

BOARD OF SUPERVISORS

District 1 | **Stacey Walker**

District 2 | **Ben Rogers**

District 3 | **Louis J. Zumbach**

JEAN OXLEY LINN COUNTY PUBLIC SERVICE CENTER

935 2ND ST. SW

CEDAR RAPIDS, IA 52404

PH: 319-892-5000 | FAX: 319-892-5009

LinnCounty.org



**LINN COUNTY BOARD OF SUPERVISORS
MEETING AGENDA**

Monday, May 10, 2021

11 a.m.

Formal Board Room—Jean Oxley Public Service Center
935 2nd St. SW, Cedar Rapids, IA

Call to Order

Public Comment: Five Minute Limit per Speaker

This comment period is for the public to address topics on today's agenda.

Minutes

Discuss and decide on meeting minutes.

Discuss three (3) Vacancy Forms requesting LPN Correctional Center Nurses for the Sheriff's Office

Discuss updating the Linn County Urban Renewal Plan to incorporate Tax Increment Financing into a portion of the Dows Farm development

Discuss permit fee waiver extension for Derecho damaged structures.

Discuss November general election ballot referendum for continuation of a 1% Local Option Sales Tax with identical revenue expenditures in unincorporated Linn County to commence July 1, 2024 thru June 30, 2034, upon expiration of the current 10-year 1% Local Option Sales Tax and provide direction to appropriate staff to prepare necessary ordinance and/or resolution for Board consideration.

Discuss November general election ballot referendum to authorize gambling games at a casino to be developed in Linn County and provide direction to appropriate staff to prepare necessary resolution for Board consideration.

Discuss and decide on the size of the membership of the Temporary County Redistricting Commission

Public Comment: Five Minute Limit per Speaker

This is an opportunity for the public to address the board on any subject pertaining to board business.

Payroll Authorizations

Discuss and decide on Employment Change Roster (payroll authorizations).

Claims

Discuss and decide on claims.

Legislative Update

Discuss and decide on action related to proposed legislation

Correspondence

Appointments

Adjournment

To adhere to social distancing requirements, Linn County employees and the public may participate in this meeting as follows:

- 1) Conference call—telephone number 1-800-945-0974, access code 501116
- 2) Email questions or comments prior to or during the meeting to: bd-supervisors@linncounty.org

For questions about meeting accessibility or to request accommodations to attend or to participate in a meeting due to a disability, please contact the Board of Supervisors office at 319-892-5000 or at bd-supervisors@linncounty.org.

LINN COUNTY HUMAN RESOURCES DEPARTMENT
JEAN OXLEY LINN COUNTY PUBLIC SERVICE CENTER
935 2ND ST. SW
CEDAR RAPIDS, IA 52404
PH: 319-892-5120 | FAX: 319-892-5129

LinnCounty.org



VACANCY FORM

SELECT ONE:

NEW POSITION

REPLACEMENT

REPLACES: Bobbie Cox

SELECT ONE:

NEW JOB CLASSIFICATION

EXISTING JOB CLASSIFICATION

JOB TITLE: Correctional Center Nurse (LPN)

DEPARTMENT: Sheriff's Office

SHIFT/HOURS: 1500-2300 (Sat/Sun Off)

VACANCY DATE: 12/02/20

NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (if applicable):

BUDGET OFFER

NEW POSITION FUNDING SOURCE(S):

GRANT FUNDING

Unfilled nurse positions

OTHER: _____

POST TO INSIDE: YES NO

ADVERTISE: YES NO

IF NO, GIVE EXPLANATION (i.e. not filling due to operational needs): _____

POSITION TYPE:

FULL-TIME PART-TIME _____ # of hours/week TEMPORARY/SEASONAL

ON-CALL/SUBSTITUTE GRANT-FUNDED

BARGAINING UNIT: Clerical Maintenance Para Professional Professional

Attorneys Conservation Sergeants PPME

NON-BARGAINING UNIT (Management and Confidential Employees)

APPROVED BY: _____

DEPARTMENT HEAD (original signature required)

DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:

PAY GRADE: _____

STARTING SALARY: _____

HR DIRECTOR COMMENTS: _____

FINANCE/BUDGET DIRECTOR COMMENTS: _____

APPROVED BY: Lisa D. Powell

HUMAN RESOURCES DIRECTOR

DATE

5-7-21

APPROVED BY: [Signature]

FINANCE/BUDGET DIRECTOR

DATE

5/7/2021

APPROVED BY: _____

CHAIRPERSON/BOARD OF SUPERVISORS

DATE

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VACANCY FORM

SELECT ONE:

NEW POSITION

REPLACEMENT

REPLACES: Rasheedah Washington

SELECT ONE:

NEW JOB CLASSIFICATION

EXISTING JOB CLASSIFICATION

JOB TITLE: Correctional Center Nurse (LPN) 1500-2300

DEPARTMENT: Sheriff's Office

SHIFT/HOURS: ~~0730-1530~~ Sat/Sun OFF

VACANCY DATE: 04/20/21

NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (if applicable):

NEW POSITION FUNDING SOURCE(S):

- BUDGET OFFER
- GRANT FUNDING
- OTHER: _____

Unfilled nurse positions

POST TO INSIDE: YES NO

ADVERTISE: YES NO

IF NO, GIVE EXPLANATION (i.e. not filling due to operational needs): _____

POSITION TYPE:

- FULL-TIME PART-TIME ____ # of hours/week TEMPORARY/SEASONAL
- ON-CALL/SUBSTITUTE GRANT-FUNDED
- BARGAINING UNIT: Clerical Maintenance Para Professional Professional
- Attorneys Conservation Sergeants PPME
- NON-BARGAINING UNIT (Management and Confidential Employees)

APPROVED BY: [Signature] _____
DEPARTMENT HEAD (original signature required) DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:

PAY GRADE: _____ STARTING SALARY: _____

HR DIRECTOR COMMENTS: _____

FINANCE/BUDGET DIRECTOR COMMENTS: _____

APPROVED BY: Lisa D. Powell _____ 5-7-21 _____
HUMAN RESOURCES DIRECTOR DATE

APPROVED BY: [Signature] _____ 5/7/2021 _____
FINANCE/BUDGET DIRECTOR DATE

APPROVED BY: _____ _____
CHAIRPERSON/BOARD OF SUPERVISORS DATE

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VACANCY FORM

SELECT ONE:

NEW POSITION

REPLACEMENT

REPLACES: Tia Finley

SELECT ONE:

NEW JOB CLASSIFICATION

EXISTING JOB CLASSIFICATION

JOB TITLE: Correctional Center Nurse (LPN)

DEPARTMENT: Sheriff's Office

SHIFT/HOURS: 0730-1530 Fri/Sat OFF

VACANCY DATE: 05/02/21

NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (if applicable):

NEW POSITION FUNDING SOURCE(S):

BUDGET OFFER

unfilled nurse position

GRANT FUNDING

OTHER: _____

POST TO INSIDE: YES NO

ADVERTISE: YES NO

IF NO, GIVE EXPLANATION (i.e. not filling due to operational needs): _____

POSITION TYPE:

FULL-TIME PART-TIME ____# of hours/week TEMPORARY/SEASONAL

ON-CALL/SUBSTITUTE GRANT-FUNDED

BARGAINING UNIT: Clerical Maintenance Para Professional Professional

Attorneys Conservation Sergeants PPME

NON-BARGAINING UNIT (Management and Confidential Employees)

APPROVED BY: [Signature]

DEPARTMENT HEAD (original signature required)

DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:

PAY GRADE: _____ STARTING SALARY: _____

HR DIRECTOR COMMENTS: _____

FINANCE/BUDGET DIRECTOR COMMENTS: _____

APPROVED BY: [Signature]

HUMAN RESOURCES DIRECTOR

5-7-21

DATE

APPROVED BY: [Signature]

FINANCE/BUDGET DIRECTOR

5/7/2021

DATE

APPROVED BY: _____

CHAIRPERSON/BOARD OF SUPERVISORS

DATE