROFESSIONAL SVC	1,000.00	.00	.00	.00	1,000.00
0001-1-13-20100 524007 ELECTIONS ELECTION COSTS-OTHE	7,000.00	278.60	.00	1,767.07	5,232.93
0001-1-13-20100 524012 ELECTIONS ELECTION DATA BASE	.00	.00	.00	.00	.00
0001-1-13-20100 524200 ELECTIONS RENTS/LEASES STRUCT	.00	.00	.00	.00	.00
0001-1-13-20100 525000 ELECTIONS OVERHEAD	.00	.00	.00	.00	.00
0001-1-13-20100 525119 ELECTIONS LIABILITY SELF-FND	962.00	.00	.00	481.00	481.00
0001-1-13-20100 527400 ELECTIONS TRAVEL- IN COUNTY	250.00	.00	.00	.00	250.00
0001-1-13-20100 527500 ELECTIONS TRAVEL- OUT OF COUN	4,000.00	.00	.00	619.62	3,380.38
TOTAL 1ST SUBTOTAL - SERVICES & SUPPLIES	94,712.00	671.45	.00	61,304.01	33,407.99

TOTAL DEPT/FUND - ELECTIONS

TOTAL FUND - GENERAL

139,399.13

139,399.13

400-
\$59,988.04

SPI - FINANCEPLUS
DATE: 02/21/19
TIME: 10:52:14

SELECTION CRITERIA: expledgr.key_orgn='20100'
ACCOUNTING PERIOD: 8/19

SORTED BY: FUND,DEPT/FUND,1ST SUBTOTAL,ACCOUNT
TOTALLED ON: FUND,DEPT/FUND,1ST SUBTOTAL
PAGE BREAKS ON: FUND,DEPT/FUND

FUND - 0001 - GENERAL

TOTAL REPORT

PLUMAS COUNTY
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 2
EXPSTA21

BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
333,284.10	9,108.65	.00	193,884.97	139,399.13

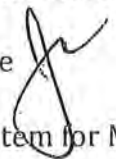


Plumas County Environmental Health

270 County Hospital Road, Ste. 127, Quincy CA 95971

Phone: (530) 283-6355 ~ Fax: (530) 283-6241

7D

Date: February 22, 2019
To: Honorable Board of Supervisors
From: Jerry Sipe 
Agenda: Agenda Item for March 5, 2019

Recommendation: Request the Board of Supervisors Send a Letter Supporting Assembly Bill 402

Background and Discussion: Assembly Bill 402 (AB 402) pertains to sustainable funding for the local oversight of public drinking water systems. Environmental Health is designated as a Local Primacy Agency (LPA), and we are responsible for carrying out this regulatory oversight program for small public drinking water systems. Because safe drinking water oversight costs exceed the amount of fees that can be collected from small water systems, in 2013 the state Division of Drinking Water provided LPA Counties with one-time funding to help offset those costs. But this funding will be exhausted at the end of next fiscal year.

AB 402 would offer an option for LPA counties to participate in a sustainable, statewide funding stabilization program. The program would pool water system oversight fees from large and small systems statewide, which results in greatly subsidized fees for small community systems. Program funding would then be provided to the LPA according to an annual work plan. Any locally imposed enforcement penalties or fines would be remitted to the state, and counties could not charge fees in addition to the annual state charge.

Without AB 402, Environmental Health will be faced with some difficult decisions regarding our LPA program: increase fees to cover the costs of the oversight program; support the oversight program with general fund revenue; or, give up local control and let the state Division of Drinking Water administer the oversight program. None of these are attractive options.

The purpose of AB 402 is to continue funding local, effective, and accountable drinking water oversight. For Plumas County, this may be our best opportunity to maintain local control of this regulatory program. At this time, the Board is asked to authorize the Chair to sign a letter supporting AB 402. A draft letter is attached for your review and consideration.

If you have any questions, please do not hesitate to contact me at 283-6367.

Thank you.

Enclosure
C:\Users\jsipe\Documents\Admin\BofS\Legislation

Board of Supervisors Letterhead

DRAFT--February 22, 2019

The Honorable Bill Quirk
20th Assembly District
State Capitol, Room 2163
Sacramento, CA 95814

SUBJECT: Support for AB 402 – Optional LPA Fund Stabilization

Dear Assemblymember Quirk:

Plumas County is pleased to offer its support for your AB 402 which offers a much-needed fund stabilization option for local jurisdictions to implement their Local Primacy Agency (LPA) drinking water oversight programs. AB 402 helps to ensure that all Californians who rely on public drinking water systems – regardless of whether they live in counties whose system oversight is through the state or delegated to the county – can be assured of safe and affordable drinking water.

Specifically, the measure will enable counties who oversee their water system through Local Primacy Agency (LPA) delegation agreements to provide the required level of system oversight as specified by state and federal law with the most efficient use of limited resources. The measure changes the Public Drinking Water Oversight system to provide an opt-in/optional alternative funding mechanism that would accomplish the following:

- Amend the Health and Safety Code to allow the state and LPA counties to enter into agreements for the reimbursement of small public water system oversight costs
- Allow the Division of Drinking Water (DDW) to implement and administer small public water system oversight fees statewide
- Aggregate public water system fees to fund the work of both state and local oversight staff
- Require DDW to develop consistent staffing formulas so the appropriate level of oversight is maintained statewide

Your legislation will secure sustainable funding for the established and highly effective LPA regulatory program. By aggregating public drinking water fees statewide, small community water systems will be able to invest their limited funds into providing safe drinking water to their customers rather than paying expensive regulatory oversight fees. Furthermore, by providing adequate funding, a consistent, high quality regulatory oversight program can be administered statewide.

We thank you for your leadership on this issue and urge the Legislature to enact this optional funding mechanism that will support local control and enhance public health protection.

Sincerely,

Michael Sanchez, Chair
Plumas County Board of Supervisors

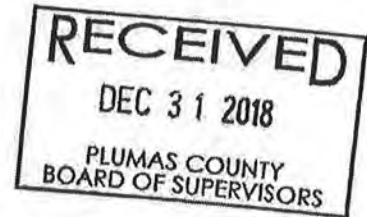
10A 5A

CLAIM AGAINST THE COUNTY OF PLUMAS
(Pursuant to Government Code §910.4)

NOTICE: All claims must be presented to the County of Plumas in accordance with Government Code §915.4. Failure to fully complete this form will result in your claim being returned. Plumas County employees are not allowed to provide legal advice. Attach additional pages if needed.

MAIL TO:

Clerk of the Board
520 Main St, Rm 309
Quincy, CA 95971



CLAIMANT INFORMATION

1. Name of Claimant: Jack Hannaleck
2. Date of Birth: 5/3/54
3. Gender (circle one): ☒ Male ☐ Female
4. Mailing Address of Claimant: Plumas County Jail
50 Abernathy Ln Quincy Ca. 95971
Address City State Zip
5. Mailing Address where notices are to be sent (if different than mailing address of claimant):
N/A
Address City State Zip
6. Telephone Number of Claimant: N/A

INFORMATION ABOUT CLAIM

7. Incident Date: Month 11 Day 8 Year 2018
8. Location of Incident (if applicable, include street address, highway number, post mile number, or direction of travel):
County Jail at 50 Abernathy Ln. Quincy Ca. 95971
9. Explain the circumstances that led to the alleged damage or injury (state all facts that support your claim and why you believe the County is responsible for the alleged damage or injury. If more space is needed, continue on a separate page):
on the above said date 11/8/18 Plumas County Jail PGE shut the power off. Sgt. A. Hermann ordered C/O Wiloughbee to bring a gas powered generator into the men's work area. C/O brought the generator with a light attached and had all the workers go into the small day room and said he was to use the generator for light for 30 minutes or so. I told him before he started it that I had COPD and the carbon
(continued see attached)
10. General description of the specific damage, injury, indebtedness, obligation, or loss incurred so far as it may be known at the time of presenting claim:
affects my COPD to the point it's making me cough a lot I am not able to work my job as it should be done where I take more breaks to rest, I feel more tired and over all labored doing what is required of me and inefficiently. My chest is tight, I have had a heart attack that I take meds for and hep C, kidney problems, sleep Apnea to name a few in
Page 1 of 2 which all of these problems are affected over this.

11. Dollar amount of claim (if less than \$10,000) as of the date of presenting the claim (include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when claim is presented): \$ _____
12. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be limited to civil case: ☒ YES ☐ NO
13. Name(s) of public employee(s) causing the injury, damage or loss, if known:

Sgt. A. Hermann Plumas County Jail

CLAIMS INVOLVING MOTOR VEHICLES

14. Insurance information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier? ☐ YES ☐ NO
15. Name of insurance carrier and telephone number (including area code):

_____	_____		
Name	Telephone Number		

Address	City	State	Zip

16. Policy Number: _____
17. Are you the registered owner: ☐ YES ☐ NO
18. Amount of deductible: \$ _____
19. Make: _____ Model: _____ Year: _____

Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.

Signature of Claimant, or by some person legally authorized to submit this claim on your behalf.

Jack Hannaleck
Signature

Date

Jack Hannaleck
Printed Name of Person Completing Claim

monoxide fumes would be a serious problem to my COPD and it would affect me in a serious way. All 13 men was pleading with the c/o not to start the generator, it even had on the side NOT FOR INSIDE USE but Sgt. A. Hermann ordered the c/o to start it anyway. When it was started the room immediately was filling the room with smoke and carbon Monoxide, I rushed to a door with my shirt over my face trying to get fresh air in which there was very little. I began to have very very labored breathing and shakes to where I was disoriented for approximately 15 minutes. Everyone and myself was pleading to have this generator turned off and to get me out of the room. I was at the point of fainting and gasping for air, and finally with help from another inmate and c/o they got me out of the room completely fill with smoke to another holding cell where I sat on the cement floor real confused and choking, shaking, and disoriented. While I was in the other cell the c/o brought in another man with a towel over his face and gagging and dry heaving. The carbon Monoxide was affecting me and him in a very bad way. After approximately 30 minutes or so the c/o brought me to see the nurse in which she took my vitals and my blood pressure was real high, she also gave my my prescribed inhalers I use 2 times daily sense the beginning of my time about 9 months, it didn't even help me much. They took me back to the holding cell

2022

where they kept me until the Dorm cleared of smoke and fumes and had 2 very large fans on to clear the Dorm. They brought me back to the dorm where I went to my rack feeling ill and still a bit disoriented. I have a nebulizer Machine and medicine I've had the whole time I've been here that before this issue I've used maybe 3 times. It has been almost 2 months and I have had to use it almost daily. I still have labored breathing and I cough alot sense this issue. I believe this is a violation of my 8th Amenment Right of crule and unusual punishment and I would like to file on Sgt. A. Hermann that gave the order to use this gas generator indoors because I still have more issues with my COPD than I already had. I have had a heart attack I take alot of meds for, along with blood thinners, bone disease scaring on lungs from pneumonia, sleep Apnia all are affected by the smoke and Carbon Monoxide from the gas generator.

I have sent in a grievence in which there was nothing done as far as disipline and Sgt. A. Hermann has treated all of us involved in this in my opinion much worse sense the grievence.

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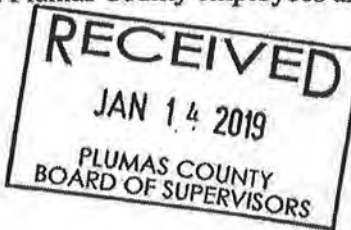
CLAIM AGAINST THE COUNTY OF PLUMAS

(Pursuant to Government Code §910.4)

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MAIL TO:

Clerk of the Board
520 Main St, Rm 309
Quincy, CA 95971



CLAIMANT INFORMATION

1. Name of Claimant: BRON Craghead
2. Date of Birth: 9/30/77
3. Gender (circle one): ☒ Male ☐ Female
4. Mailing Address of Claimant:
50 ABERNATHY LN Quincy CA 95971
Address City State Zip
5. Mailing Address where notices are to be sent (if different than mailing address of claimant):

Address City State Zip
6. Telephone Number of Claimant: _____

INFORMATION ABOUT CLAIM

7. Incident Date: Month 11 Day 8 Year 18
8. Location of Incident (if applicable, include street address, highway number, post mile number, or direction of travel):
Plumas County Jail Correctional Facility

9. Explain the circumstances that led to the alleged damage or injury (state all facts that support your claim and why you believe the County is responsible for the alleged damage or injury. If more space is needed, continue on a separate page):

ON Thursday 11-8-18 at 7pm Plumas County Jail had a power outage. There was a small 1000 watt generator brought in the work for day. Darn were I am housed with 13 other trustee workers inmates. I had been lying in my bed for a while I had 16 teeth pulled. The officer came into the Darn with the generator and told us trustee inmates to get up and come to the small Day Room and sit around this generator with a light on it. See attach page

10. General description of the specific damage, injury, indebtedness, obligation, or loss incurred so far as it may be known at the time of presenting claim:
The care of inmates lives and not caring about inmates Health and
The safe and secure of any harm to inmates
lack of training to keep the inmates life safe
Not

Attached Papper

That is He is going to start up in about 5 min. So I Asked ~~the~~ C/o Wilabe if this was a Joke? Youve got to Be Joking. And I was told Nope. No Joke. I then told Officer Wilabe that You Cant Do this to us. But C/o Wilabe Said He was told By Sgt. ~~Afterman~~ to Start the Generator when the Back up Generator went out. I Told C/o Wilabe please not to do this I'm already light headed do to All my teeth Being Pulled and I've lost a lot of blood and I wasn't filling good. He Blow off what I was Asking. then me and 13 other trustee worker inmates was forst to sit in this small Room as He started up the Generator as it started filling the Room up fast with Carbon-Monoxide. we was saying it says on the side of the generator Not to Operate indoors ^{in Big} letters. Also Blow off what we was saying about that. So the Room filling up with Carbon Monoxide Poisoning. we was All forst to use the shirts off are Backe try to keep from Breathing the Posion. I've known people have died of Carbon Monoxide poisoning. At this point I Began to fear for my life. and we was told By the C/o if we was to try and get away from Breathing this poison that we will Be charged with escape. I didnt know what to do or How lng this was going to go on for. I felt so scared for my life. Not sure

if I was going to make it though this. I sat in a
corner started praying. Thinking about my
wife, my son and then other inmates' lives
As well at that point inmates started
getting sick and getting pulled out of the dorm
being taken to Nurses office. Spurt over my face in the corner
I started getting very Dizzy and Sick
we all started to begin to panicing.
For 13 Men we was scared for
our lives. After that Day Every Day
for a week I Had a Bad Headack Chest Pain
Bad Cough. I have never in my life
been so afraid of losing my life.
My life was flashing before my eyes
as my life sits in these Scurvy SGT./C/O Hands
30 years of working in Construction
know that operating any Gas powered Equipment
in doors could led to death if to Breath
Carbon monoxide for a great amount of time.
I was in fear for my life. I Now feel
we are getting treated bad for saying
any thing about the Night this Happed
As if it was our fault. I'm so very sorry
for what led me Here. But us as inmates
I Believe Have Right. We Have families and
are Humanbeings. No one should Have to Be Treated
this way. Thank you so very much for Your
Time for this Matter.

BRON Creagheat

11. Dollar amount of claim (if less than \$10,000) as of the date of presenting the claim (include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when claim is presented): \$ _____
12. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be limited to civil case: ☐ YES ☒ NO
13. Name(s) of public employee(s) causing the injury, damage or loss, if known:

SGT. A. HERMANN

CLAIMS INVOLVING MOTOR VEHICLES

14. Insurance information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier? ☐ YES ☐ NO
15. Name of insurance carrier and telephone number (including area code):

_____	_____		
Name	Telephone Number		

Address	City	State	Zip

16. Policy Number: _____
17. Are you the registered owner: ☐ YES ☐ NO
18. Amount of deductible: \$ _____
19. Make: _____ Model: _____ Year: _____

Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.

Signature of Claimant, or by some person legally authorized to submit this claim on your behalf.

Brian Craghead
Signature

1-8-19
Date

Printed Name of Person Completing Claim

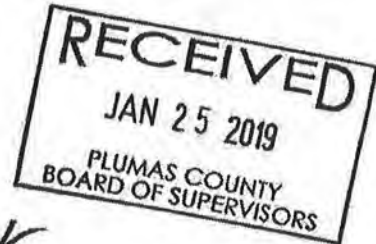
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MAIL TO:

Clerk of the Board
520 Main St, Rm 309
Quincy, CA 95971



CLAIMANT INFORMATION

1. Name of Claimant: Gary Wayne Clark
2. Date of Birth: 09-06-1979 3. Gender (circle one): ☒ Male ☐ Female
4. Mailing Address of Claimant:
50 Abernathy Ln. Quincy Ca 95971
Address City State Zip
5. Mailing Address where notices are to be sent (if different than mailing address of claimant):

Address City State Zip
6. Telephone Number of Claimant: N/A

INFORMATION ABOUT CLAIM

7. Incident Date: Month Nov. Day 8 Year 2018
8. Location of Incident (if applicable, include street address, highway number, post mile number, or direction of travel):
Plumas County Jail 50 Abernathy Ln. Quincy Ca.
95971
9. Explain the circumstances that led to the alleged damage or injury (state all facts that support your claim and why you believe the County is responsible for the alleged damage or injury. If more space is needed, continue on a separate page):
see attached pages please
10. General description of the specific damage, injury, indebtedness, obligation, or loss incurred so far as it may be known at the time of presenting claim:
I have suffered extreme mental health
issues, was never seen by a doctor to make sure
I was okay. I have never been more scared for my
life or other inmates lives. We were forced to breathe
toxic carbon monoxide fumes that can cause severe
brain damage and or death.

Wanton - (Wantonly) Having no regard for justice or for other persons, feelings, rights, or safety.

On 11-8-2018 between 8pm and 10pm the officers in charge violated the Eighth Amendment of 14 inmates including myself due to cruel and unusual punishment. The jail was on generator power due to a county power outage. I believe it had something to do with severe wind conditions and the Butte county Camp fire emergency. The generator had to be shut off due to a diesel leak. Officer Willoughby came in the work furlough dorm with a gas powered generator that had a light attached to it. He called us all into the day room area where he placed the gas powered generator on a table and started it up, why they attempted to fix the big diesel powered generator. We expressed our concern on the danger of breathing toxic fumes from the generators exhaust, there was a warning label right on the generator stating not for

page #2

We all experienced light headedness head aches, nausea, coughing and choking. We were forced to breath the toxic fumes for approximately 2 hours. We expressed our concerns about the hazard of breathing these toxic fumes and suggested that the doors should be open and the generator placed outside, Officer Willoughby laughed and stated "He grew up in a barn, he was used to breathing toxic fumes. I understand he was following orders from his superior officer. I feel there was zero concern for our well being and this was a direct violation of our Eighth Amendment. We had inmates with medical conditions and all was ignored. Even without medical conditions carbonmonoxide fumes are extremely hazardous and life threatening if exposed to them for as long as we were, we have all filed grievances and would also like to file a lawsuit, we feel there is a very strong case of cruel and unusual punishment and numerous other constitutional rights being violated. I am including what I have found during my personal research. → next page

Acting with deliberate indifference, Deliberate indifference is the Standard applied in a class action case. A correctional official acts with deliberate indifference if he or she knows of and disregards an inhumane condition or action that constitutes an excessive risk to inmate health or safety. A correctional official's knowledge can be proved by showing that he or she had actual notice of the problem or by showing that the problem or risk was obvious. A correctional official would not escape liability if the evidence showed that he or she merely refused to verify underlying facts that he or she strongly suspected to be true or declined to confirm inferences of risk that he or she strongly suspected to exist. The need to establish "deliberate indifference" in order to show cruel and unusual punishment claims is one reason why it is important for inmates to make written complaints to correctional officials whenever serious conditions problems occur.

We are respectfully asking for your assistance in this matter. If you can not assist us please refer us to someone who can.

Respectfully written
By Gary Clark

Note please feel free to come speak to me in person if you want thanks.

Also it is to my best understanding that people can and have died from Carbonmonoxide fumes. I also would like to express my reasons for delaying this complaint, the reasons are due to fear of retaliation. Ever since we filed the grievance we have been treated very differently and have had privileges and programs that were earned taken. I strongly believe it is due to the person responsible for the incident is the Commanders daughter in law. I have been seeing behavioral health due to this and would appreciate someone to investigate this please.

11. Dollar amount of claim (if less than \$10,000) as of the date of presenting the claim (include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when claim is presented): \$ _____
12. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be limited to civil case: ☒ YES ☐ NO
13. Name(s) of public employee(s) causing the injury, damage or loss, if known:
Sgt. A. Hermann

CLAIMS INVOLVING MOTOR VEHICLES

14. Insurance information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier? ☐ YES ☐ NO
15. Name of insurance carrier and telephone number (including area code):

Name	Telephone Number		
Address	City	State	Zip

16. Policy Number: _____
17. Are you the registered owner: ☐ YES ☐ NO
18. Amount of deductible: \$ _____
19. Make: _____ Model: _____ Year: _____

Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.

Signature of Claimant, or by some person legally authorized to submit this claim on your behalf.

Gary Clark 1-18-2019
Signature Date

Gary Clark
Printed Name of Person Completing Claim