

TENTATIVE AGENDA
SCOTT COUNTY BOARD OF SUPERVISORS
April 12 - 16, 2021

Tuesday, April 13, 2021

Committee of the Whole - 8:00 am WEBEX/VIRTUAL ONLY

The public may join these meeting by phone/computer/app by using the information below. Contact 563-326-8702 with any questions.

CALL IN INFORMATION 1-408-418-9388
ACCESS CODE: 187 350 1302 PASS CODE: 1234

OR you may join via Webex. Go to www.webex.com and JOIN meeting using the same Access Code and Pass Code above.

See the Webex Instructions in packet for a direct link to the meeting.

- ___ 1. Roll Call: Kinzer, Knobbe, Maxwell, Beck, Croken

- ___ 2. Public Comment as an Attendee.
By Phone: *3 to raise/lower hand, *6 to unmute (host must unmute you first)
By Computer: Bottom right of screen, you will find Participants and Chat, with in this area you should see a hand icon, you will use the hand icon to raise and lower your hand.

Facilities & Economic Development

- ___ 3. Plans, specifications, and setting a letting date for a reinforced concrete box culvert replacement on 60th Avenue over a Tributary to Mud Creek. (Item 3)

- ___ 4. Purchase of one half-ton pickup, 4X4 for Secondary Roads. (Item 4)

- ___ 5. Setting a public hearing for the proposed County Attorney Office renovation project including the plans and specifications for April 15, 2021 at 5:00 p.m. during the Board Meeting. (Item 5)

Human Resources

- ___ 6. Flexible savings account plan amendment. (Item 6)

- ___ 7. Human Resource and General Policy updates: Policy P, "Insurance and Deferred Compensation"; Policy V "Employee Recognition"; Policy 3 " Copying"; and Policy 15 "Tax Abatement on Exempt Properties". (Item 7)

- ___ 8. Staff appointment. (Item 8)

Finance & Intergovernmental

- ___ 9. Scott County and Scott County Public Safety Authority continuing disclosure requirements. (Item 9)
- ___ 10. Setting of a public hearing for Thursday May 27, 2021 at 5:00 p.m. during the Board Meeting for an amendment to the County's current FY21 Budget. (Item 10)
- ___ 11. 2021 Slough Bill exemption requests for Scott County and 2021 Slough Bill exemption requests for properties located in the cities of Bettendorf and Davenport. (Item 11)

Other Items of Interest

- ___ 12. Six month term beer/liquor license for Dixon Memorial Park, 5520 298th Street, Dixon.
- ___ 13. Adjourned.
Moved by _____ Second by _____

Kinzer _____ Knobbe _____ Maxwell _____ Beck _____ Croken _____

Thursday, April 15, 2021

Regular Board Meeting - 5:00 pm WEBEX/VIRTUAL ONLY

The public may join these meeting by phone/computer/app by using the information below. Contact 563-326-8702 with any questions.

CALL IN INFORMATION 1-408-418-9388
ACCESS CODE: 187 033 8916 PASS CODE: 1234

OR you may join via Webex. Go to www.webex.com and JOIN meeting using the same Access Code and Pass Code above.

See the Webex Instructions in packet for a direct link to the meeting.

Public Hearing

- ___ 1. Public Hearing relative to the proposed County Attorney Office renovation project including the plans and specification.

Instructions for *Unmuting Phone Line* during Board Meeting teleconference

To gain the moderator's attention, **press *3 from your phone OR the raise hand icon** on computer or mobile device (for location of raise hand icon, see below). Phone lines will be placed on mute during the meeting. Participants may unmute their line using the mute icon or *6 on their phone after being recognized by the Chair.

Meeting #187 350 1302

Password #1234

Connect via Computer or application:

Host: www.webex.com Meeting number: **above** Password: **1234**

Or use direct link to meeting:

<https://scottcountyiowa.webex.com/scottcountyiowa/onstage/g.php?MTID=e9281993e257ff4598feef97ea83de84a>

Connect via telephone: 1-408-418-9388 Meeting number: **above** Password: **1234**


Telephone / Cell Phones Connections:

Telephones lines will be placed on mute during the meeting. Participants may "raise their hand" by using *3 to gain attention of the host.



When called upon for comments by the Board,


1. The host will then unmute the participant's line at the appropriate time.
2. A user must have his or her own device unmuted.
3. The user may then unmute his or her conference line by keying * 6
4. After conversation, please lower your hand. (*3 again)


Computer / Application Connections:

If connected via web application or computer, the user should look for the **Raise Hand**  raise hand symbol and click to appear raised so the host may acknowledge you.

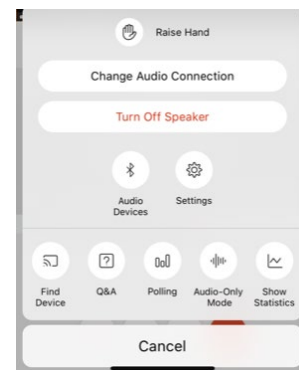
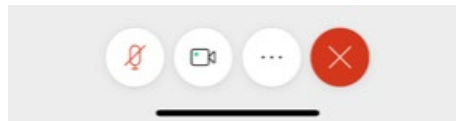
1. The host will then unmute the participant's line at the appropriate time.
2. A user must have his or her own device unmuted.
3. The user may then unmute his or her conference line by clicking the microphone symbol.
4. After conversation, please lower your hand. (*3 again)

You can mute yourself so that everyone can concentrate on what's being discussed. While you're on a call or in a meeting, select  at the bottom of the meeting window. You'll know it's working when the button turns red .

If you want to unmute yourself, select . Others can hear you when the button turns gray.

When you're muted and move away from the call controls, the mute button moves to the center of your screen and fades in color  to indicate that you're still muted.

To find the **raise hand icon**, you may need to click on ...



SCOTT COUNTY ENGINEER'S OFFICE

950 E. Blackhawk Trail
Eldridge, Iowa 52748

(563) 326-8640
FAX – (563) 328-4173
E-MAIL - engineer@scottcountyiowa.gov
WEB SITE - www.scottcountyiowa.gov



ANGELA K. KERSTEN, P.E.
County Engineer

ELLIOTT R. PENNOCK, E.I.T.
Assistant County Engineer

TARA YOUNGERS
Senior Administrative Assistant

MEMO

TO: Mahesh Sharma
County Administrator

FROM: Angie Kersten, P.E.
County Engineer

SUBJ: Approval of Plans, Specifications, and Letting Date

DATE: April 5, 2021

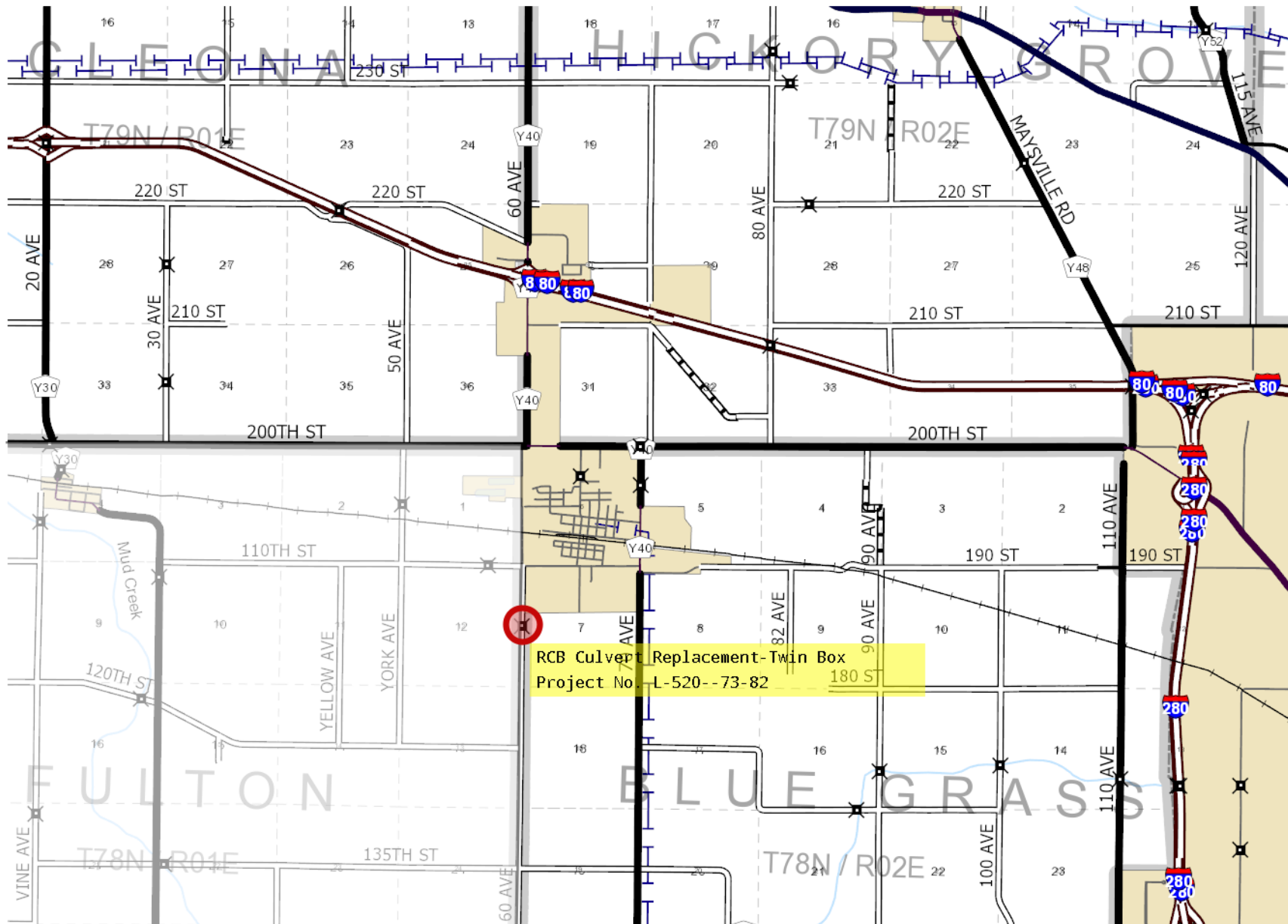
This resolution is to approve the plans, specifications, and letting date for a Reinforced Concrete Box Culvert Replacement – Twin Box Project No. L-520--73-82. This project is on 60th Avenue over a Tributary to Mud Creek, approximately 0.1 miles south of the City of Walcott corporate limits.

The letting date will be set for May 14, 2021, at 10:00 a.m. This project is in our FY 2021 Budget and Program. This project is joint with Muscatine County; however, Scott County is the lead agency and will provide all contract and construction administration. Muscatine County will reimburse Scott County for 50% of the actual construction costs. Included with this memo is a location map.

RCB Culvert Replacement-Twin Box Project No. L-520--73-82

11:17 AM, Mon, Apr 5, 2021

Scott - ICEASB Easy Map



THE COUNTY AUDITOR'S SIGNATURE CERTIFIES THAT
THIS RESOLUTION HAS BEEN FORMALLY APPROVED BY
THE BOARD OF SUPERVISORS ON _____
DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

APPROVAL OF THE PLANS, SPECIFICATIONS, AND LETTING DATE FOR
REINFORCED CONCRETE BOX CULVERT REPLACEMENT - TWIN BOX
PROJECT NO. L-520--73-82

BE IT RESOLVED by the Scott County Board of Supervisors as
follows:

Section 1. That the plans, specifications, and letting
date be approved for Reinforced Concrete Box Culvert
Replacement - Twin Box Project No. L-520--73-82 and the
letting be set for May 14, 2021, at 10:00 A.M.

Section 2. That this resolution shall take effect
immediately.

OFFICE OF THE SCOTT COUNTY FLEET MANAGER

950 East Blackhawk Trail
Eldridge, Iowa 52748

Office: (563) 328-4136
Fax: (563) 328-4173
www.scottcountyia.com



April 13, 2021

TO: Mahesh Sharma, County Administrator

FROM: Barbara Pardie, Fleet Manager

SUBJ: Approval for Purchase of One Half-Ton Pickup, 4X4 for Secondary Roads

The Fleet Services Division has solicited bids for one 2021 Dodge Ram 1500, 4X4, or equivalent. This replacement purchase is for the Secondary Roads. Below summarizes the bids received:

Dealership	Location	Purchase Price Per Vehicle	Total Purchase
Deery Brothers	Iowa City, IA	\$38,578.00	\$ 38,578.00

In November 2020, the Board approved a purchase of three Dodge Ram 1500 4X4 for Secondary Roads. Two of the trucks were delivered in February and it was discovered that the engine did not meet the specifications as written. The engine was a 3.6 liter, V-6 rather than a 3.6 liter minimum with a V-8. Rather than reject all three trucks, it was decided to keep the two delivered and cancel the third.

The application for the third truck is for the Secondary Roads Superintendent and does require at a minimum a 5.7 liter, V-8 engine. The specifications were revised and we went back out for bids.

Twenty vendors downloaded the request for quote. Only one vendor submitted a bid. Fleet Service recommends awarding the bid to Deery Brothers of Iowa City, IA for \$38,578.00. The difference in price between the previous trucks purchase and this truck's specification is \$7,692.00.

I will be in attendance at the next Committee of the Whole meeting to discuss this purchase and to answer any questions you or the Board may have.

CC: Angie Kersten
Elliott Pennock

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

A RESOLUTION APPROVING THE AWARD OF BID FOR THE PURCHASE OF ONE
HALF-TON PICKUP, 4X4

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

- Section 1. That the bid for one 2021 Dodge Ram 1500, 4X4 for Secondary Roads is approved and hereby awarded to Deery Brothers, Iowa City, IA., in the amount of \$38,578.00.
- Section 2. This resolution shall take effect immediately.

Facility & Support Services

600 West Fourth Street
Davenport, Iowa 52801
(563) 326-8738 (Voice)

(563) 328-3245 Fax



Item #5
4/13/21

~ Our Promise: Professional People, Solving Problems, High Performance

April 6, 2021

TO: Mahesh Sharma, County Administrator

FROM: Tammy A. Speidel, FMP
Director, Facility and Support Services

RE: Set Public Hearing for the Approval of Plans and Specifications
County Attorney Office Renovation Project

Wold Architects has completed the design process and construction drawings for the County Attorney Office Renovation project and the project was officially let for bid on March 19, 2021.

A contractor walk through occurred on April 6, 2021 providing the opportunity for contractors to come on site, view the spaces involved, and ask any questions regarding the plans and specifications.

This project requires a public hearing, which has been set for April 15, 2021 at 5:00 p.m. with the approval of plans and specifications on the agenda that same evening.

As a reminder, total budget for this project was established at \$950,000.00, which is funded in the Capital Budget plan.

I will be in attendance at the next Committee of the Whole to discuss this project and answer any questions.

CC: Mike Walton, County Attorney
Amy DeVine, First Assistant
Kathy Walsh, Office Administrator
FSS Management Team

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

A RESOLUTION APPROVING THE PLANS AND SPECIFICATIONS FOR THE
COUNTY ATTORNEY'S OFFICE RENOVATION PROJECT AS PREPARED BY WOLD
ARCHITECTS AND ENGINEERS.

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the plans and specifications prepared by Wold Architects and
Engineers, architect for the Attorney's Office Renovation Project are
hereby approved.

Section 2. This resolution shall take effect immediately.

HUMAN RESOURCES DEPARTMENT
600 W. 4TH Street
Davenport, IA 52801

Office: (563) 326-8767
Fax: (563) 328-3285
www.scottcountyiowa.com



Date: April 6, 2021

To: Mahesh Sharma, County Administrator

From: Mary J. Thee, Human Resources Director/Asst. County Administrator

Subject: Flex Savings Amendment

The transition from our flex savings provider has revealed a few items with our flex savings plan that require some clarification. Human Resources is recommending the following amendments to the plan. First there should be a minimum annual contribution. This has not been an issue in the past, but we want to be certain that the amount contributed is not less than the costs required to administer the plan. Thus we're recommending an annual minimum contribution of fifty dollars. Second, we discovered through the transition that the previous provider did not close accounts when staff did not elect contributions the subsequent year. This could create a perpetual account rolling into future years. The recommendation is to notify employees and the vendor that funds are forfeited if there isn't an election in the subsequent year.

Additionally as it relates to flex savings plans the federal government has made some one time allowances as it relates to the pandemic. Employees can carry unlimited funds into the following calendar year. This does not require an amendment to the plan as our cap is set to fluctuate with the IRS regulations. Those employees electing a dependent care account can contribute up to \$10,500 this calendar year. We recommend amending the plan for calendar year 2021 to permit this so staff who choose to, can benefit from the federal law change.

Cc: David Farmer, Director of Budget and Administrative Services
Andrea Ahmann, Benefits Specialist

SCOTT COUNTY IOWA HEALTH PLAN HIGHLIGHTS

IMPORTANT: *This is a brief summary of the features of the Scott County Iowa Health Plan. For a full summary, please refer to the Summary Plan Description.*

Benefits	
Premium Conversion Account	The Premium Conversion Account can be used to pay the premiums of the following types of coverage: <ul style="list-style-type: none"> • Employer Group Health • Employer Dental • Employer Vision
General Purpose Health FSA	Health FSAs may be used to reimburse eligible medical expenses incurred during the year. Employees who are not eligible to participate in the employer health plan are not eligible to participate in the Health FSA.
Dependent Care Account	DCAP Accounts may be used to reimburse eligible dependent care expenses incurred during the year.
Eligibility	
Eligible Employees	Employee will become eligible for the Plan on the first day of the calendar month next following the day they meet the following requirements: <ul style="list-style-type: none"> • Attainment of 18 years of age. • Completion of 30 Hours Per Week hours of service. The benefits offered under the Plan may have additional eligibility requirements. Please see the SPD for more information.
Excluded Employees	The following Employees are excluded from the Plan: <ul style="list-style-type: none"> • Leased employees • Part-time employees who are expected to work fewer than 30 hours per week • Temporary and Seasonal Employees
Enrollment	
Elections	New employees may enroll 30 days after their date of hire. Newly eligible employees who become eligible may enroll within 30 days of the date of eligibility. Ongoing employees may enroll during open enrollment. See SPD when elections may be modified mid-year.
Contributions	
Premium Conversion Account	The amount of the contribution to the Premium Conversion Account is equal to the amount of the Participant's portion of the premium due.
General Purpose Health FSA	The maximum amount the Participant may contribute each year to a General Purpose Health FSA is the maximum amount permitted under the tax code (\$2,750 for 2020). <u>The minimum amount you may contribute each year to your General Purpose Health FSA and/or HSA compatible Health FSA is fifty dollars</u> The Employer will not make additional contributions to the General Purpose Health FSA.
Dependent Care Assistance Plan Account	The maximum amount the Participant may contribute each year to a DCAP Account is the maximum amount permitted under the tax code (\$5,000 for 2020 or \$2,500 if the Participant is single or married filing separately).

Reimbursement	
General Purpose Health FSA	<p>Timing:</p> <p>The Participant must submit claims for reimbursement from the Participant's General Health FSA no later than 04/30 of the following Plan Year.</p> <p>Carryover Allowed: up to <u>IRS code limitations (\$550 for 2020)</u>, which may be used to pay or reimburse eligible expenses for the subsequent Plan Year. <u>If you do not elect to participate in the subsequent Plan Year any amounts remaining in your account will be forfeited and not carry over.</u></p>
Dependent Care Assistance Plan Account	<p>Timing:</p> <p>The Participant must submit claims for reimbursement from the Participant's DCAP Account no later than 04/30 of the following Plan Year.</p> <p>Any amounts remaining in the Participant's DCAP Account at the end of the Plan Year after all timely claims have been paid will be forfeited.</p>
Contact Information	
<p>The Plan Administrator is Scott County Iowa. Address: 600 W. 4th Street, Davenport, IA 52801-1030 Phone number: 563-326-8767 Fax number: 563-328-3285 Email: mary.thee@scottcountyiowa.gov</p>	
<p><i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change. In the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i></p>	

SCOTT COUNTY IOWA
HEALTH PLAN
SUMMARY PLAN DESCRIPTION

01/01/2021

SCOTT COUNTY IOWA
HEALTH PLAN
SUMMARY PLAN DESCRIPTION

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INTRODUCTION

Scott County Iowa (the "Employer") established the Scott County Iowa Health Plan (the "Plan") 01/01/2021. The Plan is a cafeteria plan that provides an eligible employee with the opportunity to choose among benefits offered under the Plan.

This summary supersedes all previous summaries of the Plan. Although the purpose of this document is to summarize the more significant provisions of the Plan, it is only a summary - the terms of the Plan document ultimately govern the operation and administration of the Plan. The Employer and any employer who has adopted the Plan is referred to in this document as the "Employer".

ELIGIBILITY

You are an "Eligible Employee" if you are an employee of the Employer or any affiliate who has adopted the Plan on the first day of the calendar month next following the date you have attained at least 18 years of age and you have completed at least 30 Hours Per Week hours of service.

However, you are not an "Eligible Employee" if you are any of the following:

- A self-employed individual (including a partner), or a person who owns (or is deemed to own) more than 2 percent of the outstanding stock of an S corporation.
- A leased employee.
- A part-time employee who is expected to work fewer than 30 hours per week.
- Temporary and Seasonal Employees.

If you are eligible to participate in the Employer-sponsored group health plan, then you are eligible to participate in the Health Flexible Spending Account, even if you do not elect to participate in the Employer-sponsored group health plan.

ELECTION PROCEDURES

You may elect to participate in the Benefits under the Plan within 30 days after your eligibility date (or a shorter period if established by the Plan Administrator).

If you do not enroll in the Plan upon your initial eligibility, you may enroll during the enrollment period established by the Plan Administrator. Your election will be effective as of the first day of the Plan Year following the enrollment period.

You may also enroll in the Plan upon a change in status event as described below.

To enroll in the Plan, you may need to submit a completed election form to the Plan Administrator on or before the date specified by the Plan Administrator. If, as of the start of a Plan Year, you have not submitted a completed election form by its due date, you will be deemed to have elected not to participate in the Plan for that Plan Year.

If you fail to submit an election form, prior year elections will automatically apply to the following benefits: Premium Conversion Account. An election to participate in the Plan is generally irrevocable for the Plan Year. You may not change your election during a Plan Year unless you experience a change in status. Your change in election must be on account of and correspond with a change in status that affects your eligibility for coverage under the Plan.

Depending on the Benefit, a "change in status" includes:

- Change in your marital status.
- Change in the number of your dependents.
- Change in your employment status or the employment status of your spouse or dependents.
- Your dependent satisfies or ceases to satisfy eligibility requirements.
- Change in your place of residence.
- Commencement or termination of an adoption proceeding.
- Court judgment, decree, or order.
- Entitlement to Medicare or Medicaid by you, your spouse, or your dependent.
- Significant cost or other coverage changes.

- You change coverage under another cafeteria plan.
- You take leave under the FMLA.
- You lose coverage under the group health plan due to a reduction in hours.
- You are eligible to enroll in a qualified health plan through the Marketplace.

BENEFITS

Contributions pertaining to a Benefit will be credited to the applicable account. Your contributions to the Plan are not subject to federal income tax or social security taxes. Please note that while you may enjoy certain tax benefits, there may be some drawbacks to participation in the Plan. For instance, participation in the Plan may lower your social security benefits. You should consult with your professional tax/financial advisor to determine the consequences of your participation in this Plan.

If you are a highly paid employee or an owner of your Employer, federal law may impose limits on your behalf to participate in the Plan and/or the benefits you may receive from the Plan. If the Plan Administrator determines that the Plan may fail to satisfy any nondiscrimination requirement or any limitation imposed by the Code, the Plan Administrator may modify your election in order to assure compliance with such requirements or limitations.

Premium Conversion Account

If you elect to contribute to a Premium Conversion Account, the Plan will establish a Premium Conversion Account in your name. Your Premium Conversion Account will be credited with amounts withheld from your compensation. The amount of the contribution to your Premium Conversion Account is equal to the amount of your portion of the premium due for the following benefits/contracts:

- Employer Health
- Employer Dental
- Employer Vision

In addition, your election for your premiums will be automatically adjusted for any change in the cost of contracts sponsored by the Employer as permitted by applicable law.

If you affirmatively elect not to participate in the Premium Conversion Account for a Plan Year, you will not be enrolled unless and until you elect to participate in the Premium Conversion Account as described in the "Election Procedures" above. Contributions to the Premium Conversion Account are not subject to federal income tax or social security taxes.

In the event of a conflict between the terms of this Plan and the terms of the applicable contract, the terms of the contract (or the benefit plan under which it is established) will control.

Health Flexible Spending Account (Health FSA)

The following Health Flexible Spending Account is available under the Plan:

- General Purpose Health FSA

General Purpose Health FSAs may only be used to reimburse for qualifying medical expenses during the Plan Year.

If you are eligible, you may elect to contribute to a Health FSA in accordance with the "Election Procedures" described above.

Health FSA Eligibility

Please be aware that there are some limitations on your eligibility to participate in Health FSAs. If you are an Eligible Employee, you are eligible to contribute to a Health FSA. However, if you are not eligible to participate in the Employer-sponsored group health plan, then you are not eligible to participate in a Health FSA.

Health FSA Contributions

Your Health FSA will be credited with your contributions and will be reduced by any payments made on your behalf.

The minimum amount you may contribute each year to your General Purpose Health FSA and/or HSA compatible Health FSA is fifty dollars.

(\$50.00). The maximum amount you may contribute each year to your General Purpose Health FSA and/or HSA-Compatible Health FSA is the maximum amount permitted under the tax code (\$2,750 for 2020). The Employer will not make additional contributions to your General Purpose Health FSA on your behalf.

Health FSA Eligible Expenses/Reimbursement

You will be entitled to receive reimbursement from your General Purpose Health FSA for eligible expenses incurred by you, your spouse and dependents, if any. A dependent is generally someone you may claim as a dependent on your federal tax return and also includes a child until their 26th birthday. The entire annual amount you elect to contribute for the Plan Year to your Health FSA, less any reimbursements already distributed from your Health FSA, will be available for reimbursement throughout the Plan Year.

You may receive reimbursement for eligible expenses incurred during the Plan Year when you are participating in your Health FSA. Eligible expenses generally include all medical expenses that you may deduct on your federal income tax return. Health insurance premiums are not an eligible expense for the Health FSA.

You will not be reimbursed for any expenses that were (1) incurred before you are eligible to participate in the Health FSA; (2) incurred after you have become ineligible to participate in the Health FSA and are attributable to a tax deduction you took in a prior taxable year; or (3) covered, paid, or reimbursed from another source. Your claim for reimbursement must include substantiation that the Plan Administrator or Claims Administrator considers sufficient for determining that the claim constitutes an expense eligible for reimbursement under the Plan.

You must submit claims for reimbursement from your General Purpose Health FSA no later than 04/30. Any amounts remaining in your Health FSA after all timely claims have been paid will be forfeited.

Notwithstanding the forfeiture provisions above, if you have a balance in your Health FSA as of the last day of the Plan Year after all eligible expenses have been reimbursed and the claims deadline for the Plan Year has passed, the Plan will carry over the balance from your Health FSA, up to IRS code limitations (\$550 for 2020), which may be used to pay or reimburse eligible expenses for the subsequent Plan Year. Any amounts in your Health FSA that exceed the limit above will be forfeited. If you do not elect to participate in the subsequent Plan Year any amounts remaining in your account will be forfeited and not carry over.

Termination of Employment

If you terminate employment with the Employer for any reason during the Plan Year, you may elect to continue to make contributions to your General Purpose Health FSA on an after-tax basis, subject to the following limitations: Terminated employees may continue to contribute through COBRA. You may submit claims for reimbursements from your General Purpose Health FSA for expenses incurred any time during the Plan Year. You must submit claims for reimbursement from your Health FSA no later than 120 days after the date your employment terminates. Any balance remaining in your Health FSA will be forfeited after claims submitted prior to this date have been processed.

Dependent Care Assistance Plan Account (DCAP)

A Dependent Care Assistance Plan Account may be used to reimburse expenses incurred for the care of a qualifying dependent. If you are eligible, you may elect to contribute to a DCAP Account in accordance with the "Election Procedures" described above.

DCAP Contributions

Your DCAP Account will be credited with your contributions and will be reduced by any payments made on your behalf. The maximum amount that you may contribute each year to your DCAP Account is the maximum amount permitted under the tax code (\$5,000 for 2020, \$2,500 if you are married and filing separately.)

The Employer will not make additional contributions to your DCAP Account on your behalf.

DCAP Eligible Expenses/Reimbursement

The amount available for reimbursement is the balance in your DCAP Account at the time the reimbursement request is received by the Plan Administrator or Claims Administrator. You may receive reimbursement for eligible expenses incurred during the Plan Year when you are participating in your DCAP Account. Eligible expenses generally include those that you incur in order to be gainfully employed and for the care of (i) your dependent who is under age 13, or (ii) your spouse or dependent who lives with you and who is physically or mentally incapable of caring for themselves. Expenses incurred for overnight camp are not eligible for reimbursement. A dependent is generally someone who you may claim as a

dependent on your federal tax return.

You must submit claims for reimbursement from your DCAP Account no later than 04/30 following the Plan Year. Any amounts remaining in your DCAP Account after all timely claims have been paid will be forfeited.

Termination of Employment

If you terminate employment with the Employer for any reason during the Plan Year, you may elect to continue to make contributions to your DCAP Account on an after-tax basis. You may submit claims for reimbursements from your DCAP Account for expenses incurred any time during the Plan Year subject to the following limitations: Terminated employees may continue to contribute through COBRA.. You must submit claims for reimbursement from your DCAP Account no later than 120 days after the date your employment terminates. Any balance remaining in your DCAP Account will be forfeited after claims submitted prior to this date have been processed.

CLAIMS PROCEDURES

You must submit your claim for benefits in accordance with the Plan Administrator's guidelines. Claims may also be submitted to [iSolved Benefit ServicesTake Care by WageWorks](#) at:

Address: [1454 30th St. Suite 105, West Des Moines, IA 50266 Flex Claims Group, P.O. Box 14054, Lexington KY 40512](#)
Phone number: 800-[300-9691](#) or [515-224-9400 950 0105](#)

Any claim for benefits must include all information and evidence that the Plan Administrator deems necessary to properly evaluate the merits of the claim. The Plan Administrator may request any additional information necessary to evaluate the claim.

To the extent that the Plan Administrator approves a claim, the Employer may either (i) reimburse you, or (ii) pay the service provider directly. The Plan Administrator will pay claims at least once per year. The Plan Administrator may provide that payments/reimbursements of less than a certain amount will be carried forward and aggregated with future claims until the reimbursable amount is greater than a minimum amount. In any event, the entire amount of payments/reimbursements outstanding at the end of the Plan Year will be reimbursed without regard to the minimum payment amount.

Claims for Plan Benefits (except for Health FSAs)

You must file a claim for benefits under this Plan in accordance with the Plan Administrator's guidelines. If your claim does not include enough information to process the claim, you will be given an opportunity to provide the missing information. You may designate an authorized representative by providing written notice of the designation to the Plan Administrator.

You may apply for benefits under the Plan by completing and filing a claim with the Plan Administrator. Your claim must include all information and evidence that the Plan Administrator deems necessary to evaluate the merit of your claim and to make any necessary determinations on your claim. The Plan Administrator may request any additional information from you as necessary to evaluate the claim.

Claims for Health FSA Benefits

If you file a claim for benefits from your Health FSA and that claim is denied, the Plan Administrator will notify you within a reasonable period of time, but no later than 30 days after the Plan Administrator received the claim. The Plan Administrator may notify you, prior to the expiration of this 30-day period, of the need to extend the period by up to 15 days due to matters beyond its control. In such case the Plan Administrator will notify you of the circumstances requiring the extension of time and the date by which the Plan Administrator will notify you of its decision. If the extension is necessary because you did not submit information necessary to decide the claim, the notice of extension will describe the required information, and you will have at least 45 days from the day you receive the notice to provide the specified information.

If your claim is denied, the Plan Administrator will provide you with a notice identifying (A) the reason or reasons for the denial, (B) the Plan provisions on which the denial is based, (C) any material or information needed to grant the claim and an explanation of why the additional information is necessary, (D) an explanation of the steps that you must take if you wish to appeal the denial, including a statement that you may bring a civil action under ERISA after following the Plan's claims procedures. The notice will also include (1) if an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the denial and that a copy of such rule, guideline,

protocol, or other criterion will be provided free of charge to you upon request; or (2) if the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request.

Appeal of Denied Claim. If you wish to appeal the denial of a claim, you must file an appeal with the Plan Administrator on or before the 180th day after you receive the Plan Administrator's notice that the claim has been denied. You will lose the right to appeal if the appeal is not made within this 180-day period. The appeal must identify both the grounds and specific Plan provisions upon which the appeal is based. You will be provided, upon request and free of charge, documents and other information relevant to your claim. Your appeal may also include any comments, statements or documents that you desire to provide. The Plan Administrator will consider the merits of your presentations, the merits of any facts or evidence in support of the denial of benefits, and such other facts and circumstances as the Plan Administrator may deem relevant. In considering the appeal, the Plan Administrator will:

- (A) Provide for a review that does not afford deference to the initial adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the denial that is the subject of the appeal, nor the subordinate of such individual;
- (B) Provide that, in deciding an appeal of any denial that is based on a medical judgment, including determinations with regard to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate, the appropriate named fiduciary shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;
- (C) Provide for the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your claim denial, without regard to whether the advice was relied upon in making the denial; and
- (D) Provide that the health care professional engaged for purposes of a consultation under (B) above will be an individual who is neither an individual who was consulted in connection with the denial that is the subject of the appeal, nor the subordinate of any such individual.

The Plan Administrator will notify you of the Plan's benefit determination on review within 60 days after receipt by the Plan of your request for review of the denial.

Denial of Appeal. If your appeal is denied, the Plan Administrator will provide you with a notice identifying (A) the reason or reasons for such denial, (B) the Plan provisions on which the denial is based, (C) a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim, and (D) a statement describing your right to bring an action under section 502(a) of ERISA after following the Plan's claims procedures. The determination rendered by the Plan Administrator shall be binding upon all parties.

Exhaustion of Remedies; Limitations Period for Filing Suit. Before you can file a lawsuit for benefits under the Plan, you must exhaust the Plan's internal remedies. A lawsuit for benefits under the Plan must be brought within one year after the date of a final decision on the claim in accordance with the claims procedure described above.

Benefits Provided under Contracts. Please see the underlying contracts for any additional claims and reimbursement rules under those contracts.

Debit/Credit Cards

Scott County Iowa will provide you with a debit/credit and/or other stored-value card for purposes of making purchases that are eligible for reimbursement from your Health Flexible Spending Account and/or Dependent Care Assistance Plan Account. The Plan Administrator will provide you with more information about these cards as well as any limitations at the time you enroll in the Plan. You do not have to use the cards and may request reimbursements as listed above.

COBRA CONTINUATION COVERAGE

If you are participating in the Health FSA and your Employer is not a small employer, then COBRA applies. A "small employer" is generally an employer that employs fewer than 20 employees, but you should contact the Plan Administrator who can inform you if the Employer is a small employer not subject to COBRA and is not required to comply with these rules. Depending on your Health FSA balance at the time of the Qualifying Event (described below), you may not be eligible for COBRA continuation coverage.

Qualifying Events

You have the right to continue your coverage under the Health FSA if any of the following events results in your loss of coverage under the Health FSA:

- termination of employment for any reason other than gross misconduct
- reduction in your hours of employment

Your spouse and dependent children (including children born to you or placed for adoption with you) have the right to continue coverage under the Health FSA if any of the following events results in their loss of coverage under the Health FSA:

- termination of your employment for any reason other than gross misconduct
- reduction in your hours of employment
- you become enrolled in Medicare
- you and your spouse divorce or are legally separated
- your death
- your dependent ceases to be a "dependent child" for purposes of COBRA

Persons entitled to continue coverage under COBRA are "Qualified Beneficiaries."

If the cost of COBRA continuation coverage for the remainder of the Plan Year equals or exceeds the amount of reimbursement you have available under the Health FSA for the remainder of the Plan Year, you, your spouse, and/or your dependent child(ren) generally do not have the right to elect COBRA continuation coverage. You will be provided notice which explains your rights regarding COBRA continuation coverage.

Continuing Coverage

You may continue the level of coverage you had in effect immediately preceding the Qualifying Event. However, if Plan benefits are modified for similarly situated active employees, then they will be modified for you and other Qualified Beneficiaries as well. You will be eligible to make a change in your benefit election with respect to the Plan upon the occurrence of any event that permits a similarly situated active employee to make a benefit election change during a Plan Year.

You, your spouse, or your dependent child(ren) must notify the Plan Administrator or its delegate in writing of a divorce, legal separation, or a child losing dependent status under the Plan within 60 days after the later of (1) the date of the Qualifying Event or (2) the date on which coverage is lost under the Plan because of the event. After receiving notice of a Qualifying Event, the Plan Administrator will provide Qualified Beneficiaries with an election notice, which describes the right to COBRA continuation coverage and how to make an election. Notice to your spouse is deemed notice to your covered dependents that reside with the spouse.

You or your dependent(s) are responsible for notifying the Plan Administrator or its delegate if you or your dependent(s) become covered under another group health plan or entitled to Medicare.

Election Procedures and Deadlines

A Qualified Beneficiary may make an election for COBRA continuation coverage if they are not covered under the Plan as a result of another Qualified Beneficiary's COBRA continuation election. To elect COBRA continuation coverage, you must complete the applicable election form within 60 days from the later of (1) the date the election notice was provided to you or (2) the date that the Qualified Beneficiary would otherwise lose coverage under the Plan due to the Qualifying Event and submit it to the Plan Administrator or its delegate. If the Qualified Beneficiary does not return the election form within the 60-day period, it will be considered a waiver of their COBRA continuation coverage rights.

Cost of COBRA Continuation Coverage

The cost of COBRA continuation coverage will not exceed 102% of the applicable premium for the period of continuation coverage.

When Continuation Coverage Ends

You may be able to continue coverage under the Health FSA until the end of the Plan Year in which the Qualifying Event occurs. However, COBRA continuation coverage may end earlier for any of the following reasons:

- You fail to make a required COBRA continuation coverage contribution;
- The date that you first become covered under another Health FSA;
- The date that you first become entitled to Medicare; or
- The date the Employer no longer provides a Health FSA to any of its employees.

YOUR RIGHTS UNDER ERISA

As a participant in the Health FSA under this Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants in a plan governed by ERISA shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.
- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants in plans governed by ERISA, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your Employer, your union, if applicable, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining an ERISA welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for an ERISA welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of ERISA plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court if you have exhausted the Plan's claims procedures. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court if you have exhausted the Plan's claims procedures. If you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

MISCELLANEOUS

FMLA

If you go on unpaid leave that qualifies as family leave under the Family and Medical Leave Act you may be able to continue receiving health care benefits. Contact the Plan Administrator for more information under the Plan.

Unclaimed Reimbursements

Payments from the Account that are not claimed on a timely basis (for example, checks issued from the Plan that are not timely cashed) will be forfeited and returned to the Plan. Please contact your Plan Administrator about what constitutes "timely" claims of payment from the Plan.

Excess Payments/Reimbursements

If you receive an excess benefit or payment under the Plan, you must immediately repay any such excess payments/reimbursements. You must also reimburse the Employer for any liability the Employer may incur for making such payments, including but not limited to, failure to withhold or pay payroll or withholding taxes from such payments or reimbursements. If you fail to timely repay an excess amount and/or make adequate indemnification, the Plan Administrator may: (i) to the extent permitted by applicable law, offset your salary or wages, and/or (ii) offset other benefits payable to you under this Plan.

Beneficiaries

If you die, your beneficiaries or your estate may submit claims for eligible expenses for the portion of the Plan Year preceding the date of your death. You may designate a specific beneficiary for this purpose. If you do not name a beneficiary, the Plan Administrator may pay any amount to your spouse, one or more of your dependents, or a representative of your estate.

Qualified Medical Child Support Orders

In certain circumstances you may be able to enroll a child in the Plan if the Plan receives a Qualified Medical Child Support Order (QMCSO). You may obtain a copy of the QMCSO procedures from the Plan Administrator, free of charge.

Loss of Benefit

You may lose all or part of your Account(s) under the Plan if the unused balance is forfeited at the end of a Plan Year and if we cannot locate you when your benefit becomes payable to you.

Non-Alienation of Benefits

You may not alienate, anticipate, commute, pledge, encumber or assign any of the benefits or payments which you may expect to receive, contingently or otherwise, under the Plan, except that you may designate a beneficiary to receive benefits under the Plan in the event of your death.

Amendment and Termination of the Plan

The Employer may amend or terminate the Plan at any time.

Plan Administrator Discretion

The Plan Administrator has the authority to make factual determinations, to construe and interpret the provisions of the Plan, to correct defects and resolve ambiguities in the Plan. Any construction, interpretation or application of the Plan by the Plan Administrator is final, conclusive and binding on all persons and parties.

Taxation

The Employer intends that all benefits provided under the Plan will not be taxable to you under federal tax law. However, the Employer does not represent or guarantee that any particular federal, state or local income, payroll, personal property or other tax consequence will result from participation in this Plan. You should consult with your professional tax advisor to determine the tax consequences of your participation in this Plan.

Governing Law

The Plan is governed by the laws of Iowa to the extent not pre-empted by Federal law.

PLAN INFORMATION

1. The Plan Sponsor and Plan Administrator is Scott County Iowa.

2. The Plan Sponsor's and Plan Administrator's Address is 600 W. 4th Street, Davenport, IA 52801-1030
3. The Plan sponsor's EIN is 426004465
4. The Plan Sponsor and Plan Administrator's phone number is 563-326-8767
5. The Plan is a cafeteria plan under section 125 of the Internal Revenue Code. The Health FSA Benefit under the Plan is a welfare benefit plan.
6. The Plan number is 075.
7. The Plan's designated agent for service of legal process is the Plan Sponsor. Any legal papers should be delivered to the Plan Sponsor at the address listed above. However, service may also be made upon the Plan Administrator.
8. The Plan Year is the 12-consecutive month period ending on 12/31.
9. Amount contributed by Plan Participants and the Employer to the Plan are general assets of the Employer. All payments of benefits under the Plan are made solely out of the general assets of the Employer. The Employer has no obligation to set aside any funds, establish a trust, or segregate any amounts for the purpose of making any benefit payments under this Plan. The Employer may, in its sole discretion, set aside funds, establish a trust, or segregate amounts for the purpose of making benefit payments under this Plan.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

APPROVAL OF AMENDMENT TO FLEX SAVINGS PLAN ADMINISTRATION AND FLEXIBLE SAVINGS ACCOUNT PLAN

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

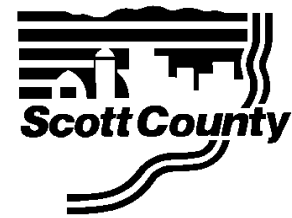
Section 1. That the County's Flexible Savings Account Plan (aka Section 125 plan) is hereby amended to create a minimum annual contribution and carryover limitations when no election is made in the subsequent year.

Section 2. That the annual contributions for calendar year 2021 for dependent care be capped at \$10,500 and the carryover limit into calendar year 2021 shall comply with IRS regulations.

Section 3. This resolution shall take effect immediately.

HUMAN RESOURCES DEPARTMENT
600 West Fourth Street
Davenport, Iowa 52801-1030

Ph: (563) 326-8767 Fax: (563) 328-3285
HR@scottcountyiowa.gov



Date: April 6, 2021
To: Mahesh Sharma, County Administrator
From: Mary J. Thee, Human Resources Director/Asst. County Administrator
Subject: Policy Updates

The proposed updates was discussed with the Department Heads/Elected Officials. Here are the proposed changes to the Administration Policies:

Policy P “Insurance and Deferred Compensation” updates the policy to reflect the plan design of the flex savings plan which allows carryover into future calendar years in the amount approved by the IRS regulations.

Policy V “Employee Recognition” amends the plan to eliminate the recognition award of a watch at twenty five years and instead provides a gift card in the amount of \$55.00. We’ve struggled to find batteries for our remaining stock of watches and have found many employees no longer wear or desire the watch.

Policy 3 “Copying” updates the policy to reflect that IT maintains multi-function peripheral (MFP) copiers rather than FSS.

Policy 15 “Tax Abatement on Exempt Properties” clarifies when state law applies to permit the abatement and how the assessed and tax payment are applied in order to provide further guidance on what is available for abatement.

P. INSURANCE AND DEFERRED COMPENSATION

GENERAL POLICY

It is the policy of Scott County to offer medical, prescription drug, dental, vision, life insurance coverage and deferred compensation options to its benefit-eligible employees.

SCOPE

This policy is applicable to the following:

All employees responsible to the Scott County Board of Supervisors;

All employees responsible to a County elected office holder with the exception of the elected office holder themselves and Deputies;

All elected office holders and/or Deputies provided the appropriate elected office holder and the Board of Supervisors have certified its applicability;

All employees not directly responsible to either the Board of Supervisors or an elected office holder and whose governing body and the Board of Supervisors have certified its applicability.

Whenever the provisions of this policy are in conflict with the Code of Iowa, or with a collectively-bargained agreement between the County and a certified bargaining unit, the provisions of the collectively-bargained agreement and/or the Code of Iowa will prevail.

HEALTH BENEFIT ELIGIBILITY

To be eligible for group health and/or life insurance benefits, an employee must occupy a regular full-time position or a regular part-time position scheduled to work at least one thousand, five hundred and sixty (1,560) hours per year. Coverage for employees expected to work full-time is normally effective the first day of the month following appointment to a benefit-eligible position.

The County will use the safe harbor measurements permitted under the Affordable Care Act for variable hour part-time (not anticipated to work thirty (30) or more hours a week) and seasonal employees to determine employee eligibility for group health coverage. The standard measuring period and stability periods are established at twelve (12) months. The County will review at the conclusion of the initial measuring period if the employee worked one thousand, five hundred and sixty (1,560) hour or more to determine eligibility, and if so consider the employee full-time and eligible for group health coverage through the stability period (regardless of hours worked). The administrative period for enrollment following the initial measuring period is thirty (30) days. If the employee worked less than one thousand, five hundred and sixty (1,560) hours during the initial measuring period

then the employee will not be treated as eligible for group health benefits during the stability period. When calculating hours for non-exempt employees under FLSA, the County will include hours worked plus hours where payment was made for vacation/PTO, holiday, sick/medical leave, jury duty, military leave or other paid leave of absence.

GROUP HEALTH BENEFITS

Coverage available under the County's group health plan include: hospital and medical benefits; prescription drug benefits. Additionally the County provides group coverage for dental benefits and vision benefits. A detailed description of benefits, including deductible, premiums and coinsurance requirements, is available through the Human Resources Department.

The specific amount to be contributed by the County for single and family coverage will be established each year by the Board of Supervisors and become effective January 1st. Where there are two married employees covered by the County's plan, they may take either one family plan or two single plans and pay premiums accordingly.

Any errors made relative to insurance premiums or flexible spending account deductions will be adjusted accordingly either in the employee's favor (refunding premiums) or in the County's favor (deducting missed premiums). Repayment arrangements will be made between the affected employee and the Auditor's Office Payroll staff on a case-by-case basis.

GROUP LIFE BENEFITS

Department Heads, Elected Officials, and Deputy Office Holders are eligible to receive term life and AD & D insurance coverage equal to two hundred percent of their annual salary as of September 1st of each year. Benefit-eligible employees in positions classified as exempt under FLSA and in a salary range of 27 or above are eligible to receive term life and AD & D insurance coverage equal to one hundred percent of their annual salary as of September 1st of each year. Employees previously provided this benefit of equal to 100%, who no longer qualify will be grandfathered into the existing coverage. All other benefit-eligible employees in positions are eligible to receive term life and AD & D insurance coverage equal to \$20,000.

The County will pay the monthly premium for the term life and AD & D coverage described above.

TERMINATION OF GROUP COVERAGE

Life insurance coverage under the County's group plan will end on the employee's date of employment termination.

Health, dental and vision coverage under the County's group plan will normally terminate at the end of the month in which the employee terminates employment with the County. However, an employee may be eligible to extend coverage under the group plan as required by state or federal law. An employee shall be considered a retiree for purposes of continued insurance coverage until age 65 if one of the following occurs: 1) the employee qualifies for full retirement benefits through IPERS with service from the County, another employer, or purchased service quarters; 2) the employee is age 55 or more and has at least 20 years of service with the County; or 3) the employee is a Sheriff's deputy, is age 50 or more and has 22 or more years of service. Premiums for extended coverage after employment shall be paid by the employee at 102% of the actual cost. Information on the extension of group coverage and/or conversion to an individual medical insurance policy is available through the Human Resources Department

LONG TERM DISABILITY

Benefit eligible employees (excluding deputy sheriff, sergeant, lieutenant, captain, major and sheriff) are provided with a long term disability insurance policy with the premium paid entirely by the County. The amount of coverage is sixty-six and two thirds percent (66 2/3%) of the employee's annual salary, following a determination of eligibility and a 90 day waiting period. Specific details are found in the insurance plan document.

DEFERRED COMPENSATION PLAN

Employees shall have the option of deferring a portion of their compensation for the purpose of building retirement security in a tax-sheltered investment plan in accordance with state and federal law. Payroll deductions can only be made for Deferred Compensation Plan Providers who have completed Deferred Compensation Plan Administrator Agreement and have a minimum of 10 employees requesting enrollment in the plan. All Deferred Compensation Plan Providers must satisfy the requirements of Section 457 of the Internal Revenue Code and the Administrator Agreement to maintain eligibility as a provider.

The County will match an employee's contribution at \$.50 for each dollar the employee contributes during that calendar year, up to a maximum of \$1,000.00. The matching contribution will be paid no later than the second paycheck in January of the following calendar year or upon termination of employment, whichever occurs first. The employee is responsible for monitoring and not exceeding the maximum allowable annual contribution in accordance with Section 457 of the Internal Revenue Code.

Information regarding payroll deduction for deferred compensation and selection of Providers, distribution, change or designation of beneficiaries is available through the Human Resources Department. The County does not solicit, nor endorse any Deferred Compensation Plan Provider.

FLEXIBLE BENEFITS PLAN (SECTION 125)

Pursuant to Section 125 of the Internal Revenue Code, the County offers employees the option of using a portion of their before tax compensation for one or more of the following flexible benefit plans:

1. Premium Only Plan - Provides for the reduction of compensation by the employee contribution for health and life insurance premiums before taxes.
2. Dependent Care Reimbursement Account - Employees fund the flexible spending account by regular payroll deductions prior to tax pursuant to federal law. Dependent care expenses are then reimbursed up to the amount of the annual election.

Unused annual elected amounts are forfeited.

3. Health Care Reimbursement Account - Employees determine an annual election amount permitted by federal law, to be put into a flexible spending account for non-covered health-related expenses. The elected amount is deducted from compensation prior to tax and expenses are then reimbursed up to the amount of the employee's annual election.

An employee per the plan design may roll over the current amount allowed by IRS regulations up to \$500.00 into the next calendar year pursuant to the IRS regulations and plan design.

Employees electing to participate in one or more of the plans may have expenses for group health premiums, dependent care, or out-of-pocket health care costs deducted from compensation prior to taxes. Detailed information and enrollment forms regarding these flexible benefit plans are available through the Human Resources Department.

HEALTH INSURANCE BILL AUDIT PROGRAM

A participant can receive cash payments by auditing his/her own hospital, medical and/or dental bills. The participant should check each bill for unrecognizable charges such as laboratory tests and procedures that were not received or therapy charges that do not reflect the treatment received. Scott County will share the savings with the participant. The procedures outlined below should be followed.

Before the participant leaves the hospital, physician's or dentist's office, or upon receipt of the itemized bill, the participant should carefully review the charges, looking for errors such as the following:

- an incorrect number of days was billed for a period of hospital confinement;
- an incorrect number of days in an intensive care unit was billed;
- the participant was billed for tests not performed;

- an incorrect number of hours of physical therapy was billed;
- the participant was inaccurately billed for drugs; and/or
- on the day the participant left the hospital, he/she was charged for take-home drugs that were not received.

If the participant questions any charges and believes they are incorrect, he/she should contact the dentist, physician or hospital's billing office. The participant should ask for an explanation of any charges he/she does not understand.

Hospital, medical and dental bills eligible for this program are those for the employee and his/her covered dependents ~~incurred after January 1, 2011~~ and covered by the County's Plan. This Plan must pay before coordinating benefits with other group health insurance plans also providing benefits.

As an incentive to carefully review healthcare bills, Scott County will pay the participant 25% of the saving of \$100.00 or more to this Plan for overcharges or for charges he/she has eliminated from any hospital, medical or dental bill for treatment, services or supplies not received to a maximum incentive payment of \$250.00 per confinement, illness or injury. Obvious errors (e.g., \$1,000 for an office visit) will not be eligible for this program.

It will be the participant's responsibility, within 90 days of discharge or treatment to contact the hospital's or provider's billing department to report the error and obtain a corrected billing and to forward the original and corrected billing with corrected items circled to the Human Resources Department.

Upon review of the corrected billing, Scott County will notify the participant of the amount of payment for which he/she is eligible.

Employees should note that reimbursements of this nature are considered income for tax purposes.

HEALTHY LIFESTYLES PROGRAM

Scott County will offer a Healthy Lifestyles Program that allows employees and/or spouses on the health plan to earn points by participating in a variety of wellness activities. To enroll employee and/or spouse will be provided the opportunity to complete a wellness/biometric screening in the fall of each year and provided access to an online wellness portal. Employee and/or spouse who earn a minimum of 100 points by completing the wellness/biometric screening and various wellness activities by September of the following year will receive a \$25.00 monthly health premium reduction beginning January of 2022.

Employees (whose insurance is not covered by a collective bargaining agreement) are eligible to participate in the Y@Work program through the Quad Cities YMCA. The County will pay twenty dollars (\$20.00) a month as a taxable benefit to the Quad Cities YMCA toward a membership for the employee, two adults or family. The employee must attend at least twenty four (24) times a quarter in order for the County to continue its monthly contribution. The employee is responsible for any additional financial obligations to the Quad Cities YMCA.

ADMINISTRATIVE PROCEDURES

1. The Human Resources Department is responsible for administering the County's group health, dental, vision, life, LTD, deferred compensation and Section 125 flexible benefit plans.
2. The County retains full authority to change the plan of benefits described in this policy, to self-insure all or any portion of said benefits, and to select the insurance carrier or claims administrator.

V. EMPLOYEE RECOGNITION

GENERAL POLICY

It is the policy of Scott County to recognize employees for faithful years of service to the organization, for outstanding service to the County, and upon their retirement from County employment. Also to recognize those groups of Scott County employees involved in improving the community as well as improving the delivery of service to the citizens.

SCOPE

This policy is applicable to the following:

All employees responsible to the Scott County Board of Supervisors;

All employees responsible to a county elected office holder including the elected office holder and Deputies;

All employees not directly responsible to either the Board of Supervisors or an elected office holder and whose governing body and the Board of Supervisors has certified its applicability.

Whenever the provisions of this policy are in conflict with the Code of Iowa, or with a collectively-bargained agreement between the County and a certified bargaining unit, the provisions of the collectively-bargained agreement and/or the Code of Iowa will prevail.

RECOGNITION FOR YEARS OF SERVICE

In appreciation for their long-standing contribution to the County service, regular full-time and regular part-time employees shall receive a recognition award beginning at five years of continuous service based on their hire date at the regularly scheduled Committee of the Whole meeting. The schedule of awards will be as follows:

<u>Years of Continuous Service</u>	<u>Recognition Award</u>
5	five-year pin and pad folio

10	ten-year pin and \$25 gift card
15	fifteen-year pin and \$35 gift card
20	twenty-year pin and \$45 gift card
25	twenty-five-year pin and \$ 40-55 gift card and a watch which includes the County logo
30	thirty-year pin and \$65 gift card
35	thirty-five-year pin and \$75 gift card
40	forty-year pin and \$100 gift card

RECOGNITION FOR OUTSTANDING SERVICE

In the interest of recognizing outstanding service by County employees on a quarterly and annual basis, the following recognition program is established.

1. Quarterly Recognition Award. Any regular, full-time, or part-time employee may be nominated by any County employee for quarterly recognition of outstanding service to the County. Nominees should exemplify Scott County's PRIDE philosophy by their activities and contributions to the organization. Nominations will be considered quarterly and must be submitted by 4:30 p.m. on the established deadline date. Nominations received after these dates will be considered the following quarter. Nominations may be considered up to one year from the date of the nomination.

Nominations submitted must be in writing. Nomination forms are available on the Intranet. Nominations must be complete, legible and limited to no more than 500 words.

A selection committee (see #2 below) will review all nominations and select the employee who best exemplifies the County's PRIDE philosophy as Outstanding Employee of the Quarter. The employee will be presented with a plaque of appreciation and a \$100 gift card to be presented by the Board of Supervisors at the Board's Committee of the Whole meeting. In addition, a plaque bearing the recipient's name, department and photograph will be displayed for

the next quarter in an area designated by the Board.

2. Selection Committee. The selection of outstanding employees will be made by a 10-member selection committee. To ensure that a good cross section of employees is represented on the selection committee, appointments will be made in the following manner:

- Departments with 10 or more employees will submit the names of two employees, one management and one non-management employee, for possible appointment to the selection committee. Departments with less than 10 employees will submit the name of only one employee.
- From those names submitted by departments, a ten member selection committee will be appointed two from each group below trying to balance overall the number of management and non-management members.

Group 1

Information Technology
Administration

County Attorney-

~~County Attorney~~

Group 2

Conservation
Facility & Support Services
Secondary Roads

Group 3

Recorder
Treasurer
Auditor

Group 4

Sheriff/Jail
Juvenile Detention
Community Services

Group 5

Sheriff
Health
Planning & Development

- No more than one employee from the same department may serve on the selection committee at any one time.
- Committee members are limited to one term of two years. Appointments will be for two-year staggered terms.
- Anyone serving on the selection committee will be ineligible for the Employee of the Quarter awards.

A quorum of the selection committee will consist of six members.

The selection committee will vote annually to elect a chairperson from its membership. In addition other duties as determined by the committee, the chairperson will vote to break a tie in the selection process.

RECOGNITION AT RETIREMENT

In the interest of recognizing an employee's accomplishments at the conclusion of his/her work life, regular full-time and regular part-time employees who retire from the County with ten or more years of continuous service based on their hire date shall be formally recognized as indicated below. These awards will be presented by the Board of Supervisors, at a regular Board meeting. The schedule of awards shall be as follows:

1. An employee who retires with at least ten (10) years of continuous service, but less than twenty (20) years, shall receive an engraved 4X6 plaque.
2. An employee who retires with at least twenty (20) years of continuous service, but less than thirty (30) years, shall receive an engraved 6X8 plaque.
3. An employee who retires with thirty (30) or more years of continuous service shall receive a time piece with an affixed engraved plaque.

ADMINISTRATIVE PROCEDURES

1. The Human Resources Department is responsible for administering the provisions of this policy to ensure the timely presentation of recognition awards. The Human Resources Department shall report the employee name and amount of gift card to the Payroll Division of the Auditor's Office for taxable purposes.
2. Department heads are expected to cooperate in the effective implementation of this policy by notifying the Human Resources department as far in advance as possible of impending retirements.

3. COPYING POLICY

POLICY

It is the policy of Scott County to provide coordinated multi-function ~~peripheral (MFP) office machine~~ (copy, scan, ~~print, print~~ and fax) service to all departments and offices in the most cost-effective and efficient manner possible. Said services shall be provided by the ~~Information Technology Facility and Support Services~~ Department. In general, acquisition of multi-function equipment shall be through direct purchase whenever such funds are available and need exists. Lease and/or rental options shall only be exercised in unique situations. The use of recycled paper and two-sided copying will be encouraged and the unnecessary use of color copying discouraged in support of Scott County's sustainable mission.

SCOPE

This policy is applicable to all offices and departments within Scott County government and any outside agencies utilizing county print shop services.

ADMINISTRATIVE PROCEDURES

- A. ~~Service Responsibilities: Facility & Support Services (FSS)~~
1. ~~IT~~FSS shall be responsible for the purchase and maintenance of all County ~~MFP~~copying equipment. All requests for service on ~~MFP~~copying equipment shall be directed to the Service Provider number as indicated on the service tag attached to the machine or as directed by ~~IT~~FSS. In the event that service is unsatisfactory, contact ~~IT~~FSS for follow-up.
 2. ~~IT~~FSS shall work with ~~offices and departments~~IT to adopt general specifications for all future multi-function purchases so as to achieve standardization of machines. These specifications shall be reviewed and updated as necessary. Wherever possible and feasible ~~IT and FSS~~ will purchase technology to provide users with equipment features to enhance user productivity.
 3. ~~Budget and Administrative Services - Purchasing Office~~FSS shall have responsibility for the bulk purchase of all copying supplies (paper and toner). ~~FSS-Purchasing~~ will supply recycled and green products whenever possible. Users should practice two-sided copying whenever feasible and practical to encourage the preservation of natural resources and to protect the environment.

~~4. FSS will be provide paper for use in departmental copiers and printers which shall be ordered through the Print Shop and will be charged back to each department. Specialty papers not normally stocked by the Print Shop shall be purchased and supplied by the requesting department or agency.~~

~~1. Paper for use in departmental copiers and printers shall be ordered through the Print Shop and will be charged back to each department. Specialty papers not normally stocked by the Print Shop shall be purchased and supplied by the requesting department or agency.~~

45. [ITFSS](#) shall conduct, on an annual basis, a survey of all existing copying equipment, in conjunction with the annual budget review process. [ITFSS](#) shall annually budget, within the Electronic Equipment Capital Plan for machine replacement based on a scheduled life-cycle and usage.

56. [ITFSS](#) shall be responsible for monthly usage [reviews](#) ~~meter readings~~.

B. Departmental Responsibilities

All offices and departments shall:

1. Route all major copying jobs to the Print Shop for processing.
2. Assist [ITFSS](#) in gathering data to assist in maintenance and machine replacement planning. Users shall notify [ITFSS](#) if copier needs change resulting in the need to move, eliminate or add machines
3. Use recycled paper and two-sided copying whenever feasible and practical. The unnecessary use of color copying shall be discouraged. Compliance with these practices supports cost effectiveness and the County sustainable mission.
4. Order all standard paper types for copiers, printers, and multi-function machines from the print shop.
5. Order all standard toners for copiers, printers, and multi-function machines from the [Budget and Administrative Services -FSS](#) Purchasing Office.
6. Return all depleted toner cartridges for proper recycling and/or disposal.

C. User Costs

DRAFT for discussion purposes

User charges for services for County Departments, employees, public requests and outside agencies will be evaluated and determined on an annual basis using historical data, labor estimates and current material pricing.

D. Other

All proposed equipment purchases shall be made in accordance with established County purchasing policies.

15. Tax Abatement on Exempt Properties

POLICY

It is the policy of Scott County to obtain the full value of property taxes to be distributed to the county, cities, school district and other taxing authorities.

SCOPE

This policy is applicable to those County offices and departments involved in the tax abatement process.

ADMINISTRATIVE PROCEDURES

- A. The County recognizes its ability under Iowa Code Section 427.3 to abate property taxes in a situation where property may have been considered exempt under state code is transferred after the deadline to request exemption. The abatement may occur when the property was transferred to the person or entity after the deadline for the property tax exemption in the current assessment year in which the property was transferred and the property acquired by gift or purchase would have been exempt under section 427.1, subsection 7, 8, or 9, if the person or entity had been able to file for exemption in a timely manner.
- B. The County recognizes that it does not have discretion to abate property taxes retroactively and that property owners who may qualify for exempt status under state law have an obligation to timely file an application for said status during the time of transfer of the property.
- C. The County recognizes that property taxes attaches to the property as of the January 1 of the assessment year and are remitted to the county in two installments during the following fiscal year after the tax roll is certified. For example:
 - a. January 1, 2021 - Assessment Year Valuation
 - b. By December 31, 2021 - Assessment Roll Certification by County Auditor
 - c. Assessment Year 2021 Property taxes collected in the Fall 2022 and Spring 2023.
 - d. The abatement of taxes in Assessment Year 2021 shall apply to the property taxes collected in the Fall of 2022 and Spring of 2023.
 - a-e. The property taxes collected in the Fall of 2021 and Spring 2022 shall be remitted to the County for collection and distribution to taxing bodies. These taxes relate to the January 1, 2020 Assessment Year and the property owner at that date.
- ~~B-D.~~ The Board of Supervisors hereby notifies property owners and their representatives (e.g. real estate agents, bankers and lawyers) that properties transferred that may obtain or lose a tax exempt status need to make timely filings

under the state law. That the Board will not abate taxes under its discretion under Iowa Code Section 427.3, therefore proper provisions should be considered at the time of closing or transfer of the property to pay future tax obligations of the property.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

RESOLUTION

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

APPROVING CHANGES TO VARIOUS GENERAL AND HUMAN RESOURCES POLICIES

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. Human Resources Policy P "Insurance and Deferred Compensation" is updated to reflect the updates to the flex savings plan.

Section 2. Human Resources Policy V "Employee Recognition" reflects the change to the recognition award for twenty five years.

Section 3. General Policy 3 "Copying" updates the policy to reflect that IT maintains multi-function peripheral (MFP) copiers rather than FSS.

Section 4. General Policy 15 "Tax Abatement on Exempt Properties" clarifies when state law applies to permit the abatement.

Section 5. This resolution shall take effect immediately.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

APPROVAL OF STAFF APPOINTMENTS

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. The hiring of Christopher Scheer for the position of Corrections Officer in the Sheriff's Office at the entry level rate.

Section 2. The hiring of Bryse Sunderlin for the position of Corrections Officer in the Sheriff's Office at the entry level rate.

Section 3. The hiring of Courtney-Jade Hudson for the position of Corrections Officer in the Sheriff's Office at the entry level rate.

Section 4. The hiring of Nichole Gimm for the position of Corrections Officer in the Sheriff's Office at the entry level rate.

OFFICE OF THE COUNTY ADMINISTRATOR

600 West Fourth Street
Davenport, Iowa 52801-1003

Office: (563) 326-8702
Fax: (563) 328-3285
www.scottcountyiowa.gov



March 25, 2021

TO: Mahesh Sharma

FROM: David Farmer, CPA, MPA Director of Budget and Administrative Services

SUBJ: Scott County and Scott County Public Safety Authority Continuing Disclosure Requirements

In accordance with County Policy 13, *Tax Compliance Procedures relating to Tax-Exempt Bonds*, County Administration has filed, and verified, that all required continuing disclosures have been completed in relation to the June 30, 2020 financial statements. The Annual Financial Information and Operation Data for the year ended June 30, 2020 was posted to the Electronic Municipal Market Access (EMMA) database on March 25, 2021. This filing is within the required 365 days after fiscal year end.

Additionally, training to the Board will be held with the Board in the event of any new members or approval of an official statement. I attend training annually through GFOA and bond counsel courses. This is in accordance with the policies and procedures regarding municipal securities disclosure as approved by the Scott County Board October 8, 2015.

OFFICE OF THE COUNTY ADMINISTRATOR

600 West Fourth Street
Davenport, Iowa 52801-1003

Office: (563) 326-8702
Fax: (563) 328-3285
www.scottcountyiowa.com



Item #10
4/13/21

April 6, 2021

TO: Mahesh Sharma, County Administrator
FROM: David Farmer, CPA, MPA Director of Budget and Administrative Services
RE: FY21 Budget Amendment

Please find attached the resolution to approve the FY21 Budget Amendment hearing date. The public hearing is requested to be held on Thursday, May 27, 2021 at 5:00 PM and advanced notice of the hearing is to be published according to state law in the two official County newspapers between 10 and 20 days before the hearing.

By State code, a budget amendment must be adopted by May 31 or before. It is not possible to legally amend the budget in the month of June. Details of the amendment will be available at the May 25, 2021 Committee of the Whole meeting.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

APRIL 15, 2021

APPROVING THE SETTING OF A PUBLIC HEARING ON AN AMENDMENT TO THE
COUNTY'S CURRENT FY21 BUDGET

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. A public hearing date on an amendment to the County's current FY21 Budget is set for Thursday, May 27, 2021 at 5:00 p.m.

Section 2. The County Auditor is hereby directed to publish notice of said amendment as required by law.

Section 3. This resolution shall take effect immediately.

OFFICE OF THE COUNTY ADMINISTRATOR

600 West Fourth Street
Davenport, Iowa 52801-1187

Ph: (563) 326-8702 Fax: (563) 328-3285
www.scottcountyiowa.gov



April 5, 2021

TO: Mahesh Sharma, County Administrator
FROM: David Farmer, Budget & Administrative Services Director
SUBJ: Approval of 2021 Slough Bill Exemptions - County

Enclosed are the 2021 Slough Bill Exemptions as submitted to the Board for their approval. The Soil Conservation District has certified that these exemptions have been reviewed and meet the legal requirements.

The attached listing also shows that the requested acres fall within the maximum allowable acreage of 2,334 as set forth by resolution by the Board of Supervisors in 1990. A growth calculation occurs after the initial limit if 2,334 is met. Since the passage of the Slough Bill in 1990, the following acres and assessed valuations have been approved for exemption:

<u>Year</u>	<u>Acres</u>	<u>Exempt Val</u>
2005	882.88	380,996
2006	875.20	372,676
2007	917.07	464,855
2008	1,081.89	482,739
2009	1,130.39	633,815
2010	1,130.46	676,537
2011	1,115.34	920,720
2012	1,159.76	1,133,920
2013	1,213.73	1,272,453
2014	1,352.62	1,269,400
2015	1,508.49	2,213,310
2016	1,441.34	2,131,080
2017	1,513.04	2,087,320
2018	1,434.75	2,047,730
2019	1,634.09	2,067,420
2020	1,668.92	2,033,810
2021 (requested)	1,663.32	2,028,520

There are exemption requests that are under the jurisdiction of City of Davenport and City of Bettendorf. Before the Board may approve these exemptions each City Council would need to approve the exemption requests.

cc: Tom McManus, County Assessor
Nick VanCamp, City Assessor

OFFICE OF THE COUNTY ASSESSOR

600 West 4th Street
Davenport, Iowa 52801-1030
Office: (563) 326-8635
www.scottcountyiowa.gov
assessor@scottcountyiowa.gov



TOM MCMANUS
County Assessor

JOHN KELLY
Deputy Assessor

March 19, 2021

To: Mahesh Sharma, Scott County Administrator

From: Tom R. McManus

RE: 2021 Slough Bill Applications

Enclosed is a list of the 2021 Slough Bill Tax Exemption applicants received from the Scott County Soil & Water Conservation District for the Board of Supervisors approval. The City of Bettendorf has approved the applications in their jurisdiction. The total number of acres recommended for approval are 1,663.32 with a land value of \$2,028,520 in the rural area and 32.20 acres with a land value of \$251,860 in the urban area. The City of Davenport applications have been forwarded to the City of Davenport Assessor's Office.

If you need any more information please contact myself or Beth Haney, ext 8636.

Thank you,

Tom R McManus

Scott County Assessor

Scott County Soil & Water Conservation District

8370 Hillendale Road, Davenport, IA 52806
(563) 391-1403 Fax (563) 388-0682

Chad Dexter Lora Schmidt Joshua Witt Christine Bolte Richard Golinghorst

February 3, 2021

Scott County Assessor
 600 W. 4th Street
 Davenport, IA 52801

Enclosed are the applications for tax exemption under the Slough Bill. The SWCD Commissioners have recognized these applications as meeting the criteria for the type of exemption stated.

Renewal Applications:

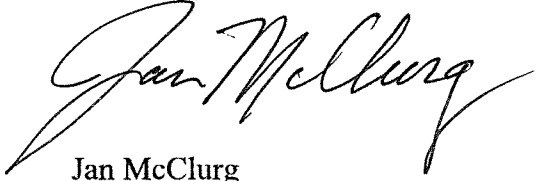
John & Mary Arter ✓	Open Prairie	188.11 acres ✓
	Forest Cover	2.4 acres ✓
Mary Arter ✓	Open Prairie	20.0 acres ✓
Charles Beason ✓	Forest Cover	4.01 acres? ✓
	Open Prairie	2.62 acres? ✓
<u>WENPORT</u> David Bierl	Open Prairie	2.3 acres —
	Forest Cover	6.15 acres —
<u>WENPORT</u> John Carrillo	Open Prairie	6.6 acres —
Lori & Joe Cawiezell ✓	Open Prairie	2.0 acres ✓
Andrew Claeys ✓	Forest Cover	21.9 acres? ✓ 17.31 ✓
Paul Claeys ✓	Open Prairie	8.3 acres ✓
J.C. Davis, Jr. ✓	Forest Cover	17.45 acres ✓
<u>WETTENDORF</u> Gary & Elizabeth Fincher	Forest Cover	10.7 acres ✓
<u>WENPORT</u> Genesis Systems Group	Open Prairie	7.0 acres —
Haase Living Trust ✓	Open Prairie	5.6 acres ✓
Marianne Hamilton ✓	Forest Cover	18.1 acres ✓
Greg Hawk ✓	Forest Cover	19.0 acres ✓
Alan Henningsen ✓	Forest Cover	59.3 acres ✓
	Open Prairie	66.2 acres ✓
Jon Hilmann ✓	Forest Cover	15.0 acres ✓
JO-DA, LLC ✓	Open Prairie	36.3 acres ✓
	River & Streambanks	34.5 acres ✓
Eugene Johnson Trust ✓	Open Prairie	13.74 acres ✓
Marguerite Johnson Trust ✓	Open Prairie	4.6 acres ✓
*Carol Klemme ✓	Forest Cover	3.0 acres ✓
Robert Kolwey ✓	Forest Cover	22.98 acres ✓
Richard H Kuehl Rev Tr. ✓	Open Prairie	14.6 acres ✓
<u>WENPORT</u> Robert & Elaine Kuehl ✓	Open Prairie	2.75 acres —
<u>WETTENDORF</u> Marilyn Leonard	Forest Cover	6.5 acres ✓
Martin Family Rev Trust ✓	Forest Cover	4.2 acres ✓
<u>WETTENDORF</u> Chad Miller	Forest Cover	2.0 acres ✓
	River & Streambanks	2.3 acres ✓
Brad Moeller ✓	Open Prairie	50.0 acres ✓
	Forest Cover	16.48 acres ✓
Richard Mohr ✓	Forest Cover	12.02 acres ✓
Jane Morrell ✓	Forest Cover	5.32 acres ✓

<u>DAVENPORT</u>	Shirley Perry	Open Prairie	5.0 acres	—
	Linda Purcell ✓	Forest Cover	3.1 acres	✓
	Terry Rathje ✓	Open Prairie	5.5 acres	✓
<u>DAVENPORT</u>	Brian Ritter	Open Prairie	4.2 acres	✓
	Ryan Living Trust ✓	Forest Cover	3.8 acres	—
	Camille Schoerberl ✓	Forest Cover	5.0 acres	✓
	Brian Seibel ✓	Forest Cover	2.0 acres	✓
	Tony Singh ✓	Forest Cover	91.0 acres	WAPSI WILLIE ACRES LLC ✓
	Joe or Pam Slater ✓	Open Prairie	6.6 acres	PRAIRIE OAKS LLC ✓
	STL Properties LLC ✓	Open Prairie	2.0 acres	✓
	Andrew Strunk ✓	Open Prairie	71.9 acres	✓
	Kim Strunk ✓	Forest Cover	2.0 acres	✓
	Ben Taylor ✓	Open Prairie	5.0 acres	✓
	Diane Tee ✓	Forest Cover	3.4 acres	✓
	Inez Tobin ✓	Open Prairie	2.9 acres	✓
<u>JEFFERSON</u>	Judy A Tully Rev Trust	Forest Cover	125.0 acres	✓
	Doug Vickstrom Rev Trust ✓	Forest Cover	10.7 acres	✓
<u>DAVENPORT</u>	Burton Voss Trust	Open Prairie	660.64 acres	✓
	Mark Wagemester ✓	Forest Cover	56.0 acres	—
	Connie Youngers ✓	River & Streambanks	3.94 acres	✓
		Open Prairie	6.19 acres	✓ 6.00

*new application but applied in previous years

Please contact me if you have any questions.

Sincerely,



Jan McClurg
 Conservation Assistant
 Iowa Department of Agriculture and Land Stewardship
 Scott County Soil & Water Conservation District
 8370 Hillandale Rd
 Davenport IA 52806
 563.391.1403 x3
 jan.mcclurg@ia.nacdnet.net

Natural Conservation and Wildlife Areas Property Tax Exemption Instructions

The exemption may be applied to recreational lakes, forest covers, rivers and stream banks, and open prairies as designated by the board of supervisors of the county in which the property is located.

This exemption is only available to parcels of property of two acres or more. The property must also be utilized for the purposes of providing soil erosion control, wildlife habitat, or both.

An exemption is allowed for rivers and streams or river and stream banks only if the land is located at least 33 feet from the ordinary high water mark of the rivers and streams or river and stream banks.

If the property is an open prairie, the property will be inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

If the real property is located within a city, the approval of the governing body must be obtained before the real property is eligible for an exemption.

A property receiving this exemption shall not be used for economic gain of any kind during the assessment year. This includes, but is not limited to, the storage of equipment, machinery, or crops.

If the property is used for economic gain during an assessment year in which it has received this exemption, the property shall lose its exemption and be taxed at the rate levied by the county for the fiscal year beginning in that assessment year.

2021 Slough Bill Rural

Deedholder	Description	Parcel_Number	Exempt	Exempt Land	
			Acres	Value	Exempt CSR
ARTER JOHN D	AL -Ag Land	021419005	2.40	\$1,710	77.55
ARTER JOHN D	AL -Ag Land	021421004	4.60	\$2,720	123.50
ARTER JOHN D	AL -Ag Land	021433004	16.95	\$17,100	777.06
ARTER JOHN D	AL -Ag Land	021435002	38.50	\$37,690	1,713.18
ARTER JOHN D	AL -Ag Land	021437002	11.40	\$8,900	404.32
ARTER JOHN D	AL -Ag Land	021449001	23.90	\$21,430	974.08
ARTER JOHN D	AL -Ag Land	021451001	33.30	\$24,400	1,108.91
ARTER JOHN D	AL -Ag Land	021453001	5.00	\$3,790	172.06
ARTER JOHN D	AL -Ag Land	021555002	12.25	\$9,460	429.82
ARTER JOHN D	AL -Ag Land	022321002	42.21	\$41,970	1,907.71
ARTER MARY ELIZABETH	AL -Ag Land	022103001	20.00	\$18,700	849.87
BEASON CHARLES	R -Residential	8506555041	2.81	\$14,050	0.00
BEASON CHARLES	R -Residential	8506555041	2.20	\$11,000	0.00
CAROL A KLEMME REVOCABLE TRUST	AD -Ag Dwelling	042749005	3.00	\$2,640	119.96
CAWIEZELL JOSEPH M	R -Residential	930201008	2.00	\$10,000	0.00
CLAEYS ANDREW	AL -Ag Land	040517002	3.21	\$1,370	62.41
CLAEYS ANDREW	AL -Ag Land	040637001	10.50	\$1,120	50.79
CLAEYS ANDREW	AL -Ag Land	040653004	3.60	\$1,090	49.53
CLAEYS PAUL D	AL -Ag Land	041035001	8.30	\$8,330	378.61
DAVIS J C JR	R -Residential	9216071022	17.45	\$52,350	0.00
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040217001	10.96	\$9,420	428.34
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040233001	26.06	\$15,880	721.64
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040249001	52.02	\$37,990	1,726.57
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040303002	7.75	\$3,570	162.21
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040303003	8.20	\$3,740	170.06
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040305003	34.81	\$34,780	1,581.03
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040305004	3.59	\$380	17.40
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040307003	2.40	\$2,620	118.87
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040307005	3.62	\$760	34.40
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040307006	9.30	\$7,630	346.73
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040317003	20.00	\$12,320	560.11
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040319003	31.40	\$31,200	1,417.97
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040321002	2.10	\$2,280	103.54
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040321003	37.90	\$40,290	1,831.26
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040323002	16.30	\$17,230	783.32
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040323003	23.70	\$24,670	1,121.53
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040333008	24.18	\$21,770	989.40
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040333010	1.65	\$1,240	56.44
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040333011	5.15	\$4,100	186.30
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040335002	16.30	\$14,710	668.39
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040335003	23.70	\$23,290	1,058.46
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040337002	14.30	\$15,160	689.23
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040337003	25.70	\$27,900	1,267.98
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040339002	37.30	\$31,950	1,452.33
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040339003	2.70	\$2,940	133.69
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040349001	40.00	\$36,010	1,636.73
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040351002	15.20	\$13,680	621.96
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040351003	24.80	\$23,850	1,084.09
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040353002	9.80	\$10,320	469.11
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040353003	30.20	\$31,280	1,421.86
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040355001	40.00	\$39,820	1,809.91

DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040439003	24.60	\$23,390	1,063.31
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040455005	34.95	\$32,780	1,489.94
EUGENE L JOHNSON FAMILY TRUST	R -Residential	952333101	11.98	\$47,920	0.00
EUGENE L JOHNSON FAMILY TRUST	R -Residential	952335304	1.76	\$8,000	0.00
HAASE LIVING TRUST	R -Residential	051951002	3.74	\$14,000	0.00
HAASE THOMAS P	R -Residential	051951004	1.86	\$28,600	0.00
HAMILTON MARIANNE	AL -Ag Land	720249003	18.10	\$7,140	324.58
HAWK GREGORY G	AL -Ag Land	920951002	7.50	\$7,670	348.69
HAWK GREGORY G	R -Residential	920951003	11.50	\$46,000	0.00
HENNINGSEN ALAN L	AL -Ag Land	030533001	22.30	\$14,780	671.91
HENNINGSEN ALAN L	AL -Ag Land	030533001	19.50	\$18,090	822.21
HENNINGSEN ALAN L	AL -Ag Land	030623001	15.00	\$14,910	677.49
HENNINGSEN ALAN L	AL -Ag Land	030623001	14.50	\$13,050	593.13
HENNINGSEN ALAN L	AL -Ag Land	030639001	22.00	\$21,040	956.19
HENNINGSEN ALAN L	AL -Ag Land	030639001	32.20	\$29,940	1,360.71
HILLMANN JON P	AL -Ag Land	032619002	15.00	\$16,110	732.05
JO-DA LLC	AL -Ag Land	030705001	4.00	\$3,450	156.57
JO-DA LLC	AL -Ag Land	030705001	30.00	\$26,000	1,181.87
JO-DA LLC	AL -Ag Land	030707001	2.00	\$1,860	84.38
JO-DA LLC	AL -Ag Land	030707001	4.30	\$4,270	193.88
JO-DA LLC	AL -Ag Land	030707002	22.00	\$15,020	682.59
JO-DA LLC	AL -Ag Land	030721001	6.00	\$3,510	159.65
JO-DA LLC	AL -Ag Land	030721001	2.00	\$610	27.75
JO-DA LLC	AL -Ag Land	030723002	0.50	\$510	23.32
KOLWEY ROBERT L	AL -Ag Land	721707002	22.98	\$8,500	386.28
MARGUERITE A JOHNSON 2004 TRUST	R -Residential	952349201	4.60	\$18,000	0.00
MARTIN FAMILY REVOCABLE TRUST	R -Residential	952231042	4.20	\$28,670	0.00
MOELLER BRADLEY D	AL -Ag Land	022105003	9.48	\$8,280	376.44
MOELLER BRADLEY D	AL -Ag Land	022105003	17.60	\$17,560	798.21
MOELLER BRADLEY D	AL -Ag Land	022107001	7.00	\$7,200	327.10
MOELLER BRADLEY D	AL -Ag Land	022107001	32.40	\$29,190	1,326.99
MOHR RICHARD J	AD -Ag Dwelling	042007001	12.02	\$12,090	549.74
MORRELL JANE E	R -Residential	021137001	2.00	\$3,000	0.00
MORRELL JANE E	R -Residential	021153006	3.32	\$18,750	0.00
NELLI LLC	R -Residential	850655503	1.20	\$125,300	0.00
NELLI LLC	R -Residential	850655503	0.42	\$35,400	0.00
PRAIRIE OAKS LLC	R -Residential	9516491041	6.60	\$7,000	0.00
PURCELL LINDA KAREN	R -Residential	850717011	3.10	\$9,000	0.00
PURCELL LINDA KAREN	R -Residential	850717011	5.50	\$16,500	0.00
RATHJE TERRY D	R -Residential	0305370021	4.20	\$16,000	0.00
RICHARD H KUEHL REVOCABLE TRUST	AL -Ag Land	942401002	14.60	\$12,370	562.29
RYAN JAMES L	R -Residential	021551001	5.00	\$15,000	0.00
SCHOEBERL CAMILLE	R -Residential	053437101	1.10	\$13,400	0.00
SCHOEBERL CAMILLE A	R -Residential	053435108	0.90	\$44,100	0.00
SLATER JOSEPH L	AL -Ag Land	031301002	0.50	\$390	17.69
SLATER JOSEPH L	AL -Ag Land	031317004	1.50	\$1,260	57.44
STL PROPERTIES LLC	AL -Ag Land	021633002	24.87	\$21,400	972.67
STL PROPERTIES LLC	AL -Ag Land	021649004	34.92	\$33,160	1,507.42
STL PROPERTIES LLC	AL -Ag Land	022101002	12.11	\$11,200	508.89
STRUNK ANDREW	AD -Ag Dwelling	910339005	2.00	\$2,000	90.69
STRUNK KIM M	AL -Ag Land	910339004	5.00	\$5,690	258.71
TAYLOR BENJAMIN JOHN	R -Residential	850705002	3.40	\$10,500	0.00
TEE DONALD A	R -Residential	9216071021	2.90	\$6,000	0.00
TOBIN GERALD	AD -Ag Dwelling	033321001	28.10	\$18,230	828.56

TOBIN GERALD	AL -Ag Land	033303001	0.50	\$540	24.67
TOBIN GERALD	AL -Ag Land	033305001	14.50	\$14,660	666.15
TOBIN GERALD	AL -Ag Land	033307001	24.50	\$18,500	841.10
TOBIN GERALD	AL -Ag Land	033319001	8.20	\$5,700	259.20
TOBIN GERALD	AL -Ag Land	033323001	39.20	\$33,310	1,514.28
TOBIN LIVING TRUST	AL -Ag Land	033401002	1.00	\$180	8.03
TOBIN LIVING TRUST	AL -Ag Land	033417001	9.00	\$4,430	201.23
WAGEMESTER JENNIFER C STEINES	AL -Ag Land	930107203	3.94	\$4,310	196.04
WAPSI WILLIE ACRES LLC	R -Residential	021533002	91.00	\$136,500	0.00
YOUNGERS CONNIE R	R -Residential	042749006	6.00	\$24,000	0.00
	Totals		<u>1,663.32</u>	<u>\$2,028,520</u>	<u>57,700.28</u>

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
 THAT THIS RESOLUTION HAS BEEN FORMALLY
 APPROVED BY THE BOARD OF SUPERVISORS
 ON _____
 DATE

RESOLUTION

 SCOTT COUNTY AUDITOR

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

APPROVING THE 2021 SLOUGH BILL EXEMPTION REQUESTS

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. The 2021 Slough Bill exemptions as presented to the Board of Supervisors by the Soil Conservation District and the County Assessor's office are hereby approved as follows:

Deedholder	Description	Parcel Number	Exempt Acres	Exempt Amount
ARTER JOHN D	AL -Ag Land	021419005	2.40	\$1,710
ARTER JOHN D	AL -Ag Land	021421004	4.60	\$2,720
ARTER JOHN D	AL -Ag Land	021433004	16.95	\$17,100
ARTER JOHN D	AL -Ag Land	021435002	38.50	\$37,690
ARTER JOHN D	AL -Ag Land	021437002	11.40	\$8,900
ARTER JOHN D	AL -Ag Land	021449001	23.90	\$21,430
ARTER JOHN D	AL -Ag Land	021451001	33.30	\$24,400
ARTER JOHN D	AL -Ag Land	021453001	5.00	\$3,790
ARTER JOHN D	AL -Ag Land	021555002	12.25	\$9,460
ARTER JOHN D	AL -Ag Land	022321002	42.21	\$41,970
ARTER MARY ELIZABETH	AL -Ag Land	022103001	20.00	\$18,700
BEASON CHARLES	R -Residential	8506555041	2.81	\$14,050
BEASON CHARLES	R -Residential	8506555041	2.20	\$11,000
CAROL A KLEMME REVOCABLE TRUST	AD -Ag Dwelling	042749005	3.00	\$2,640
CAWIEZELL JOSEPH M	R -Residential	930201008	2.00	\$10,000
CLAEYS ANDREW	AL -Ag Land	040517002	3.21	\$1,370
CLAEYS ANDREW	AL -Ag Land	040637001	10.50	\$1,120
CLAEYS ANDREW	AL -Ag Land	040653004	3.60	\$1,090
CLAEYS PAUL D	AL -Ag Land	041035001	8.30	\$8,330
DAVIS J C JR	R -Residential	9216071022	17.45	\$52,350
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040217001	10.96	\$9,420
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040233001	26.06	\$15,880
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040249001	52.02	\$37,990
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040303002	7.75	\$3,570
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040303003	8.20	\$3,740
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040305003	34.81	\$34,780
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040305004	3.59	\$380
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040307003	2.40	\$2,620

DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040307005	3.62	\$760
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040307006	9.30	\$7,630
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040317003	20.00	\$12,320
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040319003	31.40	\$31,200
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040321002	2.10	\$2,280
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040321003	37.90	\$40,290
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040323002	16.30	\$17,230
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040323003	23.70	\$24,670
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040333008	24.18	\$21,770
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040333010	1.65	\$1,240
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040333011	5.15	\$4,100
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040335002	16.30	\$14,710
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040335003	23.70	\$23,290
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040337002	14.30	\$15,160
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040337003	25.70	\$27,900
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040339002	37.30	\$31,950
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040339003	2.70	\$2,940
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040349001	40.00	\$36,010
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040351002	15.20	\$13,680
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040351003	24.80	\$23,850
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040353002	9.80	\$10,320
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040353003	30.20	\$31,280
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040355001	40.00	\$39,820
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040439003	24.60	\$23,390
DOUGLAS E VICKSTROM REVOCABLE TRUST	AL -Ag Land	040455005	34.95	\$32,780
EUGENE L JOHNSON FAMILY TRUST	R -Residential	952333101	11.98	\$47,920
EUGENE L JOHNSON FAMILY TRUST	R -Residential	952335304	1.76	\$8,000
HAASE LIVING TRUST	R -Residential	051951002	3.74	\$14,000
HAASE THOMAS P	R -Residential	051951004	1.86	\$28,600
HAMILTON MARIANNE	AL -Ag Land	720249003	18.10	\$7,140
HAWK GREGORY G	AL -Ag Land	920951002	7.50	\$7,670
HAWK GREGORY G	R -Residential	920951003	11.50	\$46,000
HENNINGSEN ALAN L	AL -Ag Land	030533001	22.30	\$14,780
HENNINGSEN ALAN L	AL -Ag Land	030533001	19.50	\$18,090
HENNINGSEN ALAN L	AL -Ag Land	030623001	15.00	\$14,910
HENNINGSEN ALAN L	AL -Ag Land	030623001	14.50	\$13,050
HENNINGSEN ALAN L	AL -Ag Land	030639001	22.00	\$21,040
HENNINGSEN ALAN L	AL -Ag Land	030639001	32.20	\$29,940
HILLMANN JON P	AL -Ag Land	032619002	15.00	\$16,110
JO-DA LLC	AL -Ag Land	030705001	4.00	\$3,450
JO-DA LLC	AL -Ag Land	030705001	30.00	\$26,000
JO-DA LLC	AL -Ag Land	030707001	2.00	\$1,860
JO-DA LLC	AL -Ag Land	030707001	4.30	\$4,270
JO-DA LLC	AL -Ag Land	030707002	22.00	\$15,020
JO-DA LLC	AL -Ag Land	030721001	6.00	\$3,510

JO-DA LLC	AL -Ag Land	030721001	2.00	\$610
JO-DA LLC	AL -Ag Land	030723002	0.50	\$510
KOLWEY ROBERT L	AL -Ag Land	721707002	22.98	\$8,500
MARGUERITE A JOHNSON 2004 TRUST	R -Residential	952349201	4.60	\$18,000
MARTIN FAMILY REVOCABLE TRUST	R -Residential	952231042	4.20	\$28,670
MOELLER BRADLEY D	AL -Ag Land	022105003	9.48	\$8,280
MOELLER BRADLEY D	AL -Ag Land	022105003	17.60	\$17,560
MOELLER BRADLEY D	AL -Ag Land	022107001	7.00	\$7,200
MOELLER BRADLEY D	AL -Ag Land	022107001	32.40	\$29,190
MOHR RICHARD J	AD -Ag Dwelling	042007001	12.02	\$12,090
MORRELL JANE E	R -Residential	021137001	2.00	\$3,000
MORRELL JANE E	R -Residential	021153006	3.32	\$18,750
NELLI LLC	R -Residential	850655503	1.20	\$125,300
NELLI LLC	R -Residential	850655503	0.42	\$35,400
PRAIRIE OAKS LLC	R -Residential	9516491041	6.60	\$7,000
PURCELL LINDA KAREN	R -Residential	850717011	3.10	\$9,000
PURCELL LINDA KAREN	R -Residential	850717011	5.50	\$16,500
RATHJE TERRY D	R -Residential	0305370021	4.20	\$16,000
RICHARD H KUEHL REVOCABLE TRUST	AL -Ag Land	942401002	14.60	\$12,370
RYAN JAMES L	R -Residential	021551001	5.00	\$15,000
SCHOEBERL CAMILLE	R -Residential	053437101	1.10	\$13,400
SCHOEBERL CAMILLE A	R -Residential	053435108	0.90	\$44,100
SLATER JOSEPH L	AL -Ag Land	031301002	0.50	\$390
SLATER JOSEPH L	AL -Ag Land	031317004	1.50	\$1,260
STL PROPERTIES LLC	AL -Ag Land	021633002	24.87	\$21,400
STL PROPERTIES LLC	AL -Ag Land	021649004	34.92	\$33,160
STL PROPERTIES LLC	AL -Ag Land	022101002	12.11	\$11,200
STRUNK ANDREW	AD -Ag Dwelling	910339005	2.00	\$2,000
STRUNK KIM M	AL -Ag Land	910339004	5.00	\$5,690
TAYLOR BENJAMIN JOHN	R -Residential	850705002	3.40	\$10,500
TEE DONALD A	R -Residential	9216071021	2.90	\$6,000
TOBIN GERALD	AD -Ag Dwelling	033321001	28.10	\$18,230
TOBIN GERALD	AL -Ag Land	033303001	0.50	\$540
TOBIN GERALD	AL -Ag Land	033305001	14.50	\$14,660
TOBIN GERALD	AL -Ag Land	033307001	24.50	\$18,500
TOBIN GERALD	AL -Ag Land	033319001	8.20	\$5,700
TOBIN GERALD	AL -Ag Land	033323001	39.20	\$33,310
TOBIN LIVING TRUST	AL -Ag Land	033401002	1.00	\$180
TOBIN LIVING TRUST	AL -Ag Land	033417001	9.00	\$4,430
WAGEMESTER JENNIFER C STEINES	AL -Ag Land	930107203	3.94	\$4,310
WAPSI WILLIE ACRES LLC	R -Residential	021533002	91.00	\$136,500
YOUNGERS CONNIE R	R -Residential	042749006	6.00	\$24,000
			<u>1,663.32</u>	<u>\$2,028,520</u>

Section 2. This resolution shall take effect immediately.

OFFICE OF THE COUNTY ADMINISTRATOR

600 West Fourth Street
Davenport, Iowa 52801-1187

Ph: (319) 326-8702 Fax: (319) 328-3285
www.scottcountyiowa.gov



April 5, 2021

TO: Mahesh Sharma, County Administrator

FROM: David Farmer, Budget & Administrative Services Director

SUBJECT: Approval of 2021 Slough Bill Exemptions for Properties Located in Bettendorf and Davenport

Attached is a proposed resolution recommended to be approved by the Board of Supervisors at their next meeting regarding 2021 Slough Bill Exemption requests for properties located in the cities of Bettendorf and Davenport. Exemption requests were reviewed by Scott County Soil and Water Conservation District and City and County Assessor Offices.

The governing body of the city must grant approval before an exemption may be granted to real property located within the corporate limits of that city. The City of Bettendorf and City of Davenport have approved the enclosed exemption requests

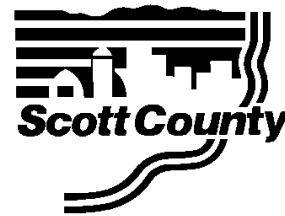
Attachment

cc: Nick VanCamp, Davenport City Assessor
Tom McManus, Scott County Assessor

OFFICE OF THE COUNTY ADMINISTRATOR

600 West Fourth Street
Davenport, Iowa 52801-1187

Ph: (563) 326-8702 Fax: (563) 328-3285
www.scottcountyiowa.gov



February 12, 2021

Mayor Robert Gallagher
Bettendorf City Hall
1609 State Street
Bettendorf, Iowa 52722

Dear Mayor Gallagher:

The Board of Supervisors approved the implementation of the Slough Bill on March 29, 1990. The Slough Bill provisions allow exemptions for wetlands, recreational lakes, forest cover, forest reservations, rivers and streams, river and stream banks, wildlife habitat, native prairies and open prairies.

The resolution states that the Board will not consider exemptions for otherwise qualifying real property when it is located within the corporate limits of any municipality until the city council of that municipality first gives approval to the exemption request. We have received a request **Marilyn Leonard** for Parcels #943607101 and #943607102 representing a total of 6.5 acres, a request from **Gary Fincher** for Parcels #943607006 and #943607007 representing a total of 10.7 acres, request from **Jim and Judy Tully** for Parcel #841017204 representing a total of 10.7 acres, and a request from **Chad Miller** for Parcel #8414172032 for 4.3 acres. The exemption requests are enclosed for your city council's review and consideration.

Please notify me once the Bettendorf City Council has taken action on these exemption requests. Contact Tom McManus, Scott County Assessor, should additional information be needed at 563-326-8635.

Sincerely,

A handwritten signature in cursive script that reads "Renee C. Luze-Johnson".

Renee Luze-Johnson
Executive Assistant
renee.luze-johnson@scottcountyiowa.gov

cc: Tom McManus, County Assessor
Property Owners



Property Tax

CITY OF BETTENDORF

Natural Conservation and Wildlife Areas Property Tax Exemption

Iowa Code section 427.1(22)

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: 943607006, 943607007 (forest cover) 4.52 ACRES + 6.18 ACRES.

Owner: Gary & Elizabeth Fincher

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 8822 Wells Ferry Rd.

City: Bettendorf State: IA ZIP: 52722

County: Scott Number of acres: 10.7 acres

Phone: 563-349-9400 Email: garydonfincher@gmail.com

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

Recreational lakes Rivers and streams Forest covers

Open prairies River and stream banks Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I Gary and Elizabeth Fincher swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: Gary Fincher Elizabeth C. Fincher Date: 12/9/2020

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

CA



Property Tax

CITY OF BETTENDORF

Rec'd 12-9-2020

Natural Conservation and Wildlife Areas Property Tax Exemption

Iowa Code section 427.1(22)

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: 943607102, 943607101 (open prairie) 1.95 ACRES + 4.55 ACRES

Owner: Marilyn Leonard

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 8972 Wells Ferry Rd.

City: Bettendorf State: IA ZIP: 52722

County: Scott Number of acres: 6.5 acres

Phone: 563-289-5802 Email: mleonardbett@gmail.com

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I MARILYN LEONARD swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: Marilyn Leonard Date: 2020-12-10

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District
This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information - Please Print

Parcel number: 8414172032 2.00 ACRES FOREST COVER + 2.30 ACRES RIVER AND STREAMS
Owner: CHAD A MILLER REVOC TRUST RIVER AND STREAM BANKS
Property location address: 4340 TANGLEWOOD RD
City: BETTENDORF State: IA ZIP: 52722
Property owner mailing address: 4340 TANGLEWOOD RD
City: BETTENDORF State: IA ZIP: 52722
County: Scott Number of acres: 4.30
Phone: 563-349-8692 Email: TaxExApp@millerwrks.com

Applicant if other than owner - Please Print

Name: Chad A Miller
Applicant mailing address: 4340 TANGLEWOOD RD
City: BETTENDORF State: IA ZIP: 52722
Phone: 563-349-8692 Email: TaxExApp@millerwrks.com
Relationship to owner: Owner

Property type:

- Recreational lakes [] Rivers and streams [x] Forest covers [x]
Open prairies [] River and stream banks [x] Section 427.1(22)(g) property []

An aerial photo of the property on which the property to be exempted is outlined:

Is included: [x] On file: [x]

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included [] On file []

I, Chad A Miller swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: Chad A. Miller Date: 01/29/2021

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

Slough Bill Application Area

Date: 1/15/2020

Customer(s): CHAD A MILLER

District: SCOTT SOIL & WATER CONSERVATION DISTRICT

Field Office: DAVENPORT SERVICE CENTER

Agency: USDA-NRCS

Assisted By: J. Bisinger

Legal Description: 4.3 AC



Legend

- forest_cover ~~1.6 ac~~ 2.0 AC
- slough-stream & stream banks 2.3 ac
- Consplan-t4894
- Iowa - Counties
- Scott Co - Townships

Prepared with assistance from USDA-Natural Resources Conservation Service





This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: 841017204 (forest cover)

Owner: Jim & Judy Tully (Judith A Tully Revocable Trust)

Property location address: 3000 BARCELONA TERRACE

City: BETTENDORF State: IOWA ZIP: 52722

Property owner mailing address: 3000 Barcelona Terrace

City: Bettendorf State: IA ZIP: 52722

County: Scott Number of acres: 10.7 acres

Phone: 563-332-5585 Email: _____

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I JAMES TULLY swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: James Tully Date: DECEMBER 14, 2000

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: COO Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

RESOLUTION 68 - 21

**APPROVING REQUEST FOR TAX EXEMPTION FOR
8822 WELLS FERRY ROAD**

WHEREAS, the owners of property located at 8822 Wells Ferry Road have requested to have a portion of their property designated as tax exempt; and

WHEREAS, pursuant to policy adopted by the City Council, the Council has held a public hearing on the request, and considered the comments of adjoining properties, if any.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Bettendorf, Iowa, said request is hereby approved.

PASSED, APPROVED AND ADOPTED this 16th day of March, 2021.



Robert S. Gallagher, Mayor

ATTEST:



Decker P. Ploehn, City Clerk

RESOLUTION 69 - 21

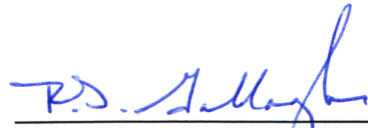
**APPROVING REQUEST FOR TAX EXEMPTION FOR 8972 WELLS
FERRY ROAD**

WHEREAS, the owner of property located at 8972 Wells Ferry Road has requested to have a portion of her property designated as tax exempt; and

WHEREAS, pursuant to policy adopted by the City Council, the Council has held a public hearing on the request, and considered the comments of adjoining properties, if any.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Bettendorf, Iowa, said request is hereby approved.

PASSED, APPROVED AND ADOPTED this 16th day of March, 2021.



Robert S. Gallagher, Mayor

ATTEST:



Decker P. Ploehn, City Clerk

RESOLUTION 70 - 21

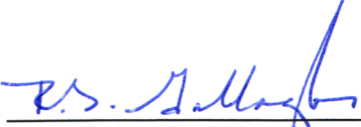
**APPROVING REQUEST FOR TAX EXEMPTION FOR
3000 BARCELONA TERRACE**

WHEREAS, the owner of property located at 3000 Barcelona Terrace has requested to have a portion of their property designated as tax exempt; and

WHEREAS, pursuant to policy adopted by the City Council, the Council has held a public hearing on the request, and considered the comments of adjoining properties, if any.


NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Bettendorf, Iowa, said request is hereby approved.

PASSED, APPROVED AND ADOPTED this 16th day of March, 2021.



Robert S. Gallagher, Mayor

ATTEST:



Decker P. Ploehn, City Clerk

RESOLUTION 71 - 21

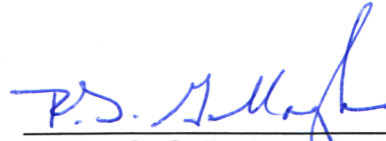
**APPROVING REQUEST FOR TAX EXEMPTION FOR 4340
TANGLEWOOD ROAD**

WHEREAS, the owner of property located at 4340 Tanglewood Road has requested to have a portion of his property designated as tax exempt; and

WHEREAS, pursuant to policy adopted by the City Council, the Council has held a public hearing on the request, and considered the comments of adjoining properties, if any.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Bettendorf, Iowa, said request is hereby approved.

PASSED, APPROVED AND ADOPTED this 16th day of March, 2021.



Robert S. Gallagher, Mayor

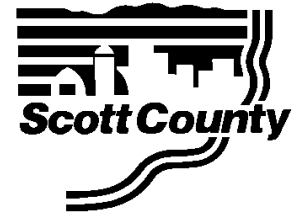
ATTEST:



Decker P. Ploehn, City Clerk

OFFICE OF THE COUNTY ADMINISTRATOR

600 West Fourth Street
Davenport, Iowa 52801-1030



Ph: (563) 326-8702 Fax: (563) 328-3285
www.scottcountyiowa.gov

March 8, 2021

Tiffany Thorndike
Executive Assistant/Office of the Mayor & City Council
City of Davenport
226 West 4th Street
Davenport, Iowa 52801

Dear Tiffany:

The Board of Supervisors approved the implementation of the Slough Bill on March 29, 1990. The Slough Bill provisions allow exemptions for wetlands, recreational lakes, forest cover, forest reservations, rivers and streams, river and stream banks, wildlife habitat, native prairies and open prairies.

The resolution states that the Board will not consider exemptions for otherwise qualifying real property when it is located within the corporate limits of any municipality until the city council of that municipality first gives approval to the exemption request. Below is a list of exemptions the Davenport City Assessor received:

<u>Name</u>	<u>Acres</u>	<u>Tax Exemption</u>	<u>Amount</u>
Brian Ritter	3.8	Forest Cover	\$36,470
Shirley Perry	5.0	Open Prairie	\$5,020
Genesis Systems Group LTD	7.0	Open Prairie	\$116,500
John Carillo	6.6	Open Prairie	\$5,920
Lillian Voss/Burton Voss Trust	57.59	Forest Cover	\$55,670
David R. Bierl	2.3	Open Prairie	
David R. Bierl	5.65	Forest Cover	\$3,980
Robert & Elaine Kuehl	2.75	Open Prairie	\$2,760

The exemption requests are enclosed for your city council's review and consideration.

Please notify me as soon as possible once the Davenport City Council has taken action on these exemption requests, and if possible email a copy of the resolution. Contact Nick VanCamp, Davenport City Assessor, should additional information be needed. Thank you for your attention to this matter.

Sincerely,

Renee Luze-Johnson
Executive Assistant
renee.luze-johnson@scottcountyiowa.gov

cc: Nick VanCamp, City Assessor
Property Owners

DAVENPORT CITY ASSESSOR'S OFFICE

SCOTT COUNTY ADMINISTRATIVE CENTER

March 8, 2021

Scott County Board of Supervisors
Scott County Administrative Center
600 West 4th Street
Davenport, Iowa 52801

The Davenport City Assessor's Office has received seven applications for Open Prairie/Forest Cover Property Tax Exemption for 2021.

These applications were certified by the Chairman of the County Soil Conservation District that the properties are eligible for exemption. The properties that meet the qualifications are described as follows:

- 1) Brian Ritter – **3.8 acres** – Residential – 20519-03 - **\$36,470** – Forest Cover
- 2) Shirley Perry - **5 acres** - Agricultural – Y3337-04A - **\$5,020** – Open Prairie
- 3) Genesis Systems Group LTD – **7 acres** - Industrial – X3501-01 - **\$116,500** - Open Prairie
- 4) John Carrillo – **6.6 acres** – Agricultural – S3123-03A - **\$5,920** - Open Prairie
- 5) Lillian Voss – **57.59 acres** – **\$55,670** – Forest Cover

Agricultural – 31807-01, 31717-06A, 31717-01, 31703-14, 30851-20, 31719-21, 31719-20,
31719-19, 31703-15A
Residential – 31703-13
- 6) David P. Bierl – **7.95** total acres – 2.3 acres Open Prairie & 5.65 acres Forest Cover – Residential
– S3021-OLA - **\$3,980**
- 7) Robert & Elaine Kuehl – **2.75 acres** - Agricultural – Y0423-15 - **\$2,760** – Open Prairie

It is recommended that the above referenced applications be approved by the Scott County Board of Supervisors for 2021 and the property owners be notified of the board's decision.

Sincerely,



Nick Van Camp
Davenport City Assessor

Encl: Open Prairie/Forest Cover Application List and Applications

2021

Open Prairie & Forest Cover

Note: Forest Cover does not deduct an acre for abandoned buildings like forest reservation does.

	Owner	Parcel #	Rt #	Class	Acres	Exempt Amt	Notes	
1	Ritter, Brian	20519-03	207004	Res	3.8	\$ 36,470	Forest Cover	4.447 total acres
2	Perry, Shirley	Y3337-04A	Y03009	Ag	5	\$ 5,020	Open Prairie	11 total acres
3	Genesis Systems Group LTD	X3501-01	X01036	Ind	7	\$ 116,500	Open Prairie	15.85 total acres
4	Carillo, John	S3123-03A	S17014	Ag	6.6	\$ 5,920	Open Prairie	10 total acres
5	Voss, Lillian	31807-01	304009	Ag	10.74	\$ 10,790	Forest Cover	12 total acres
		31717-06A	304012	Ag	0.63	\$ 580	Forest Cover	New 2017 all exempt
		31717-01	304013	Ag	13.22	\$ 13,250	Forest Cover	New 2017 3 Dwellings, 18.32 total acres
		31703-13	304015	Res	1	\$ 1,400	Forest Cover	\$100 House & .252 acres not ex
		31703-14	304017	Ag	6.53	\$ 6,410	Forest Cover	\$90 House All Land Exempt
		30851-20	304019	Ag	5.62	\$ 5,830	Forest Cover	New 2017 all exempt
		31719-21	308038	Ag	0.32	\$ 380	Forest Cover	New 2017 all exempt
		31719-20	308039	Ag	2.7	\$ 3,080	Forest Cover	New 2017 all exempt
		31719-19	308040	Ag	0.36	\$ 380	Forest Cover	New 2017 all exempt
		31703-15A	304018	Ag	16.47	\$ 13,570	Forest Cover	New 2017 22.16 acres. 2.7 Forest Reserve, 2.99 water, remain Forest Cover
					57.59	\$ 55,670	Total	
6	Bierl, David P	S3021-OLA	S21030	Res	2.3	\$ 1,150	Open Prairie	all exempt
					5.65	\$ 2,830	Forest Cover	
					7.95	\$ 3,980	Total	
7	Robert & Elaine Kuehl	Y0423-15	Y07017	Ag	2.75	\$ 2,760	Open Prairie	5.98 total acres
			Grand Total		90.69	\$ 226,320		

Scott County Soil & Water Conservation District

8370 Hillendale Road, Davenport, IA 52806

(563) 391-1403 Fax (563) 388-0682

Chad Dexter Lora Schmidt Joshua Witt Christine Bolte Richard Golinghorst

February 3, 2021

Scott County Assessor
600 W. 4th Street
Davenport, IA 52801

Enclosed are the applications for tax exemption under the Slough Bill. The SWCD Commissioners have recognized these applications as meeting the criteria for the type of exemption stated.

Renewal Applications:

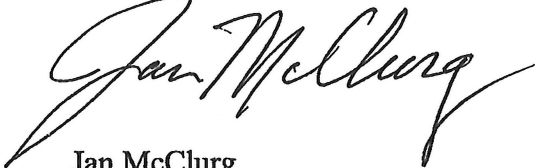
John & Mary Arter	Open Prairie	188.11 acres	
	Forest Cover	2.4 acres	
Mary Arter	Open Prairie	20.0 acres	
Charles Beason	Forest Cover	4.01 acres?	
	Open Prairie	2.62 acres?	
David Bierl	Open Prairie	2.3 acres	- only 7.95 acres
	Forest Cover	5.65 6.15 acres	
John Carrillo	Open Prairie	6.6 acres	
Lori & Joe Cawiezell	Open Prairie	2.0 acres	
Andrew Claeys	Forest Cover	21.9 acres?	
Paul Claeys	Open Prairie	8.3 acres	
J.C. Davis, Jr.	Forest Cover	17.45 acres	
Gary & Elizabeth Fincher	Forest Cover	10.7 acres	
Genesis Systems Group	Open Prairie	7.0 acres	
Haase Living Trust	Open Prairie	5.6 acres	
Marianne Hamilton	Forest Cover	18.1 acres	
Greg Hawk	Forest Cover	19.0 acres	
Alan Henningsen	Forest Cover	59.3 acres	
	Open Prairie	66.2 acres	
Jon Hilmann	Forest Cover	15.0 acres	
JO-DA, LLC	Open Prairie	36.3 acres	
	River & Streambanks	34.5 acres	
Eugene Johnson Trust	Open Prairie	13.74 acres	
Marguerite Johnson Trust	Open Prairie	4.6 acres	
*Carol Klemme	Forest Cover	3.0 acres	
Robert Kolwey	Forest Cover	22.98 acres	
Richard H Kuehl Rev Tr.	Open Prairie	14.6 acres	
Robert & Elaine Kuehl	Open Prairie	2.75 acres	
Marilyn Leonard	Forest Cover	6.5 acres	
Martin Family Rev Trust	Forest Cover	4.2 acres	
Chad Miller	Forest Cover	2.0 acres	
	River & Streambanks	2.3 acres	
Brad Moeller	Open Prairie	50.0 acres	
	Forest Cover	16.48 acres	
Richard Mohr	Forest Cover	12.02 acres	
Jane Morrell	Forest Cover	5.32 acres	

Shirley Perry	Open Prairie	5.0 acres
Linda Purcell	Forest Cover	3.1 acres
	Open Prairie	5.5 acres
Terry Rathje	Open Prairie	4.2 acres
Brian Ritter	Forest Cover	3.8 acres
Ryan Living Trust	Forest Cover	5.0 acres
Camille Schoerberl	Forest Cover	2.0 acres
Brian Seibel	Forest Cover	91.0 acres
Tony Singh	Open Prairie	6.6 acres
Joe or Pam Slater	Open Prairie	2.0 acres
STL Properties LLC	Open Prairie	71.9 acres
Andrew Strunk	Forest Cover	2.0 acres
Kim Strunk	Open Prairie	5.0 acres
Ben Taylor	Forest Cover	3.4 acres
Diane Tee	Open Prairie	2.9 acres
Inez Tobin	Forest Cover	125.0 acres
Judy A Tully Rev Trust	Forest Cover	10.7 acres
Doug Vickstrom Rev Trust	Open Prairie	660.64 acres
Burton Voss Trust	Forest Cover	56.0 acres
Mark Wagemester	River & Streambanks	3.94 acres
Connie Youngers	Open Prairie	6.19 acres

*new application but applied in previous years

Please contact me if you have any questions.

Sincerely,



Jan McClurg
 Conservation Assistant
 Iowa Department of Agriculture and Land Stewardship
 Scott County Soil & Water Conservation District
 8370 Hillandale Rd
 Davenport IA 52806
 563.391.1403 x3
jan.mcclurg@ia.nacdnet.net

20519-03 (20104) R

Iowa Code section 427.1(22)

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: 20519-03 (forest cover)

Owner: Brian Ritter

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 4622 Rockingham Rd.

City: Davenport State: IA ZIP: 52802

County: Scott Number of acres: 3.8 acres

Phone: 563-529-0110 Email: britter77@gmail.com

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I Brian Ritter swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: [Signature] Date: _____

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: Brian Ritter Date: 12/4/2020

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: Y3337-04A (open prairie)

Owner: Shirley Perry

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 20739 210th St.

City: Bettendorf State: IA ZIP: 52722

County: Scott Number of acres: 5 acres

Phone: 563-359-5256 343-3450 Email: _____

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

* I SHIRLEY PERRY swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

* Applicant Signature: Shirley Perry Date: 12-7-20

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

Iowa Code section 427.1(22)

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: X3501-01

Owner: Genesis Systems Group LLC

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 8900 N. Harrison St.

City: Davenport State: IA ZIP: 52806

County: Scott Number of acres: 7 acres

Phone: 563-445-5600 Email: lbunn@genesis-systems.com

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I Genesis Systems swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: [Signature] Date: 11-23-2020

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: S3123-03A (open prairie)

Owner: John Carrillo

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 5505 Telegraph Rd.

City: Davenport State: IA ZIP: 52804

County: Scott Number of acres: 6.6 acres

Phone: 563-940-7042 Email: John jc 66 @ yahoo . com

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I John J. Carrillo swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: John J Carrillo Date: 12-15-2020

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: S3021-OLA (2.3 ac. open prairie, 6.15 ac. forest cover)

Owner: David Bierl

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 5819 Shawnee Dr.

City: Davenport State: IA ZIP: 52804

County: Scott Number of acres: 8.45 acres ^{7.95}

Phone: 563-391-3081 Email: 794-5581 (work)

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes Rivers and streams Forest covers
- Open prairies River and stream banks Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

David Bierl swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: David P. Bierl Date: 9 Dec 2020

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

Iowa Code section 427.1(22)

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: Y0423-15 (open prairie)

Owner: Robert A & Elaine M Kuehl

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 5820 Forest Grove Dr.

City: Davenport State: IA ZIP: 52807

County: Scott Number of acres: 2.75 acres

Phone: 563-355-7897 Email: _____

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I, Elaine M. Kuehl swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: Elaine M. Kuehl Date: 12/14/2020

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District

This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

This application must be filed or postmarked to your local soil and water conservation district by February 1 of each year. Iowa conservation district addresses can be found at the Conservation Districts of Iowa website: (cdiowa.org).

Property Information – Please Print

Parcel number: See attached page for parcel #'s

Owner: Michael Voss/ Burton Voss Trust

Property location address: _____

City: _____ State: _____ ZIP: _____

Property owner mailing address: 4336 S. Concord St.

City: Davenport State: IA ZIP: 52806 52802

County: Scott Number of acres: 56 acres

Phone: 563-289-5171 / 563-210-0331 Email: _____

Applicant if other than owner – Please Print

Name: _____

Applicant mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Relationship to owner: _____

Property type:

- Recreational lakes
- Rivers and streams
- Forest covers
- Open prairies
- River and stream banks
- Section 427.1(22)(g) property

An aerial photo of the property on which the property to be exempted is outlined:

Is included: On file:

If the property is a gully area susceptible to erosion, an erosion control map approved by the soil and conservation district commissioners: Is included On file

I Michael Voss swear or affirm that the above property will not be used for economic gain of any kind during the assessment year.

Applicant Signature: Michael Voss Date: 11/9/2020

OFFICE USE ONLY

I hereby certify that the property described above is eligible to receive the exemption claimed.

Signed: [Signature] Date: _____

Chairman, Scott County Soil and Water Conservation District
This open prairie property has been inspected and certified as having adequate ground cover consisting of native species, and that all primary and secondary noxious weeds present are being controlled to prevent the spread of seeds by either wind or water.

Signed: _____ Date: _____

Chairman, _____ County Board of Supervisors

ATTACHMENT TO BURTON VOSS TRUST APPLICATION FOR PROPERTY TAX EXEMPTION

<u>PARCEL #</u>	<u>ACRES</u>	<u>EXEMPTION</u>
31717-01	13.22	FOREST COVER Ag
31703-14	6.53	FOREST COVER Ag
31719-21	0.32	FOREST COVER Ag
31719-20	2.70	FOREST COVER Ag
31703-13	1.00	FOREST COVER Res
31807-01	10.74	FOREST COVER Ag
31717-06A	0.63	FOREST COVER Ag
30851-20	5.62	FOREST COVER Ag
31719-17-19	0.356	FOREST COVER Ag
*31703-15A	16.47	FOREST COVER
TOTAL EXEMPTION = 41.116 ACRES FOREST COVER (+ 31703-15A acres) = <u>57.586</u>		

NOTE: FOR THE 2018 APPLICATION YEAR, THIS APPLICATION WILL BE SUBMITTED BY A SEPARATE APPLICATION FOR EACH PARCEL.

*parcel 31703-15A was reviewed and qualifies for Forest Cover. The parcel is 22.16 acres. There are 2.7 acres that qualify for Forest Reserve. The remaining acres (19.46) less the acres that are water or wetlands qualify for Forest Cover.

Resolution No. 2021-125

Resolution offered by Alderman Condon.

RESOLVED by the City Council of the City of Davenport.

RESOLUTION approving seven Open Prairie/Forest Cover Property tax exemptions.

WHEREAS, the Scott County Board of Supervisors has implemented the "Slough Bill" which provides for the exemption from local real estate taxes of real estate committed to certain uses, including wetlands, forest cover and open prairies; and

WHEREAS, the County has received applications for exemption for the following properties, with the owner and use also noted:

the three and eight-tenths acres of property legally described as Sec 5 T77N R3E, Scott County, owned by Brian Ritter, Forest Cover;

the five acres of property legally described as SW ¼ N ½ SE ¼ Sec 33, Lincoln Twp T79N R4E, Scott County, owned by Shirley Perry, Open Prairie;

the seven acres of property legally described as NW ¼ Sec 35 Sheridan Twp T79N R3E, Scott County, owned by Genesis Systems Group, Open Prairie;

the six and six-tenths acres of property legally described as T78N R3E Sec 31 Davenport Twp, Scott County, owned by John Carrillo, Open Prairie;

the fifty-seven and fifty-nine hundredths acres of property legally described Parcels: Agriculture - #31807-01; #31717-06A; #31717-01; #31703-14; #30851-20; #31719-21; #31719-20; #31719-19; #31703-15A, and Residential - #31703-13, Scott County, owned by Lillian Voss/Burton Voss Trust, Forest Cover;

the seven and ninety-five hundredths acres of property legally described as Westfield Addition Outlot A, Parcel ID S3021-OLA, owned by David P. Bierl, Open Prairie (2.3 acres) & Forest Cover (5.65);

the two and seventy-five hundredths acres of property legally described as NE 1/4 Sec 4, T78N R4E, Pleasant Valley TWP, Scott County, owned by Robert or Elaine Kuehl, Open Prairie;

WHEREAS, the land lies within the corporate boundaries of the City of Davenport; and

WHEREAS, the matter came before the Davenport City Council for its review;

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Davenport that the City supports the exemption of the above-described land from local real estate taxes.

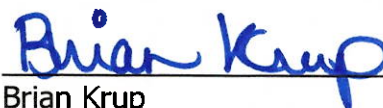
Passed and approved this 24th day of March, 2021.

Approved:

Attest:



Mike Matson
Mayor



Brian Krup
Deputy City Clerk

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES THAT THIS RESOLUTION HAS BEEN FORMALLY APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

April 15, 2021

APPROVING THE 2021 SLOUGH BILL EXEMPTION REQUESTS FOR PROPERTIES LOCATED IN THE CITIES OF DAVENPORT AND BETTENDORF

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. The 2021 Slough Bill exemptions as presented to the Board of Supervisors by the Scott County Assessor's office, and the Davenport City Assessor's office and as subsequently approved by the City of Davenport and the City of Bettendorf are hereby approved as followed:

District	Deedholder	PARCEL #	Exemption	ACRES	EXEMPT VALUE
City/Davenport	Ritter, Brian	20519-03	Forest Cover	3.80	\$36,470
City/Davenport	Perry, Shirley	Y3337-04A	Open Prairie	5.00	\$5,020
City/Davenport	Genesis Systems Group	X3501-01	Open Prairie	7.00	\$116,500
City/Davenport	Carrillo, John	S3123-03A	Open Prairie	6.60	\$5,920
City/Davenport	Voss, Lillian	31807-01	Forest Cover	10.74	\$10,790
City/Davenport	Voss, Lillian	31717-06A	Forest Cover	.63	\$580
City/Davenport	Voss, Lillian	31717-01	Forest Cover	13.22	\$13,250
City/Davenport	Voss, Lillian	31703-13	Forest Cover	1.0	\$1,400
City/Davenport	Voss, Lillian	31703-14	Forest Cover	6.53	\$6,410
City/Davenport	Voss, Lillian	30851-20	Forest Cover	5.62	\$5,830
City/Davenport	Voss, Lillian	31719-21	Forest Cover	.32	\$380
City/Davenport	Voss, Lillian	31719-20	Forest Cover	2.7	\$3,080
City/Davenport	Voss, Lillian	31719-19	Forest Cover	.36	\$380
City/Davenport	Voss, Lillian	31703-15A	Forest Cover	16.47	\$13,570
City/Davenport	Bierl, David	S3021-OLA	Open Prairie	2.30	\$1,150
City/Davenport	Bierl, David	S3021-OLA	Forest Cover	5.65	\$2,830
City/Davenport	Kuehl, Robert or Elaine	Y0423-15	Open Prairie Forest Cover/	2.75	\$2,760
City/Bettendorf	Leonard, Marilyn	943607101	Open Prairie	4.55	\$45,500
City/Bettendorf	Leonard, Marilyn	943607102	Open Prairie	1.95	\$19,500
City/Bettendorf	Gary & Elizabeth Fincher	943607006	Forest Cover	4.52	\$45,200
City/Bettendorf	Gary & Elizabeth Fincher	943607007	Forest Cover	6.18	\$61,800
City/Bettendorf	Jim & Judy Tully	841017204	Forest Cover	10.7	\$48,900
City/Bettendorf	Chad Miller	8414172032	Forest Cover	4.30	\$30,960

Section 2. The City and County Assessor shall process these exemptions as required by law.

Section 3. This resolution shall take effect immediately.