



**Joe Shirley, Jr.**  
Supervisor, District I

**Tom M. White, Jr.**  
Vice Chairman, District II

**Barry Weller**  
Supervisor, District III

**NOTICE OF A PUBLIC MEETING AND AGENDA OF THE  
APACHE COUNTY BOARD OF SUPERVISORS AND  
THE APACHE COUNTY HEALTH DISTRICT  
January 2, 2013  
Board of Supervisors' Hearing Room, First Floor  
75 West Cleveland Street  
St. Johns, Arizona  
8:30 a.m. MST**

Invocation by Invitation.

Pledge of Allegiance.

Call to the Public.

1. A/D County Manager: Selection of Chairman and Vice Chairman for 2013.
2. A/D County Manager: Request appointment of a County Supervisor to serve on the County Supervisors Association Legislative Policy Committee for 2013.
3. A/D County Manager: Request recommendation approval of Liquor License Application P1068333 for Lisa Malcolm, Foxfire at Alpine located at 42661 Highway 180 in Alpine, Arizona.
4. A/D **CONSENT ITEMS:** All items indicated by an asterisk (\*) will be handled by a Single vote as part of the consent agenda, unless a Board Member, County Manager or member of the public objects at the time the agenda item is called.

**County Manager/Clerk of the Board:**

- \*A. Approval of minutes dated December 18, 2012.
- \*B. Request approval of demands. Demands are payments made by the County. Specific details of the demands may be requested through the County public record request process.

**Personnel Items:**

- \*C. District I Roads: Request authorization to hire Patrick Sandoval as District I Manager at a salary of \$77,727, range 57.

5. A/D Election Department: Request approval of the Facility Use Agreements to be used in the 2013 Election Year Cycle.
6. A/D Election Department: Request appointment of all tally board workers, replacement centers and drop boxes for the upcoming March 12, 2013 Special Election.
7. A/D School Superintendent's Office: Request authorization to accept Race to the Top grant monies from the Governor's Office in the amount of \$26,087.50.
8. A/D Notification of the Opening Day of the Fifty First Legislature, First Regular Session and the State of the State Address by Governor Jan Brewer. The ceremonies will be held on Monday, January 14, 2013 at 12:00 p.m. State Capital, 1700 West Washington Street, in Phoenix, Arizona.

A-ACTION  
D-DISCUSSION

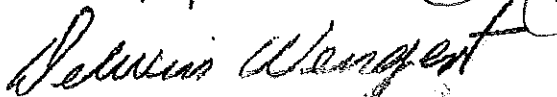
**NOTICE OF PUBLIC MEETING AND AGENDA  
APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT  
HELD IN CONJUNCTION WITH THE BOARD  
OF SUPERVISORS MEETING  
January 2, 2013**

1. A/D Request approval to enter into Agreement #AGR2013-083 with the Arizona Department of Health Services and the Maricopa County Health Care for the Homeless for Deputizing and Oversight of Apache County Public Health Care District to provide vaccines for children (VFC) Purchased Vaccine to Entitled Underinsured Children.

A-ACTION  
D-DISCUSSION

*Pursuant to the Americans with Disabilities Act, the Apache County Board of Supervisors endeavors to ensure the accessibility of its meetings to all persons with disabilities. If you need an accommodation for a meeting, please contact the Clerk of the Board's office at (928)337-7503, TDD (928)-337-4402 at least 48 hours prior to the meeting (not including weekends or holidays) so that an accommodation can be arranged. One or more members of the Board of Supervisors may participate telephonically or through video communication.*

Posted: 12/26/12 at 1:00 a.m. (p.m.) by LB



Delwin Wengert, Clerk of the Board

**BOARD OF SUPERVISOR'S AGENDA ITEM REVIEW FORM**

date/time stamp

Submitter's Name: (Individual, Organization, or County Department)

Date/Signature:

12/20/12

*[Handwritten Signature]*

*Co. Manager*

Describe in detail what you want to say to the Board and what action you want the Board to take:

*Chairman & the chairman selector*

BOS Meeting Date Requested

*1/2/12*

**PRE-AGENDA ITEM REVIEW**

Review Routing / /Legal / /Finance / /Purchasing / /Human Resource / /Other:

Legal Review:

Signature:

Finance Review:

Signature:

Purchasing Review:

Signature:

Human Resources Review:

Signature:

Other Review:

Signature:

Reviews completed, item approved for Agenda.

Supervisor/Board Clerk's Initials

**BOARD ACTION TAKEN**

/ /Approved / /Disapproved / /Deleted / /Continued to:

Signature Clerk of Board

## Beth Bond

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**From:** Delwin P. Wengert  
**Sent:** Thursday, November 22, 2012 7:39 AM  
**To:** Beth Bond  
**Subject:** Fwd: CSA LPC Representative Confirmation Needed from each County  
**Attachments:** LPCCMTE13draftwoverview.pdf; ATT201875.htm

Lets put this on the first agenda in January.

Sent from my iPad

Begin forwarded message:

**From:** "Penny Adams" <[pennya@countysupervisors.org](mailto:pennya@countysupervisors.org)>  
**Date:** November 21, 2012, 1:50:06 PM MST  
**Subject:** CSA LPC Representative Confirmation Needed from each County

County Supervisors and Professional Staff,

Please forward the name of your county's representative on the CSA Legislative Policy Committee (LPC) for 2013 as soon as your county provides confirmation. We do understand some counties will need to wait to make that decision at the first board meeting in 2013.

The LPC is comprised of a representative from each county. The CSA Bylaws state that the LPC shall be composed of 15 members consisting of all CSA officers and one representative from each county that is not otherwise represented by a CSA officer.

Attached is a listing showing who the representative in 2012 was for each county, along with an LPC Overview providing an outline of what is involved in being a member of the LPC.

If you have any questions, please feel free to contact me or Craig Sullivan.

Thank you,

***Penny***

Penny Adams  
Director of Finance and County Services  
County Supervisors Association of Arizona  
1905 W. Washington St., Ste. 100  
Phoenix, Arizona 85009  
Ph 602.452.4502; Fax 602.595.8512  
[www.countysupervisors.org](http://www.countysupervisors.org)  
[PennyA@countysupervisors.org](mailto:PennyA@countysupervisors.org)



COUNTY SUPERVISORS ASSOCIATION

Legislative Policy Committee  
Membership

		<u>2012</u>	Proposed for <u>2013</u>
Apache County	~	Jim Claw	_____
Cochise County	~	Ann English	_____
Coconino County	~	Liz Archuleta	_____
Gila County	~	Tommie Martin	_____
Graham County	~	Jim Palmer	_____
Greenlee County	~	Richard Lunt	_____
La Paz County	~	John Drum	_____
Maricopa County	~	Andrew Kunasek	_____
Mohave County	~	Tom Sockwell	_____
Navajo County	~	David Tenney	_____
Pima County	~	Sharon Bronson	_____
Pinal County	~	Pete Rios	_____
Santa Cruz County	~	Manny Ruiz	_____
Yavapai County	~	Carol Springer	_____
Yuma County	~	Lenore Stuart	_____



## Legislative Policy Committee

### ◇ Overview ◇

**Purpose:** Under CSA by-laws (Article 11), the LPC implements the legislative program adopted by the Board.

**Membership:** Fifteen members—the six CSA Executive Committee officers and one representative from each county not represented by an officer. Meetings are open to all CSA members.

**Voting Policy:** Two-thirds of the entire LPC may adopt a position on behalf of CSA regarding any issue before the state legislature or U.S. Congress that is not addressed in the Board's legislative program.

**Meetings:** The LPC meets as often as necessary during regular and special sessions of the legislature. During the regular session, meetings are scheduled at least once per month, although the LPC meets frequently when evolving issues demand rapid response or sustained attention. Telephonic participation is permitted.

**Activities:** The LPC is critical to the success of CSA's coalition strategy. Supervisors bring the credibility and influence necessary to inform state legislators of the needs of local constituencies. Accordingly, participants in the LPC will be engaged in the following activities:

- Review legislation and make recommendations to the Board
- Direct lobbying of state and federal leaders
- "Speakers Bureau" participation, helping to communicate the coalition's message points to local audiences
- Authoring Op-Ed pieces
- Testifying before committees
- Serving as a catalyst to involve board colleagues in CSA legislative activities

CSA will provide staff support regarding these activities.

# Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

## APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

### SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16* (fee not required)
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

### SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) \_\_\_\_\_

### SECTION 3 Type of license and fees LICENSE #(s): 12013024

1. Type of License(s): RESTAURANT - #12  
\$1400 (44 + \$1000)

2. Total fees attached:

\$	Department Use Only
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**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**  
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

### SECTION 4 Applicant

1. Owner/Agent's Name: Mr. MALCOLM Last LISA First MARIE Middle P1068333
2. Corp./Partnership/L.L.C.: WLW LLC (Exactly as it appears on Articles of Inc. or Articles of Org.) B1049235
3. Business Name: Foxfire at Alpine (Exactly as it appears on the exterior of premises) B1049236
4. Principal Street Location: 4261 HIGHWAY 180 ALPINE, AZ City APACHE County 85920 Zip
5. Business Phone: PENDING Daytime Contact: 480-263-2103
6. Is the business located within the incorporated limits of the above city or town?  YES  NO
7. Mailing Address: PO BOX 185 ALPINE, AZ City 85920 State AZ Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type NA \$ \_\_\_\_\_ Type \_\_\_\_\_ \$ \_\_\_\_\_

#### DEPARTMENT USE ONLY

Fees: 100 Application    44 Interim Permit    44 Agent Change    44 Club    44 Finger Prints \$ 144

**TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete?  YES  NO

Accepted by: SG Date: 11/21/12 Lic. # 12013024

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.015 Lic. Dept PM 3 19  
 12 NOV 15 Lic. Dept PM 3 19  
 12 NOV 6 Lic. Dept PM 3 13
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. NA
4. Is the license currently in use?  YES  NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,  
 (Print full name)  
 MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X \_\_\_\_\_  
 (Signature)

My commission expires on: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year

\_\_\_\_\_  
 (Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

**EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.**

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business?  YES  NO  
 If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.  
 L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

12 NOV 6 11:47 AM '13

1. Name of Corporation/L.L.C.: WLW LLC  
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 9/14/2012 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No: L-1789355-6 Date authorized to do business in AZ: 9/18/2012
5. Is Corp./L.L.C. Non-profit?  YES  NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
MALCOLM	LISA	MARIE	MEMBER	PO BOX 185 ALPINE, AZ	85920
MALCOLM	STEPHEN	EDWARD	MEMBER	PO BOX 185 ALPINE, AZ	85920

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
MALCOLM	LISA	MARIE	50%	PO BOX 185 ALPINE AZ	85920
MALCOLM	STEPHEN	EDWARD	50%	PO BOX 185 ALPINE AZ	85920

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
 (Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit?  YES  NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: 12 NOV 15 Liq. Dept PM 3 20 \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

**Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).**

1. Current Licensee's Name: NA \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
6. If more than one license to be transfered: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: Street \_\_\_\_\_  
(Other than business) City, State, Zip \_\_\_\_\_
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?  YES  NO
9. Does the applicant intend to operate the business while this application is pending?  YES  NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.  
I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)



**SECTION 13 - continued**

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?

YES  NO. If yes, attach explanation.

12 NOV 13 11:17 AM Dept. # 313

12 NOV 6 Ligr. Dept # 313

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business?  YES  NO

9. Is the premises currently licensed with a liquor license?  YES  NO If yes, give license number and licensee's name:

License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

**SECTION 14 Restaurant or hotel/motel license applicants:**

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location?  YES  NO  
If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this  hotel/motel  restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

OR Malcom  
applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

AO  
applicant's initials

**SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

1. Check ALL boxes that apply to your business:

Entrances/Exits       Liquor storage areas      Patio:  Contiguous  
 Service windows       Drive-in windows       Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign?  YES  NO  
If yes, what is your estimated opening date? 4/15/2013

month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

AO  
applicant's initials

**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

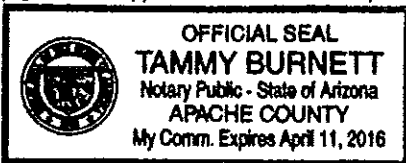
DIAGRAM  
ATTACHED

12 NOV 6 419 AM 2012  
S.E. W. DEPT. 313

**SECTION 16 Signature Block**

I, LISA MARIE MALCOLM, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

x *Lisa Marie Malcolm*  
(signature of applicant listed in Section 4, Question 1)



State of Arizona County of Apache

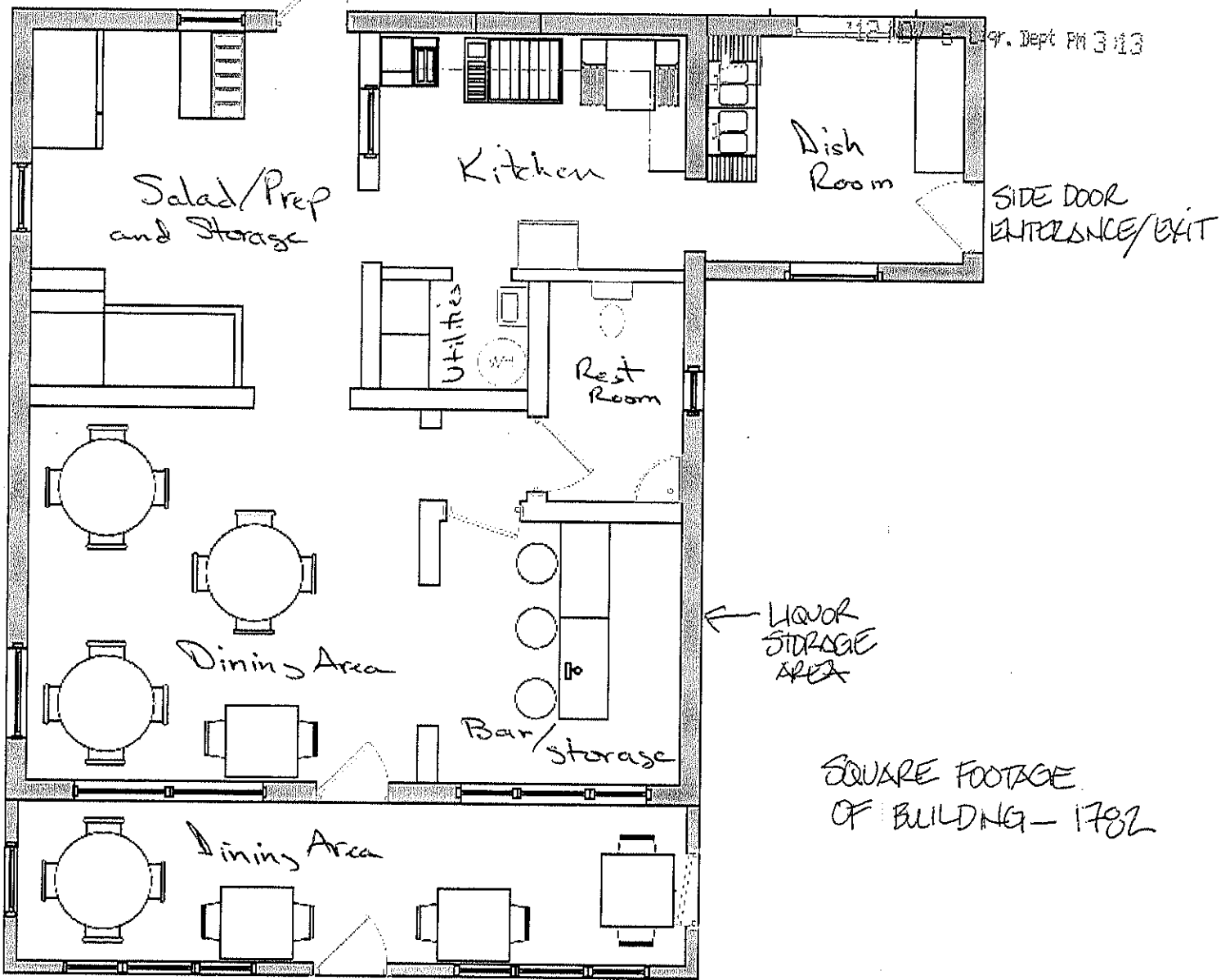
The foregoing instrument was acknowledged before me this

2<sup>ND</sup> of Nov. 2012  
Day Month Year

*Tammy Burnett*  
signature of NOTARY PUBLIC

My commission expires on: April 11, 2016  
Day Month Year

BACK DOOR ENTRANCE/EXIT



12 NOV 15 11:49 AM 2013

SIDE DOOR ENTRANCE/EXIT

LIQUOR STORAGE AREA

SQUARE FOOTAGE OF BUILDING - 1782

FRONT DOOR ENTRANCE/EXIT  
42661 Highway 180  
Alpine AZ 85920-0185

12 NOV 15 11:49 AM 2013

Patio Dining Area

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: 12/4/12 Date of Posting Removal: 12/24/12

Applicant Name: Malcolm Lisa  
Last First Middle

Business Address: 42661 Highway 180 Alpine 85920  
Street City Zip

License #: 12013024

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

ANDREW BEVAN JONES BUILDING INSPECTOR 928 245 8249  
Print Name of City/County Official Title Telephone #

[Signature] 12/4/12 / 12/24/12  
Signature Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

DATE OF POSTING: 12/4/12

**NOTICE  
REGARDING LIQUOR LICENSE APPLICATION**

Any person who is a bona fide resident residing, owning or leasing property within a one mile radius from the premises proposed to be licensed, and who is in favor of or opposed to the issuance of the license, may file written arguments in favor of or opposed to such issuance with the Clerk of the Board of Supervisors within twenty days after the date of posting. No arguments shall be filed or accepted by the Clerk thereafter.

Written arguments in favor of or opposed to should be mailed to:

**DELWIN WENGERT, CLERK  
APACHE COUNTY BOARD OF SUPERVISORS  
P.O. BOX 428  
ST. JOHNS, ARIZONA 85936  
(928) 337-7503**

Recommendation to the State Liquor Board regarding the application will be made January 2, 2013 at 8:30 a.m. by the Apache County Board of Supervisors, 75 West Cleveland, St. Johns, Arizona.

OFFICIAL PROCEEDINGS OF THE APACHE COUNTY  
BOARD OF SUPERVISORS MEETING  
December 18, 2012  
St. Johns, Arizona

Present were: Chairman Jim Claw and Vice Chairman Tom M. White, Jr. also present were County Manager/Clerk of the Board Delwin Wengert and County Attorney Michael Whiting. Supervisor R. John Lee was absent from the meeting.

Chairman Claw called to order the Apache County Board of Supervisors meeting and the Public Health Services District meeting at 8:36 a.m. in the Board of Supervisors chambers, County Annex Building, 75 West Cleveland Street, St. Johns, Arizona and welcomed all in attendance.

Chairman Claw recognized Sonny Pena, Chief Deputy Assessor and Nellie Pena, Chief Deputy School Superintendent who were retiring from the County. Sonny Pena addressed the Board and commented on his 35 years of service to the citizens of the County and thanked everyone who he has worked with over the years. Chairman Claw was also recognized for his service to Apache County. Mr. White thanked him for his service and stated that he will be missed and appreciated his dedicated service to the citizens of the County over the years. Mr. Whiting thanked Mr. Claw for all he has done and presented him with a plaque in recognition of his service.

Mr. White led the Pledge of Allegiance.

Chairman Claw called for the Public Health Services District items.

Chris Sexton, Health Director, requested approval of a lease Agreement continuation with Townsquare Plaza effective January 1, 2013 through December 31, 2013. **Mr. White moved approval, seconded by Mr. Claw.** Mr. White asked if the agreement had been reviewed by the County Attorney's Office. Mr. Sexton stated yes. Vote was unanimous.

Chris Sexton, Health Director, requested approval of the Delegation Agreement between Arizona Department of Environmental Quality and the Health District for health related issues of septic tanks and water systems and that it had been reviewed by the County Attorney's Office. **Mr. White moved approval, seconded by Mr. Claw.** Motion passed.

**Mr. White moved to adjourn the Public Health Services District meeting, seconded by Mr. Claw.** Motion passed.

Chairman Claw called for the regular agenda items.

There was no one wanting to address the Board during the call to the public.

Doyel Shamley, Apache County Natural Resource Representative, updated the Board on the water shed issues within the forest and discussed the 2012 County Summit Award presented to Apache County by the AACo Foundation on November 16, 2012. Mr. Shamley stated that Apache County is an example to other counties throughout the United States in regard to the

forest stewardship project. Mr. Wengert commended R.D. Stradling, the Building and Maintenance Director and his crew on the great job they did thinning the areas. Mr. Claw stated That Supervisor Lee deserves a lot of the credit for the implementation and success of this program. No action was needed or taken.

Jody Reidenhour, Arizona Department of Veterans' Services Benefits Counselor, requested authorization to use office space at the Round Valley Annex Building on the first Wednesday of each month from 8:00 A.M. to 2:00 P.M to assist veterans with their claims and benefits. Ms. Reidenhour presented a short summary of the Veterans Services. Mr. Wengert recommended approval of the use of the office space. **Mr. White moved approval, seconded by Mr. Claw.** A discussion was held regarding the services available in the northern part of the county. Motion passed.

Mr. Wengert requested approval of the Higher Education Advisory Committee Members: Tom Hansen – Chairman, St. Johns Community at-large Representative; Delwin Wengert, Apache County Manager; Travis Udall, Superintendent of RVUSD; Larry Heap, STJUSD; Dan Bevier, SRP Representative; Barry Williams, RV Community at-large Representative until sworn in as Apache County Schools Superintendent in January 2013; Ryan Patterson, Apache County Finance Department; Steve Erhart, RV Community at-large Representative, Superintendent of Sanders Unified School District. **Mr. White moved approval, seconded by Mr. Claw.** Vote was unanimous.

Mr. Wengert requested approval of the modifications made to the water well in Sanders, Arizona located at the old Road Yard. Mr. Wengert stated that the water there has been a problem for many years and serves county offices. Mr. Wengert stated that the County hired a company to replace the well and they discovered that the water had deteriorated the casing below the pump and the repairs will exceed the \$10,000 limit which requires going out to bid. Mr. Wengert stated that he spoke with Joe Young of the County Attorney's Office and explained the situation and Mr. Young stated that the repairs that are needed fall under emergency purchase since the employees have to haul water in buckets to use the restrooms. Mr. White asked how these repairs are to be paid for. Mr. Wengert stated that the money will come from general fund contingency money since the budgets are so tight. Mr. Whiting stated that he recently spoke with an employee that works there and she has injured her shoulder carrying 5 gallon buckets of water into the building and because there is no running water, constitutes an emergency purchase. **Mr. White moved approval, seconded by Mr. Claw.** Motion passed.

Mr. Wengert presented the Consent Items A-I and requested approval except for Item D. County Manager/Clerk of the Board: A. Approval of minutes dated December 4, 2012. B. Request approval of demands. Demands are payments made by the County. Specific details of the demands may be requested through the County public record request process. SKY CITY CASINO HOTEL 2,047.32 ASSURED IMAGING WOMEN WELLNESS OF SOUTHERN AZ 1,374.00 AZLGEBT 261,236.33 BRADCO 8,261.39 CANTEEN CORRECTIONAL SERVICE 22,442.65 CELLULAR ONE NE AZ 1,303.75 CHEVRON USA INC 1,067.75 DELL COMPUTER CORPORATION 1,488.92 DOYLES AUTO BODY INC 2,616.86 EMBASSY SUITES 1,166.70 FRONTIER 4,544.40 HILLYARD INC 1,941.40 HOOVER, BILLIE G 1,395.00 INGRAM LIBRARY SERVICES 4,740.70 NEW WORLD SYSTEMS

CORPORATION 2,471.07 NORTHLAND PIONEER COLLEGE 300,000.00 ORTEGA, SHAWNA 2,452.00 PITNEY BOWES 5,000.00 QUILL CORP 1,391.31 RIM COUNTRY MECHANICAL 4,418.46 SCHIFF, LAURENCE 1,000.00 THE WOOD LAW OFFICE (RONALD WOOD) 6,650.00 VERIZON WIRELESS 1,422.92 WAGNER EQUIPMENT CO 1,046.46 WEST PAYMENT CTR 6,401.47 LEVAR FISHER 2,986.00 AMIGO CHEVROLET 2,444.24 ASHTON'S REPAIR INC 1,053.72 AZ BOILER COMPANY INC 1,110.00 AZ COUNTIES INSURANCE POOL 1,500.00 AZ DEPARTMENT OF ENVIRONMENTAL QUALITY 7,540.00 AZ DEPT OF REVENUE 1,292.12 AZ DEPT OF RISK MANAGEMENT 2,409.14 AZLGBT 256,614.99 BILLS DISCOUNT AUTO PARTS 3,080.59 BRADCO 53,999.81 CREATIVE PRODUCT SOURCE INC 2,113.30 DELL COMPUTER CORPORATION 1,410.08 DESERT MOUNTAIN CORPORATION 9,174.36 EMBASSY SUITES 1,050.03 FLEET PRIDE 1,463.46 FRONTIER 2,943.63 GALLUP TRUCK SERVICE 1,605.86 GRAVES PROPANE CO INC 3,995.02 HILLYARD INC 2,596.59 HORNE AUTO CENTER INC 3,354.91 ITE FSOUTHSIDE WELDING & MACHINE INC 1,954.88 LAW OFFICE OF MARSHA GREGORY 6,661.00 LAWSON PRODUCTS INC 1,876.99 LOWES #24 1,997.42 NATIVE SUN MATERIALS INC 1,009.68 NAVAPACHE CHEM DRY 3,419.00 NAVOPACHE ELECTRIC COOPERATIV 9,136.37 OFFICE OF THE AUDITOR GENERAL 6,500.00 PATTERSON, DANA BRYCE 6,650.00 PERFECT PRINTZ LLC 1,049.26 QUILL CORP 1,826.31 RDO EQUIPMENT CO 18,342.96 RUSH TRUCK CENTER 5,614.10 ST JOHNS CITY 2,196.35 ST JOHNS EMERGENCY SERVICES 1,274.16 THE AARONS COMPANY LLC 3,000.00 UNIVERSAL FLEET CARD 2,180.54 WILKINS, KAY H 1,059.81 YOUNGS FUTURE TIRE 1,306.61 AZ DRILLING AND BLASTING 382,954.00 SMITH, JOHN R 1,300.00

C. District II: Request approval to purchase food for three (3) senior centers located in District II, not to exceed \$2,500 total. D. Community Development: Request approval to sell the following vehicles to the Town of Eagar: 2002 Ford Explorer (136,740 miles), 2005 Chevrolet ½ ton pickup (151,000 miles) and a 2002 Chevrolet ½ ton Pickup (150,000 miles). These vehicles will require repairs and are not suitable for off-road traveling. E. Community Development: Requests Notification of the newly approved 2013 regular meeting schedule for the Planning and Zoning Commission and the 2013 Chairman, Tom Tilford and Vice Chairman, Carey Dobson. F. County Manager: Request approval to change the mileage reimbursement rates to follow the IRS standard mileage of 55.5 cents for business miles driven. Personnel Items: G. Chinle Justice Court: Request authorization to hire a temporary Justice Court Clerk II for 180 days at a salary of \$9.74 per hour. H. District II: Request authorization to extend the temporary employment for Wacey Begaye for an additional 30 days at a salary of \$9.99 per hour. I. County Attorney: Request authorization to fill two temporary "Legal Clerk" positions for Summer 2013, for a term not to exceed 90 days at a salary of \$15.58 per hour. **Mr. White moved to approve the Consent Items with the exception of Item D, seconded by Mr. Claw.** Motion passed.

Mr. Wengert requested the item of a Resolution regarding the transfer of County owned property to the Town of Eagar be removed from the agenda. Chairman Claw removed the item.

Ryan Patterson, Finance Director, requested approval to enter into an agreement with New World Systems for enhancement to comply with ARS 41-725 Section 1, State Transparency initiative. **Mr. White moved approval, seconded by Mr. Claw.** Mr. White asked how much

this will cost the County. Mr. Patterson responded that there are other counties that are also participating in this project and the total amount of \$9,000 will be spread among those participating, so the county's responsibility will be about \$1,500. Motion passed.

Ryan Patterson, Finance Director, requested approval to enter into professional services with REDW, Inc., our auditors to prepare our financial statements, footnote disclosure and budgeting schedules for 2011 and 2012. **Mr. White moved approval, seconded by Mr. Claw.** Motion passed.

Ferrin Crosby, County Engineer requested permission to solicit bids to purchase a power screen for the limestone pit using carryover funds. **Mr. White moved approval, seconded by Mr. Claw.** A discussion was held regarding the approximate cost. Motion passed.

Chuck Moter, Probation Director, requested authorization to continue the IGA between the Arizona Supreme Court, Apache County School Superintendent's Office and the Apache County Superior Court for Detention Education grant funding in the amount of \$46,042.00. Mr. Moter stated that this is an on-going IGA & source of funding and has been reviewed by the County Attorney's Office. **Mr. White moved approval, seconded by Mr. Claw.** Motion passed.

Notice was given for a reception in honor of those elected officials and employees who were retiring was to be held following the Board meeting.

**Mr. White moved to adjourn, seconded by Mr. Claw.** Motion passed.

Approved this 2<sup>nd</sup> day of January, 2013

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Chairman of the Board

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Clerk of the Board

**BOARD OF SUPERVISOR'S AGENDA ITEM REVIEW FORM**

*date/time stamp*

Submitter's Name: (Individual, Organization, or County Department)

Date/Signature: \_\_\_\_\_

Describe in detail what you want to say to the Board and what action you want the Board to take:

*Demands*

BOS Meeting Date Requested \_\_\_\_\_

**PRE-AGENDA ITEM REVIEW**

Review Routing / /Legal / /Finance / /Purchasing / /Human Resource / /Other: \_\_\_\_\_

Legal Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Finance Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Purchasing Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Human Resources Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Other Review: \_\_\_\_\_

Signature: \_\_\_\_\_

Reviews completed, item approved for Agenda. Supervisor/Board Clerk's Initials \_\_\_\_\_

**BOARD ACTION TAKEN**

/ /Approved / /Disapproved / /Deleted / /Continued to: \_\_\_\_\_

Signature Clerk of Board \_\_\_\_\_

**BOARD OF SUPERVISOR'S AGENDA ITEM REVIEW FORM**

date/time stamp

Submitter's Name: (Individual, Organization, or County Department)

*District I Roads*

Date/Signature:

*[Signature] 12/24/12*

Describe in detail what you want to say to the Board and what action you want the Board to take:

*Request authorization to hire Patrick J. Sandoval as District I manager at a salary of \$77,727, range 57.*

BOS Meeting Date Requested

**PRE-AGENDA ITEM REVIEW**

Review Routing / /Legal / /Finance / /Purchasing / /Human Resource / /Other:

Legal Review:

Signature:

Finance Review:

Signature:

Purchasing Review:

Signature:

Human Resources Review:

Signature:

Other Review:

Signature:

Reviews completed, item approved for Agenda.

Supervisor/Board Clerk's Initials

**BOARD ACTION TAKEN**

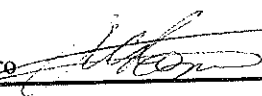
/ /Approved / /Disapproved / /Deleted / /Continued to:

Signature Clerk of Board

**BOARD OF SUPERVISORS' AGENDA ITEM REVIEW FORM**

Submitter's Name: (Individual, organization, or county department)

Elections Department

Angela C. Romero  1/25/10  
(Signature) (Date)

Describe in detail what you want to say to the Board and what action you want the Board to take:

1. Request approval of the Facility Use Agreements to be used in the 2013 election year cycle.
2. ~~Request appointment of all tally board workers, replacements centers and drop boxes for the upcoming March 12, 2013 Special Election.~~

Date & Time Needed: 1-2-2013 Board of Supervisors Meeting

~~PRE-AGENDA ITEM REVIEW~~

Review Routing: / /Legal / /Finance / /Purchasing / /Human Resources / /Other: \_\_\_\_\_

Legal Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Purchasing Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Human Resources Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Other Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Reviews completed, item approved for Agenda. Supervisor/Board Clerk's Initials \_\_\_\_\_

~~BOARD ACTION TAKEN~~  
/ /Approved / /Disapproved / /Deleted / /Continued to: \_\_\_\_\_

### 2012 APACHE COUNTY POLLING PLACE AGREEMENT

PRECINCT NAME: Cornfields

POLLING PLACE: Cornfields Chapter House and Headstart Building

This AGREEMENT is made and entered into this 3rd day of December, 2012

by and between APACHE COUNTY, hereafter called COUNTY and, CORNFIELDS CHAPTER HOUSE, hereafter called PERMITTER.

The PERMITTER hereby agrees to allow COUNTY to use the said PERMITTER'S premises as an official polling place for APACHE COUNTY, for elections to be held in 2013.

COUNTY will provide a certificate of insurance showing general liability coverage in an amount meeting the requirements of PERMITTER.

The dates covered by this AGREEMENT:

- (a) March 12, 2013
- (b) May 21, 2013
- (c) August 27, 2013
- (d) November 5, 2013

#### POLLING PLACE INFORMATION:

Physical Address: 8 miles S of Burnside Junction N15 Ganado, AZ 86505

Mailing address, if different: PO Box 478 Ganado, JAZ 86505

The room where the election will be held is known to the public Meeting Room

The person to contact for a key or admission to the premises is:

Name: Jimmie Taliman, Sr., Chapter President Telephone No. 928-755-2392

Name: Marilyn T. Boray Telephone No. 928-755-6421

Can the facility key be given to the poll worker on the Monday before the election? Yes \_\_\_ No x

Is the polling place accessible to the handicapped? Yes x No \_\_\_

Are two (2) tables and six (6) \_\_\_ or eight (8) \_\_\_ chairs available? Yes x No \_\_\_

Are electric outlets accessible? Yes x No \_\_\_

Are extension cords available if needed? Yes \_\_\_ No x

Are restroom facilities available to election board? Yes x No \_\_\_

Is a telephone available to election board from 5am until 9pm? Yes x No \_\_\_

Does a number have to be dialed in order to reach an outside line? Yes x No \_\_\_

If yes, then what is that number? 9-1

During Even years will the State and Tribal polling place be in the same building? Yes \_\_\_ No x

If YES, please describe exactly where the entrance and the exit will be for each voting location.

State entrance: \_\_\_\_\_ State exit: \_\_\_\_\_

Tribal entrance: \_\_\_\_\_ Tribal exit: \_\_\_\_\_

Approximately how many feet are there between the Tribal and the State polling entrances? 200 ft

If NO, to what location will the County Election be moved? Headstart Building next to the

Cornfields Chapter House - Phone # 928-755-5918 - Contact: Alto Shepherd

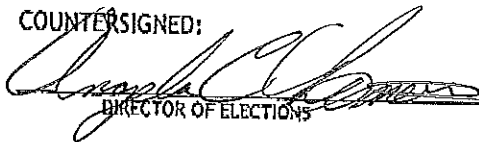
PERMITTER further agrees that the COUNTY may bring to the premises, several days prior to the election, voting machines, tables, chairs and any other equipment necessary to adequately and conveniently conduct the election. The facility shall make available, adequate space in the facility, to conduct the election.

PERMITTER further agrees to allow the presence of personnel in the above described premises on said election dates from 5:00 a.m. until such time as all necessary election business is completed.


NOTE: Prior to the election, the INSPECTOR of the Precinct Election Board will arrange for admission to the premises through the contact person named above.

PERMITTER shall receive no monetary consideration for the COUNTY'S use of the said premises hereunder. The parties hereto do not intend to acquire any property pursuant to this agreement.

COUNTERSIGNED:

  
DIRECTOR OF ELECTIONS

PERMITTER:

Signed:   
Authorized Agent/Jimmie Tallman, Sr.

Title: Chapter President

Telephone No. 928-755-5911 / 5912

Fax No. 928-755-5917

Complete, sign and return completed form to the Apache County Elections Department, Attention: Angela C. Romero, Director, P. O. Box 428, St. Johns, AZ 85936 OR Fax: (928) 337-7538 OR Email: [aromero@co.apache.az.us](mailto:aromero@co.apache.az.us)

Thank you so much for your support in Apache County Elections.

### 2012 APACHE COUNTY POLLING PLACE AGREEMENT

PRECINCT NAME: Greer

POLLING PLACE: Greer Fire House Station

This AGREEMENT is made and entered into this 3rd day of December, 2012

by and between APACHE COUNTY, hereafter called COUNTY and, GREER FIRE HOUSE STATION, hereafter called PERMITTER.

The PERMITTER hereby agrees to allow COUNTY to use the said PERMITTER'S premises as an official polling place for APACHE COUNTY, for elections to be held in 2013. COUNTY will provide a certificate of insurance showing general liability coverage in an amount meeting the requirements of PERMITTER.

The dates covered by this AGREEMENT:

- (a) March 12, 2013
- (b) May 21, 2013
- (c) August 27, 2013
- (d) November 5, 2013

**POLLING PLACE INFORMATION:**

Physical Address: 38974 State Rte 373, Greer, AZ, 85927

Mailing address, if different: PO Box 242 Greer, AZ, 85927

The room where the election will be held is known to the public Training Room

The person to contact for a key or admission to the premises is:

Name: Dan Leeds Telephone No. 928-735-7279

Name: Mark Wade Telephone No. 928-735-7279 / 928-205-9449

Can the facility key be given to the poll worker on the Monday before the election? Yes  No

Is the polling place accessible to the handicapped? Yes  No

Are two (2) tables and six (6) or eight (8)  chairs available? Yes  No

Are electric outlets accessible? Yes  No

Are extension cords available if needed? Yes  No

Are restroom facilities available to election board?

Yes  No

Is a telephone available to election board from 5am until 9pm?

Yes  No

Does a number have to be dialed in order to reach an outside line?  
If yes, then what is that number? \_\_\_\_\_

Yes  No

During Even years will the State and Tribal polling place be in the same building? Yes  No  N/A

If YES, please describe exactly where the entrance and the exit will be for each voting location.

State entrance: Front Door State exit: Front Door

Tribal entrance: N/A Tribal exit: N/A

Approximately how many feet are there between the Tribal and the State polling entrances? N/A

If NO, to what location will the County Election be moved? N/A

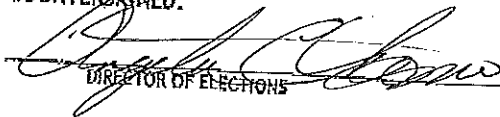
PERMITTER further agrees that the COUNTY may bring to the premises, several days prior to the election, voting machines, tables, chairs and any other equipment necessary to adequately and conveniently conduct the election. The facility shall make available, adequate space in the facility, to conduct the election.

PERMITTER further agrees to allow the presence of personnel in the above described premises on said election dates from 5:00 a.m. until such time as all necessary election business is completed.


NOTE: Prior to the election, the INSPECTOR of the Precinct Election Board will arrange for admission to the premises through the contact person named above.

PERMITTER shall receive no monetary consideration for the COUNTY'S use of the said premises hereunder. The parties hereto do not intend to acquire any property pursuant to this agreement.

COUNTERSIGNED:

  
DIRECTOR OF ELECTIONS

PERMITTER:

Signed:   
Authorized Agent/Mark Wade

Title: Fire Chief

Telephone No. 928-735-7279

Fax No. 928-735-7325

Complete, sign and return completed form to the Apache County Elections Department,  
Attention: Angala C. Romero, Director, P. O. Box 428, St. Johns, AZ 85936 OR Fax: (928) 337-  
7538 OR Email: [aromero@co.apache.az.us](mailto:aromero@co.apache.az.us)

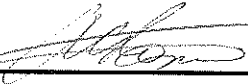
Thank you so much for your support in Apache County Elections.

BOARD OF SUPERVISORS' AGENDA ITEM REVIEW FORM

Submitter's Name: (Individual, organization, or county department)

Elections Department

Angela C. Romero



1/25/10

(Signature)

(Date)

Describe in detail what you want to say to the Board and what action you want the Board to take:

1. ~~Request approval of the Facility Use Agreements to be used in the 2013 election year cycle.~~
2. Request appointment of all tally board workers, replacements centers and drop boxes for the upcoming March 12, 2013 Special Election.

Date & Time Needed: 1-2-2013 Board of Supervisors Meeting

PRE-AGENDA ITEM REVIEW

Review Routing: / /Legal / /Finance / /Purchasing / /Human Resources / /Other: \_\_\_\_\_

Legal Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Purchasing Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Human Resources Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Other Review:

\_\_\_\_\_  
Signature: \_\_\_\_\_

Reviews completed, item approved for Agenda. Supervisor/Board Clerk's Initials \_\_\_\_\_

BOARD ACTION TAKEN

/ /Approved / /Disapproved / /Deleted / /Continued to: \_\_\_\_\_

## ELECTION BOARD WORKERS

<b>Last Name</b>	<b>First Name</b>				
Lefevre	Lyle	PO Box 285	St. Johns, AZ	85936	Election night reporting and setup
Bond	Beth	PO Box 256	St. Johns, AZ	85936	Write-in/Early(All Mail-In)/Duplication/Inspection
Castillo	Liz	PO Box 1722	St. Johns, AZ	85936	Write-in/Early(All Mail-In)/Duplication/Inspection
Hogle	Joni	PO Box 1172	St. Johns, AZ	85936	Write-in/Early(All Mail-In)/Duplication/Inspection
Davis	Tammy	PO Box 1351	St. Johns, AZ	85936	Write-in/Early(All Mail-In)/Duplication/Inspection

# Apache County Replacement Centers/Drop Box Master List- "2013"

City of St. Johns - All "Mail-In" Ballot Election

Election: March 12, 2013

Precinct Name	Replacement Centers and or Drop Box	Physical Address	Phone No.	
CITY OF ST. JOHNS	St. Johns City Hall	75 West Cleveland Street	St. Johns AZ 85936	928-337-4517
APACHE COUNTY RECORDER'S OFFICE	Recorder's Office	75 West Cleveland Street	St. Johns AZ 85936	928-337-7515



**BOARD OF SUPERVISORS' AGENDA ITEM REVIEW FORM**

Submitter's Name: Apache County Superintendent of Schools

Date: 12/18/2012

Signature: *[Handwritten Signature]*

**Describe in detail what you want to say to the Board and what action you want the Board to take:**

Request authorization to accept Race to the Top Grant monies from the Governor's Office in the amount of \$26,087.50

Board Approval: January 2, 2013

**Review Routing: //Legal//Finance//Purchasing//Human Resource//Other:** \_\_\_\_\_

**Legal Review:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Finance Review:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Purchasing Review:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Human Resources Review:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Other Review:** \_\_\_\_\_

Signature: \_\_\_\_\_

Reviews completed, item approved for Agenda. Supervisors/Board Clerk's Initials \_\_\_\_\_

**BOARD ACTION TAKEN**

//Approved //Disapproved //Deleted //Continued to: \_\_\_\_\_

Signature Clerk of Board

**A RESOLUTION OF THE \_\_\_\_\_ APACHE \_\_\_\_\_ COUNTY  
EDUCATION SERVICE AGENCY, AUTHORIZING A SUBGRANTEE  
AGREEMENT BETWEEN  
THE GOVERNOR'S OFFICE OF EDUCATION INNOVATION  
AND  
THE NAVAJO COUNTY EDUCATION SERVICE AGENCY  
CONTRACT #EI-GRA-11-1273-03**

**WHEREAS**, the Northeast AZ Regional Service Center has voluntarily formed to provide cost effective educational services to the Local Education Agencies (LEA's), within our combined jurisdictions, and

**WHEREAS**, the Northeast AZ Region is one of five (5) Regional Service Centers to be recognized by the Governor's Office to receive funding and provide specific services, and


**WHEREAS**, our member agencies, namely the Apache County Education Service Agency and the Coconino County Education Service Agency have authorized the Navajo County Education Service Agency to be the fiscal agent, and

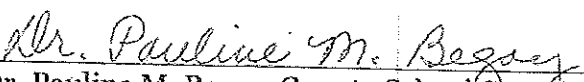
**WHEREAS**, the Northeast AZ Regional Service Center has been provided a Subgrantee Agreement in the amount of \$128,500, and

**BE IT THEREFORE RESOLVED** that each agency within the Northeast AZ Regional Service Center is an equal partner in the process, and agrees to abide by the contents of the Subgrantee Agreement,

**BE IT FURTHER RESOLVED** that as a result of this resolution, Linda Morrow, the Navajo County School Superintendent, is hereby authorized to sign the Subgrantee Agreement with the Governor's Office of Education Innovation on our behalf, and to hold the funds until there is a consensus on the actual regional Budget and delivery of services.

**ADOPTED** this 20 day of September, 2011.

  
\_\_\_\_\_  
Linda Morrow, County School Superintendent, Navajo County

 9-28-11  
\_\_\_\_\_  
Dr. Pauline M. Begay, County School Superintendent, Apache County



NAVAJO COUNTY  
Education Service Agency

PO Box 668  
Holbrook, AZ 86025  
Office (928) 524-4204 Fax (928) 524-4209

Linda L. Morrow  
County School Superintendent

Lannie Gillespie  
Associate Superintendent

---

To: Coconino/Apache County School Superintendents ("Sub-recipients")

From: Linda Lee Morrow  
Navajo County School Superintendent

Date: November 6, 2012

Re: RTTT Grant effective: December 22, 2011-December 22, 2015

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Memorandum of Assurances

**DUTIES OF FISCAL MANAGER**

The Fiscal Manager shall:

- A. Act as a "pass-through" entity to provide grant funds to the Sub-recipient in the manner and amount as delineated in the grant process in accordance with Federal Guidelines.
- B. Notify Sub-recipient of time-lines for reporting.
- C. Review, with Sub-recipients, expenditures, procedures, and practices, based on the audit findings, to ensure that funds are being expended as required under the terms of the grant and that the scope and direction of the grant are being carried out by Sub-recipient.
- D. Review of reports produced by member of sub-recipient organization to ensure that they comport with the requirements of the grant.
- E. Provide assistance and training on completion of reports when requested to do so by Sub-recipient.

**DUTIES OF SUB-RECIPIENT:**

The Sub-recipient shall:

- A. Support the implementation of the RTTT scope of work as determined by the regional advisory council.
- B. Provide two members for the regional advisory council (County School Superintendent and County representative that oversees Professional Development)
- C. Pay for a portion of a FTE to be the County Common Core Liaison.
- D. Allow adequate training of County Common Core Liaison so that he/she will be able to:

1. Demonstrate knowledge of national and state professional development standards
  2. Model effective staff development
  3. Demonstrate use of data-driven decision making strategies
  4. Be knowledgeable of common core standards and supports
- E. Allow County Common Core Liaisons to work with one another as well as with cadre members.
- F. Allow budget resources to provide County Common Core Liaison with time and financial support for travel within Arizona to provide a range of common core based resources and services through presentations, dissemination activities and workshops, mentoring, and facilitation of on-line resources.
- G. Complete all budget and programmatic reports required by the grant in a timely manner.

#### **FINANCING/DISPOSITION OF PROPERTY**

The Navajo County Superintendent's Office shall act as a "pass-through" agency for the funding provided under the RTTT grant. Failure to comply with any requirements of the grant will result in with holding of funds by Fiscal Agent.

Any property acquired during the RTTT Grant is for use by Common Core County Liaison. If sub-recipient withdraws from participation, for any reason, equipment will be returned to the Fiscal Agent for re-distribution to other sub-recipient(s).

#### **REPORTING & RECORDS**

All accounts, reports, files, receipts, and records relating to this Memorandum of Assurance shall be kept for five (5) years after termination of this Memorandum of Assurance and shall be open to reasonable inspection and audit by the Fiscal Agent during that period.

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Linda Lee Morrow, Navajo County School Superintendent

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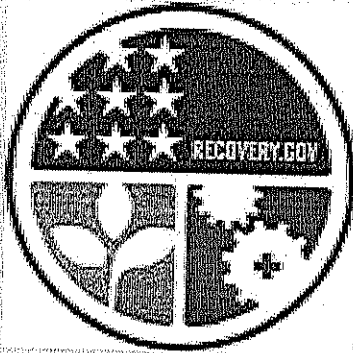
Dr. Pauline Begay, Apache County School Superintendent

RTTT BUDGET 84.413A

December 22, 2011

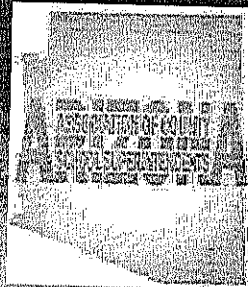
December 22, 2015

B. PROJECT BUDGET BY LINE ITEM		FINAL		TENATIVE	
		12/22/11-5/31/12	6/1/12-5/31/12	6/1/12-5/31/14	6/1/14-12/22/15
FUNCTION	OBJ CODE	Budget Year 1 5 months	Budget Year 2 12 months	Budget Year 3 12 months	Budget Year 4 18 months
<b>Instruction 1000</b>					
10. Salaries	6100				
11. Employee	6200				
12. Purchased	6300				
13.. Purchased	6400				
14. Other	6500				
15. Supplies	6600				
16. Other	6800				
<b>Support Services 2100,</b>					
17. Salaries	6100		\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
18. Employee	6200		\$ 4,500.00	\$ 4,500.00	\$ 9,000.00
19. Purchased	6300		\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
20.. Purchased	6400				
21. Other	6500		\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
22. Supplies	6600		\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
23. Other	6800				
<b>Support Services-Admin</b>					
24. Salaries	6100				
25. Employee	6200				
26. Purchased	6300		\$ 587.50	\$ 587.50	\$ 940.00
27.. Purchased	6400				
28. Other	6500				
29. Supplies	6600				
30. Other	6800				
<b>Operation of Non-</b>					
31. Salaries	6100				
32. Employee	6200				
33. Purchased	6300				
34.. Purchased	6400				
35. Other	6500				
36. Supplies	6600				
37. Other	6800				
38. Project Subtotal		\$ -	\$ 26,087.50	\$ 26,087.50	\$ 45,940.00
39. Indirect Cost					
<b>Capital Outlay</b>					
40. Property	6700				
41. Fixed Assets	180				
42. Project Total		\$ -	\$ 26,087.50	\$ 26,087.50	\$ 45,940.00



# State of Arizona Race to the Top

Phase 3 Grant Award: *General Overview*



**Governor's Office of  
Education Innovation**

# Goals for this session:

Provide a general informational overview of Arizona's *Race to the Top* grant, to include:

- **The Big Picture:** *Major grant elements and partnerships defined*
- *Where to find ongoing information on Race to the Top (RTTT)*
- **Next Steps**

**Answer any questions that we can.**

# Race to the Top Grant Overview

- The ***Governor's Office of Education Innovation (GOEI)*** was created in February, 2011 as a direct result of the Race to the Top Phase 2 application process and subsequent recommendations from the P-20 Council. The GOEI's mission has been to implement **Arizona's Education Reform Plan** – renamed "***Arizona Ready.***" ([www.arizonaready.com](http://www.arizonaready.com))

- In the Fall of 2011, GOEI convened a **Race to the Top Leadership Team** to determine the best use of the funds for Race to the Top Phase 3. Team members engaged in a modified situation assessment process that included evaluating progress, eliminating completed activities, identifying gaps, targeting current needs, and agreeing upon priorities. This process revealed the following:

- Regional Education Centers*** need additional support to facilitate the transition to college- and career-ready standards and assessments

- Roll out of the Arizona 2010 Academic Standards (Common Core)*** is an urgent priority for Arizona's schools, and is well aligned with **STEM** activities already under development

- While data access and quality have improved, there is a significant gap in linking Students and Teachers to Courses*** to provide timely, accurate, and actionable data at the classroom, school site, LEA and state levels

# Overarching Goal

## COLLEGE & CAREER READY STUDENTS

### Areas of Emphasis

STEM Education ● Rural Outreach ● Native American Needs

Standards and Assessments Section B	Data Systems Section C	Great Teachers & Leaders Section D	Low Achieving Schools Section E
B1 CSSS	C1 SLDS	D1 High-quality pathways	E1 Intervention
B2 High-quality assessments	C2 Access and use state data	D2 Improve effectiveness	E2 Turnaround
B3 Supporting the transition	C3 Improve Instruction	D3 Equitable distribution	
		D4 Preparation programs	
		D5 Effective support	

### Implementation Mechanisms Section A

Arizona's eLearning Platform IDEAL ● Arizona's LEA Tracker  
Five Regional Education Centers ● State of Arizona Counties Communications Network

# Arizona's Race to the Top Plan

# Total Grant Award: **\$25,000,000**

**Regional Education Centers** **\$2,500,000**

**Standards Implementation** **\$3,000,000**

**Data Systems** **\$2,500,000**

**Governor's Office of Education Innovation** **\$1,500,000**

**Arizona Department of Education** **\$3,000,000**

**\$12,500,000**

**Subgrants to Participating LEAs** **\$12,500,000**

# Regional Education Centers

**\$2,500,000**

## Region One

*Apache, Coconino, Navajo*

## Region Two

*Maricopa*

## Region Three

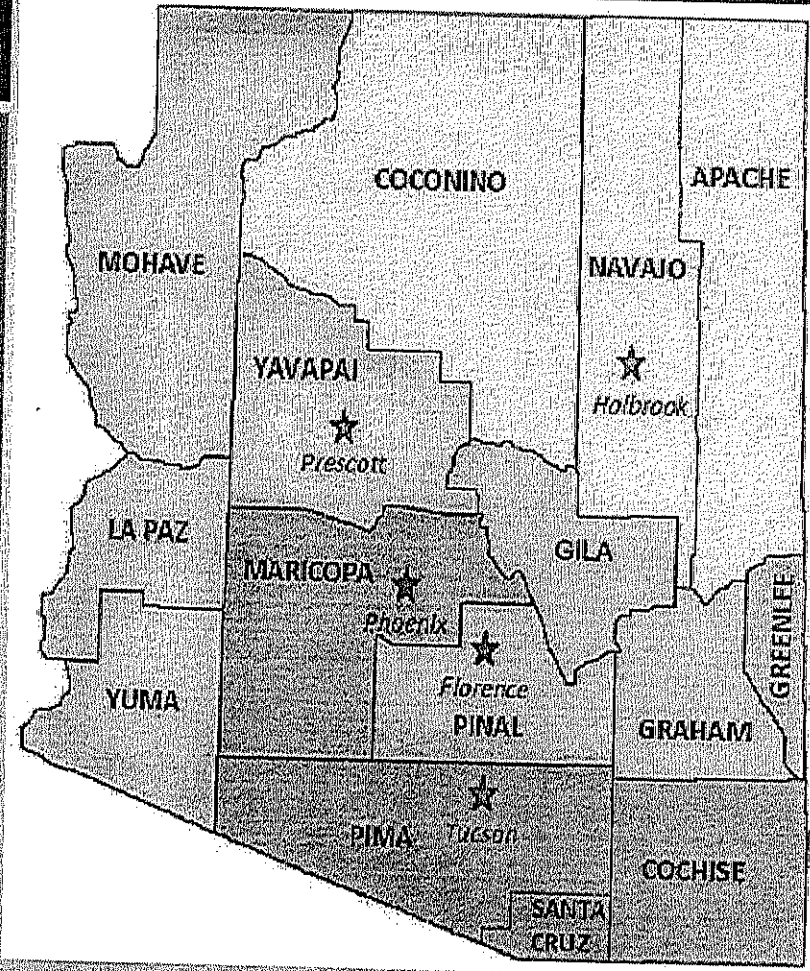
*Cochise, Pima, Santa Cruz*

## Region Four

*Gila Graham, Greenlee, Pinal*

## Region Five

*La Paz, Mohave, Yavapai, Yuma*

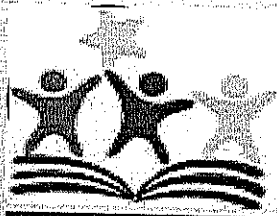


# Data Systems

**\$2,500,000**

The State of Arizona will use its RTTT grant to enhance data quality, access, and utility to better inform educational decision-making. Funds will be used to implement a **common course numbering system**, and provide a model process and technical support for LEAs to engage in **course mapping** and establishing the **student-teacher-data link**. RTTT funds will also be used to *enhance data dashboards*, and *customize the ADE website to provide professional development, software applications, and access to timely, accurate data for LEAs*.

Arizona strongly believes in engaging in **data-driven decision-making** to support student, teacher and school accountability, reform and improvement efforts. Educators, policymakers, and other stakeholders need access to **timely and accurate data that links students, teachers and courses within Arizona schools**. Through connecting all LEAs to Arizona's **statewide longitudinal data system (SLDS)** through the course mapping and student-teacher-data link process, the State will have an unprecedented opportunity to collect, visualize and analyze data. This work provides a powerful tool to **assist with accountability efforts, support ongoing research and analysis** regarding program effectiveness, and **evaluate** the State's ongoing efforts to implement its ambitious education reform plan.



A r i z o n a  
Department of Education

**\$3,000,000**

ADE will provide **Leadership, coordination and oversight** for all Race to the Top Phase 3 projects and activities, and will serve as the grant's **fiscal agent**.

ADE will also **manage the allocation of RTTT funds to eligible LEAs**, to include assisting LEAs in revising their Scopes of Work from RTTT Phase 2 to reflect the new focus, and budget, of RTTT Phase 3.

# Participating LEAs

**\$12,500,000**

ADE will provide a framework and define and specify required portions and specific elements of Arizona's RTTT plan that participating LEAs must implement. Therefore, participating LEAs will need to revise their Scopes of Work based on this framework to receive RTTT funding.

ADE will provide resources, technical assistance and support for LEAs to help them revise their Scopes of Work for RTTT Phase 3.

**Revised Scopes of Work must be completed by LEAs by March 2, 2012**

LEAs that **previously signed on** for the Phase 2 plan will have the opportunity to **opt-out** of participating in the grant, should they choose to do so. LEAs choosing to opt-out will still be able to participate in state-level activities – however, they will **not be eligible to receive allocated funding from the grant**.

LEAs that **did not previously sign on** for Phase 2 will also have the opportunity to **opt-in** to participate in the grant, should they choose to do so.

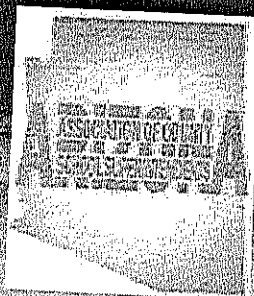
*Questions?*



**Please Visit:**

**[www.azed.gov/racetothetop](http://www.azed.gov/racetothetop)**

*For more information on Arizona's  
Race to the Top Grant Award*



**Governor's Office of  
Education Innovation**

**Apache County Plan for Race To The Top Grant Funds-Northeast Regional Service Center**

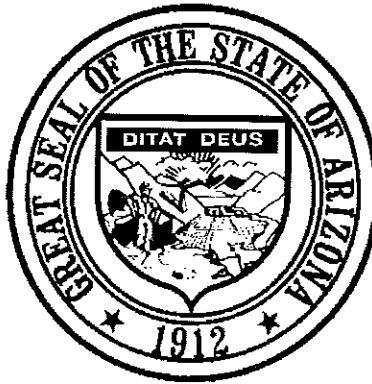
<b>GOALS</b>	<b>OBJECTIVES</b>	<b>TASKS</b>	<b>PERSON RESPONSIBLE</b>	<b>DUE DATE</b>	<b>RESULTS</b>
<b>Year One:</b> <u>January 2012 to June 2012</u>					
A. Provide Technical assistance to School Districts	Assist school districts who received RTTT grant funds with their Scope of Work.	Call the five school districts, or email the school districts to plan a meeting, or on site visits.	County School Supt.	March 2nd, June 30 <sup>th</sup>	Contacted each 5 school districts, they have worked on their own. No consortium. They submitted SOW to ADE.
B. Provide Teacher/Administrator trainings on ELA Common Core Standards Awareness/CCS I	Plan & sponsor the ELA trainings for the teachers K-12 <sup>th</sup> and School district administrators for one day, coordinate with trainers from ADE	Complete participant registration on line, schedule training site, date, order meals, & materials	P.D. Coordinator	January 9 <sup>th</sup>	Training was held at Sanders USD with 25 teachers and 15 administrators, Judy Campbell as trainer
C. Provide Teacher/Administrator trainings on Math Common Core Standards Awareness/CCI	Plan & sponsor the Math trainings for the teachers K-12 <sup>th</sup> and school administrators for one day,	Complete participant registration on line, schedule training site, date, order meals &	P.D. Coordinator	May 1 <sup>st</sup>	Training was held at Round Valley USD with ___ teachers and ___ administrators, ___ as trainers

<p>D. Provide K-3 grade teachers training on ELA &amp; Math Common Core I</p>	<p>coordinate with trainers from ADE.  Plan &amp; sponsor the ELA &amp; Math Common Core Standards Training with ADE trainers.</p>	<p>materials  Schedule date, location, meals, materials Register participants on line</p>	<p>P.D. Coordinator</p>	<p>July 19th &amp; 20th</p>	
<p>E. Provide information to school districts on ADE Webinars re: CCS trainings</p>	<p>Receive email notifications from ADE, or websites</p>	<p>Post Webinar information on CSS Website, Forward information through email contacts to school districts</p>	<p>County School Supt./IT</p>	<p>February-June</p>	<p>There were at least three webinars forwarded to the school districts on Arizona Count &amp; other Common Core trainings</p>
<p>F. Provide technical assistance to school district teams on Teacher &amp; Principal Evaluation System Instrument</p>	<p>Meet with School District teams to make a follow up on their instruments, gather copies, submit results to ADE</p>	<p>Set up meeting date, location, agenda, preparation of documents necessary</p>	<p>County School supt.</p>	<p>June 6</p>	

<b>Year Two:</b> <u>July 2012 to June 2013</u>					
<b>Year Three:</b> <u>July 2013 to June 2014</u>					
<b>Year Four:</b> <u>July 2014 to June 2015</u>					

ANDY TOBIN  
SPEAKER OF THE HOUSE  
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PHOENIX, ARIZONA 85007-2844  
CAPITOL PHONE: (602) 926-5172  
CAPITOL FAX: (602) 417-3085  
TOLL FREE: 1-800-352-8404  
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DISTRICT 1



COMMITTEES:  
RULES

LEGISLATIVE COUNCIL,  
VICE-CHAIRMAN

LIBRARY, ARCHIVES AND PUBLIC  
RECORDS BOARD,  
VICE-CHAIRMAN

JOINT LEGISLATIVE AUDIT  
COMMITTEE

December 19, 2012

County Supervisors Association  
1905 W Washington Street, Ste. 100  
Phoenix, AZ 85009

Dear County Supervisors:

It is a pleasure to invite you to attend the Opening Day Ceremony of the Fifty First Legislature, First Regular Session. During the Joint Session of the House and Senate, Governor Jan Brewer will deliver her State of the State Address.

The ceremonies will take place on Monday, January 14, 2013 and will begin at noon. Attendees should be seated promptly by 11:45 a.m. As my guest, you have a reserved seat in the House Gallery. Please come to the West door on the 3rd floor of the House Chamber, where your name will be on the guest list. As seating is limited, any accompanying guests will be seated in the Hearing Rooms on the first floor to watch the proceedings over closed circuit television.

Please contact Patty Wisner, 602-926-3335, to confirm your attendance and parking arrangements.

We look forward to seeing you on Opening Day 2013.

Sincerely,

A handwritten signature in black ink that reads "Andrew M. Tobin".

Andrew M. Tobin  
Speaker of the House



**BOARD OF SUPERVISORS' AGENDA ITEM REVIEW FORM**

Submitter's Name: **Chris Sexton, Health District Director**

Date/Signature: **12/20/12**

Describe in detail what you want to say to the Board and what action you want the board to Take:

ACPHSD requests approval to enter into Agreement #AGR2013-083 with Maricopa County Health Care for the Homeless for deputizing and oversight of ACPHSD to provide vaccines for Children Purchased Vaccine to entitled underinsured children.

Date & Time Needed: \_\_\_\_\_

**PRE-AGENDA ITEM REVIEW**

Review Routing:  Legal  Finance  Purchasing  Human Resources  Other

**Legal Review:**

\_\_\_\_\_  
Signature: \_\_\_\_\_

**Finance Review:**

\_\_\_\_\_  
Signature: \_\_\_\_\_

**Purchasing Review:**

\_\_\_\_\_  
Signature: \_\_\_\_\_

**Human Resources Review:**

\_\_\_\_\_  
Signature: \_\_\_\_\_

**Health Department Director:**

\_\_\_\_\_  
Signature: \_\_\_\_\_

**Reviews completed, item approved for Agenda. Supervisor/Board Clerk's Initials:** \_\_\_\_\_

**BOARD ACTION TAKEN**

Approved  Disapproved  Deleted  Continued To: \_\_\_\_\_

\_\_\_\_\_  
Signature Clerk of the Board

**AGREEMENT**  
**No. AGR2013-083**

**LETTER OF AGREEMENT**

Between

**Arizona Department of Health Services (ADHS) and  
Maricopa County Health Care for the Homeless**

for

**Deputizing and Oversight of Apache County Public Health Services District  
to Provide Vaccines for Children (VFC) Purchased Vaccine  
to Entitled Underinsured Children**

In conformance with VFC Deputization Guidance dated April 30, 2012 and included hereto as Appendix A, and as may be revised,

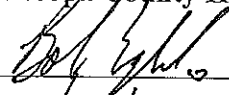
1. Maricopa County Health Care for the Homeless, a **Federally Qualified Health Center** hereby confers authority to Apache County Public Health Services District and its clinics of Springerville and St. Johns to immunize federally vaccine-eligible children who are underinsured as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act, with the understanding that –
  - a. such other VFC providers have been identified by the Apache County Public Health Services District and approved by the CDC for such designation;
  - b. the ADHS and CDC retain their respective responsibilities for oversight of all VFC operations by such deputized VFC providers, including oversight of their roles in immunizing underinsured children;
  - c. federally purchased vaccine for use by deputized VFC providers in immunizing underinsured children is provided directly by CDC's vaccine distribution system to the deputized providers;
  - d. the ADHS and/or CDC in their roles of VFC program oversight may remove any deputized VFC provider in which case such provider shall lose deputization status;
  - e. Maricopa County Health Care for the Homeless must comply with the requirements of such VFC Deputization Guidance;
  - f. Maricopa County Health Care for the Homeless may withdraw from this LOA with ninety (90) days written notice to ADHS official; and
  - g. Maricopa County Health Care for the Homeless retains all of its authorities as a VFC provider, including the ability to immunize underinsured children.
  - h. Maricopa County Health Care for the Homeless has no legal responsibility for the supervision of immunization services delivered by the authorized provider named herein.
  
2. Apache County Public Health Services District and its clinics of Springerville and St. Johns shall comply with the requirements in such VFC Deputization Guidance (Appendix A), this deputization LOA, and with all other applicable VFC program requirements, including –
  - a. agreement to vaccinate "walk-in" VFC-eligible underinsured children as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act;

**AGREEMENT**  
**No. AGR2013-083**

- b. screening for VFC eligibility, including for underinsured status, at every visit by any child less than 19 years of age;
  - c. monthly immunization record reporting to Arizona State Immunization Information System (ASIIS), which will allow ASIIS staff to produce reports of the total number of visits/children/doses of underinsured children who receive VFC vaccines in deputized clinics, by age category (ages 0-6 and 7-18); and
  - d. compliance with any additional VFC requirements as ADHS or CDC may from time to time impose.
3. This agreement becomes active upon signature of all parties.

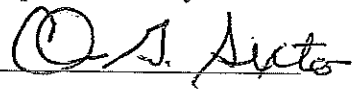
We, the undersigned, have read and agree to the terms and conditions set forth in this LOA and will retain a copy of this LOA.

By: **Maricopa County Health Care for the Homeless**

Director: 

Date: 11/27/12

By: **Apache County Public Health Services District**

Director: 

Date: 12/20/2012

I hereby acknowledge the responsibilities as delineated above:

By: **Arizona Department of Health Services**

\_\_\_\_\_ (Title of Official)

Date: \_\_\_\_\_

cc: Centers for Disease Control and Prevention, Immunization Services Division

## APPENDIX A

### Guidance for use of Vaccines for Children (VFC) Deputization to Extend Access to Underinsured Children with VFC Vaccine

#### Purpose

The purpose of this document is to provide guidance on the use of deputization to extend VFC authority to vaccinate underinsured<sup>1</sup> VFC-eligible children from Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to other VFC providers. Extension of this VFC authority is intended to provide underinsured VFC-eligible children with access to VFC vaccines that would otherwise be unavailable due to limited capacity or absence of an FQHC or RHC in a service area. Deputization is a special arrangement subject to annual review and renewal. This guidance has been approved by the Department of Health and Human Services (DHHS), and the Centers for Disease Control and Prevention (CDC), with input from the Health Resources and Services Administration (HRSA) and the Centers for Medicare & Medicaid Services (CMS).

#### Background

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine at any VFC provider site: 1) Medicaid eligible, 2) uninsured, 3) American Indian or Alaska Native. Underinsured children are also eligible for VFC vaccine, but only at an FQHC or RHC. Currently, less than ten percent of VFC provider sites are FQHCs or RHCs, both of which, for reasons of geography, have limited access and capacity to serve this population. In more than 20 states, some FQHCs and RHCs have extended access to VFC vaccines for underinsured children through deputization arrangements (sometimes referred to as “delegation of authority”) with local health departments and, in some cases, private-sector VFC-enrolled providers.

The Patient Protection and Affordable Care Act (ACA)<sup>2</sup> requires that non-grandfathered private health plans provide coverage for routine ACIP-recommended immunizations without cost-sharing. However, health plans that currently do not offer vaccinations retain their “grandfathered” status until they make a significant change in coverage. Thus, it is likely to take several years before all grandfathered plans lose this status and this form of underinsurance is completely addressed.

Data from CDC’s 2008 National Immunization Survey shows that 11% of young children and 20% of teens are not fully insured for vaccines. Until underinsurance among children is eliminated, extending VFC authority to other VFC providers serves as a safety net ensuring that access to VFC vaccine for eligible underinsured children will not be a barrier to vaccination.

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<sup>1</sup> See Definitions of Terms, Attachment B

<sup>2</sup> Public Law 111-148]

There has been some concern expressed that extending access to VFC vaccine through deputization may expose the deputizing FQHC/RHC to liability. The National Vaccine Injury Compensation Program (VICP) greatly reduces the legal liabilities involved in administering most vaccines. The VICP is a no-fault alternative to the traditional tort system for resolving vaccine injury claims that provides compensation to people found to be injured by certain vaccines. Generally, persons with claims of vaccine-related injuries or deaths resulting from covered vaccines must first exhaust their remedies under the VICP before they can pursue alternative legal actions against vaccine administrators. In addition, for certain vaccines to prevent diseases, health conditions, and threats that constitute or threaten a public health emergency and that are not covered by VICP, the Public Readiness and Preparedness Act of 2005 (PREP Act)<sup>3</sup> may provide liability protection to providers administering such vaccines, and the Countermeasures Injury Compensation Program established by the PREP Act may provide compensation to eligible individuals who are injured by these vaccines.

CDC, HRSA, and CMS have not previously provided guidance for extending VFC authority through deputization, although CDC currently honors various deputization arrangements by providing VFC vaccine to deputized provider sites. VFC program awardees, FQHCs, and RHCs have requested official guidance on VFC deputization for extending VFC access to underinsured children. This document fulfills that request for guidance.

## **Guidance Overview**

CDC, in coordination with HRSA and CMS, may authorize FQHC and RHC deputization through Memoranda of Understanding (MOU) of local health departments (LHDs) to vaccinate underinsured VFC-eligible children. In VFC awardee locations without LHDs or where LHDs lack capacity to serve the underinsured, FQHCs/RHCs may deputize through MOU particular non-public VFC providers which have been designated by the VFC awardee, with CDC approval and appropriate justification, to serve in place of LHDs to vaccinate underinsured children with VFC vaccine. The purpose of such an MOU is to confer underinsured VFC immunization authority to designated VFC providers by FQHCs/RHCs through deputization and to specify the responsibilities of all parties to the agreement (the VFC awardee, the deputizing FQHC or RHC, and the LHD or other VFC provider). Deputization is authorized when underinsured children lack sufficient access to FQHCs and RHCs. A VFC awardee must justify to CDC the need to use deputization to reach underinsured children and specify the number and type (LHD or non-public) of VFC providers proposed for deputization by FQHCs/RHCs within its jurisdiction. CDC will evaluate the justification and, if approved, notify the VFC awardee that FQHCs/RHCs may deputize approved VFC providers through an MOU. VFC awardees and CDC are responsible for monitoring the use of VFC vaccine under these deputization arrangements.

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<sup>3</sup> HR 2863, "DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2006

## Guidance Details

1. Awardee Request for Authorization of Deputization: VFC awardees justify to CDC the need for FQHC/RHC deputization of VFC providers in their jurisdictions. To deputize LHDs, the awardee must provide CDC with the total number of VFC-enrolled LHDs in the awardee's jurisdiction, the number of VFC-enrolled LHDs proposed for deputization, and the number of clinic sites (if different from the number of LHDs) proposed for deputization.

VFC awardees that do not have LHDs or that have LHDs that lack capacity to serve the underinsured will need to demonstrate that extending authority to other non-public VFC providers is necessary to serve a population of underinsured children who face barriers to receiving VFC vaccine because of:

- a. Geographic distance from an FQHC/RHC.
- b. Insufficient capacity of FQHCs/RHCs to serve the needs of the underinsured population.
- c. No LHDs or insufficient capacity of LHDs to be deputized to serve the needs of the underinsured population in their service areas.

VFC awardees may request deputization of no more than the number of non-public VFC provider sites needed to serve in the place of a local health department as a safety net for immunization.

2. CDC Approval: CDC approval of the request must be granted prior to execution of the MOU, and such approval must meet the following requirements:
  - a. Agreement to vaccinate "walk-in" VFC-eligible underinsured children as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act;
  - b. Screening for VFC eligibility, including for underinsured status, at every visit by any child less than 19 years of age;
  - c. Reporting to the VFC awardee, in manner and time as decided by the awardee, all requirements set forth in the guidance; and
  - d. Compliance with any additional VFC requirements as the VFC awardee [or[name of state] Department of [Public] Health] or CDC may from time to time impose.

Awardees must submit initial requests no later than October 1, 2012, and should allow 60 days from the date of request submission for CDC's response.

3. MOU Elements: CDC will provide an MOU template. The MOU will include three actions:
  - a. The conferral of deputization by the signatory FQHCs/RHCs to the identified VFC providers.
  - b. The requirements to be met by the deputized sites.
  - c. The implementation date of the Deputization arrangement by the VFC awardee with consent of the deputized VFC providers.

4. MOU Execution: The VFC awardee, the deputizing FQHCs and RHCs, and qualified additional VFC-enrolled providers must all sign the MOU that conforms to the CDC-provided template.
  - a. The deputizing FQHC/RHC retains all of its authorities as a VFC provider; the MOU does not change the participating FQHC's or RHC's access to vaccine needed to immunize VFC-eligible children, including underinsured children.
  - b. CDC and the awardees retain oversight responsibility of deputized VFC providers in the same manner they do over all other VFC providers.
  - c. All parties retain copies of the fully-executed MOUs.
  
5. Responsibilities of VFC providers deputized with extended VFC authority:
  - a. Signing the MOU deputizing the VFC provider to immunize underinsured children, retaining a copy of the MOU during the time that the MOU is in effect, and fulfilling the terms of the MOU.
  - b. Annually signing the VFC provider enrollment form that describes the provider's responsibilities under the deputization arrangement.
  - c. Including "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit,
  - d. Ongoing compliance with all other VFC provider responsibilities, and
  - e. Reporting to the VFC awardee and deputizing FQHC/RHC the use of the deputization agreement as described below under Awardee Reporting Requirements.

6. Awardee Reporting Requirements:

The purpose of requiring deputized providers to report utilization of deputization is to determine whether utilization of deputization at the state level decreases over time. As health plans cover ACIP-recommended vaccines as required by the Affordable Care Act, CDC anticipates a decrease in utilization of deputization.

In an effort to report the most accurate data possible, each awardee may choose the measure that will best capture utilization from its deputized VFC providers. The option chosen from the following list must be used by all deputized VFC providers throughout the awardee's jurisdiction:

- a. Report the total number of visits of underinsured children who receive VFC vaccines in deputized clinics, by age category (ages 0-6 and 7-18).
- b. Report the total number of doses of vaccine administered to underinsured children in deputized clinics, by age category (ages 0-6 and 7-18).
- c. The implementation date of the Deputization arrangement by the VFC awardee with consent of the deputized VFC providers.

The VFC awardee must report annually to CDC the total number of clinics deputized and the aggregate utilization between January 1 and December 31 of each calendar year, using the utilization measure selected by the awardee. The report must be submitted with the VFC Management Survey by March 1.

7. Current Arrangements: All current deputization agreements (both formal and informal) must be reviewed and updated based on the guidance contained herein and re-executed no later than December 31, 2012. Compliance with this guidance will be a requirement in the 2013-2017 Funding Opportunity Announcement for Immunization and VFC Program.

#### **Attachments**

Attachments A: Responsibilities

Attachments B: Definitions of Terms

## Attachment A

### Responsibilities

#### **VFC awardees are responsible for:**

- Identifying those FQHCs/RHCs willing to deputize other VFC providers to serve as their agents to immunize underinsured children.
- Identifying and providing to CDC the number of LHDs and qualified non-LHD VFC providers proposed for deputization **no later than** October 1, 2012.
- Modifying the annual VFC enrollment form to include specific responsibilities for deputized VFC sites including the requirements to screen for underinsured status, serve walk-in VFC-eligible underinsured children, and report utilization by one of the methods described under #6 under Guidance Details and submitting with the justification for deputization.
- Justifying to CDC the use of VFC deputization arrangements, identifying FQHCs/RHCs that are willing to deputize other VFC providers, and identifying VFC providers they recommend for deputization.
- Justifying the need for deputization of LHDs in their jurisdictions, receiving notification from CDC authorizing deputization by FQHC/RHCs, and signing each deputization MOU to validate that such approval was received from CDC and that all other conditions and responsibilities for implementation have been met.
- Ensuring that the deputizing FQHC(s)/RHC(s) and the deputized VFC provider(s) have signed the MOU, submitted it to the awardee, and retained a copy of the signed MOU.
- Collecting the number of underinsured children, doses, or visits (measurement to be determined by awardee), by age from deputized sites and annually reporting these data to CDC in the VFC Management Survey.
- Ordering or approving vaccine orders from the deputized VFC sites.
- Maintaining ongoing oversight of all VFC-enrolled providers.
- Assessing compliance with the deputization arrangement during routine VFC compliance site visits to the deputized sites.

#### **FQHCs or RHCs that are extending their VFC authority through the deputization of other VFC providers are responsible for:**

- Signing and fulfilling the terms of the MOU.

#### **LHD and designated non-LHD VFC providers that are deputized with extended VFC authority are responsible for:**

- Signing the MOU deputizing the VFC provider to immunize underinsured children, retaining a copy of the MOU during the time that the MOU is in effect,

and fulfilling the terms of the MOU.

- Annually signing the VFC provider enrollment form that describes the provider's responsibilities under the deputization arrangement.
- Tracking and reporting at least quarterly to the VFC awardee the utilization data chosen by the awardee.

**CDC is responsible for:**

- Developing and communicating to VFC awardees and other federal agencies the DHHS-approved guidance on extending VFC authority pertaining to immunization of underinsured children.
- Developing a template for the MOU with input from HRSA and CMS.
- Developing language describing responsibilities of the deputized VFC provider for inclusion in the annual VFC enrollment form.
- Approving awardee justifications and requests for authorizing FQHC/RHC deputization of other VFC providers in their jurisdictions, with input from HRSA and CMS.
- Receiving from VFC awardees the number of deputized clinics and the aggregate measure of utilization of deputization.
- Evaluating annually the programmatic use of VFC deputization arrangements to determine if additional guidance is required.

**HRSA is responsible for:**

- Communicating the DHHS-approved guidance on VFC deputization arrangements to FQHCs that are Section 330-funded health centers or are FQHC Look-Alikes.

**CMS is responsible for:**

- Communicating the DHHS-approved guidance on VFC deputization arrangements to RHCs; communicating to State Medicaid Agencies the DHHS-approved guidance on VFC deputization arrangements.

**DHHS is responsible for:**

- Approving the guidance on VFC deputization arrangements.

## Attachment B

### Definition of Terms

**Annual VFC enrollment form:** The legally required form signed each year by participating VFC providers indicating the terms of participation in the VFC program.

**Deputization:** The formal extension of VFC authority to provide VFC vaccines to eligible underinsured children from a participating FQHC or RHC to another VFC-enrolled provider. Under this arrangement, the deputizing FQHC or RHC retains its full scope of authority as a VFC provider while extending the authority to deputized VFC providers to immunize underinsured children with VFC vaccine.

**Deputized VFC provider:** A VFC provider to which authority to vaccinate underinsured children with VFC vaccine is extended by an FQHC or RHC through the MOU.

**Deputizing FQHC/RHC:** An FQHC or RHC that is extending authority to another VFC provider via the Memorandum of Understanding (MOU).

**FQHC:** A Federally Qualified Health Center as defined under section 1905(l)(2) of the Social Security Act.

**MOU:** A jurisdictional Memorandum of Understanding coordinated by the VFC awardee and signed by all parties: the VFC awardee, deputizing FQHCs and RHCs, and the deputized VFC providers. The MOU indicates that all parties agree the deputized VFC providers are being recognized as agents of the FQHCs/RHCs for the sole purpose of vaccinating underinsured children with VFC vaccine.

**RHC:** A Rural Health Clinic as defined under section 1905(l)(1) of the Social Security Act.

**Underinsured:** A child who has commercial (private) health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

**VFC awardee:** 61 VFC program awardees that include the 50 states, the District of Columbia, the cities of Chicago, New York, Philadelphia, Houston, and San Antonio, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands.

**VFC provider site:** An immunization provider site that has been approved by the VFC awardee to provide VFC vaccines to eligible children. A pre-enrollment site visit by the VFC awardee is required prior to approval, and a VFC provider agreement is signed that indicates the terms of participation in the VFC program. VFC providers must meet the minimum requirements of participation prior to enrollment. See <http://www.cdc.gov/vaccines/programs/vfc/recruit-enroll.htm>.