



## BANNOCK COUNTY COMMISSIONERS' – MEETING

### Commissioners' Agenda

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The Board of County Commissioners (BOCC) is comprised of the three elected County Commissioners: Ernie Moser (District 1), Jeff Hough (District 2, Chair), and Ken Bullock (District 3). The BOCC generally meets twice weekly: Tuesdays & Thursdays at 9:00 a.m. Unless otherwise noted, meetings are generally held in the Commissioner's Chambers at 624 E Center, Room 212, Pocatello, Idaho. During these public meetings, the BOCC may approve contracts, expend funds, hear testimony, make decisions on land use cases, and take care of other County matters.

Times are subject to change within 15 minutes of the stated time.

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### **Thursday, May 14, 2026**

**9:00 AM** Work Session and Claims Meeting (action items)

#### **Work Session Agenda:**

- Dan Kendall, Buildings and Grounds, providing a monthly update
- Alisse Foster, Planning and Development, seeking review of and potential signature on final plat for Tom's Hollow Subdivision (requested 5 minutes) (action item)
- Kristi Klauser, Auditing, requesting approval of Easy Pay Merchant Processing Application and authority for the Comptroller and Treasurer to complete online application on behalf of the County (requested 5 minutes) (action item)
- ~~Ken Bullock, Commission, discussion on funding non-profits and FY27 budget~~
- Scott Crowther, Event Center/Wellness Complex, requesting to (1) discuss potential parking lot expansion at the Wellness Complex, and (2) discussion pertaining to a Sponsorship Agreement with possible Executive Session under Idaho Code §74-2026(1)(e) to consider preliminary negotiations involving matters of trade or commerce in which the governing body is in competition with governing bodies in other states or nations and/or (f) to communicate with legal counsel for the public agency to discuss the legal ramifications of and legal options for pending litigation, or controversies not yet being litigated but imminently likely to be litigated. The mere presence of legal counsel at an executive session does not satisfy this requirement with potential action following adjournment of Executive Session (requested 5 minutes) (action item)
- Matthew K. Phillips, Human Resources/Risk Management, seeking a discussion related to ancillary alcohol and event ancillary insurance coverage with possible Executive

Session under Idaho Code §74-206(1)(i) to engage in communications with a representative of the public agency's risk manager or insurance provider to discuss the adjustment of a pending claim or prevention of a claim imminently likely to be filed. The mere presence of a representative of the public agency's risk manager or insurance provider at an executive session does not satisfy this requirement with potential action following adjournment of Executive Session (requested 5 minutes) (action item)

- Buddy Romriell, Mosquito Abatement, regarding (1) approval of and signature on grant application through the State of Idaho for West Nile Surveillance and mosquito vector control, and (2) potential Executive Session to discuss exceptional placement under Idaho Code §74-206(1)(a)&(b) regarding personnel with potential action following adjournment of Executive Session (requested 5 minutes) (action item)
- **(AMENDED to include)** signature on Resolution 2026-34 Declaration of Drought Emergency

### Claims Agenda:

- Board of Ambulance District: Invoices and Commissioner Report
- Board of Commissioners: Invoices, Commissioners Reports, and Credit Applications
- Personnel Actions with potential Executive Session under Idaho Code ?? 74-206(1)(a),(b)&(d) for personnel actions or personnel records exempt from disclosure with potential action following adjournment of Executive Session
- Payroll Report
- Alcohol Licenses and Permits
- Certificate of Residency Approval
- Mileage Reimbursement Requests
- Technology Request Form
- Memorandum Authorization for Accounts Payable
- Cardholder User Agreement and Authorization



**BANNOCK COUNTY COMMISSIONERS**  
 624 E. Center, Pocatello, ID 83201  
 Phone: (208) 236-7210 • Fax: (208) 232-7363

**ERNIE MOSER**  
 Commissioner  
 1st District

**JEFF HOUGH**  
 Commissioner  
 2nd District

**KEN BULLOCK**  
 Commissioner  
 3rd District

## Business Meeting Agenda Request Form

*The Board of Bannock County Commissioners business meetings are generally held on **Tuesday at 9:15 a.m.** in the Commissioners' Chambers in the Bannock County Courthouse, Room 212; 624 E Center Pocatello, Idaho or as noticed **48 hours** prior to the meeting at <https://bannockcounty.us/commissioners/>. The Commissioners also hold meetings throughout the week as coordinated with the Commissioners' staff. Agenda times are subject to change within **15 minutes** of scheduled time. Any person(s) needing special accommodations to participate in public meetings should contact the Commissioners' Office at 208-236-7210, three to five working days before the meeting.*

Requestor Name: Dan Kendall  
 Department: Buildings and Grounds  
 Requestor Email: danielk@bannockcounty.gov  
 Item(s) to be considered:  
 Monthly buildings and grounds update

Date of meeting being requested: 05/14/2026  
 Time requested: 10 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?  
 No

Action Required: Discussion  
 Legal/Policy Compliance Reviewed: No

Financial Impact:

Contract/Agreement Begin Date: Contract/Agreement End Date:

List of additional attendees:

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624 E. Center, Pocatello, ID 83201  
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Requestor Name: Alisse Foster  
 Department: Planning and Development  
 Requestor Email: [alissef@bannockcounty.gov](mailto:alissef@bannockcounty.gov)

Item(s) to be considered:  
 Review for approval of final plat for Tom's Hollow Subdivision.

Date of meeting being requested: 05/14/2026  
 Time requested: 5 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?  
 No

Action Required: Decision  
 Legal/Policy Compliance Reviewed: Yes

Financial Impact:  
 Allows for 2 existing parcels to be further developed for tax revenue.

Contract/Agreement Begin Date: Contract/Agreement End Date:

List of additional attendees:  
 Alisse Foster , Hal Jensen



# PLANNING AND DEVELOPMENT SERVICES

5500 S 5<sup>th</sup> Ave | Pocatello, Idaho 83204 | 208.236.7230 | [www.bannockcounty.gov](http://www.bannockcounty.gov)

## FINAL PLAT– TOM'S HOLLOW SUBDIVISION STAFF MEMO

**FILE #:** SFP-26-1  
**LOCATION:** RPRRCHS000300, currently unaddressed and RPRRCHS000400, currently addressed as 620 E. Pidcock Road Inkom, ID 83245.

<b>SURVEYOR:</b>	<b>OWNER:</b>
Dioptra	Thomas Nelson Homes LLC
Stewart Ward	P.O. Box 2373
4880 Clover Dell Road	Pocatello, ID 83206
Pocatello, ID 83202	

**REQUEST & BACKGROUND:** Stewart Ward proposes an amendment to Coyote Hollow Subdivision for the purpose of adjusting a lot line. The existing lots are 5.00 acres with 2.33 acres of open space and 5.16 acres with 1.91 acres of open space. After the proposed adjustment, the lots will be 6.10 acres with 2.34 acres of open space and 4.05 acres with 1.91 acres of open space. The development proposes individual well and septic systems. This subdivision is located ~ 1.19 miles from the City of Inkom boundary.

### FINAL PLAT PROCESS SUMMARY:

**PRE-DEVELOPMENT CONFERENCE:** (SPD-25-4) Department approval letter dated August 19, 2025.

**CONCEPTUAL/MASTER PLAN:** (SCP-25-3) Approved by Bannock County Planning and Development Council on October 22, 2025. Conditions placed by Council have been reviewed and met.

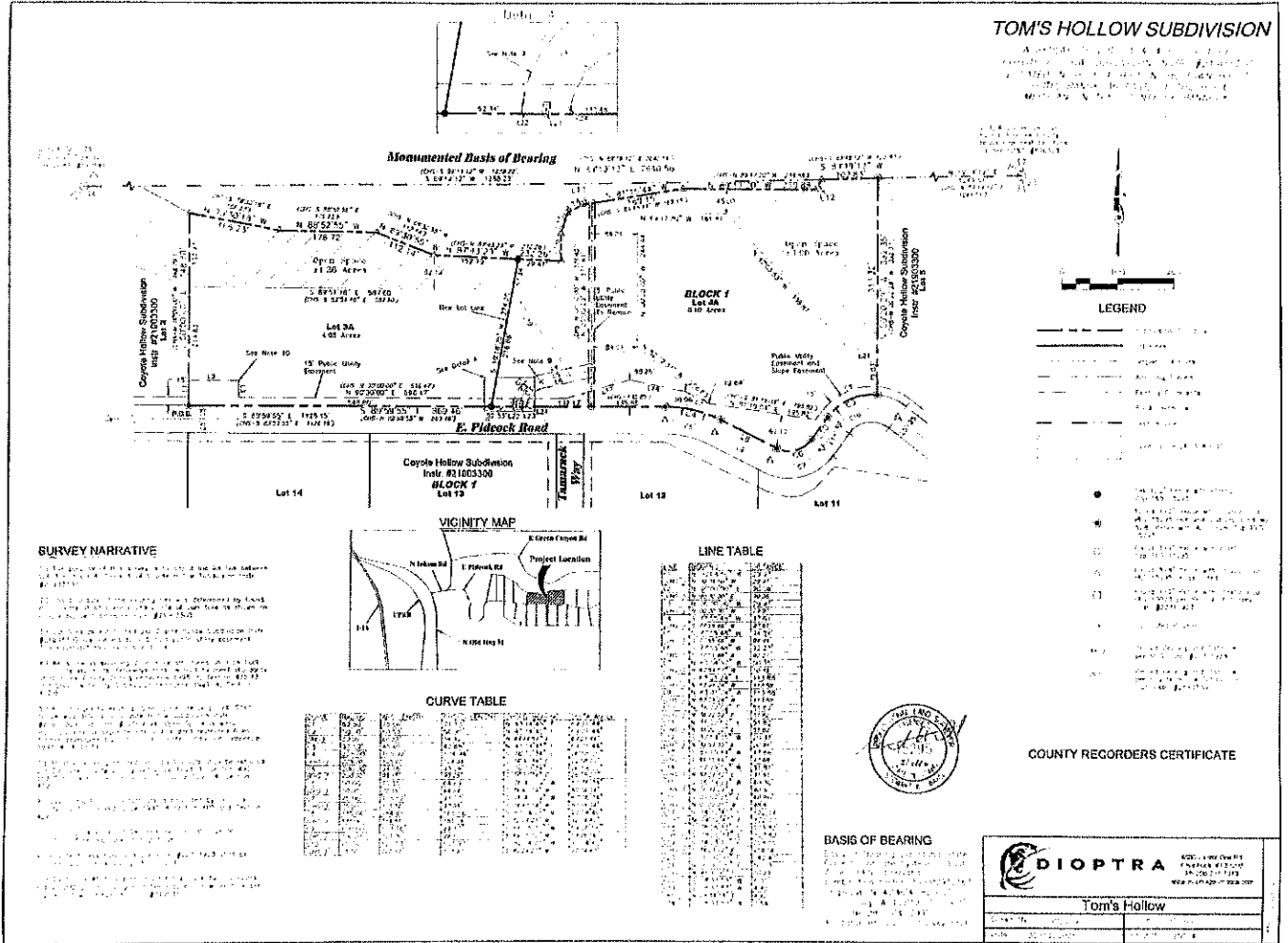
**PRELIMINARY PLAT:** (SPP-25-4) Approved by Bannock County Planning and Development Council on January 21, 2026. Conditions placed by Council have been reviewed and met.

**SURVEYOR PLAT REVIEW/FINAL PLAT REVIEW:** (SFP-26-1) Reviewed and approved by Matt Baker on April 28, 2026. Final plat was reviewed by Bannock County Road and Bridge, Bannock County Planning and Development, and Paul Bastian. No construction was required.

**REPORT BY:**  
Alisse Foster, Subdivision Planner  
[alissef@bannockcounty.gov](mailto:alissef@bannockcounty.gov)

**MEMO DATE:** May 8, 2026

**EXHIBIT:**  
1. Plat



**BOUNDARY DESCRIPTION**

1. The East line of Lot 1 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

2. The North line of Lot 1 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

3. The East line of Lot 2 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

4. The North line of Lot 2 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

5. The East line of Lot 3 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

6. The North line of Lot 3 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

7. The East line of Lot 4 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

8. The North line of Lot 4 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

9. The East line of Lot 5 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

10. The North line of Lot 5 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

11. The East line of Lot 6 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

12. The North line of Lot 6 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

13. The East line of Lot 7 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

14. The North line of Lot 7 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

15. The East line of Lot 8 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

16. The North line of Lot 8 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

17. The East line of Lot 9 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

18. The North line of Lot 9 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

19. The East line of Lot 10 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

20. The North line of Lot 10 of Subdivision 20, located in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is 100.00 feet.

**CULINARY WATER**

There are no wells or water systems on this property.

**COUNTY EXAMINING SURVEYOR'S CERTIFICATE**

I, the undersigned, County Examining Surveyor, do hereby certify that the above described property is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
County Examining Surveyor

**OWNER'S CERTIFICATE**

I, the undersigned, do hereby certify that I am the owner of the above described property and that the same is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
Owner

**ACKNOWLEDGEMENT**

I, the undersigned, do hereby acknowledge the above described property and that the same is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
Notary Public

**IRRIGATION CERTIFICATE**

I have been determined that the property included in this subdivision is not subject to any irrigation system or any existing irrigation system and that no such system will be received or installed on the property.

**COUNTY CERTIFICATE**

This plat was filed, approved and approved by the Board of Commissioners of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
County Clerk

**RESTRICTIVE COVENANTS**

There are no restrictive covenants on this property.

**TOM'S HOLLOW SUBDIVISION**

A plat of subdivision of land in the 1/4 Section 14, T14N, R10E, M3E, Banrock County, Idaho, is hereby filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

**COUNTY TREASURER'S CERTIFICATE**

I, the undersigned, County Treasurer, do hereby certify that the above described property is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
County Treasurer

**HEALTH DEPARTMENT CERTIFICATE**

I, the undersigned, Health Department, do hereby certify that the above described property is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
Health Department

**SURVEYORS CERTIFICATE**

I, the undersigned, Surveyors, do hereby certify that the above described property is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
Surveyors

**COUNTY RECORDERS CERTIFICATE**

I, the undersigned, County Recorder, do hereby certify that the above described property is the same as shown on the plat of subdivision filed for record in the County Clerk's Office of Banrock County, Idaho, on this 14th day of May, 2026.

*[Signature]*  
County Recorder

**DIOPTRA** 4100 South 400 East  
COUNCIL BLUFFS, IOWA 52521  
Phone: 319-333-3333  
Fax: 319-333-3333

**Tom's Hollow**

Plat No.	2026-001
Section	14
Township	T14N
Range	R10E
Meridian	M3E



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Requestor Name: Kristi Klauser  
 Department: Auditing  
 Requestor Email: kristik@bannockcounty.us

Item(s) to be considered:  
 Approval of Easy Pay merchant application and authority for Kristi Klauser, Comptroller and Jennifer Clark, Treasurer to complete online application on behalf of the County.

Date of meeting being requested: 05/14/2026  
 Time requested: 5 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?  
 Agreement

Action Required: Decision  
 Legal/Policy Compliance Reviewed: Yes

Financial Impact:  
 Cost is based on transaction paid

Contract/Agreement Begin Date: \_\_\_\_\_ Contract/Agreement End Date: \_\_\_\_\_

List of additional attendees:



mo fee = 2.58  
MAY 14, 2026

**MERCHANT PROCESSING APPLICATION**

PO Box 2380, South Portland, ME 04116

Agent Office/Referring Partner: \_\_\_\_\_

Application Date: \_\_\_\_\_

BUSINESS INFORMATION							
LEGAL INFORMATION				DBA INFORMATION			
Legal Name <b>Bannock County</b>				DBA Name <b>D6 Treatment</b>		Store #	
Street Address <b>624 E Center St Rm 104</b>				Street Address <b>1001 N 7th Ave Ste 260</b>			
City <b>Pocatello</b>		State <b>ID</b>	ZIP <b>83201</b>	City <b>Pocatello</b>		State <b>ID</b>	ZIP <b>83201</b>
IRS Status: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Public Corp <input type="checkbox"/> Private Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Government <input type="checkbox"/> Assoc/Est/Trust <input type="checkbox"/> 501c/Tax Exempt	Federal Tax ID (EIN) <b>82-6000279</b>			Contact First Name <b>Ashley</b>		Contact Last Name <b>Bringhurst</b>	
IRS Filing Name (if different from Legal Name)				Contact Email Address		Contact Business Phone	
Year Incorporated <b>1893</b>		State of Incorporation <b>Idaho</b>		Bank Name		Account Holder Name	
Seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Start Date:	End Date:	ABA Number		DDA Number		
Business Phone Number <b>208-236-7331</b>		Website <b>bannockcounty.gov</b>		Bank Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			

**TRADING INFORMATION**

Products and Services Sold  
**Treatment services**

Avg. Monthly Volume (V/MC/Disc) \$	Avg. Monthly Vol. (AMEX) \$	Avg. Trans. Amount \$	Highest Trans. Amount \$
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TRANSACTION METHOD (Must total 100%)			CONSUMER TYPE (Must total 100%)		
Swiped: <b>50</b> %	Non-Swiped: <b>50</b> %	Internet: _____ %	Business-to-Consumer: <b>100</b> %	Business-to-Business: _____ %	

**AVERAGE DELIVERY**

Average Delivery: Same Day: **100** % 1-7 Days: \_\_\_\_\_ % 8-14 Days: \_\_\_\_\_ % 15-30 Days: \_\_\_\_\_ % 30+ Days \_\_\_\_\_ %

**SERVICE ACCEPTANCE AND FEE SCHEDULE**

Request to Accept Card Types:  Visa Credit  Visa CheckCard  Discover Network  PIN Debit  
 MasterCard Credit  MasterCard CheckCard  American Express Network

Card Brand/Network Discount Plan:  Flat Rate  Pass Through Interchange  Tiered Basic  Surcharge/Convenience Fee  
Discount Payment Method:  Daily (Add'l 0.10% for Monthly)  Monthly

DISCOUNT FEES: Visa, MasterCard, Discover				American Express OPT Blue <sup>SM</sup> OR AMEX Direct			
FLAT RATE	Flat Rate - Swiped	% + \$	per auth	OPT BLUE	Flat Rate - Swiped	% + \$	per auth
	Flat Rate - Non-Swiped	% + \$	per auth		Flat Rate - Non-Swiped	% + \$	per auth
TIERED	Credit - Qualified	% + \$	per auth		Credit Qualified	% + \$	per auth
	Credit - Mid-Qualified	% + \$	per auth		Credit Mid-Qualified	% + \$	per auth
	Credit - Non-Qualified	% + \$	per auth		Credit Non-Qualified	% + \$	per auth
	Debit - Qualified	% + \$	per auth		Pass-Through (IC+)	<b>0.5</b> % + \$ <b>0.10</b>	per auth
	Debit - Mid-Qualified	% + \$	per auth	AMEX DIRECT	<input type="checkbox"/> Order New Existing SE#:		
	Debit - Non-Qualified	% + \$	per auth	<input type="checkbox"/> Use Existing CAP#:			
PASS-THROUGH (IC+)	Credit Card	<b>0.5</b> % + \$ <b>0.10</b>	per auth	*AMEX Direct Rates may be applicable			
	Debit Card	<b>0.5</b> % + \$ <b>0.10</b>	per auth				

Association fees will be passed through to the merchant. Fees include, but are not limited to, Visa's FANF and APF, Acqr ISA and MasterCard's NABU, Acqr Support, Cross Border Fee and Discover IPF, ISF, Data Usage, AMEX Network, AMEX Non-Swipe, AMEX downgrade, Assessments (MC, Visa Credit, Visa Debit, Discover, MC > \$1,000), MC AVS Acqr Access (CNP), MC AVS Acqr Access, MC License, MC KiloByte, Visa AFD Partial Auth. Non Participant, Visa File Transmission, MC CVC2, DISC Network Auth, Visa Acqr Processing (CR), Visa International Acqr, Visa Acqr International Service Assessment, Visa Misuse Auth, Visa Zero Floor, MC Digital Enablement, MC Reversal, Visa Return Data Processing (CR & DB), Visa Acqr Data Processing (Debit), Visa Tran Integrity, Visa Network Part CP, Visa Network CNP. Association fees are set by Associations and are subject to change from time to time.

<b>Transaction Fees</b>	Visa/MC/Disc Fee:	<b>Monthly Fees</b>	Monthly Service:	<b>12.00</b>	<b>Per Occurrence Fees</b>	Chargeback Fee:	<b>10.00</b>
	AMEX Fee:		Monthly Minimum:	<b>24.00</b>		Batch Fee:	
	Gateway Per Item:		Industry Compliance:	<b>12.00</b>		ACH Reject:	<b>10.00</b>
	Electronic AVS:		Gateway Monthly:			ETF Fee:	
	Voice Auth:		Annual Fee:			Retrieval Fee:	<b>10.00</b>
Voice AVS:	Wireless Fee:		Ind. Non-Compliance (mo):	<b>\$39.95</b>			

**EQUIPMENT & PROCESSING METHOD**

APPLICATION TYPE	EQUIPMENT TYPE	PRODUCT NAME	QTY	PRICE-PER-UNIT
<input type="checkbox"/> Retail	<input type="checkbox"/> Terminal <input type="checkbox"/> VAR Only			
<input type="checkbox"/> Retail w/tip	<input type="checkbox"/> Terminal <input type="checkbox"/> VAR Only			
<input type="checkbox"/> Restaurant w/tip	<input type="checkbox"/> Terminal <input type="checkbox"/> VAR Only			
<input type="checkbox"/> QuickServe (no tip)	<b>INTEGRATION PLATFORM (EPS)</b>			<b>SPECIAL INSTRUCTIONS</b>
<input type="checkbox"/> MOTO	Integrator Name:	Client Admin Name:		
<input type="checkbox"/> Lodging	Client Admin Email:	Client Admin Mobile:		
<input type="checkbox"/> Petroleum				

**MERCHANT BENEFICIAL OWNERSHIP AND MANAGEMENT INFORMATION CERTIFICATION**

The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity (legal entity includes a corporation, limited liability company or other entity that is formed by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor.) The beneficial ownership/management information and certification in this form is in addition to not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. **Notice:** To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. The Easy Pay Solutions privacy policy can be found at <https://easypaysolutions.com/privacy-policy/>

BENEFICIAL OWNER 1		BENEFICIAL OWNER 2		BENEFICIAL OWNER 3		BENEFICIAL OWNER 4	
Role	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Principal (No Ownership)	Role	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Principal (No Ownership)	Role	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Principal (No Ownership)	Role	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Principal (No Ownership)
Name		Name		Name		Name	
Title	Ownership %	Title	Ownership %	Title	Ownership %	Title	Ownership %
Individual's Home Address (Street)		Individual's Home Address (Street)		Individual's Home Address (Street)		Individual's Home Address (Street)	
City		City		City		City	
State	ZIP	State	ZIP	State	ZIP	State	ZIP
Social Security #	Date of Birth	Social Security #	Date of Birth	Social Security #	Date of Birth	Social Security #	Date of Birth
Email		Email		Email		Email	
Home Phone	Mobile Phone	Home Phone	Mobile Phone	Home Phone	Mobile Phone	Home Phone	Mobile Phone
Control Prong?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control Prong?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control Prong?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control Prong?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Certifications and Signatures:** The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer hereby certifies that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

\_\_\_\_\_ Date: 5/14/26 Authorized Signer Printed Name: Jeff Hough  
 Authorized Signer Signature

CONFIRMATION PAGE

PAYMENT FACILITATOR: Name: Easy Pay Solutions, Inc.
INFORMATION: Address: P.O. Box 2380, South Portland, ME 04116
URL: https://easypaysolutions.com/submerchantagreement
Support #: 877-724-8472

Please read the Sub Merchant Agreement in its entirety. It describes the terms under which we will provide merchant processing services to you.

From time to time, you may have questions regarding the contents of your Agreement with Bank and/or Processor. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- 1. Your Discount Rates are assessed on transactions that qualify for certain reduced interchange rates imposed by MasterCard and Visa. Any transactions that fail to qualify for these reduced rates will be charged an additional fee, (see Easy Pay Solutions Inc. Disclosure Schedule in the Sub Merchant Agreement).
2. We may debit your bank account from time to time for amounts owed to us under the Agreement.
3. There are many reasons why a Chargeback may occur. When they occur, we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks, see Section 3.1.c. of the Sub Merchant Agreement.
4. The Agreement limits our liability to you. For a detailed description of the limitation of liability, see Section 8.2 of the Sub Merchant Agreement.
5. We have assumed certain risks by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you, (see Section 3.5, 5.4 and 9 in the Sub Merchant Agreement), under certain circumstances.
6. By executing this Agreement with us you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
7. The Agreement contains a provision that in the event you terminate the Agreement early, you will be responsible for the payment of an early termination fee as set forth in the Merchant Application, Service Acceptance and Fee Schedule.
8. For questions regarding your Merchant Processing Application and Sub Merchant Agreement, please contact Customer Support at 877-724-8472.
9. Card Organization Disclosure
Visa and MasterCard Member Bank Information: Key Bank National Association
The Bank's mailing address is 127 Public Square, Cleveland, OH 44114; and its phone number is 877-888-7185.

Important Member Bank Responsibilities:

- a. The Bank is the only entity approved to extend acceptance of Card Organization products directly to a Merchant.
b. The Bank must be a principal (signer) to the Merchant Agreement.
c. The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
d. The Bank is responsible for and must provide settlement funds to the Merchant.
e. The Bank is responsible for all funds held in reserves that are derived from settlement.

Important Merchant Responsibilities:

- a. Ensure compliance with Cardholder data security and storage requirements.
b. Maintain fraud and Chargebacks below Card Organization thresholds.
c. Review and understand the terms of the Merchant Agreement.
d. Comply with Card Organization rules.
e. Retain assigned copy of this Disclosure Page.
f. You may download "Visa Regulations" from Visa's website at: https://usa.visa.com/support/consumer/visa-rules.html
g. You may download "MasterCard Regulations" from MasterCard's website at: https://www.mastercard.us/en-us/business/overview/support/rules.html

Print Client's Business Legal Name: Bannock County

By its signature below, Client acknowledges that it has received (either in person, by facsimile, or by electronic transmission) the complete Sub Merchant Agreement and the Merchant Beneficial Ownership and Management Information Certification (including all references to and contained within this confirmation page).

Client further acknowledges reading and agreeing to all terms in the Sub Merchant Agreement. Upon receipt of this signed Confirmation Page by us, Client's Application will be processed. Client understands that a copy of the Sub Merchant Agreement is also available for downloading at https://easypaysolutions.com/submerchantagreement

NO ALTERATIONS OR STRIKE-OUTS TO THE SUB MERCHANT AGREEMENT WILL BE ACCEPTED.

Client's Business Principal:

Signature: Jeff Hough, Printed Name: Jeff Hough, Title: Chairman, Date: 5/14/26

Signature: \_\_\_\_\_, Printed Name: \_\_\_\_\_, Title: \_\_\_\_\_, Date: \_\_\_\_\_

**BANNOCK COUNTY COMMISSIONERS**  
 624 E. Center, Pocatello, ID 83201  
 Phone: (208) 236-7210 • Fax: (208) 232-7363



**ERNIE MOSER**  
 Commissioner  
 1st District

**JEFF HOUGH**  
 Commissioner  
 2nd District

**KEN BULLOCK**  
 Commissioner  
 3rd District

## Business Meeting Agenda Request Form

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Requestor Name: Scott Crowther  
 Department: Event Center/Wellness Complex  
 Requestor Email: scottc@bannockcounty.gov

Item(s) to be considered:  
 Discussion pertaining to expanding the parking lot at the Wellness Complex

Date of meeting being requested: 05/14/2026  
 Time requested: 10 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?  
 No

Action Required: Discussion  
 Legal/Policy Compliance Reviewed: No

Financial Impact:  
 Request guidance. \$500,000 has been budgeted in PILT for the Event Center.

Contract/Agreement Begin Date: \_\_\_\_\_ Contract/Agreement End Date: \_\_\_\_\_

List of additional attendees:  
 Daniel Kendall



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Requestor Name: Teri Jones  
 Department: Event Center  
 Requestor Email: tjones@bannockcounty.us

Item(s) to be considered:  
 may want to be an executive ~~order~~ session

Date of meeting being requested: 05/14/2026  
 Time requested: 5 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?  
 Contract

Action Required: Decision  
 Legal/Policy Compliance Reviewed:

Financial Impact:

Contract/Agreement Begin Date: 06/25/2026  
 Contract/Agreement End Date: 10/31/2026

List of additional attendees:  
 Scott Crowther



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3rd District

**AGENDA REQUEST FORM**

*The Board of Bannock County Commissioners business meetings are generally held on **Tuesday at 9:00 AM** in the Commissioners' Chambers in the Bannock County Courthouse, 624 E. Center, Room 212, Pocatello, Idaho, or as noticed **48 hours** prior to the meeting at <https://www.bannockcounty.us/commissioners/>. Agenda times are subject to change within **15 minutes** of scheduled time. Any person(s) needing special meetings should contact the Commissioner's Office at [208-236-7210](tel:208-236-7210), three to five working days before the meeting.*

**E-mail this completed form and any supporting documents to [agendarequest@bannockcounty.us](mailto:agendarequest@bannockcounty.us) by NOON on the Thursday prior to the scheduled meeting.**

**Name/Department:**

Matthew K. Phillips / Human Resources & Risk Management

**Item to be considered/background:**

Discussion related to ancillary alcohol & event ancillary insurance coverage with possible Executive Session under Idaho Code 74-206(1)(i).

**Financial Impact (Total Cost/Funding Source):**

**How much time will be needed?**

5 Minutes

**Meeting date requested:**

5/14/26

**Action Required:**

Signature Only

**Does this item involve a contract, agreement, external funding application or award acceptance?**

YES  NO

**Have all supporting documents been included with this form?**

YES  NO

**List of attendees:**

Kristi Klauser, Comptroller, Scott Crowther, Events Center Director

**Please include any supporting documents with your Agenda Session Request Form.**

Commissioner Office Only:

Date: 5/14/26 Time: \_\_\_\_\_

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Requestor Name: Bobette Beesley  
 Department: Mosquito Abatement  
 Requestor Email: bobetteb@bannockcounty.gov

Item(s) to be considered:  
 2026 Idaho Dept. of H&W Mosquito Abatement contract request.

Date of meeting being requested: 05/14/2026  
 Time requested: 5 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?

Contract

Action Required: Signature Only  
 Legal/Policy Compliance Reviewed: Yes

Financial Impact:

State of Idaho contract funding description for West Nile virus surveillance and mosquito vector control. Estimated budget for reimbursement of labor, dry ice and test kits. The grant amount requested is \$ 7 000

Contract/Agreement Begin Date: 06/01/2026  
 Contract/Agreement End Date: 07/31/2026

List of additional attendees:  
 Buddy Romriell

# Bannock County NOTICE OF FUNDING OPPORTUNITY AND RISK ASSESSMENT FOR GRANTS



Is this a Reoccurring Grant?  YES  NO

Department:  Date Form Completed:   
 Supervisor:  Program Manager:   
 Project Title:  Submission Deadline:   
 Grant Name:  Grant Number:

Funding Agency:

Amount Requested:  Grant Match Percentage:  In-kind Allowed?  YES

Total Estimated Project Cost:

Long term maintenance cost (including staffing)

Explain Source of Match:

This grant will reimburse mosquito trap surveying labor costs, dry ice used in traps, and RAMP testing supplies.

Project Summary:

State of Idaho contract funding description for West Nile virus surveillance and mosquito vector control. Estimated budget for reimbursement of labor \$3800 (2 temporary employees totaling 230 hours @ \$16.55 per hour and dry ice \$1000. Also included \$2200 to purchase RAMP testing supplies. These amounts are based on previous years in which the grant was received.

Anticipated Notification Date:  Project Start Date:  Project End Date:

Funding Type:  Federal  State  Local Government  Private  Other

Net Cash Outflow:  Reimbursement  Advance Funded  Other

Target Population:

Potential Impact on Target Population:

Our impact is to prevent the community from contracting West Nile Virus (WNV) by trapping and testing mosquitoes. Infected mosquitoes transmit WNV and can cause serious illness and death in people of any age.

Funding Source Reporting Requirements:

Invoices showing dollar amounts and breakdown of supplies and labor used for funding.

Number of Staff to Participate:  Will Grant Require Staff to be Pulled from Primary Duties:  YES  NO

Will Staff Training be Provided:  YES  NO Training Cost Included in Budget:  YES  NO

Does Grant Include Technology:  YES  NO If so, have Computer Services Been Notified:  YES  NO

Does Grant Require Office Space:  YES  NO Does Grant Require New Personnel:  YES  NO

Chance of Successful Funding:  HIGH  MEDIUM  LOW

Application Prep Burden:

- HIGH (Needs project development and grant writing assistance)
- MEDIUM (Small project development or grant writing assistance)
- LOW (Program in place, simple project development or department able to complete application)

Administrative/Management Burden:

- HIGH
- MEDIUM
- LOW

<b>Grant Team Assessment:</b> (To be completed by the Grant Team)	
Does the project align with the grant criteria?	
Is the project feasible?	
Can we meet the matching requirement?	
Is the initiating department able to adequately manage the grant?	
Are there other consideration? If so, please describe:	
Other departments to involve:	
Summary of Department comments/ recommendation:	
Project/Grant Program Manager Contact Information:	
Auditing Department: Recommend Application	Do Not Recommend Application
Signatures: _____	Comments: _____
Legal: Recommend Application	Do Not Recommend Application
Signatures: _____	Comments: _____
BOCC: Recommend Application	Do Not Recommend Application
Comments: _____	

Chairman Signature Jeff Hough Date May 14, 2026

### GRANT TEAM RISK ASSESSMENT FOR GRANTS

Department:	<u>Mosquito Abatement</u>	Apply for award	X
Project name:	<u>2026 ID Department of Health &amp; Welfare - Mosquito</u>	Do not apply	
Assistance Listing # <i>(formerly CFDA #)</i>		Federal Procurement	
<b>Grant Writing</b>		<i>No (0 pts)</i>	<i>Maybe (2.5 pts)</i>
		<i>Yes (5 pts)</i>	<b>Score</b>
Project clearly eligible for grant? Meets priorities of the grant? If no, stop, do not apply.			X 5
Will administrative costs be allowed by the grant? Equipment only = 5			X 5
Matching funds: 0: cash or mix required, not budgeted; 2.5: match obtainable; 5: No match, or has been/can be budgeted, in-kind easily obtainable			X 5
Sufficient time to prepare grant submission before the due date?			X 5
Department and/or Grant Team have adequate time to write grant?			X 5
Award odds assessment: 0: strong competition, small number of awards, odds of award <10% 2.5: open competition, odds of award >10% to <50% 5: Meets top priorities, odds of award greater than 50%			X 5
Funding agency history: 0: none; 2.5: funder known/no history; 5: good relationship with funder			X 5
No organizational resources needed (space, equipment, in-kind)			X 5
Are new personnel fully covered by grant? n/a = 5			X 5
Sustainability: 0: difficult, may require significant ongoing commitment of resources; 2.5: effort needed, may require some ongoing support; 5: minimal additional resources OR no sustainability expected/needed			X 5
Aligns with department's mission			X 5
Existing or imminently anticipated need			X 5
<del>Program will not be a duplication of existing efforts in area</del>			<del>X 5</del>
Expertise of department/director in relevant area			X 5
Staff training: 0: required, not funded; 2.5: Minimal, some covered; 5: Minimal, required and costs covered			X 5
Program partnership: 0: needed/not developed; 2.5: potential identified; 5: not needed/already contacted			X 5
Procurement complexity: 0: multiple/phases/formal; 2.5: 1-2 simple/semi-formal; 5: none			X 5
Department capacity to administer and monitor project			X 5
Auditing capacity for processing, reporting, and monitoring			X 5
Department capacity for tracking/progress reports			X 5
Comments: This is a contract application			<b>100</b>
			<i>Score</i>
Scoring Key: 70% = Yes 50-69% = Maybe <50 = No	Possible adjustments to scoring: New personnel required -3      New system (reporting/application) -1 to 10 Subaward (adds admin burden) -4      Davis Bacon required -10 Does proposal provide operational support (rather than project support) up to +5		
Auditing/Grant Team: <u>LuAnn Losee</u>	Date:	05/07/26	
Override of Recommendation not to apply: Justification:	Date:		
Commissioner: <u>Jeff Hough</u>	Date:	5/14/26	

Mosquito Abatement District Subgrant Planning Worksheet							Obligated Personnel	Obligated Operating	Total Estimated \$ (Personnel + Operating)	Notes
ACTIVITIES	May-26		Jun-26		Jul-26		Estimated Total Personnel	Estimated Total		
	Personnel	Operating	Personnel	Operating	Personnel	Operating				
<b>Surveillance Activities</b>										
Labor Trap Setting	\$ -	\$ 1,266.67	\$ -	\$ 1,266.67	\$ -	\$ 1,266.66	\$ -	\$ 3,800.00	\$ 3,800.00	temp employees 230 hours @ \$16.55
Supplies Dry Ice/CO2	\$ -	\$ 333.33	\$ -	\$ 333.33	\$ -	\$ 333.34	\$ -	\$ 1,000.00	\$ 1,000.00	estimated FY25
Fuel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
shipping	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
							\$ -	\$ 4,800.00	\$ 4,800.00	
<b>Laboratory Activities</b>										
Specific Laboratory Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,200.00	\$ -	\$ 2,200.00	\$ 2,200.00	RAMP Test Kits
Sample Processing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
shipping	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Other Activites</b>										
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,200.00	\$ 2,200.00	

Fill in BLANK cells with activity or item description, examples are currently provided.  
 Fill in GREEN cells with number of anticipated COSTS per month  
 YELLOW cells will auto-populate with estimated amount charged for total yearly activities

## Idaho Mosquito Abatement Districts: SFY26 Contractual Application

### Purpose

The Idaho Department of Health and Welfare Division of Public Health is accepting application for the Idaho Mosquito Abatement Districts contracts (MADS). This funding announcement is to notify organizations of the opportunity to apply for reimbursement-based funds supporting surveillance for mosquitoes of public health concern. Funding may be used for the costs associated with collecting, testing, and monitoring mosquito vector populations. These reimbursement costs can include supplies to conduct surveillance and testing, labor to support surveillance and testing, disposable laboratory materials and mosquito surveillance supplies and other items as approved and specified in the contract cost billing.

### Definitions

As used in the Contract, the following terms shall have the meanings set forth below:

- A. **Contract** shall mean the Contract Cover Sheet, these General Terms and Conditions, and all Attachments identified on the Contract Cover Sheet. The Contract shall also include any negotiated and executed amendment to the Contract.
- B. **Contract Monitor** shall mean that person appointed by the Department to administer the Contract on behalf of the Department. "Contract Monitor" includes, except as otherwise provided in the Contract, an authorized representative of the Contract Monitor acting within the scope of his or her authority. The Department may change the designated Contract Monitor from time to time by providing notice to the Contractor as provided in the Contract.
- C. **Contractor** shall mean that individual, partnership, corporation, or other entity who executes the Contract or performs services under the Contract. Contractor shall include any subcontractor retained by the Contractor as permitted under the terms of the Contract.
- D. **Department** shall mean the State of Idaho, Department of Health and Welfare, its divisions, sections, offices, units, or other subdivisions, and its officers, employees, and agents.

### Funding Information

This Contract is funded by the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement awarded 8/1/2025 through the Centers for Disease Control and Prevention. A total of \$50,000 is available to be dispersed to the recipients in reimbursement-based-contract. Funds will be awarded to successful applications on a first come first served basis until all funds are expended.

An initial funding cap of \$7,000 will apply for this reimbursement-based-contract opportunity.

Funding may not be used for expenses reimbursed by any other federal source including but not limited to National Association of City and County Health Officials (NACCHO) and County Funds. Funds cannot be used for construction, food, gift cards, or any other item that is not directly associated with the operation of mosquito surveillance.

**Eligibility and Preferences:**

Eligible applicants must represent a vector control program housed within a local public health agency or other local government agency. "Local" is here defined as organizations working at county, city, municipality, or community levels. Private sector vector control entities are not eligible for funding through this opportunity.

**Contract Terms**

Selected applicants will enter into an agreement with the Department using standard Contract language **(terms and conditions) attached as Appendix A below**. Agreement with majority of the Department's standard contract terms and conditions is a requirement and as part of the application, the contractor will be asked to verify that they have read the Department's standard contract language and confirmed in agreement with the terms and conditions. Should your organization need to propose any changes to the terms and conditions, please inform us immediately, however, the Department reserves the right to accept or decline such changes. Significant changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant. Contractors that cannot agree to the majority of the Department's contract language should not apply for this initiative.

**Reporting Requirements:**

A scope of work (Table 1) further outlining these activities is below and represents the deliverables associated with receipt of funding which will be incorporated into the contract.

Selected Applicants will be required to:

- A. Designate one point of contact to serve as project coordinator. Even if this person will not lead all project activities, the selected applicant must dedicate one individual with whom the contract monitor will have direct communications on all matters related to this project.
- B. Adhere to the activities and timelines proposed in the application materials. The designated project coordinators must communicate with the contract monitor if deliverables must change due to unforeseen circumstances.
- C. Must conduct surveillance activities as outlined by the contract Scope of work in Table 1 at the end of this document.

**Financial Reports:**

Funding recipients must submit to the Idaho Department of Health and Welfare-Bureau of Environmental Health and Communicable Disease the appropriate receipts, invoices, and documentation in the format required by the program for surveillance and laboratory expenses as specified in the contract language and in accordance with the contract recipients Reporting and Record Retention Requirements. Contract recipients shall comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA).

**Application Requirements:**

Please describe the activities and expenses for which the funding will be used. A budget template attached as Appendix B below.

Timeline for the scope of work: 06/01/2026 – 07/31/2026

1. Provide a single point of contact for correspondence related to this funding.
2. Provide a brief explanation of your organization including if you are currently or have historically received funds from the Idaho Department of Health and Welfare Division of Public Health.
3. Provide a work plan that clearly outlines the intended uses of requested funds.
4. Provide a budget that details the anticipated funding that is in alignment with the application workplan.

**Review and Scoring:**

Applicants must score a minimum of 70 points (out of a possible 100) to be eligible to receive this funding. Applications will be reviewed by a committee and scored based on the following:

- **Narrative** – Maximum of 20 points. Applicant clearly describes their organization, capacity to implement the project, experience serving the target population, demonstrated ability to submit timely reports and invoices. Applicant includes a description of collaborating organizations for this project and clearly delineates each organization's roles and responsibilities for the project.
- **Work Plan** – Maximum of 40 points. Applicant clearly outlines a timeline and workplan to implement the project including who is responsible for specific activities.
- **Budget** – Maximum of 20 points. Applicant provides a comprehensive itemized budget.
- **Allowable Expenses** – Maximum of 20 points. Applicant's budget includes expenses that are allowable per scope of the contract.

**Submission Guidelines:**

- Proposals must be submitted to the Contract Monitor:

**Maddy Jarvis, MPH**

Epidemiologist

Bureau of Environmental Health and Communicable Disease Division of  
Public Health | Idaho Department of Health and Welfare

[Maddy.Jarvis@dhw.idaho.gov](mailto:Maddy.Jarvis@dhw.idaho.gov)

cc: [Kathryn.Turner@dhw.idaho.gov](mailto:Kathryn.Turner@dhw.idaho.gov)

## BANNOCK COUNTY COMMISSIONERS

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Requestor Name: Buddy Romriell  
 Department: Road and Bridge Shop  
 Requestor Email: Bromriell@bannockcounty.gov

Item(s) to be considered:  
 Executive Session involving County Personnel.  
 Idaho Code 742061AB with Potential Action.

Date of meeting being requested: 05/14/2026  
 Time requested: 10 Minutes

Does the request involve a contract, agreement, external funding, or award acceptance?  
 No

Action Required: Decision  
 Legal/Policy Compliance Reviewed: No

Financial Impact:  
 Moving both employees to the proposed locations will increase next year's budget by \$9,339. We have sufficient funding to cover the cost for the current year through existing vacant positions.

Contract/Agreement Begin Date: Contract/Agreement End Date:

List of additional attendees:  
 Kiel Burmester

In the Matter of DECLARATION )  
OF DROUGHT EMERGENCY )

R.S. No. 2026-34  
 May 14, 2026

**RESOLUTION**

WHEREAS, the peak snow water equivalent (SWE) in almost all water basins in Idaho registered below the 20<sup>th</sup> percentile on SNOTEL indices, indicating moderate to exceptional drought conditions; and

WHEREAS, Governor Brad Little and Department of Water Resources Director Mathew Weaver have signed an Order Declaring Drought Emergency for all of Idaho; and

WHEREAS, Idaho Code §31-828 authorizes the County Commissioners to perform all acts that may be necessary to the full discharge of the duties of the chief executive authority of the County Government; and

WHEREAS, Idaho Code §46-1011 provides that the Bannock County Commissioners may declare a local disaster emergency in excess of seven days; and

WHEREAS, pursuant to Idaho Code §46-1002, “disaster” means: “occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural or man-made cause...” and “emergency” means: “occurrence or imminent threat of a disaster or condition threatening life or property that requires state emergency assistance to supplement local efforts to save lives and protect property or to avert or lessen the threat of a disaster;” and

WHEREAS, based upon all information available and the historic well-below normal snowpack levels, the Board finds that the current low water levels pose an imminent threat of drought-like conditions, potential economic losses, and a disaster to agriculture in Bannock County, which constitutes an emergency as defined in Idaho Code §46-1002.

NOW, THEREFORE, BE IT RESOLVED that under Idaho Code §46-1011, the Board hereby declares that a local disaster emergency exists in Bannock County due to drought conditions, and shall remain in effect until the Winter of 2026, or until otherwise terminated by resolution, whichever occurs sooner. Bannock County requests assistance from all other entities and resources, including but not limited to the State of Idaho and the federal Government and their respective agencies.

BOARD OF BANNOCK COUNTY COMMISSIONERS

\_\_\_\_\_  
 Jeff Hough, Chair

\_\_\_\_\_  
 Ernie Moser, Member

\_\_\_\_\_  
 Ken Bullock, Member

ATTEST: \_\_\_\_\_  
 Jason C. Dixon, Clerk