

Logan County Board of Commissioners Logan County Courthouse, 315 Main Street, Sterling, Colorado Tuesday, November 5, 2024 - 9:30 a.m.

Call to Order
Pledge of Allegiance
Revisions to Agenda
Consent Agenda

Approval of the Minutes of the October 29, 2024, meeting.

Acknowledge receipt of the Landfill Supervisor Report for the month of October, 2024.

Unfinished Business New Business

The Board will conduct a Budget Hearing to consider the Proposed Logan County Budget for fiscal year 2025

The Board will conduct a Budget Hearing to consider the Proposed Logan County Pest District Budget for fiscal year 2025.

The Board will open a public hearing to consider the approval of an application submitted by Merino Ram Booster Club for a Special Events Liquor License for an event to be held at the Mitchek Events Center, 1120 Pawnee Avenue, Sterling, Colorado on November 23, 2024.

Consideration of the approval of the following Secure Transportation Vehicle Permits on behalf of Centennial Mental Health:

- Permit #2024-1 2024 Ford Explorer VIN 1FMSK8DH5RGA61944.
- Permit #2024-2 2024 Ford Explorer VIN 1FMSK8DH5RGA62012.
- Permit #2024-3 2022 Ford Explorer VIN 1FMS8KDHXNGA51923.
- Permit #2024-4 2022 Ford Explorer VIN 1FMSK8DH6NGB19540.
- Permit #2024-5 2023 Toyota Sienna VIN 5TDKSKFC4PS086050.
- Permit #2024-6 2020 Toyota Sienna VIN 5TDKZ3DC5LS048664.
- Permit #2024-7 2014 Toyota Sienna VIN 5TDKK3DC9ES511316.

Consideration of the approval of Resolution 2024-32 establishing the date, time and location for a public hearing on the consideration of the approval of a service plan for the proposed Sage Pointe Metropolitan District.

Other Business Miscellaneous Business/Announcements

The next regular meeting will be scheduled for Tuesday, November 19, 2024, at 9:30 a.m. at the Logan County Courthouse.

County Offices will be closed on Monday, November 11, 2024 in observance of Veteran's Day. We take this time to honor all those who have served our country in any branch of the military and give them our deepest gratitude and thanks.

Executive Session as Needed Adjournment

October 29, 2024

The Logan County Board of Commissioners met in regular session with the following members present constituting a quorum of the members thereof:

Mike Brownell Joseph A. McBride Jerry A. Sonnenberg

Chairman Commissioner Commissioner

Also present:

Alan Samber Jennifer Crow

Debbie Unrein

Marilee Johnson Rob Quint

Rick Cullip Jeff Rice

Logan County Attorney

Administrative Support Specialist

Logan County Finance

Logan County Public Information Officer

Logan County Planning and Zoning

Logan County Buildings and Grounds Supervisor

Journal Advocate

Chairman Brownell called the meeting to order at 9:38 a.m. and opened the meeting with the Pledge of Allegiance.

Chairman Brownell asked if there were any revisions for the agenda. Hearing none, Chairman Brownell continued with the Consent Agenda.

The Board continued with the Consent Agenda items:

- Approval of the Minutes of October 15, 2024, meeting.
- Acknowledgment of the receipt of the Sheriff's Fee report for the month of September 2024.

Commissioner McBride moved to approve the Consent Agenda. Commissioner Sonnenberg seconded, and the motion carried, 3-0.

Chairman Brownell continued with New Business:

The Board tabled Resolution 2024-29 amending Special Use Permit (SUP) #240 for the construction, maintenance and operation of a Solar Energy Facility operated by Pivot Energy 54 LLC, which was to correct the permit term to forty years.

Commissioner Sonnenberg moved to approve Resolution 2024-30 and an application for Vacation of a Subdivision Exemption on behalf of Jason and Tracey Hovey to vacate Subdivision Exemption Plat No. 2015-11, recorded at Reception No. 723974, Book 1012, Page 147, of the records of the Logan County Clerk and Recorder. Commissioner McBride seconded, and the motion carried, 3-0.

Commissioner Sonnenberg moved to approve Resolution 2024-31 and an application for Subdivision Exemption on behalf of Donald R. and Barbara A. Korrey and Jason and Tracey Hovey to create a 5.89-acre parcel from a 12.21-acre parcel in an Agriculture (A) zone district located in the Northeast Quarter (NE1/4) of Section 8, Township 9 North, Range 51 West of the 6th Principal Meridian, Logan County, Colorado. Commissioner McBride seconded, and the motion carried, 3-0.

Miscellaneous Business/Announcements

The next regular meeting will be scheduled for Tuesday, November 5, 2024, at 9:30 a.m. at the Logan County Courthouse.

Notice is hereby given that a proposed budget has been submitted to the Board of Logan County Commissioners for Logan County and also the Logan County Pest Control District for fiscal year 2025. A copy of the proposed budget has been filed in the Office of the County Commissioners where it is open for public inspection. The proposed budget is also available on the Logan County website. The proposed budgets will be considered at a regular meeting of the Board of County Commissioners, Tuesday, November 5, 2024 at 9:30 a.m. Any person within Logan County may at any time prior to the final adoption of the budgets, file or register his/her objections thereto at the office of the Logan County Commissioners.

There being no further business to come before the Board, the meeting adjourned, at 9:54 a.m.

| Submitted by: | Administrative Support Specialist |
|-----------------------------------|---|
| Approved: November 5, 2024 | BOARD OF COUNTY COMMISSIONERS LOGAN COUNTY, COLORADO |
| (seal) | By: Mike Brownell, Chairman |
| Attest: | |
| Administrative Support Specialist | |

LOGAN COUNTY SOLID WASTE DEPARTMENT--JOSH KLEIN, SUPERVISOR

315 Main Street Sterling, CO 80751 (970)522-8657 Fax---(970)522-1995

| FOR OCTOBER 2024 | TONS | PRICE | CHARGES |
|--|----------|------------------|-------------|
| Area Town Clean-ups CPC | | <u>@</u> \$1.30 | \$0.00 |
| City of Sterling Clean-up SFCC | 250.59 | @ \$1.30 | \$325.77 |
| City of Sterling Packers SF | 488.04 | <u>@</u> \$26.30 | \$12,835.45 |
| City of Sterling Dump Trucks CL | 115.71 | <u>@</u> \$26.30 | \$3,043.17 |
| General Public A,CDBD,G,Y | 25.15 | <u>@</u> \$26.30 | \$661.45 |
| Commerial (Packers & Roll Offs) C | 809.73 | <u>@</u> \$26.30 | \$21,295.90 |
| >5 Tons on Free Certificates XTON | | <u>@</u> \$26.30 | \$0.00 |
| Indust. Waste>5 Tons on Free Cert. IDXTON | | <u>@</u> \$39.30 | \$0.00 |
| Industrial Waste All other ID | 1177.64 | <u>@</u> \$39.30 | \$46,281.25 |
| Industrial Petroleum Contaminated Soil IDPCS | | <u>@</u> \$39.30 | \$0.00 |
| Out of County OC | 65.65 | <u>@</u> \$49.47 | \$3,247.71 |
| Industrial Waste Out of County IDOC | 3.63 | <u>@</u> \$75.47 | \$273.96 |
| Rural Free Certificates NC | 49.24 | NC | |
| All County Vehicles NCC | 36.76 | NC | |
| No Charge Tire Weight NCTW | 3.14 | NC | |
| TOTAL TONS | 3025.28 | | |
| \$15.00 MINIMUM DIFFERENTIAL | | | \$846.35 |
| \$30.00 MINIMUM DIFFERENTIAL | | | \$22.80 |
| E-Waste Recycling | 21 items | | \$105.00 |
| E-Waste Recycling NCEW | 2 | NC | |
| Recycled E-Waste (Landfill) REW | | NC | |
| Outgoing Recycled Tires/Metal RT/RM | 9.92 | NC | |
| R & B Illegally Disposed Tires & Matts RBT | | NC | |
| Car Tires (CHG) | 69 | @ \$5.00 | \$345.00 |
| Truck Tires (CHG) | 25 | @ \$8.00 | \$200.00 |
| Tractor Tires (CHG) | 7 | @ \$12.00 | \$84.00 |
| Earth Moving Tires (CHG) | | @ \$20.00 | \$0.00 |
| Appliances (CHG) | 10 | @ \$5.00 | \$50.00 |
| Analytical Reviews ARV | | @ \$180.00 | \$0.00 |
| Unsecured/Unauthorized LDS UNSEC/AUTH | | @ \$15.00 | \$0.00 |
| Pulloff Loads PULLOFF | | @ \$15.00 | \$0.00 |
| Total # of Vehicles | 1046 | | |
| TOTAL OC & IDOC | | | \$3,544.46 |
| TOTAL IN COUNTY | | | \$86,073.34 |
| GRAND TOTAL | | | \$89,617.80 |

SIGNED BY: Parm Ludia

LOGAN COUNTY SOLID WASTE SUR-CHARGE REPORT

| Oct-24 | TONS | CPC (CLOSURE) | GRAND TOTAL |
|------------------|---------|---------------|-------------|
| CASH | 317.53 | 905.22 | \$11,370.90 |
| CHARGE | 1853.41 | 3678.00 | \$61,915.54 |
| CITY OF STERLING | 854.34 | 1736.40 | \$16,331.36 |
| TOTALS | 3025.28 | \$6,319.62 | \$89,617.80 |

| TONS THAT ARE SHIPPED OFF: | |
|----------------------------|------|
| RECYCLED METAL (SWAN) | 251 |
| RECYCLED METAL (BOHM) | |
| RECYCLED TIRES (RM) | 9.92 |
| SHIPPED OFF TOTALS | 9.92 |

| EWASTE TONS SHIPPED OFF: | |
|--------------------------|------|
| GEW | |
| RECYCLED EWASTE (LF) | |
| SHIPPED OFF EW TOTAL | 0.00 |

SIGNED BY: Parm Lordig DATE: 11-1-2024 DR 8439 (02/27/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

Application for a Special Events Permit

| Departmental Use Only | |
|-----------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | - |

| Liquor Permit Number (Do Not Fill Out) | |
|--|--|
| In order to qualify for a Special Events Permit, You C.R.S. and One of the Following (See back for o | Must Be a Qualifying Organization Per 44-5-102 details.) |
| Social • Athletic | O Philanthropic Institution |
| O Fraternal O Chartered Branch, Lodge or Chapter | O Political Candidate |
| Patriotic National Organization or Society | Municipality Owned Arts Facilities |
| O Political O Religious Institution | , |
| LIAB Type of Special Event Applicant is Ap | pplying for: |
| 2110 Malt, Vinous And Spirituous Liquor | \$25.00 Per Day |
| 2170 Fermented Malt Beverage | \$10.00 Per Day |
| Name of Applicant Organization or Political Candidate | State Sales Tax Number (Required |
| Merino Ram Booster Club | N/A |
| Mailing Address of Organization or Political Candidate | |
| PO Box 19 | |
| City | State ZIP Code |
| Merino | CO 80751 |
| Address of Place to Have Special Event | |
| Logan County Fairgounds - 1120 Pawnee Ave. | Ob. 1. 71D O. J. |
| City | State ZIP Code |
| Sterling Authorized Representative of Qualifying Organization or Pol | CO 80751 |
| Erin L. Owens | milical Carididate |
| Date of Birth (MM/DD/YY) | Phone Number |
| Date of Birth (MM/DB/11) | 970-580-4042 |
| Authorized Representative's Mailing Address (if different tha | |
| 355 Cortez Street | |
| L City | State ZIP Code |
| Sterling | CO 80751 |

| Event Manager | |
|---|--|
| Jada Gettman | |
| Date of Birth (MM/DD/YY) Phone Number | |
| 970-466-2555 | |
| Event Manager Home Address | |
| 120 Logan Ave. | |
| City State ZIP Code | |
| Merino CO 80471 | |
| Email Address of Event Manager | |
| jada.gettman@gmail.com | |
| Is the place to have the Special Event located on State-owned property? Yes | |

List Below the Exact Date(s) for Which Application is Being Made for Permit

| Date | | Date | |
|----------------------|--------------|-----------|--|
| Saturday, November 2 | 3, 2024 | | |
| From: | To: | From: To: | |
| 05:00 pm | 11:00 pm | | |
| Date | | Date | |
| | | | |
| From: | To: | From: To: | |
| Date | | Date | |
| | | | |
| From: | To: | From: To: | |
| | | | |
| Date | . | Date | |
| From: | To: | From: To: | |
| | | | |
| Date | | Date | |
| From: | To: | From: To: | |
| Date | | Date | |
| From: | To: | From: To: | |
| | | | |
| Date | | Date | |
| From: | To: | From: To: | |
| | | | |
| Date [| | Date | |
| From: | To: | From: To: | |
| From: | To: | From: To: | |
| | | | |

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

| Title | |
|--|-----------------|
| Erin L. Owens, Secretary, Merino Ram Booster Club | |
| Signature | Date (MM/DD/YY) |
| Erin G. Owens | 10/10/24 |
| Report and Approval of Local Licensing Authority (City or Cou | ınty) |
| The foregoing application has been examined and the premises, business conducted of the applicant is satisfactory, and we do report that such permit, if granted, will comprovisions of Title 44, Article 5, C.R.S., as amended. | |
| Therefore, this Application is Approved. | |
| Local Licensing Authority (City or County) | |
| Telephone Number of City/County Clerk | City County |
| | |
| Title | |
| | |
| Signature | Date (MM/DD/YY) |
| | |
| Do Not Write in this Space - For Department of Revenue Use C | Only |
| Liability Information | |
| License Account Number Liability Date | |
| | |
| State Total | |
| -750 (999) \$ | .00 |

DR 8439 (02/27/24) Page 4 of 5

Application Information and Checklist

The following supporting documents must be attached to this application for a permit to be issued:

| V | Appropriate fee. |
|---|--|
| V | Diagram of the area to be licensed (not larger that 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions. Note: If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc. |
| | Copy of deed, lease, or written permission of owner for use of the premises. |
| V | Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; or |
| | If not incorporated, a NONPROFIT charter; or N/A |
| | If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State. N/A |
| | Application must first be submitted to the Local Licensing Authority (city or county) at least thirty (30) days prior to the event. |
| | Public notice of the proposed event and procedure for protesting issuance of the permit shall be conspicuously posted at the proposed location for at least (10) days before approval of the permit by Local Licensing Authority. (44-5-106 C.R.S.) |
| | State Licensing Authority must be notified of approved applications by Local Licensing Authorities within ten (10) days of approval. |
| | Check payable to the Colorado Department Of Revenue |
| | Qualifications for Special Events Permit |

(44-5-102 C.R.S.)

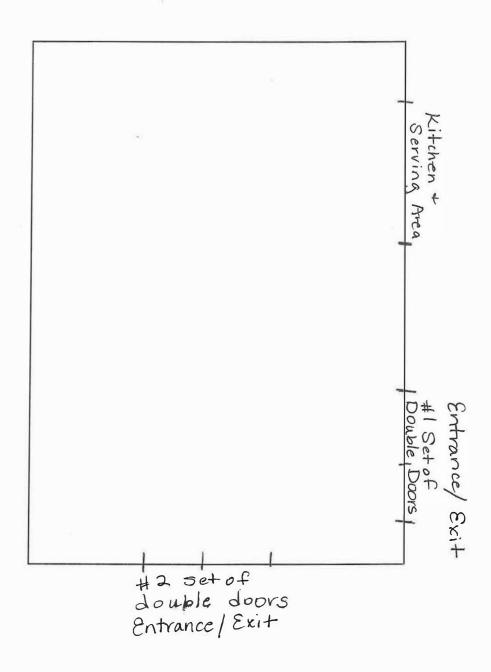
A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 4 and 3 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

Application for a Special Event Permit - Diagram

By the Merino Ram Booster Club

Event to be held at the Mitchek Events Center, Logan County Fairgrounds in Sterling, Co

*Private security firm has been contracted to provide security for this event. They will be stationed at both sets of doors to the Mitchek Events Center to prevent alcohol from leaving the building.



Instructions for Application for Secure Transportation Vehicle Permit

- 1. Enter the name under which the secure transportation service will be licensed.
- 2. Check the type of permit requested for this vehicle. Only check one.
- 3. Complete the contact information for the registered owner of the secure transportation vehicle.
- 4. Complete the contact information for the person applying for the permit.
- 5. Complete the information for the secure transportation vehicle.

VIN is the vehicle identification number assigned by the manufacturer. Generally, it can be found on the number plate visible through the lower corner of the windshield on the driver side.

Briefly describe the secure transportation vehicle color scheme. Examples: black, white over silver with blue beltline stripe, red with gold lettering.

Describe any other significant distinguishing characteristics. For example: yellow sunburst logo, green and blue logo showing mountain lake scene.

Attachments required for all applications:

- Proof of motor vehicle insurance.
- Certificate of mechanical inspection.

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service: <u>Centennial Mental Health Center, Inc.</u> |
|---|
| Type of Permit (check one): [X Type 1 (Partitioned) |
| Contact Information for Secure Transportation Vehicle Owner: |
| Name: Dante Gonzales |
| Address:211 W Main Street |
| City/State/Zip: _Sterling, CO 80751 |
| Telephone: <u>970-522-4549 ext 3062</u> (business) |
| (mobile) |
| Email Address:Dante.Gonzales@Centennialmhc.org |
| Contact Information for the Person Applying for the Secure Transportation Vehicle Permit: |
| Name: Same |
| Physical Address: |
| City/State/Zip: |
| Mailing Address: |
| City/State/Zip: |
| Telephone:(business) |
| (mobile) |
| Email Address: |

| ure Transportation Vehicle Information: | | | |
|---|--|--|--|
| Chassis year:2024 | | | |
| Make:Ford | | | |
| Model:Explorer | | | |
| VIN: 1FMSK8DH5RGA61944 | | | |
| Colorado License Plate Number: DFJ-Y81 | | | |
| Date in Service:9-9-24 | | | |
| Color:Blue | | | |
| Other Distinguishing Characteristics: | | | |
| | | | |
| | | | |
| | | | |
| Submitted by: | | | |
| Signature: | | | |
| Printed Name:Dante Gonzales, CEO | | | |
| Date: 10/1/24 | | | |

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

| Name of the Secure Transportation Service: Centennial Mental Health Center, Inc. | | | |
|--|---|--|--|
| Vehicle: 2024 Ford Explorer- Blue DFJ-Y81 | | | |
| Type of Permit (check one): | xType 1 (partitioned) | | |
| | Type 2 (non partitioned) | | |
| | ☐ Type 2 (non-partitioned) | | |
| Class of License (check one): | ☐ Class A (physical restraints may be used) | | |
| | xClass B (no physical restraints) | | |
| Date and location of inspection: | | | |

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|-----|-----|--|
| A | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| / | | Four door body configuration |
| | NIA | Ligature risk reduction measures |
| / | | Child safety door locks for passenger compartment |
| / | | Window safety interlocks for passenger compartment |
| ✓ | | Global Positioning System tracking |
| V | | Seat belt for each seating position |
| V | | Manufacturer's supplemental inflatable restraints operational |
| | NA | Child safety seat in appropriate sizes for client population (if applicable) |
| V | | Operational temperature control and ventilation system |
| J | | Secure area clear of any item that may be used to inflict harm |
| V | | Mirror or video camera to visually observe and monitor client |
| V | | First aid kit |
| YES | NΦ | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| VVV | | Fire extinguisher |
|------------------------|--------------|---|
| V | | W1 |
| | | Wireless two-way communication |
| 1 | | Biohazard bags |
| - | | Personal protective equipment for each vehicle occupant |
| V | | Map of service area |
| V | | All equipment and supplies on the vehicle are properly secured, maintained and stored in accordance with manufacturer recommendations |
| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
| / | | Permanent safety partition between driver and passenger compartments |
| / | | Safety partition between passenger compartment and cargo area (if applicable) |
| YES | NO | TRANSPORTATION VEHICLES: Automated external defibrillator |
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breathin ability and does not pose a ligature risk |
| | Certificatio | on: By completing this inspection, I certify that I do not have any disclosed on |
| ispector (| | r potential conflicts of interest with the Secure Transportation Service or |
| ndisclosed spection | | |
| ndisclosed spection | | mark nrupnelf |

| СО | | INSURANCE IDEN | TIFICATION CARD |
|--|------------------------|--|-----------------------|
| BI(X) PD(X) (STATE COMPANY NUMBER 22276 | COMPANY | X COMMERCIAL away Specialty Insurance | PERSONAL Ce Compan |
| POLICY NUMBER 47RWS25497008 | EFFECTIVE D 7/1/202 | 2/11/11/11/01/ | |
| YEAR M | MAKE/MODEL Explorer | VEHICLE IDENTIFICATION NUMB 1FMSK8DH5RGA61944 | BER |
| AGENCY/COMPANYISSUIN Leavitt Group o 119 N 3rd Ave Sterling | | PO Box 1707 (970)522-4840 | |
| INSURED Centennia | l Mental Health Ce | nter, Inc. | |
| _L Sterling | CO | 80751 | |
| | SEE IMPORTANT NOTIC | E ON REVERSE SIDE | |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

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INS050 (200702)

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service: <u>Centennial Mental Health Center, Inc.</u> |
|---|
| Type of Permit (check one): X Type 1 (Partitioned) Type 2 (Non-Partitioned) |
| Contact Information for Secure Transportation Vehicle Owner: |
| Name:Dante Gonzales |
| Address:211 W Main Street |
| City/State/Zip: Sterling, CO 80751 |
| Telephone: <u>970-522-4549 ext 3062</u> (business) |
| (mobile) |
| Email Address: <u>Dante.Gonzales@Centennialmhc.org</u> |
| Contact Information for the Person Applying for the Secure Transportation Vehicle Permits |
| Name: Same |
| Physical Address: |
| City/State/Zip: |
| Mailing Address: |
| City/State/Zip: |
| Telephone:(business) |
| (mobile) |
| Email Addrage |

| | Chassis year: |
|-------|---------------------------------------|
| | Make: Ford |
| | Model: Explorer |
| | VIN:1FMSK8DH5RGA62012 |
| | Colorado License Plate Number:DFJ-Y80 |
| | Date in Service: 9-9-24 |
| | Color: Green |
| | Other Distinguishing Characteristics: |
| | |
| | |
| | |
| Submi | itted by: |
| | Signature: |
| | Printed Name: Dante Gonzales, CEO |
| | Date: 10/1/24 |

Attachments Required for All Applications:

Secure Transportation Vehicle Information:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: Centennial Mental Health Center, Inc.

Vehicle: 2024 Ford Explorer- Green DFJ-Y80

Type of Permit (check one):

xType | (partitioned)

Type 2 (non-partitioned)

Class of License (check one):

Class A (physical restraints may be used)

xClass B (no physical restraints)

Date and location of inspection:

10.24 2024, Sterling

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|----------|-----|--|
| V | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| V | | Four door body configuration |
| | NIA | Ligature risk reduction measures |
| V | | Child safety door locks for passenger compartment |
| V | | Window safety interlocks for passenger compartment |
| ~ | | Global Positioning System tracking |
| 1 | | Seat belt for each seating position |
| V | | Manufacturer's supplemental inflatable restraints operational |
| | NIA | Child safety seat in appropriate sizes for client population (if applicable) |
| V | | Operational temperature control and ventilation system |
| ~ | | Secure area clear of any item that may be used to inflict harm |
| V | | Mirror or video camera to visually observe and monitor client |
| / | | First aid kit |
| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| / | _ | Fire extinguisher |
|-----------|--------|---|
| V | | Wireless two-way communication |
| V | | Biohazard bags |
| / | | Personal protective equipment for each vehicle occupant |
| 1 | | Map of service area |
| V | | All equipment and supplies on the vehicle are properly secured, maintain and stored in accordance with manufacturer recommendations |
| | | |
| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
| 1 | | Permanent safety partition between driver and passenger compartments |
| / | | Safety partition between passenger compartment and cargo area (if applicable) |
| | | |
| YES | NO | ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES: |
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breath ability and does not pose a ligature risk |
| | | |
| lditional | Commen | nts: No comments. |
| | | |
| | | |
| | | |

undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: Much Mywelf

| СО | | INSURANCE IDENTI | FICATION CARD |
|---|--------------------------|--|---------------|
| BI(X) PD(X) (STATE) COMPANY NUMBER 22276 | COMPANY Berkshire Hatha | X COMMERCIAL away Specialty Insurance | PERSONAL |
| POLICY NUMBER 47RWS25497008 | EFFECTIVE D. 7/1/2024 | ATE EXPIRATION DATE | o company |
| YEAR MAKI 2024 Ford | EMODEL Explorer | VEHICLE IDENTIFICATION NUMBE 1FMSK8DH5RGA62012 | R |
| AGENCY/COMPANY ISSUING CA | ARD | | |
| Leavitt Group of (119 N 3rd Ave Sterling | Colorado CO 80751 | PO Box 1707 (970)522-4840 | |
| INSURED Centennial N | Mental Health Ce | nter, Inc. | |
| _L Sterling | СО | 80751 | |
| | SEE IMPORTANT NOTICE | E ON REVERSE SIDE | |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

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INS050 (200702)

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service: <u>Centennial Mental Health Center, Inc.</u> | |
|---|--|
| Type of Permit (check one): X Type 1 (Partitioned) Type 2 (Non-Partitioned) | |
| Contact Information for Secure Transportation Vehicle Owner: | |
| Name:Dante Gonzales | |
| Address: _211 W Main Street | |
| City/State/Zip: Sterling. CO 80751 | |
| Telephone: 970-522-4549 ext 3062 (business) | |
| (mobile) | |
| Email Address:Dante.Gonzales@Centennialmhc.org | |
| Contact Information for the Person Applying for the Secure Transportation Vehicle Permit: | |
| Name: Same | |
| Physical Address: | |
| City/State/Zip: | |
| Mailing Address: | |
| City/State/Zip: | |
| Telephone: (business) | |
| (mobile) | |
| Email Address: | |

| Secure Transportation Vehicle Information: |
|---|
| Chassis year: |
| Make: Ford |
| Model: <u>Explorer</u> |
| VIN:1FMSK8DH6NGB19540 |
| Colorado License Plate Number: <u>DQO-T77</u> |
| Date in Service: 10/12/23 |
| Color: Silver |
| Other Distinguishing Characteristics: |
| |
| |
| |
| Submitted by: |
| Signature: |
| Printed Name: <u>Dante Gonzales, CEO</u> |
| Date: 10/1/24 |

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: Centennial Mental Health Center, Inc.

Vehicle: 2022 Ford Explorer- Silver DQO-T77

Type of Permit (check one): xType 1 (partitioned)

☐ Type 2 (non-partitioned)

Class of License (check one):

xClass B (no physical restraints)

Date and location of inspection: 10/24/2024 (MH)

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|-----|-----|--|
| X | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| × | | Four door body configuration |
| NIA | NIA | Ligature risk reduction measures |
| >. | | Child safety door locks for passenger compartment |
| × | | Window safety interlocks for passenger compartment |
| >. | | Global Positioning System tracking |
| \ | | Seat belt for each seating position |
| \ | | Manufacturer's supplemental inflatable restraints operational |
| NIA | VIA | Child safety seat in appropriate sizes for client population (if applicable) |
| ×. | 7.2 | Operational temperature control and ventilation system |
| ×. | | Secure area clear of any item that may be used to inflict harm |
| > | | Mirror or video camera to visually observe and monitor client |
| ` | | First aid kit |
| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| <i>y</i> . | Fire extinguisher |
|------------|--|
| | Wireless two-way communication |
| >. | Biohazard bags |
| -/1 | Personal protective equipment for each vehicle occupant |
| <i>'</i> | Map of service area |
| 1/2 | All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations |

| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
|-----|----|---|
| ζ. | | Permanent safety partition between driver and passenger compartments |
| Y | | Safety partition between passenger compartment and cargo area (if applicable) |

| YES | NO | ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES: |
|-----|----|---|
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk |

| Additional Comments: | | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or Syllelle inspection process.

Inspector Signature: $\frac{1}{24}$ $\frac{1}{24}$ Date: $\frac{1}{24}$ $\frac{1}{24}$

| co | | INSURANCE IDE | ENTIFICATION CARD |
|--|----------------------------|--|-------------------|
| BI(X) PD(X) (STATE) COMPANY NUMBER 22276 | COMPANY Berkshire Hatha | X COMMERCIAL Way Specialty Insura | PERSONAL |
| POLICY NUMBER 47RWS25497008 | EFFECTIVE DA 7/1/2024 | | E |
| YEAR MAK 2022 Ford | E/MODEL Explorer | VEHICLE IDENTIFICATION NU 1FMSK8DH6NGB19540 | MBER |
| AGENCY/COMPANY ISSUING C | | | |
| Leavitt Group of 119 N 3rd Ave | Colorado | PO Box 1707 | |
| Sterling | CO 80751 | (970) 522-4840 | |
| Centennial | Mental Health Cen | nter, Inc. | |
| _L Sterling | CO { | 80751 | |
| | SEE IMPORTANT NOTICE | ON REVERSE SIDE | |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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INS050 (200702)

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service:Centennial Mental H | Iealth Center, Inc |
|---|----------------------------|
| Type of Permit (check one): X Type 1 (Partitioned) ☐ Type 2 (Non-Partitioned) | |
| Contact Information for Secure Transportation Vehicle Owner: | |
| Name:Dante Gonzales | |
| Address:211 W Main Street | |
| City/State/Zip: _Sterling, CO 80751 | |
| Telephone:970-522-4549 ext 3062 | (business) |
| | (mobile) |
| Email Address: | |
| Contact Information for the Person Applying for the Secure Tran | sportation Vehicle Permit: |
| Name:Same | |
| Physical Address: | |
| City/State/Zip: | |
| Mailing Address: | |
| City/State/Zip: | |
| Telephone: | (business) |
| | (mobile) |
| Email Address: | |

| | Chassis year: 2022 |
|-------|--|
| | Make: Ford |
| | Model: Explorer |
| | VIN:1FMSK8DHXNGA51923 |
| | Colorado License Plate Number: <u>DQ</u> ●-T76 |
| | Date in Service: |
| | Color: White |
| | Other Distinguishing Characteristics: |
| | |
| | |
| | |
| Submi | tted by: |
| | Signature: |
| | Printed Name: <u>Dante Gonzales, CEO</u> |
| | Date: 10/1/24 |

Attachments Required for All Applications:

Secure Transportation Vehicle Information:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: Centennial Mental Health Center,

Inc. Vehicle: 2022 Ford Explorer- White DQO-T76

☐ Type 2 (non-partitioned)

Class of License (check one):

xClass B (no physical restraints)

Date and location of inspection: 10/24/2024 (MH

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|-----|-----|--|
| X | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| × | | Four door body configuration |
| NIA | NIA | Ligature risk reduction measures |
| >. | | Child safety door locks for passenger compartment |
| X | | Window safety interlocks for passenger compartment |
| > | | Global Positioning System tracking |
| > | | Seat belt for each seating position |
| | | Manufacturer's supplemental inflatable restraints operational |
| VIA | VIA | Child safety seat in appropriate sizes for client population (if applicable) |
| × | - / | Operational temperature control and ventilation system |
| · · | | Secure area clear of any item that may be used to inflict harm |
| × | | Mirror or video camera to visually observe and monitor client |
| 1 | | First aid kit |
| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| * | Fire extinguisher |
|--------------|--|
| T | Wireless two-way communication |
| <i>\(\)</i> | Biohazard bags |
| 1 | Personal protective equipment for each vehicle occupant |
| <u></u> | Map of service area |
| ./ | All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations |

| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
|---------------|----|---|
| V | | Permanent safety partition between driver and passenger compartments |
| \rightarrow | | Safety partition between passenger compartment and cargo area (if applicable) |

| YES | NO | ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES: |
|-----|----|---|
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk |

| Iditional Comments: _ | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature:

Date: \(\lambda - \frac{1}{2} \frac{1}{4} - \frac{1}{2} \frac{1}{4} \]

| СО | | INSURANCE IDENTIFICATION | CARD |
|--|-------------------------|---|------|
| BI(X) PD(X) (STATE) COMPANY NUMBER 22276 | COMPANY | X COMMERCIAL PERSONAL | |
| POLICY NUMBER 47RWS25497008 | EFFECTIVE DATE 7/1/2024 | | r |
| YEAR MA 2022 Ford | KE/MODEL Explorer | VEHICLE IDENTIFICATION NUMBER 1FMSK8DHXNGA51923 | |
| AGENCY/COMPANY ISSUING | CARD | | |
| Leavitt Group of | | | |
| 119 N 3rd Ave Sterling | CO 80751 | PO Box 1707 (970)522-4840 | |
| - | 00 00701 | (3707522 1010 | |
| INSURED Centennial | Mental Health Cent | er, Inc. | |
| _[Sterling | CO 80 | 0751 | |
| | SEE IMPORTANT NOTICE C | ON REVERSE SIDE | |
| | | | |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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INS050 (200702)

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service: <u>Centennial Mental Health Center. Inc.</u> |
|---|
| Type of Permit (check one): Type 1 (Partitioned) Type 2 (Non-Partitioned) |
| Contact Information for Secure Transportation Vehicle Owner: |
| Name:Dante Gonzales |
| Address: _211 W Main Street |
| City/State/Zip: Sterling, CO 80751 |
| Telephone: <u>970-522-4549 ext 3062</u> (business) |
| (mobile) |
| Email Address:Dante.Gonzales@Centennialmhc.org |
| Contact Information for the Person Applying for the Secure Transportation Vehicle Permit: |
| Name: Same |
| Physical Address: |
| City/State/Zip: |
| Mailing Address: |
| City/State/Zip: |
| Telephone:(business) |
| (mobile) |
| Email Address: |

| | Chassis year: 2023 |
|-------|---|
| | Make: <u>Toyota</u> |
| | Model: Sienna |
| | VIN:5TDKZ3DC5LS048664 |
| | Colorado License Plate Number: AHT-Z24 |
| | Date in Service: 9/11/23 |
| | Color: White |
| | Other Distinguishing Characteristics: ADA |
| | |
| | |
| | |
| Submi | tted by: |
| | Signature: |
| | Printed Name: <u>Dante Gonzales, CEO</u> |
| | Date: 10/1/24 |

Attachments Required for All Applications:

Secure Transportation Vehicle Information:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: Centennial Mental Health Center,

Inc. Vehicle: 2023 Toyota Sienna Van AHT-Z24

Type of Permit (check one): xType 1 (partitioned)

Type 2 (non-partitioned)

Class of License (check one):

Class A (physical restraints may be used)

xClass B (no physical restraints)

Date and location of inspection: 10-24-24 CMH

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|-------|-----|--|
| 1 | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| X | | Four door body configuration |
| N, A | NIA | Ligature risk reduction measures |
| X | | Child safety door locks for passenger compartment |
| 1 | | Window safety interlocks for passenger compartment |
| 1 | | Global Positioning System tracking |
| 4. | | Seat belt for each seating position |
| X | | Manufacturer's supplemental inflatable restraints operational |
| VIA | NIA | Child safety seat in appropriate sizes for client population (if applicable) |
| X | | •perational temperature control and ventilation system |
| X | | Secure area clear of any item that may be used to inflict harm |
| X | | Mirror or video camera to visually observe and monitor client |
| X | | First aid kit |
| (YES) | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| X | | Fire extinguisher |
|-----------|--------|--|
| X | | Wireless two-way communication |
| X | | Biohazard bags |
| X | | Personal protective equipment for each vehicle occupant |
| X | | Map of service area |
| X | | All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations |
| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
| X | | Permanent safety partition between driver and passenger compartments |
| X | | Safety partition between passenger compartment and cargo area (if applicable) |
| YES | NO | ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES: Automated external defibrillator |
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk |
| | | |
| dditional | Commen | ats: ADA van |

Date: 10/24/2024

| со | | | INSURAN | ICE IDENTIFI | CATION CARD |
|------------------------------------|-------------------|----------|---|--------------|-------------|
| BI(X) PD(X) (STATE) COMPANY NUMBER | COMPANY | | X COMMERCIA | L PE | RSONAL |
| 22276 | Berkshire Hat | haway | Specialty I | nsurance | Compan |
| POLICY NUMBER 47RWS25497008 | EFFECTIVE 7/1/20 | | EXPIRATI 7/1/2 | O25 | |
| YEAR MAKE 2023 Toyota | /MODEL Sienna | | HICLE IDENTIFICATED IN TURBLE TO THE PROPERTY OF THE PROPERTY | | |
| AGENCY/COMPANY ISSUING CA | RD | | | | |
| Leavitt Group of C | olorado | PO | Box 1707 | | |
| Sterling | CO 80751 | | (970) 522- | 4840 | |
| INSURED Centennial M | Mental Health C | enter, | Inc. | | |
| _L Sterling | СО | 8075 | 1 | | |
| | SEE IMPORTANT NOT | ICE ON R | EVERSE SIDE | | |
| | | | | | |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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INS050 (200702)

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service: <u>Centennial Mental Health Center, Inc.</u> |
|--|
| Type of Permit (check one): X Type 1 (Partitioned) Type 2 (Non-Partitioned) |
| Contact Information for Secure Transportation Vehicle Owner: |
| Name: _Dante Gonzales |
| Address:211 W Main Street |
| City/State/Zip: Sterling, CO 80751 |
| Telephone: 970-522-4549 ext 3062 (business) |
| (mobile) |
| Email Address: |
| Contact Information for the Person Applying for the Secure Transportation Vehicle Permit |
| Name:Same |
| Physical Address: |
| City/State/Zip: |
| Mailing Address: |
| City/State/Zip: |
| Telephone:(business) |
| (mobile) |
| Email Address: |

| Secure Transportation Vehicle Information: |
|--|
| Chassis year: 2020 |
| Make: Toyota |
| Model: Sienna |
| VIN:5TDKZ3DC5LS048664 |
| Colorado License Plate Number: CGP-934 |
| Date in Service: 12-13-19 |
| Color: White |
| Other Distinguishing Characteristics: |
| |
| |
| |
| Submitted by: |
| Signature: |
| Printed Name: Dante Gonzales CEO |
| Date: 10/1/24 |

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

| ivalife of the secure Transportation | Service: Centennal Mental Health Center, Inc. |
|--------------------------------------|---|
| Vehicle: 2020 Toyota Sienna Van | CGP-934 |
| Type of Permit (check one): | xType 1 (partitioned) |
| ~ | ☐ Type 2 (non-partitioned) |
| Class of License (check one): | ☐ Class A (physical restraints may be used) |

xClass B (no physical restraints)

Date and location of inspection: 10-24-24 CMH

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|-------|-----|--|
| X | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| X | | Four door body configuration |
| NA | N/A | Ligature risk reduction measures |
| X | | Child safety door locks for passenger compartment |
| 1 | | Window safety interlocks for passenger compartment |
| X | | Global Positioning System tracking |
| X. | | Seat belt for each seating position |
| X | | Manufacturer's supplemental inflatable restraints operational |
| VA | NIA | Child safety seat in appropriate sizes for client population (if applicable) |
| X | | Operational temperature control and ventilation system |
| X | | Secure area clear of any item that may be used to inflict harm |
| X | | Mirror or video camera to visually observe and monitor client |
| X | | First aid kit |
| (YES) | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| X | | Fire extinguisher |
|--|-------------------------|---|
| X | | Wireless two-way communication |
| X | | Biohazard bags |
| X | | Personal protective equipment for each vehicle occupant |
| X | | Map of service area |
| X | | All equipment and supplies on the vehicle are properly secured, maintained and stored in accordance with manufacturer recommendations |
| | ÷ | |
| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
| X | | Permanent safety partition between driver and passenger compartments |
| X | | Safety partition between passenger compartment and cargo area (if applicable) |
| / | A ANDREAS OF THE STREET | application , |
| YES | NO | ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES: |
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breathin ability and does not pose a ligature risk |
| Additional | Commen | ts: |
| | | |
| | | |
| | | |
| nspector (| Certificatio | on: By completing this inspection, I certify that I do not have any disclosed on |
| undisclose | d, actual o | or potential conflicts of interest with the Secure Transportation Service or |
| | process. | Q1111/2 -50 |
| nspection | | V 1 / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ |
| nspection S | Signature: | Tyllor 77 Prior |
| Inspection Solution S | Signature: | INMO Tyluide |

| со | | INSURANCE IDENTIFICATION CARD |
|------------------------------------|-----------------------|---|
| BI(X) PD(X) (STATE) COMPANY NUMBER | COMPANY | X COMMERCIAL PERSONAL |
| 22276 | Berkshire Hathav | way Specialty Insurance Company |
| POLICY NUMBER 47RWS25497008 | 7/1/2024 | |
| YEAR MAR 2020 Toyota | KE/MODEL Sienna LE | VEHICLE IDENTIFICATION NUMBER 5TDKZ3DC5LS048664 |
| AGENCY/COMPANY ISSUING | CARD | |
| Leavitt Group of 119 N 3rd Ave | Colorado | PO Box 1707 |
| Sterling | CO 80751 | (970) 522-4840 |
| INSURED Centennial | Mental Health Cen | ter, Inc. |
| _L Fort Morgan | CO 8 | 0701 |
| | SEE IMPORTANT NOTICE | ON REVERSE SIDE |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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INS050 (200702)

Application for Secure Transportation Vehicle Permit

| Name of Secure Transportation Service: <u>Centennial Mental Health Center, Inc.</u> | |
|---|--|
| Type of Permit (check one): Type 1 (Partitioned) Type 2 (Non-Partitioned) | |
| Contact Information for Secure Transportation Vehicle Owner: | |
| Name: _ Dante Gonzales | |
| Address: _211 W Main Street | |
| City/State/Zip: Sterling, CO 80751 | |
| Telephone:970-522-4549 ext 3062 (business) | |
| (mobile) | |
| Email Address:Dante.Gonzales@Centennialmhc.org | |
| Contact Information for the Person Applying for the Secure Transportation Vehicle Permit: | |
| Name: Same | |
| Physical Address: | |
| City/State/Zip: | |
| Mailing Address: | |
| City/State/Zip: | |
| Telephone: (business) | |
| (mobile) | |
| Email Address: | |

| | Chassis year: 2014 |
|--------|--|
| | Make: Toyota |
| | Model: Sienna |
| | VIN:5TDKK3DC9ES511316 |
| | Colorado License Plate Number: 915-QVM |
| | Date in Service: 9/3/2014 |
| | Color: Silver |
| | Other Distinguishing Characteristics: |
| | |
| | |
| | |
| Submit | ted by: |
| | Signature: |
| | Printed Name: Dante Gonzales, CEO |
| | Date: 10/1/24 |

Attachments Required for All Applications:

Secure Transportation Vehicle Information:

- Proof of motor vehicle insurance.
- Certification of Mechanical Evaluation.
- Vehicle Inspection Report.

Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: Centennial Mental Health Center, Inc.

Vehicle: 2014 Toyota Sienna Van 915-QVM

| Type of Permit (check one): | xType 1 (partitioned) |
|----------------------------------|---|
| | ☐ Type 2 (non-partitioned) |
| Class of License (check one): | Class A (physical restraints may be used) |
| | xClass B (no physical restraints) |
| Date and location of inspection: | 10/24/24 CMH Sterling CO |

| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |
|--------------|----|--|
| / | | Certification of compliance with Federal Motor Vehicle Safety Standards |
| | | Four door body configuration |
| | NA | Ligature risk reduction measures |
| \checkmark | | Child safety door locks for passenger compartment |
| ✓. | | Window safety interlocks for passenger compartment |
| | | Global Positioning System tracking |
| / | | Seat belt for each seating position |
| / | | Manufacturer's supplemental inflatable restraints operational |
| | NA | Child safety seat in appropriate sizes for client population (if applicable) |
| | | Operational temperature control and ventilation system |
| / | | Secure area clear of any item that may be used to inflict harm |
| | | Mirror or video camera to visually observe and monitor client |
| / | | First aid kit |
| YES | NO | REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES: |

| / | | Fire extinguisher |
|--------------------------|-----------------------|--|
| | | Wireless two-way communication |
| / | | Biohazard bags |
| / | | Personal protective equipment for each vehicle occupant |
| / | | Map of service area |
| V | | All equipment and supplies on the vehicle are properly secured, maintained and stored in accordance with manufacturer recommendations |
| YES | NO | ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES: |
| $\sqrt{}$ | | Permanent safety partition between driver and passenger compartments |
| / | | Safety partition between passenger compartment and cargo area (if applicable) |
| | | |
| YES | NO | ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES: |
| | | Automated external defibrillator |
| | | Soft restraints |
| | | Device to prevent spitting or biting that does not restrict airway or breathin ability and does not pose a ligature risk |
| Additional | Commen | nts: |
| ndisclosed respection | d, actual of process. | on: By completing this inspection, I certify that I do not have any disclosed of potential conflicts of interest with the Secure Transportation Service or |

| co | | INSURANCE IDENTIFICATION CARD | | | | | | |
|--|---------------------------|--|--|--|--|--|--|--|
| BI(X) PD(X) (STATE) COMPANY NUMBER 22276 | COMPANY Berkshire Hath | X COMMERCIAL PERSONAL away Specialty Insurance Company | | | | | | |
| POLICY NUMBER 47RWS25497008 | EFFECTIVE D 7/1/202 | | | | | | | |
| YEAR MAKE 2014 Toyota | /MODEL Sienna | VEHICLE IDENTIFICATION NUMBER 5TDKK3DC9ES511316 | | | | | | |
| AGENCY/COMPANY ISSUING CA | | | | | | | | |
| Leavitt Group of 0 119 N 3rd Ave | | PO Box 1707 | | | | | | |
| Sterling | CO 80751 | (970) 522-4840 | | | | | | |
| INSURED Centennial Mental Health Center, Inc. | | | | | | | | |
| _L Sterling | со | 80751 | | | | | | |
| SEE IMPORTANT NOTICE ON REVERSE SIDE | | | | | | | | |

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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INS050 (200702)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

| the terms and conditions of the policy, certificate holder in lieu of such endors | certai | n pol | | | | | | | | |
|---|-----------------------------|--------------------------|--|--|--|--|-----------------------------------|-----------------|------------|-----------------------|
| PRODUCER | omon | τ(Ο). | | CONTA | CT Jill Wh | itman | | | uralisada. | |
| Leavitt Group of Colorado | | | | NAME: 0111 WILL CHIEF PHONE (970) 522-4840 (A/C, No, Ext): (970) 522-7208 (A/C, No): (970) 522-7208 | | | | | | |
| 119 N 3rd Ave | | | | (A/C, No, Ext): (970) 522-4840 (A/C, No): (970) 522-7208 E-MAIL | | | | | | |
| PO Box 1707 | | | | | | | | | | |
| | 751 | | | INSURER(s) AFFORDING COVERAGE NAIC # INSURER A: Berkshire Hathaway Specialty Insurance 22276 | | | | | | 1-24-1-24-1-2 |
| INSURED | 731 | | | | | | | | | |
| Centennial Mental Health Center | · Tn | | | INSURER B: | | | | | | |
| 211 West Main Street | , 111 | ic. | | INSURER C: | | | | | | |
| 211 West Main Street | | | INSURER D: | | | | | | | |
| Sterling CO 80 | 751 | | | INSURER E : | | | | | | |
| | | ATE | NUMBED: 2024-2025 | INSURER F: | | | | | | |
| COVERAGES CERTIFY THAT THE POLICIES OF | | | NUMBER: 2024-2025 | -N ICCI | ED TO THE IN | | REVISION NU | _ | DEDIO | |
| INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F | UIREM TAIN, T POLICIE | ENT, THE II ES. LI | TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BEI | IY CONT HE POL | TRACT OR OTH ICIES DESCRI UCED BY PAID | HER DOCUMEN BED HEREIN I CLAIMS. | NT WITH RESPEC | CT TO WHIC | CH THIS | |
| INSR LTR TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | 5 | |
| X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURREN | | S | 1,000,000 |
| A x CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENT PREMISES (Ea oc | ED currence) | s | 1,000,000 |
| | | | 47SPK25497209 | | 7/1/2024 | 7/1/2025 | MED EXP (Any one | e person) | s | 20,000 |
| | | | | | | | PERSONAL & ADV | / INJURY | \$ | 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | GATE | \$ | 3,000,000 |
| X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | S | 3,000,000 |
| OTHER: | | | | | | | | | S | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGL (Ea accident) | E LIMIT | s | 1,000,000 |
| X ANY AUTO | | | | | | | BODILY INJURY (F | Per person) | S | |
| ALLOWNED SCHEDULED AUTOS AUTOS | | | 47RWS25497009 | | 7/1/2024 | 7/1/2025 | BODILY INJURY (F | Per accident) | \$ | |
| HIRED AUTOS AUTOS | | | and the second s | | | 7,2001 | PROPERTY DAMA | GE | s | |
| Autos | | | | | | | Medical payments | | S | 5,000 |
| X UMBRELLA LIAB OCCUR | | | | AND SHIP OF THE SH | | | EACH OCCURREN | ICE | s | 1,000,000 |
| A EXCESS LIAB X CLAIMS-MADE | | | | | | | AGGREGATE | | s | |
| DED X RETENTION \$ 10,000 | 1 | | 47SUM25497109 | | 7/1/2024 | 7/1/2025 | | | s | |
| WORKERS COMPENSATION | | | | AL AGIII III | | | PER STATUTE | OTH- ER | | and the second second |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N | 1 I | | | | | | E.L. EACH ACCIDE | 10-10-10-0- | S | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA | | s | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | _ | | | E.L. DISEASE - PO | | S | |
| A Professional Liability | | | 4500005405000 | | 7/1/2224 | 7/1/0005 | \$1,000,000 each occu | | | 000 000 7 |
| | | | 47SPK25497209 | | 7/1/2024 | 7/1/2025 | FO SI SI | irence | دډ | ,000,000 Agg |
| A Employee Dishonesty | | | 47SPK25497209 | | 7/1/2024 | 7/1/2025 | \$500,000 | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE THIS CERTIFICATE IS SUBJECT TO | | | | | | ce is required) | | | | |
| CERTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| CLATIFICATE HOLDER | | | | CANC | LLLATION | | | | - | |
| Logan County 315 Main Street Sterling, CO 80751 | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | | | AUTHORIZED REPRESENTATIVE | | | | | | | |
| | | | | III Whitman/IIWHIT Jule Whitman | | | | | | |

RESOLUTION NO. 2024 -32

A Resolution of the Board of County Commissioners of Logan County, Colorado, establishing the date, time and location for a public hearing on the consideration of the approval of a service plan for the proposed Sage Pointe Metropolitan District.

WHEREAS, Sage Pointe HOA has submitted a proposed service plan for consideration by the Board of County Commissioners which, if approved, will create the Sage Pointe Metropolitan District; and

WHEREAS, the purpose of the proposed District will be to plan, design, finance, acquire, construct, install, operate and maintain certain public improvements to supply water, sanitation, street and drainage services for the residents of the District; and

WHEREAS, C.R.S. section 32-1-202 provides that the proposed service plan will be submitted for approval by the Board of County Commissioners, after a public hearing, the time, date and location of which being established by the Board with prior public notice provided.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Logan County, Colorado, that the date, time and location for the public hearing on the proposed Sage Pointe Metropolitan District Service Plan shall be December 6, 2024 at 9:30 a.m. in the Commissioner's Meeting Room, Logan County Courthouse, 315 Main Street, Sterling, Colorado.

Done and Signed this 5th day of November, 2024.

| | BOARD OF COUNTY COMMISSIO | NERS OF |
|--|---------------------------|------------|
| | LOGAN COUNTY, COLORADO | |
| | | (Aye)(Nay) |
| | Mike Brownell, Chairman | |
| | | (Aye)(Nay) |
| | Joseph A. McBride | |
| | | (Aye)(Nay) |
| | Jerry A. Sonnenberg | |
| I, Pamela M. Bacon, County Clerk a Colorado, do hereby certify that the foregoir County Commissioners of the County of Lo 5th day of November, 2024. | • • • | Board of |
| | County Clerk and Recorder | _ |