

AGENDA  
December 16, 2025

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1. Please silence all cell phones
2. Pledge Allegiance and Prayer
3. Roll Call
4. Inform public of the posting of the open meeting laws
5. The meeting notice was published in the Columbus Telegram on December 9th, and the Humphrey Democrat on December 10th, 2025
6. Approval of agenda as written
7. Approve the minutes of November 18th, 2025
8. **Discussion and possible action on the following:**
9. County Treasurer
  - 9.a. Motion to Open the Hearing
  - 9.b. Motion to close the hearing
  - 9.c. Requesting approval of the following Motor Vehicle Exemptions as presented by the County Treasurer: Mission Pentecostal Fuente de Vida, and Columbus Community Hospital (6)
10. County Assessor
  - 10.a. Requesting approval of Tax List Correction(s) #15012-#15013
11. Motion to adjourn to January 27th, 2026
12. Please silence all cell phones
13. Roll call
14. Inform public of the posting of the open meeting laws
15. The meeting notice was published in the Columbus Telegram on December 9th, and the Humphrey Democrat on December 10th, 2025
16. Approve the agenda as written
17. Approve the minutes for December 2nd, 2025 as written
18. **Discussion and possible action on the following:**
19. Judge Doele
  - 19.a. Consideration of the Platte County Law Library - Contract Renewal
20. Carrie Hastreiter - Juvenile Services
  - 20.a. Consideration to remove from the table, FY26/27 grant application approval and authorize the Chair to sign.
  - 20.b. Consideration of FY26/27 grant application approval and authorize the Chairperson to sign.
21. Sheriff Wemhoff
  - 21.a. Consideration of Emergency Equipment for new Patrol Vehicle

22. Highway Department
  - 22.a. Consideration of engagement with D.A. Davidson to work with bond counsel.
  - 22.b. Consideration of Utility Permits — Cornhusker Public Power - Overhead 3 phase line on Lindsay/Genoa MG3231
  - 22.c. Consideration of approval of a claim from Inheritance Fund to Road Fund in the amount of \$1,674,352.11
  - 22.d. Consideration of Maintenance Agreement 117 - Agreement Renewal between the Nebraska Department of Transportation and Platte County
  - 22.e. Consideration of Resolution 25-23 - Year-End Certification of County Highway Superintendent 2025
  - 22.f. Road Report
23. Consideration of Lango agreement
24. Consideration of Elected Officials Salaries for the term beginning January 7, 2027 - January 8, 2031 and consideration of Resolution 25-24
25. Consideration of ARPA monies
  - 25.a. Consideration of NIRMA Insurance Deductible - \$5,000.00
  - 25.b. Consideration of radios for the Sheriff's Department not to exceed \$20,000.00
  - 25.c. Consideration of Highway Department Clothing Allowance Program, not to exceed \$20,000.00
26. Committee Reports
27. To accept, file correspondence and credit the proper accounts: Monthly fee reports, Cancel General Fund check no. 11252512 in the amount of \$693.00 to Applied Connective Technology — double payment by District Probation, Nebraska Bankers Insurance and Services Company - Bank Compliance Report for month ending 9/30/25 and 10/31/25, Dept of Water, Energy and Environment - NPDES General Permit for CAFOs for Lazy K Feedyards, Inc. - East Concentrated Animal Feeding Operation and NPDES General permit for CAFOs for Klassen Farms, Inc. - South Concentrated Animal Feeding Operation, National Association of Counties (NACo) letter regarding celebrating 90 years, Charter Communications - Channel Change Notices, Treasurer Receipts \$60,715.64
28. Motion to approve claims
29. Consideration to enter into closed session to discuss pending litigation
30. Consideration on authorizing chair of the Platte County Board of Supervisors to sign a settlement agreement with First National Bank of Omaha to resolve the lawsuit pending in the District Court of Colfax County Case #C123-40
31. Public Comments

32. Motion to Adjourn sine die

The agenda for the meeting subject to change, is kept continuously current and is available for public inspection at the office of the County Clerk in the Platte County Courthouse, Columbus, Nebraska.

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Name of Organization <b>Mision Pentecostal Fuente de Vida</b>		Tax Year <b>2025</b>	Value of Motor Vehicles
Name of Owner of Property		County Name <b>Platte</b>	State Where Incorporated <b>Nebraska</b>
Street or Other Mailing Address <b>1454 21st Ave</b>		Contact Name <b>Jasmine Lopez</b>	Phone Number <b>402-270-0629</b>
City <b>Columbus</b>	State <b>NE</b>	Zip Code <b>68601</b>	Email Address <b>Jngomez.jg07@gmail.com</b>
Type of Ownership: <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input checked="" type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization			

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<b>Noheemy Herrera</b>	<b>President</b>	<b>2105 30th Street Columbus NE 68601</b>
<b>Jasmine Lopez</b>	<b>Secretary</b>	<b>3105 30th Ave Columbus NE 68601</b>

**Description of the Motor Vehicles**  
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
<b>2022 Nissan</b>	<b>2022</b>	<b>SUV</b>	<b>5N1DR3DK8NC231041</b>	<b>2/3/24</b>

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society  
 Educational  
 Religious  
 Charitable  
 Cemetery

Nursing Facility  
 Skilled Nursing Facility  
 Assisted-Living Facility

What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? \_\_\_\_\_%

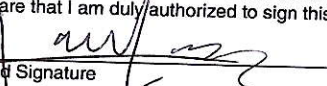
Are the motor vehicles used exclusively as indicated? (see instructions)

YES    NO

If No, give percentage of exempt use: \_\_\_\_\_%

Give a detailed description of the use of the motor vehicle:  
**Transportation to go and check other location out of state.**

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

**sign here**  \_\_\_\_\_ **Secretary** \_\_\_\_\_ **11/26/25**

Authorized Signature Title Date

**For County Treasurer Recommendation**

Approval    Denial

Comments: \_\_\_\_\_

Signature of County Treasurer

Date

**For County Board of Equalization Use Only**

Approved    Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member

Date

File with Your  
County Treasurer

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
**457**

• Read instructions on reverse side.

Name of Organization <b>Columbus Community Hospital, Inc</b>		Tax Year <b>2026</b>	Value of Motor Vehicles
Name of Owner of Property		County Name <b>Platte</b>	State Where Incorporated <b>Nebraska</b>
Street or Other Mailing Address <b>4600 38th Street</b>		Contact Name <b>Jennifer Wieck</b>	Phone Number <b>402-562-4646</b>
City <b>Columbus</b>	State <b>NE</b>	Zip Code <b>68601</b>	Email Address <b>jdwieck@columbushosp.org</b>

Type of Ownership

Agricultural and Horticultural Society     Educational Organization     Religious Organization     Charitable Organization     Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Chad Van Cleave	VP-Finance	4600 38th Street, Columbus, NE 68601

### Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Chevrolet - Red Impala Limited LTZ	2014	4 Door Sedan	2G1WC5E33E1113169	05/11/2018
Chevrolet - Silver Malibu LT	2014	4 Door Sedan	1G11E5SL1EF283791	01/12/2018
Toyota - Tan Camry	2013	4 Door Sedan LE	4T4BF1FK9DR328345	05/11/2018
Toyota - Red Camry	2014	4 Door Sedan	4T4BF1FK9ER396789	05/11/2018
Toyota - Gray Camry	2014	4 Door Sedan	4T1BF1FK1EU417578	05/11/2018

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES     NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Give a detailed description of the use of the motor vehicle:

Home Health used for home visits

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign  
here

Authorized Signature

*Jennifer Wieck*

Title

*Controller*

Date

*11/3/25*

### For County Treasurer Recommendation

Approval

Denial

Comments: \_\_\_\_\_

Signature of County Treasurer

Date

### For County Board of Equalization Use Only

Approved

Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member

Date

Please retain a copy for your records.

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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Name of Organization <b>Columbus Community Hospital, Inc</b>		Tax Year <b>2026</b>	Value of Motor Vehicles
Name of Owner of Property		County Name <b>Platte</b>	State Where Incorporated <b>Nebraska</b>
Street or Other Mailing Address <b>4600 38th Street</b>		Contact Name <b>Jennifer Wieck</b>	Phone Number <b>402-562-4646</b>
City <b>Columbus</b>	State <b>NE</b>	Zip Code <b>68601</b>	Email Address <b>jdwieck@columbushosp.org</b>

Type of Ownership  
 Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Chad Van Cleave	VP-Finance	4600 38th Street, Columbus, NE 68601

### Description of the Motor Vehicles • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
H&H (1)	2017	Flatbed Trailer	5JWEX2228HN274339	08/14/2018
Chevrolet (1) Silver Impala LT	2008	4 Door Sedan	2G1WT55N789123873	06/07/2018
Chevrolet (2)	2016	Cargo Van	3N63M0ZN7GK690667	07/05/2018
Chevrolet (3) Grey Impala LT	2009	4 Door Sedan	2G1WT57N391266901	06/07/2018
Toyota (4) Red Camry	2007	4 Door Sedan	4T1BE46K17U109916	05/11/2018

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES     NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Give a detailed description of the use of the motor vehicle:

- (1) Used for Plant Operations yard work
- (2) Used for SPD/CCH errands
- (3) Used for Wellness Center/Rehab home visits
- (4) Used for Occupational Health home visits

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

**sign here**

Authorized Signature

Title

Date

#### For County Treasurer Recommendation

- Approval  
 Denial

Comments: \_\_\_\_\_

Signature of County Treasurer

Date

#### For County Board of Equalization Use Only

- Approved  
 Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member

Date

File with Your  
County Treasurer

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM  
457

Name of Organization Columbus Community Hospital, Inc		Tax Year 2026	Value of Motor Vehicles
Name of Owner of Property		County Name Platte	State Where Incorporated Nebraska
Street or Other Mailing Address 4600 38th Street		Contact Name Jennifer Wieck	Phone Number 402-562-4646
City Columbus	State NE	Zip Code 68601	Email Address jdwieck@columbushosp.org

Type of Ownership  
 Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Chad Van Cleave	VP-Finance	4600 38th Street, Columbus, NE 68601

### Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
GMC	2015	Pickup	1GT22XEG8FZ130372	11/9/2018
Chevrolet	2009	Pickup	1GCHK44K89F150349	06/07/2018
Chevrolet	2001	4 Door Sedan	1G1JC524217315599	01/12/2018
Jeep	2004	4 Door Sport Utility	1J4GL58K74W213775	05/11/2018
Titan	2012	Flatbed Tri	4TGF14207C1062524	05/11/2018

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES     NO

Give a detailed description of the use of the motor vehicle:

Maintenance use - push snow, yard work

If No, give percentage of exempt use:

\_\_\_\_\_ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign  
here ▶

*Jennifer Wieck*  
Authorized Signature

*Controller*  
Title

*11/3/25*  
Date

#### For County Treasurer Recommendation

Approval  
 Denial

Comments: \_\_\_\_\_

Signature of County Treasurer \_\_\_\_\_ Date \_\_\_\_\_

#### For County Board of Equalization Use Only

Approved  
 Denied

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I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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Street or Other Mailing Address 4600 38th Street		Contact Name Jennifer Wieck	Phone Number 402-562-4646
City Columbus	State NE	Zip Code 68601	Email Address jdwieck@columbushosp.org

Type of Ownership  
 Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Chad Van Cleave	VP-Finance	4600 38th Street, Columbus, NE 68601

**Description of the Motor Vehicles**  
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Toyota - White Rav4 LE (5)	2013	4 Door Sport Utility	2T3BFREV3DW027517	5/11/2018
Toyota - Silver Camry (6)	2011	4 Door Sedan LE	4T4BF3EK2BR103582	5/11/2018
Toyota - Gray Camry (6)	2017	4 Door Sedan	4T1BF1FK9HU667347	7/10/2018
Dodge - Gray Grand SXT (6)	2016	Van Passenger	2C4RDGCG3GR224716	05/11/2018
GMC - Terrain (5)	2019	Terrain	3GKALVEV5L242497	09/09/2020

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES     NO

Give a detailed description of the use of the motor vehicle:

- (5) Used for Home Health home visits
- (6) Used for Occupational Health home visits

If No, give percentage of exempt use:

\_\_\_\_\_ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

**sign here**

*Jennifer Wieck*  
Authorized Signature

*Controller*  
Title

*4/13/25*  
Date

**For County Treasurer Recommendation**

- Approval  
 Denial

Comments: \_\_\_\_\_

Signature of County Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**For County Board of Equalization Use Only**

- Approved  
 Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

File with Your  
County Treasurer

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
**457**

• Read instructions on reverse side.

Name of Organization Columbus Community Hospital, Inc		Tax Year 2026	Value of Motor Vehicles
Name of Owner of Property		County Name Platte	State Where Incorporated Nebraska
Street or Other Mailing Address 4600 38th Street		Contact Name Jennifer Wieck	Phone Number 402-562-4646
City Columbus	State NE	Zip Code 68601	Email Address jdwieck@columbushosp.org

Type of Ownership

Agricultural and Horticultural Society  
 Educational Organization  
 Religious Organization  
 Charitable Organization  
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Chad Van Cleave	VP-Finance	4600 38th Street, Columbus, NE 68601

### Description of the Motor Vehicles • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Toyota (7)	2018	Sienna XLE	5TDYZ3DC0JS920580	02/2020
Toyota (8)	2020	Tacoma	3TMDZ5BN7LM084932	02/2020
Toyota (7)	2017	Sienna	5TDYZ3DC0HS839914	02/10/2021
Toyota (9)	2011	Camry	4T1BK3EK3BU610920	10/1/2015
Chrysler (7)	2019	Pacifica	2C4RC1BG7KR710794	4/12/2022

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society  
 Educational  
 Religious  
 Charitable  
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES  
 NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Give a detailed description of the use of the motor vehicle:

- (7) Used for Volunteer Services - patient transport
- (8) Used for Athletic trainers going to schools and athletic events - Premier PT
- (9) Used for Home Health home visits

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

**sign here**

Authorized Signature *Jennifer Wieck*

Title *Controller*

Date *11/3/25*

### For County Treasurer Recommendation

Approval  
 Denial

Comments: \_\_\_\_\_

Signature of County Treasurer \_\_\_\_\_ Date \_\_\_\_\_

### For County Board of Equalization Use Only

Approved  
 Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

**Please retain a copy for your records.**

File with Your  
County Treasurer

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

\* Read instructions on reverse side.

FORM  
457

Name of Organization Columbus Community Hospital, Inc		Tax Year 2026	Value of Motor Vehicles
Name of Owner of Property		County Name Platte	State Where Incorporated Nebraska
Street or Other Mailing Address 4600 38th Street		Contact Name Jennifer Wieck	Phone Number 402-562-4646
City Columbus	State NE	Zip Code 68601	Email Address jdwieck@columbushosp.org

Agricultural and Horticultural Society  
  Educational Organization  
  Religious Organization  
 Charitable Organization  
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Conrad Van Cleave	VP-Finance	4600 38th Street, Columbus, NE 68601

**Description of the Motor Vehicles**  
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Toyota - Corolla Silver (1)	2016	4 Door Sedan	2T1BURHE7G575861	4/3/2023
Toyota Camry (2)	2019	Sedan	4T1B11HK0KU232641	10/28/2024
Toyota Rav4	2024	4 Door	2T3F1RFV9RW443657	09/29/2025

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society  
 Educational  
 Religious  
 Charitable  
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES    NO

If No, give percentage of exempt use:

\_\_\_\_\_ %

Give a detailed description of the use of the motor vehicle:

- (1) Home Health used for home visits
- (2) Healthy Families used for home visits
- (3) Home Health used for home visits

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign  
here

*Jennifer Wieck*  
Authorized Signature

*Controller*  
Title

*11/21/25*  
Date

**For County Treasurer Recommendation**

Approval  
 Denial

Comments: \_\_\_\_\_

Signature of County Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**For County Board of Equalization Use Only**

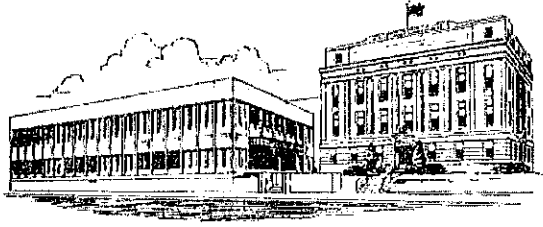
Approved  
 Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

Please retain a copy for your records.



KARI URKOSKI  
**PLATTE COUNTY ASSESSOR**  
2610 14<sup>th</sup> STREET- COLUMBUS NE 68601  
PHONE (402) 563-4902 - FAX (402) 562-6965

December 4, 2025

Platte County Board of Equalization  
Kim Kwapnioski  
2610 14 ST  
Columbus, NE 68601

Dear Chairperson, Kwapnioski:

I would like your approval of tax corrections #15012 through tax correction #15013 on Real Estate and/or Personal Property.

Sincerely,

Ashley Dohmen  
Kari Urkoski  
Platte County Assessor

Personal & Real Estate Tax Corrections

Number	Year	Type	Name	Reason	Add/Deduct	Amount
15012	2025	Personal	Sahling Kenworth Inc	Clerical error-shouldn't have been inactivated until after dump	Add	\$ 190.28
15013	2025	Personal	Stenger, Justin	Business closed in 2024- did not report items sold	Ded	\$ 185.82

# Tax List Correction

# PLATTE County, Nebraska

Property ID: 000034885 - PP

Date: 12-04-2025

No: 15012

Name and Address:

SAHLING KENWORTH INC  
 ATTN: ANDREA KRIGER  
 PO BOX 2076

Description of Property:  
 3130 E 23 ST COLUMBUS

Tax Year: 2025

School: 71-0005 0 0

District: 5CM-7-L

Stmnt No: 2459

KEARNEY, NE 68848-2076

	Actual Valuation	Tax Rate	Consolidated Tax	Farmer Credit	Exemption Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	0		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Corrected Amount	22,517	0.84501700	190.28	0.00	0.00	0.00	95.14	95.14	190.28
Additional Amount	22,517	0.84501700	190.28				95.14	95.14	190.28
Deducted Amount									

Reason for Correction:

CLERICAL ERROR-SCHEDULE INACTIVATED IN ERROR FOR 2025

I hereby direct the County Treasurer of PLATTE County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

**ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.**

Approved by action of the County Board

this \_\_\_\_\_ day of \_\_\_\_\_

Chairman

County Assessor - County Clerk

By

Deputy



**Tax List Correction**

**PLATTE County, Nebraska**

Property ID: 000074585 - PP

Date: 12-04-2025

No: 15013

Name and Address:  
**STENGER/JUSTIN & MICHELLE**

Tax Year: 2025  
1 School: 71-0001 0 0

**32 COTTONWOOD DR**

District: 1TCM-L

**COLUMBUS, NE 68601**

Stmnt No: 530

Description of Property:

	Actual Valuation	Tax Rate	Consolidated Tax	Farmer Credit	Exemption Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	9,120	1.63004200	148.66	0.00	0.00	37.16	92.91	92.91	185.82
Corrected Amount	0	1.63004200	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Additional Amount									
Deducted Amount	9,120		148.66			37.16	92.91	92.91	185.82

Reason for Correction: BUSINESS SOLD IN 2024- NEVER REPORTED TO ASSESSOR

I hereby direct the County Treasurer of PLATTE County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

**ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.**

Approved by action of the County Board

this \_\_\_\_\_ day of \_\_\_\_\_

Chairman

County Assessor - County Clerk



\*000074585\*

By

Deputy

Columbus, Nebraska  
December 2, 2025  
Tuesday, A.M.

Pursuant to adjournment the Platte County Board of Supervisors met in session beginning at 9:00 a.m. Deborah A. Backman, Deputy County Clerk, Kim Kwapnioski, Chairperson.

Roll Call and the following members present: Supervisors Harms, Lloyd, Ott, Reilly, Micek, Trouba and Chairperson Kwapnioski

The Chairperson informed the public of the posting of the open meeting laws.

The meeting notice was published in the Columbus Telegram on November 25, 2025, and the Humphrey Democrat on November 26, 2025.

Approval of agenda as written

Approval of the minutes of November 18, 2025

Motion, Supervisor Micek, seconded Supervisor Trouba, to approve the closure of the Platte County Extension Office between Christmas Day and New Year's Day (December 26-31, 2025).

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Carrie Hastreiter, Platte County Juvenile Services discussed her 26/27 Fiscal Year grant and wages with the County Board.

Motion, Supervisor Micek, seconded Supervisor Lloyd, to table the grant to the next meeting.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Micek, seconded Supervisor Trouba, to approve a 4% raise for employee wages for the 26/27 fiscal year.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Highway Department:

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve Utility Permits for Midstates Data Transport - MR 8 3/4, MN 2635 & MM 3534, MS 65 & MS 532.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Reilly, seconded Supervisor Lloyd, to approve a Utility Permit for Black Hills Energy - E. 59th Ave.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Ott, to approve declaring 8 - 24" concrete pipes and 4- 24" concrete flares surplus and offer for sale.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve an easement for Carol Hasselbrook.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Reilly, seconded Supervisor Harms, to approve the interlocal agreement by taking out Christ Lutheran Bank and listing Lower Platte North Resource District for Stabilization project.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

The Highway Department Road Report was given by Justin Laudenklos and Jane Cromwell.

Supervisor Reilly presented five projects the ARPA Committee would like the County Board to consider for ARPA Monies.

Motion, Supervisor Lloyd, seconded Supervisor Ott, to approve up to \$18,650.00 for County Court Security Glass to come from ARPA funds. 2 CFR § 180.300 (January 1, 2023) requires non-Federal entities to verify that an entity is not excluded or disqualified prior to entering into a covered transaction by: "(a) Checking SAM Exclusions.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Lloyd, to approve of Solar Stop Signs in the amount of up to \$13,544.00 to come from ARPA. 2 CFR § 180.300 (January 1, 2023) requires non-Federal entities to verify that an entity is not excluded or disqualified prior to entering into a covered transaction by: "(a) Checking SAM Exclusions.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Ott, to approve a Box Blade for parking lot maintenance up to \$2,200.00 to come from ARPA. 2 CFR § 180.300 (January 1, 2023) requires non-Federal entities to verify that an entity is not excluded or disqualified prior to entering into a covered transaction by: "(a) Checking SAM Exclusions.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Nay

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Lloyd, to approve of Platte County Courthouse 2nd floor carpet up to \$55,000.00 to come from ARPA. 2 CFR § 180.300 (January 1, 2023) requires non-Federal entities to verify that an entity is not excluded or disqualified prior to entering into a covered transaction by: "(a) Checking SAM Exclusions.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Ott, to approve updates to the Basement Kitchen/Breakroom not to exceed \$8,000.00. 2 CFR § 180.300 (January 1, 2023) requires non-Federal entities to verify that an entity is not excluded or disqualified prior to entering into a covered transaction by: "(a) Checking SAM Exclusions.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Reilly, seconded Supervisor Ott, to accept, file, and credit the proper accounts on correspondence: County Treasurers letter to County Sheriff for collection of distress warrants, City of

SUPERVISORS RECORD NO. 50

Columbus - Notice of unknown service line material, Treasurer Receipts \$70,100.02.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve all claims.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

GENERAL FUND

Check Nos. 1225001-12250142 & 12252814-12252939, Incl.,

Total Net Payroll		\$209,543.01
Advanced Fire & Safety	Jail Bldg Rep	500.00
AFLAC Ins	AFLAC-Empl (ck 12252815)	488.18
All Makes	Off Mtc Rep	51.09
All Makes	Off Supp	68.29
All Makes	Data Proc Sftwr/Mtc/Sprt	20.56
All Makes	Off Supp	197.52
All Makes	Off Mt Rep	6.57
All Makes Office Equip Co	Copier Lease	112.37
All Star Auto Glass/Columbus	Car Rep-Rd Fd	284.42
Applied Connective Tech	Server Infrastr	262.50
ARL Credit Services	Garn-Empl (ck 12252824)	467.39
ARL Credit Services	Garn-Empl (ck 12252825)	383.12
Wilma Arp	Bd Memb Exp	8.40
AT&T Mobility FirstNet	Off Eq Rep	22.69
BCBSNE Healthcare	Empl Sh Hlth Ins (ck 12252828)	10,695.00
BCBSNE Healthcare	Health Accident	243,698.44
Benchmark Government Sol	Meals	74.75
Blauhorn Law, PC LLO	Crt Appt Coun	7,325.00
BounceBack	Data Proc Sftwr/Mtc/Sprt	75.00
Jennifer Brown	Off Supp	39.84
Butler Co Sheriff	Dist Crt Csts	35.08
Casey's Mail Serv	Post	686.84
CDW Gov	Off Supp	93.00
CDW Gov	Srvr Infr	382.72
Chad's Collision Center	Veh Rep	931.31
Cheryl's Lawn & Landscape	Grnds Supp	60.00
Bradley Christensen	Bd Memb Exp	16.80

SUPERVISORS RECORD NO. 50

City of Columbus	Water/Sewer	1,084.68
CNC Repair	Tire/Tire Repair	4,832.96
CNC Repair	Car Rep-Rd Fd	1,000.00
Colonial Life	Life Ins (ck 12252843)	134.28
Columbus United Way Inc	UW Cont-Empl (ck 12252844)	85.50
Column Software PBC	Print/Publ	4.23
Column Software PBC	Misc	7.52
Column Software PBC	Print/Publ	11.75
Copple Rockey Schlecht Mason	Misc	7,621.00
Culligan of Columbus	Janit Supp	130.50
DAS St Acctg	Reg HSG 2023	135.00
Dodge Co Sheriff	Dist Crt Csts	7.46
Douglas Co Court	Crt Csts	20.73
Eakes	Off Supp	165.39
Eakes	Off Eq Rep	10.33
Eakes	Off Supp	39.44
Eakes	Off Supp	60.76
Eakes	Off Supp	38.95
Eakes	Data Proc Sftwr/Mtc/Sprt	133.86
Electronic Systems	Bldg Rep	197.80
Endpoint Solutions	Reg HSG 2024	4,500.00
Terry Evans	Vet Trans Prog	150.00
First Concord Ben Grp	125 Flex-Empl (ck 12252862)	2,781.50
Frontier	Tele Serv	184.30
Dean Fuscher	Vet Trans Prog	50.00
Garratt Callahan Co	Cooling Syst Maint	402.50
Joseph Gragert	Qrtrmstr	141.05
Clark Grant	Ment Hlth Bd Csts	125.00
Guardify Inc	Evidence Maint Software	86,826.97
Hall County Sheriff	Dist Crt Csts	18.50
Ralph Hefti	Vet Trans Prog	100.00
Hailey Held	Mile	36.40
HyVee	Vet Trans Prog	120.54
HyVee	Mile	48.80
HyVee	Fuel	111.46
HyVee	Fuel	3,459.63
HyVee	Fuel	23.77
Independent	Hlth Rel Csts	126.40
Indoff	Off Supp	114.00
Indoff	Off Supp	131.92
Indoff	Off Supp	27.97
J.F. Ahern Co	Bldg Rep	396.00
Jackson Serv	Bldg Supp	57.62

## SUPERVISORS RECORD NO. 50

Jackson Serv	Janit Supp	110.02
Jackson Serv	Bldg Supp	40.00
Brian Kluck	Ment Hlth Bd Csts	187.50
Ivy Klug	Bd Memb Exp	21.00
Darin Knepper	Dues	98.00
Denise Kracl	Dues	351.50
Sue Krogmann	Reg HSG 2023	3,500.00
Legalshield	Lglshld-Empl (ck 12252890)	21.94
ML Smith Law Office	Crt Appt Coun	5,312.50
Madison Co Sheriff	Dist Crt Csts	30.41
Tim Matas	Crt Appt Coun	3,737.50
Brady McNeil	Bd Memb Exp	7.14
Menards	Bldg Supp	29.69
Menards	Bldg Supp	56.20
Metropolitan Compounds	Bldg Supp	345.45
Eric Mullally	Mile	161.00
Murphy's Law Publishing	Misc	8.00
Nance Co Sheriff	Crt Csts	44.28
Nationwide Retire Solutions	Ann-Empl (ck 12252901)	1,097.00
NE Dept of Rev/PC Clerk	St Tx-Empl (ck 12252902)	9,785.70
DHHS Co Crt Csts	Co Crt Csts	943.62
Mike's Towing & Rec/Oscar's	Safety Eq	565.25
Cory Osten	Bd Memb Exp	9.10
Physicians Laboratory	Autopsy Csts	3,385.00
Thomas Placzek	Appr Assist Salary	752.00
PC Clerk/Fed Deposit	Fd Tx-Empl (ck 12252908)	21,271.73
PC Clerk/NCSPC	Garn-Empl (ck 12252909)	638.77
PC Clerk/OASI	SS-Empl (ck 12252910)	21,503.50
PC Clerk/OASI	Soc Sec-Match	21,503.50
PC Sheriff	Deposition	16.38
Platte Valley Communicatns	Safety Eq	14,604.68
Platte Valley Communicatns	Off Eq Sheriff	3,370.00
Platte Valley Communicatns	Reg HSG 2023	217.50
Platte Valley Pest Control	Janit Supp	78.00
Pottawattamie Co Sheriff	Dist Crt Csts	41.00
Principal Life Ins Grp	Dent-Empl (ck 12252917)	2,411.03
Principal Life Ins Grp	Life Ins-Empl (ck 12252918)	1,404.19
Principal Life Ins Grp	ADD & Life Ins	542.26
Principal Life Ins Grp	Vision-Empl (ck 12252919)	616.66
Retire Plans Div of Ameritas	Co Retire-Empl (ck 12252920)	14,889.48
Retire Plans Div of Ameritas	Co Retire-Match	21,597.88
Rutt's Heating & A/C Inc	Jail Bldg Rep	3,352.23
Sherwin Williams	Jail Bldg Rep	55.26
Shevlin Supply	Bldg Supp	597.36

SUPERVISORS RECORD NO. 50

Shevlin Supply	Bldg Supp	58.85
Sipple Hansen Emerson Schumacher & Klutman	Crt Appt Coun	4,095.00
Annie Sokol	Bd Memb Exp	5.60
Summit Food Serv	Food/Bev	5,776.93
Summit Food Serv	Food/Bev	5,632.19
T-Bone Truck Stop	Fuel	117.05
T-Bone Truck Stop	Fuel	82.70
Lois Thalken	Bd Memb Exp	53.34
The UPS Store	Post	13.39
U & I Sanitation Serv	Garbage	50.00
UNL: NCEA	Dues	320.00
Kari Urkoski	Misc	7.50
Verizon	Off Eq Rep	245.71
VVS Inc - Canteen	Food/Bev	92.96
Mark Wangler	Vet Trans Prog	300.00
Tristan Welch	Dist Crt Csts	116.20
	Total	\$768,464.99
Check no. 10252119 cancelled by the County Board		-621.00
Previous amount allowed during current budget year		8,095,597.58
Total amount allowed to date		\$8,863,441.57

ROAD-BRIDGE FUND

Check Nos. 12250143-12250175 & 12252940-12252980, Incl.,

Total Net Payroll		\$50,085.60
A & H Building & Supply	Flags/Flares/Barricades	319.20
AFLAC Ins	Aflac-Empl (ck 12252941)	159.44
Arnold Motor Supply	Rd Eq Rep	780.86
Awards & Engraving	Misc	45.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 12252944)	2,657.50
Corey Beller	Garvel/Borrow	2,511.00
Bomgaars	Sml Tls	52.96
Central Sand & Gravel	Gravel/Borrow	21,811.13
Central Valley Ag	Eq Grease/Oil	3,683.35
Colonial Life	Life Ins-Empl (ck 12252949)	130.25
CCH/Occupational Hlth Serv	Drug/Alcohol Testing	677.00
CPPD	Electricity	883.91
CSS Farms	Gravel/Borrow	39,750.00
Eakes	Off Eq Rp/Off Supp/Janit Supp	703.06
General Traffic Control	Traffic Signs	13,544.00
Gus Construction	Structures/Box Culverts	493,060.51
Carol Hassebrook	Easement and Other	113.67

SUPERVISORS RECORD NO. 50

Jackson Service	Janit Supp	282.48
LPD	Elect	87.10
Matheson-Tri-Gas	Shop Supp/Sml Tls/Comm Eq	1,350.55
Menards	Shp Sp/Snw Fnc/Lmbr/Brdg Pnt/Oth	1,960.38
Midwest Coatings Co	Asphalt	55,678.50
Nationwide Retire Solutions	Ann-Empl (ck 12252962)	25.00
NE Dept of Rev/PC Clk	State Tx-Empl (ck 12252963)	2,443.07
NE Dept of Rev	Garn-Empl (ck 12252964)	500.00
Newman Traffic Signs	Traffic Signs	42.46
NMC, Inc	Rd Eq Rep/Comm Eq Rep	9,773.54
PC Clerk/Fed Dep	Fed Tx-Empl (ck 12252967)	5,048.97
PC Clerk/NCSPC	Garn-Empl (ck 12252968)	161.54
PC Clerk/OASI	Soc Sec-Empl (ck 12252969)	5,097.71
PC Clerk/OASI	Soc Sec-Match	5,097.71
Platte Co Treasurer	Misc	22.00
Principal Life Ins Grp	Dent-Empl (ck 12252971)	517.63
Principal Life Ins Grp	Life Ins-Empl (ck 12252972)	123.71
Principal Life Ins Grp	Vision-Empl (ck 12252973)	120.66
Retire Pln Div of Ameritas	Co Retire-Empl (ck 12252974)	3,150.99
Retire Pln Div of Ameritas	Co Retire-Match	4,726.46
Mary Jane Rosenthal	Right-of-Way Purchase	757.83
Schieffer Signs	Misc Supp & Mat	185.00
Sunbelt Rentals	Rd Eq Rep/Oth Eq Rental	5,686.11
Thiesen Construction	Bridges	13,000.00
Truck Center Co	Rd Eq Rep	288.48
US Postal Serv	Post Serv	234.00
	Total	\$747,330.32
Previous amount allowed during current budget year		5,134,923.94
Total amount allowed to date		\$5,882,254.26

COMPREHENSIVE JUVENILE SERVICES FUND

Check Nos. 12250176-12250179 & 12252981-12252989, Incl.,

Total Net Payroll		\$2,995.99
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 12252981)	205.00
COR Therapeutic Services	Consult/Contracts-Grant	300.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 12252983)	125.51
PC Clerk/Fed Dep	Fed Tax-Empl (ck 12252984)	222.65
PC Clerk/OASI	Soc Sec-Empl (ck 122585)	290.39
PC Clerk/OASI	Soc Sec-Match	290.39
Principal Life Ins Grp	Dent-Empl (ck 12252986)	52.09
Principal Life Ins Grp	Vision-Empl (ck 12252987)	15.26

SUPERVISORS RECORD NO. 50

Retire Pln Div of Ameritas	Co Retire-Empl (ck 12252988)	161.53
Retire Plns Div Ameritas	Co Retire-Match	242.29
Lorena Rivas	Consult/Contracts-Gr	300.00
	Total	\$5,201.10
Previous amount allowed during current budget year		63,269.20
Total amount allowed to date		\$68,470.30

CHILD SUPPORT ENFORCEMENT FUND

Check Nos. 12250180-12250182 & 12252990-12253001, Incl.,

Total Net Payroll		\$3,977.20
AFLAC Ins	Aflac-Empl (ck 12252990)	47.91
All Makes	Off Supp	48.89
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 12252992)	205.00
Jones Group	Subs	40.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 12252994)	147.67
PC Clerk/Fed Dep	Fed Tax-Empl (ck 12252995)	330.09
PC Clerk/OASI	Soc Sec-Empl (ck 12252996)	389.82
PC Clerk/OASI	Soc Sec-Match	389.82
Principal Life Ins Grp	Dent-Empl (ck 12252997)	52.09
Principal Life Ins Grp	Life Ins-Empl (ck 12252998)	7.24
Principal Life Ins Grp	Vision-Emp (ck 12252999)	15.26
Retire Plns Div of Ameritas	Co Retire-Empl (ck 12253000)	243.72
Retire Plns Div of Ameritas	Co Retire-Match	365.58
Hannah Roberts	Subs	32.50
	Total	\$6,292.79
Previous amount allowed during current budget year		71,041.68
Total amount allowed to date		\$77,334.47

COUNTY VISITOR PROMOTION FUND

Check Nos. 12250183-12250184 & 12253002-12253014, Incl.,

Total Net Payroll		\$2,605.53
All Makes	Off Eq/Supp & Mat	5,064.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 12253003)	37.50
Columbus Area United Way	UW Cont-Empl (ck 12253004)	10.00
First Concord Ben Grp	125 Flex-Empl (ck 12253005)	37.50
Theresa Grape	Mile	42.46
Brandwit	Prog Supp	308.92
Miles Partnership	Print/Publ	5,000.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 12253009)	115.07
Nei-Turner Media Group	Print/Publ	1,000.00

SUPERVISORS RECORD NO. 50

PC Clerk/Fed Dep	Fed Tax-Empl (ck 12253011)	203.31
PC Clerk/OASI	Soc Sec-Empl (ck 12253012)	252.54
PC Clerk/OASI	Soc Sec-Match	252.54
Principal Life Ins Grp	Dent-Empl (ck 12253013)	12.83
Retire Plns Div of Ameritas	Co Retire-Empl (ck 12253014)	114.76
Retire Plns Div of Ameritas	Co Retire-Match	172.14
	Total	\$15,229.10
Previous amount allowed during current budget year		105,201.12
Total amount allowed to date		\$120,430.22

ADULT PRE-TRIAL DIVERSION FUND

Check Nos. 12250185 & 12253015-12253024, Incl.,

Total Net Payroll		\$904.24
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 12253015)	37.50
First Concord Ben Grp	125 Flex-Empl (ck 12253016)	80.00
Nationwide Retire Solutions	Ann-Empl (ck 12253017)	200.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 12253018)	94.17
PC Clerk/Fed Dep	Fed Tax-Empl (ck 12253019)	150.45
PC Clerk/OASI	Soc Sec-Empl (ck 12253020)	119.22
PC Clerk/OASI	Soc Sec-Match	119.22
Principal Life Ins Grp	Dent-Empl (ck 12253021)	15.30
Principal Life Ins Grp	Life Ins-Empl (ck 12253022)	14.04
Principal Life Ins Grp	Vision-Empl (ck 12253023)	4.76
Retire Plns Div of Ameritas	Co Retire-Empl (ck 12253024)	76.32
Retire Plns Div of Ameritas	Co Retire-Match	114.48
	Total	\$1,929.70
Previous amount allowed during current budget year		21,417.22
Total amount allowed to date		\$23,346.92

VICTIM ASSISTANCE FUND

Check Nos. 12250186-12250187 & 12253025-12253033, Incl.,

Total Net Payroll		\$3,465.05
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 12253025)	37.50
Eakes	Off Supp	146.93
Nationwide Retire Sol	Ann-Empl (ck 12253027)	25.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 12253028)	132.69
PC Clerk/Fed Dep	Fed Tax-Empl (ck 12253029)	230.33
PC Clerk/OASI	Soc Sec-Empl (ck 12253030)	336.24
PC Clerk/OASI	Soc Sec-Match	336.24
Principal Life Ins Grp	Dent-Empl (ck 12253031)	12.83

SUPERVISORS RECORD NO. 50

Principal Life Ins Grp	Life Ins-Empl (ck 12253032)	5.90
Retire Plns Div of Ameritas	Co Retire-Empl (ck 12253033)	200.06
Retire Plns Div of Ameritas	Co Retire-Match	300.07
	Total	\$5,228.84
Previous amount allowed during current budget year		56,579.79
Total amount allowed to date		\$61,808.63

LAW ENFORCEMENT FUND

Check Nos. 12253034, Incl.,

Kevin Schuller	Breath Analysis Csts	\$27.65
Previous amount allowed during current budget year		29,690.89
Total amount allowed to date		\$29,718.54

DISTRICT PROBATION FUND

Check Nos. 12253035-12253040, Incl.,

Amazon Capital Serv	Off Supp/Comp Exp	\$903.95
CDW Gov	Data Proc Sftwr	561.00
Datashield Corp	Handi-man/Misc Labor	53.68
Kopchos	Handi-man/Misc Labor	10.00
PEX Visa Prepaid Card	Drug Tech Post	74.15
Windstream	Tele Serv	14.36
	Total	\$1,617.14
Previous amount allowed during current budget year		33,297.38
Total amount allowed to date		\$34,914.52

No Public Present

Motion, Supervisor Reilly, seconded Supervisor Trouba, to adjourn to December 16th, 2025.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Micek: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

( S E A L )

Attest: \_\_\_\_\_  
 Deborah A. Backman                      Kim Kwapnioski  
 Deputy Clerk of the County Board      Chairperson, Board of Supervisors



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**Renewal Products**

Material #	Renewed Product	Agreement #	Deal ID #	Monthly Charges in effect prior to Renewal Effective Date	Monthly Charges for Initial Renewal Year	Renewal Effective Date	Renewal Term (Months)
40757482	West Proflex	0000155196		\$937.63	\$993.89	3/1/2026	12

**Renewal Terms**

Renewal Term Monthly Charges will be based on the Monthly Charges in effect at the end of the month before the Renewal Term starts. Renewal Term Monthly Charges begin at the end of your Minimum Term or current Renewal Term. The Renewal Term will continue for the number of complete calendar months identified in the Renewal Term column. You are also responsible for all Excluded Charges. If your Minimum Term is longer than 12 months, then your Monthly Charges for each year of the Minimum Term are displayed in the Attachment to the Order Form.

**Post Renewal Terms**

Your subscription will automatically renew at the end of the Minimum Term. Each Automatic Renewal Term will be 12 months in length (“Automatic Renewal Term”), and we will notify you of any change in the Monthly Charges at least 60 days before each Automatic Renewal Term starts. You are also responsible for all Excluded Charges.

Federal government subscribers that chose a multi-year Minimum Term, those additional years will be implemented at your option pursuant to federal law. Either of us may cancel the Automatic Renewal Term by sending notice in writing at least 30 days before an Automatic Renewal Term begins.

**Miscellaneous**

**Material Change.** If, at any time during the Minimum Term or the Renewal Term, there is a material change in your organizational structure including, but not limited to merger, acquisitions, combination, significant increase in the number of attorneys at a location covered by the agreement, divestitures, downsizing or dissolution, we will modify your rates proportionally. If you acquire the assets of, or attorneys from, another entity that is a current subscriber, you assume all obligations under the agreements that apply to those assets and attorneys, and you will pay the invoiced charges on both those agreements as they become due, until a superseding agreement is negotiated in good faith.

**Charges, Payments & Taxes.** You agree to pay all charges in full within 30 days of the date of invoice. You are responsible for any applicable sales, use, value added tax (VAT), etc. unless you are tax exempt. If you are a non-government customer and fail to pay your invoiced charges, you are responsible for collection costs including attorneys' fees.

**Excluded Charges And Schedule A Rates.** If you access products or services that are not included in your subscription you will be charged our then-current rate ("Excluded Charges"). Excluded Charges will be invoiced and due with your next payment. For your reference, the current Excluded Charges schedules are located in the below link. Excluded Charges may change from time-to-time upon 30 days written or online notice. We may, at our option, make certain products and services Excluded Charges if we are contractually bound or otherwise required to do so by a third party provider or if products or services are enhanced or if new products or services are released after the effective date of this ordering document. Modification of Excluded Charges or Schedule A rates is not a basis for termination under paragraph 9 the General Terms and Conditions.

<https://legal.thomsonreuters.com/content/dam/ewp-m/documents/legal/en/pdf/other/plan-2-pro-govt-agencies.pdf>

**eBilling Contact.** All invoices for this account will be emailed to your e-Billing Contact(s) unless you have notified us that you would like to be exempt from e-Billing.

### Product Specific Terms

**Document Intelligence Product Specific Terms:** The following product specific terms shall apply to the Document Intelligence products on this order form, and are incorporated by reference: <http://www.thomsonreuters.com/document-intelligence-PST>.

**Additional Terms for Services with Generative AI Skills:** The following additional terms shall apply to Thomson Reuters Services with Generative AI Skills (including but not limited to all CoCounsel branded Products; all Products with AI Assisted Research; Westlaw Advantage; Practical Law or Practical Law Connect, with Dynamic Tool Set; Practical Law UK Premium; Practical Law Global Premium; HighQ), listed on this Order Form, and are incorporated into this Order Form by reference: <http://tr.com/genai-terms>.

**CoCounsel Core and CoCounsel Drafting Product Specific Terms:** The following product specific terms shall apply to CoCounsel Core and CoCounsel Drafting and are incorporated into this order form by reference: <http://tr.com/cocounselcore-and-drafting-product-specific-terms>.

**Product Specific Terms and Service Levels:** The following product specific terms and service levels shall apply to the HighQ products on this order form, and are incorporated by reference:

- HighQ Product Specific Terms <http://tr.com/HighQ-PST>
- HighQ Service Levels: Thomson Reuters shall provide service availability, maintenance and support for the term of the Agreement. Details are available at: <http://tr.com/HighQ-SLA>. Note that Sections 3.3 of the SLA does not apply to any HighQ Light packages

**The Federal Product Specific Terms can be found here:** <http://tr.com/federal-product-specific-terms>

**Product Specific Terms.** The following products have specific terms which are incorporated by reference and made part of this Order Form if they apply to your order. They can be found at <https://static.legalsolutions.thomsonreuters.com/static/ThomsonReuters-General-Terms-Conditions-PST.pdf>. If the product is not part of your order, the product specific terms do not apply.

- Campus Research
- Hosted Practice Solutions
- ProView eBooks
- Time and Billing
- West km Software
- West LegalEdcenter
- Westlaw
- Westlaw Doc & Form Builder
- Westlaw Paralegal
- Westlaw Patron Access
- Westlaw Public Records

**Drafting Tools Product Specific Terms:** The following product specific terms shall apply to the Drafting Tools products (Drafting Assistant, Clause Finder, Clause Finder: Internal Agreements) on this order form, and are incorporated by reference: <https://www.thomsonreuters.com/draftingassistant-and-clausefinder-pst>.

**Additional clause applicable to: Westlaw Advantage, Practical Law Dynamic Tool Set, CoCounsel Essentials, Westlaw Advantage with CoCounsel Essentials, Practical Law with Dynamic Tool Set with CoCounsel Essentials, CoCounsel Legal:** During the term of this Agreement, Thomson Reuters may in its sole discretion issue updates, upgrades, patches, enhancements, or improvements that it makes generally available to its customers at no additional charges (collectively "Upgrades"). For the avoidance of doubt, Upgrades do not include (i) new services that are developed or acquired by Thomson Reuters or (ii) services or functionalities for which there are royalty requirements or licensing restrictions. Where your Service includes Westlaw Advantage and/or Practical Law Dynamic Tool Set, these Upgrades do not include access to additional or new content sets beyond those you have subscribed to as part of the Service.

**Acknowledgement: Order ID: Q-10951119**

\_\_\_\_\_  
**Signature of Authorized Representative for order**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

This Order Form will expire and will not be accepted after 4/4/2026.



**Thomson  
Reuters™**

## Attachment

**Order ID: Q-10951119**

Contact your representative reed.flathmann@thomsonreuters.com with any questions. Thank you.

### Payment, Shipping, and Contact Information

**Payment Method:**

Payment Method: Bill to Account  
Account Number: 1000404805  
This order is made pursuant to:

**Order Confirmation Contact (#28)**

Contact Name: VETICK, MARLENE  
Email: marlene.vetick@nejudicial.gov

**Shipping Information:**

Shipping Method: Ground Shipping - U.S. Only

**eBilling Contact**

Contact Name MARLENE VETICK  
Email **marlene.vetick@nejudicial.gov**

### Account Contacts

Account Contact First Name	Account Contact Last Name	Account Contact Email Address	Account Contact Customer Type Description

**NEBRASKA CRIME COMMISSION**  
**FY2027 Community-based Juvenile Services Aid**  
**[CB] Application**  
 Nebraska Revised Statute §43-2404.02

Lead County/Tribe:	Platte County		Phone: (402) 563-4965
Address of Applicant:	Address: 1465 27 <sup>th</sup> Avenue		
	City: Columbus	State: NE	Zip Code: 68601
List of Partnering Counties/Tribes:	N/A		
Lead Project Contact:	Name: Carrie Hastreiter		Phone: (402) 563-4965
	Title: Diversion Program/Juvenile Services Administrator		
	Email: <a href="mailto:chastreiter@plattecounty.ne.gov">chastreiter@plattecounty.ne.gov</a>		
	Address: 1465 27 <sup>th</sup> Avenue		
	City: Columbus	State: NE	Zip Code: 68601
Secondary Project Contact: (optional)	Name: Breanna Anderson-Flaherty		Phone: (402) 563-4903
	Title: Platte County Attorney		
	Email: <a href="mailto:bflaherty@plattecounty.ne.gov">bflaherty@plattecounty.ne.gov</a>		
	Address: 2610 14 <sup>th</sup> Street		
	City: Columbus	State: NE	Zip Code: 68601
Financial Contact:	Name: Jenny Reppert		Phone: (402) 563-4913
	Title: Platte County Treasurer		
	Email: <a href="mailto:jreppert@plattecounty.ne.gov">jreppert@plattecounty.ne.gov</a>		
	Address: 2610 14 <sup>th</sup> Street		
	City: Columbus	State: NE	Zip Code: 68601
Authorized Official:	Name: Kim Kwapnioski		Phone: (402) 649-5308
	Title: Platte County Board of Supervisors Chairman		
	Email: <a href="mailto:district3@plattecounty.ne.gov">district3@plattecounty.ne.gov</a>		
	Address: 2610 14 <sup>th</sup> Street		
	City: Columbus	State: NE	Zip Code: 68601

## SECTION I: COMMUNITY PLANNING INFORMATION

### **Comprehensive Juvenile Services Community Plan: REQUIRED FOR FUNDING**

*This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.*

1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan?  Yes     No

---

2. How do the requests in this application align with the strategies to address the priorities in the community plan?
  - a. School Truancy – Alternative School, Attendance Monitor and Truancy Diversion to help decrease the numbers of days missed at school and increasing graduate rates by helping determine the barriers in truancy and helping resolve those barriers.
  - b. Services to avoid recidivism – provide classes to educate youth to avoid future involvement in the legal system with Substance Abuse classes, decision making classes and Social Boundaries classes. Also having online classes for non-English speaking youth and those who have already completed the in-person classes. Community service supervisor to assist youth in giving back to the community.
  - c. Resiliency and Leadership Skills – Social Boundaries class to develop skills to be resilient and to become leaders.
  - d. Social and Decision Making Skills – provide classes to teach youth social skills and decision making skills through the Why Try class and Social Boundaries Class.
  - e. Substance Use Support – provide a substance use class to educate and support youth with the Substance Abuse class.
  - f. Diversion officers - help youth navigate getting the support they need in any of the priority areas. Provide the NSAT to all youth entering Diversion.

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3. List the current priorities in the community plan:
  - a. Youth offenders have the opportunity for accountability and have successful outcomes without entering the Juvenile Justice System.
  - b. Youth community engagement with community and school.
  - c. Youth avoid unhealthy behaviors and have access to supports to enhance well-being.

---

4. What steps have been taken towards addressing these priorities?  
 Meeting quarterly to discuss the progress of the priorities in the plan. These meetings include giving updates on priorities such as identifying what priorities to continue on the new plan. Adjustments are identified at the team meetings and made to better address needs that are discussed to be most effective in assisting those who are struggling.

---

5. How is the community team evaluating progress with the needs and priorities in the community plan?  
 During the Team’s quarterly meetings throughout the year, reports are provided at least once on every strategy for the priority areas identified in the Five-Year Plan. During these discussions, any additional needs or issues with programming are reviewed with recommendations on how the Team may be able to better address them. Also, data on youth mental health crisis contacts are reported at each meeting to quickly provide additional resources if needed, should these contacts become elevated as was the case several years ago. Although the Community Team does not review data every year, program and community data is assessed at least every two years to provide a more current picture of the needs of youth and how local services may be impacting them. Often, other efforts by other organizations or groups related to the Plan priorities are identified at the Team meetings. An additional component that was added for evaluating strategies is a brief survey administered to Diversion program participants to get their perspective on how the program has helped them.

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6. Was the community plan reviewed for progress or updates at any other times throughout the year?  
 Yes     No    If yes, how often was the community plan reviewed? Be specific.  
 At quarterly meetings.

---

7. Have changes been made to the community plan since the last submission to the Crime Commission?  
 Yes     No    If yes, describe:  
  
*If yes, please submit a community plan addendum adding the new priority(s).*

---

8. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application?  Yes     No  
 If yes, explain:

9. Did the community team vote and approve the requests in this application:  Yes  No

a. If no, how was this decision made:

b. Provide the meeting date and agenda when the application was approved:  
12/11/25

- |                                         |                               |
|-----------------------------------------|-------------------------------|
| 1. Introductions                        | C. Hastreiter                 |
| 2. Mental Health Holiday Services       | Colegrove Counseling          |
| 3. Attendance Monitor Services          | V. Ocegüera                   |
| 4. Community Transportation Project     | United Way                    |
| 5. School Supply Update/ Other products | C. Hastreiter                 |
| 6. Grant review/vote on approval        | C. Hastreiter                 |
| 7. Youth Mental Health Crisis Contacts  | DHHS & Crisis Care Line Staff |
| 8. Announcements                        | All                           |
| 9. Next Meeting                         | C. Hastreiter                 |

**\*REFER TO PAGE 12 OF THE RFA FOR INSTRUCTIONS\***

## SECTION II: PROGRAM SUMMARY

### PROGRAM TYPE TABLE

Complete the table below for each program, service, or system improvement for which you are requesting funds. If a program has several funded components (e.g., staff salaries, curriculum, supplies, etc.), please combine these into a single row in the table. Round up or down to the nearest dollar. See RFA Appendix C for program definitions and Appendix D for program type classification.

Program Title	Over-arching Type	Program Type	Sub-program Type (if applicable)	New OR Current CBA Program	Amount Requested Per Program
Juvenile Diversion	Direct Intervention	Diversion	Diversion	Current	\$50,535
Attendance/Truancy	Direct Intervention	School Based	Truancy Programs	Current	\$39,944
Alternative School	Direct Intervention	School Based	Alternative School	Current	\$12,422
<b>All programs listed in the table above must equal the total requested amount from the budget.</b>					Total: \$ 102,901

**\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\***

## PROGRAM NARRATIVE

**\*Fill out separately for each program or service listed in the Program Type Table\***

**PROGRAM TITLE:** Juvenile Diversion

1. If awarded, these funds will (check only one):
  - Create a new service/activity
  - Enhance an existing program funded by the grant
  - Continue an existing program funded by the grant
  - Expand, continue, or enhance an existing project not funded under the grant in the previous year
2. What allowable program type request on page 5 of the Request for Application does this program fall under:  
Diversion
3. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding:  Yes  No  
If yes, provide grant number(s): 26-CB-0523
4. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?):  
Platte County funding and diversion program fees would be necessary to sustain the program. Many of the programs within the Diversion Program may need to be resourced out should funds not be granted. Educational programs are contracted at a reduced rate.
5. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less):  
To provide Diversion Case Management services by providing education, support and referrals for youth who commit minor crimes in order to avoid repeat offenses and involvement in the juvenile justice system.
6. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less):  
The identified need is to provide services for youth who commit minor crimes to avoid or decrease recidivism. We have seen an increase in misdemeanor offenses in the high school population such as Violation of the Clean Air Act and Possession of Marijuana and Drug Paraphernalia being used in vapes. We have also seen an increase in traffic violations such as driving without a license or violating their permits.

### 1. Racial and Ethnic Distribution of System Points

System Point	N	American Indian/Alaskan Native	Asian/Native Hawaiian Pacific Islander	Black	Hispanic	Non-Hispanic	Multi Race Other
2020 Census Number of Youth by Race/Ethnicity	9,673	35	94	128	3,139	-	125
Percent of Youth by Race/Ethnicity	-	0.4%	1.0%	1.2%	32.5%	-	1.3%
Law Enforcement Contact/Cited	801	0, 0%	3, 0.4%	5, 0.6%	232, 29.0%	-	0, 0%
Youth Referred to Diversion (CY 2022)	119	1, 0.8%	1, 0.8%	1, 0.8%	8, 6.7%	-	3, 2.5%
Filed in Juvenile Court	75	1, 1.3%	0, 0%	0, 0%	34, 45.4%	-	1, 1.3%
Filed in Adult Court	0	0	0	0	0	-	0
Adult Transfer	0	0	0	0	0	-	0
Youth Placed on Probation <sup>4</sup>	59	2, 3.4%	0, 0%	1, 1.7%	-	-	24, 40%

<i>Hispanic/non-Hispanic</i>					27, 45.8%	32, 54.2%	
Satisfactory Release	30	2, 6.7%	1, 3.3%	1, 3.3%	-	-	5, 16.
<i>Hispanic/non-Hispanic</i>					7, 23.3%	23, 76.7%	
Motions to Revoke	8	0, 0%	0, 0%	0, 0%	-	-	1, 12.
<i>Hispanic/non-Hispanic</i>					2, 25.0%	6, 75.0%	
Probation Revoked	2	0, 0%	0, 0%	0, 0%	-	-	0, 0%
<i>Hispanic/non-Hispanic</i>					1, 50.0%	1, 50.0%	
Youth Booked into Detention	21	0, 0%	0, 0%	0, 0%	5, 23.8%	-	0, 0%

Sources: Court and probation data (2022) came from the Nebraska Judicial Branch Juvenile Justice Annual Statistic Report, [https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Supreme\\_Court/567\\_20230718-094145.ppdf](https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Supreme_Court/567_20230718-094145.ppdf); Law enforcement citations, diversion, and detention booking data (2022) came from the Nebraska Crime Commission Juvenile Court Reports, <https://ncc.nebraska.gov/data-and-reports.5>

7. Is the issue above a stated issue in the comprehensive juvenile services plan?  Yes  No  
Provide page number in community plan where this issue is referenced? Page 21-22
8. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured?  
The program is to keep youth out of the juvenile justice system, reduce recidivism, prepare them for leadership roles in the community, provide substance use awareness and treatment, teach decision making skills, reshape them which helps them come back to society as mature individuals, developing social emotional qualities to be able to communicate well with peers and others, and improve attendance and academic achievement. Completion of the contract requirements for each individual is mandatory for completion of the program. The program will measure success through data reporting of youth entering the system, overall well-being of the youth and improved communications and connections with family, school, and community.
9. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:
- |   | Agency Name                   | Description of Coordination                                                                                                                                                                  |
|---|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Youth and Families For Christ | They provide an anger management program and a youth support group for substance use (similar to adult NA and AA) at no cost. Referrals are made for additional support to youth at no cost. |
10. Describe how the proposed program or service will operate from beginning to end:
- a. What agency(s) will implement this program:  
Platte County Juvenile Diversion Program
- b. Age, Gender, and Race/Ethnicity targeted by this program:  
All youth offenders of a misdemeanor law violation, ages 11-18, male or female, and all races and ethnicities are found to be eligible for referral to the diversion program. Most juvenile offenders of a misdemeanor charge are eligible for the program preventing their involvement in the Juvenile Justice System.
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc.  
Referral Process – The youth receives a citation from law enforcement, the County Attorney receives reports from law enforcement, the County Attorney determines if the youth is diversion eligible and makes the referral, the Diversion Administrator receives a copy of the referral form, the parent or juvenile receives the offer for Diversion and contacts the Diversion office to enroll into diversion. The youth is then assigned a Diversion Officer who will then contact the parent/guardian to schedule the intake and NSAT.
- d. Do all referrals get accepted?  Yes  No If no, explain: Those who are deemed to be high risk may be denied the program. The County Attorney and Program Administrator review police reports to determine eligibility for program.
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs:  
In determining eligibility, the county attorney and diversion administrator looks at prior history with the criminal justice system, prior involvement with any diversion programs with inside or outside of Platte County. The county attorney will also look at the

type of offense such as is it an infraction, misdemeanor or felony. Infractions and misdemeanors may be diversion eligible. Assessments used to determine level of supervision in the program include the Arizona Pre-Assessment, NSAT and MAYSI II. These assessments also are used to determine the Diversion program such as supervision, referrals, education, etc.

f. What is the maximum capacity of youth this program can serve at one time?  
The program includes 4 diversion officers. The program can serve as many as needed as youth are rarely denied. There has not been an issue of capacity thus far.

g. How many youths are anticipated to be served by this program during the project period:  
140-160. Numbers have trended upwards over the past couple of years, however last year the numbers had declined.

h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides):  
Why Try Class – provides education to youth on better decision making.  
Substance Use Awareness Class – provides education to youth on using/abusing substances.  
Social Boundaries Class – provides education to youth on social skills and boundaries.  
On-line Classes – provides education to those who are non-English speaking and those who have already taken the in-person classes.  
Community Service – provides youth an opportunity to contribute and become connected to the community.  
Accountability – provide curfew checks, school monitoring (academic and attendance).  
Case Management – provide supervision and support of following the Diversion contract and make referrals as needed.

i. What type of programming and/or practices are you utilizing? Check all that apply. Refer to page 13 of the RFA for additional information about programming.  
Evidence-based  
Promising  
Cultural-based  
Research-based  
Practice-based

j. Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community  
The Diversion program itself is an evidenced-based program. The diversion program works to meet the youth’s developmental needs by promoting peer involvement, provide adult role models, actively engaging parents and family members, offering tools to deal with negative influences, engage youth in educational programming and offer employment skills to prepare them for adulthood. The mission of the Platte Valley Diversion Program is to provide an alternative rehabilitation and education program for juvenile offenders in order to give youth the opportunity to become successful and productive citizens. The Administrator and Case Managers work with youth in many capacities and have acquired training to better help them have a positive impact on the life of each individual youth while holding them accountable for misdemeanor type offenses. The Diversion officers meet and/or have contact weekly with youth on diversion. The Administrator is trained in the NSAT, Substance Use, Child Abuse and Neglect and Mental Health First Aid. The administrator attends conferences and webinars to keep up on trends in working with youth. Diversion officers are trained in the NSAT and complete yearly booster training. Any new staff will be trained when training becomes available.

Program		Youth Served					Process Measures				
Name (N)	County	Youth Enrolled (n)	Race % White	Ethnicity % Hispanic/Latino	Gender % Male	Age (m, SD)	% Success (n) <sup>21</sup>	% Assessed	% Teen Court	% Crossover	% Petition Filed
Platte Valley Diversion Program	Platte	170	57.6%	22.4%	70.0%	15.52/ 1.57	84.2% (139)	67.7	0%	0%	0%

\*\*Annual report 22/23

THIS PERIOD 7/1/24-6/30/25	
Referrals	<u>123</u>
Intakes	<u>75</u>
Enrollments	<u>106</u>
Total Discharges	<u>96</u>
Successfully completed program	<u>84</u>
Failed to comply with program	<u>12</u>
New law violation(s)	0
Other	0
Referred but not enrolled	<u>17</u>
Youth/Parent refused diversion	<u>2</u>
Program declined admission	<u>11</u>
Referral withdrawn	<u>4</u>

k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Termination may be due to failure to comply with the program requirements, added new charges or youth denial of services. Successful completion is for clients completing all requirements and charges being dismissed.

l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished:  
The County Attorney's office mails out a letter and Diversion informational brochure to each youth that is eligible for Diversion with contact information on how to enroll into Diversion. The information is in English and Spanish. We also have Spanish speaking officers to serve the non-English speaking youth and their parents. Speaking to community organizations that also serve youth.

m. Is there a cost to youth and/or families to participate in this program or service? Yes No Amount: \$ 0-100  
If yes, explain what steps are taken to ensure costs are not a barrier to program participation:  
The Diversion Program offers a sliding scale fee based on if the family receives free/reduced lunches. There is also a financial affidavit available to complete if the sliding scale fee is still not feasible which could then completely wave all fees. There are no additional fees for any of the in-person or online classes.

n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery?  
If a youth and/or parent/guardian tells staff they need more time, then adjustments would be made to meet that need. They will also address any other needs and make adjustments accordingly after talking with the youth and/or parent/guardian and Diversion Administrator.

o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)?  
Yes No  
If yes, describe:

11. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth:
- Low achievement and attachment – improved attendance and academics because the youth is attending more days at school. Attendance and grade monitoring is provided as well as determining any barriers to attendance. Assist youth in identifying a positive adult relationship at school. The outcome will be improved attendance and academics with positive support.
  - Drug/Alcohol Use – decreasing substance use among youth by providing a Substance Use Awareness class that provides support and education of substance use. On-line classes to address this as well for those who are non-English speaking or have been in the in-person classes previously. The outcome will be increased knowledge of drug/alcohol use to make better decisions regarding use and peer pressure. See a decrease in substance use numbers.
  - Deviant Peer Groups – improving social skills and decision-making skills by providing the Why Try Class and Social Boundaries class to address this issue. The classes give support and education to make better decisions in peer groups. On-line classes to

address this as well for those who are non-English speaking or have been in the in-person classes previously. The outcome will be youth obtaining skills to make better decisions and decrease recidivism.

12. *If the program currently operates, regardless of funding source:*

- a. How long has this program been operating? 23+ years
- b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: Progress has been made by this program towards the community need of working with youth who struggle with law violations to give them a chance to be accountable and take responsibility through the Diversion Program and the programs that it offers. An example would be by having community service a youth found value in giving back to the community and has continued to give back even when they had completed Diversion. Another example would be by having youth complete in-house or online classes for skill building and education at no additional cost to them.
- c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Many youth in our community struggle with law violations and the Diversion Program has given youth a chance to be held accountable for their choices and allow them to take the responsibility of correcting their mistakes and to move forward on a positive path.

**\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\***

## PROGRAM NARRATIVE

**\*Fill out separately for each program or service listed in the Program Type Table\***

**PROGRAM TITLE:** Attendance/Truancy Monitor

- 1. If awarded, these funds will (check only one):
  - Create a new service/activity
  - Enhance an existing program funded by the grant
  - Continue an existing program funded by the grant
  - Expand, continue, or enhance an existing project not funded under the grant in the previous year
- 2. What allowable program type request on page 5 of the Request for Application does this program fall under:  
Truancy Prevention and Intervention Program
- 3. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding:  Yes  No  
If yes, provide grant number(s): 26-CB-0523

4. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?):  
Platte County or Platte County School Districts funding would need to fund the program.
5. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less):  
To improve a youth's attendance at school and help resolve any barriers to attendance.
6. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less):  
The problem/issue/need being addressed is chronic absenteeism and the barriers that may affect this. The barriers to attendance include transportation, economic issues, family schedules and mental health.

DATA YEARS	Area	PK	K	G01	G02	G03	G04	G05	G06	G07	G08	G09	G10	G11	G12	TOTAL	HI	AS	AM	BL	PI	WH	MU	MALE	FEMALE
20212022	Platte	505	498	500	482	494	497	447	524	460	489	482	497	470	535	6880	2159	52	41	71	5	4459	93	3515	3365
20222023	Platte	492	485	497	517	495	506	496	450	540	476	516	491	510	508	6979	2317	39	44	86	89	4295	109	3534	3445
20232024	Platte	493	472	492	493	514	511	508	506	455	557	486	527	484	530	7028	2460	39	41	94	4	4279	111	3594	3434

\*\*Membership Total for Platte County from NDE.

DATA YEARS	Area	TOTAL_WH	TOTAL_BL	TOTAL_HI	TOTAL_PI	TOTAL_MU	TOTAL_AS	TOTAL_AM	GRADE_PK	GRADE_KG	GRADE_01	GRADE_02	GRADE_03	GRADE_04	GRADE_05	GRADE_06	GRADE_07	GRADE_08	GRADE_09	GRADE_10	GRADE_11	GRADE_12	Chronic Absenteeism Rate
20212022	Platte	468	12	611	***	26	***	18	15	78	74	66	43	70	40	52	61	90	135	118	103	97	18.46
20222023	Platte	399	***	592	***	28	***	20	***	63	43	59	47	32	37	40	64	57	109	128	148	139	16.91
20232024	Platte	341	***	570	***	26	***	15	***	47	47	43	40	24	35	44	55	66	96	111	120	151	15.47

\*\*Chronic Absenteeism Platte County from NDE

- AM American Indian or Alaska Native
- AS Asian
- BL Black or African American
- HI Hispanic
- MU Two Or More Races
- PI Native Hawaiian or Other Pacific Islander
- WH White

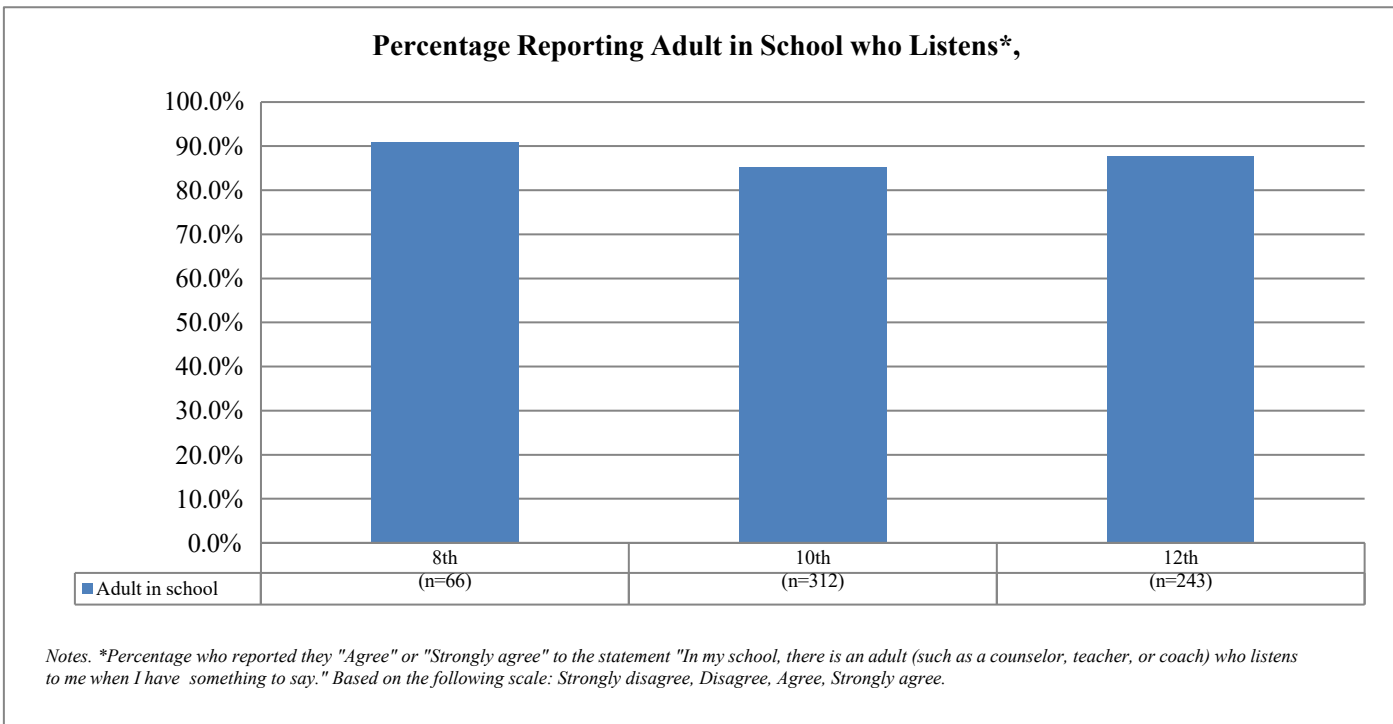
Metric	Definition	12th Grade County-Level <sup>^^^</sup>					12th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
<b>Behavioral Health Protective Factors</b>											
Experiences at School	Grades were A's and B's	72.8%	72.0%	73.4%	85.3%	73.3%	80.1%	80.1%	82.7%	83.8%	80.4%
	Felt safe	88.7%	86.1%	83.2%	91.4%	90.5%	90.6%	89.4%	89.9%	89.4%	90.8%

Metric	Definition	10th Grade County-Level <sup>^^^</sup>					10th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
<b>Behavioral Health Protective Factors</b>											
Experiences at School	Grades were A's and B's	76.4%	78.9%	85.8%	80.0%	71.7%	78.4%	79.7%	80.8%	78.4%	79.5%
	Felt safe	87.4%	84.3%	82.8%	86.7%	86.5%	87.2%	87.1%	88.5%	86.7%	87.6%

Metric	Definition	8th Grade County-Level <sup>^^^</sup>					8th Grade State-Level <sup>^^^</sup>				
		2014	2016	2018	2021	2023	2014	2016	2018	2021	2023
<b>Behavioral Health Protective Factors</b>											

Experiences at School	Grades were A's and B's	79.4%	85.8%	100.0%	74.1%	80.3%	83.0%	83.1%	82.5%	81.5%	81.3%
	Felt safe	85.7%	82.6%	100.0%	93.8%	89.2%	89.5%	89.2%	88.9%	88.6%	87.2%

\*\*Sharp; NE Risk and Protective Factor Student Survey 2023



\*\*Sharp; NE Risk and Protective Factor Student Survey 2024

7. Is the issue above a stated issue in the comprehensive juvenile services plan?  Yes  No  
Provide page number in community plan where this issue is referenced? Pages 22-23

8. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? Youth success will be defined by improved school attendance, addressing the underlying issues that may be contributing to absenteeism or truancy with the collaboration of the school and team members to provide the services and resources needed. The impact on the community will be having a higher graduation rate and ability to provide educated youth to the workforce. The success will be measured through data reporting of youth entering the system.

9. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	Columbus Public Schools	Attendance Monitor
2	Columbus Police Department and Platte County Sherriff	School Resource Officers
3	Columbus Community Response	Provide resources for transportation gaps which could include vehicle repairs and/or vouchers for transportation services

10. Describe how the proposed program or service will operate from beginning to end:

a. What agency(s) will implement this program:  
Platte County Juvenile Diversion

b. Age, Gender, and Race/Ethnicity targeted by this program:

The program works with ages 11-18 in Platte County who are referred by schools, other youth agencies and the County Attorney. The youth include both male and female of all ethnicities.

- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc.

\*5 verified unexcused absences- Once verification has been made by the school via 5-day letter, the school referral may be sent to the AM. Verification that the 5-day school letter has been sent must be completed before AM can intervene. If all efforts to communicate with the family by phone have failed the Attendance/Truancy Monitor **ONLY** (does not need to be accompanied by school staff) will go to home for a home visit, followed by immediate transportation provided by the parent, if possible, to the attendance center to sign the necessary paper work or to the school if all release of information forms have been completed. If necessary, the AM may transport after contacting the school should a student's family not have transportation.

Local schools, diversion case managers, and youth agencies send referrals to the Attendance/Truancy Monitor program. Truancy program referrals currently come from the County Attorney's office. Truancy referrals were accepted by the Diversion Administrator and in partnership with Attendance/Truancy Monitor and schools these youth were serviced for truancy needs.

- d. Do all referrals get accepted?  Yes  No If no, explain:

If referrals come from probation youth or chronic reoffenders they are not accepted. Those who are unwilling to cooperate will not be allowed to participate.

- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs:

The number of absences accumulated during the year determines eligibility. The NSAT, SRAS, Arizona and MAYSI II can all be used to determine program needs.

- f. What is the maximum capacity of youth this program can serve at one time?

No one has ever been denied entry to program due to capacity limits.

- g. How many youths are anticipated to be served by this program during the project period:

30-50

- h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides):

Monitoring of attendance and resolving any barriers to attendance. They can also refer to in-house classes and for community supports if deemed necessary.

- i. What type of programming and/or practices are you utilizing? Check all that apply. Refer to page 13 of the RFA for additional information about programming.

Evidence-based

Promising

Cultural-based

Research-based

Practice-based

- j. Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community

The Truancy Diversion program is an evidence-based program. The diversion program works to meet the youth's developmental needs by promoting peer involvement, provide adult role models, actively engaging parents, and family members, offering tools to deal with negative influences, engage youth in educational programming, and offer employment skills to prepare them for adulthood. The mission of the Platte Valley Diversion Program is to provide an alternative rehabilitation and education program for juvenile offenders in order to give youth the opportunity to become successful and productive citizens. The Administrator and Case Managers work with youth in many capacities and have acquired training to better help them have a positive impact on the life of each individual youth while holding them accountable.

The program provides monitoring in order to improve attendance at school. Successful completion of education requirements is encouraged and additional support for parents. The attendance/truancy monitor is trained in the NSAT and SRAS. This position provides for bilingual services due to Attendance/Truancy Monitor being a bilingual staff member. Positive results have been improved attendance.

DATE	YEARS	COHORT	Area	HI_Graduates	PI_Graduates	BL_Graduates	WH_Graduates	MU_Graduates	AM_Graduates	AS_Graduates	Total_Graduates	HI_Students	PI_Students	BL_Students	WH_Students	MU_Students	AM_Students	AS_Students	Total_Students	Graduation_Rate_Percentage
2021	2022	2022	Platte	127	***	***	242	***	***	***	382	157	***	***	269	***	***	***	444	86.04
2022	2023	2023	Platte	113	***	***	227	***	***	***	352	138	***	***	243	***	***	***	395	89.11
2023	2024	2024	Platte	127	***	***	229	***	***	***	375	184	***	10	249	***	***	***	454	82.6

**\*\*Platte County Graduation Rates from NDE**

- AM American Indian or Alaska Native
- AS Asian
- BL Black or African American
- HI Hispanic
- MU Two Or More Races
- PI Native Hawaiian or Other Pacific Islander
- WH White

k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Termination is due to noncompliance of program requirements or referred to higher level of service. Successful completion is when attendance has improved.

l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished:  
 Services are offered in English and Spanish. Letters are sent out by the County Attorney with program information in English and Spanish. Speaking to community organizations that also serve youth.

m. Is there a cost to youth and/or families to participate in this program or service?  Yes  No Amount: \$ 0-100  
 If yes, explain what steps are taken to ensure costs are not a barrier to program participation:  
 The Diversion Program offers a sliding scale fee based on if the family receives free/reduced lunches. There is also a financial affidavit available to complete if the sliding scale fee is not feasible.

n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery?  
 If a youth and/or parent/guardian tells staff they need more time, then adjustments would be made to meet that need. They will also address any other needs and make adjustments accordingly after talking with the youth and/or parent/guardian and diversion administrator.

o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)?  Yes  No  
 If yes, describe:

11. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth:
- a. Truancy – tracking of attendance and assisting in resolving any barriers to attendance.
  - b. Low achievement – monitoring grades and helping refer to assistance to bring up grades to their level.
  - c. Low attachment – helping the youth develop a relationship with a trusted adult at school to develop a positive relationship for support.

12. *If the program currently operates, regardless of funding source:*

- a. How long has this program been operating? Since 2000
- b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: Increase in local graduation rates. Improved school attendance in middle and high schools.
- c. How does this program continue to address the above stated need in the community and why is continued funding necessary? This program continues to meet the need of improving school truancy with youth.

**\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\***

## PROGRAM NARRATIVE

**\*Fill out separately for each program or service listed in the Program Type Table\***

**PROGRAM TITLE:** Alternative School

1. If awarded, these funds will (check only one):

Create a new service/activity

Enhance an existing program funded by the grant

Continue an existing program funded by the grant

Expand, continue, or enhance an existing project not funded under the grant in the previous year

2. What allowable program type request on page 5 of the Request for Application does this program fall under:  
Truancy Prevention and Intervention Program

3. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding:  Yes  No

If yes, provide grant number(s): 26-CB-0523

4. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?):

Platte County or Platte County School Districts

5. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less):

Maintain educational requirements and increase school attachment for suspended youth until they can return to their home school or graduate. There is a certified teacher working with the youth.

6. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less):

Provide an alternative educational placement to increase school attachment, increase graduation rates and support them in learning the value in their academic career. The need is to have an alternative location from traditional school to assist youth in increasing attendance and improving academics. The need is to also have a smaller environment for youth to work on their mental health and academics in an alternative setting to be able to transition successfully back to their home school.

DATA YEARS	Area	TOTAL_WH	TOTAL_BL	TOTAL_HI	TOTAL_PI	TOTAL_MU	TOTAL_AS	TOTAL_AM	GRADE_PK	GRADE_KG	GRADE_01	GRADE_02	GRADE_03	GRADE_04	GRADE_05	GRADE_06	GRADE_07	GRADE_08	GRADE_09	GRADE_10	GRADE_11	GRADE_12	Chronic Absenteeism Rate
2021/2022	Platte	468	12	611	***	26	***	18	15	78	74	66	43	70	40	52	61	90	135	118	103	97	18.46
2022/2023	Platte	399	***	592	***	28	***	20	***	63	43	59	47	32	37	40	64	57	109	128	148	139	16.91
2023/2024	Platte	341	***	570	***	26	***	15	***	47	47	43	40	24	35	44	55	66	96	111	120	151	15.47

**\*\*Platte County Chronic Absenteeism from NDE**

- AM American Indian or Alaska Native
- AS Asian
- BL Black or African American
- HI Hispanic
- MU Two Or More Races
- PI Native Hawaiian or Other Pacific Islander
- WH White

7. Is the issue above a stated issue in the comprehensive juvenile services plan?  Yes  No  
 Provide page number in community plan where this issue is referenced? 22-23

8. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured?  
 Students will have the opportunity to continue with their school assigned subjects for credit to increase the likelihood of earning their high school diploma. The program will measure success through data reporting of youth successfully achieving academic success. Youth can be allowed to return to regular school programming when they have been able to demonstrate maintaining daily academics, improved mental health, improved behaviors and/or improved attendance.

9. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	N/A	

10. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Youth and Families For Christ
- b. Age, Gender, and Race/Ethnicity targeted by this program:  
Students referred are ages 11-18, male or female, serving students that are of all race and ethnicities.
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc.  
Behavior issues, academic failure and chronic absenteeism may prompt a referral to this program. The school administrators determine the option of referring students to the YFFC Alternative School Program. Parents of the students may request student transfer to YFFC, but only the schools determine who is qualified to attend to earn credits alternatively. No screening or assessment is due to determine eligibility or appropriateness. The school administrator will decide if the Alternative School at YFFC will be beneficial for each individual youth. The referrals mainly come from Columbus Public Middle and High School and Lakeview Middle and High Schools.
- d. Do all referrals get accepted?  Yes  No If no, explain:  
All referrals are not accepted into the program. All students are voluntarily placed by the schools. Parents must sign a permission slip for the attendance. Any student without the necessary placement parent permission is denied access to schooling at YFFC.
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs:  
No screening or assessment is used to determine eligibility or appropriateness. The school administrators will decide if the Alternative School at YFFC will be beneficial for each individual youth.
- f. What is the maximum capacity of youth this program can serve at one time? 15-20
- g. How many youths are anticipated to be served by this program during the project period: 40-50
- h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides):

The purpose of the Alternative School Program is to provide continued education to high-risk students suspended, expelled from school, youth who have behavior problems, youth who have mental health issues, Teen Moms, etc. Students have the opportunity to continue with their school identified subjects for credit to increase the likelihood of earning their high school diploma. The skills and knowledge to be gained by the youth participants in the Alternative School Program are students that have been suspended or expelled from school grounds for behavioral, mental or safety issues will be able to continue their education with uninterrupted school identified curriculum for credit until such time that they can mainstream back into class or complete credits to earn a diploma. Students can also address issues of suspension/expulsion, drug/alcohol dependency/abuse, anger management skills, appropriate boundaries, and/or introduction to developmental assets.

i. What type of programming and/or practices are you utilizing? Check all that apply. Refer to page 13 of the RFA for additional information about programming.

- Evidence-based
- Promising
- Cultural-based
- Research-based
- Practice-based

j. Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community

YFFC has been an asset in providing alternative educational support and needs for many at risk youth in Platte County. YFFC will continue to assist with youth through the Alternative School Program which offers students a safe and supervised option during school hours when a student has been suspended or expelled from school. The program also services students that are experiencing family crisis or emotional instability. By allowing the completion of academic hours through the YFFC Alternative School Program, students are more likely to continue their education and earn a diploma. This will allow them to be educated in a supervised environment with a certified instructor and provide the best opportunity for a successful graduation. The YFFC staff is trained in working with at-risk youth.

DATE	YEARS	COHORT	Area	HI_Graduates	PI_Graduates	BL_Graduates	WH_Graduates	MU_Graduates	AM_Graduates	AS_Graduates	Total_Graduates	HI_Students	PI_Students	BL_Students	WH_Students	MU_Students	AM_Students	AS_Students	Total_Students	Graduation_Rate_Percentage
2021	2022	2022	Platte	127	***	***	242	***	***	***	382	157	***	***	269	***	***	***	444	86.04
2022	2023	2023	Platte	113	***	***	227	***	***	***	352	138	***	***	243	***	***	***	395	89.11
2023	2024	2024	Platte	127	***	***	229	***	***	***	375	184	***	10	249	***	***	***	454	82.6

\*\*Graduation rates for Platte County from NDE

- AM American Indian or Alaska Native
- AS Asian
- BL Black or African American
- HI Hispanic
- MU Two Or More Races
- PI Native Hawaiian or Other Pacific Islander
- WH White

k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion?  
 The program allows youth to continue on track while outside of the classroom. Youth spend the required time the school has determined before they can return to the classroom. Termination would be the alternative school contacting the home school of the youth and telling them they can no longer serve the youth. Termination would occur when the youth cannot (but not limited to) following the rules at the alternative school and/or poor attendance (not attending/refusing). The home school would then be responsible for providing an alternative education for the youth.

l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished:  
 If deemed appropriate, the schools will offer the alternative school during their suspension meeting at school. YFFC staff also participates in many community meetings that involve the youth we serve.

m. Is there a cost to youth and/or families to participate in this program or service?  Yes  No Amount: \$0  
 If yes, explain what steps are taken to ensure costs are not a barrier to program participation:

- n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery?  
When feedback is given by a youth to staff, staff will assess how they can update/change the program to meet the youths needs. An example would be giving a time out/break, more 1:1, etc.

- o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)?  Yes  No

If yes, describe:

11. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth:
- a. Low attachment – assist in developing relationships with staff from school to develop a positive relationship for transition back to their home school.
  - b. Low achievement – assist with completion of homework and provide 1:1 help if needed.
  - c. Low literacy – provide academic support, 1:1 if needed.

12. *If the program currently operates, regardless of funding source:*

- a. How long has this program been operating? Since 2009
- b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: Progress is being made by providing an alternative school for youth to continue their education during a suspension so that they do not get behind academically. Progress is made by helping youth reach graduation that they may not otherwise achieve.

We had a girl who was rebellious in nature and she continued being mischievous for some time. She went so far as to get into trouble with the law for theft and we were told she was no longer allowed in two big box icons in town due to this activity. Her parents were divorced and she was majorly struggling emotionally. Her spiral was intense and she had verbally and actively given up on her education, her self-worth was very low and she had been groomed.

We, along with a team of concerned entities in town, rallied around her. We offered her a position at our alternate school. We poured into her with patience but expectation. We gave her space to heal and support to grow. We stood up with her, side by side as she walked through judicial, family and personal choices and consequences and sometimes we stood up to her. She used about every chance she had to push everyone away.

Last week, on Monday... She walked into our building for the last time as a student, completing her last test in her last class. -she came back on Wednesday already for a visit. She tried to give up countless times along the way to her goal. Sometimes it was dramatic with screams and yelling... I recall one time she yelled "I don't care anymore!" whereas, I replied... "I know! We are caring enough for all of us!" The corner of her lip slightly curled up-- she knew we were not going anywhere. We were stable. We saw her potential and we reminded her that she was important...and enough... we were willing to fight for her.... and that included fighting her. She tested this water often. In my opinion, youth need consistent accountability to establish trust. Once we found that ground, she felt emotionally safe enough to plant her roots. Her situation was one of the most deeply wounded hearts I have witnessed. I pray she continues to make good choices for her future. She has a foundation.

She is now a graduate.

- c. How does this program continue to address the above stated need in the community and why is continued funding necessary?  
Youth continue to get suspended at school which continues to have the need for alternative school location for the youth to continue their academics while not allowed in their home school. Students also continue to have significant mental health struggles that require an alternative setting. Without this resource youth would not have an alternative supported school to attend.

**\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\***

## SECTION III: BUDGET

Category	Requested Amount
Personnel (County/Tribe)	\$ 75,164
Travel (County/Tribe)	\$ 2,552
Operating Expenses (County/Tribe)	\$ 5,563
Contract Fee for Service (County/Tribe)	\$ 7,200
Sub-Awards Total	\$ 12,422
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ 102,901</b>

Program Income
<p><b>Note: Program income earned and not disclosed during the application process will use the deduction method from the original award amount.</b> Program income must be used for the original purpose of the grant, used during the period of performance, and must be expended before requesting grant funds.</p>
<p>1. How much program income is estimated to be generated by a supported activity or earned as a result of this grant award? \$4,000</p>
<p>2. What is the anticipated source(s) of income? Example: Diversion fees, insurance reimbursement for therapy, etc. Diversion Fees. The diversion program charges a \$100 program fee for participation.</p>
<p>3. How will the program income earned be used? Used towards the administrator's salary</p>

Budget Requirements	
<b>All budget requests must be:</b>	
DIRECT	All costs must be direct expenses. No indirect organizational costs may be requested.
ALLOCABLE	Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding.
ACTUAL	Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator's time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours.
REASONABLE	A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An "arm's length" transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area.
NECESSARY	All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes.

**PERSONNEL TABLE (COUNTY/TRIBE EMPLOYEES)**

<b>Program Title</b>	<b>Position Title and Employee Name</b>	<b>Agency Name</b>	<b>New or Existing (N or E)</b>	<b>Percent Time Devoted</b>	<b>Current Annual Salary</b>	<b>Projected Annual Salary</b>	<b>Percent Salary Requested</b>	<b>Requested Wages</b>	<b>Requested Fringe</b>	<b>Requested Total</b>
Platte County Juvenile Diversion	Carrie Hastreiter Administrator	Platte County	E	100%	\$66,200	\$68,848	18%	\$12,999	\$0	\$12,999
Platte County Juvenile Diversion	Vanessa Ocegueda Attendance Monitor/Truancy	Platte County	E	100%	\$38,403	\$39,944	100%	\$37,105	\$2,839	\$39,944
Platte County Juvenile Diversion	Kerry Lassek Diversion Officer	Platte County	E	100%	\$12,214	\$12,705	100%	\$11,802	\$903	\$12,705
Platte County Juvenile Diversion	Alondra Villanueva Diversion Officer	Platte County	E	100%	\$9,150	\$9,516	100%	\$8,840	\$676	\$9,516
<b>*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS*</b>								<b>Requested Wages Total</b>	<b>Requested Fringe Total</b>	<b>Requested Total</b>
								<b>\$70,746</b>	<b>\$4,418</b>	<b>\$75,164</b>
								<b>TOTAL PERSONNEL</b>		

## PERSONNEL TABLE BUDGET BREAKDOWN

**\*Fill out for each position listed in the table above\***

1. Program Title and Position Title: Platte County Juvenile Diversion Program/Juvenile Services Administrator

2. Is this position new or existing:     New     Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source:  
This position is funded by Platte County and the Community Based Aid Grant. Grant funding is needed to provide funds for personnel and the programs taught to the youth entering the program. The need for this program is to reduce the number of youths entering the Juvenile Justice System and prevent recidivism.

4. Does this position spend 100% of their time on the proposed project?     Yes     No

a. If no, what percent if this position's time is dedicated to this proposed project? N/A

b. What are the other duties of this position not included in proposed project? N/A

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Grant	18%	\$12,999
County	82%	\$55,849

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?     Yes     No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*):

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.):

- Supervision of all staff - all Diversion Officers (case managers), all diversion support staff (class instructors, community service supervisor), the Attendance/Truancy Monitor; preparation of client files, availability of program forms and the proper filing of documents with the Platte County Attorney and the Platte County Court.
- Monitor NSAT and MAYSI II input and outcomes.
- Claims – submitting and tracking. Amplifund requests.
- On-going administrator involvement with the Time for Change (T4C) Anti-Gang Coalition, T4C Scholarship Program, the Triumph Builders Club to assure continuum of services.
- All secretary duties that must be performed in conjunction with administrator staffing position.
- Assure that all program fees are paid to the Platte County Treasurer's office.
- Give assistance and provide additional supervision to the diversion staff when they are having trouble with high maintenance clients or clients who are in jeopardy of not completing their contracts.
- Act as liaison with all contracted program instructors and support staff. This would include class scheduling ,attendance verification and reviewing instructor evaluations for all the diversion classes. Additionally, duties would include the scheduling of service projects.
- Act as liaison between the diversion staff and The Platte County Attorney's Office and The Platte County Board of Supervisors.
- Must submit in writing an annual request of wages and benefits for the Program Administrator position to the Platte County Board of Supervisors for annual approval.
- Will interact with referring agencies to coordinate referrals and assure that appropriate services are being provided for juveniles and families.
- Act as liaison with area probation offices, criminal justice agencies, law enforcement agencies, schools, or other state diversion programs.
  
- Upon receiving the initial eligibility information from the county attorney's office - will act as the lead program staff to assure contact has been made with the juvenile and/or parents of the juveniles who are referred to the program to answer all questions.

All screening of prior offenses will be completed by the Platte County Attorney's office to ensure that the individual meets all program eligibility requirements. Will conduct a Pre-Screening over the phone with the parents and/or juvenile prior to making the diversion officer assignment. Follow through with assigning all cases to individual diversion officers and assure that clients are contacted within 48 hours.

- Schedule quarterly diversion officer staff meetings to assure that all policies and procedures are being followed. These meetings should allow the time for suggestions and/or concerns to be shared freely.
- Maintain and supervise the collection of program data for reporting purposes and record program data into the JCMS.
- Advise verbally or in writing when program staff members are not abiding by program requirements. Conduct an annual evaluation for each staff member and place a copy in their file.
- Hold PCJDP Advisory Committee meetings to discuss any current issues, trends or gaps in services for youth.
- Prepare and transmit program completions or terminations notices to the county attorney. Proceed with the sealing of case files in timely manner.
- Work with Platte County HR as needed.
- Must complete all necessary grant applications and annual reports.
- Enter data into the JCMS online database.
- Complete and address anomaly reports.
- Will take necessary steps to assure that the diversion program is visible in the community by educating the public through presentations and committee meetings.
- Balance the budget, petty cash account, oversee all grant expenditures, submit monthly cash requests, and close out all grants when required.
- Assist in being the Community Planner.

8. Was there an annual salary increase:  Yes  No  
If yes, what percent: 4%

a. If yes, did the governing board determine the annual salary increase:  Yes  No  
i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

9. Provide a personnel budget breakdown on the following:

1. Breakdown of wages for this position: Hours x hourly rate = (total)

$\$66,200 \times .04 = \$2,648$

$\$66,200 + \$2,648 = \$68,848$

Grant Part = \$12,999

County Part = \$55,849

$\$68,848 \text{ divided by } 2080 \text{ hours} = \$33.10 \text{ hourly}$

$\$31.83 \times .04 = \$1.27$

$\$31.83 + \$1.27 = \$33.10$

2. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.

i. FICA: County Funded

ii. Retirement: County Funded

iii. Insurance: County Funded

iv. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: N/A Amount: 0

**\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\***

## PERSONNEL TABLE BUDGET BREAKDOWN

**\*Fill out for each position listed in the table above\***

1. Program Title and Position Title: Attendance/Truancy Officer

2. Is this position new or existing:     New     Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source:  
 26-CB-523 The need for the Attendance/Truancy Monitor position is to intervene when a youth in experiencing chronic absences from school. The position will monitor the youth's progress with attendance as well as addressing the underlying issue for the lack of attendance.

4. Does this position spend 100% of their time on the proposed project?     Yes     No

a. If no, what percent if this position's time is dedicated to this proposed project?

b. What are the other duties of this position not included in proposed project?

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Grant	100%	\$39,944

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?     Yes     No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*):

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.):

- This staff position will be hired by the Platte Valley Diversion Program Administrator.
- AM will have a desk area located in the Platte County Juvenile Services Center-1465 27<sup>th</sup> Avenue.
  - AM must hold a valid driver's license, and a copy must be on file with the Platte Valley Diversion Office.
  - AM will have access to school information systems.
  - AM will be allowed to use the county ID badge for school identification purposes.
  - AM will report to and work directly with:  
 Columbus Public School Interventionists and Social Workers  
 Lakeview Community High School guidance counselors  
 All administrators in these attendance centers  
 Juvenile Services Program Administrator
  - AM will provide weekly updates for all students that have been referred. This will be done via email. Direct phone contact will be made with the guidance office and/or a school administrator before an attempt is made to pick up a student.
  - Provide case management for Truancy Diversion youth. Will monitor school attendance and weekly check-ins during school. Assist youth in completing their Truancy Diversion Contract and making referrals as needed.
  - Plan/attend Collaborative and/or team meetings at school as needed.
  - Provide NSAT and MAYSI assessments to youth.

Assist in being the Community Planner – plan meetings, notes, update plan as needed.

8. Was there an annual salary increase:     Yes     No

If yes, what percent: 4%

- a. If yes, did the governing board determine the annual salary increase:  Yes  No  
i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

9. Provide a personnel budget breakdown on the following:

10. Breakdown of wages for this position:

$$\$23.18 \times .04 = \$0.93$$

$$\$23.18 + \$0.93 = \$24.11$$

$$1539 \text{ hours} \times \$24.11 = \$37,105$$

$$\$37,105 + (\text{FICA}) \$2,839 = \$39,944$$

11. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.

a. FICA:  $\$37,105 \times .0765 = \$2,839$

b. Retirement: County Funded

c. Insurance: N/A

d. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: N/A Amount: N/A

**\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\***

## PERSONNEL TABLE BUDGET BREAKDOWN

\*Fill out for each position listed in the table above\*

1. Program Title and Position Title: Case Manager A

2. Is this position new or existing:     New     Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source:  
26-CB-523- The need for Case Manager position is to provide support, guidance and learning opportunities for the Platte Valley Diversion participants. This person will also have the responsibility to train new officers and to keep class scheduling up to date.

4. Does this position spend 100% of their time on the proposed project?     Yes     No

a. If no, what percent if this position's time is dedicated to this proposed project?

b. What are the other duties of this position not included in proposed project?

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Grant	100%	\$12,705

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?     Yes     No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*):

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.):

The Platte County Juvenile Diversion Program continues to provide programming for approximately 150 youth annually. There are four case workers (diversion officers) that assist with the supervision and case management of those youth. Their pay includes intake time including the NSAT, minimum of 12 weekly face to face meetings, on-going communication with parents and providers when necessary, monitoring of community service hours and curfew restrictions, documenting all meetings and phone checks, ensuring that the youth and family attend mandatory classes and collection of all fees, and restitution, and enter data into the JCMS online database. Case Manager A oversees training and class programming registration.

8. Was there an annual salary increase:     Yes     No  
If yes, what percent: 4%

a. If yes, did the governing board determine the annual salary increase:     Yes     No  
i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

9. Provide a personnel budget breakdown on the following:

10. Breakdown of wages for this position:

$$\$18.91 \times .04 = \$0.76$$

$$\$18.91 + \$0.76 = \$19.67$$

$$600 \text{ hours} \times \$19.67 = \$11,802$$

$$\text{\$11,802} + (\text{FICA}) \text{\$903} = \text{\$12,705}$$

11. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.
- a. FICA:  $\text{\$11,802} \times .0765 = \text{\$903}$
  - b. Retirement: N/A
  - c. Insurance: N/A
  - d. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: N/A Amount: N/A

**\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\***

## PERSONNEL TABLE BUDGET BREAKDOWN

\*Fill out for each position listed in the table above\*

1. Program Title and Position Title: Case Manager B

2. Is this position new or existing:     New     Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source:  
26-CB-523- The need for Case Manager position is to provide support, guidance and learning opportunities for the Platte County Juvenile Diversion participants.

4. Does this position spend 100% of their time on the proposed project?     Yes     No

a. If no, what percent if this position's time is dedicated to this proposed project?

b. What are the other duties of this position not included in proposed project?

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Grant	100%	\$9,516

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?     Yes     No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*):

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.):

The Platte County Juvenile Diversion Program continues to provide programming for approximately 150 youth annually. There are four case workers (diversion officers) that assist with the supervision and case management of those youth. Their pay includes intake time including the NSAT, minimum of 12 weekly face to face meetings, on-going communication with parents and providers when necessary, monitoring of community service hours and curfew restrictions, documenting all meetings and phone checks, seeing that the youth and family attend mandatory classes and collection of all fees, and restitution, and enter data into the JCMS online database. The case manager will assist in providing bilingual services to Spanish speaking families.

8. Was there an annual salary increase:     Yes     No  
If yes, what percent: 4%

a. If yes, did the governing board determine the annual salary increase:     Yes     No  
i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

9. Provide a personnel budget breakdown on the following:

10. Breakdown of wages for this position:

\$17 x .04 = \$0.68  
\$17 + \$0.68 = \$17.68  
  
500 hours x \$17.68 = \$8,840  
  
\$8,840 + (FICA) \$676 = \$9,516

11. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.

a. FICA:  $\$8,840 \times .0765 = \$676$

b. Retirement: N/A

c. Insurance: N/A

d. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: N/A Amount: N/A

**\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\***

## TRAVEL (COUNTY / TRIBE)

This section is travel requested for county/tribe employees.

Position Traveling <sup>1</sup>	Travel Purpose <sup>2</sup>	Mileage (# of Miles x 0.70)		Meals <sup>3</sup>	Lodging <sup>4</sup> (# of Nights x per diem amount)		Requested Total
Attendance/Truancy Program Diversion Administrator Case Managers	Conferences and Staff Training	2095 x.70	\$1,467	\$0	7 x \$110	\$770	\$2,237
Attendance/Truancy Program Diversion Administrator Case Manager	Serve Youth	450 x.70	\$315	\$0	0 x \$0	\$0	\$315
<b>SUB-AWARD TRAVEL REQUESTED TOTAL</b>							<b>\$2,552</b>
<p>1. Position Traveling: If the county/tribe has more than one funded program, also include program type.</p> <p>2. Travel Purpose: examples include personal vehicle to serve youth, NJJA conference, etc.</p> <p>3. Meals: Meal reimbursement must follow <a href="#">NE DAS policy</a> and utilize the NE DAS <a href="#">expense reimbursement form</a> to calculate total expense.</p> <p>4. Lodging: <a href="#">Per Diem Lookup</a></p>							

## OPERATING EXPENSES (COUNTY / TRIBE)

All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.

\*DO NOT CHANGE OR ADD CATEGORIES\*

Program Title: Platte County Juvenile Diversion	Detailed Breakdown of Costs	Amount Requested
Examples: Communication Conference Registration Educational Materials Incentives Postage Transportation for Youth	Verizon Wireless Cellphone \$40/month X 12 months = \$480. NJJA conference \$150 registration x 2 = \$300 3 <sup>rd</sup> Millennium Classes 65 x \$30/class = \$1963 Sonic 15 @ \$5.00 = \$75 Subway 15 @ \$5.00 = \$75 2 rolls of stamps x \$60/roll = \$120 Gas Vouchers 45 @ \$10.00 = \$450	
Communication		\$0
Conference Registration	NJJA Conference Registration: \$150 x 2 = \$300  Family Violence Conference Registration: \$125 x 3 = \$375  Speaking of Children Conference Registration: \$350 x 2 = \$700	\$1,375
Dues & Subscriptions		\$0
Educational & Program Materials	Court Solutions Online 50 Class bundle	\$2,248
External Fees for Youth		\$0
Food for Youth	Snacks for youth during intakes, meetings and classes	\$1,000
Incentives for Youth	Burger King 15 @ \$5.00 McDonalds 16 @ \$5.00 Sonic 15 @ \$5.00 Freddy's 12 @ \$5.00 Fidgets for youth \$200	\$490
Postage		\$0
Program Equipment		\$0
Transportation for Youth	Gas Vouchers 45 @\$10.00	\$450
<b>OPERATING EXPENSES TOTAL</b>		<b>\$5,563</b>

1. For each operating expense requested above, explain the following:

a. How is each request necessary to meet the goals and outcomes of the program?

Conference Registration:

The meetings and trainings that are attended by the diversion administrator, attendance monitor, diversion bilingual officer and case manager are necessary to stay informed and motivated to perform the jobs to the best of their ability. Important information sharing and networking goes on at all meetings and some of the trainings are required by the Crime Commission. Break-out sessions at conferences include national keynote speakers, panel discussions and multiple opportunities to get answers to questions. Many times, examples of evidenced based practices are presented for consideration of implementation.

Food for Youth:

Nutritional snacks are provided to the youth who are required to attend intakes, NSAT, weekly meetings and attend classes that are 3-4 hours. The youth are more alert and energized when they are not thinking about eating and can focus more on the content of the meetings and/or classes.

**Educational & Program Materials:**

Online classes are needed for non-English speaking youth and youth that have already completed the in-person classes.

**Incentives for the Youth:**

Incentives may be provided for youth participating in the programs. These incentives are motivators to reward the youth for taking the initiative to do better. (EX: attending school on time, following requirements of the diversion contract, getting a job, being on time for meetings, etc). These incentives may be in the form of a gift card to an eating place, gas voucher, etc. Many of the incentives work as help for the youth in need as well as an incentive to do better. Fidgets will be made available to youth attending NSAT, intakes, meetings and classes to help reduce anxiety. Administrator and staff are able to monitor improvements on the school attendance programs.

**Items for Community Service Projects:**

Provide snacks, drinks and supplies for projects to the youth to perform giving back to the community.

b. How is each request reasonable and cost effective?

Incentives motivate youth to increase their efforts to do well. Gas vouchers are needed for low-income families to provide transportation to and from agencies, appointments, school, etc. Conference registrations are used to educate and improve programs and program coordinators. The diversion classes help with awareness and support for youth improvement in the community.

2. If requesting program equipment, provide the following:

a. List each item requested and purpose: N/A

b. Purchase date of equipment being replaced: N/A

c. Date and description of most recent program equipment request: N/A

d. Include three quotes: N/A

**\*REFER TO PAGE 20 OF THE RFA FOR ALLOWABLE/UNALLOWABLE EXPENSES\***

**CONTRACTS (COUNTY/TRIBE)**

**\*\*A contract is required for a service to be considered a contract\*\***

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

<b>Program Title</b> <i>From Program Type Table</i>	<b>Service Type</b> <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	<b>Provider Name</b>	<b>Rate</b>	<b>Number of Occurrences</b>	<b>Amount Requested</b>
Juvenile Diversion	Substance Class	COR Therapeutic Services, LLC	\$75	24 <input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$1,800
Juvenile Diversion	Social Boundaries Class	COR Therapeutic Services, LLC	\$75	24 <input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$1,800
Juvenile Diversion	Why Try Class	Lorena Rivas	\$75	24 <input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$3,600
<b>CONTRACT FEES TOTAL</b>					<b>\$7,200</b>

**\*REFER TO PAGE 20 OF THE RFA FOR INSTRUCTIONS\***

**CONTRACTS NARRATIVE**

**\*Fill out for each contract listed in the table above\***

**SERVICE TYPE AND PROVIDER NAME:** Why Try Class – Lorena Rivas

- 1. Describe the service being contracted, including the referral process for youth to participate in the contracted service:  
The Why Try class is an evidenced-based social and emotional learning program. The class teaches decision making skills, positive self-esteem, emotional regulation, problem-solving, relationship building, and much more. The class uses visual metaphors to teach the principals of the program. Research has shown that this program can lead to positive changes.
- 2. Did the county use an application process to determine the provider for this service?  Yes  No  
Explain:
- 3. Does the County/Tribe currently have a contract in place with the provider?  Yes  No
- 4. Describe how the contracted service is *allowable, cost effective, and necessary for project activities*:  
This class provides an instructor to instruct youth on making better decisions through the Why Try curriculum. A contract is signed for a reduced rate for hourly instruction of the class. Youth who have entered the Diversion Program do not pay for this class.

**\*REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS\***

## CONTRACTS NARRATIVE

\*Fill out for each contract listed in the table above\*

**SERVICE TYPE AND PROVIDER NAME:** Social Boundaries Class – COR Therapeutic Inc, LLC

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: The Social Boundaries class is (co)facilitated by a licensed mental health practitioner and provides education on what social boundaries are and ways to more effectively communicate and exercise good boundary setting. It incorporates evidenced based relationship practices developed by Nedra Glover Tawwab, MSW, LCSW, in her program *Set Boundaries, Find Peace and Drama Free*. The curriculum for this course was designed around materials designed by Tawwab called The Boundaries Flip Chart. Exercises such as a personal value sort that help youth conceptualize their core values for themselves, family, friends and within society. Once values are identified, the program explores boundaries setting within each of these contexts using examples from participants, hands-on exercises, and discussion. Physical, sexual and intellectual values are discussed first with each participant contributing to the conversation about their understanding of the importance of these values. The program then examines time, emotional, and material boundaries through a guided exercise emphasizing Tawwab's 3 steps in boundary making which include: identifying the boundary violation, stating what you need and want, and learning to tolerate discomfort. Next, the program examines what healthy boundaries look and sound like. The participants are then invited to come up with real-life examples of boundary setting and how the 3-step process might be helpful in setting boundaries in real-life scenarios.

Further use of Tawwab's techniques in the class, examine boundary styles (Porous, Healthy, Rigid) tying together how boundary styles may affect the health of a relationship as well as good decision making. Healthy relationships are examined through participative education on the Drama Triangle, and examining how unhealthy patterns of behavior can affect good boundary setting. Psychological flexibility is introduced through ACT skill building exercises another evidence-based practice developed by Steven Hayes which has been shown to be effective in work with SU. Resolution of conflict, apologizing, problem solving, and positive coaching are all discussed through interactive exercises and video clips portraying the concepts. The Equality Wheel is used as a tutorial to demonstrate how boundary setting is an important part of participating in balanced social relationships. This information along with positive relationship qualities vs gaslighting warning signs are compared and contrasted with additional information being provided on dating violence, bullying, sexting, and social media safety have been adapted from information from the National Center on Domestic and Sexual Violence. The course also incorporates DBT which is an evidence-based practice for helping people learn new skills/strategies to improve their lives. Class facilitators guide participants through exercises that practice DBT skills including: rest, mindfulness and self-soothing, as well as a discussion on "the Wise Mind" concept of emotional regulation developed by Marsha Linehan. The course concludes with a written evaluation and discussion of skills and concepts that can be carried forward and applied real-life scenarios that adolescents may encounter frequently in navigating social boundaries.

All youth being referred with an assault charge and issues with social behaviors to the Diversion Program are required to attend this class. All youth that score showing a need for this class on the NSAT will also be referred to the class.

2. Did the county use an application process to determine the provider for this service?  Yes  No

Explain:

3. Does the County/Tribe currently have a contract in place with the provider?  Yes  No

4. Describe how the contracted service is **allowable**, **cost effective**, and **necessary for project activities**:

This class provides a licensed therapist to instruct youth on social skills and allow for correction of their behaviors. A contract is signed for a reduced rate for hourly instruction of the class. Youth who have entered the Diversion Program do not pay for this class.

\*REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS\*

## CONTRACTS NARRATIVE

\*Fill out for each contract listed in the table above\*

**SERVICE TYPE AND PROVIDER NAME:** Substance Class – COR Therapeutic Inc, LLC

5. Describe the service being contracted, including the referral process for youth to participate in the contracted service:  
The Adolescent Substance Use class provides the opportunity for youth to learn about the short and long-term consequences of using alcohol, marijuana, THC products, prescription drugs, stimulants, inhalants, and other drugs, (co)facilitated by a licensed mental health practitioner. The class begins by discussing what use, misuse, abuse and addiction look like and exploring the statistics surrounding substance use. Videos, handouts, and interactive activities explore the effects of alcohol on the brain, the multi-faceted impact of substance use on each system of the body, and what types of impairment occur through substance use. A discussion about what addiction and withdrawal are engages students by testing their knowledge about what they already know about SU. Question and answer sessions allow participants to ask questions about substance use and addiction. Addiction and an explanation of the stages of change in substance use encourage discussion on reasons individuals may begin using substances, and the process they might follow to quit. Suggestions for finding appropriate help for substance abuse issues is included in the class, as well as information about how parental substance use might affect families.

The second part of the class focuses on the dangers of Delta-8 THC, cannabis, stimulants, vaping and other drug use. Both the short and long- term impact of substances on brain and body function is discussed as well as why these substances are both unhealthy and illegal. Participants are asked to participate in exercises that demonstrate scenarios where substances impair good decision making in addition to physical functioning. DBT is a comprehensive evidence-based treatment for SU disorders developed by Marsha Linehan. Specific DBT activities for adolescents are utilized based on Sheri Van Dijk, MSW which incorporates tangible skills that can help adolescents process and intellectualize their own experiences with substance use. Activities for the course are based on Van Dijk’s work, *Don’t Let Your Emotions Run Your Life for Teens*. DBT, “Wise Mind” concepts are demonstrated through case study scenarios where participants are asked to determine whether the reasoning mind, emotional mind or wise mind is being utilized. The scenarios are specifically teen centered, enacting circumstances that might be familiar within the school, home, or social setting. Further work on DBT skills involving thoughts, emotions, and behavior teach participants skills that they can continue to work on after the course. A final discussion on setting goals for avoiding substance use encourages participants to consider alternatives to SU by employing new skills and further processing the educational content of the class.

All youth referred to the Diversion Program for a Substance Charge are required to attend this class. Also, youth who score a need for this class on the NSAT will be referred to the class as well.

6. Did the county use an application process to determine the provider for this service?  Yes  No

Explain:

7. Does the County/Tribe currently have a contract in place with the provider?  Yes  No

8. Describe how the contracted service is **allowable**, **cost effective**, and **necessary for project activities**:

This class is instructed by a licensed therapist providing awareness and education of drug and alcohol involvement of youth. A contract is signed for a reduced rate for hourly instruction of the class. Youth in the diversion program do not pay added fees for this class.

**\*REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS\***



## Sub-Award Budget Summary

Agency Name	Personnel	Travel	Operating Expenses	Contracts	Requested Amount
Youth and Families For Christ	\$12,422	\$0	\$0	\$0	\$12,422
<b>TOTAL AMOUNT REQUESTED</b>					<b>\$12,422</b>

## SUB-AWARD NARRATIVE

**AGENCY NAME:** Youth and Families for Christ

1. Does the agency currently receive any Crime Commission grants (state or federal):  Yes  No  
If yes, provide grant number(s): 26-CB-0523

2. Describe agency's current scope of services or operations: (250 words)  
Youth and Families For Christ, Inc is a 501c3 non-profit, non-denominational organization striving to bring about a positive heart change; physically, intellectually, emotionally, socially, and spiritually in every kid in every circumstance, ages 11-19 in the Columbus, Nebraska area. YFFC's alternate school provides a safe environment for youth to attend when a regular school setting is no longer optimal or allowed due to behavior, mental or physical health of themselves or their family which includes suspensions and expulsions. Our program can allow them to have the option to remain current with their classes during the suspension or expulsion from school and have supervision with trusted adults.

**\*REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS\***

**SUB-AWARD PERSONNEL TABLE (NON-COUNTY/TRIBE EMPLOYEES)**

**AGENCY NAME:** Youth and Families For Christ

<b>Program Title</b>	<b>Position Title and Employee Name</b>	<b>Agency Name</b>	<b>New or Existing (N or E)</b>	<b>Percent Time Devoted</b>	<b>Current Annual Salary</b>	<b>Projected Annual Salary</b>	<b>Percent Salary Requested</b>	<b>Requested Wages</b>	<b>Requested Fringe</b>	<b>Requested Total</b>
Alternative School	Katie Loeske Director of YFFC	Youth and Families For Christ	E	100%	\$11,946	\$12,422	100%	\$12,422	\$0	\$12,422
<b>SUB-AWARD PERSONNEL TOTAL</b>								<b>Requested Wages Total</b>	<b>Requested Fringe Total</b>	<b>Requested Total</b>
								\$12,422	\$0	\$12,422

## SUB-AWARD PERSONNEL TABLE BUDGET BREAKDOWN

\*Fill out for each position listed in the table above\*

**AGENCY NAME:** Youth and Families For Christ

1. Program Title and Position Title: Alternative School

2. Is this position new or existing:     New     Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source:  
26-CB-0523

4. Does this position spend 100% of their time on the proposed project?     Yes     No

a. If no, what percent if this position’s time is dedicated to this proposed project?

b. What are the other duties of this position not included in proposed project?

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Grant	100%	\$12,422

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?     Yes     No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*):

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.):

- To strive to fulfill the goals of the program.
- To provide documentation, report and evaluate program effectiveness.
- To assist students to reach their potential by offering their “last chance” at a high school diploma.

**Key Responsibilities:**

- Maintain retrievable records; attendance, computer use, surveys, and other skill curriculum involvement (Anger Management, Vide on Drugs, Alcohol, Boundaries, Upward Movement, all taught by others). Develop healthy relationships with adolescents, using Relational Ministry Actions (RMAs)
- Maintain, or assist in maintaining parental permission slips for every student under 18 years old, accurate attendance records (hand count kids and compare to sign-in sheets) and up-date addresses and phone numbers.
- Monitor Lunch time and assist with serving prepared food and water.
- Be in the world, but not of the world (know what’s happening with teens), proficient use of texting, face-book, email, phone-calls, birthday cards, communication often with kids.
- Contact kids, offer rides to school, interact with parents, motivate attendance, completion of assignments and excelling at this alternative learning method, build confidence, reward good behavior, and encourage a positive learning atmosphere that can be enjoyable.
- Invite students to other YFFC events and programs.
- Be familiar with and use Syllabus provided by Executive Director.
- Coordinate communication with the school administrators/teachers: attendance, progress, or any behavior issues detrimental to student’s completion of assignments or other students
- Know and respect the “systems” of office protocol. Ask for assistance whenever the need arises.

8. Was there an annual salary increase:     Yes     No  
If yes, what percent? 4%

a. If yes, did the governing board determine the annual salary increase:  Yes  No

1. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

9. Provide a personnel budget breakdown on the following:

1. Breakdown of wages for this position: Hours 670 x hourly rate \$18.54 = (total)\$12,422

2. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.

i. FICA: N/A

ii. Retirement: N/A

iii. Insurance: N/A

iv. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: N/A Amount: N/A

**\*REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS\***









<b>SUB-AWARD TOTAL</b>	
<b>*Fill out separate total for each Sub-Award*</b>	
<b>AGENCY:</b> Youth and Families For Christ	
<b>PERSONNEL FEES</b>	\$12,422
<b>TRAVEL FEES</b>	\$0
<b>OPERATING FEES</b>	\$0
<b>CONTRACT FEES</b>	\$0
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$12,422</b>

## Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

## Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

---

Typed Name of Lead Project Contact

Date

## Section VI: Signature

<b><u>CERTIFICATION</u></b>			
<p>I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.</p> <p>I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.</p> <p><b><u>Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.</u></b></p> <tr><td><b>Name and Title of Authorized Official:</b></td></tr> <tr><td><b>Signature of Authorized Official:</b></td></tr> <tr><td><b>Date:</b></td></tr>	<b>Name and Title of Authorized Official:</b>	<b>Signature of Authorized Official:</b>	<b>Date:</b>
<b>Name and Title of Authorized Official:</b>			
<b>Signature of Authorized Official:</b>			
<b>Date:</b>			



# PLATTE VALLEY COMMU

2215 I AVE  
 PO BOX 505  
 KEARNEY, NE 68848-0505  
 308-382-6212

# Quote

Number: 122500044

Date: 12/04/2025

Bill To: PLATTE CO SHERIFF'S OFFICE\*  
 2610 14TH ST  
 COLUMBUS, NE 68601

Ship To: PLATTE CO SHERIFF'S OFFICE\*  
 2610 14TH ST  
 COLUMBUS, NE 68601

Customer #	Salesperson	PO Number	Shipping Method	Ship To Phone	Terms
PLCOSH	JAMEY L WORTH			402-564-9077	N30

Ordered	Shipped	Item #	Description	Unit Price	Amount
1.00	0.00	SERVICE	SERVICE REQUEST	\$0.00 each	\$0.00
			Upfit of a 2025 Ford PIU		
1.00	0.00	PF200S17B	17 BUTTON PATHFINDER SIREN	\$1,850.00 each	\$1,850.00
1.00	0.00	ALGT45J-P1LC	FS ALLEGIANT LP LIGHT BAR CLEAR	\$1,900.00 each	\$1,900.00
1.00	0.00	ES100C	DYNAMAX COMPACT 100W SPEAKER	\$165.00 each	\$165.00
1.00	0.00	ESB-FPIU25NDB	FORD PIU ES100C/AS124 BRACKET KI	\$65.00 each	\$65.00
1.00	0.00	OBDCABLE25-2	FS PATHFINDER INTERFACE CABLE 2	\$185.00 each	\$185.00
1.00	0.00	EXPMOD32	FS PATHFINDER 32-CH EXPANSION M	\$365.00 each	\$365.00
1.00	0.00	RBKIT1-COMPACT	FS COMPACT RUMBLER SPEAKER	\$275.00 each	\$275.00
1.00	0.00	RBC2-FPIU20ND	FS RUMBLER S/C DS/PS KIT FORD PI	\$53.00 each	\$53.00
3.00	0.00	MPS62U-BW	FEDERAL LED LIGHTS-BLUE/WHITE	\$155.00 each	\$465.00
			Grill, rear side window and rear window LEDs		
3.00	0.00	MPS62U-RW	FEDERAL LED LIGHTS-RED/WHITE	\$155.00 each	\$465.00
			Grill, rear side window and rear window LEDs		
4.00	0.00	MPSM6U-WIN	FS MICROPULSE BEZEL & SHROUD KI	\$63.00 each	\$252.00
1.00	0.00	MPSM6U-FPIU20GC	FS BRACKET KIT GRILLE 2020+ FORD	\$25.50 each	\$25.50
4.00	0.00	416918-RBW	FS CORNER LED RED/BLUE/WHITE	\$115.00 each	\$460.00
			Headlight and tail light LEDs		
1.00	0.00	MPS32U-BW	FS MICROPULSE ULTRA 3 DUAL BLUE	\$115.00 each	\$115.00
			Side mirror LED		



# PLATTE VALLEY COMMU

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Ship To: PLATTE CO SHERIFF'S OFFICE\*  
 2610 14TH ST  
 COLUMBUS, NE 68601

Customer #	Salesperson	PO Number	Shipping Method	Ship To Phone	Terms
PLCOSH	JAMEY L WORTH			402-564-9077	N30

Ordered	Shipped	Item #	Description	Unit Price	Amount
2.00	0.00	MB8U SMPL 78815	3/4" MKIT NO CONN 17' 90942	\$35.00 each	\$70.00
2.00	0.00	RFU600-1 61600	MINI UHF MALE RG58 MINIU	\$4.75 each	\$9.50
1.00	0.00	B4502N	LAIRD UHF NGP ANTENNA 450-470 AD	\$46.50 each	\$46.50
1.00	0.00	B1442N 51663	LAIRD 144-174 1/2 WAVE ANT NGP NM	\$79.50 each	\$79.50
1.00	0.00	NOTE	Federal Signal Promotional Pricing	\$0.00 each	\$0.00
			The Federal Signal light bar, siren and speaker are priced as a promotional combo price and must be purchased as a set. Orders must be placed no later than 12/26/2025 for promotional pricing.		
23.00	0.00	TECH JAMEY	TECH TIME	\$115.00 hrs	\$2,645.00
23.00	0.00	TECH JESSE	TECH TIME	\$115.00 hrs	\$2,645.00
1.00	0.00	MISC SUPPLIES	MISC SUPPLIES	\$200.00 each	\$200.00
			Wire, relays, connectors, fuses etc...		

Thank you for your business

g-tq '25 Ford PIU Upfit

<b>Subtotal</b>	\$14,662.35
<b>Freight</b>	\$0.00
<b>Miscellaneous</b>	\$0.00
Columbus Nebr Ta <b>Sales Tax Amount</b>	\$0.00
<b>Discount</b>	\$0.00
<b>Total</b>	\$14,662.35
<b>Amount Received</b>	\$0.00
<b>Net Due</b>	\$14,662.35

October 16, 2025

**Notice to file the Year-End Certification of County Highway Superintendent, Signing Resolution, and Documentation of the Appointment(s) of County Highway Superintendent(s) for Calendar Year 2025 with the Nebraska Department of Transportation (NDOT) by December 31, 2025.**

**Please make this an agenda item for your next County Board meeting and return to the NDOT by December 31, 2025.**

**RECORD KEEPING:** NDOT recommends that the county keep a copy of everything you send to NDOT (*the forms and meeting minutes*) in a separate file for future reference.

The attached **YEAR-END CERTIFICATION OF COUNTY HIGHWAY SUPERINTENDENT** and **SIGNING RESOLUTION**, together with a copy of the **DOCUMENTATION OF THE COUNTY HIGHWAY SUPERINTENDENT(S) APPOINTMENT(S) for CALENDAR YEAR 2025**, is the basis for determining the calendar year 2025 Incentive Payment. **Please complete and return the following to the NDOT by December 31, 2025:**


- **Signing Resolution** (Page 1): The original Signing Resolution, authorizing the signing of the Year-End Certification(s) by the County Board Chairperson.
- **Year End Certification of County Highway Superintendent** (Page 2): If more than one individual or the County Board provided highway superintending services **during Calendar Year 2025**, document each successive appointed county highway superintendent and/or period without an appointed county highway superintendent using a separate Year-End Certification form. For any period of time your county did **not** have an appointed Highway Superintendent, write "County Board" as the name of the "Superintendent." **Copy the form as needed.**
- **Documentation of the County Highway Superintendent(s) Appointment(s)** (Page 3): Attach to page 3 a copy of the County Board meeting minutes showing the appointment(s) of the County Highway Superintendent(s) **for Calendar Year 2025** by their name as it appears on their License (*if applicable*), their License Number (*if applicable*), and Class of License (*if applicable*), and the type of appointment, i.e., employed, contract (consultant or interlocal agreement with another county and/or incorporated municipality), and the **beginning date of the appointment.** **For most counties this information may be found in the January 2025 meeting minutes.**

**Failure to complete and return:** If a county had an appointed and Licensed County Highway Superintendent for all or part of Calendar Year 2025 and the county does not complete and return the above documentation to the NDOT **by December 31, 2025, the county will not receive an Incentive Payment for Calendar Year 2025.**

**Payment:** If your county qualifies, payment will be scheduled for February 2026. Reference Neb. Rev. Stat. §39-2505. **Additional information** on Incentive Payments is available on the NDOT Boards - Liaison Service Website: <https://dot.nebraska.gov/business-center/lpa/boards-liaison/>

Please let me know if you have any questions. Email: [ndot.blshelp@Nebraska.gov](mailto:ndot.blshelp@Nebraska.gov)  
Phone: (402) 479-4436

Sincerely,

  
LeMoyne D. Schulz  
Highway Local Liaison Coordinator  
Boards-Liaison Services Section  
Local Assistance Division  
Nebraska Department of Transportation  
LDS/2025

Attachments (3)

Vicki Kramer, Director

Department of Transportation

MAILING ADDRESS	PHYSICAL ADDRESS
PO Box 94759 Lincoln, NE 68509-4759	1500 Nebraska Parkway Lincoln, NE 68502

[dot.nebraska.gov](https://dot.nebraska.gov)

**Do not recreate or revise this document.** Revisions and recreations will not be accepted. **Failure to complete and return the necessary documents per instructions will result in your county not receiving an Incentive Payment for Calendar Year 2025.** Documents include the **original** Signing Resolution, Year-End Certification(s), and a copy of documentation of the appointment(s) of the County Highway Superintendent(s). These must be received at the NDOT **by December 31, 2025.**  
**RECORD KEEPING:** NDOT recommends that the county keep a copy of everything you send to NDOT (the forms and meeting minutes) in a separate file for future reference.

**RESOLUTION**  
**SIGNING OF THE**  
**YEAR-END CERTIFICATION OF COUNTY HIGHWAY SUPERINTENDENT**  
**2025**

Resolution No. 25-23

**Whereas:** State of Nebraska Statutes, sections 39-2302, and 39-2501 through 39-2505 detail the requirements that must be met in order for a county to qualify for an annual Incentive Payment; and

**Whereas:** The State of Nebraska Department of Transportation (NDOT) requires that each county must annually certify (by December 31<sup>st</sup> of each year) the appointment(s) of the County Highway Superintendent(s) to the NDOT using the Year-End Certification of County Highway Superintendent form; and

**Whereas:** The NDOT requires that such certification shall also include a copy of the documentation of the county highway superintendent's appointment, i.e., meeting minutes showing the appointment of the County Highway Superintendent by their name as it appears on their License (if applicable), their License Number (if applicable) and Class of License (if applicable), the type of appointment, i.e., employed or under contract (consultant, or interlocal agreement with another county and/or incorporated municipality), and the beginning date of the appointment; and

**Whereas:** The NDOT also requires that such Year-End Certification of County Highway Superintendent form shall be signed by the County Board Chairperson and shall include a copy of a resolution of the County Board authorizing the signing of the Year-End Certification of County Highway Superintendent form by the County Board Chairperson.

**Be it resolved** that the County Board Chairperson of \_\_\_\_\_ County  
(Print Name of County)  
 is hereby authorized to sign the attached Year-End Certification of County Highway Superintendent form(s).

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Nebraska.  
(Date) (Month)

County Board Members

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

County Board Member \_\_\_\_\_  
 Moved the adoption of said resolution  
 Member \_\_\_\_\_  
 Roll Call Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_ Absent \_\_\_\_\_  
 Resolution adopted, signed, and billed as adopted.

Attest:

\_\_\_\_\_  
(Signature of Clerk)

Do not recreate or revise this document; revisions and recreations will not be accepted. Copying this form is acceptable; see (3) below. Failure to complete and return the necessary documents per instructions will result in your county not receiving an Incentive Payment for Calendar Year 2025. Documents include the original Signing Resolution, Year-End Certification(s), and a copy of documentation of the appointment(s) of the County Highway Superintendent(s); they must be received at the NDOT by December 31, 2025. RECORD KEEPING: NDOT recommends that the county keep a copy of everything you send to NDOT (the forms and meeting minutes) in a separate file for future reference.

## Year-End Certification of County Highway Superintendent For Determining Incentive Payment in Calendar Year 2025

Separate forms may be needed to account for the entire year, see (3) below.

This Form Covers the Following Period: \_\_\_\_\_, 2025 to \_\_\_\_\_, 2025  
(Month) (Day) (Month) (Day)

\*(1)(a) The county of \_\_\_\_\_ certifies that: \_\_\_\_\_  
(Print name of County) (Print name of Superintendent as appears on license card if applicable)  
was the appointed County Highway Superintendent from during the above period. **FOR ANY PERIOD OF TIME YOUR COUNTY DID NOT HAVE AN APPOINTED HIGHWAY SUPERINTENDENT, WRITE IN "COUNTY BOARD" AS THE NAME OF THE "SUPERINTENDENT" AND SKIP TO (2) BELOW.**

(b) the superintending services of the above listed person were provided by: (Check one box)

Employment with this County

Contract (consultant) with this County

Contract (interlocal agreement) between this County and the following listed County(ies) and/or Municipality(ies)

(c) the above listed individual assisted in the following: Reference Neb. Rev. Stat. §39-2502

1. Developing and annually updating a long-range plan based on needs and coordinated with adjacent local governmental units,
2. Developing an annual program for design, construction, and maintenance,
3. Developing an annual budget based on programmed projects and activities,
4. Submitting such plans, programs, and budgets to the local governing body for approval; and
5. Implementing the capital improvements and maintenance activities provided in the approved plans, programs, and budgets.

(d) If the above listed individual is a Licensed County Highway Superintendent, enter their Superintendent's License Number S- \_\_\_\_\_ and Class of License \_\_\_\_\_, and/or  
(A or B)

(e) If the above listed individual is a Licensed Engineer in Nebraska, enter their Engineer's License Number E- \_\_\_\_\_

(2) \_\_\_\_\_  
Signature of County Board Chairperson

\*(3) If during the calendar year your county (a) did not have an appointed County Highway Superintendent for any portion(s) of the year; or (b) had one or more appointed County Highway Superintendent(s) that were not licensed for any portion(s) of the year; or (c) had one or more appointed licensed County Highway Superintendent(s) for any portion(s) of the year, please complete a separate Year-End Certification form for each period. Copy this form as needed to account for these separate periods.

(4) The payment amount will be computed based on (a) your most recent Federal Census, rural population; (b) the number of full calendar months served by the appointed County Highway Superintendent who is licensed or exempted from licensure under the Superintendents Act; (c) class of license, A or B if applicable; (d) whether the appointed County Highway Superintendent is employed, or under contract (consultant or interlocal agreement with another county and/or incorporated municipality); and (e) if the appointed County Highway Superintendent assisted with the required duties in (1)(c) above. Reference Neb. Rev. Stat. §§39-2302 and 39-2501 through 39-2505.

(5) Failure to return by December 31, 2025, the Year-End Certification(s), Signing Resolution, and a copy of documentation of the appointment(s) of the superintendent(s) per the instructions will result in your county not receiving an Incentive Payment.



Return the completed original resolution and certification(s), and a copy of the documentation of appointment(s) by December 31, 2025 to:

Highway Local Liaison Coordinator  
Boards-Liaison Services Section  
Local Assistance Division  
Nebraska Department of Transportation  
PO Box 94759  
Lincoln NE 68509-4759

## SUPERINTENDENT(S) APPOINTMENT DOCUMENTATION

**Attach Documentation of the County Highway Superintendent(s) Appointment(s) for 2025 to the back of this Page:** For most Counties this information may be found in the **January 2025 meeting minutes**.

Call (402) 479-4436 or email [NDOT.BLSHelp@Nebraska.gov](mailto:NDOT.BLSHelp@Nebraska.gov) if you have any questions about what to attach for documentation.

**RECORD KEEPING:** NDOT recommends that the county keep a copy of everything you send to NDOT (*the forms and meeting minutes*) in a separate file for future reference.