

Board of Education Special Meeting
Monday, July 5, 2021 7:30 PM
District Office
508 Jefferson Ave.
Morrill, NE 69358

- I. CALL TO ORDER FOR SPECIAL MEETING
 - I.1. Pledge to the Flag
 - I.2. Roll Call
 - I.3. Notification of Open Meetings Law Posting
 - I.4. Recognition of Recording
- II. APPROVE AGENDA
- III. **DISCUSSION on Morrill's Return to In-Person Instruction and Continuity of Services Plan.**
- IV. **DISCUSSION on Morrill's Plan for use of ESSERS III Funds**
- V. **PUBLIC COMMENT on both plans discussed above**
- VI. **OLD BUSINESS**
 - VI.1.
 - 1. Consider/possibly approve new football scoreboard from Whiting Signs
 - VI.2.
 - VI.3. Consider/possibly approve bids for new IPADS
 - VI.4.
 - 2. Consider/possibly approve adjusted bid for Staff and Administrative Mobile Devices from Gov.Connection
 - VI.5.
 - VI.6. Consider/possibly approve administrative & classified Health/Dental Insurance bid from Plains Insurance Brokers
- VII. **NEW BUSINESS**
 - VII.1.

- 3. Consider/possibly approve the Return to In-Person Instruction and Continuity of Service Plan
- VII.2.
- VII.3.
- 4. Consider/possibly approve the Plan for the use of ESSERS III Funds
- VII.4.
- VII.5.
- 5. Consider/possibly approve the Business Plan and Capital Campaign for Ag Complex Development
- VII.6.
- VII.7.
- 6. Consider/possibly approve the purchase of a used pickup for AG Properties from C & R Motors Inc.
- VII.8.
- VII.9.
- 7. Consider/possibly approve adjusting years of experience for Sorcha Colerick and Becky Jo Wylie
- VII.10.
- VII.11.
- 8. Consider/possibly approve paying Tom Peacock's "district portion" of insurance premium for month of July
- VII.12.

VIII. NEXT MEETING

IX. Regular Meeting July 19, 2021 at 7:30 pm

X. ADJOURNMENT

X.1. Except for an emergency, this agenda shall not be altered later than twenty-four hours before scheduled commencement of the meeting. The Board will attempt to adhere to the sequence of the published agenda, but reserves the right to adjust the order of items if necessary and may elect to take action on any of the items listed. The agenda is kept continuously current and can be viewed in the district office.
 Executive Session {84-1410}: These are the reasons for an executive session: strategy sessions for collective bargaining, real estate purchases, pending litigation, deployment of security personnel or devices, investigative proceedings regarding allegations of criminal misconduct and evaluation of the job performance of a personnel when necessary to prevent needless injury to the reputation of a person and if such person has not requested a public body. The motion must state the specific reason listed above and include the phrase "and will be limited to the discussion of _____."
 Posted by 10 am 7/2/2021

Apple Inc. Education Price Quote

Customer: Jeromy Delgado
MORRILL PUBLIC SCHOOLS
email: jdelgado@erhtech.com

Apple Inc: Phil Chong
5505 W Parmer Lane
Bldg 7
Austin, TX 78727
email: philipchong@apple.com

Apple Quote: 2210337984

Quote Date: Monday, June 28, 2021

Quote Valid Until: Wednesday, July 28, 2021

Quote Comments:

Please reference Apple Quote number on your Purchase Order.

Row #	Details & Comments	Qty	Unit List Price	Extended List Price
1	10.2-inch iPad Wi-Fi 32GB-Space Gray (10-pack), Brenthaven case, w/ 4YR AppleCare+ for Schools (no service fees) Part Number: BRJR2LL/A	6	\$4,079.50	\$24,477.00
	10.2-inch iPad Wi-Fi 32GB - Space Gray (10-pack) Part Number: MYLU2LL/A Quantity: 60			
	4-Year AppleCare+ for Schools - iPad 8th Gen. no service fees Part Number: S7832LL/A Quantity: 60			
	Brenthaven Edge 360 Case for 10.2-inch iPad (7th and 8th Generation) - Gray Part Number: HNBC2ZM/A Quantity: 60			

Edu List Price Total	\$24,477.00
- Additional Tax	\$0.00
- Estimated Tax	\$0.00
Extended Total Price*	\$24,477.00

*In most cases Extended Total Price does not include Sales Tax
*If applicable, eWaste/Recycling Fees are included. Standard shipping is complimentary

Complete your order by one of the following:

- This document has been created for you as Apple Quote ID 2210337984. Please contact your institution's Authorized Purchaser to submit the above quote online. For account access or new account registration, go to <https://ecommerce.apple.com>. Simply go to the Quote area of your Apple Education Online Store, click on it and convert to an order.
 - For registration assistance, call 1.800.800.2775
- If you are unable to submit your order online, please send a copy of this Quote with your Purchase Order via email to institutionorders@apple.com. **Be sure to reference the Apple Quote number on the PO to ensure expedited processing of your order.**
 - For more information, go to provision C below, for details.

THIS IS A QUOTE FOR THE SALE OF PRODUCTS OR SERVICES. YOUR USE OF THIS QUOTE IS SUBJECT TO THE FOLLOWING PROVISIONS WHICH CAN CHANGE ON SUBSEQUENT QUOTES:

- A. ANY ORDER THAT YOU PLACE IN RESPONSE TO THIS QUOTE WILL BE GOVERNED BY (1) ANY CONTRACT IN EFFECT BETWEEN APPLE INC. ("APPLE") AND YOU AT THE TIME YOU PLACE THE ORDER OR (2), IF YOU DO NOT HAVE A CONTRACT IN EFFECT WITH APPLE, CONTACT contracts@apple.com.
- B. ALL SALES ARE FINAL. PLEASE REVIEW RETURN POLICY BELOW IF YOU HAVE ANY QUESTIONS. IF YOU USE YOUR INSTITUTION'S PURCHASE ORDER FORM TO PLACE AN ORDER IN RESPONSE TO THIS QUOTE, APPLE REJECTS ANY TERMS SET OUT ON THE PURCHASE ORDER THAT ARE INCONSISTENT WITH OR IN ADDITION TO THE TERMS OF YOUR AGREEMENT WITH APPLE.
- C. YOUR ORDER MUST REFER SPECIFICALLY TO THIS QUOTE AND IS SUBJECT TO APPLE'S ACCEPTANCE. ALL FORMAL PURCHASE ORDERS SUBMITTED BY EMAIL MUST SHOW THE INFORMATION BELOW:
- APPLE INC. AS THE VENDOR
 - BILL-TO NAME AND ADDRESS FOR YOUR APPLE ACCOUNT
 - PHYSICAL SHIP-TO NAME AND ADDRESS (NO PO BOXES)
 - PURCHASE ORDER NUMBER
 - VALID SIGNATURE OF AN AUTHORIZED PURCHASER
 - APPLE PART NUMBER AND/OR DESCRIPTION OF PRODUCT AND QUANTITY
 - TOTAL DOLLAR AMOUNT AUTHORIZED OR UNIT PRICE AND EXTENDED PRICE ON ALL LINE ITEMS
 - CONTACT INFORMATION: NAME, PHONE NUMBER AND EMAIL
- D. UNLESS THIS QUOTE SPECIFIES OTHERWISE, IT REMAINS IN EFFECT UNTIL Wednesday, July 28, 2021 UNLESS APPLE WITHDRAWS IT BEFORE YOU PLACE AN ORDER, BY SENDING NOTICE OF ITS INTENTION TO WITHDRAW THE QUOTE TO YOUR ADDRESS SET OUT IN THE QUOTE.
- APPLE MAY MODIFY OR CANCEL ANY PROVISION OF THIS QUOTE, OR CANCEL ANY ORDER YOU PLACE PURSUANT TO THIS QUOTE, IF IT CONTAINS A TYPOGRAPHIC OR OTHER ERROR.
- E. THE AMOUNT OF THE VOLUME PURCHASE PROGRAM (VPP) CREDIT SHOWN ON THIS QUOTE WILL ALWAYS BE AT UNIT LIST PRICE VALUE DURING REDEMPTION ON THE VPP STORE.
- F. UNLESS SPECIFIED ABOVE, APPLE'S STANDARD SHIPPING IS INCLUDED IN THE TOTAL PRICE.

Opportunity ID:
<https://ecommerce.apple.com>
Fax:

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Apple Inc. Education Price Quote

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Row #	Details & Comments	Qty	Unit List Price	Extended List Price
1	10.2-inch iPad Wi-Fi 32GB-Space Gray (10-pack), Brenthaven case, w/ 3YR AppleCare+ for Schools (no service fees) Part Number: BRJQ2LL/A	6	\$3,779.50	\$22,677.00
	10.2-inch iPad Wi-Fi 32GB - Space Gray (10-pack) Part Number: MYLU2LL/A Quantity: 60			
	3-Year AppleCare+ for Schools - iPad 8th Gen. no service fees Part Number: S7831LL/A Quantity: 60			
	Brenthaven Edge 360 Case for 10.2-inch iPad (7th and 8th Generation) - Gray Part Number: HNBC2ZM/A Quantity: 60			

Edu List Price Total	\$22,677.00
- Additional Tax	\$0.00
- Estimated Tax	\$0.00
Extended Total Price*	\$22,677.00

*In most cases Extended Total Price does not include Sales Tax
*If applicable, eWaste/Recycling Fees are included. Standard shipping is complimentary

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Opportunity ID:
<https://ecommerce.apple.com>
Fax:

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Presented by National General Benefits Solutions

Self-Funded Medical Plan Proposal

July 04, 2021

Agent: MATTHEW HAAS

Phone: (308) 633-4341

Email: matthaas@plainsbrokers.com

Rep Name: Reid Najvar

Email: Reid.Najvar@NGIC.COM

Proposal For: Morrill Public Schools

This is not an insurance contract, nor does it guarantee coverage or effective date. Only the actual contract provisions will prevail. See the plan brochures for coverage and option details. This quote must be presented by a State-licensed agent and is subject to approval.

We are **National General**

When you work with National General, you get the confidence of knowing you're partnering with a company that offers years of experience and financial stability.

For over 75 years, we've been providing insurance solutions in various lines for both personal and professional customers and businesses, focusing on unique markets and distributions.

National General is the 14th largest Auto Writer in the U.S.*

Our Benefits Solutions team offers 16 years of experience in the level-funding space, providing innovative health benefits solutions to employers with groups of 2 to 500 employees.



8,500 Employees
working for you!

FORTUNE

#565 on
FORTUNE 1000



\$4.6 Billion
of revenue in 2018



FORTUNE 100
Fastest-Growing Companies of 2017



Underwriting Companies
Rated A+ (Superior)



Publicly traded
National General Holdings Corp. (NGHC)

Today we insure over 4 million people across the nation.

For the latest Best's Credit Rating, access www.ambest.com.
* Best's Rankings Top 25 U.S. Total Auto Writers. (2019). *Best's Review*, 120(10), 46.
All numbers pulled as of 2019. | Fortune source 1: <https://fortune.com/fortune500/national-general-holdings/>
Fortune source 2: <https://fortune.com/100-fastest-growing-companies/2017/search/>
Stop-loss products are underwritten by: Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.
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National General 
Benefits Solutions

Plan/Rate Summary

Please review this proposal. If you are ready to move forward, contact your Licensed Agent or Sales Representative to discuss the next steps.

Plans quoted in this proposal: 2

Plan Name	Plan 1	Plan 2
Plan Type	NGBS Core Value	NGBS Core Value
Medical Plan Design	SELF-FUNDED NGBS CORE VALUE HSA REFERENCE BASED PRICING PLAN	SELF-FUNDED NGBS CORE VALUE HSA REFERENCE BASED PRICING PLAN
Individual Deductible	\$1,500	\$2,800
Family Deductible	\$3,000	\$5,600
Coinsurance	50%	90%
Total Ind Plan OOP Maximum	\$3,000	\$6,500
Total Fam Plan OOP Maximum	\$6,000	\$13,000
Family Deductible Accumulation Method	One deductible	Individual/Family deductible
PCP/Specialist Visit	Deductible and coinsurance	Deductible and coinsurance
Teladoc®	\$55 per visit	\$55 per visit
Urgent Care Visit	Deductible and coinsurance	Deductible and coinsurance
Medical Network	Not applicable	Not applicable
OP Surgery	Deductible and coinsurance	Deductible and coinsurance
Pharmacy Benefit Manager	CIGNA PBM	CIGNA PBM
Rx Coverage (Generic/Brand/Non-preferred brand)	Deductible and coinsurance	Deductible and 90% for generic 90% for brand 70% for non-preferred brand
DXL	Deductible and coinsurance	Deductible and coinsurance
ER Treatment	Deductible and coinsurance	Deductible and coinsurance
AME	N/A	N/A
Deductible and OOP Accrual Period	Calendar Year, deductible credit included	Calendar Year, deductible credit included
Run Out Period	9 months	9 months
Delayed Administration Fee	50%	50%
HSA Eligible	Yes	Yes
Wellness Program	No	No
Dental	No	No
Total Cost	\$4,902.60	\$6,151.51

Plan Selection Notes:

- Total plan out-of-pocket maximum includes deductible, coinsurance and any Rx or Medical copayments.
- This self-funded health benefit plan template meets Minimum Value.
- Plan includes Terminal Liability coverage for 24 months after the end of the plan year. A terminal liability coverage reserve fee will be taken by NGBS at the end of the run-out, calculated as 3% of any remaining claim account surplus prior to any claim account refund. Terminal Liability coverage is not provided in cases of early termination.
- One deductible accumulation method was chosen which means that for a family deductible covered expenses for all covered family members are combined to satisfy the total deductible. The entire deductible must be satisfied before benefits are paid for

The Self-Funded Program provides tools for small-business employers to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Stop-loss insurance for the National General Benefits Solutions Self-Funded Program is underwritten and issued by Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.

Plan/Rate Summary

Please review this proposal. If you are ready to move forward, contact your Licensed Agent or Sales Representative to discuss the next steps.

Plans quoted in this proposal: 2

any family member.

- The NGBS Core Value plan uses a multiple of the Medicare reimbursement rate (or other derived equivalent) as the basis for reimbursement of physicians and facilities. The member is free to see any provider of their choice. There is no contractual discount arrangement with providers (except for pharmacy, transplants and non-emergency medical transportation). Under the plan, the maximum allowable amount for determining covered charges is set at 130% for outpatient services, 150% for inpatient services, and 100% for kidney dialysis. In some cases providers may not accept this amount as payment in full for services rendered. The Member Advocacy Program is available to help if a member receives a balance bill from a provider for certain amounts in excess of the maximum allowable amount. Members will be responsible for copay, deductible, coinsurance and similar out-of-pocket expenses.
- If claims are less than the aggregate deductible at the end of the run-out period, the employer may be eligible for a refund. Refund amounts, if any, are based on the refund selection at the time of issue or re-issue, as applicable. NOTE: Terminations prior to the end of the plan year will result in forfeiture of the remaining claim fund and no refund will be provided.



Group Name: Morrill Public Schools

Effective Date: 08/01/2021

SIC Code: 82100

Zip Code: 69358

Location Name: Location 1

Location Type: Main

Stop-Loss Insurance and Financial Details			
	Plan 1	Plan 2	
Specific Attachment Point	\$50,000.00	\$50,000.00	
Annual Aggregate Attachment Point	\$52,924.92	\$52,924.92	
Monthly Bill Medical			
Employee	\$521.56	\$449.02	
Employee + Spouse	\$1,251.72	\$1,077.64	
Employee + Child	\$990.95	\$853.13	
Family	\$1,668.96	\$1,436.84	
			Total
Stop-loss Premium	\$1,951.62	\$2,460.79	\$4,412.41
Admin, Sales and General Expenses	\$1,011.76	\$1,219.53	\$2,231.29
Claims Account	\$1,939.22	\$2,471.19	\$4,410.41
Total	\$4,902.60	\$6,151.51	\$11,054.11

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Business Name: Morrill Public Schools
 Agent: MATTHEW HAAS
 Agent Phone: (308) 633-4341
 Proposal Creation Date: 06/08/2021

County: SCOTTS BLUFF
 State: NE ZIP Code: 69358
 Proposed Effective Date: 08/01/2021 Size Category: S

HCR Indicator:
 Location Name: Location 1
 Location Type: Main
 SIC Code: 82100

Total Employees: 12

Total Employees Eligible: 12

Total Employees Enrolling: 12

Medical	Plan 1		Plan 2	
	Rate	Enrollment	Rate	Enrollment
Employee (EE)	\$521.56	3	\$449.02	3
Employee + Spouse (EE+SP)	\$1,251.72	0	\$1,077.64	1
Employee + Child (EE+CH)	\$990.95	0	\$853.13	1
Employee + Family (EE+FM)	\$1,668.96	2	\$1,436.84	2

Monthly Rate Breakdown by Employee - Employee Choice		
Member Name	Plan 1 Cost	Plan 2 Cost
Joe Sherwood M(58), SP F(59), CH: 1	N/A	\$1,436.84
Bradley A Derr M(60)	\$521.56	N/A
Amleia G Maldonado F(29), SP M(35), CH: 3	N/A	\$1,436.84
Kellie J Jackson F(42), SP M(43)	N/A	\$1,077.64
Jessica J McLamb F(32)	N/A	\$449.02
Bonnie D Graham F(34)	N/A	\$449.02
Esmeralda Rodriguez F(47)	\$521.56	N/A
Elva J Lutz F(45), CH: 1	N/A	\$853.13
Joe Wilson M(45), SP F(39), CH: 4	\$1,668.96	N/A
Sunny Edwards F(41)	\$521.56	N/A
China Landini F(34), SP M(37), CH: 1	\$1,668.96	N/A
Brooklyn A Clyncke F(24)	N/A	\$449.02
Monthly Total	\$4,902.60	\$6,151.51

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Business Name: Morrill Public Schools	County: SCOTTS BLUFF	HCR Indicator:
Agent: MATTHEW HAAS	State: NE ZIP Code: 69358	Location Name: Location 1
Agent Phone: (308) 633-4341	Proposed Effective Date: 08/01/2021	Location Type: Main
Proposal Creation Date: 06/08/2021	Size Category: S	SIC Code: 82100

Plan 1	
Plan type:	The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount, or other derived equivalent, as the basis for reimbursement of providers and facilities.
Medical Network	Not applicable
Individual Deductible	\$1,500
Family Deductible	\$3,000
Family Deductible Accumulation Method	One deductible (This accumulation method for a family deductible is one in which covered expenses for all covered family members are combined to satisfy the total deductible. The entire deductible must be satisfied before benefits are paid for any family member.)
Plan Coinsurance Percentage (plan pays)	50%
Individual Coinsurance out-of-pocket maximum (family coinsurance out-of-pocket maximum is 2 x the individual coinsurance out-of-pocket maximum)	\$1,500
Total Individual out-of-pocket maximum	\$3,000
Total Family out-of-pocket maximum	\$6,000
Lifetime Benefit Maximum	No maximum
Office Visit (does not require a referral)	Deductible and coinsurance
Teladoc® Access to a national network of U.S. board-certified doctors and pediatricians who are available 24/7 to diagnose, treat and prescribe medication (when necessary) for many medical issues via phone or online video consultations.	\$55.0 per visit
Pharmacy Benefit Manager	CIGNA PBM
Prescription Drugs When generic is available, but a non-preferred brand is purchased, the member will be responsible for the difference in price. (Mail order services included)	Deductible and coinsurance
Clinical Preventive Services: Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms, well-child exams and immunizations.	Paid at 100% - no deductible, coinsurance
Urgent Care Visit	Deductible and coinsurance
Diagnostic X-ray and Laboratory services	Deductible and coinsurance

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MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA	Deductible and coinsurance
Emergency Room Treatment Subject to a 30% penalty for non-emergency use	Deductible and coinsurance
Maternity	Deductible and coinsurance
Outpatient Physical Medicine Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.	Deductible and coinsurance limited to 30 visits
Home Health Care	Limited to 60 visits
Subacute Rehabilitation and Nursing Facility Services	Limited to 31 days combined
Inpatient Rehabilitation Services	Limited to 31 days
Transplants Must obtain transplant from a Designated Transplant Provider to receive plan benefits.	Deductible and coinsurance
Behavioral Health and Substance Abuse for groups with 50 employees and less.	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits.
Behavioral Health and Substance Abuse for groups with 51 or more employees.	Inpatient and Outpatient: subject to plan deductible and plan coinsurance.
Inpatient and Outpatient Hospital, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services	Deductible and coinsurance

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Agent Phone: (308) 633-4341	Proposed Effective Date: 08/01/2021	Location Type: Main
Proposal Creation Date: 06/08/2021	Size Category: S	SIC Code: 82100

Plan 2	
Plan type:	The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount, or other derived equivalent, as the basis for reimbursement of providers and facilities.
Medical Network	Not applicable
Individual Deductible	\$2,800
Family Deductible	\$5,600
Family Deductible Accumulation Method	Individual/Family deductible
Plan Coinsurance Percentage (plan pays)	90%
Individual Coinsurance out-of-pocket maximum (family coinsurance out-of-pocket maximum is 2 x the individual coinsurance out-of-pocket maximum)	\$3,700
Total Individual out-of-pocket maximum	\$6,500
Total Family out-of-pocket maximum	\$13,000
Lifetime Benefit Maximum	No maximum
Office Visit (does not require a referral)	Deductible and coinsurance
Teladoc® Access to a national network of U.S. board-certified doctors and pediatricians who are available 24/7 to diagnose, treat and prescribe medication (when necessary) for many medical issues via phone or online video consultations.	\$55.0 per visit
Pharmacy Benefit Manager	CIGNA PBM
Prescription Drugs When generic is available, but a non-preferred brand is purchased, the member will be responsible for the difference in price. (Mail order services included)	Deductible and 90% for generic 90% for brand 70% for non-preferred brand
Clinical Preventive Services: Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms, well-child exams and immunizations.	Paid at 100% - no deductible, coinsurance
Urgent Care Visit	Deductible and coinsurance
Diagnostic X-ray and Laboratory services	Deductible and coinsurance
MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA	Deductible and coinsurance
Emergency Room Treatment Subject to a 30% penalty for non-emergency use	Deductible and coinsurance
Maternity	Deductible and coinsurance

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 Location Name: Location 1
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 SIC Code: 82100

Outpatient Physical Medicine Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.	Deductible and coinsurance limited to 30 visits
Home Health Care	Limited to 60 visits
Subacute Rehabilitation and Nursing Facility Services	Limited to 31 days combined
Inpatient Rehabilitation Services	Limited to 31 days
Transplants Must obtain transplant from a Designated Transplant Provider to receive plan benefits.	Deductible and coinsurance
Behavioral Health and Substance Abuse for groups with 50 employees and less.	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits.
Behavioral Health and Substance Abuse for groups with 51 or more employees.	Inpatient and Outpatient: subject to plan deductible and plan coinsurance.
Inpatient and Outpatient Hospital, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services	Deductible and coinsurance

The following information applies to all the plans contained in this Proposal:

Additional Information

Utilization Review

When inpatient treatment is needed, the covered person is responsible for calling National General Benefits Solutions to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty will be applied. Please refer to the SPD for specific details. No benefits are paid for transplants which are not authorized. Authorization is not a guarantee of coverage.

Deductible Credit

When coverage first begins, credit is given for any portion of a calendar-year deductible satisfied under the prior plan during the same calendar year, except when the deductible credit is waived. However, no credit is given for past policy-year deductibles.

If a dental option is selected, deductible credit may also be available.

New Hires

For groups with a 0, 30 or 60 day employment waiting period, new eligible employees and their dependents, upon satisfaction of the employment waiting period, are eligible for the following effective date: First day of the billing month following the date of full-time employment, when the enrollment request is received within 31 days of this date. For groups with a 90 day employment waiting period, newly eligible employees and their dependents, upon satisfaction of the employment waiting period, are eligible for the following effective date: The 90th day following the date of full-time employment, when the enrollment request is received within 31 days of the expiration of the employment waiting period.

If a dental option is selected, the same new hire waiting period will apply.

Medical Exclusions Summary

- For NGBS Advantage plans, any charges that are provided or performed by a Health Care Practitioner, facility, or supplier that is not identified for the Health Care Provider Network as a Participating Provider, Participating Pharmacy, Specialty Pharmacy Provider, or Designated Transplant Provider. This exclusion does not apply to PPO plans that cover charges for treatment provided or performed by either Participating Providers (In-network) or Non-Participating Providers (Out-of-network).
- Treatment not listed in the summary plan description
- Services by a medical provider who is an immediate family member or who resides with a covered person
- Charges for services, supplies or drugs provided by or through any employer of a Covered Person or of a Covered Person's family member
- Treatment reimbursable by Medicare, Workers' Compensation, automobile carriers or expenses for which other coverage is available
- Routine hearing care, vision therapy, surgery to correct vision, foot orthotics, or routine vision care and foot care unless part of the diabetic treatment
- Charges for custodial care, private nursing, telemedicine or phone consultations with the exception of Teladoc® services if purchased as part of your plan, or Telehealth (virtual) visits
- Charges for diagnosis and treatment of infertility except for groups of 51 or more that are administered by Allied or Meritain on the traditional or NGBS Advantage plans
- Charges for surrogate pregnancy or sterilization reversal
- Charges for cosmetic services, including chemical peels, plastic surgery and medications
- Charges for umbilical cord storage, genetic testing, counseling and services
- Treatment of "quality Of life" or "lifestyle" concerns including but not limited to obesity, hair loss, restoration or promotion of sexual function, cognitive enhancement and educational testing or training
- Over-the-counter drugs, (unless recommended by the United States Preventive Services Task Force and authorized by a health care provider), drugs not approved by the FDA, drugs obtained from sources outside the United States, and the difference in cost between a generic and brand name drug when the generic is available
- Complications of an excluded service
- Charges in excess of any stated benefit maximum
- Treatment of an illness or injury caused by acts of war, felony, or influence of an illegal substance
- Dental care not related to a dental injury (specific to medical coverage)
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not pre-authorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Charges for cranial orthotic devices, except following cranial surgery
- Charges for medical devices designed to be used at home, except as otherwise covered in the Durable Medical Equipment and Personal Medical Equipment provision or the Diabetic Services provision in the Medical Benefits section
- Charges for devices or supplies, except as described under a Prescription Order
- Charges for prophylactic treatment
- Charges related to health care practitioner-assisted suicide
- Charges for growth hormone stimulation treatment to promote or delay growth
- Charges for treatment of behavioral health or substance abuse, except as otherwise covered in the Behavioral Health and Substance Abuse provision in the Medical Benefits section
- Charges for testing and treatment related to the diagnosis of behavioral conduct or developmental problems; charges for applied behavioral analysis
- Charges for alternative medicine, including acupuncture and naturopathic medicine (except when optional acupuncture and naturopathic medicine coverage is purchased)
- Charges for chelation therapy
- Charges for experimental or investigational services

This form contains a partial summary of information for the health benefit plan templates. For a complete listing of employee health benefits, exclusions and limitations please refer to the summary plan description. Please refer to the stop-loss policy for a complete listing of employer stop-loss benefits, exclusions and terms of coverage. In the event that there are discrepancies with the information in this form, the terms and conditions of the coverage documents will govern.

Plan Description

Business Name: Morrill Public Schools County: SCOTTS BLUFF HCR Indicator:
 Agent: MATTHEW HAAS State: NE ZIP Code: 69358 Location Name: Location 1
 Agent Phone: (308) 633-4341 Proposed Effective Date: 08/01/2021 Size Category: S Location Type: Main
 Proposal Creation Date: 06/08/2021 SIC Code: 82100

Plan #	Plan Description Medical	Medical Network	Plan ID
1	50/50 SELF-FUNDED NGBS CORE VALUE HSA REFERENCE BASED PRICING PLAN WITH DEDUCTIBLE/COINSURANCE, 1500/3000 DEDUCTIBLE AND Major Medical Monthly Total: \$4,902.60	Not applicable	14519992
2	90/60 SELF-FUNDED NGBS CORE VALUE HSA REFERENCE BASED PRICING PLAN WITH DEDUCTIBLE/COINSURANCE, 2800/5600 DEDUCTIBLE AND Major Medical Monthly Total: \$6,151.51	Not applicable	14519995

The information below is for internal use only. The Composite Rate represents the components of the Claim Funding, Stop-loss, and the Sales and Administration expenses by coverage category.

Plan 1 Composite Medical	Employer Claims Account	Stop-Loss Premium	Administrative and Program Expenses
EE	\$206.30	\$207.62	\$107.64
EE & SP	\$495.12	\$498.28	\$258.32
EE & CH (NO SP)	\$391.97	\$394.48	\$204.50
EE & FAM (Includes CH & SP)	\$660.16	\$664.38	\$344.42

Plan 2 Composite Medical	Employer Claims Account	Stop-Loss Premium	Administrative and Program Expenses
EE	\$180.38	\$179.62	\$89.02
EE & SP	\$432.91	\$431.09	\$213.64
EE & CH (NO SP)	\$342.72	\$341.28	\$169.13
EE & FAM (Includes CH & SP)	\$577.21	\$574.78	\$284.85

AHGroupID: H0219928

Original Effective Date: 08/01/2021

PLEASE FORWARD THIS FORM WITH THE FINAL PROPOSAL TO ADMIN OFFICE

The Self-Funded Program provides tools for small-business employers to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Stop-loss insurance for the National General Benefits Solutions Self-Funded Program is underwritten and issued by Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.

Business Name: Morrill Public Schools
 Agent: MATTHEW HAAS
 Agent Phone: (308) 633-4341
 Proposal Creation Date: 06/08/2021

County: SCOTTS BLUFF
 State: NE ZIP Code: 69358
 Proposed Effective Date: 08/01/2021 Size Category: S

HCR Indicator:
 Location Name: Location 1
 Location Type: Main
 SIC Code: 82100

I understand that:

- If the final plan selected is Core Value or Core Value Access, the appropriate level of payment for covered charges is determined in accordance with a multiple of the applicable Medicare reimbursement rate or other derived equivalent, as set forth in the plan.
- For the Core Value and Core Value Access plans, there is no participating provider network, except for purposes of pharmacy benefits and designated providers for transplant services (and for Core Value Access, a network is provided for professional services). I understand that plan participants may be balance-billed for charges in excess of the covered charges, and that the Member Advocacy Program may be available to assist in negotiating such bills following notification of such charges.
- For the Core Value and Core Value Access plans, to the extent the Member Advocacy Team negotiates an additional payment, I understand such payment will be paid from the claim fund. I understand the Member Advocacy Program will only be available until the end of the run-out period, taking into account the terminal liability endorsement, if applicable.
- This proposal does not guarantee coverage, rates or effective date. Once all necessary and requested information is received, a final rate will be determined, which may vary from this proposal, based on appropriate rating factors. Rates may be surcharged if an employer sponsors any type of HRA or supplemental gap plan that effectively lowers the employee's out of pocket costs shown in this proposal(s).
- I understand that for the purposes of this proposal, "National General Benefits Solutions" refers to the stop loss policy underwritten by Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.
- I will be held as a plan sponsor for the proposed self-funded employee benefit plan that may be established as a result of this or an updated proposal.
- By signing below, the above Company agrees to make all monthly payments as indicated above including those for stop loss premium, plan administration, sales and general expenses and claim account payments, as adjusted for changes in the composition of the employer health plan, and/or changes in fees or stop loss premiums or as reflected in any updated proposal provided by National General Benefits Solutions or its representatives. This obligation is binding upon the above Company's and the stop loss insurer's acceptance of this or an updated proposal for self-funded coverage services, as well as issuance of a stop loss policy by this insurer.
- As a plan sponsor, my failure to make all payments or pay required stop loss insurance premiums may result in cancellation of stop loss coverage to the employer's self-funded plan and/or liability against the above Company for any unfunded claims incurred under the employer's self-funded health plan. I agree on behalf of the above Company to indemnify the above stop loss insurance company and its affiliates for any stop losses due to default on this obligation.
- I understand that any termination of the stop loss coverage prior to the end of the plan year will result in forfeiture of any funds remaining in the claim fund, for purposes of administration costs associated with claims that are processed after the early termination date and that Terminal Liability coverage will not be provided.
- As plan sponsor, I am responsible for funding of all Federal and State mandated fees applicable to the plan, which are subject to change. This proposal does not reflect any such fees, including, but not limited to the following: Patient Centered Outcome Research Trust (PCORI) Fee, NY HCRA Assessment Fee, and ME, ID, and NH Immunization and Vaccine Assessments.
- National General Benefits Solutions compensates agents for the sale of insurance products. Compensation may be based on several factors as permitted by law, including, but not limited to, the total premium or premium equivalent collected from the group; group size; the number of employees or participants; the type of products sold; sales production tiers or a combination thereof. National General Benefits Solutions may, at times, offer additional compensation to agents based on short and/or long term marketing promotions. I agree that the sales expense amount built into the administrative expenses shall be payable to the agent/broker listed above for the first year of my participation in the Program.
- If I, as a plan administrator with 100 or more participants, am required to file a Form 5500, I may contact the TPA and I will be provided information needed to file a Schedule A. I also understand that some plans under 100 participants must file a Form 5500. This information should not be construed as legal or tax advice from National General Benefits Solutions.
- I should contact my legal counsel and/or tax advisor if I have any questions regarding the obligations set forth above. This quote must be presented by a state-licensed agent and is subject to approval.

Plan Selected _____

Owner/Officer/Partner Signature

Date

PLEASE FORWARD THIS FORM WITH THE FINAL PROPOSAL TO ADMIN OFFICE

The Self-Funded Program provides tools for small-business employers to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Stop-loss insurance for the National General Benefits Solutions Self-Funded Program is underwritten and issued by Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.

Three rounds of Federal Stimulus

CARES ACT – MPS - **\$79,000**

Used this money for salaries for the summer of 2020 preschool – 6th grade

ESSERS II – MPS - **\$328,590**

Used this for HVAC installation in Elementary Gym, Kitchen and GPS appliances \$275, 924, Ag Complex HVAC \$52,666

ESSERS III – MPS - **\$739,969**

Using this for Curriculum, Interventions, Counseling wages, Staff Laptops, Clevertouch Boards, Early Childhood support

TOTAL – MPS - **\$1,147,559**

SPECIAL BUILDING FUND

August 2021
Transfer \$400,000
from General Fund



August 2021
Jerry's Sheet Metal
HVAC project



September 2021
Pay Jerry's Sheet
Metal \$275,924



October 2021
Reimbursement of
\$275,924 ESSERS II



November 2021
\$300,000 available
for Ag Ed Complex



~February 2022
Pay HVAC Bill for
Ag Ed Complex



March 2022
Reimbursement of
Ag Ed HVAC ESSERS
II



~\$160,000
additional available
for Early Childhood
Balloon

GENERAL FUND

September 2021
Apply for \$400,000
ESSERS III funds to
reimburse 2020-
2021 expenditures
Intervention,
Counseling & Early
Childhood



October 2021
Apply for \$167,418
ESSERS III funds to
reimburse 2021-
2022 expenditures
Intervention, Staff
Devices, 6 – 12
Math Curriculum



August 2022
Apply for \$172,551
ESSERS III funds to
reimburse 2021-
2022 expenditures
Counseling, K – 12
Science & K- 6 ELA
Curricula

ESSERS III – The American Rescue Plan

Sept 2021: (20-21) Intervention, Counseling, Early Childhood	\$400,000
October 2021: (21-22)	\$167,418
• Elementary & Secondary Interventions	\$22,076
• Summer 2021 Math Adoption 6-12	\$48,958
• 53 Teacher / Administration Laptops	\$75,000
• 8 Clevertouch boards Elementary & Secondary	\$21,384
August 2022: (21-22)	\$172,551
• May 2022 Adoptions: Science K-12 & ELA K-6	~\$150,000
• 2021-2022 Mental Health Wages	~\$22,551
Total Funded	\$739,969



AG Complex Business Plan

Joe Sherwood | Morrill Public Schools

Project Description

Morrill Schools plans to develop hands-on learning for our Agriculture Education students by taking the instruction out of the high school building and extending it to a 13.4 acre complex allowing for rich experiences in animal and crop management, horticulture, tree farm, orchard and greenhouse management, and various Ag Business ventures.

Project Scope

- Build a 4800 sq' Agriculture Education building on the Brown's Field property
- This project facilitates hands-on learning for the Morrill/Mitchell Ag-Ed students and a mutual complex for the joint FFA Chapter
- The vacated classroom at Morrill's high school facilitates the development of a medical lab classroom for the CNA training program
- Stakeholders: Morrill & Mitchell Ag-Ed students and FFA Chapter Members, the regional Ag-Businesses will benefit from this project as we will be able to better prepare students for the regional workforce
- Garden crop and orchard production and processing will allow us to provide fresh vegetables and eventually fruit to our school breakfast, lunch and snack program

Overall Project Objectives

- Develop the 10 acre Brown's Field property for pasture, garden spaces, site preparation, well drilling, septic and drain field, and building construction
- Develop the 3.4 acre Hamilton property for overflow athletic complex parking, tree farm and orchard development
- Our plan is to have this completed by mid spring 2022
- Estimated initial cost should not exceed \$600,000
- The cost of the project will not increase the tax levy, we will not be requesting a bond issue
- We will develop a capital campaign with donor recognition

Animal Science

- Adequate and safe space to house livestock short-term
 - Handling activities and grooming space
 - Health and veterinary labs with real animals
 - Nutrition labs with real animals
- Adequate and safe space to house livestock long-term
 - Allows for tending to animals at facility for students without home access
 - Allows for ag ed department to explore starting a small flock or herd
- Flexibility to set up different livestock equipment for demonstrations
- Provides an area for livestock showmen to practice and prepare livestock
 - Wash bays and clipping areas
 - Arena for showmanship practice

Plant Science

- Real-life experience in agriculture and horticulture production, exposing students to various career fields.
- Encourage exploration of educational and career paths, assisting in retention of local youth and talent in the community.
- Provide foundational knowledge and skills needed to prepare youth for positions in our local agriculture industry and ag business fields.
- The ability to demonstrate the use and importance of our local resources.
- Encourage students to have an appreciation of sustainable agriculture and the natural resources required to produce food and agricultural products.

Ag Business

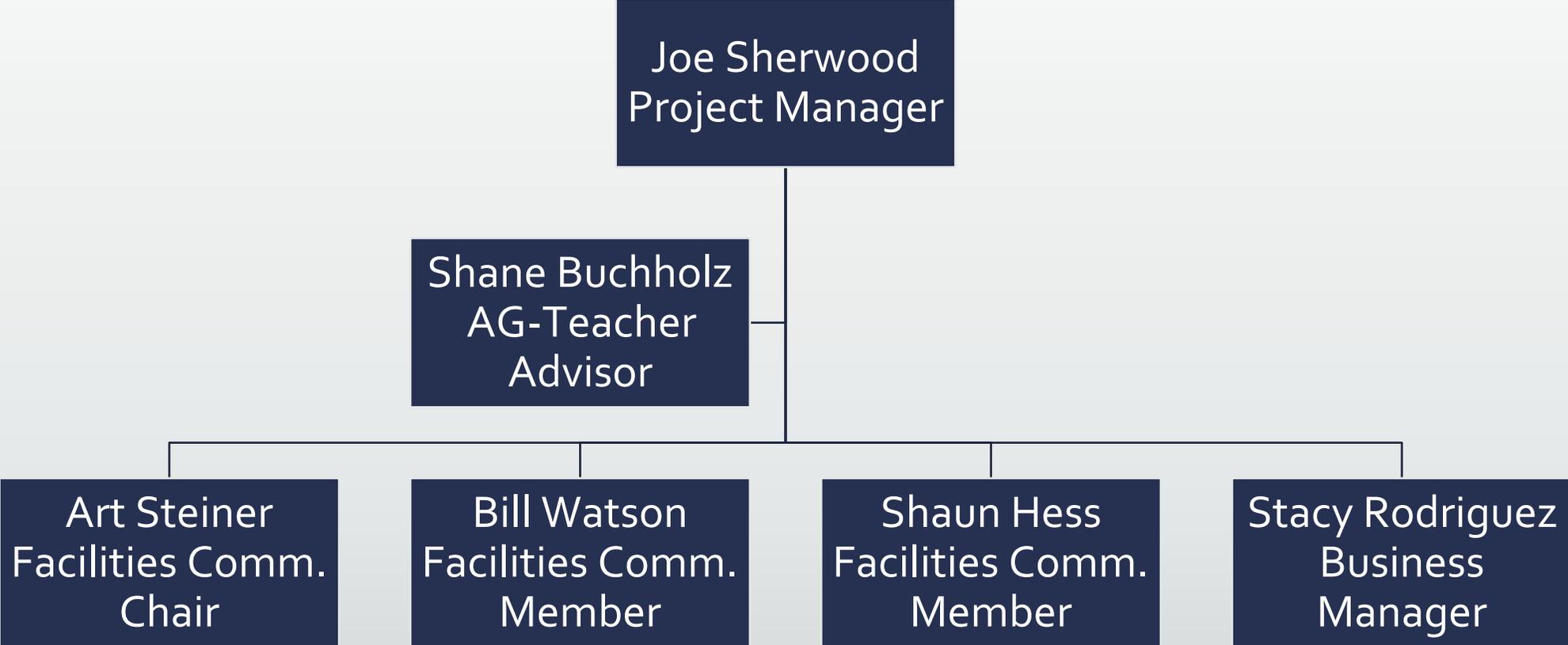
Opportunity for students to have multiple vehicles to start, learn about, and market school-based ag business ventures, such as:

- Crop production, processing and marketing
- Bee Hive management, honey production and marketing
- Tree farm and orchard development, management and marketing
- Ag mechanics - learning the processes and using these skills to serve the needs of the region

Success Factors

- This complex will increase Morrill and Mitchell student participation in Ag Education classes and the number of students participating in the joint FFA Chapter.
- Increased FFA participation and more engaging hands-on learning will increase our number of students earning State FFA Degrees and National FFA Degrees.
- With more effective and engaging educational experiences we will **positively impact the regional agriculture based work force.**
- Ag Education students are effective and engaged students because of the leadership development imbedded in FFA programming.

Project Team Roles and Responsibilities



Project Schedule and Milestones



Capital Campaign

\$600,000

Already Received or *Applied for*

- \$5000 Anonymous Ranch
- \$13,000 Appleseed Grant (Kitchen Equip.)
- \$10,000 *ROTARY* (*potential*) (Well Drilling)
- \$10,000 *Farm Credit Services*
- \$2000 *Farm Credit Services*
- \$59,850 TEOSSA New School Adjustment
- \$300,000 Special Building Fund

\$399,850 Total Received or *Applied*

Contacts to Make

- Platte Valley Companies Farm Credit Services
- Watson Manufacturing 21st Century Learning
- Farm Bureau Financial Services B & C
STEEL
- Anderson & Shaw Construction Kelley Bean
- Russell's Excavation & Construction
Westco
- Trinidad Benham Lighthouse
Electric
- Other Businesses and Individuals
Simplot

\$200,150 Total yet to Collect

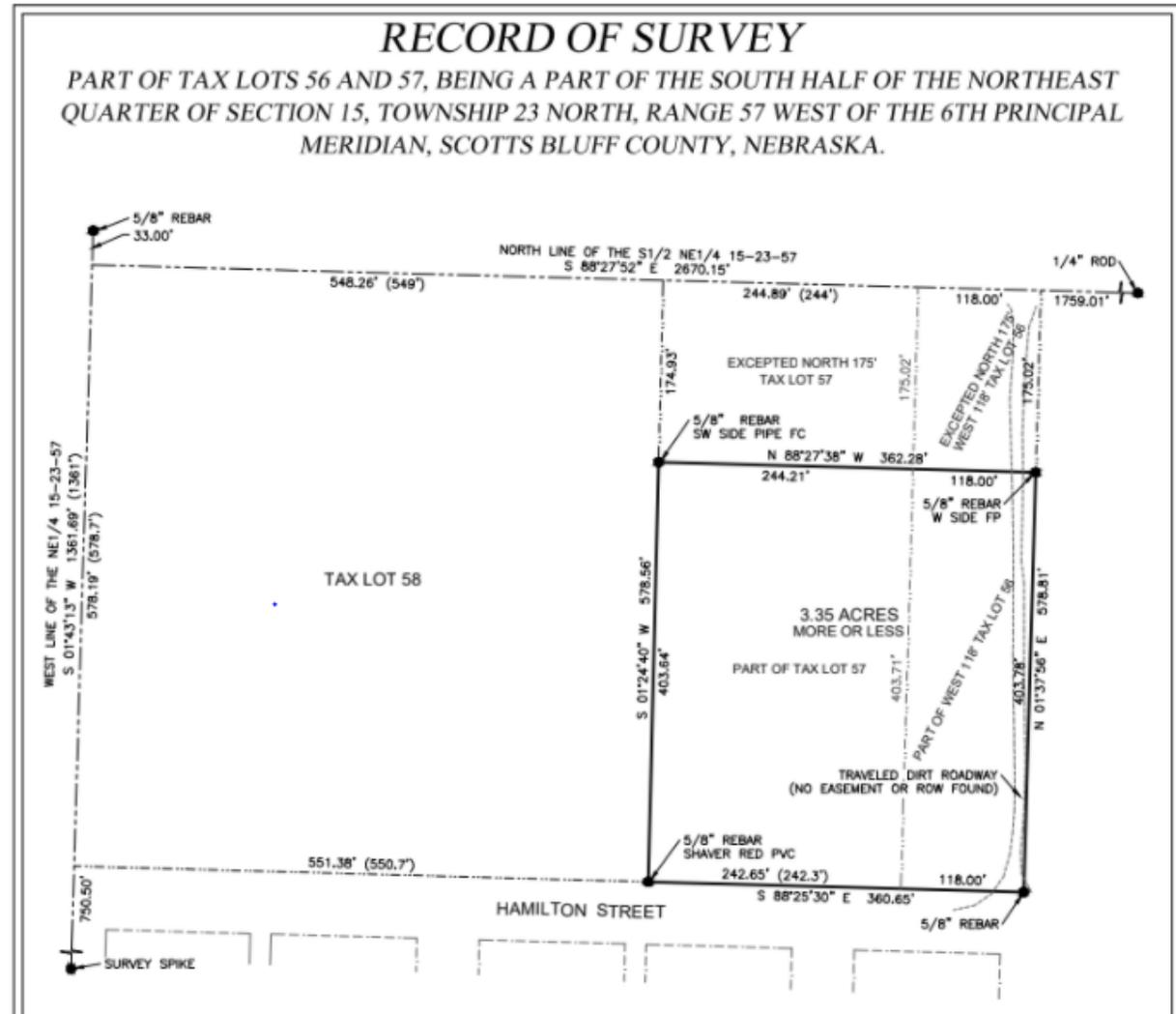
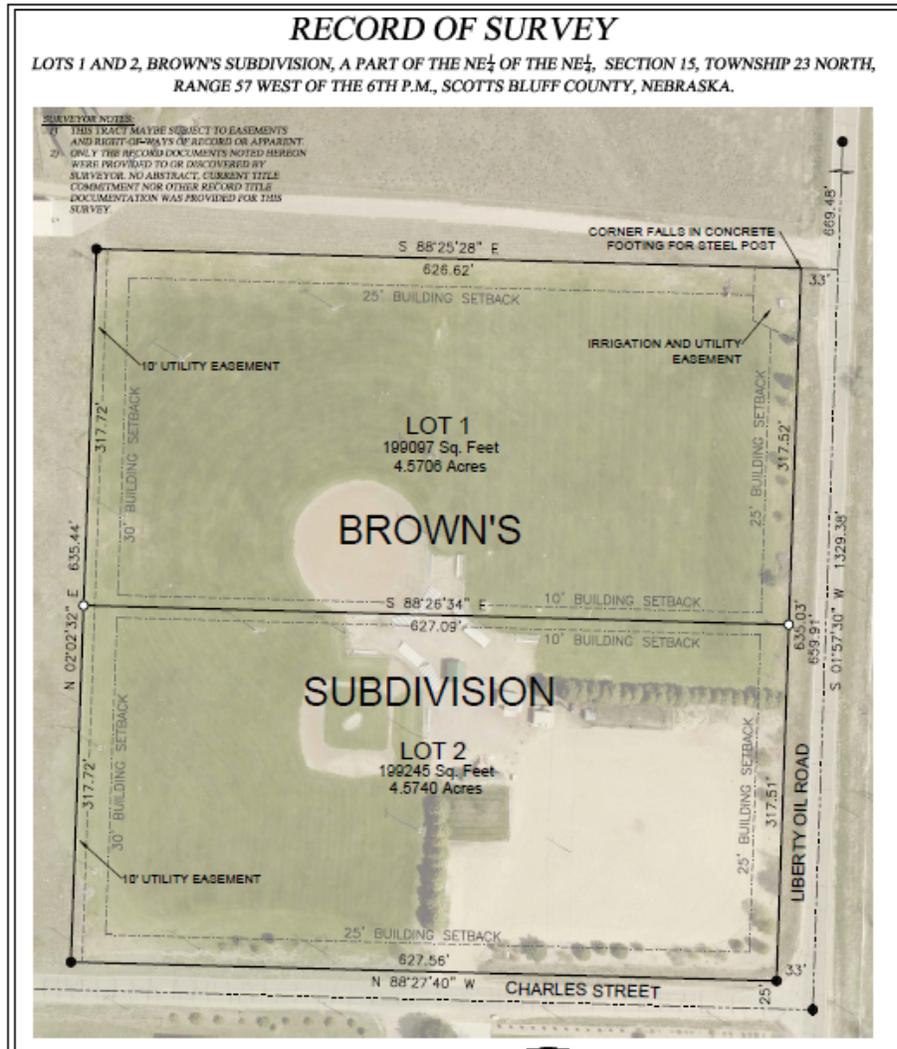
Appendix A

Hamilton Property east of Track Complex

- Trees and house foundation removed
- The south $\frac{1}{3}$ rd of the property will be leveled and gravel hauled in for overflow parking for athletic complex
- The north $\frac{2}{3}$ rd of the property will be used for a tree farm and for a multi-variety fruit tree orchard
- The existing irrigation ditch on the north and west sides of the property can be used for watering the trees



Appendix B Surveys of the two complex properties



Appendix C

Building Elevation Views Joseph Hewgley & Assoc.



Appendix D Floor Plan

