

- 
- A. **CALL TO ORDER/ROLL CALL**  
\_\_Garretson \_\_Schmidt \_\_Nisly \_\_Brislin \_\_Fairbanks \_\_Scofield
- B. **PLEDGE OF ALLEGIANCE**
- C. **APPROVAL OF AGENDA (ADDITIONS/DELETIONS)**
- D. **CITIZEN COMMENTS**
- E. **CONSENT AGENDA**  
1. Approval of Minutes - Council Meeting, June 26, 2023  
2. Approval of Invoices  
  
Motion \_\_\_\_\_ Second \_\_\_\_\_ Vote \_\_\_\_\_
- F. **ACTION ITEMS**  
1. Purchase of a dump truck  
  
Motion \_\_\_\_\_ Second \_\_\_\_\_ Vote \_\_\_\_\_
- G. **DISCUSSION ITEMS**  
1. Interfaith Housing RCHIP program  
2. Interfaith Housing Brush up Reno  
3. Creating a committee to help facilitate the 4<sup>th</sup> of July celebration.
- H. **CITY ADMINISTRATOR'S REPORT**
- I. **GOVERNING BODY COMMENTS**
- J. **EXECUTIVE SESSION**
- K. **ADJOURNMENT**

**SUBMITTED BY:** Jeff Schenk, City Administrator

**MEETING DATE:** July 10, 2023

**AGENDA ITEM:** Consent Agenda

---

**BACKGROUND:**

Consent agendas are designed to take routine business items, non-controversial items, and other matters where a consensus has been reached and combine them into one single motion and vote.

**DESCRIPTION:**

Items on the consent agenda should not be discussed or debated by the governing body. Any member of the governing body may elect to pull an item from the consent agenda for a separate vote.

**PROPOSED ITEMS:**

- Approval of Minutes from the following meetings:
  - June 26, 2023, Regular Council Meeting
- Approval of Invoices

**RECOMMENDATION:**

Motion to approve the consent agenda as presented.

**ATTACHEMENTS:**

**Exhibit A** - Minutes from June 26, 2023, Regular Council Meeting

**Exhibit B** - AP Invoices

**Present: Mayor Brian Garretson, Councilmembers: Jeremy Schmidt, Matt Nisly, Dina Brislin, John Fairbanks, Paul Scofield, City Administrator Jeff Schenk, Joe Turner, City Superintendent Ronnie Pederson, Fire Chief Greg Henke and Officer McVey.**

**A. CALL TO ORDER/ROLL CALL**

\_X\_Garretson \_X\_Schmidt \_X\_Nisly \_X\_Brislin \_X\_Fairbanks \_X\_Scofield

**B. PLEDGE OF ALLEGIANCE**

**C. APPROVAL OF AGENDA (ADDITIONS/DELETIONS)**

There were no additions or deletions.

**D. CITIZEN COMMENTS**

There were no citizen comments.

**E. HEARINGS, PRESENTATIONS, PROCLAMATIONS & RECOGNITIONS**

City Superintendent Ronnie Pederson spoke on the WWTF Phosphorous System and reviewed with council the proposal from PEC which was estimated at \$62,300 for construction and final closeout of the project. This is in collaboration with Tyson Foods as they implement the chloride system, perform a scope, then the phosphorous phase would take place. Funds would come out of the Sewer Reserve Fund, not to exceed \$62,300.

**F. CONSENT AGENDA**

1. Approval of Minutes – Regular Council Meeting, June 12, 2023
2. Approval of Invoices – Jeremy Schmidt inquired about the invoice amount of \$7,881.68 for the outfitting of the police department’s second 2023 Durango. It was explained that the amount was much less than originally thought.

**Motion: Schmidt**

**Second: Nisly**

**Vote: 5-0**

**G. ACTION ITEMS**

1. WWTF Phosphorous System

**Motion: Schmidt**

**Second: Fairbanks**

**Vote: 5-0**

**H. DISCUSSION ITEMS**

City Administrator Jeff Schenk is working with City Attorney Mark Tremaine on the continued partnership with Jared Oatney and his Farm Lease Contract with the city.

City Superintendent Ronnie Pederson stated they will begin discussions regarding lead and copper in cooperation with KDHE and EPA.

I. **CITY ADMINISTRATOR'S REPORT**

There was no report to discuss at this time.

J. **GOVERNING BODY COMMENTS**

Paul Scofield inquired as to who purchased the piece of land by Love's that was auctioned off several weeks ago for \$11,500. At this time the winner of this bid was unknown.

John Fairbanks questioned whether or not the city's burn pile could be open late one evening a week during the summer months. Ronnie Pederson had concerns with the area being unsupervised during those evening hours. The burn pile is open on the second Saturday of the month. The administration will discuss further.

John Fairbanks stated he will talk to Kathy from the Hutchinson Street Cat Society and invite her to the July 10, 2023, meeting to discuss their process to better understand the feral cat issue. Dina Brislin will also speak to her point of contact in Maize to see how they handle feral cats in their community.

K. **EXECUTIVE SESSION**

There was no executive session at tonight's meeting.

L. **ADJOURNMENT**

Matt Nisly motioned to adjourn the meeting at 6:17 p.m.

**Motion:** Nisly

**Second:** Schmidt

**Vote:** 5-0

(Attest): Michele Nightingale  
Michele Nightingale, City Clerk

**INVOICES PAID (7/01/2023 thru 7/09/2023)**

<b>Gen Gov</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>	<b>Ck Date</b>
101-101-6000				
101-101-6002				
101-101-6002				
101-101-6002				
101-101-6002	City Attorney Services	Mark Tremaine	\$2,000.00	7/6/2023
101-101-6002	Monthly IT Services	Leading Edge	\$145.72	7/1/2023
101-101-6011				
101-101-7000				
101-101-7005	Car & Phone Allowance	Jeff Schenk	\$225.00	7/6/2023
101-101-7015				

**\$2,370.72**

<b>Police</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>	
101-102-6000				
101-102-6002				
101-102-6002				
101-102-6002	Monthly IT Services	Leading Edge	\$949.40	7/1/2023
101-102-6003				
101-102-6004	Janitorial Services - July	Tabitha Maxfield	\$150.00	7/1/2023
101-102-6005				
101-102-6005				
101-102-6007				
101-102-7000				
101-102-7002				
101-102-7002				
101-102-7002				

**\$1,099.40**

<b>Street</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>	
101-103-6000				
101-103-6002	PD Spam Filtering	Leading Edge	\$56.25	7/1/2023
101-103-6002	Monthly IT Services	Leading Edge	\$130.60	7/1/2023
101-103-6003				
101-103-6003				
101-103-7002				
101-103-7002				
101-103-7002				
101-103-7002				

**\$186.85**

<b>Fire</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>	
101-104-6000				
101-104-6002				
101-104-6002				
101-104-6002	Monthly IT Services	Leading Edge	\$140.68	7/1/2023
101-104-6003				
101-104-6004				
101-104-6004				
101-104-6005				

101-104-7002  
 101-104-7002  
 101-104-7002  
 101-104-7002  
 101-104-7002  
 101-104-7003

**\$140.68**

<b>Court</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
101-106-7000			
101-106-6018	Public Defender Services	StrongPoint Law	\$900.00 7/1/2023
101-106-6016	Prosecutor Services	Mark Tremaine	\$1,100.00 7/6/2023
101-106-6016	Judge Services	Rick Roberts	\$1,100.00 7/6/2023
			<b>\$3,100.00</b>
		<b>GENERAL TOTAL</b>	<b>\$6,897.65</b>

<b>Park</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
101-105-6000			
101-105-6001			
			<b>\$0.00</b>

<b>Non-Departmental</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
101-109-6000	June Refuse Service	Nisley Brothers	
			<b>\$0.00</b>

<b>Water</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
201-000-6000			
201-000-6000			
201-000-6002			
201-000-6002	Monthly IT Services	Leading Edge	\$174.45 7/1/2023
201-000-6003			
201-000-6005			
201-000-7002			
201-000-7002			
201-000-7002			
			<b>\$174.45</b>

<b>Sewer</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
301-000-6000			
301-000-6000			
301-000-6002			
301-000-6002			
301-000-6002			
301-000-6002			
301-000-6002	Monthly IT Services	Leading Edge	\$174.45 7/1/2023
301-000-6003			
301-000-6005			
301-000-7002			
301-000-7002			
301-000-7002			

301-000-7002  
301-000-7002  
301-000-7002  
301-000-7002

\$174.45

<b>Street/Sales</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
403-000-7013			
403-000-7013			\$0.00

<b>ASAP</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
801-000-4015			\$0.00

<b>Comm Ctr</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
811-000-6004			
811-000-6026			\$0.00

<b>Technology Fund</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
812-000-6004			\$0.00

<b>Capital Improvement</b>	<b>Description</b>	<b>Vendor</b>	<b>Inv. Amt</b>
902-000-8024			\$0.00

**GRAND TOTAL** \$7,246.55

**SUBMITTED BY:** Jeff Schenk, City Administrator  
**PREPARED BY:** Jeff Schenk, City Administrator  
**MEETING DATE:** July 10, 2023  
**AGENDA ITEM:** Dump Truck Purchase

**BACKGROUND:**

I toured the facilities and seen all the equipment. During my tour I had a concern about the condition of our dump trucks and the employees' safety. The trucks are very old with the worst being in terrible condition. None of the dump trucks have air conditioning. Our Public Works crews are pushed hard to complete their work with 5 guys and need the proper tools.

**PROJECT DESCRIPTION:**

This would replace our oldest dump truck with a 1999 Chevy 7500 smaller dump truck. This truck will have air conditioning, be more maneuverable, and cheaper to operate than the much larger retired state dump truck that we will be selling on Purple Wave. This smaller dump truck will not be used for snow removal, the two larger old trucks will be used in emergencies and for snow removal.

**PROPOSED PURCHASE:**

Equipment Reserve Account	Estimated cost of new dump truck	Cost of Dump Truck	Estimated value of old dump truck
\$190,000	\$110,000	\$30,000	\$6,500

**RECOMMENDATION:**

City staff recommends the council approve the purchase of the 1999 Chevy 7500 dump truck from PROCON Construction, LLC.



# IHCS RCHIP: Program Summary

## Rural Reno County Revitalization

In a balanced and equitable manner, Interfaith will seek to engage each Reno County community in offering this revitalization plan to their residents. While we will remain adaptive to the needs of those individual communities we will generally prioritize the follow project recipients.

1. Disabled
2. Elderly – 65 year old or older
3. Low to moderate Income (200% AMI)

The following list will act as a quick reference guide for Commission approved IHCS RCHIP priority ARPA projects:

1. Residential owner-occupied property renovations / Repairs / mobility modifications
2. Other collaborative housing projects including demolition
3. Abandoned housing acquisition / rehabilitation
4. Micro projects: Community / volunteer driven Brush & Repair Programs

In good faith, all acquisition/rehab (including demolition) activities, will focus on revitalization for owner-occupied properties or removal of blighted properties to create homeownership opportunities as soon as practical and to improve the overall aesthetics of the project neighborhood(s). All acquired property, including vacant land, will be made available as a homeownership opportunity.



Interfaith Housing and Community Services, Inc.

---

RCHIP  
Reno County Housing Impact Plan

**Dear Applicant,**

The following application is an information gathering tool for our **Interfaith RCHIP Program**. If your application is approved, then additional program specific forms and releases are necessary.

Please answer each question to the best of your ability. Include this checklist and copies of the following items with your application (do not send originals):

- If employed, include prior three months consecutive pay stubs
- If receiving Social Security, or Supplemental SS Income, include current awards letter
- Include the prior three months consecutive bank statements for each account
- Include proof of homeownership
- Include proof that your property taxes are current/current tax statement

Please **completely** fill out the enclosed application and return with all required documentation to:

***Interfaith Housing***

***PO Box 1987***

***Hutchinson, KS 67504-1987***

**Applications received without supporting documentation will not be considered.** If you have any questions about our programs or need assistance with this application, please feel free to contact us at 620.662.8370

Sincerely,

Jeff Thomson

*Chief Housing Officer*

*Interfaith Housing & Community Services*



Project #: \_\_\_\_\_

**Interfaith Housing and Community Services  
Application for Assistance**

*Please answer each question presented below and **do not** leave any questions blank.*

**CONTACT INFORMATION**

<b>Head of Household Last Name, First Name MI</b>	<b>Home Phone #:</b>	<b>Cell Phone #:</b>	<b>Email Address:</b>	<b>Alt Contact #:</b>
<b>Street Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>
			KS	

**HOUSEHOLD COMPOSITION**

**Directions to Applicant:** Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. Use an extra page if necessary.

Name ALL People in Household LAST NAME FIRST MI	Date of Birth	Age	Sex	Relationship	Social Security #	Disabled "Yes" or "No"
				Head of Household		

**IHCS complies with the Fair Housing Act and does not discriminate based upon Race, Color, National Origin, Disability, Familial Status, Religion, or Sex.**

The requested information regarding race, national origin and sex designation solicited on this application is requested in order to ensure compliance with Federal Laws prohibiting discrimination against applicants on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Age, and Disability. This information is not used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so; however, if you choose not to furnish it, then our organization is required to note the race, ethnicity, and sex of each individual applicant based on visual observation or surname.

**ETHNICITY: (PLEASE CHECK ONE OF THE FOLLOWING FOR EACH MEMBER OF HOUSEHOLD IN ORDER OF HOUSEHOLD COMPOSITION.)**

- 1. HISPANIC OR LATINO
- 2. NOT HISPANIC OR LATINO

**RACE: (PLEASE CHECK ONE OF THE FOLLOWING)**

- 1. AMERICAN INDIAN/ALASKA NATIVE
- 2. ASIAN
- 3. BLACK OR AFRICAN AMERICAN
- 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5. WHITE

Current Marital Status: Single ; Married ; Divorced ; Separated ; Widowed .

Do you have a legal right to be in the United States? (Check one that applies)

- Yes, because I am a United States Citizen.
- Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services. (Formerly the Immigration and Naturalization Service). If yes, then you must provide said documentation.
- No

**HOUSEHOLD INCOME**

**Directions to Applicant:** Please complete the table below for each member of your household, whether or not those members are related. Please indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only) during the previous 12 months. If you are uncertain which types of income must be included or may be excluded, then please ask IHCS staff for assistance. Please submit proof of income for each item listed; for employment proof, please include last three consecutive paystubs. **CURRENT** award letters provide adequate proof of income for Social Security and SSI. Please include all financial aid **EXCEPT** food stamps.

Member of Household	Source of Income*	Amount (\$)

*\*If you have more sources of income, then please include on a separate page.*

Total Gross Annual Income: \$
Gross Income from previous year: \$

**ASSETS & INCOME FROM ASSETS**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash. Please submit the previous three consecutive statements for each account.

YES	NO	ACCOUNT	#CASH VALUE	LOCATION
<b>Do You or Anyone in Your Household Have?</b>				
1. <input type="checkbox"/>	<input type="checkbox"/>	Checking Account?	\$	Bank
2. <input type="checkbox"/>	<input type="checkbox"/>	Savings Account?	\$	Bank
3. <input type="checkbox"/>	<input type="checkbox"/>	Other Asset?	\$	Bank
4. <input type="checkbox"/>	<input type="checkbox"/>	Other Asset?	\$	Bank

**HOMEOWNERSHIP INFORMATION**

This section is required for understanding your current housing situation. Please submit proof of homeownership (deed) and proof that all property taxes are up to date. This is available from the County Courthouse.

- Do you: own your home?
- If you own, then how long have you owned your house?
- What year (approximately) was your house built?
- Type of dwelling--single dwelling home ;
  - 1 Story House , 2 Story House , or 3 Story House .
- Are you receiving assistance for your housing repairs from other agencies? Yes  No   
If yes, then please list agency information and describe assistance.
- Is your dwelling scheduled for acquisition/clearance under a government program? Yes  No
- Is your home in an identified flood plain? Yes  No

HOUSING REPAIR/WEATHERIZATION NEEDS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Does the roof in your dwelling leak?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a working heating system in your dwelling?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a forced air furnace (blower & ductwork)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a wall furnace?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a room space heater?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a floor furnace?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a wood-burning stove?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a wood-burning fireplace?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is your dwelling air-conditioned?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a window air-conditioner?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have central air-conditioning (blower & ductwork)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your heating/air operate on electricity <input type="checkbox"/> , natural gas <input type="checkbox"/> , or propane <input type="checkbox"/> ? |                          |                          |

13. What is your:  
 Monthly housing payment?  
 Monthly utilities (gas/propane/electric)?

14. Please detail all repairs needed on your home. Use an extra page if necessary and please feel free to include photos.

15. Please detail any other information that will assist IHCS in processing your application.

Priority is given to homes with immediate life/health/safety concerns.

Do you feel that your home has immediate life/health/safety concerns?      Yes       No

IHCS often collaborates with other service agencies in order to complete all requested repairs to your dwelling; do you authorize sharing your information when necessary? Yes       No

STATEMENTS

I/We authorize IHCS to photograph my/our home, and use the photographs for administrative, marketing, and other purposes. I/We will not claim any compensation for the use of the photographs.

Agree  Disagree

In the form of an attachment to the application, I/we agree that IHCS provided a brochure regarding the possibility of qualifying for participation in the Individual Development Account (IDA) Program.

I/We certify that due to various funding sources, there may be additional program specific applications and forms required.

I/We certify that if selected for assistance, full access and cooperation will be provided to inspectors, contractors and employees for the purpose of obtaining signatures and completing all necessary repairs. Furthermore, specific guidelines dictate certain procedures; if at any time I/we cease cooperation, then any repairs made to my dwelling will be billable to me/us.

I/We understand that if the dwelling is deemed unsafe for inspectors or contractors to perform their duties, (for various reasons including but not limited to mold, insect/rodent infestations, threat of violence, or uncleanliness) then the project is deferred until the situation is corrected.

I/We understand that there are certain scoring criteria for each of the Interfaith RCHIP funding sources; therefore, submitting an application is not a guarantee of service. While acceptance to the waiting list qualifies applicant for the program, scoring criteria determines the order of service.

I/We certify that all information provided is true and accurate and that I/we occupy the home needing repairs/rehabilitation. I/We consent to the release of information contained in this application to concerned social service agencies, and authorize businesses, social service agencies and physicians to release all information necessary for verifying this application to Interfaith Housing & Community Services, Inc. I/We understand that deliberate or misleading answers will result in disqualification for assistance from Interfaith Housing & Community Services, and may result in legal action to recover expenses.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Interfaith Housing & Community Services Use Only:**

Date Application Received:

Date Application Reviewed:

Application Reviewed By:

Application Qualifies for the following programs:  
 RCHIP  RCDA

If applicant is disqualified/deferred for assistance, then list reasons:

**APPLICANT SIGNATURE**

Read all the following information before signing.

Once IHCS has received your application and verified your information to determine eligibility, you are placed on a waiting list to receive a preliminary inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information. Each house is inspected in a similar manner. After inspection, IHCS will determine the scope of work, and will contact the necessary contractor(s). **Please remember, an application and inspection are not a guarantee that work will be performed.** Before any work is started, an IHCS Representative will go over the list of work items with the homeowner. In cases where the homeowner objects to having any work item performed, the IHCS Representative will contact the inspector to discuss the objection before any work is started. If the inspector determines that the item objected is required for your health and safety, then we will be unable to do any of the items.

If my application is approved, I authorize the repairs of my home to be completed by this program and will provide reasonable access to my property as required by IHCS staff and contractors. If I disallow reasonable access to my home, I understand that my application will be deferred and any, and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation as a qualified client.

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for three years from the date signed. All owners/adult household members must sign below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner's Signature (if different from applicant)

\_\_\_\_\_  
Date



VA VILLAGE. CONCEPT SITE PLAN

1" = 20' 0"





