

**THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND
AGENDA**

July 25, 2023

10:00 AM Call to Order/Pledge of Allegiance/Moment of Silence

Meeting Announcements - Time Is Allotted At The End Of Each Meeting For The Commissioners To Receive Comments From The Public

Public Notices

Code Home Rule Bill No. 3-2023 Arts and Entertainment District Property Tax Credit
Public Hearing Notice

Consent Items

- #1 - Regular Session Minutes, July 18, 2023
- #2 - Liquor Minutes, July 18, 2023
- #3 - Rock Hall Volunteer Fire Company, Combined Raffle, July 29, 2023
- #4 - Betterton Volunteer Fire Company, Raffle Only, August 5, 2023
- #5 - Rock Hall Volunteer Fire Company, Raffle Only, September 2, 2023

Special Class C Licenses

Betterton Volunteer Fire Company, Beer and Wine Only, August 4 & 5, 2023

Proclamation

Rosemary Ramsey Granillo, Director, Kent County Local Management Board
2023 National Night Out Proclamation

Appointments

Andrew Hollis, Executive Director, Upper Shore Aging, Inc.
Annual Senior Care Program Plan
Owen Bailey, Director, Land Use and Policy, Eastern Shore Land Conservancy
Lance M. Young, Attorney, MacLeod Law Group, LLC
The Wharf at Handy's Point

Departmental Appointments

Herbert Dennis, Warden, Kent County Detention Center
FY2024 Mid Shore Behavioral Health Renewal and Extension
Scott Boone, Director, Information Technology
Purchase Approval Request

Human Resources Director

Jim Miller, Director, Human Resources

Local Management Board Administrative Specialist I Vacancy

Public Works Director

Water and Wastewater Division

Upper-Shore Regional Council Memorandum of Understanding for Millington
Wastewater Treatment Facility Expansion

Water and Wastewater Division

Upper-Shore Regional Council Memorandum of Understanding for Worton Water and
Sewer Extension

Engineering

Preliminary Engineering Study for Betterton Public Landing Improvements
Through Department of Natural Resources Grant

Engineering - Building Maintenance

Kent County Government Center (400 High Street) Fascia/Cornice Repairs Funding
Approval

Orem Field Lighting Upgrade - Additional Warranty

Contract Amendment for Worton Park Orem Field LED Lighting Upgrade

Environmental Operations Division

Construction Management Contract for Nicholson Landfill Groundwater Treatment
Facility Project

Circuit Court Assignment Office

Air Conditioning Unit Replacements

Kent Alcohol and Tobacco Enforcement KATE

Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement

Tobacco Compliance Check Results, 21 or None Tobacco Campaign

Public Comment/Media Review

Procedures For Public Comment

American Rescue Plan Act Funds

American Rescue Plan Act (ARPA) Funds Spend Plan

Contingency Fund

Contingency and Use of Fund Balance Report

(Meetings are conducted in Open Session unless otherwise indicated. All or part of County Commissioners' meetings can be held in closed session under the authority of the MD Open Meetings Law by vote of the Commissioners. Breaks are at the call of the President. Please note that times listed for specific items on the agenda are only estimates, and that the order of agenda items may change as time dictates or allows. Meetings are subject to audio and video recordings.)



**Code Home Rule Bill No. 3-2023 Arts and Entertainment District
Property Tax Credit
7/25/2023
County Commissioners Meeting**

Item Summary:

Public Hearing Notice

ATTACHMENTS:

Description

CHR Bill No. 3-2023 Arts and Entertainment District Property Tax Credit, Public Hearing Notice

CHR Bill No. 3-2023 Arts and Entertainment District Property Tax Credit DRAFT Legislation



The County Commissioners of Kent County
Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 18, 2023
Legislative Session Day

Legislative Session Day
July 18, 2023

CODE HOME RULE
BILL NO. 3-2023

INTRODUCED BY: Ronald H. Fithian, President of the Board of County Commissioners for Kent County, Maryland.

AN ACT to amend Chapter 152 Taxation to add Article XI Arts and Entertainment District Property Tax Credit to the Code of Public Local Laws of Kent County, Maryland for the purpose of authorizing a certain property tax credit for certain business entities that obtain certain new, improved, or expanded premises in a certain Arts and Entertainment District in Kent County; providing for the amount and duration of the property tax credit; authorizing the County Commissioners of Kent County to provide, by law, for certain matters relating to the tax credit; defining certain terms; providing for the application of this Act; and generally relating to a property tax credit in Kent County for real property located in a certain Arts and Entertainment District.

A hearing will be held on August 8, 2023, at 10:00 a.m. in the Commissioners' Hearing Room, R. Clayton Mitchell, Jr., Kent County Government Center, 400 High Street, Chestertown, Maryland. The agenda for the meeting will be published online 24 hours in advance of the meeting at www.kentcounty.com/commissioners/meeting-agenda. Citizens are encouraged to participate in the public hearing process. If you require communication assistance, please contact the County Commissioners' Office at (410) 778-4600 and press 4 or visit Maryland Relay at www.mdrelay.org no later than noon on Friday, August 4, 2023.

A complete copy of the proposed legislative bill is available in the Commissioners' Office, 400 High Street, Chestertown, MD, Monday through Friday, 8:30 a.m. to 4:30 p.m., and on the County's website at www.kentcounty.com/commissioners/draft-legislation.

By order of:

THE COUNTY COMMISSIONERS OF KENT COUNTY, MARYLAND

A handwritten signature in blue ink, reading "Sondra M. Blackiston".

Sondra M. Blackiston
Clerk

PUBLISH: KCN 07/27/23

THE COUNTY COMMISSIONERS OF KENT COUNTY, MARYLAND

July 18, 2023
Legislative Session Day

Legislative Session Day
July 18, 2023

CODE HOME RULE
BILL NO. 3-2023

INTRODUCED BY: Ronald H. Fithian, President of the Board of County Commissioners for Kent County, Maryland.

AN ACT to amend Chapter 152 Taxation to add Article XI Arts and Entertainment District Property Tax Credit to the Code of Public Local Laws of Kent County, Maryland for the purpose of authorizing a certain property tax credit for certain business entities that obtain certain new, improved, or expanded premises in a certain Arts and Entertainment District in Kent County; providing for the amount and duration of the property tax credit; authorizing the County Commissioners of Kent County to provide, by law, for certain matters relating to the tax credit; defining certain terms; providing for the application of this Act; and generally relating to a property tax credit in Kent County for real property located in a certain Arts and Entertainment District.

THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

INTRODUCED, read the first time, July 18, 2023, ordered posted and public hearing scheduled on **August 8**, 2023, at 10:00 a.m. in the County Commissioners Hearing Room, R. Clayton Mitchell, Jr., Kent County Government Center, 400 High Street, Chestertown, Maryland.

By order of:

Sondra M. Blackiston, Clerk

PUBLIC HEARING

HAVING been posted and notice of the time and place of the hearing and copies having been made available to the public and the press, a public hearing was held on **August 8**, 2023. Reported favorably [with] [without] amendments; read the second time and ordered to be considered on **September 19**, 2023, a legislative session day.

**A BILL ENTITLED CHR 3-2023 ARTS AND ENTERTAINMENT DISTRICT PROPERTY
TAX CREDIT**

SECTION 1. NOW THEREFORE BE IT ENACTED BY THE COUNTY COMMISSIONERS OF KENT COUNTY, MARYLAND that Chapter 152, Taxation is hereby amended to add Article XI Arts and Entertainment District Property Tax Credit as follows:

ARTICLE XI

ARTS AND ENTERTAINMENT DISTRICT PROPERTY TAX CREDIT

152-41 DEFINITIONS

IN THIS ARTICLE, "ARTS AND ENTERTAINMENT DISTRICT," "ARTS AND ENTERTAINMENT ENTERPRISE," AND "QUALIFYING RESIDING ARTIST" HAVE THE MEANINGS STATED IN § 4-701 OF THE ECONOMIC DEVELOPMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND.

152-42 TAX CREDIT GRANTED

A. KENT COUNTY GRANTS A TAX CREDIT AGAINST THE COUNTY REAL PROPERTY TAX IMPOSED ON A MANUFACTURING, COMMERCIAL, OR INDUSTRIAL BUILDING THAT:

(1) IS LOCATED IN AN ARTS AND ENTERTAINMENT DISTRICT DESIGNATED AS SUCH UNDER § 4-704 OF THE ECONOMIC DEVELOPMENT ARTICLE OF THE ANNOTATED CODE OF MARYLAND; AND

(2) IS WHOLLY OR PARTIALLY CONSTRUCTED OR RENOVATED, AFTER THE DATE OF THE DESIGNATION DESCRIBED ABOVE, TO BE CAPABLE FOR USE BY A QUALIFYING RESIDING ARTIST OR AN ARTS AND ENTERTAINMENT ENTERPRISE.

B. THE REAL PROPERTY TAX CREDIT SHALL BE APPLIED TO THE INCREASE IN ASSESSMENT RESULTING FROM CONSTRUCTION OR RENOVATION AND SHALL BE 100% IN EACH OF THE FOLLOWING FISCAL YEARS NOT TO EXCEED MORE THAN 10 YEARS.

C. AN APPLICATION FOR THE TAX CREDIT CREATED BY THIS ARTICLE SHALL BE FILED BY THE PROPERTY OWNER ON OR BEFORE THE JUNE 1 PRECEDING THE FISCAL YEAR FOR WHICH THE TAX CREDIT IS SOUGHT.

D. KENT COUNTY MAY DESIGNATE AN ARTS AND ENTERTAINMENT DISTRICT MANAGER WHO MAY PROMULGATE FORMS FOR APPLICATIONS FOR THE TAX CREDIT HEREUNDER AND MAY REQUIRE SUCH VERIFICATION OF QUALIFICATIONS HEREUNDER AS SUCH OFFICE MAY DEEM APPROPRIATE.

SECTION 2. BE IT FURTHER ENACTED by the County Commissioners of Kent County that this

Act shall take effect on the _____ day of _____, 2023.

Read Third Time _____

PASSED this _____ day of _____, 2023.

Failed of Passage _____

By order of:

Sondra M. Blackiston, Clerk

THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

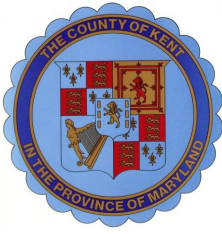
(SEAL)

Ronald H. Fithian, President

Albert H. Nickerson, Member

John F. Price, Member

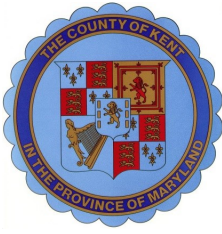
ORDERED a fair summary thereof or the entire bill shall be published in at least one newspaper of general circulation in the County, not less than three times at weekly intervals within a four-week period.



**#1 - Regular Session Minutes, July 18, 2023
7/25/2023
County Commissioners Meeting**

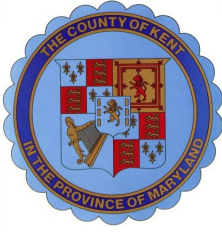
ATTACHMENTS:

Description



#2 - Liquor Minutes, July 18, 2023
7/25/2023
County Commissioners Meeting

ATTACHMENTS:
Description



**#3 - Rock Hall Volunteer Fire Company, Combined Raffle, July 29, 2023
7/25/2023
County Commissioners Meeting**

ATTACHMENTS:

Description

Rock Hall Volunteer Fire Company, Combined Raffle, July 29, 2023

Gun Cash Bash

Permit# 13-2023

MULTIPLE GAMING DEVICE AND RAFFLE PERMIT APPLICATION

Pursuant to the provisions of the Annotated Code of Maryland, Criminal Law §§ 13-1701 to 13-1706.

Name of Organization: Rock Hall Vol Fire Co.

Address of Organization: 21500 Rock Hall Ave.

Telephone: (410) 639-7888

Is the organization formed or located in Kent County?

Yes

No

Does the organization serve the residents of Kent County?

Yes

No

Is this organization tax exempt under the provisions of the Internal Revenue Code?

Yes

No

Tax Exempt Number: 33043309

Person responsible for complying with permit regulations and requirements:

Name: Linda M. George

Address: 5894 Henry Ave, Rock Hall Md 21661

E-Mail: lmg63@live.com

Telephone: (443) 480-0675

Type of permit sought: () Raffle Only (X) Combined gaming devices used in a single fund-raising event

Location address of fund-raising affair: 21500 Rock Hall Ave

Rock Hall, Md 21661

In the Engine bays.

Are these premises owned, leased, or regularly occupied by the organization named above?

Yes

No

Date(s) of fund-raising: July 29, 2023

Date and Time of Drawing: July 29, 2023 Begin at: 12:00 Noon End at: 5:00 PM

If you are seeking a permit authorizing only a raffle that is not conducted in combination with other gaming activity, please sign below.

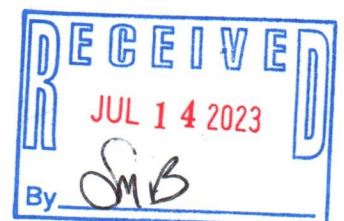
If, however, you are seeking to conduct a fund-raiser using more than one gaming activity in a single event, please complete the following page.

Signature of person completing this application: Linda M. George

Please Select One:

() Pick Up

(X) Mail Permit (will be mailed to person responsible)



Pursuant to the provisions of the Annotated Code of Maryland, Criminal Law §§ 13-1701 to 13-1706.

Check the gaming devices to be used at this fund-raising event to award merchandise or cash prizes:

☒ Raffles	☐ Chance books	☐ Paddle Wheels
☐ Wheels of fortune	☐ Card games	☒ Lotteries

☐ Other 50/50

Will this fund-raiser be managed and operated only by individuals domiciled in Kent County? ☒ Yes ☐ No

If no, please explain circumstances:

Will alcoholic beverages be served or available for purchase at this fund-raising event? ☒ Yes ☐ No

Is the organization a religious organization?

Yes ☒ No

If yes, has it conducted services regularly in Kent County for at least three (3) years?

Yes ☐ No ☒

Where are services conducted and how often?

What percentage of funds derived from the multiple gaming devices will be spent or donated to:

_____ % Civic _____ % Charitable _____ % Educational

Name, address and telephone of person completing application:

Linda M. George
5894 Henry Ave, Rock Hall Md 21661
(443) 480-0675

Signature of person completing application:

Linda M George



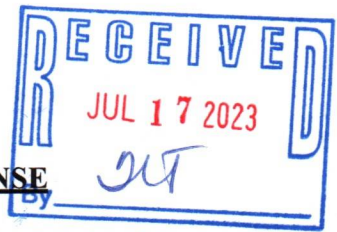
**#4 - Betterton Volunteer Fire Company, Raffle Only, August 5, 2023
7/25/2023
County Commissioners Meeting**

ATTACHMENTS:

Description

Betterton Volunteer Fire Company, Beer and Wine Only, August 4 & 5, 2023, Application

#4889



APPLICATION FOR A SPECIAL CLASS "C" (PER DIEM) LICENSE

Application is made by the undersigned under the provisions of Sections 4-1202, 4-1208, 4-1209, 24-503, 24-1301, 24-1307 and 24-1308 of the Alcoholic Beverages Article, for a Special Class C (Per Diem) License.

Check One: Beer () Beer and Wine (X) Beer, Wine, and Liquor ()

We submit and certify to the following information and statements as required.

1. The club, society or association on behalf of which the license is desired:

Betterton Vol. Fire Co.

Address 2 Howell Point Rd. Betterton MD 21610

Type of Function Betterton Day

Location of Function Betterton Beach

2. This function is operated exclusively for a religious, fraternal, civic, veterans', or charitable organization, association, club, or society; or hospital supporting organization.

3. The applicants are citizens of the United States, not less than twenty-one years of age, and have never been convicted of a felony.

4. The applicants have not had a license for the sale of alcoholic beverages revoked.

5. Have the applicants ever been adjudged guilty of violating the laws for the prevention of gambling in the State of Maryland and/or adjudged guilty of violating the laws governing the sale of alcoholic beverages in the State of Maryland or the United States? Yes or No

6. The applicants will, if granted a license, conform to all laws and regulations relating to the business with respect to which such license is desired.

7. The applicants submit herewith a statement duly executed and acknowledged by the owner of the premises in which the business is to be conducted, assenting to the granting of the license applied for, authorizing the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners (if any) for the aforesaid County, its duly authorized agents and employees, and any peace officer of said county, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the premises where said business is to be conducted, at any and all hours.

8. The license for which this application is made is to be for the following day(s) 8/4/23 → 8/5/23.
Begin at: 4 pm End at: 9 pm and the applicant tenders herewith the sum of (\$ 15 Per Diem) (\$ 30)
in payment for the license.

Please Select One:

☒ Pick Up

☐ Mail Permit (will be mailed to above address)

9. Applicants

(1) Christina Grapes 25102 Montabell Lake Rd Worton MD 21678
Name Residence
9 years Chair 443.962.7900
Length of Residence in Kent Co. Committee Title Phone No. (Signature of Applicant)

STATE OF MARYLAND

This certifies, that on the 14th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Christina Grapes the applicant(s) named in the foregoing application and made oath in the due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.

Kim Montooth



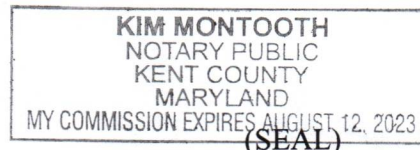
(2) Renny Grapes, Sr. 25102 Montabell Lake Rd Worton MD 21678
Name Residence
9 years Member 443.591.8406
Length of Residence in Kent Co. Committee Title Phone No. (Signature of Applicant)

STATE OF MARYLAND

This certifies, that on the 14th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Renny Grapes Sr the applicant(s) named in the foregoing application and made oath in the due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.

Kim Montooth



(3) Walter Campbell 13740 Clark Rd Worton, MD 21678
Name Residence
60 yrs. President 410 699-1011
Length of Residence in Kent Co. Committee Title Phone No. (Signature of Applicant)

STATE OF MARYLAND

This certifies, that on the 14th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Walter Campbell the applicant(s) named in the foregoing application and made oath in the due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.

Kim Montooth



STATEMENT OF OWNER/ENTITY OF PREMISES REQUIRED IN CONNECTION WITH
ALCOHOLIC BEVERAGES LAWS OF MARYLAND

I, WE) HEREBY CERTIFY, That (I am, we are) the owner(s) OR (I, We) have been given authorization by the Entity to act on their behalf of the property named with the submission of this application under the Alcoholic Beverages Laws of Maryland and agrees to the issuance of the license. This statement does hereby authorize a warrantless inspection and search of the premises at any time in any part of the building in which the business is to be conducted by the Comptroller, the Commission, the Board of License Commissioners of Kent County and its authorized agents and employees, or a peace officer of the county or municipality where the business is located.

SIGNATURE OF OWNER: Jay Coleman PRINT NAME: Jillyn Coleman

SIGNATURE OF OWNER: _____ PRINT NAME: _____

NAME OF ENTITY: Kent County Betterton Beach

AUTHORIZED AGENT SIGNATURE: Jay Coleman PRINT NAME: Jillyn Coleman

TITLE OF AUTHORIZED AGENT: Director

NOTARY
OWNER/ENTITY OF PREMISES

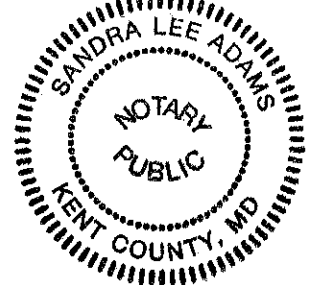
STATE OF MARYLAND, COUNTY OF KENT:

THIS CERTIFIES, That on the 24th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Jillyn Coleman and acknowledged the execution of the foregoing statement to be a true act.

WITNESS my hand and official seal.

(SEAL)

Sandra Lee Adams



NOTARY Public Commission EXPIRES ON: 03/29/2026



The County Commissioners of Kent County

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

SPECIAL CLASS "C" (PER DIEM) LICENSE AFFIDAVIT

In applying for this Special Class "C" (Per Diem) License it is important that you realize the responsibility that goes with the issuance of the license. All persons or groups using this license as authorized under Sections 4-1202, 4-1208, 4-1209, 24-503, 24-1301, 24-1307, and 24-1308 of the Alcoholic Beverages Article of the Annotated Code of Maryland are covered by all the laws regarding the sale and consumption of alcoholic beverages. Special care should be taken to be sure the following edicts are adhered to:

1. All persons must be 21 years of age or older to sell, purchase, or consume an alcoholic beverage.
2. All sales and the consumption of alcohol must stop promptly at 2:00 a.m.
3. No intoxicated person shall be served any alcoholic beverages.
4. No unnecessary noise or disturbance that could be a nuisance to the community shall occur.
5. The person(s) responsible for the function must see that order and decorum are kept at all times.
6. The application must be completed by three committee members; one member must be a Kent County resident.
7. License must be prominently displayed at the location where alcohol is being served. Failure to comply with the laws of the State of Maryland may make the responsible person(s) subject to a fine.

This license may be issued to a religious, fraternal, civic, veterans', or charitable organization, association, club, or society; or hospital supporting organization. This license shall not be transferred or reassigned.

Cost of a Special Class "C" Per Diem License: **Beer \$5.00, Beer and Wine \$15.00, and Beer, Wine, and Liquor \$25.00.** Make checks payable to: **The County Commissioners of Kent County**, along with the completed application.

Name of organization, club, etc. Betterton Vol. Fire Co.

Address 2 Howell Point Rd Betterton MD 21610

Name Christina Grapes (Please Print) [Signature] (Signature)

Phone # 443.962.7900 Date 7-17-23



**#5 - Rock Hall Volunteer Fire Company, Raffle Only, September 2, 2023
7/25/2023
County Commissioners Meeting**

ATTACHMENTS:

Description

Rock Hall Volunteer Fire Company, Raffle Only, September 2, 2023

MULTIPLE GAMING DEVICE AND RAFFLE PERMIT APPLICATION

Pursuant to the provisions of the Annotated Code of Maryland, Criminal Law §§ 13-1701 to 13-1706.

Name of Organization: Rock Hall Vol Fire Co.

Address of Organization: 21500 Rock Hall Ave, Rock Hall, Md. 21661

Telephone: (410) 639-7888

Is the organization formed or located in Kent County? ☒ Yes ☐ No

Does the organization serve the residents of Kent County? ☒ Yes ☐ No

Is this organization tax exempt under the provisions of the Internal Revenue Code? ☒ Yes ☐ No

Tax Exempt Number: 33043309

Person responsible for complying with permit regulations and requirements:

Name: Linda M. George

Address: 5894 Henry Ave, Rock Hall, Md 21661

E-Mail: lmq63@live.com

Telephone: (443) 480-0675

Type of permit sought: ☒ Raffle Only ☐ Combined gaming devices used in a single fund-raising event

Location address of fund-raising affair: 21500 Rock Hall Ave
Rock Hall, Md 21661
Chesapeake Room / Side Yard.

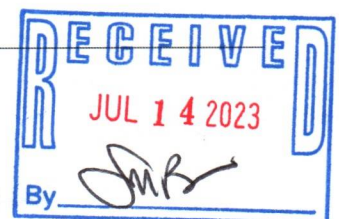
Are these premises owned, leased, or regularly occupied by the organization named above? ☒ Yes ☐ NoDate(s) of fund-raising: Sept. 2, 2023Date and Time of Drawing: Sept 2, 2023 Begin at: 8 AM. End at: 2 PM.

If you are seeking a permit authorizing only a raffle that is not conducted in combination with other gaming activity,
please sign below.

If, however, you are seeking to conduct a fund-raiser using more than one gaming activity in a single event,
please complete the following page.

Signature of person completing this application: Linda M. George

Please Select One:

☐ Pick Up☒ Mail Permit (will be mailed to person responsible)

Pursuant to the provisions of the Annotated Code of Maryland, Criminal Law §§ 13-1701 to 13-1706.

Check the gaming devices to be used at this fund-raising event to award merchandise or cash prizes:

☒ Raffles	☐ Chance books	☐ Paddle Wheels
☐ Wheels of fortune	☐ Card games	☐ Lotteries

☐ Other 50/50

Will this fund-raiser be managed and operated only by individuals domiciled in Kent County? ☒ Yes ☐ No
If no, please explain circumstances:

Will alcoholic beverages be served or available for purchase at this fund-raising event? ☒ Yes ☐ No
Is the organization a religious organization? ☐ Yes ☒ No
If yes, has it conducted services regularly in Kent County for at least three (3) years? ☐ Yes ☐ No

Where are services conducted and how often? _____

What percentage of funds derived from the multiple gaming devices will be spent or donated to:

_____ % Civic _____ % Charitable _____ % Educational

Name, address, and telephone number of person completing application:

Linda M. George
5894 Henry Ave
Rock Hall, Md. 21661
(443) 480-0625

Signature of person completing application: Linda M George



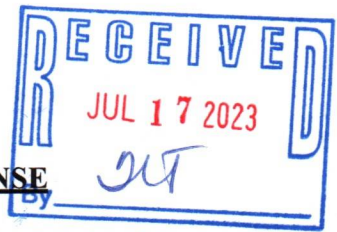
**Betterton Volunteer Fire Company, Beer and Wine Only, August 4 & 5,
2023
7/25/2023
County Commissioners Meeting**

ATTACHMENTS:

Description

Betterton Volunteer Fire Company, Beer and Wine Only, August 4 & 5, 2023, Application

#4889



APPLICATION FOR A SPECIAL CLASS "C" (PER DIEM) LICENSE

Application is made by the undersigned under the provisions of Sections 4-1202, 4-1208, 4-1209, 24-503, 24-1301, 24-1307 and 24-1308 of the Alcoholic Beverages Article, for a Special Class C (Per Diem) License.

Check One: Beer () Beer and Wine (X) Beer, Wine, and Liquor ()

We submit and certify to the following information and statements as required.

1. The club, society or association on behalf of which the license is desired:

Betterton Vol. Fire Co.

Address 2 Howell Point Rd. Betterton MD 21610

Type of Function Betterton Day

Location of Function Betterton Beach

2. This function is operated exclusively for a religious, fraternal, civic, veterans', or charitable organization, association, club, or society; or hospital supporting organization.

3. The applicants are citizens of the United States, not less than twenty-one years of age, and have never been convicted of a felony.

4. The applicants have not had a license for the sale of alcoholic beverages revoked.

5. Have the applicants ever been adjudged guilty of violating the laws for the prevention of gambling in the State of Maryland and/or adjudged guilty of violating the laws governing the sale of alcoholic beverages in the State of Maryland or the United States? Yes or No

6. The applicants will, if granted a license, conform to all laws and regulations relating to the business with respect to which such license is desired.

7. The applicants submit herewith a statement duly executed and acknowledged by the owner of the premises in which the business is to be conducted, assenting to the granting of the license applied for, authorizing the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners (if any) for the aforesaid County, its duly authorized agents and employees, and any peace officer of said county, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the premises where said business is to be conducted, at any and all hours.

8. The license for which this application is made is to be for the following day(s) 8/4/23 → 8/5/23.
Begin at: 4 pm End at: 9 pm and the applicant tenders herewith the sum of (\$ 15 Per Diem) (\$ 30)
in payment for the license.

Please Select One:

(X) Pick Up

() Mail Permit (will be mailed to above address)

9. Applicants

(1) Christina Grapes 25102 Montabell Lake Rd Worton MD 21678
Name Residence
9 years Chair 443.962.7900
Length of Residence in Kent Co. Committee Title Phone No. (Signature of Applicant)

STATE OF MARYLAND

This certifies, that on the 14th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Christina Grapes the applicant(s) named in the foregoing application and made oath in the due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.

Kim Montooth



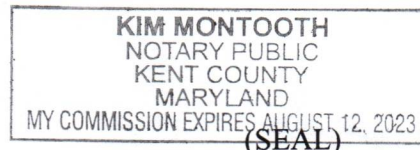
(2) Renny Grapes, Sr. 25102 Montabell Lake Rd Worton MD 21678
Name Residence
9 years Member 443.591.8406
Length of Residence in Kent Co. Committee Title Phone No. (Signature of Applicant)

STATE OF MARYLAND

This certifies, that on the 14th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Renny Grapes Sr the applicant(s) named in the foregoing application and made oath in the due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.

Kim Montooth



(3) Walter Campbell 13740 Clark Rd Worton, MD 21678
Name Residence
60 yrs. President 410 699-1011
Length of Residence in Kent Co. Committee Title Phone No. (Signature of Applicant)

STATE OF MARYLAND

This certifies, that on the 14th day of July, 2023, before the subscriber, a Notary of the State of Maryland, personally appeared Walter Campbell the applicant(s) named in the foregoing application and made oath in the due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.

Kim Montooth





The County Commissioners of Kent County

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

SPECIAL CLASS "C" (PER DIEM) LICENSE AFFIDAVIT

In applying for this Special Class "C" (Per Diem) License it is important that you realize the responsibility that goes with the issuance of the license. All persons or groups using this license as authorized under Sections 4-1202, 4-1208, 4-1209, 24-503, 24-1301, 24-1307, and 24-1308 of the Alcoholic Beverages Article of the Annotated Code of Maryland are covered by all the laws regarding the sale and consumption of alcoholic beverages. Special care should be taken to be sure the following edicts are adhered to:

1. All persons must be 21 years of age or older to sell, purchase, or consume an alcoholic beverage.
2. All sales and the consumption of alcohol must stop promptly at 2:00 a.m.
3. No intoxicated person shall be served any alcoholic beverages.
4. No unnecessary noise or disturbance that could be a nuisance to the community shall occur.
5. The person(s) responsible for the function must see that order and decorum are kept at all times.
6. The application must be completed by three committee members; one member must be a Kent County resident.
7. License must be prominently displayed at the location where alcohol is being served. Failure to comply with the laws of the State of Maryland may make the responsible person(s) subject to a fine.

This license may be issued to a religious, fraternal, civic, veterans', or charitable organization, association, club, or society; or hospital supporting organization. This license shall not be transferred or reassigned.

Cost of a Special Class "C" Per Diem License: **Beer \$5.00, Beer and Wine \$15.00, and Beer, Wine, and Liquor \$25.00.** Make checks payable to: **The County Commissioners of Kent County**, along with the completed application.

Name of organization, club, etc. Betterton Vol. Fire Co.

Address 2 Howell Point Rd Betterton MD 21610

Name Christina Grapes [Signature]
(Please Print) (Signature)

Phone # 443.962.7900 Date 7-17-23



**Rosemary Ramsey Granillo, Director, Kent County Local Management
Board
7/25/2023
County Commissioners Meeting**

Item Summary:

2023 National Night Out Proclamation

ATTACHMENTS:

Description

07.25.23 Proclamation, 2023 National Night Out

Kent County, Maryland



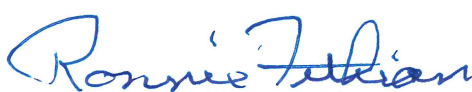
Proclamation

National Night Out AUGUST 1, 2023

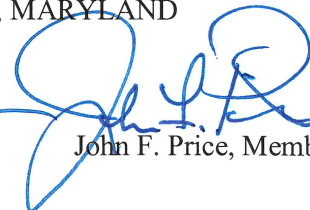
- WHEREAS,** The National Association of Town Watch (NATW) sponsors a national community-building campaign on Tuesday, August 1, 2023, entitled "National Night Out"; and
- WHEREAS,** The National Night Out campaign provides an opportunity for neighbors in Kent County to join over 38 million neighbors across 16 thousand communities from all 50 states, U.S. territories and military bases worldwide; and
- WHEREAS,** National Night Out is an annual community-building campaign that promotes strong police community partnerships and neighborhood camaraderie to make our neighborhoods, safer, more caring places to live and work; and
- WHEREAS,** Residents in Kent County assist the local law enforcement agency through joint community-building efforts and support National Night Out 2023; and
- WHEREAS** Support for the Second Amendment rights of law-abiding citizens goes together with keeping guns away from people with dangerous histories; and
- WHEREAS,** It is essential that all residents in Kent County come together with police and work together to build a safer, more caring community; and

NOW, THEREFORE, WE, THE BOARD OF COUNTY COMMISSIONERS OF KENT COUNTY, do hereby proclaim Tuesday, August 1, 2023, as "**NATIONAL NIGHT OUT**" and call upon all citizens of Kent County to join together in support of National Night Out.

THE COUNTY COMMISSIONERS OF KENT COUNTY, MARYLAND


Ronald H. Fithian, President


Albert H. Nickerson, Member


John F. Price, Member

July 25, 2023



Andrew Hollis, Executive Director, Upper Shore Aging, Inc.
7/25/2023
County Commissioners Meeting

Item Summary:

Annual Senior Care Program Plan

ATTACHMENTS:

Description

07.25.23 Maryland Department of Aging, Senior Care Program Annual Plan, FY2024

MARYLAND DEPARTMENT OF AGING

ANNUAL SENIOR CARE PROGRAM PLAN

REVIEW AND APPROVAL

FISCAL YEAR 2024

(7/1/23-6/30/24)

The Interagency Committee on Aging (IAC) for KENT COUNTY
(Jurisdiction)

has reviewed and approves the submission of the KENT COUNTY
(Jurisdiction)

Senior Care Annual Plan for Fiscal Year 2024 as written and attached hereto.

Area Agency on Aging Director

R ANDREW HOLLIS

Print Name

Andy Hollis JB

Signature

Health Department Director

WILLIAM WEBB

Print Name

Signature

Department of Social Services Director

SHELLY NEAL-EDWARDS

Print Name

Signature

Chief Government Official

RON FITHIAN

Print Name

Ronnie Fithian

Signature

MARYLAND DEPARTMENT OF AGING

SENIOR CARE PLAN FY 2024 PLAN INSTRUCTIONS (7/1/23-6/30/24)

Jurisdiction: KENT

Section I. Administration

Choose **one** option below for administering the Senior Care Program in the designated jurisdiction:

€ The Area Agency on Aging will serve as lead agency and administer the Senior Care Program in Kent *[insert name of jurisdiction]*. The Area Agency on Aging will designate R. Andrew Hollis as the contact person for the Senior Care Program in Fiscal Year 2024.

€ The Area Agency on Aging will delegate responsibility to administer the Senior Care Program in FY 2024 to a lead agency other than the Area Agency on Aging. The lead agency will be _____.

This lead agency will be responsible for coordination of the Senior Care Program for the jurisdiction identified above with the Maryland Department of Aging. The lead agency contact person will be _____.

Section II. Structure of the Senior Care Program

Provide an overview of Senior Care Program administration in the jurisdiction. Please include each of the following in your overview:

Screening, Assessment, Reevaluation, and Case Management:

1. *Coordination:* Explain in detail how these services will be coordinated among the local Area Agency on Aging, Health Department and Department of Social Services. Provide a narrative and flow chart that shows how a participant is enrolled into Senior Care. Discuss efforts to maximize coordination to avoid duplication of assessments, reevaluations and case management.
2. *Innovation:* Discuss in detail program innovations and strategies to improve program service delivery because of the COVID-19 Pandemic. How did the pandemic change your perception of the population receiving Senior Care services and delivery methods? What new processes were incorporated into the program? Include partnership development, new services you are delivering and/or expansion efforts. In sum, how did the pandemic change your approach to Senior Care.

3. *Assessment Process:* Provide a detailed explanation of the current Senior Care assessment process including, the InterRAI Level 1 Screen, AERS-STEPS Assessment, IHAS and/or any other screening instruments or methodologies of your program. Indicate whether screening is a requirement before Senior Care services formally begin. For example, if your program initiates services after a preliminary assessment such as an InterRAI Level One screen, then please share this process. If your program initiates services only after an in-home assessment such as one provided by AERS (InterRAI Level Two [Home Care], STEPS) or any other in-home assessment, then please indicate. If you use some combination of assessments, please indicate and provide a detailed description of the approach.
4. *Individual Care Plans:* Please explain in detail how the local Senior Care Program develops a care plan, including the role of the participant and/or family.

Senior Care Services

Please review items 5-9 below. Provide detailed responses to any items that reflect FY 2024 programmatic changes as compared to the approved FY 2023 Senior Care Plan. If there are no changes, then please indicate.

5. *Gap-filling Budget:* Discuss in detail how your jurisdiction determines services included in the Gap-filling budget. Discuss in detail how your jurisdiction addresses the coordination of services that are otherwise not available in the jurisdiction.
6. *Cost Sharing, Fee Schedules and Spending Caps:* Explain in detail policies that are currently in place that require participants to share in the cost of their care. Explain in detail the development, administration and use of fee scales. Please provide revenues for FY 2022, FY 2023 and projected FY 2024 and discuss how revenues are invested. Specify caps on each individual service, if applicable, and/or caps on total spending per participant as well as caps on cost sharing per participant, if applicable.
7. *InterRAI Level I:* Provide details on the use of the InterRAI Level I Screen in the Senior Care assessment or reassessment process. Specify how many Senior Care staff have been trained on the use of the InterRAI Level I screening instrument. Discuss in detail efforts to work with the MAP Options Counselors and other staff to coordinate the assessment of participants potentially eligible for Senior Care Services. Discuss in detail operational changes to streamline and accelerate assessments.
8. *Waiting List:* Provide a detailed narrative and a flow chart to outline the waiting list process. Please include a description of how participants are placed on the waiting list, including what assessment(s), if any, are required before placement on the list. Describe in detail current practices to prioritize the waiting list for Senior Care Services. Include copies of instruments that support this process. Describe the frequency of communication, whether a standardized inquiry instrument is used and methods for period reassessment of individuals on the waiting list. Discuss interim services, the source for participants on the waiting list to prevent functional decline and resulting admission to long term care facilities. Describe in detail provision for one-time emergency grants to meet an immediate need and the source of the funds.

9. *Grants to Families:* If your jurisdiction utilizes state Senior Care funds for *Grants to Families*, then please discuss in detail how these funds are allocated for this service. Describe in detail how individual participants are selected, how the service is monitored and why the lead agency feels this is the most effective use of the funds. If applicable, please describe any limitations on these funds outside of those stated in the Policies and Procedures Manual.
10. *Grievances:* Explain in detail the process and provide a copy of the grievance procedures provided to Senior Care participants.

Senior Care Health Promotion Services

11. *Senior Care Health Promotion:* Indicate procedures for integrating Health and Wellness activities into the Senior Care Program. Your description should include promotion and enrollment activities for active Senior Care participants, as well as prospective Senior Care participants currently on the waiting list. Explain how you are integrating Health Promotion and Disease Prevention classes to support healthy and safe living in the community. Outline how you are utilizing the current Senior Care Program service structure to support the following programs and resources that provide participants with opportunities to maintain health, prevent decline, and remain in their homes and communities:
 - Support enrollment in falls prevention, depression screening, and chronic disease self-management education programs/classes;
 - Coordinate transportation to attend health promotion programs/classes;
 - Make referrals to the State Health Insurance Assistance Program (SHIP) for unbiased Medicare counseling and decision support; ensure opportunities for Senior Medicare Patrol counseling to promote Medicare fraud prevention; and arrange for MIPPA (The Medicare Improvements for Patients and Providers Act) applications to receive financial help with Medicare premiums, co-pays, and deductibles;
 - Schedule appointments for Senior Nutrition Education consultation;
 - Promote physical fitness opportunities and classes at senior centers;
 - Assist with Senior Call Check promotion and enrollment;
 - Make referrals to the Durable Medical Equipment Reuse Program for free, sanitized and serviced used medical equipment;
 - Include references to all other health and wellness opportunities provided by the Area Agency on Aging and Senior Centers.

Challenges to the Senior Care Program

12. *Challenges:* Identify program, management, and fiscal challenges and changes for the Senior Care Program during FY 2023. What efforts has your jurisdiction taken to address or resolve these issues?

Senior Care Program Operations - FY 2024

AAA Name: KENT COUNTY SENIOR CARE Upper Shore Aging, Inc

A. Client Service Projections	FY 2022 (Actual)	FY 2023 (Estimated)	FY 2024 (Projected)
1) Number of Clients Receiving Gapfilling Services carried over from the end of the preceding fiscal year.	27	37	37
2) Number of New Clients Receiving Gapfilling Services (including those moving from waiting lists) served this year.		0	8
3) Subtotal Gapfilling: Number of Clients Receiving Gapfilling Services (Formula Generated).	27	37	45
4) Number of Case Management Only (CMO) Clients carried over from the preceding fiscal year (not included in lines 1, 2 or 3).	0	0	0
5) Number of New Case Management Only Clients Served this year (not included in lines 1, 2, 3 or 4).	0	0	0
6) Subtotal CMO: Number of Clients Receiving Case Management Only (Formula Generated).	0	0	0
7) Total: Projected Number of Senior Care Clients for the Fiscal Year. (Formula Generated)	27	37	45

B. Average Length of Time for Receipt of Services	FY 2022 (Actual)	FY 2023 (Estimated)	FY 2024 (Projected)
1) Average length of time a Senior Care <i>Gapfilling</i> client receives services from the Senior Care system (in months):	9	10	8
2) Average length of time a Senior Care <i>Case Management Only</i> client receives case management services (in months):			

C. Waiting List Information - If unknown, indicate "unknown"	FY 2022 (Actual)	FY 2023 (Estimated)	FY 2024 (Projected)
1) CMO - How many individuals are waiting to receive case management services only?	0	0	0
2) Gapfilling Only - How many individuals are waiting to receive gapfilling services only?	0	0	0
3) Both Gapfilling and Case Management - How many individuals are waiting to receive both gapfilling AND case management?	12	0	0
4) Total Individuals on the Waitlist (Formula Generated)	12	0	0
5) Assessment - How many individuals on the waitlist have been assessed?	12	0	0
6) Percentage of individuals on the waitlist who have been assessed (Formula Generated)	100.00%	100.00%	100.00%
7) Average length of time that an individual stays on the waiting list while waiting for Gapfilling services only (in months)	0	0	0
8) Average length of time that an individual stays on the waiting list while waiting for Case Management Only services (in months)	0	0	0
9) Average length of time that an individual stays on the waiting list while waiting for both Gapfilling and Case Management services (in months)	0	0	0

[illegible]

FY 2024 Senior Care Gapfilling Expenditures

AAA Name: KENT COUNTY SENIOR CARE

Program Category	FY 2024 Gapfilling Expenditure	Percentage of Gapfilling Budget
Personal Care		0.00%
Chore		0.00%
Personal Care/Chore		0.00%
Heavy Chore	\$ 885.00	1.34%
Home Delivered Meals	\$ 9,000.00	13.66%
Respite		0.00%
Adult Day Care/Senior Center Plus	\$ 5,000.00	7.59%
Medication(s)	\$ 500.00	0.76%
Transportation	\$ 5,000.00	7.59%
Medical Supplies	\$ 14,500.00	22.01%
Emergency Response Systems	\$ 16,000.00	24.28%
Grants to Families	\$ 9,000.00	13.66%
Other (auto-generated - see below)	\$ 6,000.00	9.11%
Total	\$ 65,885.00	

Please list Other Gapfilling Expenditures below

Other Gapfilling Programs	FY24 Gapfilling Expenditure
Wellness Program	\$ 6,000.00
Total	\$ 6,000.00

Average Gapfilling Cost per Client per Month

Provide figures for the average amount of Gapfilling funds spent per client per month in the jurisdiction for Fiscal Years 2022-2024.

FY 2022 (Actual)	\$50
FY 2023 (Estimated)	\$75
FY 2024 (Projected)	\$75

Range of Gapfilling Cost Per Client per Month

Provide the range of Gapfilling funds spent per client per month in the jurisdiction for Fiscal Years 2022-2024.

FY 2022 (Actual)	\$50
FY 2023 (Estimated)	\$75
FY 2024 (Projected)	\$80

FY 2024 Senior Care Staff

AAA Name: KENT COUNTY SENIOR CARE

Use the charts below to provide information on the number of staff positions to be donated in-kind.

Administration				
Agency (AAA/DSS/LHD)	Title of Position	Duties	Percentage of Time Spent on Senior Care	Funding Souce (State Senior Care or Other)
AAA	Senior Care Purchaser	Purchasing items	20%	State Sr Care
Total Admin FTEs				20%

Assessment				
Agency (AAA/DSS/LHD)	Title of Position	Number of Cases Assessed Per Month - Initial Assessments and Reevaluations	Percentage of Time Spent on Senior Care	Funding Souce (State Senior Care or Other)
LHD	AERS	5	20%	LHD
Total Assessment FTEs				20%

Case Management				
Agency (AAA/DSS/LHD)	Title of Position	Number of Cases Case Managed Per Month	Percentage of Time Spent on Senior Care	Funding Souce (State Senior Care or Other)
AAA	Case Manager	35	100%	AAA
Total Case Mgmt. FTEs				100%

Total FTEs
140%

FY 2024 Senior Care Supplemental Information

AAA Name: KENT COUNTY SENIOR CARE

FY 2023 to FY 2024 Staff Funding Adjustments

For staff supported with non-State Senior Care funds, using in-kind, local, other grants, indicate increases, decreases, or no changes in the amounts or types of support provided in FY 2024. No more than 1-2 sentences required.

VENDOR/INDIVIDUAL PROVIDER RATES:

Provide the rates or range of rates for each service listed below. An explanation is required for service rates that are over 10% of the State's average. If the service is listed on the Senior Care Budget/Gap-filling Expenditures Tabs, then a corresponding unit cost must be recorded on this page. Read carefully how the units are to be reported in the chart below.

	Personal Care Cost per Hour	Chore Cost per Hour	Nutritional Supplements	Incontinence Supplies	Respite Cost per Hour	Adult Day Cost per Day	Transportation Cost per Trip	Emergency Response System Cost per Month	Case Management Cost per Hour (Average if variable)
FY 2024 Rates	\$20.38	\$20.00	\$40.00	\$50.00	\$40.00	\$89.00	\$2.67	\$40.00	\$38.00
Name of Vendor									
ADT								\$43.00	
MADC						\$75			
Amazon				\$50					
Amazon			\$40						
DCT							\$3.00		
HCD				\$50					

Please explain any variances of the State average (+10%)

DCT (Delmarva Community Transit) is the only bus available in this rural county. Their rates are \$3.00 for a round trip per senior citizen if they get the bus from a designated stop. It would be \$1.50 one way otherwise which would be under the State's range.

Kent County Senior Care Narrative

Upper Shore Aging, Inc. Area Agency on Aging

Coordination: The Kent County Health Department Adult Evaluating Review Service (AERS) program staff serve as the care coordination referral for individuals seeking home and community-based services in Kent County, including services provided by the Senior Care Program.

The AERS staff refers an assessment to Upper Shore Aging, Inc. for screening of eligibility and assessment, and further assessment of needs. Referrals come directly to the AERS program from any community source including the Kent County DSS, Maryland Access Points (MAP), local medical providers, families, and self-referrals.

Upper Shore Aging, Inc. provides Case Management and houses one full-time Senior Care Employee. The case management and care coordination provided are based on the individual client's needs, which have been identified through the AERS assessment and subsequent Upper Shore Aging, Inc. assessment and are listed in the multidisciplinary plan of care. The Case Manager will determine if any other source may provide the requested gap filling services as Senior Care is a last resort program.

Staff of each agency meet and consult as needed to collaborate on the client's service to prevent duplication of services. On a case-by-case basis, each agency will initiate interagency communication and collaboration to determine the best and most efficient way to meet the needs of the client.

The number of participants and requests for services steadily increases. The need for assistance with the cost of medical supplies and the Personal Emergency Response System are the most requested services.

Assessment Process: The primary assessment tool used by the Senior Care Program is the Statewide Evaluation and Planning Service (STEPS) assessment provided by the local health department. The Maryland Department of Health Interai-I may also be used if the local health department provides an Activities of Daily Living score which is required by the current Senior Care Program Manual. These essential assessments are used to determine the potential gap-filling needs of the client.

The AERS staff conducts the STEPS or Interai-I assessment in the client's home with the caregiver and/or family input as appropriate. Once this assessment is complete, it is

submitted to the Upper Shore Aging, Inc. Senior Care Program. The Upper Shore Aging, Inc. staff will verify proof of age, income, and assets, which are documented for the program eligibility requirements.

Individual Care Plans: Once the client is deemed eligible for the Senior Care Program and agrees to participate, the Case Manager will enroll the client and complete a cost sharing agreement and ranking score to assist the client and family with prioritizing their needs. This is a collaborative process between the client/family and the Senior Care Case Manager. The result is an agreed upon service plan where both the client, family and program staff can work towards linkage to resources and obtaining services. Client and family participation are verified by obtaining their signature on the cost sharing form and the Case Plan. The AERS staff communicate regularly with the Upper Shore Aging, Inc. staff to review or update the client's care plan.

Gap-filling Budget (Determination of Services): Upper Shore Aging, Inc. continues to assist clients with their needs as indicated on the case plan. Upper Shore Aging, Inc. has determined that the Personal Emergency Response System and Medical Adult Day Care are the most important services to assist the client with remaining in their home and as safe as possible.

Cost sharing, Fee Schedules, and Spending Cap: The Spending Cap per client will remain at \$500 per month as stated in the Senior Care Program Manual. The cost sharing form will indicate if the clients can afford some of the needed services.

Interai-I Level 2 screen: Kent County AERS provides the Level 2 screen along with the ADL score for all referrals to the Senior Care Program.

Waiting List: There is no waiting list for the Kent County Senior Care Program currently.

Grants to Family: Upper Shore Aging, Inc. implemented Grants to Family for FY24. It was determined that household chore services were becoming an increased need of our clients. Due to the lack of available chore providers in our jurisdiction, we implemented this option for our clients to remain in their home in the least restricted environment.

Grievances: Upper Shore Aging, Inc. has its own grievance form which provides grievance options for our clients.

Senior Care Health Promotion: Senior Care continues to provide wellness services through access to fresh produce and dairy products from local farmers. Kent County Senior Care Case Manager make client referrals to our SHIP, MIPPA, SMP, Senior Nutrition Education which is offered through the senior center.

Challenges: Lack of chore providers in our jurisdiction continues to be a challenge which we worked around by implementing Grants to Family.



Grievance Procedure For Participants Denied The Services Of An Upper Shore Aging Program

This grievance procedure applies to individual persons not employed by Upper Shore Aging, Inc. who seek the assistance of programs offered by the Agency, but who have been denied service. Any denial or discontinuance of services which are offered by the Agency are appealable. Only individuals who have been denied services as a result of ineligibility may not avail themselves of the formal procedure; rather, such individuals may contact the Agency's Executive Director directly if they believe they are eligible for a particular program or service and have been denied.

- When any participant or applicant for services is denied initial or continuing care, or if they are dissatisfied with the quality of the services rendered, they are to be given a copy of this Grievance Procedure.
- An applicant for services or a participant denied continued service must submit a complaint in writing within 10 days of the initial denial of service to the supervisor of the employee denying the service. This complaint must include the following information: the applicant or participant's name, address, and phone number; the aggrieved person's signature; a clear and concise synopsis of the issue to be considered including the date service was denied; the aggrieved person's position on the issue; any pertinent facts or evidence which supports the aggrieved party's position.
- The supervisor receiving the formal complaint must respond in writing to the complainant within 10 working days acknowledging receipt of the complaint. This person must undertake review of the complaint within 14 working days.
- The complainant must be notified in writing of the results of the review within 7 days of its completion. The review may support, modify, reverse, or let stand the original decision.
- The Agency employee reviewing the complaint must provide a meeting, if requested by the applicant or service participant within 10 days of the complainant's receipt of the review letter. This meeting may be used to discuss or reconsider the decision or to review any new and pertinent information which was not originally considered as part of the initial decision. The complainant will be notified in writing regarding the date, time, and place of the meeting should one be requested.
- If the complainant is still not satisfied at the conclusion of the meeting, he or she is to be referred to the Executive Director of the Agency. The same rules noted previously apply to all steps in the appeals process.
- The Grievance Procedure ends with the involvement of the Executive Director: His or her decision is final, and the appeals process is concluded with a meeting between them and the complainant. The Executive Director will issue a final written decision to the complainant in writing within 7 days of the conclusion of the meeting.

USA/MDoA 8.22

**APPLICATION TO THE
MARYLAND DEPARTMENT OF AGING
FOR A GRANT TO PROVIDE THE SENIOR CARE PROGRAM**

The Maryland Department of Aging (hereinafter "Department") administers the Maryland Senior Care Program ("Program"). The Program provides coordinated, community-based, in-home services to older adults, who may be at risk of nursing home placement.

UPPER SHORE AGING, INC

(hereinafter "Applicant," "Area Agency on Aging," or "AAA"), hereby applies for a grant to administer the Program for

KENT

(hereinafter "jurisdiction" or "Planning and Service Area").

Applicant acknowledges that if awarded the grant, they will comply with the following conditions and provisions, which will become terms of the grant:

1. PURPOSE

The purpose of the grant is to implement the Senior Care Program in

KENT

[insert jurisdiction name(s)]

in accordance with the goals and objectives of the Program.

2. MONITORS

The Grant Monitor for the Department will be:

Shirlene Carr

Name

Program Manager

Title

The Department's Grant Monitor will be the primary point of contact within the Department for matters relating to the grant agreement. The Department's Grant Monitor may be changed by the Department providing written notice to the AAA.

The Grant Monitor for the AAA will be: R. Andrew Hollis

Name (Typed): R. Andrew Hollis

Title (Typed): Executive Director

The AAA's Grant Monitor will be the primary point of contact within the AAA for matters relating to this Agreement. The AAA's Grant Monitor may be changed by the AAA providing written notice to the Department.

3. DUTIES OF THE GRANTEE AAA

The AAA will:

- A. Draft a Senior Care Program Annual Plan ("Plan") for the applicable jurisdiction(s), obtain all required signatures for the Plan, and submit the Plan for the applicable jurisdiction(s), which completed and executed Plan is attached hereto and incorporated herein by reference;
- B. Ensure the Program is administered in accordance with the Senior Care Policies and Procedure Manual and Aging Program Directives 14-12 and 14-19, which are incorporated herein by reference;
- C. Ensure a lead agency is designated in accordance with Program policies;
- D. Ensure the lead agency coordinates the daily delivery of aging services consistent with the annual Senior Care Plan;
- E. Ensure that there are local policies for resolving local inter-agency issues related to the delivery of Senior Care services and referring such recommendations to the appropriate party for action; and
- F. Monitor implementation of the annual Senior Care Plan.

4. DUTIES OF THE DEPARTMENT

The Department will:

- A. Provide grant funds in accordance with any letter of award of notice of grant award;
- B. Monitor each local site at least once during each year;
- C. Provide technical assistance to local sites to ensure compliance with policies and procedures;
- D. Identify potential areas for policy clarification; and
- E. Interpret State laws and policies pertaining to the Program.

5. PAYMENT REQUESTS

Payment requests must be made in accordance with Department procedures outlined in APD 14-19 and 15-04

6. INCORPORATION BY REFERENCE

Both parties hereby agree that the documents described below, if any, are hereby incorporated into and made an integral part hereof by reference. If documents below are superseded by the Department, the new documents will take precedent.

Exact Title of Document(s) Number of Pages

Senior Care Program Annual Plan and Narrative 3

Senior Care Budget Instructions 1

Senior Care Budget and Data Workbook 5

Senior Care Policies and Procedure Manual 25 plus attachments Senior Care

Policies and Procedures Addendum 4

Aging Program Directive 14-12 3

Aging Program Directive 14-19 10

Aging Program Directive 15-04 13

7. PERIOD OF GRANT

Any grant awarded will be for the term beginning **July 1, 2023, ending June 30, 2024**. If the grant is awarded after the start of the designated term, the Department and the AAA agree to abide by the provisions of this grant application for the entire term.

8. GENERAL PROVISIONS

A. The AAA will comply with any and all federal, State, and local laws concerning employees.

B. The AAA agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry, disability that is unrelated in nature and extent so as not to reasonably preclude the performance of such employment, or sexual orientation, or any other characteristic that is forbidden as a basis for discrimination by applicable State and federal laws, such as Maryland law that forbids discrimination based on gender identity or genetic information; (b) to include a provision similar to that contained in subsection (a) above in any underlying sub-agreement, except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment notices setting forth the substance of this clause.

C. If the AAA fails to fulfill its obligations under the grant properly and on time, or otherwise violates any provision of the grant, the Department may terminate the grant.

D. No employee of the State of Maryland, or any department, commission, agency, or branch thereof, whose duties as such an employee include matters relating to or affecting the subject matter of the grant, shall, while so employed, become or be an employee of the AAA, or any department, commission, agency or branch thereof.

E. The AAA shall:

- a. Be alert to and identify potential and actual conflicts of interest that may interfere with a AAA employees' exercise of professional discretion and impartial judgment.
- b. Inform the Department when a potential or actual conflict of interest is identified and what steps will be taken to remedy the conflict.
- c. Take reasonable steps to remedy any conflict of interest in a manner that puts the applicant's or participant's interests primary to the greatest extent possible.

F. It is understood and agreed that the Department will not be liable in any action of tort, contract or otherwise for any actions or responsibilities of the AAA arising out of the grant.

G. The AAA may not assign or subcontract all or any part of its responsibilities under the grant, without the prior approval of the Department.

H. Neither the Department nor the AAA may use or disclose any information concerning a recipient of services provided under the grant for any purpose not directly connected with the administration of such services, except upon written consent of the recipient, or as may be required by law.

I. The AAA hereby represents and warrants that:

- i. It is qualified to do business in the State of Maryland and that it will take such action as, from time to time, may be necessary to remain so qualified;
- ii. It is not in arrears with respect to the payment of any monies due and owing the State of Maryland, or any department or unit thereof, including, but not limited to, the payment of taxes and employee benefits, and that it will not become so in arrears during the term of the grant;
- iii. It will comply with all federal, State and local laws applicable to its activities and obligations under the grant;
- iv. It will obtain, at its expense, all licenses, permits, insurance, and governmental approvals, if any, necessary to the performance of its obligations under the grant.

J. Indemnification and Claims:

- i. To the fullest extent permitted by the legal instruments creating AAA and the statutes governing AAA's authority, AAA will indemnify the State against liability for any suits, actions or claims of character arising from or relating to the performance of the AAA or its subcontractors or sub-grantees under the grant.
- ii. The State of Maryland will have no obligation to provide legal counsel or defense to the AAA or its subcontractors or sub-grantees in the event that a suit, claim or action of any character is brought by any person against the AAA or its subcontractors or sub grantees as a result of or relating to the AAA's obligations under the grant.
- iii. The State will have no obligation for the payment of any judgments or the settlement

of any claims against the AAA or its subcontractors or sub-grantees as a result of or relating to the AAA's obligations under the grant.

iv. The AAA will immediately notify the Grant Monitor of any claim or suit made or filed against the AAA or subcontractors or sub-grantees regarding any matter resulting from or relating to the AAA's obligations under the grant, and will cooperate, assist, and consult with the State in the defense or investigation of any claim, suit, or action made or filed against the State as a result of or relating to the AAA's performance under the grant.

K. The Department may modify the terms governing this grant through the issuance of Aging Program Directives (APDs).

L. All terms of the grant requiring the Department to release funds are subject to the continuing availability of State and federal funds.

M. If funds are not appropriated or otherwise made available to support continuation, the State shall have the right to terminate the grant and the AAA will be not entitled to recover any costs not incurred prior to termination.

N. The AAA shall maintain and retain all books, records, and other documents relevant to the grant for a period of no less than three (3) years after the date of final payment, resolution of audit findings, or disposition of non-expendable property, whichever is later, and upon receipt of reasonable written notice thereof, full access thereto and the right to examine any of said materials shall be afforded federal and/or State auditors who shall have substantiated in writing a need therefore in the performance of their official duties, and such other persons as are authorized by the Department. The AAA will provide to the Department a copy of that part of any audit performed by State or independent auditors which relates to the performance of the grant and the administration of funds provided by the Department pursuant to the grant.

O. The grantee will comply with §§7-402 (State Aid to Social Organizations), 7-403

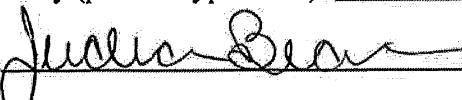
(Accounting Standards for Health and Social Welfare Organizations), 7-405 (State Funded Corporations Serving Elderly or Developmentally Disabled Subject to Audit), and 7-406 (State Funding Accountability; Reporting Requirements) of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.

Grant Applicant's Full Name: UPPER SHORE AGING, INC

Address: 100 Schaubert Road, Chestertown, MD 21620

Telephone: 410-778-6000

Executed for Applicant by (print or type name): R. Andrew Hollis

Witness (signature): 

Date: 6/21/23



**Owen Bailey, Director, Land Use and Policy, Eastern Shore Land
Conservancy**

7/25/2023

County Commissioners Meeting

ATTACHMENTS:

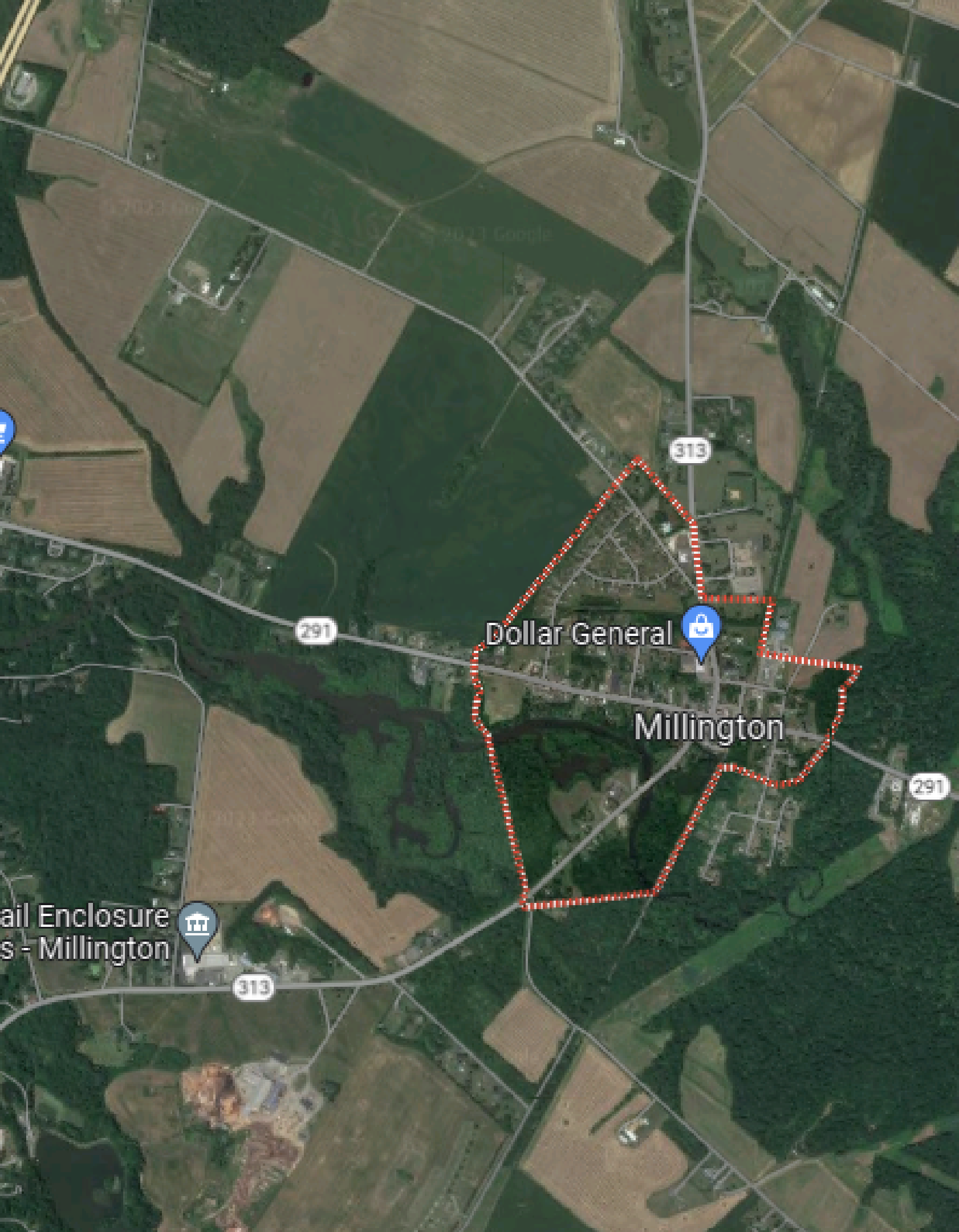
Description

07.25.23 Eastern Shore Land Conservancy, Land Use and Policy, Presentation



LAND VALUE AND RETURN ON INVESTMENT

June 2023



How do we measure
public investments?



Compare Different Land Uses and Returns on Investments



Counties are Businesses



Apples to Apples

Comparing land use types

2015



land consumed (acres)

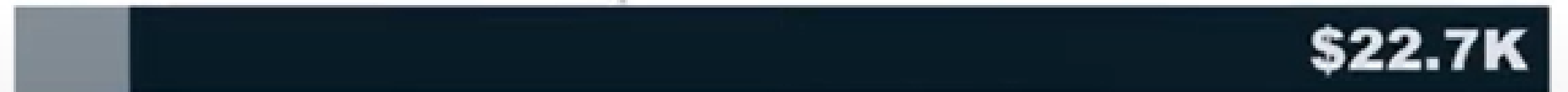
13.4



0.15

county property taxes / acre

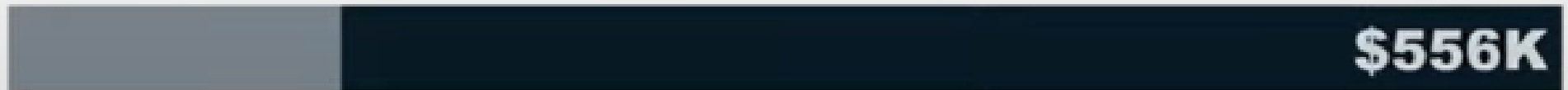
\$1.8K



\$22.7K

city retail taxes / acre

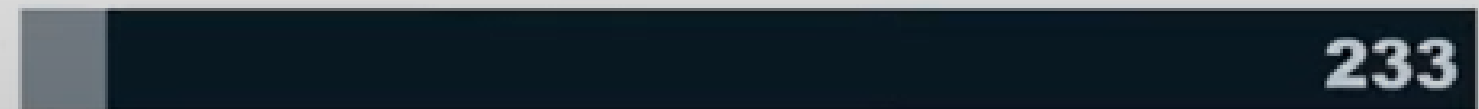
\$152K



\$556K

jobs / acre

15



233

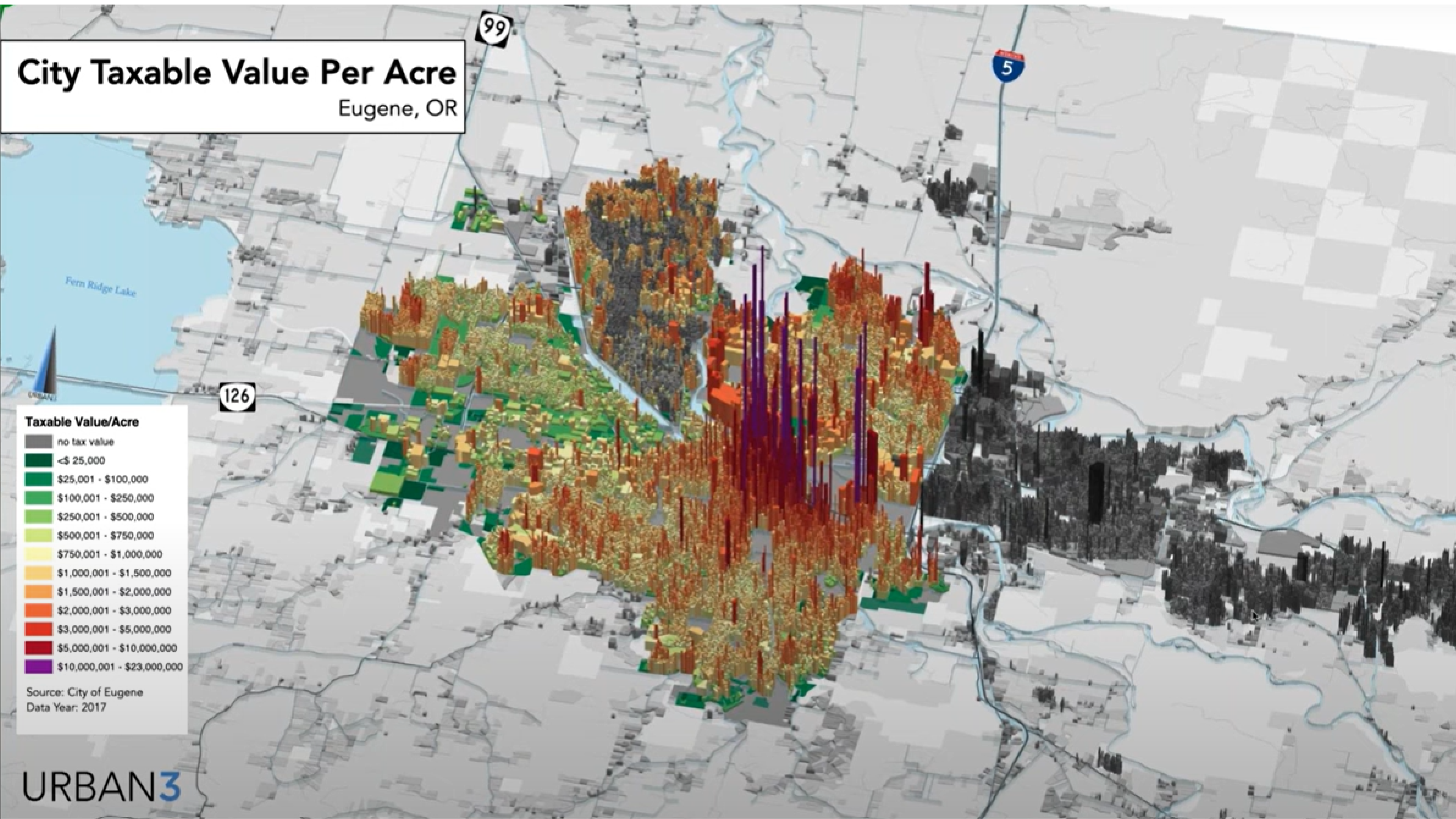
City Taxable Value Per Acre

Eugene, OR

Taxable Value/Acre

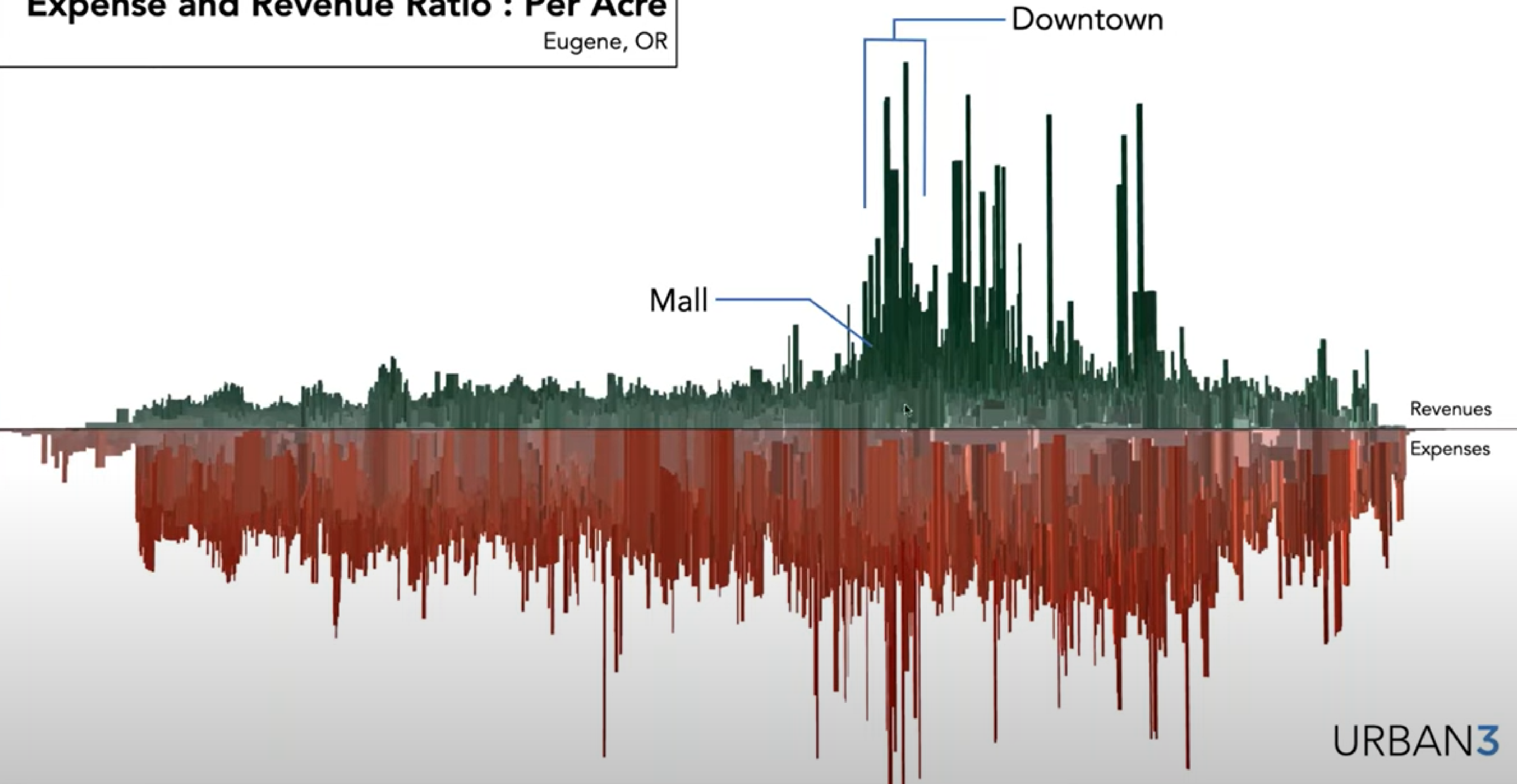
no tax value
<\$ 25,000
\$25,001 - \$100,000
\$100,001 - \$250,000
\$250,001 - \$500,000
\$500,001 - \$750,000
\$750,001 - \$1,000,000
\$1,000,001 - \$1,500,000
\$1,500,001 - \$2,000,000
\$2,000,001 - \$3,000,000
\$3,000,001 - \$5,000,000
\$5,000,001 - \$10,000,000
\$10,000,001 - \$23,000,000

Source: City of Eugene
Data Year: 2017



Expense and Revenue Ratio : Per Acre

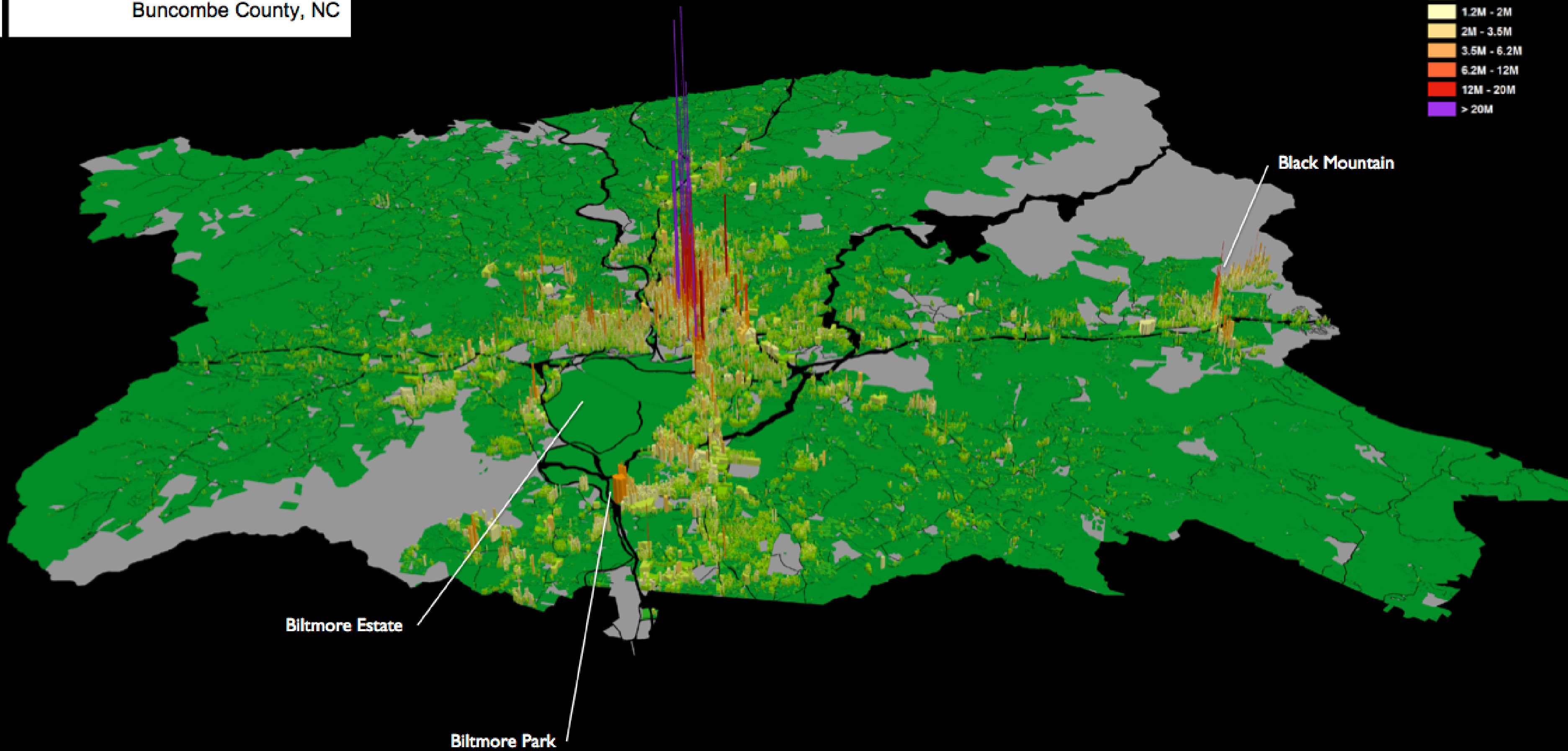
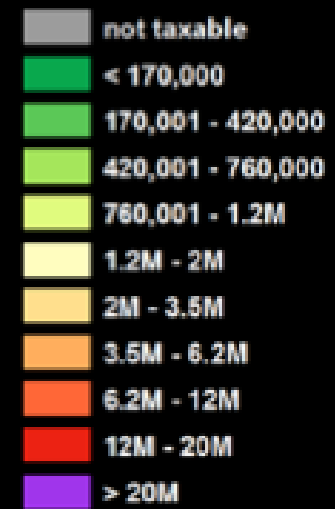
Eugene, OR



Taxable Value per Acre

Buncombe County, NC

Value per Acre (\$)





Public Liabilities

Roads

Water and Sewer

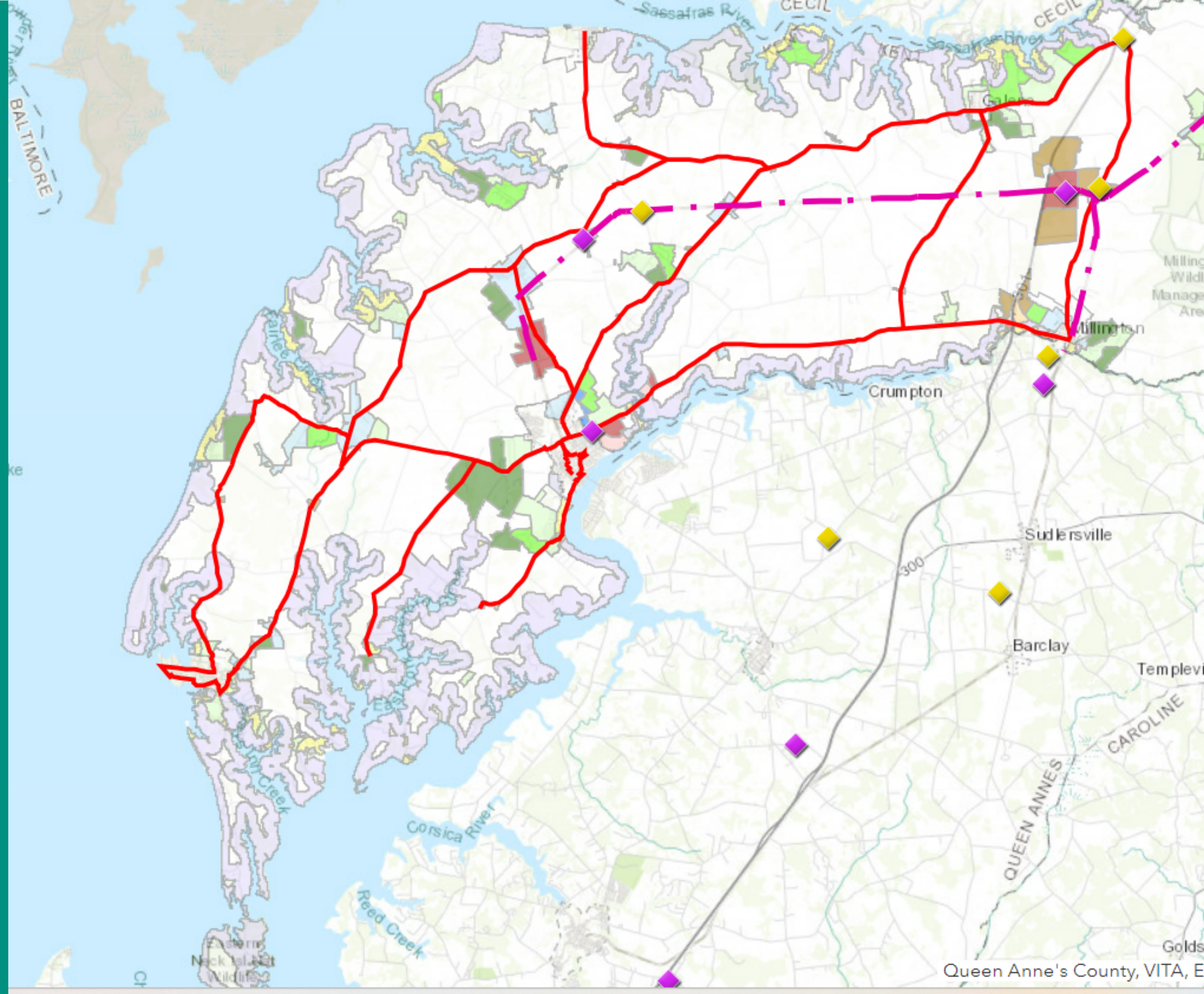
Stormwater

Water quality

Air quality

Strong Investments

People and Places
Existing Businesses
Workers
Education
Families
Parks
Schools
Trails
Transit
Housing



THANK YOU

Owen Bailey

Director of Land Use and Policy

obailey@eslc.org



Lance M. Young, Attorney, MacLeod Law Group, LLC
7/25/2023
County Commissioners Meeting

Item Summary:

The Wharf at Handy's Point

ATTACHMENTS:

Description



Herbert Dennis, Warden, Kent County Detention Center
7/25/2023
County Commissioners Meeting

Item Summary:

FY2024 Mid Shore Behavioral Health Renewal and Extension

ATTACHMENTS:

Description

07.25.23 FY2024 Fixed Price Contract Maryland Community Criminal Justice Treatment Program By and Between Mid Shore Behavioral Health and County Commissioners of Kent County

MCCJTP Appendix 1 Scope of Work

MCCJTP Appendix 2 Contract Deliverables

MCCJTP Appendix 3 Invoice Template

MCCJTP Appendix 4 Quarterly Narrative Report Template

MCCJTP Appendix 5 Data Template

MCCJTP Appendix 6 Consumer Satisfaction Survey

MCCJTP Appendix 7 Confidentiality MOU Signed

MCCJTP Appendix 8 Annual Narrative Report

MCCJTP Appendix 9 Vendor Information Completed



**FY 2024
FIXED PRICE CONTRACT
MARYLAND COMMUNITY CRIMINAL JUSTICE TREATMENT
PROGRAM – KENT COUNTY**

AGREEMENT OF RENEWAL AND EXTENSION

This Agreement, made this 5th day of May 2023 by and between, Mid Shore Behavioral Health, Inc. (“MSBH”), a non-stock corporation organized under the laws of the State of Maryland, and County Commissioners of Kent County (“Provider”).

RECITALS

WHEREAS, MSBH and Provider are parties to an Agreement which began July 1, 2019 with the Maryland Department of Health (“MDH”), as the Core Service Agency (“CSA”) as that term is defined in Section 10-1201 *et seq.* of the Health General Article of the Annotated Code of Maryland for Caroline, Dorchester, Kent, Queen Anne’s, and Talbot Counties; and

WHEREAS, MSBH has the option to renew that Agreement with Provider, and has given Provider written notice of its intent to renew the Agreement in order to continue to provide the services referenced in the Agreement; and

WHEREAS, MSBH and Provider both desire to renew the Agreement from July 1, 2022 through June 30, 2023 (the “Contract Period”), for an additional fiscal year, pursuant to the terms set forth in this Agreement of Renewal and Extension.

NOW, THEREFORE, in consideration of the mutual benefits and promises and legally adequate consideration, MSBH and Provider hereby mutually agree as follows:

A. The Agreement shall be renewed and extended and shall remain in full force and effect for the Contract Period commencing July 1, 2023 and continuing until June 30, 2024.

B. Payments under this Agreement of Renewal and Extension, which shall replace and supersede Section 3(b) of the Agreement, shall be as follows:

The contract price will not exceed **\$51,625.00**. MSBH shall pay the rate as noted for the Service upon receipt of approved contract deliverables and an Invoice (Appendix 3). All services as noted above will be paid in monthly installments, unless otherwise specified in Contract Deliverables (Appendix 2). Such payments shall be made for the services rendered during the previous month(s). Provider’s right to compensation and MSBH’S duty to compensate Provider are subject to Provider’s complying with the terms of Paragraph 4 of the FY20 Contract.

C. In all other respects, all provisions in the Agreement, including all Appendices attached to the Agreement, shall remain in full force and effect, except to the extent modified by such updated Appendices as are attached to this Agreement of Renewal and Extension.

D. In executing this Agreement of Renewal and Extension, Provider hereby covenants, warrants, and affirms that it has complied with, remains in compliance with, and shall continue to remain in compliance with all obligations, responsibilities and requirements under the Agreement and Appendices thereto. Provider specifically covenants, warrants, and affirms that it is fully in compliance with all provisions related to liability insurance, licensure and compliance with applicable laws and regulations and a lapse in compliance in these areas shall entitle MSBH to immediately terminate the Agreement and Agreement of Renewal and Extension.

E. To the extent there are inconsistencies between the Agreement and this Agreement of Renewal and Extension, the provisions of this Agreement of Renewal and Extension (including any Appendices attached hereto) shall control.

IN WITNESS WHEREOF, the parties hereto have set their hands on the date and year first above written, intending to be legal bound thereby.

WITNESS/ATTEST:

MID SHORE BEHAVIORAL HEALTH, INC.

By: _____
Kathryn G. Dilley, Executive Director

Date: _____

PROVIDER:

Lacey J. Cox

By: Ronnie Johnson

Date: July 25, 2023

IN WITNESS WHEREOF, and intending to be legally bound hereby, the following have caused these presents to be executed by the Board of Commissioners of Kent County, Maryland and the Chief Executive Officer of Mid Shore Behavioral Health on the day and year below written.

KENT COUNTY

Lacey J. Cox

Attest

July 25, 2023

Date

BY: Ronnie Fithian

Honorable Ronald H. Fithian

BY: Albert H. Nickerson

Honorable Albert H. Nickerson

BY: John F. Price

Honorable John F. Price

MID SHORE BEHAVIORAL HEALTH

Attest

BY: _____

Kathryn Dilley

Executive Director

FY24 MCCJTP – Kent County County Commissioners Scope of Work

County Commissioners of Kent County, Maryland agrees to:

1. Contract for the provision of behavioral health services to individuals who are incarcerated in the detention center:
 - a. Screen justice involved individuals for behavioral health treatment.
 - b. Assess and identify individuals in the detention center who meet the priority population criteria for serious mental illness (SMI) and/or are at risk for re-institutionalization. A Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that meets criteria in the DSM-V and that results in functional impairment that substantially interferes with or limits one or more major life activities. Per Maryland's Public Behavioral Health System, an individual with an SMI is 18 years old or older and meets the DSM V criteria for the following diagnostic codes: F20.81, F25.0, F25.1, F20.9, F31.3, F31.2, F31.4, F31.5, F31.0, F31.2, F31.5, F31.9, F31.81, F32.2, F32.3, F33.2, F33.3, F22, F29, F21, F60.3.
 - For the sole purpose of jail-based behavioral health treatment, an individual under the age of 18 detained as an adult who meets the priority population diagnosis/SMI criteria is eligible for treatment.
 - c. Deliver behavioral health treatment services to individuals identified in Section 1a and 1b as detailed above:
2. Contract with a Maryland licensed psychiatrist and/or a Maryland licensed Certified Registered Nurse Practitioner-Psychiatric Mental Health (CRNP-PMH) who shall provide psychiatric treatment:
 - a. A psychiatrist and/or Certified Registered Nurse Practitioner-Psychiatric Mental Health (CRNP-PMH) shall be employed for a minimum of two (2) hours a week (104 hours annually).
 - b. Through tele-psychiatry, when appropriate, to eligible inmates as referred and recommended by a Maryland licensed behavioral health professional employed by the detention center. Tele-psychiatry may be used as a primary service provided the following:
 - i. Documentation must be included in the individual's chart and show that the inmate was made aware of the tele-psychiatric services he/she was to receive, and consent was obtained.
 - ii. Tele-psychiatry was appropriate clinical treatment for the individual inmate.

FY24 MCCJTP – Kent County County Commissioners Scope of Work

- iii. Electronic transmission of the individual's session, including any information that identifies the individual, fully complies with HIPAA regulations.
 - iv. That the session was absent of equipment, connectivity, and transmission failures.
 - v. Inmate's response satisfied/unsatisfied with tele-psychiatry.
 - c. When tele-psychiatry is not appropriate or prevented due to technical failure, a Maryland licensed psychiatrist and/or a Maryland licensed Certified Registered Nurse Practitioner-Psychiatric Mental Health (CRNP-PMH) shall provide face-to-face psychiatric treatment as not to disrupt the treatment plan.
 - d. The evaluation tool to determine appropriateness for tele-psychiatry as a viable treatment method to be submitted to the Behavioral Health Administration's Coordinator of Special Programs at the Office of Crisis and Criminal Justice Services.
 - e. Medication management, excluding the purchase of medication, shall be provided per treatment plan.
3. Contract includes a licensed mental health professional who shall:
- a. Conduct Mental health screenings
 - b. Conduct Mental health assessments
 - i. To determine appropriateness of inmate participation in tele-psychiatry treatment
 - ii. Document appropriateness in inmate's chart
 - iii. Individual and/or group therapy sessions
 - iv. Short term crisis intervention
 - c. Be employed for a minimum of six (6) hours a week (312 hours annually)
4. Contract includes a case manager shall be employed in Kent County and provide:
- a. Referral and coordination of community support services.
 - b. Advocacy for "mainstream" services.
 - c. Monitoring post-release compliance with treatment.
 - d. The case manager shall be employed for twenty (20) hours a week (1,040 hours annually).
5. Ensure that the above-mentioned services are delivered and/or provided to a minimum of seventy-five (75) assessed and fifty (50) unduplicated individuals served.
6. MSBH shall provide information to the vendor on behavioral health, including trauma and

FY24 MCCJTP – Kent County County Commissioners Scope of Work

community health resources, so detention center staff members, community mental health providers, and other agencies involved are better equipped to assist MCCJTP participants reentering the community. This list of resources will also be sent to the MCCJTP Coordinator.

7. Participate in 3 of 4 Quarterly Eastern Shore Behavioral Health Services Network (BHSN) meetings in addition to attending BHSN workgroups on an ongoing basis (either in person or via alternative options provided by MSBHS) to address service delivery issues in the region. The minutes from the BHSN meeting will be provided to the Coordinator of Special Programs at the Office of Crisis and Criminal Justice Services upon request.
8. Provide a copy of contract with service provider to Mid Shore Behavioral Health, Inc. (MSBH).
9. Onsite detention center designee to attend annual SIMS meeting as scheduled.
10. Ensure that detention center staff members and those involved with MCCJTP participants receive training in effective methods to work with participants; report on trainings to MSBH in Annual Narrative.
11. Demonstrate efforts to attain co-occurring capability as an organization/agency or advocate for access to co-occurring services.
12. Attend all MSBH contract meetings as scheduled.
13. Submit a copy of agency's disaster preparedness plan.
14. Strive to transform their agency to be fully equitable for all people; regardless of race, ethnicity, national origin, age, sexual identity, faith, gender, and persons who are differently abled.

FY24 MCCJTP Kent County

Contract Deliverables

Provider: County Commissioners of Kent County

Term: July 1, 2023 – June 30, 2024

SIGNED CONTRACT DUE BY MAY 5, 2023

Instructions: Review the contract deliverables and return or provide confirmation of items by specified dates. If you have questions, please contact the contract monitor.

	Deliverable Description	Due Date
	Program Deliverables – The following items are specific to the program award deliverables. Please provide by applicable information upon contract signing.	
1.	Contract or renewal agreement – signed and witnessed in blue ink	05/05/2023
2.	Brief Program Narrative Outline of services to be provided ☒ Outline of services to be provided ☐ Implementation timeline (new programs) ☐ Recruitment plan ☐ Staff training plan ☐ Marketing plan ☒ Plan outlining diversion efforts of consumer/clients from local Emergency Departments and Acute Inpatient units. Plan must be inclusive of somatic care and detail how success will be measured. Report outcomes in annual narrative report (Appendix 8).	
3.	Signed Confidentiality MOU (blue ink) between Mid Shore Behavioral Health, Inc. and Community Service Providers (Appendix 7)	
4.	Contact Information Form (Appendix 9)	
5.	Certification Forms – Lobbying & Environmental Smoke (Appendix 12.1, 12.3). Complete Appendix 12.2 <i>only</i> to report lobbying activities.	
	Financial Items	
6.	Pre- and annual risk assessment for Federal funded programs	As scheduled
7.	Invoice – Fixed Cost per contract award. Note: Fixed cost invoice template provided by MSBH. (Appendix 3)	By 10 th of month following service period. June invoice due 07/31/2024.
	Reports and Surveys– Data and narrative reporting and customer satisfaction surveys required schedule per contract award	
8.	☒ Monthly ☒ Data ☐ Narrative	Due 10 th of month following service period.

FY24 MCCJTP Kent County

Contract Deliverables

Provider: County Commissioners of Kent County

Term: July 1, 2023 – June 30, 2024

SIGNED CONTRACT DUE BY MAY 5, 2023

	☒ Quarterly ☐ Data ☒ Narrative	Due 10 th of month following service period
	☒ Annual ☐ Data ☒ Narrative	07/31/2024
9.	Customer satisfaction survey ☒ Yes ☐ No	Site Visit
10.	Special report description:	
	Required Meetings or Workgroups	
11.	Annual pre-contracting meeting	03/20/23
12.	Minimum of three (3) BHSN Quarterly Meeting	4 th Wednesday every three months beginning 07/26/2023
13.	Annual site visit	As scheduled
14.	Other meeting description:	
	Operational Items – The following documents, policies, and/or procedures must be maintained at provider's location and available for review upon request. Submit updated versions if applicable.	
15.	Behavioral health professionals' licenses and certifications	Upon request or at site visit
16.	Proof of insurance	
17.	Complaint and/or grievance policies and procedures	
18.	Written procurement and accounting procedures	
19.	Records retention policy	
20.	Inventory/equipment system	
21.	Continuity of Operations Plan (COOP)	



FY24 MCCJTP – Kent County
Invoice

To: **Mid Shore Behavioral Health, Inc.**

28578 Mary's Court, Suite 1
Easton, Maryland 21601

From: **Correctional Care Solutions**

1283 Murfreesboro Rd, Ste 500
Nashville, TN 37217

For: Month of _____

Date: _____

Amount: \$4,302.08

Date of Service	Service Description	Total Hours of Service	Amount

Invoice submitted by: _____

MID SHORE BEHAVIORAL HEALTH, INC.

FY24 Quarterly Narrative Report

Program Name _____

Quarter _____

Signature _____

Please complete *all* the following (incomplete reports will be returned for completion). If one of the items does not apply, please state 'Not Applicable':

1. Summary of services provided during quarter and how they relate to meeting contract deliverables.

2. List of trainings completed, and certifications received.
3. How is your agency working towards systemic transformation that dismantles racism, bias, stigma, and privilege which improves social determinants of health by way of equitable programs and services
- 4.

5. Summary of Progress in execution of marketing plan; identifying forms of traditional media that were utilized (i.e., newspaper, radio, brochures, mailings, etc.).

6. Outreach to include list of names of organization, agency, business, etc., county and date/time of outreach:

7. Summary of any deviance from contract deliverables.

8. If Program Improvement Plan has been submitted to MSBH, summarize progress made toward plan objectives:

9. Attach all written complaints and/or grievances by consumers and documentation of resolution taken by provider:

MCCJTP QUARTERLY REPORT	
1st Qtr FY 2024	
County Reporting:	
Person Reporting:	
This report is for services funded by MCCJTP	
Please mark "N/A" for any questions that do not pertain to your program.	
DO NOT MAKE ANY ADDITIONS OR DELETIONS TO THIS FORM!	
This report is for which report quarter?	
1	July - Sept. due by Oct. 15th
2	Oct. - Dec. due by Jan. 15th
3	Jan. - Mar. due by Apr. 15th
4	Apr. - June due by July 15th
1. Facility Based Services (Information is for this reporting period only)	
A. At your facility, which of the following mental health services are available?	
(Mark with an "X" all that apply)	
Mental Health Screening	
Mental Health Assessment	
Case Management	
Group Therapy	
Individual Therapy	
Referral to Community Services	
Trauma Treatment	
Medication Management	
Telepsychiatry	
Other (please specify in the box below)	
B. At your facility, which of the following services are funded by MCCJTP?	
(Mark with an "X" all that apply)	
Case Management	
Group Therapy	
Individual Therapy	
Referral to Community Services	
Trauma Treatment	
Medication Management	
Other (please specify in the box below)	
C. Number of NEW inmates <u>admitted</u> to the jail mental health program	
D. Referral Source: (please enter a number for each category)	
1	Identification/Intake
2	Medical
3	Correctional Officer
4	Other Staff
5	Family
6	Inmates
7	Self Referral
8	Other (please specify in the box below)
The sum of 1D1 through 1D8 equals 1C	
Total by Referral Source	0
Total by Source equals Number Referred	True
E. Referral Reason/Status: (please enter a number for each category)	
1	Number of those referred inmates who were identified as having <u>only</u> mental health issues
2	Number of those referred inmates who were identified as dual diagnosis (mental health & substance abuse issues)
3	Number of referred inmates who were eligible but <u>refused</u> treatment/services.
4	Number of referred inmates who were eligible but <u>released</u> prior to receiving treatment/services.
5	Number of referred inmates currently on psychiatric medications.
Expected number of new inmates	
0	
6	Number of units (hours) of <u>psychiatric services</u> this quarter.
7	Number of units (hours) of <u>individual psychotherapy services</u> , this quarter (number of hours spent in one-on-one sessions this quarter)
8	Number of units (hours) of <u>group psychotherapy services</u> , this quarter. (number of hours spent conducting group sessions this quarter)
9	Number of units (hours) of <u>case management</u> , this quarter. (active interaction with client and/or provider)
10	Number of <u>NEW</u> inmates actually served through MCCJTP this quarter.
This number may not exceed the number reported in 1C	
True	
F. For this quarter, how many of your clients were hospitalized for psychiatric reasons?	
G.	
1	For this quarter, how many telepsychiatry sessions took place?
2	How many telepsychiatry recipients were male, female or transgender?
male	
female	
transgender	
3	How many individuals receiving telepsychiatry services reentered the community this quarter?
2. Demographics	
A. Please provide the following racial breakdown information for inmates being	
The total <u>number</u> , by race equals the number reported in 1E10.	
1	American Indian or Alaska Native
2	Asian/Pacific Islander
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White/Hispanic
6	Other (please specify in the box provided below)
Total by race	
0	
B. Please provide the following participant identified gender break down information for inmates	
The total number by <u>gender</u> equals the number reported in 1E10.	
1	Male
2	Female
3	Transgender
Total by gender	
0	
Race = Gender	
True	
C. Please provide the following age breakdown information for inmates being treated/case managed in the jail during this reporting period:	
The total number by age equals the number reported in 1E10.	
1	< 18 years of age
2	18-25 years of age
3	26-35 years of age
4	36-45 years of age
5	46-55 years of age
6	over 56 years of age
Total by age	
0	
Gender = Age	
True	
D. Veteran Status: Please provide the number of inmates being	
1	DDI/DDP
2	Vietnam
3	Other

3. Aftercare Planning	
1	Number of clients released into community this quarter
1.1	Number of clients released into the community who were veterans
Upon release from your facility, what was the destination of your clients? Please provide the <u>number of clients for each category</u> :	
	1 Own House/Apartment
	2 Shelter Plus Care Housing
	3 Staying with friend/relative
	4 Inpatient Substance Abuse Treatment
	5 Psychiatric Hospital
	6 Transitional Housing
	7 Other County Detention Center
	8 Department of Corrections
	9 Other Please specify in the box
Total by Destination 0	
Total by Dest. equals 3.1 True	
4. Homelessness reporting	
	Number of people who identified as being homeless prior to incarceration.
	Number of people who identified as being homeless and are reentering to the community as homeless.
1.1	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.2	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.3	Number of people connected to a housing program (e.g. Continuum of Care)
1 C. Number of released clients who were referred to mental health after-care programs.	
2 D. Number of clients mandated to MH treatment per parole and probation.	
5. Community Based Services	
A. Does your MCC/TP program provide community based services?	
	Yes No
1 If yes, what services do you supply? (check all that apply)	
	1 Case Management
	2 Group Therapy
	3 Individual Therapy
	4 Crisis Intervention/Outreach
	5 Other (please specify in the box)
2 If no, do you track clients in the community?	
	Yes No
B. For the MCC/TP programs that provide community-based services and/or track clients in the community,	
	1 Were hospitalized in psychiatric facility
	2 Are currently employed
	3 Are living in Shelter Plus Care Housing
	4 Were re-arrested
	5 Were re-incarcerated
C. Recidivism of those re-incarcerated:	
	1 Number re-incarcerated in detention center
	2 Number re-incarcerated in prison
Total re-incarcerated 0	
D. Reasons for re-incarceration:	
	1 Number with New charge
	2 Number with Violation of parole/probation
	3 Other (specify in the box)
Total by Reason 0	
Total by re-incarcerated equals total by Reason True	
E. Previously reported MCC/TP clients you are currently serving:	
	1 Number of clients in the detention center
	2 Number clients in community
	3 Total number of previously reported clients (1+2) served by you
4E is a little tricky. It has nothing to do with new inmates. For item 4E1, report the number	
Optional (The section below may be used to assist with the Annual State Planning Process)	
Based on your professional experience, what are the gaps/barriers that have been identified for clients accessing community services	

MCCJTP QUARTERLY REPORT	
2nd Qtr FY 2024	
County Reporting:	
Person Reporting:	
This report is for services funded by MCCJTP	
Please mark "N/A" for any questions that do not pertain to your program.	
DO NOT MAKE ANY ADDITIONS OR DELETIONS TO THIS FORM!	
This report is for which report quarter?	
1	July - Sept. due by Oct. 15th
2	Oct. - Dec. due by Jan. 15th
3	Jan. - Mar. due by Apr. 15th
4	Apr. - June due by July 15th
1. Facility Based Services (Information is for this reporting period only)	
A. At your facility, which of the following mental health services are available?	
(Mark with an "X" all that apply)	
Mental Health Screening	
Mental Health Assessment	
Case Management	
Group Therapy	
Individual Therapy	
Referral to Community Services	
Trauma Treatment	
Medication Management	
Telepsychiatry	
Other (please specify in the box below)	
B. At your facility, which of the following services are funded by MCCJTP?	
(Mark with an "X" all that apply)	
Case Management	
Group Therapy	
Individual Therapy	
Referral to Community Services	
Trauma Treatment	
Medication Management	
Other (please specify in the box below)	
C. Number of NEW inmates referred to the jail mental health program	
D. Referral Source: (please enter a number for each category)	
1	Identification/Intake
2	Medical
3	Correctional Officer
4	Other Staff
5	Family
6	Inmates
7	Self Referral
8	Other (please specify in the box below)
The sum of 1D1 through 1D8 equals 1C	
Total by Referral Source	0
Total by Source equals Number Referred	True
E. Referral Reason/Status: (please enter a number for each category)	
1	Number of those referred inmates who were identified as having only mental health issues
2	Number of those referred inmates who were identified as dual diagnosis (mental health & substance abuse issues)
3	Number of referred inmates who were eligible but refused treatment/services.
4	Number of referred inmates who were eligible but released prior to receiving treatment/services.
5	Number of referred inmates currently on psychiatric medications.
Expected number of new inmates	
0	
6	Number of units (hours) of psychiatric services this quarter.
7	Number of units (hours) of individual psychotherapy services, this quarter (number of hours spent in one-on-one sessions this quarter)
8	Number of units (hours) of group psychotherapy services, this quarter. (number of hours spent conducting group sessions this quarter)
9	Number of units (hours) of case management, this quarter. (active interaction with client and/or provider)
10	Number of NEW inmates actually served through MCCJTP this quarter.
This number may not exceed the number reported in 1C	
True	
F. For this quarter, how many of your clients were hospitalized for psychiatric reasons?	
G.	
1	For this quarter, how many telepsychiatry sessions took place?
2	How many telepsychiatry recipients were male, female or transgender?
male	
female	
transgender	
3	How many individuals receiving telepsychiatry services reentered the community this quarter?
2. Demographics	
A. Please provide the following racial breakdown information for inmates being	
The total number by race equals the number reported in 1E10.	
1	American Indian or Alaska Native
2	Asian/Pacific Islander
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White/Hispanic
6	Other (please specify in the box provided below)
Total by race	
0	
B. Please provide the following participant identified gender break down information for inmates	
The total number by gender equals the number reported in 1E10.	
1	Male
2	Female
3	Transgender
Total by gender	
0	
Race = Gender	
True	
C. Please provide the following age breakdown information for inmates being treated/case managed in the jail during this reporting period:	
The total number by age equals the number reported in 1E10.	
1	< 18 years of age
2	18-25 years of age
3	26-35 years of age
4	36-45 years of age
5	46-55 years of age
6	over 56 years of age
Total by age	
0	
Gender = Age	
True	
D. Veteran Status: Please provide the number of inmates being	
1	DD/DF
2	Vietnam
3	Other

3. Aftercare Planning	
1	Number of clients released into community this quarter
1.1	Number of clients released into the community who were veterans
Upon release from your facility, what was the destination of your clients? Please provide the <u>number of clients for each category</u> :	
	1 Own House/Apartment
	2 Shelter Plus Care Housing
	3 Staying with friend/relative
	4 Inpatient Substance Abuse Treatment
	5 Psychiatric Hospital
	6 Transitional Housing
	7 Other County Detention Center
	8 Department of Corrections
	9 Other Please specify in the box
Total by Destination 0	
Total by Dest. equals 3.1 True	
4. Homelessness reporting	
	Number of people who identified as being homeless prior to incarceration.
	Number of people who identified as being homeless and are reentering to the community as homeless.
1.1	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.2	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.3	Number of people connected to a housing program (e.g. Continuum of Care)
1 C. Number of released clients who were referred to mental health after-care programs.	
2 D. Number of clients mandated to MH treatment per parole and probation.	
5. Community Based Services	
A. Does your MCC/TP program provide community based services?	
	Yes No
1 If yes, what services do you supply? (check all that apply)	
	1 Case Management
	2 Group Therapy
	3 Individual Therapy
	4 Crisis Intervention/Outreach
	5 Other (please specify in the box)
2 If no, do you track clients in the community?	
	Yes No
B. For the MCC/TP programs that provide community-based services and/or track clients in the community,	
	1 Were hospitalized in psychiatric facility
	2 Are currently employed
	3 Are living in Shelter Plus Care Housing
	4 Were re-arrested
	5 Were re-incarcerated
C. Recidivism of those re-incarcerated:	
	1 Number re-incarcerated in detention center
	2 Number re-incarcerated in prison
Total re-incarcerated 0	
D. Reasons for re-incarceration:	
	1 Number with New charge
	2 Number with Violation of parole/probation
	3 Other (specify in the box)
Total by Reason 0	
Total by re-incarcerated equals total by Reason True	
E. Previously reported MCC/TP clients you are currently serving:	
	1 Number of clients in the detention center
	2 Number clients in community
	3 Total number of previously reported clients (1+2) served by you
4E is a little tricky. It has nothing to do with new inmates. For item 4E1, report the number	
Optional (The section below may be used to assist with the Annual State Planning Process)	
Based on your professional experience, what are the gaps/barriers that have been identified for clients accessing community services	

MCCJTP QUARTERLY REPORT	
3rd Qtr FY 2024	
County Reporting: _____	
Person Reporting: _____	
This report is for services funded by MCCJTP	
Please mark "N/A" for any questions that do not pertain to your program.	
DO NOT MAKE ANY ADDITIONS OR DELETIONS TO THIS FORM!	
This report is for which report quarter?	
1	July - Sept. due by Oct. 15th
2	Oct. - Dec. due by Jan. 15th
3	Jan. - Mar. due by Apr. 15th
4	Apr. - June due by July 15th
1. Facility Based Services (Information is for this reporting period only)	
A. At your facility, which of the following mental health services are available?	
(Mark with an "X" all that apply)	
Mental Health Screening	_____
Mental Health Assessment	_____
Case Management	_____
Group Therapy	_____
Individual Therapy	_____
Referral to Community Services	_____
Trauma Treatment	_____
Medication Management	_____
Telepsychiatry	_____
Other (please specify in the box below)	_____
B. At your facility, which of the following services are funded by MCCJTP?	
(Mark with an "X" all that apply)	
Case Management	_____
Group Therapy	_____
Individual Therapy	_____
Referral to Community Services	_____
Trauma Treatment	_____
Medication Management	_____
Other (please specify in the box below)	_____
C. Number of NEW inmates referred to the jail mental health program	

D. Referral Source: (please enter a number for each category)	
1 Identification/Intake	_____
2 Medical	_____
3 Correctional Officer	_____
4 Other Staff	_____
5 Family	_____
6 Inmates	_____
7 Self Referral	_____
8 Other (please specify in the box below)	_____
The sum of 1D1 through 1D8 equals 1C	
Total by Referral Source	0
Total by Source equals Number Referred	True
E. Referral Reason/Status: (please enter a number for each category)	
1 Number of those referred inmates who were identified as having <u>only</u> mental health issues	_____
2 Number of those referred inmates who were identified as dual diagnosis (mental health & substance abuse issues)	_____
3 Number of referred inmates who were eligible but <u>refused</u> treatment/services.	_____
4 Number of referred inmates who were eligible but <u>released</u> prior to receiving treatment/services.	_____
5 Number of referred inmates currently on psychiatric medications.	_____
Expected number of new inmates	
0	
6 Number of units (hours) of <u>psychiatric services</u> this quarter.	

7 Number of units (hours) of <u>individual psychotherapy services</u> , this quarter (number of hours spent in one-on-one sessions this quarter)	

8 Number of units (hours) of <u>group psychotherapy services</u> , this quarter. (number of hours spent conducting group sessions this quarter)	

9 Number of units (hours) of <u>case management</u> , this quarter. (active interaction with client and/or provider)	

10 Number of <u>NEW</u> inmates actually served through MCCJTP this quarter.	
This number may not exceed the number reported in 1C	
True	
F. For this quarter, how many of your clients were hospitalized for psychiatric reasons?	

G.	
1 For this quarter, how many telepsychiatry sessions took place?	

2 How many telepsychiatry recipients were male, female or transgender?	
male	_____
female	_____
transgender	_____
3 How many individuals receiving telepsychiatry services reentered the community this quarter?	

2. Demographics	
A. Please provide the following racial breakdown information for inmates being	
The total number by race equals the number reported in 1E10.	
1 American Indian or Alaska Native	_____
2 Asian/Pacific Islander	_____
3 Black or African American	_____
4 Native Hawaiian or Other Pacific Islander	_____
5 White/Hispanic	_____
6 Other (please specify in the box provided below)	_____
Total by race	
0	
B. Please provide the following participant identified gender break down information for inmates	
The total number by gender equals the number reported in 1E10.	
1 Male	_____
2 Female	_____
3 Transgender	_____
Total by gender	
0	
Race = Gender	
True	
C. Please provide the following age breakdown information for inmates being treated/case managed in the jail during this reporting period:	
The total number by age equals the number reported in 1E10.	
1 < 18 years of age	_____
2 18-25 years of age	_____
3 26-35 years of age	_____
4 36-45 years of age	_____
5 46-55 years of age	_____
6 over 56 years of age	_____
Total by age	
0	
Gender = Age	
True	
D. Veteran Status: Please provide the number of inmates being	
1 OIF/OEF	_____
2 Vietnam	_____
3 Other	_____

3. Aftercare Planning	
1	Number of clients released into community this quarter
1.1	Number of clients released into the community who were veterans
Upon release from your facility, what was the destination of your clients? Please provide the <u>number of clients for each category</u> :	
	1 Own House/Apartment
	2 Shelter Plus Care Housing
	3 Staying with friend/relative
	4 Inpatient Substance Abuse Treatment
	5 Psychiatric Hospital
	6 Transitional Housing
	7 Other County Detention Center
	8 Department of Corrections
	9 Other Please specify in the box
Total by Destination 0	
Total by Dest. equals 3.1 True	
4. Homelessness reporting	
	Number of people who identified as being homeless prior to incarceration.
	Number of people who identified as being homeless and are reentering to the community as homeless.
1.1	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.2	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.3	Number of people connected to a housing program (e.g. Continuum of Care)
1 C. Number of released clients who were referred to mental health after-care programs.	
2 D. Number of clients mandated to MH treatment per parole and probation.	
5. Community Based Services	
A. Does your MCC/TP program provide community based services?	
	Yes No
1 If yes, what services do you supply? (check all that apply)	
	1 Case Management
	2 Group Therapy
	3 Individual Therapy
	4 Crisis Intervention/Outreach
	5 Other (please specify in the box)
2 If no, do you track clients in the community?	
	Yes No
B. For the MCC/TP programs that provide community-based services and/or track clients in the community,	
	1 Were hospitalized in psychiatric facility
	2 Are currently employed
	3 Are living in Shelter Plus Care Housing
	4 Were re-arrested
	5 Were re-incarcerated
C. Recidivism of those re-incarcerated:	
1	Number re-incarcerated in detention center
2	Number re-incarcerated in prison
Total re-incarcerated 0	
D. Reasons for re-incarceration:	
1	Number with New charge
2	Number with Violation of parole/probation
3	Other (specify in the box)
Total by Reason 0	
Total by re-incarcerated equals total by Reason True	
E. Previously reported MCC/TP clients you are currently serving:	
1	Number of clients in the detention center
2	Number clients in community
3	Total number of previously reported clients (1+2) served by you
4E is a little tricky. It has nothing to do with new inmates. For item 4E1, report the number	
Optional (The section below may be used to assist with the Annual State Planning Process)	
Based on your professional experience, what are the gaps/barriers that have been identified for clients accessing community services	

MCCJTP QUARTERLY REPORT	
4th Qtr FY 2024	
County Reporting:	
Person Reporting:	
This report is for services funded by MCCJTP	
Please mark "N/A" for any questions that do not pertain to your program.	
DO NOT MAKE ANY ADDITIONS OR DELETIONS TO THIS FORM!	
This report is for which report quarter?	
1	July - Sept. due by Oct. 15th
2	Oct. - Dec. due by Jan. 15th
3	Jan. - Mar. due by Apr. 15th
4	Apr. - June due by July 15th
1. Facility Based Services (Information is for this reporting period only)	
A. At your facility, which of the following mental health services are available?	
(Mark with an "X" all that apply)	
Mental Health Screening	
Mental Health Assessment	
Case Management	
Group Therapy	
Individual Therapy	
Referral to Community Services	
Trauma Treatment	
Medication Management	
Telepsychiatry	
Other (please specify in the box below)	
B. At your facility, which of the following services are funded by MCCJTP?	
(Mark with an "X" all that apply)	
Case Management	
Group Therapy	
Individual Therapy	
Referral to Community Services	
Trauma Treatment	
Medication Management	
Other (please specify in the box below)	
C. Number of NEW inmates <u>admitted</u> to the jail mental health program	
D. Referral Source: (please enter a number for each category)	
1	Identification/Intake
2	Medical
3	Correctional Officer
4	Other Staff
5	Family
6	Inmates
7	Self Referral
8	Other (please specify in the box below)
The sum of 1D1 through 1D8 equals 1C	
Total by Referral Source	0
Total by Source equals Number Referred	True
E. Referral Reason/Status: (please enter a number for each category)	
1	Number of those referred inmates who were identified as having <u>only</u> mental health issues
2	Number of those referred inmates who were identified as dual diagnosis (mental health & substance abuse issues)
3	Number of referred inmates who were eligible but <u>refused</u> treatment/services.
4	Number of referred inmates who were eligible but <u>released</u> prior to receiving treatment/services.
5	Number of referred inmates currently on psychiatric medications.
Expected number of new inmates	
0	
6	Number of units (hours) of <u>psychiatric services</u> this quarter.
7	Number of units (hours) of <u>individual psychotherapy services</u> , this quarter (number of hours spent in one-on-one sessions this quarter)
8	Number of units (hours) of <u>group psychotherapy services</u> , this quarter. (number of hours spent conducting group sessions this quarter)
9	Number of units (hours) of <u>case management</u> , this quarter. (active interaction with client and/or provider)
10	Number of <u>NEW</u> inmates actually served through MCCJTP this quarter.
This number may not exceed the number reported in 1C	
True	
F. For this quarter, how many of your clients were hospitalized for psychiatric reasons?	
G.	
1	For this quarter, how many telepsychiatry sessions took place?
2	How many telepsychiatry recipients were male, female or transgender?
male	
female	
transgender	
3	How many individuals receiving telepsychiatry services reentered the community this quarter?
2. Demographics	
A. Please provide the following racial breakdown information for inmates being	
The total <u>number</u> , by race equals the number reported in 1E10.	
1	American Indian or Alaska Native
2	Asian/Pacific Islander
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White/Hispanic
6	Other (please specify in the box provided below)
Total by race	
0	
B. Please provide the following participant identified gender break down information for inmates	
The total number by <u>gender</u> equals the number reported in 1E10.	
1	Male
2	Female
3	Transgender
Total by gender	
0	
Race = Gender	
True	
C. Please provide the following age breakdown information for inmates being treated/case managed in the jail during this reporting period:	
The total number by age equals the number reported in 1E10.	
1	< 18 years of age
2	18-25 years of age
3	26-35 years of age
4	36-45 years of age
5	46-55 years of age
6	over 56 years of age
Total by age	
0	
Gender = Age	
True	
D. Veteran Status: Please provide the number of inmates being	
1	OIF/OEF
2	Vietnam
3	Other

3. Aftercare Planning	
1	Number of clients released into community this quarter
1.1	Number of clients released into the community who were veterans
Upon release from your facility, what was the destination of your clients? Please provide the <u>number of clients for each category</u> :	
	1 Own House/Apartment
	2 Shelter Plus Care Housing
	3 Staying with friend/relative
	4 Inpatient Substance Abuse Treatment
	5 Psychiatric Hospital
	6 Transitional Housing
	7 Other County Detention Center
	8 Department of Corrections
	9 Other Please specify in the box
Total by Destination 0	
Total by Dest. equals 3.1 True	
4. Homelessness reporting	
	Number of people who identified as being homeless prior to incarceration.
	Number of people who identified as being homeless and are reentering to the community as homeless.
1.1	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.2	Number of people reentering the community as homeless after incarceration of 90 days or less.
1.3	Number of people connected to a housing program (e.g. Continuum of Care)
1 C. Number of released clients who were referred to mental health after-care programs.	
2 D. Number of clients mandated to MH treatment per parole and probation.	
5. Community Based Services	
A. Does your MCC/TP program provide community based services?	
	Yes No
1 If yes, what services do you supply? (check all that apply)	
	1 Case Management
	2 Group Therapy
	3 Individual Therapy
	4 Crisis Intervention/Outreach
	5 Other (please specify in the box)
2 If no, do you track clients in the community?	
	Yes No
B. For the MCC/TP programs that provide community-based services and/or track clients in the community,	
	1 Were hospitalized in psychiatric facility
	2 Are currently employed
	3 Are living in Shelter Plus Care Housing
	4 Were re-arrested
	5 Were re-incarcerated
C. Recidivism of those re-incarcerated:	
	1 Number re-incarcerated in detention center
	2 Number re-incarcerated in prison
Total re-incarcerated 0	
D. Reasons for re-incarceration:	
	1 Number with New charge
	2 Number with Violation of parole/probation
	3 Other (specify in the box)
Total by Reason 0	
Total by re-incarcerated equals total by Reason True	
E. Previously reported MCC/TP clients you are currently serving:	
	1 Number of clients in the detention center
	2 Number clients in community
	3 Total number of previously reported clients (1+2) served by you
4E is a little tricky. It has nothing to do with new inmates. For item 4E1, report the number	
Optional (The section below may be used to assist with the Annual State Planning Process)	
Based on your professional experience, what are the gaps/barriers that have been identified for clients accessing community services	

Appendix 6
Consumer Satisfaction Survey
Instructions

1. Perform Satisfaction Surveys with consumers.
2. Tally responses on Consumer Satisfaction Survey – Appendix 6.
3. List consumer comments in the comments section of the form.
4. Retain individual forms for review by contract monitor during site visits.
5. Email 1 copy of Consumer Satisfaction Survey – Appendix 6 totaling all responses with Contract Deliverables due April 10.

MID SHORE BEHAVIORAL HEALTH
Consumer Satisfaction Survey

Program Name: _____

Provider: _____

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
1. DID WE TREAT YOU WELL? (Addresses matters of courtesy, timeliness & cultural competency)						
2. DID WE HELP YOU WITH YOUR PROBLEMS? (Addresses whether service made a difference in the consumer's life or life of a family member)						
3. OVERALL HOW SATISFIED WERE YOU WITH THE SERVICES						

Comments (please consider what we could have done better):

Mid Shore Behavioral Health, Inc.

MEMORANDUM OF UNDERSTANDING

between

Mid Shore Behavioral Health and Community Service Providers

1. The purpose of this Memorandum of Understanding is to create an understanding with respect to the sharing of consumer information between service providers who are contracted by Mid Shore Behavioral Health to provide services to the residents of the nine counties of the Eastern Shore which are Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties.
2. Permitted Uses and Disclosures under the HIPAA Privacy Rule allow for a covered entity to use and disclose protected health information as follows: a) to the individual consumer or b) for the treatment, payment, or health care operations, as permitted by and in compliance with HIPAA regulation 164.506.
3. Providers agree to maintain a HIPAA agency policy that is current and compliant at all times.
4. Providers understand and agree that their HIPAA agency policy will apply to this Memorandum of Understanding in the sharing of consumer information.
5. Consumer information to be shared will include whatever is deemed necessary and appropriate to the situation/crisis in order to stabilize the consumer and provide for care in the least restrictive environment.
6. Providers agree to hold in confidence all discussions and actions on behalf of the consumer as appropriate.
7. The term of this Memorandum of Understanding will become effective upon signing and remain in effect through the duration of the contract, including any renewal or extension thereof.
8. Mid Shore Behavioral Health reserves the right to terminate a provider contract if the terms of this Memorandum of Understanding are not fulfilled.

Herbert Dennis
HIPAA Privacy Officer

6/14/23
Date

Kent County Detention Center
Agency

Behavioral Mental Health
Program Name

MID SHORE BEHAVIORAL HEALTH, INC.

FY24 Annual Narrative Report

Program Name _____

Signature _____

Please complete *all* the following (incomplete reports will be returned for completion). If one of the items does not apply, please state 'Not Applicable':

1. Summary of services provided, including analysis of outcome measurement data:

2. Summary of the integration of mental health, substance abuse, cognitive disabilities, and somatic health care services, additionally, integration within the local Public Behavioral Health System:

3. Report on Hospital Diversion Plan that was submitted with contract:

4. Achievements:

5. Challenges:

6. Program change recommendations:

VENDOR INFORMATION SHEET

VENDOR INFORMATION

Vendor Name

Kent County County Detention Center

Mailing Address

104 Vickers Drive Unit A Chestertown Md. 21620

Payment Address (if different)

**Phone /
FAX**

410-810-2256 / Fax 410-778-7402

Website/Social Media Links

BILLING AND PAYMENT INFORMATION

**Preferred Method of Invoice Submission
(Email, website, Mail)**

Email / Mail

Accepted Payment Types (Check, ACH, Credit)

Check

W-9 and/or COI attached or on file

Attached

PROVIDER/BUSINESS INFORMATION

Accreditation if applicable:

Are you a Minority Business Enterprise (MBE), Women's Business Enterprise (WBE) or Minority/Women Owned (MW)? If yes, include Federal or State Certification Date and Withholding Tax Code

Government Agency

Are you a Veteran Owned Business or Service-Disabled Veteran-Owned Small Business (SDVOSB)?

No



MID SHORE
BEHAVIORAL HEALTH
RESOURCES, GUIDANCE, WHOLENESS, & HOPE

28578 Mary's Court, Suite 1
Easton, MD 21601
PH: 410-770-4801
FAX: 410-770-4809
Rev. 11.2021

VENDOR INFORMATION SHEET

CONTACT INFORMATION	
Program Contact Name	Herbert Dennis
Title	Warden
Phone	410-810-2257
Email	hdennis@kentgov.org
Finance Contact Name	Monaca Stickland
Title	Administrative Assistant II
Phone	410-810-2256
Email	mstickland@kentgov.org
After Hours or Emergency Contact Name	
Title	
Phone	
Email	

All vendors must have a completed W-9 on file before payments for invoices can be issued.

Completed forms can be emailed to msbh.finance@midshorebehavioralhealth.org. Please call 410-770-4801 with any questions.



Scott Boone, Director, Information Technology
7/25/2023
County Commissioners Meeting

Item Summary:

Purchase Approval Request

ATTACHMENTS:

Description



Jim Miller, Director, Human Resources
7/25/2023
County Commissioners Meeting

Item Summary:

Local Management Board Administrative Specialist I Vacancy

ATTACHMENTS:

Description



Water and Wastewater Division
7/25/2023
County Commissioners Meeting

Item Summary:

Upper-Shore Regional Council Memorandum of Understanding for Millington Wastewater Treatment Facility Expansion

ATTACHMENTS:

Description



Water and Wastewater Division
7/25/2023
County Commissioners Meeting

Item Summary:

Upper-Shore Regional Council Memorandum of Understanding for Worton Water and Sewer Extension

ATTACHMENTS:

Description



Engineering 7/25/2023 County Commissioners Meeting

Item Summary:

Preliminary Engineering Study for Betterton Public Landing Improvements Through Department of Natural Resources Grant

ATTACHMENTS:

Description

07.25.23 Grant # LG-1424B-24 State of Maryland Department of Natural Resources Waterway Improvement Fund Grant Agreement Between State of MD DNR Chesapeake & Coastal Service and Kent County Commissioners

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATERWAY IMPROVEMENT FUND GRANT AGREEMENT

GRANT #: LG-1424B-24

THIS GRANT AGREEMENT, entered into this ____ day of _____, 20____,
by and between

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
CHESAPEAKE & COASTAL SERVICE
580 Taylor Ave., Annapolis, MD 21401
hereinafter ("Department")

and

KENT COUNTY COMMISSIONERS
400 High Street, Chestertown, MD 21620
hereinafter ("Grantee")
Federal ID # 52-6000974

WHEREAS, funding has been appropriated by the General Assembly to the Waterway Improvement Fund to be disbursed as grants for the purpose of assisting in waterway improvements by expanding and enhancing access to public boating opportunities and improving boating safety pursuant to MD.CODE ANN., Natural Resources II, §8-707 et seq., (2012 Replacement Volume as amended) ("the Fund"); and

WHEREAS, the purpose of these grants is to assist jurisdictions by providing project grant funds; and

WHEREAS, the Grantee has applied to the Department for grant assistance funding for Betterton Public Landing Improvements Preliminary Engineering; and

WHEREAS, the Department has determined such grant assistance shall be provided to Grantee if Grantee agrees to the provisions contained herein.

NOW, THEREFORE, in consideration for the receipt of a Grant for the Fiscal Year 2024, in the amount of Twenty Thousand dollars and zero cents (\$20,000.00).

The Grantee agrees to the following provisions:

1. **Term:** This Grant Agreement shall become effective on July 1, 2023 and shall expire on June 30, 2027.

2. **Scope:** The Grantee is responsible for supervision of and the technical accuracy and coordination of all work pursuant to this Grant Agreement as set forth in the attached Scope of Work. Attachment # A is hereby incorporated into this Grant Agreement and made an integral part of this Grant Agreement.

3. **Key Personnel:** The parties agree that the following named individuals are considered to be essential to the work being performed under this Grant Agreement, and that they are designated as Key Personnel who shall be made available to the fullest extent required to carry out the work under this Grant Agreement:

Michael Moulds, PE, Director of Public Works
Phone: 410-778-2600; email: mmoulds@kentgov.org

Dan Mattson, Deputy Director of Public Works
Phone: 410-778-2600; email: dmattson@kentgov.org

The parties designate the following named individuals as Grant Agreement Representatives for the purpose of any notices required under this Grant Agreement. The parties agree that each will promptly notify the other, in case of substitution of a Grant Agreement Representative, or change in the Representative's contact information.

Alice Scanlon, Program Administrator
Phone: 443-433-6043; E-mail: alikel.scanlon@maryland.gov

Shelley Heller, County Administrator
Phone: 410-778-4600; email: sheller@kentgov.org

4. **Payment:** The Grantee shall submit a reimbursement request to the Department on generally a quarterly basis, for expenses authorized for the work under this Grant Agreement on the attached Request for Reimbursement form, in accordance with the payment schedule in the attached Scope of Work. The request will include invoices and a copy of paid canceled check(s) or certification that payment has been made for reimbursement of the State's share of the project. Attachment # B is hereby incorporated into this Grant Agreement and made an integral part of this Grant Agreement.

Reimbursement shall be due and payable within 30 days of receipt by the Department. The grantee agrees that no claim or charges for damages shall be made by it for any delays or hindrances from any cause during the term of this Grant Agreement. Under no circumstances is the Department responsible for payment of any charges due to late payment of invoices.

5. **Deliverables:** The Grantee shall submit generally quarterly status/progress reports to the Department at the same time as the billing submissions required under paragraph 4 above. All deliverables will be submitted directly to the Department Contact, **Alice Scanlon**. Final deliverable work products, including the Final Reports, any geographic or mapping related efforts, and those items listed in the Scope of Work as expected final deliverables, shall be submitted to the Department Contact.

6. **Project Management:** The design, construction, and management of the project will be by or under the supervision of the Grantee in accordance with the latest edition of the Waterway Improvement Fund Grants Manual incorporated by reference into this Grant Agreement. Plans and specifications, including all contract documents and any subsequent changes, must be completed by a Maryland Registered Professional Engineer unless approved otherwise in advance by the Department Contact. All plans, specifications and proposed changes must be submitted for review and approval by the Department Contact. All necessary Federal, State and local permits and approvals must be secured by Grantee prior to start of construction.

7. **Request for Bids:** The Grantee shall publicly advertise the project for bids or use another procurement method approved in advance by the Department Contact. Proposals will be received and compiled by the Grantee. The Department reserves the right to have a representative present at the bid opening.

a. Project contracts with a value of \$250,000 or more which the State provides 25% or more of the funding shall be advertised as prevailing wage contracts (COMAR 21.11.11).

b. The Grantee will prepare a tabulation of bids and/or other method of procurement and submit the same for approval to the Department with comments and recommendations prior to the award of any contract.

8. **Publication:** The Grantee shall post signs about the project, in a prominent location, identifying the project as a "Public Facility" and shall place a permanent sign, approved by the Department, acknowledging funding by the Waterway Improvement Fund. All press releases and grant related events shall be coordinated with DNR, Center for Waterway Improvement and Infrastructure.

9. **Fee Approval:** The Grantee shall obtain prior approval from the Department for any fees or modifications to existing fees charged for the use of the funded facility. All Maryland registered boaters shall have equal access to State funded boating facilities. Any requests for exceptions to this policy must be submitted in writing. The Department reserves the right to deny such requests.

10. **Facility Access:** Any facility funded in whole or in part with Waterway Improvement Fund Grants must remain accessible and open for use by the general boating public. The Department shall approve changes in use of a funded facility before it is removed from public access and use, such as through sale, donation or commercial use of the facility. If the change in use is approved by the Department, the Grantee must replace the public access location with a facility open to the general boating public with equal value at the nearest approved location at no cost to the Department. The Grantee may be required to repay the Department for the current value of the funded facility in proportion to the total cost contribution originally paid by the State. The Department may require two independent appraisals to determine the amount to be reimbursed to the Waterway Improvement Fund.

11. **Maintenance and Repair:** Unless previously approved by the Department, the Grantee agrees to operate and maintain the proposed project. Future maintenance funds are not guaranteed by the Department. The Grantee agrees that it shall if necessary, unless previously approved by the Department:

- a. Provide without cost to the State of Maryland, all necessary lands, easements, rights-of-way, and dredge disposal site(s) required for the project;
- b. Hold and save the State of Maryland free from damages that may result from the construction of the project;
- c. Accomplish, without cost to the State of Maryland, alterations and relocations as required in sewer, water supply, drainage and other utility facilities and
- d. Shall assure that the facility shall be designed and constructed for persons with disabilities pursuant to the Annotated Code of Maryland and the Americans with Disability Act (ADA).

12. **Compliance with Applicable Law:** The Grantee hereby represents and warrants that:

- a. The Grantee is qualified to do business in the State of Maryland and that they will take such action as, from time to time hereafter, may be necessary to remain so qualified;
- b. The Grantee is not in arrears with respect to the payment of any monies due and owing the State of Maryland, or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and that they shall not become so in arrears during the term of this Grant;
- c. The Grantee shall comply with all federal, State, and local laws, regulations, and ordinances applicable to its activities and obligations under this Grant; and
- d. The Grantee shall obtain, at its expense, all licenses, permits, insurance, and governmental approvals, if any, necessary to the performance of its obligations under this Grant.

13. **Unused Funds:** The Department reserves the right to revert any unexpended or unencumbered balance from this grant not used during the project period specified in the scope of work. Grant projects four years or older are subject to immediate reversion by the Department.

14. **Subject to Audit:** The Department retains the right to audit and inspect the records of the Grantee pertaining to this Grant for a period of 3 years after the conclusion of the Grant. Grantee shall permit any duly authorized representative of the State to inspect and audit all records and documents of Grantee relating to this Grant. Should the Department determine that Grant funds have been expended for activities outside of the Scope of this Grant Agreement; the Grantee shall reimburse the Department for funds so identified.

15. **Default:** Default is Grantee's breach of any of the applicable covenants, agreements, or certifications contained in this Grant Agreement.

16. **Remedies Upon Default:**

a. Upon the occurrence of any default, the Department may require the defaulting party to:

- (i) repay the Grant, in whole or in part;
- (ii) recoup the amount of the Grant already paid from funds due the Grantee from any other current or future State grant or loan or any other funds, otherwise due and owing Grantee;
- (iii) withhold further payments under this Grant Agreement; or
- (iv) terminate this Grant Agreement.

b. In addition to the rights and remedies obtained in this Grant Agreement, the State may at any time proceed to protect and enforce all rights available to it. All rights and remedies survive the termination of this Grant Agreement.

17. **Termination:**

a. The Department may terminate this Grant Agreement for any reason in accordance with this clause in whole, or from time to time in part, whenever the Department shall determine that such termination is in the best interest of the Department. The Department will pay all reasonable costs associated with this Grant Agreement that the Grantee has incurred up to the date of termination and all reasonable costs associated with termination of the Grant Agreement. However, the Grantee shall not be reimbursed for any anticipatory profits or other costs that have not been earned up to the date of termination.

b. The Parties may mutually agree to terminate this Grant Agreement without cause. Termination of the Grant Agreement will not release the party(ies) from any prior commitments, obligations, or transactions, occurring prior to the effective date of termination or any non-cancellable obligations that may extend beyond the termination dates.

18. **Disposition of Property:** The Grantee may not sell, lease, exchange, give away, or otherwise transfer or dispose of any interest in the real or personal property acquired by Grantee with Grant funds except as provided in #10 and as approved by the Department. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Grantee. The Grantee shall give the Department written notice at least sixty (60) calendar days before any proposed transfer or disposition. If the Department permits transfer or disposition, Grantee may be required to repay the State that percentage of the proceeds allocable to the Grant that was used to acquire the property as determined by the Department in its sole discretion.

19. **Appropriations:** If the Federal and/or State government fails to appropriate funds or if funds are not otherwise made available for continued performance for any period of this Grant Agreement, this Grant Agreement must be canceled automatically as of the beginning of the period for which funds were not appropriated or otherwise made available. The Grantee may not recover anticipatory profits or costs incurred after termination.

20. **Insurance.** For any item of real or personal property acquired by Grantee with Grant funds that has an original fair market value of Five Thousand Dollars (\$5,000) or more, the Grantee shall, at its own expense, and for the reasonable useful life of that item, obtain and maintain all risk or fire and extended coverage insurance or such similar insurance coverage as may be appropriate for the full value of the item, or in amounts as may be commercially reasonable under the circumstances from time to time. Each such policy shall:

- a. name the State as an additional loss payee thereunder;
- b. by its terms, be considered primary and non-contributory with respect to any other insurance (if any) provided by the State;
- c. by its terms, be cancelable only on at least thirty (30) days prior written notice to the Grantee; and
- d. be issued by a reputable insurer authorized to issue such policy in Maryland.

The Grantee shall, on request, provide the Department with satisfactory evidence of its compliance with this requirement. Proceeds of insurance required by this paragraph may be applied as the Department, in its sole discretion, shall determine, toward replacement of the real or personal property or toward the partial or total repayment of the Grant to the State. Provided the Grantee has adequate financial resources, as determined in the sole discretion of the Department, the Grantee may self-insure the property.

21. **Indemnification.** The Grantee shall be responsible for, and shall defend, indemnify, and hold harmless the State of Maryland, its officers, agents, and employees, whether or not the State be deemed contributory negligent, from all suits, actions, liability, or claim of liability (including reasonable attorney's fees) arising out of:

- a. Grantee's involvement in the Project, including its construction;
- b. Grantee's use, occupancy, conduct, operation, or management of the Project;
- c. any negligent, intentionally tortuous, or other act or omission of the Grantee or any of its agents, contractors, servants, employees, subtenants, licensees, or invitees in connection with the Project; and

d. any injury to or death of any person or damage to any property occurring in, on, or as a direct or indirect result of Grantees involvement in the Project or any of the Grantees activities in connection therewith.

22. **Nondiscrimination and Equal Employment Opportunity:** The Grantee agrees:

- a. Not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry, or physical or mental handicap unrelated in nature and extent so as reasonably to preclude the performance of such employment;
- b. To include a provision similar to that contained in subsection (a), above, in any contract under this Grant except a contract for standard commercial supplies or raw materials; and
- c. To post and to cause contractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.
- d. Not to discriminate against any person on the basis of race, color, creed or national origin, in the use of any property or facility acquired or developed pursuant to this Grant Agreement.

23. **Drug and Alcohol Free Workplace:** The Grantee shall comply with the State of Maryland's policy concerning a drug and alcohol free workplace, as set forth in the Governor's Executive Order 01.01.1989.18 and COMAR 21.11.08 and the Drug-Free Workplace Act of 1988, and its implementing regulations codified at 29 CFR 98, Subpart F.I. as amended.

24. **Amendment:** This Grant Agreement may be amended only in a writing executed by the parties.

25. **Assignment:** The Grantee may not assign this Grant Agreement without the prior written approval of the Department. When so approved, this Grant Agreement shall bind the Grantee's successors and assigns.

26. **Entire Agreement:** This Grant Agreement, including the Attachment(s), represents the complete and final understanding of the parties. No other understanding or representations, oral or written, regarding the subject matter of this Grant Agreement, shall be deemed to exist or to bind the parties at the time of execution.

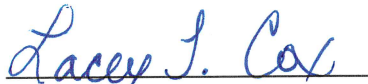
27. **Maryland Law:** The laws of Maryland shall govern the interpretation and enforcement of this Grant Agreement.

This document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures, including notary signatures, provided by electronic means including, by way of example and not of limitation, facsimile, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original signatures.

IN WITNESS WHEREOF, the parties have executed this Grant Agreement by causing the same to be signed on the day and year first above written.

Signatory for the Grantee:

Kent County Commissioners


GRANTEE WITNESS


Ronald H. Fithian, President
Kent County Commissioners

State of Maryland
Department of Natural Resources

DEPARTMENT WITNESS

Christine Conn, Ph.D., Unit Director
Chesapeake & Coastal Service

Approved as to form and legal sufficiency
March 2022
Office of the Attorney General, Department of Natural Resources

ATTACHMENT A

GRANT #: LG-1424B-24

SCOPE OF WORK

PROJECT TITLE: Betterton Public Landing Preliminary Engineering

DESCRIPTION: The project involves preliminary engineering to provide a site evaluation, stakeholder outreach, wave/wind analysis, sea level rise/frequency of flooding and construction cost estimates that will assist with providing recommended option for replacement, modification or rehabilitation of the existing structures at the Betterton Public Landing.

Examples of final deliverables for the project include photographs, as-builts, post dredge survey (if applicable), final reimbursement, etc. The final reimbursement with appropriate back-up documentation shall be submitted to the Chesapeake and Coastal Service no later than thirty days after the end date of the grant period.

To assure that projects are on task to meet milestone target dates, generally quarterly reimbursement requests and status reports will be submitted to the Department Contact in accordance with the following schedule:

TIME FRAME

DUE DATE

FY 2024

July 1, 2023 – September 30, 2023
October 1, 2023 – December 31, 2023
January 1, 2024 – March 31, 2024
April 1, 2024 – June 30, 2024

October 15, 2023
January 15, 2024
April 15, 2024
July 15, 2024

FY 2025

July 1, 2024 – September 30, 2024
October 1, 2024 – December 31, 2024
January 1, 2025 – March 31, 2025
April 1, 2025 – June 30, 2025

October 15, 2024
January 15, 2025
April 15, 2025
July 15, 2025

FY 2026

July 1, 2025 – September 30, 2025
October 1, 2025 – December 31, 2025
January 1, 2026 – March 31, 2026
April 1, 2026 – June 30, 2026

October 15, 2025
January 15, 2026
April 15, 2026
July 15, 2026

FY 2027

July 1, 2026 – September 30, 2026
October 1, 2026 – December 31, 2026
January 1, 2027 – March 31, 2027
April 1, 2027 – June 30, 2027

October 15, 2026
January 15, 2027
April 15, 2027
June 30, 2027

ATTACHMENT B
Center for Waterway Improvement and Infrastructure
Request for Reimbursement

Grant Number: _____ Reimbursement #: _____

Is this a final reimbursement? Yes ☐ No ☐
If a final reimbursement, shall WWI revert the remaining funds? Yes ☐ No ☐ N/A ☐

Project Title: _____

Make Check Payable to: _____ Federal ID # _____

Address: _____

Project Coordinator: _____ Title: _____

Telephone: _____ E-Mail: _____

1. Cost Summary:

Project Performance Period: _____

Item #	Vendor/Contractor/Force Account/Equipment	Invoice # (or indicate separate schedule attached)	Amount

Total:	
State Approved (50%, 100%):	
Total Reimbursement Requested:	\$
*Reimbursement Request (Other):	\$

Payment Certification: *I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures and the Waterway Improvement Fund Grant Agreement.*

X

Signature of local government fiscal authority or of local Project Coordinator – See Instruction #4	Typed or printed name	Title	Date
---	-----------------------	-------	------

*- Enter reimbursement amount if not 50% or 100%, or if federally funded.

This document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures, including notary signatures, provided by electronic means including, by way of example and not of limitation, facsimile, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original signatures.

THIS PAGE FOR STATE USE ONLY

Shaded areas for state use:

Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____

This payment: \$ _____

Project's Balance: \$ _____

Federal Funds only:

STATE MATCH %: _____ FEDERAL SHARE%: _____

Total payment state share: _____

Total payment federal share: _____

Final Payment directions:

Check if applicable:

☒
☐
☐
☐

Yes, this payment is a final payment.

Yes, remaining funds may be reverted.

Please Transfer remaining funds to Project #:

Signatures:

Regional Program Administrator Approval _____	Date _____
Waterway Director's Approval _____	Date _____
Fiscal Administration Approval _____	Date _____

INSTRUCTIONS FOR PREPARING, COMPLETING, AND SUBMITTING THE REQUEST FOR REIMBURSEMENT

1. Please type or print in ink. If you have any questions, please email Carla Fleming at Carla.fleming@maryland.gov.
2. A Transmittal Letter, on official letterhead, must accompany all Requests for Reimbursement Forms and should summarize all items included in the submittal packet.
3. Submit one Request for Reimbursement Form per project. The form must be signed by Key Personnel identified in the Grant Agreement or a person with fiscal authority.
4. One copy of all invoices supporting all costs claimed should be submitted with evidence of corresponding payments made to vendors/contractors (copies of checks, check numbers, or fund wire summary). If the local jurisdiction elects not to submit copies of canceled checks, the Payment Certification must be signed by an individual with fiscal authority who can certify that the payments have been made.
5. If work has been accomplished using in-house labor and equipment, submit the following documentation:
 - a. A list or computer printout of individuals working on the project to include; job function, dates and hours worked, hourly rate and total paid.
 - b. A list or computer printout of equipment used to include dates and hours operated on the project. Usage rates should be based on current schedules used within the county or town, or the current State Highway Administration rate schedule. Indicate the source for rates used.
6. Reimbursements will be made by wire transfer or by check based on the Applicant's information on file with the Department of Natural Resources.
7. Submit the completed packet via email to the Regional Administrator or mail to:

Department of Natural Resources
Center for Waterway Improvement and Infrastructure
Chesapeake and Coastal Service
Tawes State Office Building – E2
580 Taylor Ave.
Annapolis, MD 21401

Note: Grant recipient will retain additional support documents for costs submitted on the project, such as contracts, change orders, bid tabulations, labor and equipment records for a period of three years after final reimbursement.



Engineering - Building Maintenance 7/25/2023 County Commissioners Meeting

Item Summary:

Kent County Government Center (400 High Street) Fascia/Cornice Repairs Funding Approval

ATTACHMENTS:

Description



Orem Field Lighting Upgrade - Additional Warranty 7/25/2023 County Commissioners Meeting

Item Summary:

Contract Amendment for Worton Park Orem Field LED Lighting Upgrade

ATTACHMENTS:

Description



Environmental Operations Division
7/25/2023
County Commissioners Meeting

Item Summary:

Construction Management Contract for Nicholson Landfill Groundwater Treatment Facility Project

ATTACHMENTS:

Description



Circuit Court Assignment Office
7/25/2023
County Commissioners Meeting

Item Summary:

Air Conditioning Unit Replacements

ATTACHMENTS:

Description



Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement
7/25/2023
County Commissioners Meeting

Item Summary:

Tobacco Compliance Check Results, 21 or None Tobacco Campaign

ATTACHMENTS:

Description

07.25.23 FY2023 Campaign 2, Tobacco Compliance Responsible Retailer Letters

TEMPLATE Responsible Retailer Green Card - NO RETAILER NAME

07.25.23 FY2023 Campaign 2, Tobacco Non-Compliance Check Result Letters



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

7 Eleven, 36098A
212 S. Maple Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

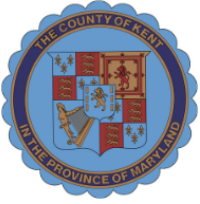
Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Acme, Unit 14 - Store #0849
711 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Bayside Market
21309 Rock Hall Avenue
Rock Hall, MD 21661

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

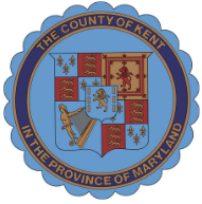
Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

BP
513 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Country Liquors
202 Sassafras Street
Millington, MD 21651

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

C-Town Liquors & Deli
601 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

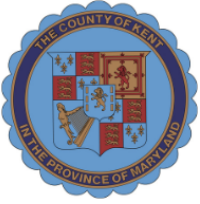
Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Dollar General, Store #490
106 Philosophers Terrace
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

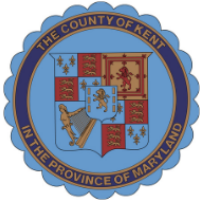
Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Dollar General, Store #14491
21378 Rock Hall Avenue
Rock Hall, MD 21661

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

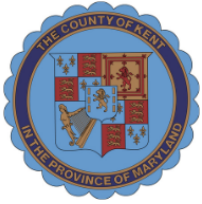
Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Dollar General, Store #17202
10838 Worton Road
Worton, MD 21678

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Food Lion, Store #2117
31810 River Road
Millington, MD 21651

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Great Oak Landing
22170 Great Oak Landing
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Highs, Store #97
887 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

JJ's Deli and Liquor
511 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

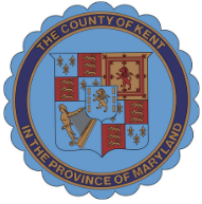
Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Lewes Dairy Mart
840 High Street
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Molly's Mart, Suite A
12503 Augustine Herman Highway
Kennedyville, MD 21645

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

PIP's Bar Discount Liquors, Inc.
2 Washington Square
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Redner's Markets, Inc
17 Washington Square
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Rock Hall Liquors
21318 Rock Hall Avenue
Rock Hall, MD 21661

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Royal Farms, Store #250
859 High Street
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Shore Stop of Rock Hall, Store #221
21340 Rock Hall Avenue
Rock Hall, MD 21661

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Smoke Needs
4 Washington Square
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Suds N Soda
1014 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Sunny's Mart
176 Flatland Road
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Super Soda
302 S Maple Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

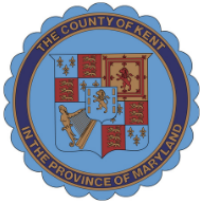
Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Tale Gate
198 Sassafras Street
Millington, MD 21651

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Tolchester Marina
21085 Tolchester Beach Road
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Walgreens, Store #11763
701 Washington Avenue
Chestertown, MD 21620

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

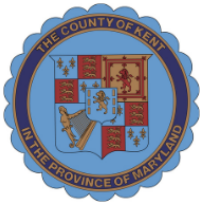
Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Walgreens, Store #11064
21400 Zeeman Road
Rock Hall, MD 21661

Re: Compliance Check Results

Dear Licensee:

The Board of License Commissioners is pleased to report that during a routine compliance check in June 2023 your establishment demonstrated its commitment to checking the identification of your patrons prior to the sale of tobacco and electronic cigarette products. The Board appreciates your efforts to ensure your customers may legally purchase age-restricted products. If you should have any questions, please feel free to contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc
Enclosure: Responsible Retailer Certificate

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease

A Responsible Retailer

Congratulations!

During a routine compliance check, your establishment demonstrated its commitment to asking for the identification of your patrons prior to the sale of tobacco and electronic cigarette products.

The Board of License Commissioners sincerely thanks you for your continued vigilance in ensuring that your customers legally purchase tobacco and electronic cigarette products.

Sincerely,

THE COUNTY COMMISSIONERS OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

July 25, 2023



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Dollar General, Store #18234
189 Sassafras Street
Millington, MD 21651

Re: Compliance Check Results, Citation No. 4Z40701889 First Violation

Dear Licensee:

A compliance check was conducted at your establishment on June 29, 2023. A tobacco product was sold to an individual under the age of 21 in violation of Health General Article § 24-307 Distribution of tobacco products, paraphernalia, or coupons to minors prohibited. A civil citation was issued for Kent County District Court. Your business is subject to a recheck. Further violations by your establishment may result in additional punitive actions.

Keep in mind that an individual under the age of 21 years is a minor and cannot lawfully purchase tobacco products, tobacco paraphernalia or electronic cigarettes. As a retailer you are required to use a driver's license or government-issued ID to verify the age of a customer. For additional 21 or None Campaign materials or training tools, please contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Copy of Uniform Civil Citation No. 4Z40701889
Health General Article § 24-307

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Thomas N. Yeager, County Attorney
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Galena Mini-Mart
101 N. Main Street
Galena, MD 21635

Re: Compliance Check Results, Citation No. 3Z40701888 Second Violation

Dear Licensee:

A compliance check was conducted at your establishment on June 29, 2023. A tobacco product was sold to an individual under the age of 21 in violation of Health General Article § 24-307 Distribution of tobacco products, paraphernalia, or coupons to minors prohibited. A civil citation was issued for Kent County District Court. This is the second violation within a 24-months period. Your business is subject to a recheck and the appropriate state and local agencies will be notified. Further violations by your establishment may result in additional punitive actions.

Keep in mind that an individual under the age of 21 years is a minor and cannot lawfully purchase tobacco products, tobacco paraphernalia or electronic cigarettes. As a retailer you are required to use a driver's license or government-issued ID to verify the age of a customer. For additional 21 or None Campaign materials or training tools, please contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Copy of Uniform Civil Citation No. 3Z40701888
Health General Article § 24-307

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Thomas N. Yeager, County Attorney
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Board of License Commissioners

Ronald H. Fithian, President | Albert H. Nickerson, Member | John F. Price, Member
Shelley L. Heller, County Administrator | Thomas N. Yeager, County Attorney

July 25, 2023

DRAFT

Sassy River Market II
120 E. Cross Street
Galena, MD 21635

Re: Compliance Check Results, Citation No. 2Z40701887 First Violation

Dear Licensee:

A compliance check was conducted at your establishment on June 29, 2023. A tobacco product was sold to an individual under the age of 21 in violation of Health General Article § 24-307 Distribution of tobacco products, paraphernalia, or coupons to minors prohibited. A civil citation was issued for Kent County District Court. Your business is subject to a recheck. Further violations by your establishment may result in additional punitive actions.

Keep in mind that an individual under the age of 21 years is a minor and cannot lawfully purchase tobacco products, tobacco paraphernalia or electronic cigarettes. As a retailer you are required to use a driver's license or government-issued ID to verify the age of a customer. For additional 21 or None Campaign materials or training tools, please contact Inspector Pearsall at 443-282-5785.

Sincerely,
THE COUNTY COMMISSIONERS
OF KENT COUNTY, MARYLAND

Ronald H. Fithian, President

Albert H. Nickerson., Member

John F. Price, Member

KCC: ltc

Enclosure: Copy of Uniform Civil Citation No. 2Z40701887
Health General Article § 24-307

cc: Bonnie S. Pearsall, Inspector, Kent Alcohol and Tobacco Enforcement (KATE)
Thomas N. Yeager, County Attorney
Nicole Morris, MS, RN, Director, Kent County Health Department Chronic Disease



Procedures For Public Comment 7/25/2023 County Commissioners Meeting

ATTACHMENTS:

Description

Press and Public Comments

07.25.23 Public Comments Sign In Sheet

07.25.23 Public Comments Document Received from Dr. Karen Couch, Superintendent, Kent County Public Schools

Press and Public Comments

Time is allotted at the beginning and end of each meeting for the Commissioners to receive comments from the public. Anyone interested in speaking must sign up on the provided The Public Comment sign-up sheet is located on the table inside the meeting room.

The President of the Board will call the names of the listed individuals when it is time to speak. When making comments, individuals are asked to speak slowly, clearly, and concisely. Precede all comments with your name and address and speak only on the subject under discussion.

Comments in writing are welcomed and should be given to the staff after your presentation. Any person making personal, impertinent, or slanderous remarks, or whose speech or actions become disruptive, will be asked to leave the meeting.

Interested parties may address the Commissioners in writing at any time about any matter pertaining to County business. Written statements can be hand-delivered or mailed to:

The County Commissioners of Kent County, Maryland
400 High Street
Chestertown, MD 21620

**PUBLIC COMMENTS
SIGN IN SHEET
July 25, 2023**

NAME (please print)	ADDRESS	TOPIC
Karen Couch	5608 Boundary Ave Rock Hall, MD	KCPS update & FY24 Budget

FY 24 Budget Reductions by Department and School

KCHS- Eliminated 4.0- Teachers (music, Spanish, social studies, special education), 2.0 IA positions, 1.0 custodian

KCMS- Eliminated 1.0 Sped Teacher

GARNET- Eliminated 1.0 Teacher, 2.0 IA's positions

GALENA- Eliminated 1.0 Teacher, 1.0 IA position

RHES- Eliminated 1.0 Teacher

General- 1.0 IA position moved into TSI budget

Transportation- Eliminated one route
\$10K reduction in general fund

Maintenance- \$25K reduction in general fund

Facilities- \$35K reduction in general fund

Student Services- Eliminated Coordinator position

Nursing- Eliminated 4.0 CNA positions

Fixed Charges- Reduced by \$700,000

TOTAL ACTUAL REDUCTIONS - \$2.1M

ALSO ELIMINATED \$1.4 M FROM THE WISH LIST= \$3.5 M TOTAL

7/25/23 submitted
SMB



American Rescue Plan Act (ARPA) Funds Spend Plan 7/25/2023 County Commissioners Meeting

ATTACHMENTS:

Description

7-11-2023 ARPA Fund Commissioner Report

AMERICAN RESCUE PLAN ACT FUND
AS OF COMMISSIONER MEETING MINUTES DATED
7/11/2023

Project	Department	Project Estimate	Date Approved	Amount Approved	Date Completed
Feed the Elderly Year 1	Local Management Board	112,800	08/31/21	112,800	
Feed the Elderly Year 2 and 3	Local Management Board	204,115	03/08/22	204,115	
Clariflocculator Replacement Project	Water & Wastewater Fund	275,000	08/31/21	275,000	6/28/2022
Clariflocculator Replacement Project Change Order #1		2,817	01/11/22	2,817	6/28/2022
Clariflocculator Replacement Project Change Order #2		90,642	01/11/22	90,642	11/23/2022
AV System	Information Technology	71,254	10/26/21	71,254	
IT Software	Information Technology	27,095	10/26/21	27,095	
Neighborhood & Infrastructure Grants	Information Technology	258,402	12/14/21	258,402	
A/V Equipment in EOC	Emergency Operation Center	14,087	02/01/22	14,087	
SCADA Pump Station Monitoring	Water & Wastewater Fund	110,065	02/08/22	110,065	
Millington/RT301 Wastewater Treatment Feasibility Study	Water & Wastewater Fund	57,500	02/08/22	57,500	
Millington/RT301 Wastewater Conveyance System Capacity Study		9,500	09/27/22	9,500	
Tolchester Wastewater-Design Services Influent Screen	Water & Wastewater Fund	52,910	02/08/22	52,910	
Tolchester Wastewater - Bid Services and Const. Management		35,735	09/27/22	35,735	
Tolchester Wastewater Influent Screen Construction		600,914	04/25/23	600,914	
Worton WWTP Influent Lagoon Engineer Design & Bid Services	Water & Wastewater Fund	32,981	03/22/22	32,981	
Worton WWTP Influent Lagoon Engineer Const. Management		43,736	03/08/23	43,736	
Worton WWTP Lagoon Sludge Removal Contract		1,400,500	12/13/22	1,400,500	
Worton WWTP Lagoon Sludge Removal Contract Change Order #1		30,000	06/13/23	30,000	
Kennedyville Pump Station #2 Relocation Design	Water & Wastewater Fund	52,338	09/27/22	52,338	
Kennedyville Pump Station #2 Relocation Const. Management		<i>Deferred</i>			
Kennedyville Pump Station #2 Construction		<i>Deferred</i>			
Worton/Kennedyville GIS Water and Sewer Facilities Mapping	Water & Wastewater Fund	75,770	09/27/22	75,770	
Worton Vehicle Storage Building & site prep/lighting/heat	Water & Wastewater Fund	40,000	10/25/22	40,000	
Worton WWTP Solids Press Replacement Design	Water & Wastewater Fund	40,000.00			
Worton WWTP Solids Press Replacement Construction Management		20,000.00			
Worton WWTP Solids Press Replacement		250,000.00			
Total Amount of Funds Committed		<u>\$ 3,908,161</u>		<u>\$ 3,598,161</u>	
Amount of ARPA Funds		3,766,777		3,766,777	
Balance of ARPA Funds Remaining		<u>\$ (141,384)</u>		<u>\$ 168,616</u>	



Contingency and Use of Fund Balance Report 7/25/2023 County Commissioners Meeting

ATTACHMENTS:

Description

7-11-2023 Commissioner Report Contingency

**FY24 CONTINGENCY & USE OF FUND BALANCE
AS OF COMMISSIONERS MEETING MINUTES DATED
July 11, 2023**

[illegible]