



**Beyond
Ready**

655 15th St NW, Suite 220
Washington, DC 20005

National 4-H Week Proclamation

WHEREAS, this year's National 4-H Week theme, "Beyond Ready," reminds us that 4-H is building a ready generation in a world of change and equips young people with skills for the future while meeting them where they are today;

WHEREAS, 4-H is America's largest youth development organization, supporting six million youth across the country; and

WHEREAS, 4-H programs are delivered by the Cooperative Extension System – a community of more than 100 public land-grant colleges and universities across the Nation – that provides experiences for young people to learn by doing;

WHEREAS, 4-H is in every city and county in the United States and helps 6 million youth become engaged, successful and independent; and

WHEREAS, 4-H connects young people and adults to their communities, preparing them for work and life through experiential and inquiry-based learning while providing emerging research for positive youth development; and

WHEREAS, expanding from its strong agricultural roots, 4-H helps young people explore the world around them and grow into productive adults; and

WHEREAS, supporting future leaders in science, agriculture and community leadership is an important imperative for U.S. Department of Agriculture National Institute of Food and Agriculture 4-H program; and

NOW, THEREFORE, I, [NAME, TITLE], do hereby proclaim October 5 –11 2025 as NATIONAL 4-H WEEK throughout [city/county/state], and encourage all our citizens to recognize 4-H for the significant impact it has made and continues to make by empowering youth with the skills they need to lead for a lifetime.

IN WITNESS WHEREOF, I have hereunto set my hands on this [DATE]

SIGNATURE

TITLE



Date: 9/23/2025

CUSTOMER INFORMATION BILL TO:		CUSTOMER INFORMATION SHIP TO:	
COMPANY NAME		COMPANY NAME	
Moody County Emergency Management		Moody County Emergency Management	
ADDRESS	Suite	ADDRESS	Suite
101 East Pipestone Ave	Suite B	101 East Pipestone Ave	Suite B
CITY, STATE	Zip Code	CITY, STATE, ZIP	Zip Code
Flandreau SD	57028	Flandreau SD	57028
PHONE #	FAX #	PHONE #	FAX #
(605) 997-3251	605	(605) 997-3251	605
CONTACT NAME		EMAIL ADDRESS	CONTACT NAME
Jerrick Charles		mcvso@moodycounty.net	Jerrick Charles

ORDERED ITEMS & RATES CUSTOMER WILL ACCEPT & PAY FOR THE FOLLOWING MERCHANDISE:

[illegible]

SPECIAL INSTRUCTIONS:

CUSTOMER CAN TAKE DELIVERY BEFORE 1/1/2026
A&B CAN NOT INVOICE CUSTOMER UNTIL AFTER 1/1/2026

ORDER TYPE

<input checked="" type="checkbox"/> Cash Sale <input type="checkbox"/> Demo/Loaner <input type="checkbox"/> CPP Lease <input type="checkbox"/> MPS <input type="checkbox"/> FMV Lease <input type="checkbox"/> Rental	<input type="checkbox"/> Decline Maintenance Agreement Please Initial if declined: _____	SUBTOTAL	\$2,350.00
		Lease Buyout/Roll	\$0.00
		Trade- In	
		Return Ship Cost	\$0.00
		Networking Fee	\$0.00
EMR KEY INFORMATION		Sales Tax	See Invoice
The Print Audit Electronic Meter Read (EMR) Key will be installed on your computer or network. The EMR Key is a secure one-way communication between the users computer and the web server for purposes of electronic meter readings and auto-toner. If refused, service rates may be affected due to the increased cost of manual collection of meter readings.			
		BALANCE DUE	\$2,350.00
		<i>*Administration fee will be charged if credit card is used as a payment method.</i>	

ACCEPTED BY CUSTOMER:

AUTHORIZED SIGNATURE REQUIRED

PRINTED NAME

NET 10 DAYS: 1 1/2% PER MONTH ON ACCOUNTS OVER 10 DAYS

• Title to the goods remains with the seller until (1) order is deemed complete and buyers credit has been approved by A&B Business Equipment, Inc. and (2) the goods have been fully installed.

• **NETWORKING FEE:**

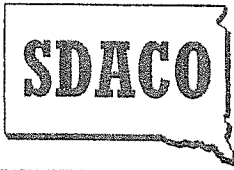
Installation includes ninety minutes of connectivity support at installation onsite or via telephone at NO CHARGE. Additional hour will be billed at \$125.00 onsite or via telephone



Technology Consultant	Patrick Griesgraber
PO Number	
Date:	9/23/2025

ACCEPTED BY CUSTOMER:
Tawny Heinemann
 AUTHORIZED SIGNATURE REQUIRED
 Tawny Heinemann
 PRINTED NAME

NET 10 DAYS: 1 1/2% PER MONTH ON ACCOUNTS OVER 10 DAYS
 • Title to the goods remains with the seller until (1) order is deemed complete and buyers credit
 • has been approved by A&B Business Equipment, Inc. and (2) the goods have been fully
 • installed.
NETWORKING FEE:
 • Installation includes ninety minutes of connectivity support at installation onsite or via
 • telephone at NO CHARGE. Additional hour will be billed at \$125.00 onsite or via telephone



South Dakota Association of County Officials

211 E Prospect Avenue
Pierre, SD 57501

www.sdcounties.org

(605) 224-4554
SDACO@sdcounties.org

2026 SDACO County Membership Dues Invoice

Moody County, South Dakota

Amount Due: \$1040.92

Formula:

Moody (2020 population) 6336 x .07 + \$597.40

The SDACO Board of Directors voted at the July 21, 2021 meeting to apply the CPI each year to the base per county, The base for 2025 was \$580.56, with a CPI increase of 2.9% (\$16.84) = \$597.40

Please remit payment by January 31st, 2026 to:
South Dakota Association of County Officials
211 E Prospect Ave
Pierre, SD 57501

Claim No. _____

To: South Dakota Association of County Officials

Fund: _____

From: Moody County for 2026 Annual Dues

Amount of Claim: \$_____

Audited and Allowed _____, 20____

_____, Chairperson

State of South Dakota)

ss.

County of Moody)

The South Dakota Association of County Officials (SDACO) certifies this to be a just and true claim for payment which conforms to authority granted by law.

Moody County, South Dakota

TO: South Dakota Association of County Commissioners
211 E Prospect Ave
Pierre, SD 57501

2026 SDACC County Dues
as authorized by SDCL 7-7-28 (1967)

Per the SDACC By-Laws, membership dues are based in the most current federal census.

FORMULA: 2020 Population x .22 + \$750.00 = TOTAL DUES

2020 Population = 6,336

6,336 x .22 + \$750.00 = \$ 2,144.00

TOTAL 2026 SDACC DUES = \$ 2,144.00

=====

To: South Dakota Association of County Commissioners

From: Moody County for 2026 SDACC Annual Dues – 01/01/2026 – 12/31/2026

Amount of Claim - - - \$ _____

Audited and Allowed _____, 20 _____

_____, Chairperson

State of South Dakota)

ss.

County of Moody

The South Dakota Association of County Commissioners (SDACC) certifies this to be a just and true claim for payment which conforms to authority granted by law.

NACo County Membership Dues
01/01/2026 - 12/31/2026

Amount Due: \$450.00

Amount Paid: _____

NACo knows you have a difficult job. Counties are continually asked to do more with less. Federal unfunded mandates and unnecessary regulations make your job harder. But you aren't working on this alone, NACo is here to help.

NACo connects you with an important support network to help you excel in county government. Please renew your membership to South Dakota Association of County Commissioners (SDACC) for 2026. Thank you for your continued membership in NACo!

TOTAL SDACC and NACo MEMBERSHIP DUES: \$2,594.00

Total Dues Submitted: _____

Make ONE check payable to SDACC for both SDACC and NACo membership dues.
The association office will submit your membership payment to NACo on your behalf.

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2506-0214 (exp. 2/28/2022)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

A licant/Reci ient Information

Indicate whether this is an Initial Report ☒ or an Update Report ☐

1. Moody County 1005 W. Elm Ave. Flandreau, SD 57028-1404 (605) 997-2492

2. Amount of HUD Assistance
Requested/Received

\$1,020,000

3. HUD Program Name: CDBG

5. 803 W. Community Dr. Flandreau, SD

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☒ Yes ☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☐ No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Boys and Girls Club of Moody County 1005 W. Elm Ave. Flandreau, SD 57028-1404	Local Cash	\$1,020,000	Project Expenses

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
DesignArc Group, LLC	Architecture and Budget	\$41,450 1.4%
First District Association of Local Governments	Administration	\$25,000 0.80%
Structural (Rise Inc)	Design	\$8,000 0.20%
MEP (Malone Engineering)	Engineering	\$24,500 0.80%
Civil (Infrastructure Design Group)	Civil Engineering	\$21,050 0.70%

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature

Date: (mm/dd/yyyy)

x

Account Key:
 Effective Date: 01/01/2026
 Representative: Patriot Growth Insurance Services, LLC (SD)
 Group Number:

MOODY COUNTY



Notice of Renewal Rates

Health Benefits 1 Current

Benefit Code:	PG000042/RG000269	- Blue Select PPO Primary
Deductible:	\$1500/\$4500	<u>01/01/2025</u>
Coinsurance:	30% IN 40% OUT	
OPM:	\$3000/\$9000	Employee: \$932.76
Preventive:	Yes	Employee/Spouse: \$1,910.30
OV Copay:	\$25/\$50	Employee/Child(ren): \$1,765.72
ER Copay:	\$250	Emp/Spouse/Child(ren): \$2,862.65
RX Description:	\$8/\$35/\$50/\$85/\$70/\$85 with \$100/\$200 ded (waived for tier 1)	

Health Benefits 1 Renewal

Benefit Code:	PG000042/RG000269	- Blue Select PPO Primary
Deductible:	\$1500/\$4500	<u>01/01/2026</u>
Coinsurance:	30% IN 40% OUT	
OPM:	\$3000/\$9000	Employee: \$853.70
Preventive:	Yes	Employee/Spouse: \$1,748.37
OV Copay:	\$25/\$50	Employee/Child(ren): \$1,616.05
ER Copay:	\$250	Emp/Spouse/Child(ren): \$2,620.00
RX Description:	\$8/\$35/\$50/\$85/\$70/\$85 with \$100/\$200 ded (waived for tier 1)	% of Change: -8.48%

Health Benefits 2 Current

Benefit Code:	PG000051/No	- Blue Select CMM HSA
Deductible:	\$5000/\$10000	<u>01/01/2025</u>
Coinsurance:	0% IN 0% OUT	
OPM:	\$5000/\$10000	Employee: \$656.19
Preventive:	Yes	Employee/Spouse: \$1,343.88
OV Copay:	NA	Employee/Child(ren): \$1,242.17
ER Copay:	NA	Emp/Spouse/Child(ren): \$2,013.85
RX Description:	None	

Health Benefits 2 Renewal

Benefit Code:	PG000051/No	- Blue Select CMM HSA
Deductible:	\$5000/\$10000	<u>01/01/2026</u>
Coinsurance:	0% IN 0% OUT	
OPM:	\$5000/\$10000	Employee: \$595.97
Preventive:	Yes	Employee/Spouse: \$1,220.54
OV Copay:	NA	Employee/Child(ren): \$1,128.16
ER Copay:	NA	Emp/Spouse/Child(ren): \$1,829.02
RX Description:	None	% of Change: -9.18%

Account Key:
 Effective Date: 01/01/2026
 Representative: Patriot Growth Insurance Services, LLC (SD)
 Group Number:

MOODY COUNTY



Renewal Rate Change Detail

	Health Id:	PG000042	PG000051
Total percentage of change in monthly premium for your selected plan(s) effective 1/1/2026		-8.48%	-9.18%
The change in monthly premium is comprised of the following components*:			
Base Rate change for the pool (size 2-50)		1.50%	1.50%
Account specific changes:			
Risk Level		-5.74%	-5.74%
Demographic (age/gender/contract type)		2.64%	2.64%
Plan Value		-0.39%	-1.16%
Family Composition		-5.85%	-5.85%
Group Size Adjustment		0.00%	0.00%
PPO Network		-0.62%	-0.62%

* The percentage of change in monthly premium is calculated by converting each component percentage to a decimal number and adding 1. Multiply all of the converted components together, subtract 1 from the result to get the overall percentage of change in monthly premium.
 Example: Base Rate = 8.5%, Risk Level = 3.92% and Demographic = -3.20%; the calculation would be $1.0850 \times 1.0392 \times 0.968 = 1.0915$ which translates to a 9.15% change.

AGREEMENT
BETWEEN
MOODY COUNTY
AND
SOUTH DAKOTA DEPARTMENT OF HEALTH

This agreement is made and entered into by and between the Moody County, Flandreau South Dakota and the South Dakota Department of Health (DOH).

Agreement Between Moody County and DOH

I. Purpose

The purpose of this Agreement is to state the terms of understanding between Moody County and DOH. This document will establish a general framework of cooperation between Moody County and DOH regarding DOH's use of space in the Extension building to offer services of the Woman, Infant, and Children (WIC) program.

II. Shared Benefits and Interests

Both Moody County and DOH agree that offering WIC services benefits the community. Both parties want to ensure these services are available to the public.

III. Terms and Conditions

A. Office Space

Moody County will make private space available inside the Extension building so DOH can offer services in a respectful and confidential setting.

B. Use of the Space

DOH may use the space during regular business hours, as available and agreed upon by the Extension Office (Monday through Friday, 8:00 AM – 5:00 PM, except holidays), to deliver WIC services.

C. Value and Responsibilities

This agreement is made in good faith. DOH will use the space to operate the WIC program and will provide staff for the WIC program.

D. Agreement Term

This agreement lasts for two (2) years from the date of the last signature.

E. Renewal Option

DOH may renew the agreement for additional two-year terms under the same conditions. Written notice must be given to Moody County at least 60 days before the current agreement ends.

F. Ending the Agreement

Either party can end this agreement with 30 days' written notice. Both parties must continue to follow all agreement terms until the end of the 30 day notice.

G. Changes to the Agreement

Any changes (amendments) must be in writing and signed by both Moody County and DOH.

H. Facility Care

DOH agrees to keep the space in good condition, except for normal wear and tear or damage from weather or other uncontrollable events. DOH will notify Moody County designee of any damage or needed repairs.

I. Maintenance and Cleaning

Moody County will not provide janitorial services. DOH is responsible for:

1. Taking out all garbage daily
2. Turning off lights, closing windows, and locking the door at the end of each day, if necessary

J. Utilities

Moody County will provide and pay for electricity, water, heating, and air conditioning.

K. Equipment and Supplies

DOH will provide all equipment and supplies needed for WIC. DOH may use existing tables and chairs in the office.

L. Signage

DOH may put up reasonable signage for their programs with written Moody County approval. All signs must be removed when the agreement ends.

M. Office Changes

Moody County may make any needed changes to the space. DOH must get written permission before making any changes or improvements.

N. Insurance and Responsibility

DOH will maintain workers' compensation for its employees and liability coverage for its vehicles and equipment. DOH is responsible for any mistakes or negligence by its staff as allowed by law.

O. Liability Protection

Moody County will protect DOH from legal claims related to:

- Conditions outside the Extension Building (streets, sidewalks)
- Moody County's 's own actions or negligence
- Accidents or injuries in or around the office space during the term of this agreement

P. Major Damage or Disaster

If the office space is damaged and becomes unusable, either party may end the agreement. DOH will decide if the space is usable. Moody County is not required to repair or rebuild if the damage is severe.

Q. General Terms

1. **No Waiver** – If one party doesn't enforce part of this agreement, that doesn't mean they give up their right to enforce it later.
2. **Binding Agreement** – This agreement applies to both parties and anyone who takes over their responsibilities.
3. **No Third-Party Rights** – This agreement only applies to the Moody County and DOH. No other person or group can enforce it.
4. **Plain Interpretation** – The terms in this agreement should be read plainly and not in favor of or against either party.
5. **Severability** – If part of this agreement is found invalid, the rest will still apply.
6. **Governing Law** – This agreement follows the laws of the State of South Dakota.
7. **Entire Agreement** – This document is the full agreement. It replaces all previous versions or understandings.
8. **Supersedes Prior Agreements** – Any past agreements for this space are no longer valid.
9. **Multiple Copies** – This agreement may be signed in parts, and all signed copies together count as one agreement.

Authorized Signatures

By signing below, both the Moody County and DOH confirm they are authorized to enter into this agreement and have received approval through appropriate official action

STATE OF SOUTH DAKOTA
Department of Health

MOODY COUNTY, SOUTH DAKOTA

Beth Dokken, Director
Division of Family & Community Health

Carla Bruning, Commission Chair

Date

Date