

# CITY OF HILLSBORO

Commission Members:

Levi Reese, President

Dave Sather, Vice President

Mike Kress, Paul Geray & Nicole Evans

19 S Main, PO Box 400

Hillsboro, ND 58045

Phone: (701) 636-4620 Fax (701) 636-4621

Auditor: Ashley Frederick

Public Works Director: Jim Anderson

City Attorney: John Juelson & J.R. Strom

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## **REGULAR CITY COMMISSION MEETING**

**November 7, 2022, 6:30PM at MSCC**

### **A G E N D A**

- 1. Open with Pledge of Allegiance**
- 2. Reading of Minutes** – October 17, 2022, Regular Meeting Minutes
- 3. Presentation of Bills**
- 4. City Commissioners Reports**
- 5. Report of City Officers**
  - a. Superintendent
  - b. Attorney
  - c. Auditor
  - d. Sheriff's Office
  - e. City Engineer
- 6. BC Ticket Items – See Attachment**
- 7. Old Business**
  - a. Railroad Park - Update
  - b. FEMA Disaster Relief
- 8. New Business**
  - a. Alley behind Grocery Store, Vets Club, Bank & Hill House Apartments
  - b. Mobile Home Utility Rates
  - c. Special Assessment Committee
  - d. Dental & Vision Insurance Open enrollment options
  - e. Fire Marshall Inspections
    - i. 202 2<sup>nd</sup> St. SE
    - ii. Dollar General
  - f. 2023 Clean Water State Revolving Fund (CWSRF) Questionnaire Submission approval
- 9. Citizens Addressing the Commission**
- 10. Adjournment**

**NEXT REGULAR MEETING:**

**Monday November 21, 2022, 6:30 PM**

**MAIN STREET COMMUNITY CENTER**

## HBC Ticket's

- a. HBC Ticket #2021001 – 318 2<sup>nd</sup> St SE– Referred to Sheriff Department
- b. HBC Ticket #2021002 – 206 4<sup>th</sup> Ave SE- Referred to Sheriff Department/ motion was made to close this ticket.
- c. HBC Ticket # 2021003 – 222 4<sup>th</sup> Ave SE – Referred to Sheriff Department
- d. HBC Ticket # 2021004 – 103 4<sup>th</sup> St NE– Waiting on finalization from District court.
- e. HBC Ticket # 2021005- 13 S Main St- New deadline set for December 1, 2022
- f. HBC Ticket #2021007- 322 1<sup>st</sup> Ave NW- Property has been sold/ motion was made to close this ticket for now.
- g. HBC Ticket # 2022001- 203 4<sup>th</sup> St SW- Referred to Sheriff Department
- h. HBC Ticket # 2022002- 205 4<sup>th</sup> St SW- Property is up for sale, Kumar is willing to work with city.
- i. HBC Ticket # 2022003- 310 E Caledonia- Motion was made to refer to City Commission.
- j. HBC Ticket # 2022004- 218 4<sup>th</sup> St NE- Referred to Sheriff Department

DATE: 10/17/2022

TIME: 6:30 PM

**THE HILLSBORO BOARD OF CITY COMMISSIONERS HELD A REGULAR MEETING AT MAIN COMMUNITY CENTER AT THE ABOVE DATE AND TIME.**

Commissioners present: Reese, Sather, Kress, Geray, Evans

Commissioners Absent: none

Commissioner Reese opened the meeting with the Pledge of Allegiance at 6:30 PM.

**Reading of the Minutes:**

*Commissioner Sather moved to approve the October 3, 2022, Regular City Commission Meeting Minutes. Commissioner Kress seconded. None voted no. Motion carried.*

**Presentation of Bills**

<b>AP to be approved on 10/17/2022</b>	<b>10/17/2022</b>	<b>Amount</b>	<b>Check #</b>
Advanced Stripping & Seal Coating	Asphalt sealing & Coating	\$49,450.00	26011
AE2S	September Services	\$17,753.97	26012
Alicia's Cleaning Services	November Cleaning	\$400.00	26013
Aramark	Rugs/mops	\$136.39	26014
Arvig AEI Construction	Boring	\$32,705.00	26015
Beltrami Electric	500 MCM Primary Wire	\$14,076.00	26016
Border States Electric	Steel conduit	\$24,634.04	26017
Business Essentials	Office Supplies	\$50.87	26018
Cole Paper	Toliet paper	\$81.85	26019
Core & Main	Snap socket/adpt slide/bx riser	\$1,062.16	26020
Dakota Natural Gas	Natural Gas	\$17.21	26021
Electric Pump	Service Call- 4th Ave & 3rd St Lift Station	\$1,031.50	26022
Evan Properties LLC	Bright Energy Start Rebate	\$4,625.00	26023
Ewing Oil	Fuel	\$125.10	26043
Hillsboro Airport Authority	September contribution	\$95.48	26024
Hillsboro Banner	Sept legals/ads	\$454.27	26025
Hillsboro Economic Dev	Lodging tax	\$26.67	26026
Holcim - MWR Inc	Gravel/Rock	\$1,459.25	26027
Job Service	3rd quarter contribution	\$122.53	815e
KRJB-FM	Winter sports/ads	\$555.00	26028
Lawsons Products	Screws	\$186.46	26029
Loffler Companies	Sept copies & Lift station monitor fees	\$182.97	26030
Lowry Engineering	Construction Documents	\$4,973.80	26031
Magnuson Tire	Tire repair	\$247.99	26032
Midwest Pest Control	Pest control	\$152.00	26033
Kendra Miller	MSCC deposit refund	\$100.00	26034
Missouri River Energy Services	September 2022 billing	\$106,171.54	816e
ND One Call	September Locates	\$115.70	26035
Nodak Electric	Fix jumper on transformer feeding the Café	\$286.45	26036
Payment Service Network	Sept services	\$408.06	817e
Premium Waters	Water	\$86.57	26037
Sorum Oil	Fuel	\$2,068.53	26038
State tax Commissioner	3rd Quarter income tax	\$1,870.89	818e
State tax Commissioner	Sales Tax Pool	\$922.56	26039
Sunbelt Solomon	Eye bolt terminals/control cables/substation stand	\$18,641.58	26040
Team Lab	Super and Mega Bugs	\$3,619.00	26041
Waste Management	Trash Accounts/Roll offs	\$27,006.06	26042
		<u>\$315,902.45</u>	

*Commissioner Geray moved to pay bills as presented. Commissioner Evans seconded. None voted no. Motion carried.*

**Disconnects- October 2022:**

*Commissioner Sather made the motion to approve the disconnects. Commissioner Geray seconded. None voted no. Motion carried*

**City Commissioners Reports:**

**Commissioner Reese:**

- Beautification Committee
  - Had one board member resign so we will be looking for a new member.
  - Working with City Attorney Strom on the policy procedures for the notification process for violations to our junk and trash ordinance.
  - Railroad Park project going to apply for grant through the Hillsboro Community Foundation for the fence with the updated quote of \$26,856. City Attorney Strom is working with BNSF on the lease agreement.
- Finances
- Commissioner Reese provided the Commission with a financial packet to review later in meeting.
- City Hall interviewed two of the four applicants for the temporary administrative assistant position. Auditor Frederick recommended to hire Candlice Monroe at the hourly rate of \$15.50 starting on October 24<sup>th</sup>.

*Commissioner Sather made the motion to approve hiring Candlice Monroe starting on October 24<sup>th</sup>. Commissioner Kress seconded. None voted no. Motion carried.*

**Commissioner Geray:**

- Electrical wiring on the interstate substation is almost done.
- MRES area meeting on October 27<sup>th</sup> in Northwood, Public Works Director Anderson and Commissioner Geray will be attending. Planning on reaching out to the other MRES members in our area to talk about starting to help with maintenance together.
- Allegiant Utility Services will be sending out letters to all residents to replace load controls in all homes.
- Beautification Commission- HEDC meeting on Oct 24<sup>th</sup> should get updates on grants.

**Commissioner Evans:** nothing to report

**Commissioner Kress:** nothing to report

**Commissioner Sather:**

- Black topping around town is about done.
- The city would like to remind residents to please pull your garbage and recycling totes off the streets after they have been emptied.

**City Officers Reports:**

**Public Works Director Anderson:**

- Working on getting all the underground work before winter.
- Been helping with the final work on the substation.

**City Attorney Strom:** nothing to report

**City Deputy Auditor Bjorklund:** nothing to report

**City Engineer Swanson:** nothing to report

**Sheriff's Office:** nothing to report

**Old Business:**

**Railroad Park Update:**

Updated under Commissioner Reese earlier in meeting.

**FEMA Disaster Relief:**

- Bridge would be covered under State funding.
- County is getting a quote to remove trees.
- Take off the agenda until January 2023.

**Fiscal Responsibility:**

- Sewer fund account being down by \$500,000 is due to the improvements made on second avenue, fixing the valley gutter and storm drain by the Kiwanis housing which was \$300,000.
- Looking at the debt retirement fund to offset some of the costs, still working on the transfers to bring our funds up.
- General fund working on insurance, taxes that should be coming out of utility accounts.

- Daily spending for maintenance stays the same.
- Full discussion available on our website under the YouTube tab.

*Commissioner Kress made a resolution to raise water & sewer rates.*

*Commissioner Kress made a motion to approve resolution to increase rates Water up by \$2.50 and Sewer up by \$2.50 per hookup starting in December 2022. Commissioner Sather seconded the motion.*

***In a roll call vote***

***Yes- Kress Geray, Sather, Evans, and Reese***

***Motion Carries.***

*Commissioner Sather made a motion no new projects, finish up our current projects, that all spending needs prior approval except in case of emergency and to let commissioner with the portfolio be notified within 24 hours of the expense. Commissioner Geray seconded the motion.*

***In a roll call vote***

***Yes- Kress Geray, Sather, Evans, and Reese***

***Motion Carries.***

**New Business:**

**Hillsboro's Dollars for Scholar's Cash Raffle Local Permit application:**

*Commissioner Sather made a motion to approve raffle permit. Commissioner Kress seconded the motion.*

***In a roll call vote***

***Yes- Sather, Geray, Kress, Evans, and Reese.***

***Motion carried.***

**Electrical Rates Ordinances- #531**

*Commissioner Geray made a motion for the second reading of Ordinance 531. Commissioner Kress seconded the motion.*

***In a roll call vote***

***Yes- Evans, Kress, Geray, Sather, and Reese.***

***Motion Carries.***

**BES Power Team 5<sup>th</sup> Grade Education Program:**

- Bright Energy Solutions Power Team is a cost-share educational program for Missouri River Energy Services members to offer to their 5<sup>th</sup> grade students. It is a 50/50 cost-share program, the cost is \$44 per student between MRES and the city.

*Commissioner Geray made a motion to approve the city to go forward with BES program with 5<sup>th</sup> grade students. Commissioner Sather seconded the motion.*

***In a roll call vote***

***Yes- Kress Geray, Sather, Evans, and Reese***

***Motion Carries.***

**Citizens Addressing the Commission:**

Vonie Manthey: about 3 ½ weeks ago the city did work on the fire hydrant by her house which cause dirt to come through the water lines in my home.

Public Works Director Anderson: evidently there were some issues with water due to the work done on the water line in front of her house and I make the recommendation to cover the cost of any plumbing issues this caused.

Vonie Manthey also brought up the road by the Hillsboro City cemeteries. Public Works Director Anderson stated that it is the State Highway Department jurisdiction their right of way.

The sign coming into Hillsboro on Highway 81 south should have a light by that corner.

**Adjournment:**

*Commissioner Sather moved to adjourn the meeting at 7:43pm. Commissioner Evans seconded. Motion carried.*

\_\_\_\_\_  
Julie Bjorklund  
City Deputy Auditor

\_\_\_\_\_  
Levi Reese  
Commission President

The next regular meeting of the Hillsboro Board of City Commissioners  
will be at 6:30 PM on Monday, November 7, 2022, at Main Street Community Center.

EOM to be approved on 11/07/2022	PAID on 10/31/2022	Amount	Check #
James P. Baumgartner	Payroll	\$3,583.96	26044
Jay J. Alfson	Payroll	\$2,852.31	500532e
James M. Anderson	Payroll	\$5,017.05	500533e
Zachary Anderson	Payroll	\$2,959.23	500534e
Julie H. Bjorklund	Payroll	\$2,824.89	500535e
Ashley D. Frederick	Payroll	\$3,453.27	500536e
Bryan D. Hall	Payroll	\$2,825.28	500537e
Jonthan E. Hams	Payroll	\$3,526.14	500538e
Sara Myers	Payroll	\$2,383.60	500539e
Taxes Federal	Payroll taxes	\$9,149.16	819e
Blue Cross Blue Shield of ND	Dental & Vision Ins	\$1,047.00	820e
Bell State Bank & Trust	Profit Sharing Plan	\$2,715.16	821e
Microsoft Online	Oct 2022 Services	\$390.00	822e
ND Pers	Health Ins	\$12,679.60	823e
<b>Total Accounts Payable</b>		<b>\$55,406.65</b>	

AP to be approved on 11/7/2022	11/7/2022	Amount	Check #
Acme Tools	Cleaning Tools	\$196.83	
Aramark	Rugs/Mops	\$136.39	
Bonnie Anderson	Refund of credit balance/refund of deposit	\$214.75	
Border States	Sweet Briar	\$9,185.72	
Butler Machinery	wheel-type loader - small	\$3,960.00	
CDW-G	Logiteckeyboard	\$61.84	
ECRWD	water	\$8,148.65	
Evans Properties	BES rebate	\$300.00	
F & S Concrete	Water, sewer, storm, Parks Imp- Riverwalk	\$91,798.65	
Halstad Telephone Company	Phones/Internet	\$992.23	
Hawkins	Chemicals	\$4,149.92	
HEDC	Sales Tax	\$11,925.24	
HEDC	Lodging Tax	\$572.94	
Hillsboro Body Shop	Transformer repair/Paint materials/waste disposal	\$1,078.00	
Hillsboro Kiwanis	Quarter Payment	\$75.00	
Hillsboro Lumber & Hardware	window for shop	\$53.46	
Hillsboro Park Board	Rev Sharing OCT	\$2,721.43	
Holcim	X-flat:4000, Flatwork, 4060L, EF	\$330.63	
J.P Morgan	Credit Cards September	\$5,362.45	ACH
Kendra Knecht	refund Armory Deposit	\$100.00	
KRB Gravel	Gravel	\$1,860.00	
Lawson Products	parts order 8777301	\$108.78	
Loffler	copier city Hall	\$112.67	
Midwest Pest Control	Pest Control	\$182.00	
Miller's Fresh foods	Office Supplies	\$45.49	
Mootz Construction	Pallet racking/gutters	\$1,725.00	
MRES	Misc Services	\$5,656.99	
Naastad Bros	Storm sewer pipe repair/water & sewer around town	\$216,480.50	
ND League of Cities	2022 Annual Conference Levi Reese	\$250.00	
ND One Call	October Service	\$89.15	
NODAK Electric	terminate cable and hook up secondaries new duplexes	\$1,238.80	
Ohnstad Twichell	City Commission Meetings	\$600.00	
Olsen Hardware	Supplies	\$199.23	
RMB Environmental	Water Testing	\$81.68	
RS Electric	Electrical Material for Substation	\$1,318.00	
Stuart C Irby	Omni-Rupter Switch Insulated Fiberglass Handle	\$4,700.00	
Team Lab	Fine road patch	\$881.50	
Trails County Highway Dept	Repair for signs	\$716.20	
Trails County Sheriff	Policing contract - Nov	\$17,254.08	
Usa Blue Book	PH Buffer/Electrode storage/PH Electrode	\$510.09	
Verizon	Phones	\$833.51	
		<u>\$396,207.80</u>	



**ND**

## Monthly Dental Rates

Available to clients with 3-9 contracts

Plan Name	Deductible	Annual Max	Ortho	Individual	Family
BlueDental Essential	\$50*	\$1,000	None	\$33.60	\$84.00

Available to clients with 10 or more contracts

Plan Name	Deductible	Annual Max	Ortho	Individual	Family
BlueDental Premium	\$50	\$1,000	None	\$30.30	\$75.80
BlueDental Premium+	\$50	\$1,000	\$1,500	\$38.40	\$96.00
BlueDental Elite	\$50*	\$1,000	None	\$37.00	\$92.50
BlueDental Elite+	\$50*	\$1,000	\$1,500	\$45.00	\$112.50
BlueDental Elite	\$50*	\$1,500	None	\$38.40	\$96.00
BlueDental Elite+	\$50*	\$1,500	\$2,000	\$49.10	\$122.80
BlueDental Elite	\$100*	\$1,000	None	\$35.00	\$87.50
BlueDental Elite+	\$100*	\$1,000	\$1,500	\$43.10	\$107.80
BlueDental Elite	\$100*	\$1,500	None	\$36.50	\$91.30
BlueDental Elite+	\$100*	\$1,500	\$2,000	\$47.20	\$118.00
BlueDental Preferred	\$50/100*	\$1,000	None	\$33.00	\$82.50
BlueDental Preferred+	\$50/100*	\$1,000	\$1,500	\$41.10	\$102.80
BlueDental Preferred	\$50/100*	\$1,500	None	\$34.40	\$86.00
BlueDental Preferred+	\$50/100*	\$1,500	\$2,000	\$45.10	\$112.80

*No change in rates for 1-1-23 on current plan*

*proposed plan same as current*  
*proposed plan with enhanced oop and ortho.*

Available to clients with 51 or more contracts

BlueDental Elite+	\$50*	\$2000	\$1500	\$47.10	\$117.80
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## Monthly Vision Rates

Available to clients with 3 or more contracts

Plan Name	Benefits	Individual	Family
BlueVision Essential	\$100 Frame Allowance, No Copays	\$10.80	\$24.80
BlueVision Classic	\$150 Frame Allowance, \$10/\$25 Copays	\$9.00	\$20.70
BlueVision Premium	\$150 Frame Allowance, No Copays	\$12.00	\$27.60
BlueVision Elite	\$150 Frame Allowance, \$10/\$10 Copays	\$12.70	\$29.20

*current plan*  
*proposed plan*

\* Deductible is waived for preventive dental services.

Effective 01/01/2022





**ND**

Client Name: CITY OF HILLSBORO  
 Client Number: 251153  
 Renewal Date: 01/01/2023

## PLAN MEMBERSHIP

Dental Group #: 10350880

Renewing Product: BlueDental Elite+ 50 1000 SG - Jan

Estimated Renewal Premium: \$855.00

Member	Dependent	Gender	Tobacco	Birth Date	List Rate	Total
Jay Alfson (Family)	Employee	M	No	06/24/1974	\$112.50	\$112.50
	Wendy Alfson (Spouse)	F	No	03/03/1978		
	Alex Alfson (Child)	M	No	09/15/1998		
	Kyle Alfson (Child)	M	No	10/09/2000		
	Mallory Alfson (Child)	F	No	07/12/2006		
James Anderson (Two Person)	Employee	M	No	12/14/1959	\$112.50	\$112.50
	Valerie Anderson (Spouse)	F	No	07/23/1957		
Zachary Anderson (Family)	Employee	M	No	05/12/1994	\$112.50	\$112.50
	Mikayla Anderson (Spouse)	F	No	08/03/1994		
	June Anderson (Child)	F	No	03/17/2021		
James Baumgartner (Individual)	Employee	M	No	01/02/1957	\$45.00	\$45.00
Julie Bjorklund (Two Person)	Employee	F	No	07/20/1956	\$112.50	\$112.50
	Daniel Bjorklund (Spouse)	M	No	02/04/1957		
Ashley Frederick (Parent/Children)	Employee	F	No	12/21/1986	\$112.50	\$112.50
	Miles Mcnamara (Child)	M	No	01/10/2009		
	Ayva Mcnamara (Child)	F	No	07/19/2010		
	Gabriella Mcnamara (Child)	F	No	05/31/2011		
Bryan Hall (Family)	Employee	M	No	11/28/1982	\$112.50	\$112.50
	Stephanie Hall (Spouse)	F	No	02/16/1983		
	Carolyn Hall (Child)	F	No	05/29/2007		
	Lydia Hall (Child)	F	No	09/15/2011		
Jonathan Hams (Individual)	Employee	M	No	09/12/1963	\$45.00	\$45.00
Michael Kress (Individual)	Employee	M	No	05/07/1950	\$45.00	\$45.00
David Sather (Individual)	Employee	M	No	03/22/1959	\$45.00	\$45.00

*Current plan*

<b>Deductible Amount</b>	\$50 per member per benefit period, \$100 per family per benefit period. Claims for covered services incurred October 1 through December 31 include a deductible carry-over to the next year
<b>Annual Maximum</b>	\$1,000 per member per benefit period
<b>Orthodontic Services and Maximum</b>	Covered at 50% of allowed charge. Deductible does not apply. \$1,500 lifetime maximum per member
<b>Covered Services</b>	
<b>Diagnostic Services</b>	
*Oral Evaluations, two per calendar year	100% (Deductible does not apply)
<b>Radiographs</b>	
*Bitewing X-rays, one set per calendar year	100% (Deductible does not apply)
*Full Mouth X-rays or Panoramic X-rays, once every five years	100% (Deductible does not apply)
*Occlusal Films	
<b>Preventive Services</b>	
*Prophylaxis (Cleanings), four per calendar year. One additional for members under the care of a medical professional during pregnancy	100% (Deductible does not apply)
*Topical Fluoride, twice per calendar year	
Sealants	80% (After deductible is met)
Space Maintainers	
<b>Restorative Services</b>	
Amalgam Restorations	80% (After deductible is met)
Resin Based Composite-Anterior & Posterior (White Fillings)	
Single and Stainless Steel Crowns and Repairs	50% (After deductible is met)
Inlays, Onlays and Repairs	
<b>Endodontic Services</b>	
Endodontic Therapy (Root Canals etc.)	80% (After deductible is met)
Root Canal Retreatment	
Apicoectomy/Periradicular (Root Surgery)	
<b>Periodontal Services</b>	
Surgical and Non-Surgical Periodontics	80% (After deductible is met)
Periodontal Maintenance	
<b>Prosthodontic Services</b>	
Removable Complete and Partial Dentures	50% (After deductible is met)
Fixed Partial Dentures (Bridges)	
Adjustments and Repairs of Complete and Partial Dentures	
<b>Implant Services</b>	
Surgical Placement	
Supporting Structures	50% (After deductible is met)
Treatment of Implant Defects	
Fixed Partial Denture and Removable Denture	
*Cone Beam CT Images	100% (Deductible does not apply)
<b>Removal of Teeth</b>	
Simple and Surgical Extractions	80% (After deductible is met)
Complex Oral Surgery	50% (After deductible is met)
<b>Adjunctive General Services</b>	
Consultations	
General Anesthesia, Nitrous Oxide and/or IV Sedation	80% (After deductible is met)
*Palliative Treatment (Emergency)	100% (Deductible does not apply)
<b>Orthodontic Services</b>	
Orthodontics Services	50% (Deductible does not apply)

\*Covered service does not apply to benefit maximums.

To qualify for a group dental plan, the employer must contribute a minimum of 75% toward the single premium payment.

This chart presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your dental expenses will be paid. The written benefit plan governs the benefits available. For further details of the coverage, including exclusions, reductions or limitations and the terms under which the benefit plan may be continued, see your Sales & Account Executive or write to Blue Cross Blue Shield of North Dakota. For the list of exclusions and limitations, refer to the written benefit plan.

This information is available to individuals with disabilities in alternate formats, free of charge, by calling Member Services at 1-844-653-4056 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

United Concordia Companies, Inc. is an independent company providing dental benefit administrative services and access to a provider network for Blue Cross Blue Shield of North Dakota dental products.

*proposed plan - most comparable to current plan*

	Participating Dentists	Nonparticipating Dentists
<b>Deductible Amount</b> Claims for covered services incurred October 1 through December 31 include a deductible carry-over to the next year	\$50 per member per benefit period, \$100 per family per benefit period	\$100 per member per benefit period, \$200 per family per benefit period
<b>Annual Maximum</b>	\$1,000 per member per benefit period	\$1,000 per member per benefit period
<b>Orthodontic Services and Maximum</b>	Covered at 50% of allowed charge. Deductible does not apply. \$1,500 lifetime maximum per member	Covered at 50% of allowed charge. \$1,500 lifetime maximum per member
	Participating Dentists	Nonparticipating Dentists
<b>Covered Services</b>		
<b>Diagnostic Services</b>		
*Oral Evaluations, two per calendar year	100% (Deductible does not apply)	80% (After deductible is met)
<b>Radiographs</b>		
*Bitewing X-rays, one set per calendar year	100% (Deductible does not apply)	80% (After deductible is met)
*Full Mouth X-rays or Panoramic X-rays, once every five years	100% (Deductible does not apply)	80% (After deductible is met)
*Occlusal Films		
<b>Preventive Services</b>		
*Prophylaxis (Cleanings), four per calendar year. One additional for members under the care of a medical professional during pregnancy	100% (Deductible does not apply)	80% (After deductible is met)
*Topical Fluoride, twice per calendar year		
Sealants	80% (After deductible is met)	60% (After deductible is met)
Space Maintainers		
<b>Restorative Services</b>		
Amalgam Restorations	80% (After deductible is met)	60% (After deductible is met)
Resin Based Composite-Anterior & Posterior (White Fillings)		
Single and Stainless Steel Crowns and Repairs	* 60% (After deductible is met)	50% (After deductible is met)
Inlays, Onlays and Repairs		
<b>Endodontic Services</b>		
Endodontic Therapy (Root Canals etc.)	80% (After deductible is met)	60% (After deductible is met)
Root Canal Retreatment		
Apicoectomy/Periradicular (Root Surgery)		
<b>Periodontal Services</b>		
Surgical and Non-Surgical Periodontics	80% (After deductible is met)	60% (After deductible is met)
Periodontal Maintenance		
<b>Prosthetic Services</b>		
Removable Complete and Partial Dentures	* 60% (After deductible is met)	50% (After deductible is met)
Fixed Partial Dentures (Bridges)		
Adjustments and Repairs of Complete and Partial Dentures		
<b>Implant Services</b>		
Surgical Placement	50% (After deductible is met)	
Supporting Structures		50% (After deductible is met)
Treatment of Implant Defects	* Fixed Partial Denture and Removable Denture 60% (After deductible is met)	
Fixed Partial Denture and Removable Denture		
*Cone Beam CT Images	100% (Deductible does not apply)	80% (After deductible is met)
<b>Removal of Teeth</b>		
Simple and Surgical Extractions	80% (After deductible is met)	60% (After deductible is met)
Complex Oral Surgery	* 60% (After deductible is met)	50% (After deductible is met)
<b>Adjunctive General Services</b>		
Consultations	80% (After deductible is met)	60% (After deductible is met)
General Anesthesia, Nitrous Oxide and/or IV Sedation		
*Palliative Treatment (Emergency)	100% (Deductible does not apply)	80% (After deductible is met)
<b>Orthodontic Services</b>		
Orthodontics Services	50% (Deductible does not apply)	50% (After deductible is met)

\*Covered service does not apply to benefit maximums.

To qualify for a group dental plan, the employer must contribute a minimum of 75% toward the single premium payment.

This chart presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your dental expenses will be paid. The written benefit plan governs the benefits available. For further details of the coverage, including exclusions, reductions or limitations and the terms under which the benefit plan may be continued, see your Sales & Account Executive or write to Blue Cross Blue Shield of North Dakota. For the list of exclusions and limitations, refer to the written benefit plan.

This information is available to individuals with disabilities in alternate formats, free of charge, by calling Member Services at 1-844-653-4056 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

United Concordia Companies, Inc. is an independent company providing dental benefit administrative services and access to a provider network for Blue Cross Blue Shield of North Dakota dental products.

*Proposed Plan with enhanced Annual Max & Ortho.*

	Participating Dentists	Nonparticipating Dentists
<b>Deductible Amount</b>		
Claims for covered services incurred October 1 through December 31 include a deductible carry-over to the next year	\$50 per member per benefit period, \$100 per family per benefit period.	\$100 per member per benefit period, \$200 per family per benefit period.
<b>Annual Maximum</b>	\$1,500 per member per benefit period	\$1,500 per member per benefit period
<b>Orthodontic Services and Maximum</b>	Covered at 50% of allowed charge. Deductible does not apply. \$2,000 lifetime maximum per member	Covered at 50% of allowed charge. \$2,000 lifetime maximum per member
<b>Covered Services</b>	<b>Participating Dentists</b>	<b>Nonparticipating Dentists</b>
<b>Diagnostic Services</b>		
*Oral Evaluations, two per calendar year	100% (Deductible does not apply)	80% (After deductible is met)
<b>Radiographs</b>		
*Bitewing X-rays, one set per calendar year	100% (Deductible does not apply)	80% (After deductible is met)
*Full Mouth X-rays or Panoramic X-rays, once every five years		
*Occlusal Films		
<b>Preventive Services</b>		
*Prophylaxis (Cleanings), four per calendar year. One additional for members under the care of a medical professional during pregnancy	100% (Deductible does not apply)	80% (After deductible is met)
*Topical Fluoride, twice per calendar year		
Sealants	80% (After deductible is met)	60% (After deductible is met)
Space Maintainers		
<b>Restorative Services</b>		
Amalgam Restorations	80% (After deductible is met)	60% (After deductible is met)
Resin Based Composite-Anterior & Posterior (White Fillings)		
Single and Stainless Steel Crowns and Repairs	60% (After deductible is met)	50% (After deductible is met)
Inlays, Onlays and Repairs		
<b>Endodontic Services</b>		
Endodontic Therapy (Root Canals etc.)	80% (After deductible is met)	60% (After deductible is met)
Root Canal Retreatment		
Apicoectomy/Periradicular (Root Surgery)		
<b>Periodontal Services</b>		
Surgical and Non-Surgical Periodontics	80% (After deductible is met)	60% (After deductible is met)
Periodontal Maintenance		
<b>Prosthetic Services</b>		
Removable Complete and Partial Dentures	60% (After deductible is met)	50% (After deductible is met)
Fixed Partial Dentures (Bridges)		
Adjustments and Repairs of Complete and Partial Dentures	50% (After deductible is met)	
<b>Implant Services</b>		
Surgical Placement		
Supporting Structures	Fixed Partial Denture and Removable Denture 60% (After deductible is met)	50% (After deductible is met)
Treatment of Implant Defects		
Fixed Partial Denture and Removable Denture		
*Cone Beam CT Images	100% (Deductible does not apply)	80% (After deductible is met)
<b>Removal of Teeth</b>		
Simple and Surgical Extractions	80% (After deductible is met)	60% (After deductible is met)
Complex Oral Surgery	60% (After deductible is met)	50% (After deductible is met)
<b>Adjunctive General Services</b>		
Consultations	80% (After deductible is met)	60% (After deductible is met)
General Anesthesia, Nitrous Oxide and/or IV Sedation		
*Palliative Treatment (Emergency)	100% (Deductible does not apply)	80% (After deductible is met)
<b>Orthodontic Services</b>		
Orthodontics Services	50% (Deductible does not apply)	50% (After deductible is met)

\*Covered service does not apply to benefit maximums.

To qualify for a group dental plan, the employer must contribute a minimum of 75% toward the single premium payment. This chart presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your dental expenses will be paid. The written benefit plan governs the benefits available. For further details of the coverage, including exclusions, reductions or limitations and the terms under which the benefit plan may be continued, see your Sales & Account Executive or write to Blue Cross Blue Shield of North Dakota. For the list of exclusions and limitations, refer to the written benefit plan.

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United Concordia Companies, Inc. is an independent company providing dental benefit administrative services and access to a provider network for Blue Cross Blue Shield of North Dakota dental products.



**ND**

Client Name: CITY OF HILLSBORO  
 Client Number: 251153  
 Renewal Date: 01/01/2023

## PLAN MEMBERSHIP

Vision Group #: 10350881

Renewing Product: BlueVision Essential

Estimated Renewal Premium: \$192.00

Member	Dependent	Gender	Tobacco	Birth Date	List Rate	Total
Jay Alfson (Family)	Employee	M	No	06/24/1974	\$24.80	\$24.80
	Wendy Alfson (Spouse)	F	No	03/03/1978		
	Alex Alfson (Child)	M	No	09/15/1998		
	Kyle Alfson (Child)	M	No	10/09/2000		
	Mallory Alfson (Child)	F	No	07/12/2006		
James Anderson (Two Person)	Employee	M	No	12/14/1959	\$24.80	\$24.80
	Valerie Anderson (Spouse)	F	No	07/23/1957		
Zachary Anderson (Family)	Employee	M	No	05/12/1994	\$24.80	\$24.80
	Mikayla Anderson (Spouse)	F	No	08/03/1994		
	June Anderson (Child)	F	No	03/17/2021		
James Baumgartner (Individual)	Employee	M	No	01/02/1957	\$10.80	\$10.80
Julie Bjorklund (Two Person)	Employee	F	No	07/20/1956	\$24.80	\$24.80
	Daniel Bjorklund (Spouse)	M	No	02/04/1957		
Ashley Frederick (Parent/Children)	Employee	F	No	12/21/1986	\$24.80	\$24.80
	Miles Mcnamara (Child)	M	No	01/10/2009		
	Ayva Mcnamara (Child)	F	No	07/19/2010		
	Gabriella Mcnamara (Child)	F	No	05/31/2011		
Bryan Hall (Family)	Employee	M	No	11/28/1982	\$24.80	\$24.80
	Stephanie Hall (Spouse)	F	No	02/16/1983		
	Carolyn Hall (Child)	F	No	05/29/2007		
	Lydia Hall (Child)	F	No	09/15/2011		
Jonathan Hams (Individual)	Employee	M	No	09/12/1963	\$10.80	\$10.80
Michael Kress (Individual)	Employee	M	No	05/07/1950	\$10.80	\$10.80
David Sather (Individual)	Employee	M	No	03/22/1959	\$10.80	\$10.80

*current plan*



**BLUE CROSS BLUE SHIELD OF NORTH DAKOTA (BCBSND) / VSP**

Your Coverage with a VSP Provider	
Benefit	Description
WellVision Exam®	Every calendar year Focuses on your eyes and overall wellness
Prescription Glasses Lenses	Every calendar year Single vision, lined bifocal, and lined trifocal lenses Progressive lenses Polycarbonate lenses for dependent children under age 19
Frame	Every other calendar year <del>\$100 allowance for a wide selection of frames</del>
Contact Lenses Contact Lens Fitting & Exam	Elective contact lens fitting and evaluation once every calendar year. A 15% discount applies when seeing a Member Doctor. The copay is up to \$60.
Contact Lens Allowance	Contact lenses are available under this vision plan in place of all other lens and frame benefits for the current calendar year, up to a maximum benefit allowance of \$150.
Extra Savings	<p><b>Glasses and Sunglasses</b> Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</p> <p><b>Retinal Screening</b> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</p> <p><b>Laser Vision Correction</b> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</p>

**Your Coverage with Non-Member Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with Non-Member Providers will be less or you'll receive a lower level of benefits. Visit [BCBSND.com](http://BCBSND.com) for plan details.

Exam .....	up to \$60	Lined Trifocal Lenses .....	up to \$100
Frame .....	up to \$78	Progressive Lenses .....	up to \$75
Single Vision Lenses .....	up to \$50	Contacts .....	up to \$135
Lined Bifocal Lenses .....	up to \$75		

Plan allowances at some retail chains may differ, but are of equivalent value. Once your benefit is effective, visit [BCBSND.com](http://BCBSND.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with BCBSND, the terms of the contract will prevail.

*find a doctor*

*find a vision provider*

## YOUR VISION BENEFITS SUMMARY

Get access to the best eye care and eyewear with BCBSND BlueVision.

### Using Your BlueVision Benefit is Easy

Log in to your account at BCBSND.com. Your member portal is your one stop shop for managing your vision coverage with BCBSND. Within the portal, you can access additional information from our vision partner, VSP.

Once your plan is effective, you can review your benefit information:

- View individuals covered by your BCBSND vision plan
- View your vision benefits information

To access additional information on the VSP portal, log into your member services account at BCBSND.com and select the Claims tab on the top. Then, the link can be found on the left-hand side. Once there you can:

- View your claims history
- Download your VSP savings statements, which outline the discounts available with your coverage
- Find an in-network provider through the online directory. You can choose from a large network of independent doctors, including premier program locations for the best value, retail chains, or any non-member provider.
- View and download forms

### Best Eye Care

You'll get the highest level of care, including a WellVision Exam – the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

### Plan Information

**VSP Provider Network:** VSP Signature

**Visit [BCBSND.com](https://www.bcbnsd.com) or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.**

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For further details of the coverage, including exclusions, any reductions or limitations and the terms under which the benefit plan may be continued, see your Sales and Account Executive.

This is a brief explanation of covered services and payment levels of this product. It should not be used to determine whether vision expenses will be paid. The written certificate of insurance governs the benefits available.

*Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association*

*VSP® Vision Care is an independent company providing vision benefit management services and access to the VSP vision network for Blue Cross Blue Shield of North Dakota vision products.*

## Blue Cross Blue Shield of North Dakota / VSP

*Proposed plan*

### Your Coverage with a VSP Provider

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Frame .....	up to \$98	Progressive Lenses .....	up to \$75
Single Vision Lenses .....	up to \$50	Contacts .....	up to \$135
Lined Bifocal Lenses .....	up to \$75		

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**7/1/01 – 5/1/09                      94 Months**

Water \$13.20/month/unit

During this period there was an average of 26 mobile homes.

Rather than charging  $13.2(26) = 343.20/\text{month}$

The City charged  $13.2(52) = 686.40/\text{month}$

$94(343.20) = \$32,260.80$

Then an additional charge of \$5/unit was added.

But again the City used 52 units rather than the actual average units of 26.

$$72 \text{ Months}(26)(5) = \$9,360.$$

So, before meters were installed the City overbilled and was paid

$$\$32,260.80 + 9360 = \$41,620.80.$$

The meters (2) were installed 5/1/2009.

The City read the two (2) meters monthly and based on the usage, bills the Mobile Home Park.

There is a usage charge of \$3.00/CCF plus a connection charge (or meter charge) of \$40/meter.

But rather than charging \$40/meter x 2 meters = \$80, the City chose to bill for 22 connection charges or  $22 \times 40 = \$880/\text{month}$ . This has continued since 5/1/2009. IE the Mobile Home Park has been overbilled \$800/month in connection charges.

**5/01/09 – 10/1/22 = 13 years 6 months = 162 months**

Meter (Connection Charge) overbilling =  $162(800) = \$129,600$ .

So as of 10/1/22 the City of Hillsboro has overbilled the mobile home park consisting of an average occupancy of 26 homes a total of

$$\$41,620 + 129,600 = \$171,220.$$

Another matter is street lights. The utility bill had always included 12 street lights billed at \$6 each per month. Since I didn't trust the City anymore I had my managers count the number of street lights at the Mobile Home Park. They came up with 8 street lights. When I confronted the City they changed the number of street lights to NINE. Ok, maybe one is disguised as a tree. But, did the City offer a refund for the overpayment? Not a chance.

So,  $12-9 = 3(\$6/\text{month}) = \$18/\text{month}$  overbilling.

This lasted for approximately 12 years.

$$12(18/\text{month})(12) = \$2,592.$$

Total overbilling =  $\$171,220 + 2,592 = \$173,812$ .

Average overbilling per year since 7/1/01 = \$8,160.

Is there a solution to this Madness? At this time, I have not paid the last three months of utility bills. These bills include garbage, recycling, mosquito, sewer and water charges...

Every month I recalculate the invoice by subtracting the 20 extra connection charges at \$40 = \$800 per month and I pay the adjusted amount. The City ignores the fact that they are overbilling and adds late charges and then threatens to shut off the water.

The point is that the City does not deliver water directly to each mobile home. I own the infrastructure in the Mobile Home Park so I deliver that water to each mobile home and pay for the maintenance and repair of the infrastructure which has become very expensive. If the City wants to charge a connection fee to each mobile home it can be responsible for the maintenance of the infrastructure and install meters on each home. Then bill each resident for water, sewer, garbage, recycling and mosquito control.

This is my solution. Since there is a statute of limitations of say six years, I will agree to settle this matter for a payment of \$800/month (72months.)

Payment from City 6 years(12)(800) = \$57,600.

Then the City will resume its normal billing, but with two (2) meter charges at \$40/month rather than twenty-two (22).

While I believe the Mobile Home Park has been overbilled \$173,812 I am willing to accept \$57,600, which is 33.1% of the overbilling since 7/1/01.

Additional facts... when I discovered that the City was billing for 52 mobile homes when there were only 26 I was told "That's the way it is." I asked if there was an ordinance that says mobile homes pay double rates? No was the answer. I thought that maybe the Title report that was done when I bought the Mobile Home Park would have mentioned the double charge. It did not.

Does a fourplex in Hillsboro with one meter pay a \$40/month meter charge? Or do they pay \$160, IE \$40/unit? I'm betting it's \$40/month for the one meter.

The Mobile Home Park has not been treated fairly since I purchased the park in 2001. Let's settle this matter and move forward on a fair basis.



# CLEAN WATER STATE REVOLVING FUND (CWSRF) QUESTIONNAIRE

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

8-2022

This questionnaire is required to determine project eligibility and ranking on the priority list. This is not an application for funding, nor does it commit a project to seek funding through the CWSRF program. If you would like to begin an application for funding through the CWSRF program, please visit <http://grants.nd.gov/> and apply through the Funding for Infrastructure in North Dakota (FIND) funding opportunity.

## System Information

Name of City, Utility, or Sponsoring District:			
Contact Name:		Title:	
Address:		Telephone Number:	
City:	State:	Zip Code:	Email:

Consulting Engineering Firm (if any):	Engineering Firm Contact Name:
Email:	Telephone Number:

## Project Information

Project Name and Description (Provide enough detail so that the scope and location of the project can be determined. Attach additional information as needed, including available engineering reports):
Desired Number of Years to Repay Loan (max of 30 years dependent on useful life of components):
Anticipated Construction Start Date:

## Project Cost & System Information

1. What is the total estimated cost for this project?	\$
2. What is the total estimated CWSRF amount?	\$
3. What is the total estimated grant amounts from other funding?	\$
4. What portion of the total project cost is related to emerging contaminants? Which emerging contaminant(s):	\$
5. What is the number of service connections/users that will be responsible for paying for the project?	
6. What is the current <b>annual</b> residential user charge for this system's service?	\$

## Category Cost

To assist us in completing the Clean Watersheds Needs Survey (CWNS), separate out the project's components with their respective cost. Needs are projects or portions of projects and associated capital costs that address a water quality or water-quality-related public health problem. To be included in the 2022 CWNS, a project must:

1. Be Clean Water State Revolving Fund (CWSRF) eligible
2. Be unfunded as of January 1, 2022
3. Begin construction after January 1, 2022
4. Be completed within 20 years

Projects are not required to have a CWSRF loan to be reported in the CWNS; in fact, all state needs should be reported regardless of funding. Needs should be reported through this questionnaire process unless the needs have previously been provided and accepted via a Small Community Form or other documentation to the CWNS State Coordinator.

<input type="checkbox"/> Sanitary Sewer	Secondary Wastewater Treatment (I)	\$
	Advanced Wastewater Treatment (II)	\$
	Water Reuse (X)	\$
	Infiltration/Inflow Correction (III-A)	\$
	Sewer Replacement/Rehabilitation (III-B)	\$
	New Collector Sewers (IV-A)	\$
	New Interceptor Sewers (IV-B)	\$
<input type="checkbox"/> Stormwater	Gray or Green Infrastructure or Management (VI)	\$
<input type="checkbox"/> NPS Control	Landfills (VII-J)	\$
	Hydromodification (VII-K)	\$
<input type="checkbox"/> Water Efficiency	Water Meters	\$
<input type="checkbox"/> Other		\$

The Overview of Clean Water State Revolving Fund Eligibilities can be opened at:

1. [https://www.epa.gov/sites/default/files/2016-07/documents/overview\\_of\\_cwsrf\\_eligibilities\\_may\\_2016.pdf](https://www.epa.gov/sites/default/files/2016-07/documents/overview_of_cwsrf_eligibilities_may_2016.pdf)

## Green Project Reserve (GPR) Information

Is there a proposed GPR component of this project? If yes, please identify the category, describe, and include estimated GPR amount.

<input type="checkbox"/> Green Infrastructure		\$
<input type="checkbox"/> Energy Efficiency		\$
<input type="checkbox"/> Water Efficiency		\$
<input type="checkbox"/> Environmentally Innovative		\$

Additional information concerning GPR requirements can be found using the links below:

1. [https://www.epa.gov/sites/production/files/2015-04/documents/green\\_project\\_reserve-crosswalk-table.pdf](https://www.epa.gov/sites/production/files/2015-04/documents/green_project_reserve-crosswalk-table.pdf)
2. [https://www.epa.gov/sites/production/files/2015-04/documents/green\\_project\\_reserve\\_eligibility\\_guidance.pdf](https://www.epa.gov/sites/production/files/2015-04/documents/green_project_reserve_eligibility_guidance.pdf)

## Refinance of Existing Debt

Does this project involve the refinance of existing debt on a past infrastructure project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please fill out the following information:			
Lender:	Remaining Loan Balance:	Interest Rate:	Remaining Loan Term in Years:
Original Construction Year(s):			

## Statement of Certification

I certify that the above information, to the best of my knowledge, is true and accurate.	
Name:	Telephone Number:
Title:	
Signature:	Date:

Please direct this questionnaire to [ndsrf@nd.gov](mailto:ndsrf@nd.gov). The CWSRF Program can be reached at 701-328-5211.



# CLEAN WATER STATE REVOLVING FUND (CWSRF) QUESTIONNAIRE

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

8-2022

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## System Information

Name of City, Utility, or Sponsoring District:			
Contact Name:		Title:	
Address:		Telephone Number:	
City:	State:	Zip Code:	Email:

Consulting Engineering Firm (if any):	Engineering Firm Contact Name:
Email:	Telephone Number:

## Project Information

Project Name and Description (Provide enough detail so that the scope and location of the project can be determined. Attach additional information as needed, including available engineering reports):
Desired Number of Years to Repay Loan (max of 30 years dependent on useful life of components):
Anticipated Construction Start Date:

## Project Cost & System Information

1. What is the total estimated cost for this project?	\$
2. What is the total estimated CWSRF amount?	\$
3. What is the total estimated grant amounts from other funding?	\$
4. What portion of the total project cost is related to emerging contaminants? Which emerging contaminant(s):	\$
5. What is the number of service connections/users that will be responsible for paying for the project?	
6. What is the current <b>annual</b> residential user charge for this system's service?	\$

## Category Cost

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<input type="checkbox"/> Sanitary Sewer	Secondary Wastewater Treatment (I)	\$
	Advanced Wastewater Treatment (II)	\$
	Water Reuse (X)	\$
	Infiltration/Inflow Correction (III-A)	\$
	Sewer Replacement/Rehabilitation (III-B)	\$
	New Collector Sewers (IV-A)	\$
	New Interceptor Sewers (IV-B)	\$
<input type="checkbox"/> Stormwater	Gray or Green Infrastructure or Management (VI)	\$
<input type="checkbox"/> NPS Control	Landfills (VII-J)	\$
	Hydromodification (VII-K)	\$
<input type="checkbox"/> Water Efficiency	Water Meters	\$
<input type="checkbox"/> Other		\$

The Overview of Clean Water State Revolving Fund Eligibilities can be opened at:

1. [https://www.epa.gov/sites/default/files/2016-07/documents/overview\\_of\\_cwsrf\\_eligibilities\\_may\\_2016.pdf](https://www.epa.gov/sites/default/files/2016-07/documents/overview_of_cwsrf_eligibilities_may_2016.pdf)

## Green Project Reserve (GPR) Information

Is there a proposed GPR component of this project? If yes, please identify the category, describe, and include estimated GPR amount.

<input type="checkbox"/> Green Infrastructure		\$
<input type="checkbox"/> Energy Efficiency		\$
<input type="checkbox"/> Water Efficiency		\$
<input type="checkbox"/> Environmentally Innovative		\$

Additional information concerning GPR requirements can be found using the links below:

1. [https://www.epa.gov/sites/production/files/2015-04/documents/green\\_project\\_reserve-crosswalk-table.pdf](https://www.epa.gov/sites/production/files/2015-04/documents/green_project_reserve-crosswalk-table.pdf)
2. [https://www.epa.gov/sites/production/files/2015-04/documents/green\\_project\\_reserve\\_eligibility\\_guidance.pdf](https://www.epa.gov/sites/production/files/2015-04/documents/green_project_reserve_eligibility_guidance.pdf)

## Refinance of Existing Debt

Does this project involve the refinance of existing debt on a past infrastructure project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please fill out the following information:			
Lender:	Remaining Loan Balance:	Interest Rate:	Remaining Loan Term in Years:
Original Construction Year(s):			

## Statement of Certification

I certify that the above information, to the best of my knowledge, is true and accurate.

Name:	Telephone Number:
Title:	
Signature:	Date:

Please direct this questionnaire to [ndsrf@nd.gov](mailto:ndsrf@nd.gov). The CWSRF Program can be reached at 701-328-5211.



# CLEAN WATER STATE REVOLVING FUND (CWSRF) QUESTIONNAIRE

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

8-2022

This questionnaire is required to determine project eligibility and ranking on the priority list. This is not an application for funding, nor does it commit a project to seek funding through the CWSRF program. If you would like to begin an application for funding through the CWSRF program, please visit <http://grants.nd.gov/> and apply through the Funding for Infrastructure in North Dakota (FIND) funding opportunity.

## System Information

Name of City, Utility, or Sponsoring District:			
Contact Name:		Title:	
Address:		Telephone Number:	
City:	State:	Zip Code:	Email:

Consulting Engineering Firm (if any):	Engineering Firm Contact Name:
Email:	Telephone Number:

## Project Information

Project Name and Description (Provide enough detail so that the scope and location of the project can be determined. Attach additional information as needed, including available engineering reports):
Desired Number of Years to Repay Loan (max of 30 years dependent on useful life of components):
Anticipated Construction Start Date:

## Project Cost & System Information

1. What is the total estimated cost for this project?	\$
2. What is the total estimated CWSRF amount?	\$
3. What is the total estimated grant amounts from other funding?	\$
4. What portion of the total project cost is related to emerging contaminants? Which emerging contaminant(s):	\$
5. What is the number of service connections/users that will be responsible for paying for the project?	
6. What is the current <b>annual</b> residential user charge for this system's service?	\$



## Category Cost

To assist us in completing the Clean Watersheds Needs Survey (CWNS), separate out the project's components with their respective cost. Needs are projects or portions of projects and associated capital costs that address a water quality or water-quality-related public health problem. To be included in the 2022 CWNS, a project must:

1. Be Clean Water State Revolving Fund (CWSRF) eligible
2. Be unfunded as of January 1, 2022
3. Begin construction after January 1, 2022
4. Be completed within 20 years

Projects are not required to have a CWSRF loan to be reported in the CWNS; in fact, all state needs should be reported regardless of funding. Needs should be reported through this questionnaire process unless the needs have previously been provided and accepted via a Small Community Form or other documentation to the CWNS State Coordinator.

<input type="checkbox"/> Sanitary Sewer	Secondary Wastewater Treatment (I)	\$
	Advanced Wastewater Treatment (II)	\$
	Water Reuse (X)	\$
	Infiltration/Inflow Correction (III-A)	\$
	Sewer Replacement/Rehabilitation (III-B)	\$
	New Collector Sewers (IV-A)	\$
	New Interceptor Sewers (IV-B)	\$
<input type="checkbox"/> Stormwater	Gray or Green Infrastructure or Management (VI)	\$
<input type="checkbox"/> NPS Control	Landfills (VII-J)	\$
	Hydromodification (VII-K)	\$
<input type="checkbox"/> Water Efficiency	Water Meters	\$
<input type="checkbox"/> Other		\$

The Overview of Clean Water State Revolving Fund Eligibilities can be opened at:

1. [https://www.epa.gov/sites/default/files/2016-07/documents/overview\\_of\\_cwsrf\\_eligibilities\\_may\\_2016.pdf](https://www.epa.gov/sites/default/files/2016-07/documents/overview_of_cwsrf_eligibilities_may_2016.pdf)

## Green Project Reserve (GPR) Information

Is there a proposed GPR component of this project? If yes, please identify the category, describe, and include estimated GPR amount.

<input type="checkbox"/> Green Infrastructure		\$
<input type="checkbox"/> Energy Efficiency		\$
<input type="checkbox"/> Water Efficiency		\$
<input type="checkbox"/> Environmentally Innovative		\$

Additional information concerning GPR requirements can be found using the links below:

1. [https://www.epa.gov/sites/production/files/2015-04/documents/green\\_project\\_reserve-crosswalk-table.pdf](https://www.epa.gov/sites/production/files/2015-04/documents/green_project_reserve-crosswalk-table.pdf)
2. [https://www.epa.gov/sites/production/files/2015-04/documents/green\\_project\\_reserve\\_eligibility\\_guidance.pdf](https://www.epa.gov/sites/production/files/2015-04/documents/green_project_reserve_eligibility_guidance.pdf)

## Refinance of Existing Debt

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If yes, please fill out the following information:			
Lender:	Remaining Loan Balance:	Interest Rate:	Remaining Loan Term in Years:
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## Statement of Certification

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Name:	Telephone Number:
Title:	
Signature:	Date:

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