

**NOTICE OF A SPECIAL  
MEETING OF THE KETCHUM CITY COUNCIL  
April 24, 2013**

A SPECIAL MEETING OF THE CITY COUNCIL OF SAID CITY SHALL BE HELD ON WEDNESDAY, APRIL 24, 2013 AT 12:00 NOON TO BE HELD AT KETCHUM CITY HALL, 480 EAST AVENUE NORTH, KETCHUM, IDAHO TO CONSIDER THE FOLLOWING:

1. Cooperative Road Maintenance Memorandum of Understanding between Blaine County and the City of Ketchum, Brian Christiansen, Street Superintendent.
2. EMT Student Affiliation Agreement, Mike Elle, Fire Chief.
3. Consideration of a contract for Construction of Phase I Walkability, Lisa Horowitz, Community and Economic Development Director.
4. Current Bills

DATED THIS 19<sup>th</sup> DAY OF APRIL 2013.

**Any person needing special accommodations to participate in the above noticed meeting should contact the City Clerk's Office prior to the meeting at 726-3841.**

# City of Ketchum, Idaho

P.O. Box 2315 Ketchum, ID 83340 (208) 726-3841 Fax: (208) 726-8234



March 16, 2013

Mayor Hall and City Councilors  
City of Ketchum  
Ketchum, Idaho

Mayor Hall and City Councilors:

## **Cooperative Road Maintenance Memorandum of Understanding Blaine County and the City of Ketchum**

### Introduction/History

For at least the past 29 years, and perhaps longer as the Cities hand written journals only go back that far, Blaine County has assisted the City of Ketchum with its Chip Sealing projects. In return the City of Ketchum has offered similar miscellaneous help to Blaine County when they needed it.

Both Parties have developed a mutually beneficial cooperative road maintenance plan between the period of May 1, 2013 and August 8, 2013. The City lacks the Street Department staff and equipment to chip seal City roads. The County lacks the Road and Bridge staff and equipment to remove excessive chips and sand from the County roads. The purpose of this MOU is to provide guidelines for a collaborative work schedule between the County and the City that is equitable to both parties.

### Current Report

The County requested this Memorandum of Understanding (MOU) between the two jurisdictions in an effort to legitimize the counties practices/operations and ongoing agreements. The MOU notes the mutual beneficial cooperative road maintenance plan that the city and county have developed. Its purpose is to provide guidelines for a collaborative work schedule between the county and the city that is equitable to both parties.

### Financial Requirement/Impact

The going rate for a chip seal project is \$.47/sf. When partnering with Blaine County and utilizing their equipment and manpower, the project can be performed in house for \$.07/sf. Last year the City of Ketchum saved about \$250,000 by keeping the project in house. This year we are expecting about the same savings. The Cities commitment to Blaine County for sweeping County roads is negligible compared to the benefit.

### Recommendation

Staff respectfully recommends the City Council approve and sign the Memorandum of Understanding between the City of Ketchum and Blaine County.

### Recommended Motion

I move to approve the Memorandum of Understanding between the City of Ketchum and Blaine County concerning mutual road maintenance assistance.

Sincerely,

Brian Christiansen  
Street Superintendent

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**BLAINE COUNTY, IDAHO**  
**And**  
**THE CITY OF KETCHUM**  
**Cooperative Road Maintenance**

This Memorandum of Understanding (“MOU”) for mutual road maintenance assistance is hereby entered into by and between Blaine County, Idaho, hereinafter referred to as the “County”; and the City of Ketchum, hereinafter referred to as the “City”. The City and County may hereinafter be collectively referred to as “Parties”.

**1. PURPOSE:** The Parties have developed a mutually beneficial cooperative road maintenance plan between the period of May 1, 2013 and August 8, 2013. The City lacks the Street Department staff and equipment to chip seal City roads. The County lacks the Road and Bridge staff and equipment to remove excessive chips and sand from the County roads. The purpose of this MOU is to provide guidelines for a collaborative work schedule between the County and the City that is equitable to all parties.

**2. IT IS MUTUALLY AGREED AND UNDERSTOOD BY ALL PARTIES THAT:**

**County Responsibilities**

- Provide at no cost one (1) chip spreader machine with two (2) operators for a period of four (4) days equaling ten (10) hours in duration totaling 80 hours of labor.
- Provide at no cost two (2) dump trucks and two (2) operators for a period of four (4) days equaling (10) hours in duration totaling 80 hours of labor.
- Provide at no cost one (1) roller with one (1) operator for a period of for four (4) days equaling ten (10) hours in duration totaling 40 hours of labor.
- Equipment and labor assistance will be provided to the City for use on City road chip sealing projects from August 5, 2013 through August 8, 2013. Please see attachment “A” for the project locations.

**City Responsibilities**

- Provide at no cost one (1) or two (2) street sweepers with one (1) or two (2) operators for a period of four (4) days equaling ten (10) hours in duration totaling 40 to 80 hours of labor.
- Provide at no cost two (2) dump trucks with two (2) operators for a period of four (4) days equaling ten (10) hours in duration totaling 80 hours of labor.
- Provide at no cost one (1) water truck with one (1) operator for a period of four (4) days equaling ten (10) hours in duration totaling 40 hours of labor.
- Provide at no cost one (1) parking space, with plug-in, located in the Street Department yard during winter months for Blaine County Road & Bridge loader and grader.

- Equipment and labor assistance will be provided to the County for four (4) days between May 1, 2013 through May 31, 2013 for use on County sand sweeping projects. Please see attachment "A" for the project locations.

### 3. MUTUAL HOLD HARMLESS

The County, its officers, agents, and employees, shall not be deemed to have assumed any liability for the acts of City or any officers, agents or employees thereof, and City hereby covenants and agrees to hold and save the County and all of its officers, agents, and employees harmless from all claims whatsoever that might arise against the County, its officers, agents, or employees, by reasons of any acts or failures to act on the part of City, its officers, agents or employees. The County hereby covenants to hold and save City and all its officers, agents, and employees, harmless from all claims whatsoever that might arise against City, its officers, agents, or employees by reason of any acts or failures to act on the part of the County, its officers, agents, or employees in the performance of the duties required by the terms of this Agreement.

### 4. TERMS AND TERMINATION

This MOU is subject to termination with or without cause by either party with a 30 day written notification prior to the commencement of work by either Party. Modifications within the scope of this MOU shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by all Parties, prior to any changes being implemented.

### 5. APPROVALS:

**THE PARTIES HERETO** have executed this instrument.

\_\_\_\_\_  
Randy Hall, Mayor  
City of Ketchum

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attest: Sandy Cady  
City of Ketchum Clerk

\_\_\_\_\_  
Lawrence Schoen  
Blaine County Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attest: JoLynn Drage  
Blaine County Clerk

**ATTACHMENT “A”**

**Cooperative Road Maintenance  
Tentative Work Schedule**

All schedules dependent upon weather conditions that permit chip sealing and road maintenance operations.

**Blaine County Road Department Schedule**

Sand Sweep is scheduled between May 1, 2013 and May 31, 2013. Exact dates are dependent upon weather conditions.

Four (4) days between May 1 – May 31:

- Chocolate Gulch Road (intersection)
- Fox Creek Road (intersection)
- Black Bear Road (intersection)
- Polaris Road (intersection)
- Glassford Heights (intersections)
- Barlow Road (intersection)
- Hulen Meadows Subdivision (intersections)

**City of Ketchum Street Department Schedule** *(subject to change)*

Chip Seal

(East side of Core)

- August 5: Leadville to Onyx  
Fourth Street  
Fifth Street  
Second Street
- August 6: First Street  
River Street  
Garnet  
Topaz
- August 7: Emerald  
Gem  
Jade  
Onyx

(West side of Core)

- August 8: Leadville South  
Washington  
First Street  
Alpine Ln

# City of Ketchum, Idaho

P.O. Box 2315 Ketchum, ID 83340 (208) 726-3841 Fax: (208) 726-8234



April 22, 2013

Mayor Hall and City Councilors  
City of Ketchum  
Ketchum, Idaho

Mayor Hall and City Councilors,

## **St. Luke's EMT Student Education Affiliation Agreement**

### Introduction/History

When the Ketchum Fire Department sponsors firefighters to attend an Emergency Medical Technician (EMT) course, part of every class is clinical time in an emergency room environment. In past years the students have signed up for shifts in the local emergency room to complete the required clinical training hours. This clinical time in the emergency room is critical to each EMT student's education.

### Current Report

St. Luke's Hospital Systems has started requiring a very elaborate student affiliation plan for any students from EMT thru Resident Doctors before they can participate in any clinical rotations at any of the St. Luke's Hospitals. This agreement is the current requirements for any of our firefighters to complete their clinical training locally. The City of Ketchum's insurance carrier meets the liability requirements outlined in the agreement and while the students are doing their clinical time they are covered by our Worker's Comp. coverage which meets St. Luke's health insurance requirements.

### Financial Requirement/Impact

There is no financial impact from this Resolution.

### Recommendation

I respectfully recommend that the City Council approve this Education Affiliation Agreement and authorize the Mayor to sign it.

### Recommended Motion

"I move to approve the St. Luke's Education Affiliation Agreement".

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike Elle", is written over a light blue horizontal line.

Mike Elle  
Fire Chief

## EDUCATION AFFILIATION AGREEMENT

This Education Affiliation Agreement ("Agreement") is made by and between: St. Luke's Wood River Medical Center, Ltd., an Idaho nonprofit corporation ("St. Luke's") and the City of Ketchum, on behalf of the Ketchum Fire Department ("Organization"), individually "Party" and collectively "Parties," effective April 9, 2013 ("Effective Date").

### BACKGROUND

1. Organization maintains one or more programs for the education and training of volunteers, employees, or other persons affiliated with Organization (collectively "Students") in careers related to health care or the health care industry, including programs identified in Attachment A. As part of its programs, Organization seeks to establish a relationship with St. Luke's to provide clinical or practical experience and training for Students affiliated with Organization.

2. St. Luke's is a non-profit hospital system dedicated to improving the health of people in our region. St. Luke's has determined that assisting in the education and training of health care professionals and others in health care related fields is consistent with and furthers its charitable purpose of providing and improving health care in the region.

3. To the extent consistent with applicable law, patient safety, effective hospital operations, and St. Luke's capacity and capabilities, St. Luke's agrees to cooperate with Organization in providing Students with practical education and training opportunities at St. Luke's facilities as set forth in this Agreement.

### AGREEMENT

1. **Scope.** This Agreement applies to Students from Organization in the programs specifically designated in Attachment A ("Program" or "Programs"). At all times, St. Luke's shall retain the right to determine which Programs from which St. Luke's will accept Students for participation at St. Luke's. The Parties expressly understand and acknowledge that, upon mutual agreement of the Parties, the Parties may execute supplemental agreements relevant to specific Programs covered by this Agreement that impose additional terms, conditions, qualifications or requirements for such Programs. Such supplemental agreements shall be in writing and shall append this Agreement; provided, however that such supplemental agreements shall be subject to the terms of this Agreement. Students who are required to have physician supervision for their Program (e.g. physician assistant, medical student) will, before beginning training, provide St. Luke's with the name of the physician on the St. Luke's medical staff with appropriate privileges in the area of supervision who agreed to provide supervision for the Student.

2. **Location.** This Agreement applies to Students participating in Programs at the St. Luke's subsidiary campuses or facilities designated below (collectively "St. Luke's"):

- St. Luke's Regional Medical Center – Boise
- St. Luke's Regional Medical Center – Meridian
- St. Luke's Magic Valley Regional Medical Center (Twin Falls)
- St. Luke's Wood River Medical Center (Hailey-Ketchum)
- St. Luke's McCall - McCall
- St. Luke's Eagle Medical Plaza
- Mountain States Tumor Institute
- St. Luke's Clinics
- Other: \_\_\_\_\_

3. **Organization's Duties.**

3.1 **Organization Representative.** Organization shall designate an employee or agent of Organization to represent Organization in coordinating the Program and communicating with St. Luke's.

Organization shall notify St. Luke's of the name, title and contact information for the representative. At the outset of this Agreement, Organization designates the following person as its representative:

Name: Mike Elle  
Title: Chief of Fire and  
Emergency Medical Services  
Address: P.O. Box 966  
480 East Avenue North  
Ketchum, Idaho 83340  
Phone: (208)726-7805  
Email: [Mike Elle \[melle@ketchumfire.org\]](mailto:melle@ketchumfire.org)

Organization shall notify St. Luke's if it changes the representative.

**3.2 Administration of Program.** Organization shall, in consultation with St. Luke's, develop and administer the Program, including but not limited to defining and communicating with Students concerning Program objectives, requirements, schedules, and Student experiences to be included in the Program. To the extent that the Program is part of an academic curriculum or involves academic credit, Organization shall be responsible for developing and administering all academic aspects of the Program, including but not limited to developing and publishing Program descriptions, objectives, and requirements; developing, maintaining, and reporting academic records; evaluating or grading Student performance; determining Program credit; and resolving any academic issues with the Student.

**3.3 Coordination of Student Participation.** Organization shall, in consultation with St. Luke's, coordinate the Student's participation in the Program, including the following:

a. As early as reasonably possible but no less than thirty (30) days prior to the date that a Student is to commence participation in the Program, Organization shall contact St. Luke's to determine St. Luke's capacity to accept Students and coordinate the schedule for the Program, including the term during which the Student will participate in the Program. St. Luke's shall be entitled to decline to accept new Students into the Program if St. Luke's lacks capacity or cannot identify a sufficient number of qualified and willing employees or personnel as reasonably required to provide appropriate supervision of Students in the Program.

b. At least fifteen (15) days prior to the date that a Student is to commence participation in the Program, Organization shall provide to St. Luke's any information or documentation reasonably required by St. Luke's concerning the Student who will be participating in the Program, including the Student's name, contact information, relevant experience, qualifications (as described below), and any other information that Organization believes St. Luke's should know or that is material to Student's successful participation in the Program.

c. During the Program, Organization will continue to cooperate, coordinate and communicate with St. Luke's concerning any additional needs or issues that may arise relating to the Student's participation in the Program. Organization will immediately notify St. Luke's if Organization receives information that may affect the Student's participation in or qualification for the Program, or that may suggest that Student's participation in the Program poses a risk to St. Luke's patients, personnel, or operations.

**3.4 Qualified Students.** Organization shall identify and refer to St. Luke's only those Students who are qualified to participate in the Program according to criteria jointly established by Organization and St. Luke's. To be qualified to participate in the Program, each Student shall satisfy the following criteria in addition to any other criteria that the Parties may require:

a. Be a Student in good standing with the Organization.

b. Successfully passed basic training or course work and otherwise be determined to have the necessary education, training, skills, and basic competency to participate in and fulfill the duties associated with the Program.

c. Successfully passed a background check performed by a qualified entity or agency. At a minimum, the background check shall include: (1) a search for any criminal convictions (felony and misdemeanor) during the preceding seven (7) years; (2) a search of the Office of Inspector General's (OIG's) list of individuals who are excluded from participating in government health care programs; and (3) a search of Idaho's sex offender registry. Organization shall be responsible for ensuring that the background check has been performed prior to Student's participation in the Program. Organization shall disclose the results of the background check to St. Luke's prior to Student's participation in the Program. Organization and/or Student shall be responsible for the cost of the background check.

d. Not have a history or criminal record (including conviction, plea agreement, withheld judgment, or pending charges) concerning any of the following crimes (felony or misdemeanor): (1) sexual assault, rape, indecent exposure, lewd and lascivious behavior, or any crime involving non-consensual sexual conduct; (2) child abuse or neglect, sexual exploitation of children, child abduction, contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants; (3) vulnerable adult abuse, neglect, or exploitation; (4) homicide or manslaughter; (5) assault or battery occurring within the prior seven years; (6) drug trafficking or other offenses involving narcotics, alcohol or controlled substances during the prior five years; (7) theft, embezzlement, fraud, or other crimes involving dishonesty committed during the prior five years; (8) driving under the influence during the prior two years if the Student's duties in the Program may involve driving; and (9) any felony conviction. St. Luke's reserves the right to disqualify a Student if the Student has a history of other crimes or misconduct.

e. Received the immunizations, tests, or otherwise satisfy the requirements set forth in the Attachment B relating to communicable diseases. Organization shall be responsible for ensuring that Student has received the required tests or immunizations, or otherwise satisfies such requirements prior to Student's participation in the Program. Organization and/or Student shall be responsible for the cost of the tests and immunizations.

f. Be able to perform Student's duties under the Program in a manner that will not pose a risk to St. Luke's patients, personnel, or visitors, or otherwise unduly interfere with St. Luke's operations.

g. Have and maintain the insurance required by this Agreement.

h. Agree to abide by St. Luke's policies and procedures set forth in the Student Agreement attached as Attachment B. Organization shall provide a copy of the Student Agreement to the Student and confirm the Student's willingness to abide by the terms of the Student Agreement.

Organization shall be responsible for confirming the qualifications of Students in the Program. Upon St. Luke's request, Organization shall provide documentation of the Student's qualifications, and St. Luke's shall have the right to disapprove of any Student that it believes does not qualify for any reason. St. Luke's shall not be required to provide services pursuant to this Agreement for any Student so disapproved. Furthermore, St. Luke's shall have the right to immediately terminate, suspend, or restrict a Student's participation in the Program at any time if St. Luke's determines that the Student fails to satisfy the qualification set forth in this Agreement.

**3.5 St. Luke's Support.** Organization shall be available, cooperate with, and serve as a resource to St. Luke's in addressing any questions, concerns or issues that arise during the Program, including but not limited to addressing Student needs; enforcing applicable policies or procedures; resolving conflicts involving Students; etc.

**3.6 Records and Documentation.** If Organization requires that St. Luke's complete any forms or reports relevant to Student's participation in the Program, Organization shall provide such forms, reports or requirements to St. Luke's.

**3.7 Faculty.** If Organization seeks to provide additional faculty or personnel to assist in supervising or training the Student at St. Luke's facilities, such faculty or personnel must comply with St. Luke's requirements concerning credentials or qualifications; the scope of activities to be performed at St. Luke's; and St. Luke's policies and procedures.

**3.8 Cooperation in Investigation.** If an incident occurs as a result of or related to the Program, which incident may give rise to a claim against St. Luke's by any patient, employee or other person, Organization agrees to cooperate with St. Luke's in investigating and responding to the incident to the extent allowed by law.

#### **4. St. Luke's Duties.**

**4.1 St. Luke's Representative.** St. Luke's shall designate an employee or agent of St. Luke's to represent St. Luke's in coordinating the Program and communicating with Organization. St. Luke's shall notify Organization of the name, title and contact information for the representative. At the outset of this Agreement, St. Luke's appoints the following person as its representative:

Attn: Student Services Supervisor  
Address: St. Luke's Health System, Student Services,  
190 East Bannock  
Street, Boise, Idaho 83702  
Phone: 208-381-1504  
Email: stlukesstudentservices@slhs.org

St. Luke's shall notify Organization if it changes the representative.

**4.2 St. Luke's Personnel.** St. Luke's shall assign or otherwise arrange for willing and qualified St. Luke's employees or personnel to provide supervision and training of Students as reasonably necessary for the safe, effective operation of the Program consistent with the Program's objectives. St. Luke's shall notify Organization of the number of Students it may accept in the Program given St. Luke's capacity and ability to provide such willing and qualified employees or personnel. In the event that St. Luke's lacks sufficient capacity or is unable to identify such willing and qualified personnel, St. Luke's may refuse to accept Students for participation in the Program and/or may terminate a Student's participation in the Program.

**4.3 Orientation.** St. Luke's will orient each Student in the Program and any other Organization faculty member who provides services at St. Luke's concerning St. Luke's policies, procedures, and Program requirements.

**4.4 Student Agreement.** Prior to Student's participation in the Program, Organization shall provide St. Luke's with the Student Agreement signed by Student (a copy of which is attached hereto and incorporated herein as Attachment B). The signed Student Agreement is a prerequisite to each Student's participation in the Program. Students shall not be permitted on St. Luke's premises until St. Luke's receives a signed copy of the Student Agreement.

**4.5 Educational Experience.** St. Luke's will cooperate with Organization in developing and implementing the Program and in selecting and providing appropriate education and training experiences for Students that are consistent with the requirements and objectives of the Program; provided, however, that such experiences shall be subject to applicable laws and regulations; licensing, accreditation, and professional standards; St. Luke's policies and practices; and the terms and conditions of this Agreement.

**4.6 Records and Reports.** St. Luke's shall complete and provide to Organization such records and reports as reasonably required by Organization to document or report on the Student's participation in

the Program, provided that such records and reports are not unduly burdensome and do not require disclosure of information prohibited by applicable law or St. Luke's policies or practices.

**4.7 Equipment and Supplies.** St. Luke's shall not be responsible for providing any equipment or supplies to Students, except such equipment and supplies as St. Luke's normally provides to employees as part of its regular operations. All such equipment and supplies shall remain the property of St. Luke's, and shall be used solely for St. Luke's purposes.

**4.8 Responsibility for Patient Care and Operations.** St. Luke's, through its authorized personnel, shall at all times have and retain the responsibility for and the right to direct appropriate patient care and hospital operations. Except as otherwise relevant and appropriate to the education experience of the Program, St. Luke's will not use Students to perform services in lieu of St. Luke's staff. Students and Organization faculty providing services on St. Luke's campuses shall be subject to St. Luke's authority and direction.

**4.9 Communication with Students.** St. Luke's shall have the right to contact Students during or after their participation in the Program for any reason related to the Program, including but not limited to the investigation or response to any incident that occurred as a result of the Program. In addition, St. Luke's shall have the right to contact such Students regarding employment opportunities at St. Luke's.

**5. Patient Safety and St. Luke's Operations.** Notwithstanding anything in this Agreement to the contrary, St. Luke's shall have the right to take any action it deems necessary to protect the safety and well-being of St. Luke's patients, personnel, or visitors, and to ensure efficient, effective hospital operations, including but not limited to immediately and summarily restricting, suspending, or terminating a Student's participation in the Program at St. Luke's. St. Luke's shall immediately notify Organization of such action.

**6. Compliance.** In performing the duties required under this Agreement, Organization and St. Luke's shall comply with all applicable laws, regulations and ordinances, and shall cooperate with the other Party's efforts to comply with the law. Each Party shall obtain and maintain current licenses, certifications, or authorizations necessary to the performance of their respective duties under this Agreement.

**7. Representations and Warranties of Non-Exclusion from a Federal Health Care Program.**

- (a) Each Party represents and warrants to the other that neither it nor any of its owners, officers, directors, employees, or agents ("Corporate Representatives") is an Ineligible Person. For purposes of the representations and warranties contained herein, an "Ineligible Person" is an individual or entity who: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. § 1320a-7b(f) or in federal procurement or nonprocurement programs (the "Federal Health Care Programs"); or (ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible to participate in the Federal Health Care Programs. Each Party further represents and warrants that, to the best of its knowledge, neither it nor any Corporate Representative is under investigation or otherwise engaged in conduct which may result in it or a Corporate Representative, as the case may be, becoming an Ineligible Person.
- (b) The foregoing representations and warranties shall be ongoing during the term of this Agreement, and each Party shall immediately notify the other of any change in status. Any breach of the representations and warranties herein shall give the other Party the right to terminate this Agreement for cause as of the date of breach or at such other subsequent time.

**8. Nondiscrimination.** Organization and St. Luke's shall not discriminate against any Student or other person in violation of applicable law.

**9. Term.** This Agreement shall be for five (5) years commencing on the Effective Date, unless earlier terminated pursuant to the terms of this Agreement. After the initial five (5) year period, this Agreement shall

automatically renew for subsequent one year periods unless either Party provides contrary notice to the other Party at least ninety (90) days prior to the annual renewal date.

## **10. Termination.**

**10.1 Termination Without Cause.** Either Party may terminate this Agreement without cause by giving the other Party written notice at least ninety (90) days prior to the effective date of such termination; provided, however, that Students who are participating in the Program at the time of the notice shall be given the opportunity to complete the current term of the Program in which they are participating.

**10.2 Termination With Cause.** Either Party may terminate this Agreement due to a material breach by the other Party. The Party seeking termination shall give the other Party notice of such breach. The Party receiving the notice shall have twenty one (21) days to cure such breach. If such breach is not cured within the 21-day period, the termination shall be effective upon notice by the Party seeking termination.

**10.3 Immediate Termination.** Notwithstanding anything in this Agreement to the contrary, St. Luke's may immediately terminate this Agreement without prior notice if any of the following occur:

a. St. Luke's determines in good faith that its participation in this Agreement jeopardizes the health or well-being of St. Luke's patients, staff members, or hospital operations.

b. St. Luke's determines in good faith that its participation in this Agreement violates applicable law or regulations, or jeopardizes St. Luke's status as a non-profit, tax-exempt entity.

c. St. Luke's is, after good faith efforts, unable to identify a sufficient number of St. Luke's employees or personnel who are willing and/or qualified to provide the supervision or training reasonably necessary for the safe and effective operation of the Program.

d. Organization fails to maintain the insurance required by this Agreement.

**10.4 Effect of Termination.** Upon termination of this Agreement, neither Party shall have any future obligation under this Agreement except for obligations accruing prior to the date of termination, and obligations, promises, or covenants contained herein which are expressly made or intended to extend beyond the term(s) of this Agreement, such as duties related to confidentiality and recordkeeping.

**11. Notice.** Any notice required or permitted to be given by this Agreement shall be given post paid, first class, registered or certified mail, or by courier, properly addressed to the other Party at the respective address as show below:

If to St. Luke's: St. Luke's Health System, Ltd.  
Attn: Student Services  
190 E. Bannock Street  
Boise, Idaho 83712

If to Organization: City of Ketchum  
P.O. Box 966  
480 East Avenue North  
Ketchum, Idaho 83340

## **12. Insurance.**

**12.1 Students.** Organization shall provide and maintain, or shall require each Student who participates in the Program to have and maintain, at all times during Student's participation in the Program: (1) health insurance coverage; and (2) professional liability or other applicable liability insurance covering Student's actions under the Program. The liability insurance policy shall contain limits in the amount of \$1,000,000 per occurrence and \$3,000,000 in the general aggregate. Upon St. Luke's request, Organization

shall provide proof of such insurance to St. Luke's. Organization shall notify St. Luke's at least thirty (30) days in writing prior to cancellation, reduction or material change in coverage.

**12.2 Organization.** At all times during this Agreement, Organization shall maintain liability insurance covering the actions of Organization and its employees, agents, and faculty (including but not limited to faculty members or other personnel utilized by Organization to assist in the Program at St. Luke's) in performing actions related to the Program. The liability insurance policy shall contain limits in the amount of \$1,000,000 per occurrence and \$3,000,000 in the general aggregate with an insurance company with a minimum Best Rating of "A." Such insurance shall be an occurrence-based policy, or a claims-based policy maintained for the statute of limitations period for professional liability claims under Idaho law. Upon St. Luke's request, Organization shall provide proof of such insurance to St. Luke's. Organization shall notify St. Luke's in writing at least thirty (30) days in writing prior to cancellation, reduction or material change in coverage.

**12.3 St. Luke's.** At all times during this Agreement, St. Luke's shall maintain liability insurance covering the actions of St. Luke's and its employees and agents in performing actions related to the Program. The liability insurance policy shall contain limits in at least the amount of \$1,000,000 per occurrence and \$3,000,000 in the general aggregate. Upon Organization's request, St. Luke's shall provide proof of such insurance to Organization.

### **13. Indemnification.**

**13.1 By Organization.** Organization agrees to indemnify and hold harmless St. Luke's from any and all claims, liabilities, damages, losses, demands, costs, or suits of any nature whatsoever, caused by the Organization, or the Organization's Students, faculty, employees, representatives, or agents, for property damage, personal injury or death, or otherwise arising out of, or in connection with, or incidental to the performance of services pursuant to this Agreement. This indemnity shall include, without limitation, costs, expenses, and attorney's fees occasioned by said loss, damage, liabilities, claims, demands, or suits as well as the full amount of any judgment rendered or compromise settlement made, plus court costs and interest.

**13.2 By St. Luke's.** To the extent of applicable insurance, St. Luke's agrees to indemnify and hold harmless Organization from any and all claims, liabilities, damages, losses, demands, costs, or suits of any nature whatsoever, caused by St. Luke's, or its employees, representatives, or agents, for property damage, personal injury or death, or otherwise arising out of, or in connection with, or incidental to St. Luke's performance of services pursuant to this Agreement. This indemnity shall include, without limitation, costs, expenses, and attorney's fees occasioned by said loss, damage, liabilities, claims, demands, or suits as well as the full amount of any judgment rendered or compromise settlement made, plus court costs and interest.

**14. Relationship of Parties.** The Parties acknowledge that, while performing duties under the Program, Students, as trainees, shall be considered to be members of St. Luke's operations for purposes of the HIPAA privacy and security regulations, 45 C.F.R. part 164. Nothing in this Agreement shall create, nor be deemed to create, an employment, partnership, joint venture, or an agency relationship between the Parties or between St. Luke's and any Student. Neither Party is authorized to act on behalf of the other Party unless the other has agreed in advance in writing. St. Luke's shall not be responsible for the payment of any compensation or withholding of any taxes to or for the benefit of Students or Organization faculty, and Students and Organization faculty shall not be entitled to any compensation or benefits otherwise available to St. Luke's employees.

**15. Non-Exclusivity.** The Parties recognize that the services provided by this Agreement are not intended to be exclusive. Either Party may enter similar agreements or arrangements with other parties. This Agreement shall not preclude either Party from pursuing educational, training or research activities outside the scope of this Agreement.

**16. Assignment.** This Agreement, and the duties provided herein, shall not be assigned or transferred without the express written consent of either Party; provided, however, that St. Luke's may delegate or assign its rights and duties to its subsidiary facilities at which the Programs will be implemented.

**17. No Referrals.** Nothing in this Agreement is intended to nor shall it be interpreted to require that any person or entity refer any patient to St. Luke's for any items or services covered by any state or federal health care program.

**18. Ownership of Records.** All records that are created by either Party related to this Agreement shall belong to the Party that created the records, except that the medical records shall at all times be the sole property of St. Luke's. Notwithstanding the foregoing, each Party shall provide the original or copies of the records, reports or other documents required to be produced to the other Party as provided in sections 3 and 4 of the Agreement. Furthermore, to the extent consistent with applicable law, each Party shall have a right to access or obtain copies of the records of the other Party related to the Program if reasonably necessary for the Party's operations upon reasonable request and payment of reasonable copy charges.

**19. Record Retention.** The Parties agree that until the expiration of four (4) years following termination of this Agreement, the Parties shall, to the extent required by law, make available to the Department of Health and Human Services or the Comptroller General, this Agreement and any books, documents or records that are necessary to certify the nature and extent of costs incurred by St. Luke's under this Agreement. The Parties agree that if either of them subcontract or assign any portion of this Agreement to a related organization with a value or cost of ten thousand dollars (\$10,000) or more over a twelve-month period, such subcontract or assignment shall require the related organization to also make available the books and records described in this section.

**20. Confidentiality.** During the course of this Agreement, Organization may receive or come into contact with confidential, proprietary, or protected information concerning St. Luke's, its affiliates, members, subsidiaries, employees, personnel or patients. This information shall include, but not be limited to, protected health information concerning St. Luke's patients. Organization shall: (1) treat all such information as proprietary and confidential whether or not identified as proprietary and confidential; (2) immediately notify St. Luke's of the receipt of such information when such receipt is not authorized by St. Luke's; (3) maintain and protect the confidentiality of such information, and not use or disclose such information without St. Luke's prior express, written consent; (4) promptly return any such information in its possession upon termination of this Agreement or at St. Luke's request; and (5) cooperate with St. Luke's to ensure compliance with the Health Insurance Portability and Accountability Act.

**21. Non-Solicitation.** Organization acknowledges and agrees that St. Luke's has invested substantial amounts of time and expense in the education and training of its employees. Organization agrees that Organization shall not interfere with the relationship between St. Luke's and its employees, and that Organization will not seek to employ, contract with, or solicit St. Luke's employees to provide any services for Organization or third parties without St. Luke's written consent.

**22. Injunctive Relief.** Organization agrees that in the event Organization breaches or threatens to breach the provisions of the Confidentiality or Non-Solicitation sections, such breach or threatened breach would cause irreparable harm to St. Luke's, and St. Luke's would be entitled to injunctive and other equitable relief to prevent such breach or to remedy an actual breach.

**23. Survivability.** Any provision that requires or might require performance after the termination or expiration of this Agreement shall survive termination of this Agreement, including but not limited to the sections dealing with Confidentiality, Non-Solicitation, Ownership of Records, Record Retention, etc.

**24. No Rights in Third Parties.** This Agreement shall not create any rights or inure to the benefit of any third parties, including but not limited to Students or Organization faculty; provided, however, that any subsidiary facility of St. Luke's may enforce the terms of this Agreement to the extent that it accepts Students for participation in the Program at its facility.

**25. Governing Law/Venue/Choice of Law Provisions.** This Agreement shall be governed by and shall be construed in accordance with the laws of the State of Idaho, regardless of its choice of law provisions. The venue for any dispute, controversy or other claim arising out of this Agreement shall be in Ada County, Idaho.

**26. Validity.** If one or more of the provisions contained in this Agreement is held invalid, illegal or unenforceable in any respect by any court of competent jurisdiction, such holding will not impair the validity, legality, or enforceability of the remaining provisions.

**27. Entire Agreement.** This Agreement, including any incorporated exhibits, addenda, and attachments constitutes the entire understanding of the Parties. This Agreement supersedes and terminates all prior representation, warranties, and agreements, written or oral, regarding the subject matter of this Agreement. Any modification to this Agreement must be in writing signed by both Parties.

**28. Authority.** The persons executing this Agreement represent and warrant that they are duly authorized to execute this Agreement on behalf of their respective Party, and that this Agreement is binding on the Party and its successors.

INTENDING TO BE LEGALLY BOUND, the Parties hereto do execute this Agreement to be effective as of the Effective Date above.

**St. Luke's Wood River Medical Center, Ltd.**

By: \_\_\_\_\_

Name: Cody Langbehn  
Title: CEO

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

**City of Ketchum, on behalf of Ketchum Fire Department**

By: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**ATTACHMENT A**

**PROGRAMS COVERED BY THIS AGREEMENT**

The Education Affiliation Agreement shall apply to Students from the programs that are checked below:

- Clinical Lab Sciences
- Health Information Technology
- Health Care Administration
- Health Education
- Health Occupations
- Labor & Delivery Nursing
- Licensed Practical Nurse
- Medical Imaging
- Medical Student
- Nursing
- Nutrition and Diets
- Occupational Therapy
- Paramedic / Emergency Medical Technician
- Pharmacy
- Physical Therapy
- Physical Therapy Assistant
- Physician Assistant
- Radiology
- Respiratory Therapy
- Social Work
- Speech Therapy
- Other:

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**ATTACHMENT B**  
**STUDENT AGREEMENT**

Student Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Program: \_\_\_\_\_

As a condition to my participation in the practical experience and training Program at St. Luke's, I hereby acknowledge and agree to the following:

1. I represent and warrant that I am not and have never been excluded from participating in any federal government health care program, including but not limited to Medicare or Medicaid.

2. I am able to and will perform the duties related to my participation in the Program without endangering St. Luke's patients, personnel, or visitors, and without interfering with St. Luke's operations. I understand that my participation in the Program may be conditioned upon my completion of St. Luke's health questionnaire and a health assessment confirming that I am able to perform the duties as required by the Program.

3. I satisfy the following requirements concerning tests or immunizations for communicable diseases, and upon St. Luke's request, will provide proof of immunization, testing, and test or titer results:

a. I have been tested for tuberculosis within the past year, and the results were negative.

b. I have received either a chicken pox titer or I have a history of the disease demonstrating immunity for chicken pox. If the titer is negative, I agree to receive the immunization for chicken pox.

c. Unless I was born before 1957, I have received a titer for rubella/rubeola within the past year, or I have received two rubella/rubeola immunizations. If the titer is negative, I agree to receive the immunization for rubella/rubeola.

d. I have received a hepatitis B vaccination or I have submitted to St. Luke's a statement of declination for hepatitis B vaccination that satisfies OSHA standards.

4. I will comply with applicable laws and regulations and St. Luke's policies and procedures, including but not limited to policies related to St. Luke's code of conduct, dress code, employee safety, and compliance program.

5. I hereby consent to drug testing by St. Luke's as often as requested by St. Luke's and under circumstances deemed appropriate by St. Luke's.

6. I understand and agree that I will be responsible for my own room and board, meals, transportation, personal equipment and supplies, and other such costs associated with my participation in the Program, and St. Luke's shall have no responsibility for same.

7. I understand and agree that any equipment or supplies provided by St. Luke's shall be used solely to perform my duties under the Program and shall remain the property of St. Luke's. I will only use

such equipment and supplies as authorized by St. Luke's. I will not use or retain such equipment, supplies or other St. Luke's property for my personal benefit.

8. I understand that during the course of my participation in the Program, I may receive or have access to St. Luke's confidential and propriety information, including but not limited to information concerning St. Luke's patients, employees, affiliated physicians and practitioners, business operations, etc. I agree that I will maintain the confidentiality of such information, and will not use or disclose such confidential information except as required to fulfill my duties under the Program; as expressly authorized by St. Luke's; or as required by law. Specifically, I agree to maintain the confidentiality of protected health information concerning St. Luke's patients consistent with the requirements of the HIPAA privacy and security regulations, 45 C.F.R. part 164.

9. I understand that I am not an employee of St. Luke's, and that I am not entitled to any compensation, insurance, or other benefits offered by St. Luke's to its employees. I will not represent myself to be an employee, agent, or representative of St. Luke's.

10. I understand that my participation in the Program is a courtesy offered by St. Luke's, and not a right. St. Luke's retains the right to terminate my participation at anytime for a violation of the terms of this Agreement or for any other reason at St. Luke's discretion.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Birth Date (month/date)

\_\_\_\_\_  
Graduation Date

For Programs that require a supervising physician (e.g. physician assistant, medical student), write the name of the program below AND clearly print the name of the physician who has agreed to supervise the Student.

Program: \_\_\_\_\_ Supervising Physician: \_\_\_\_\_

## City of Ketchum, Idaho

P.O. Box 2315 Ketchum, ID 83340 (208) 726-3841 Fax: (208) 726-8234



April 19, 2013

Mayor Hall and City Councilors  
City of Ketchum  
Ketchum, Idaho

Mayor Hall and City Councilors:

Attachment 1: Phase 1 Walkable Ketchum 2013 Project Notice to Contractors

### **Walkability Contract**

#### Introduction/History

The Ketchum Community Development Corporation (KCDC) has been working on the Phase 1 Walkability project since last fall. Council was briefed on this project in August and November of 2012.

The KCDC solicited bids from public-works licensed contractors. A legal ad was placed in the Mountain Express on April 3, 2013.

#### Current Report

Three qualified contractors submitted proposals: Conrad Construction, Lloyd Construction and Kearns, McGinnis Construction. Dale Bates, KCDC Walkable Ketchum consultant, Jon Duval, KCDC Director and Brian Christiansen, Streets Superintendent interviewed the three contractors, and have recommends Conrad Construction.

#### Financial Requirement/Impact

The City has allocated \$100,000 out of the 2012/2013 General Fund towards this project, and the Mayor has earmarked \$70,000 out of the Underground Fund towards the streetlight portion of the project. (The underground fund contains \$269,725, which is anticipated to grow to \$324,462 by the end of the Fiscal Year. The franchise fee ballot measure stipulated that 16.7% of the fund should be used towards maintenance, operation and conversion of street lights to comply with the Dark Sky Ordinance.)

The attached chart shows the various costs as they relate to the two municipal funds. Note that the cost of the street lights (\$51,082) is not included in the Construction Manager contract.

Recommendation

I respectfully recommend that the Council approve a contract with Conrad Construction for Phase 1 Walkability in an amount not to exceed \$111,500.

Proposed Motion: "I move to authorize the Mayor to sign a contract with Conrad Construction for Phase 1 Walkability in an amount not to exceed \$111,500."

Sincerely,

A handwritten signature in blue ink, appearing to be 'LH' or similar initials, written in a cursive style.

Lisa Horowitz  
Community and Economic Development Director

**WALKABLE KETCHUM 2013 SPRING BUDGET**

<b>WAYFINDING</b>	
ALLOCATED BY CITY COUNCIL	
1 SOFT COSTS	
SURVEY	\$ 100,000.00
STRUCTURAL GRAPHICS	\$ 5,500.00
MAP DESIGN ETC	
2 STREETLIGHT PURCHASE	
3 CM CONSTRUCTION	\$ 94,500.00

<b>STREETLIGHTS</b>	
ALLOCATED FROM FRANCHISE FEE	
	\$ 70,000.00
	\$ 2,136.00
	\$ 51,083.00
	\$ 16,781.00
	<b>\$ 111,281.00</b>

CONSTRUCTION MANAGER FEE \$ 8,500.00

INCLUDED IN CM CONSTRUCTION BUDGET

7.64%

# Walkable Ketchum 2012

Create the most  
Walkable Resort Town in America  
(to be developed by team)

Health & Safety  
Mobility/Pedestrian/Bike/Car Energy/Transportation/Land Use  
Vibrancy  
Social/Economic/Tourist

Wayfinding & Signage  
Identity/Historic Directional/Locational  
Infrastructure  
Sidewalks/features/Street Lighting  
Policy  
Maintenance/Use

Professionally Managed/Board Supported  
City of Ketchum  
Volunteer Team  
Plan/Design/Fundraise  
Idaho Dept. Commerce Block Grant  
Grants  
URA  
Private Donors  
Funding/Support  
Street Light/Street Furniture  
Historic Monuments

# Walkable Ketchum 2013 Project STREETLIGHT &

## WAYFINDING ELEMENTS

**Creating a pedestrian and bike friendly Ketchum town core** that is easy for visitors to understand and navigate has been a goal of the city even before the 2008 Downtown Master Plan. In 2012, the Ketchum Community Development Corporation took on the challenge with the Walkable Ketchum 2013 Project. The project addresses sidewalks, streetlights, wayfinding, policy, and public outreach. We have applied for a \$350,000 grant for sidewalks and streetlights. To kick start the project the City of Ketchum has allocated funds for Streetlights and Wayfinding Elements to be installed spring of 2013. This is not a big project in terms of budget, but we feel it is a very important project for the community and our local economy. If we can make the downtown a great place to walk and bike, we can deliver a better experience for the visitor, and make this a better place to live.

To date over 30 citizens have volunteered 100's hours to help us achieve our goal. The City of Ketchum is funding. We are working closely with the Ketchum Street Dept., Parks Dept., and the Economic Development Dept.. The KCDC executive director Jon Duval is overseeing it, and I am the Project Manager. We are looking for a Construction Manager that understands the project that can be part of the team and help us achieve our goals.

### Responsibilities of the the Construction Manager

1. Assist in Value Engineering of the various components. We will need CM expertise in solving design & construction issues
2. Assist in meeting project budget: \$94,000 for the Wayfinding Elements. \$19,000 for Streetlight Installation. CM will price the elements. Quantities of the Wayfinding Elements and Streetlights can vary to meet budget (with the exception of the Gateway Sign)
3. CM will provide a project schedule and coordinate subcontractors. All work to be completed by last week of June 2013.
4. CM will prepare bid packages for Subcontractors. Only Excavation & Concrete subcontractors need to have Public Works License. All Subcontracts over \$25,000 need to have 3 qualified bids.

## DESIGN SERIES

Elegant, Modern, Innovative

Best in class design aesthetics matched with innovation that minimizes operating costs. When elegance in design is key, the Design Series delivers the ultimate value. Beyond being attractive, this series innovations result in ongoing operating costs that are far lower than traditional lighting and best in class for solar.

### Design:

- Optimized for aesthetics and reduced maintenance
- The patented approach to adhering the solar skin to the surface of the pole creates best in class aesthetics
- All components are integrated inside a secured compartment within the base of the pole, reducing installation and maintenance costs, while improving safety and reducing liability
- Best in class wind-loading due to elimination of the flat solar panel at the top of the pole
- Solar collector is vandal resistant due to bypass diodes and durable ETFE covering

### Operating Expenses:

- Energy management system guarantees maximum battery life
- Patented computerized energy management system eliminates the risk of premature battery failure
- No special equipment is needed for battery replacements as they are accessible from ground level
- Vertically wrapped panel is self-cleaning

### Capabilities:

- Suggested replacement for 70-100 watt HID lighting (i.e. HPS, MH, etc.)



# Streetlight

Quantity 9 Locations 1-8, & 15

Solar Streetlights provided by city  
Work includes Foundations & installation  
No connection to electric grid required  
Repair of sidewalk, curb, & gutter as required



# Gateway Sign

Quantity 1,  
Main St. & River St

- Steel arch
- Steel or Aluminum letters painted in reflective or luminescent paint
- Led Lights
- P.V. solar and battery
- Sunflake symbol



# Vehicle Directional on T Post or Street Light

Quantity 20+ signs

Signs must meet MUTCD standards for retro reflectivity & design

Relocate 2 T Posts

Custom hangers to streetlights

Sunflake cutout at top (Quantity 8)





## Maps Vertical

Quantity 10 signs  
On existing T Posts

## Table Maps

Quantity 2  
To be designed  
36" h x 32" round flat 3d maps of the downtown  
core  
Last Priority not designed yet

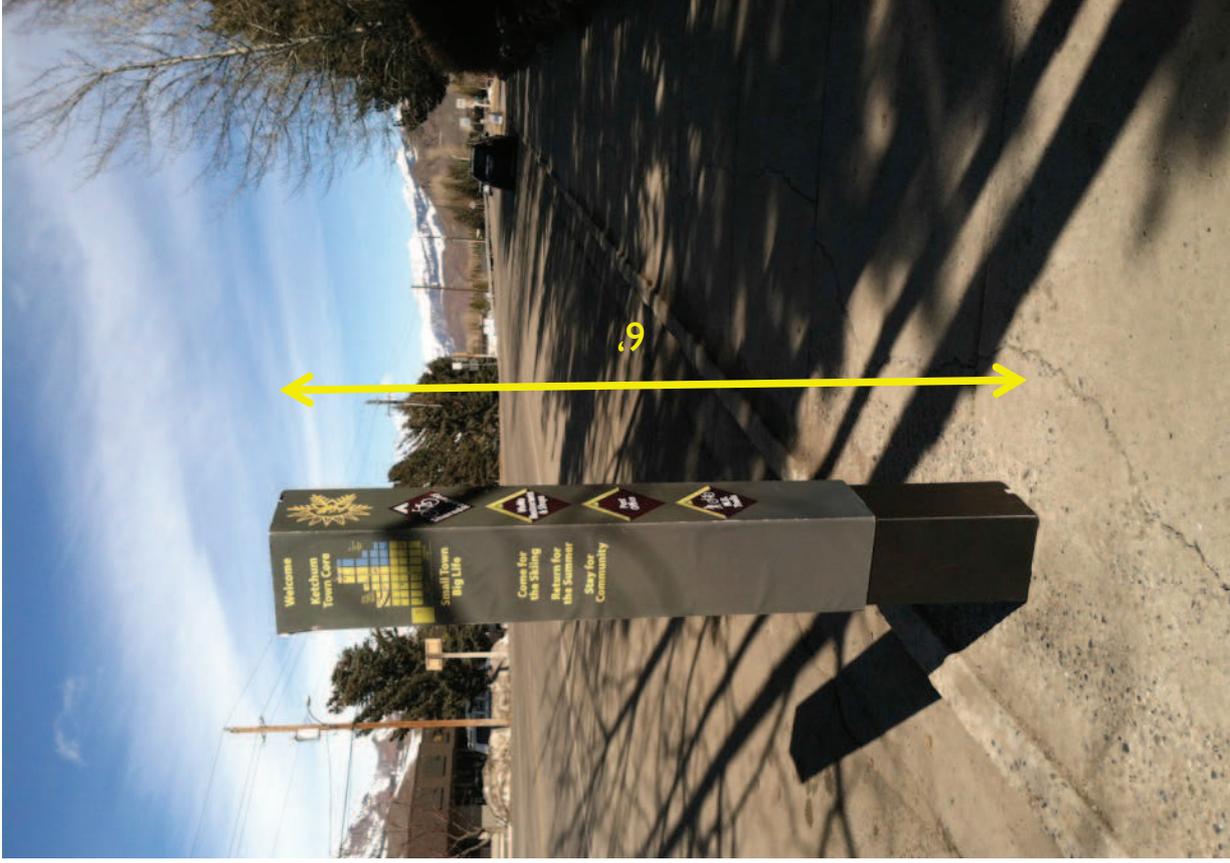
# Pedestrian Signs On Bollard

Quantity 10

7" x 7" Steel Steel Base, Attachment to concrete sidewalk or pavers to be determined

8" x 8" Aluminum or Steel tube Powder Coat Green, sleeve over base with spacer & set screw

Graphics screened, or vinyl applique (similar to utility boxes)



# Pedestrian Signs On Streetlight

Quantity 12 on Existing Streetlights  
Streetlight base cleaned and painted if necessary

Graphics screened, or vinyl applique (similar to utility boxes)



# Locational Signs Parks and City Hall

Quantity 8

- 7" x 7" Steel Steel Base, Attachment to concrete sidewalk or pavers or earth to be determined
- 8" x 8" Aluminum or Steel tube Powder Coat Green, sleeve over base with spacer & set screw
- 3" x 24" aluminum or steel cross arm powder coated green

Graphics screened, or vinyl applique (similar to utility boxes) on aluminum composite panel



LOCATION SIGN

# 4th & Main Crossing

Quantity | Location  
4 pieces

Aluminum or Steel painted Walking K Man symbol  
Hung from existing light poles

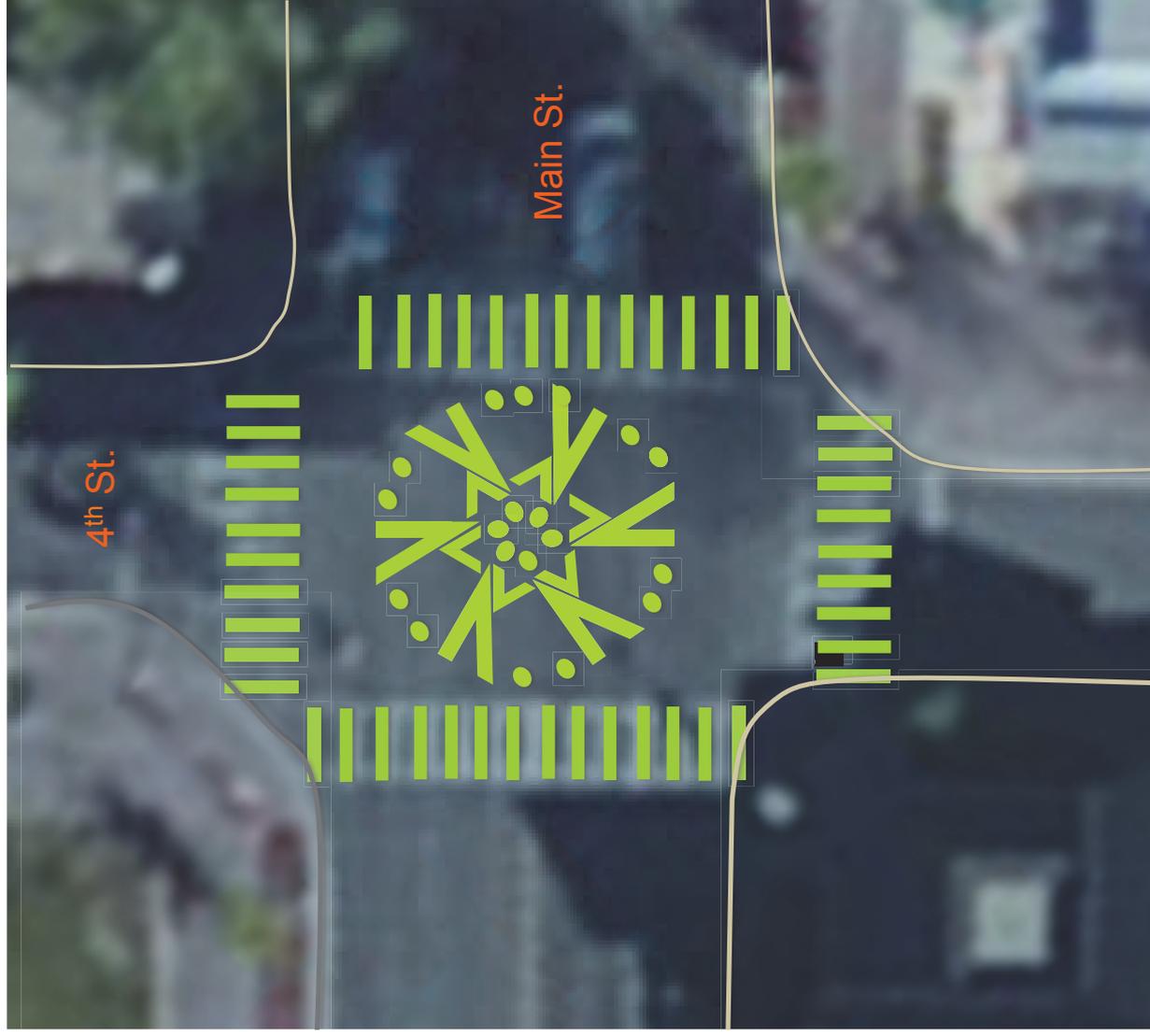
Painted in reflective or luminescent paint



# Inlay at 4th St. & Main St. Crossing

Quantity |

Thermoplastic inlay in asphalt  
(grind asphalt to accept inlay)



## Report Criteria:

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

[Report].GL Account Number = "0110000000"- "9449008022", "9910000000"- "9911810000"

Vendor Name	Invoice Number	Description	Net Invoice Amount
<b>GENERAL FUND</b>			
<b>01-2171-2000 P/R TAXES PBL--STATE W/H</b>			
STATE TAX COMMISSION	PR0419131	State Withholding Tax Pay Period: 4/19/2013	5,656.00
<b>01-2171-4000 P/R TAXES PBL -- WORKERS COMP</b>			
STATE INSURANCE FUND	7083652	Workmen's Comp	6,946.00
<b>01-2171-9000 P/R DEDUC PBL--HEALTH INSURANC</b>			
III-A	PR0419131	Health Ins - Family Pay Period: 4/19/2013	9,705.08
III-A	PR0419131	Health Ins - Employee Pay Period: 4/19/2013	17,426.99
III-A	PR0419131	Health Ins - Employee + Spouse Pay Period: 4/19/2013	223.16
III-A	PR0419131	Health Ins - Employee + Spouse Pay Period: 4/19/2013	13,962.48
III-A	PR0419131	Health Ins - Family Pay Period: 4/19/2013	526.10
III-A	PR0419131	Health Ins - Family Pay Period: 4/19/2013	21,836.43
III-A	PR0419131	Health Ins - Employee + 1 Chld Pay Period: 4/19/2013	40.05
III-A	PR0419131	Health Ins - Employee + 1 Chld Pay Period: 4/19/2013	3,267.57
III-A	PR0419131	Health Ins - Employee + 2 Chld Pay Period: 4/19/2013	124.44
III-A	PR0419131	Health Ins - Employee + 2 Chld Pay Period: 4/19/2013	11,812.92
III-A	PR0419131	Health Ins - Family Pay Period: 4/19/2013	105.22
III-A	PR0419131	Health Ins - Family Pay Period: 4/19/2013	4,852.54
III-A	PR0419131	Health Ins - Family Pay Period: 4/19/2013	105.22
<b>01-2172-1000 P/R DEDUC PBL--AFLAC INSURANCE</b>			
AFLAC	PR0419131	AFLAC After-Tax Pay Period: 4/19/2013	155.73
AFLAC	PR0419131	AFLAC Pre-Tax Pay Period: 4/19/2013	717.79
<b>01-2172-2000 P/R DEDUC PBL--LIFE &amp; L.T.DISB</b>			
LifeMap Billing	PR0419131	Long Term Disability Pay Period: 4/19/2013	1,072.73
<b>01-2172-3000 P/R DEDUC PBL--DELTA DENTAL</b>			
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - 1 Child Pay Period: 4/19/2013	198.44
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - Employee Pay Period: 4/19/2013	823.84
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - Spouse Pay Period: 4/19/2013	148.56
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - Spouse Pay Period: 4/19/2013	508.86
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - Family Pay Period: 4/19/2013	647.08
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - Family Pay Period: 4/19/2013	899.25
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - 2+ Child Pay Period: 4/19/2013	122.28
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - 2+ Child Pay Period: 4/19/2013	271.60
DELTA DENTAL PLAN OF IDAH	PR0419131	Dental Insurance - 1 Child Pay Period: 4/19/2013	69.28
<b>01-2173-3000 P/R DEDUC PBL--PEBSCO</b>			
NATIONWIDE RETIREMENT SOL	PR0419131	Nationwide - 0026904-001 Pay Period: 4/19/2013	682.44
<b>01-2174-0000 P/R DEDUC PBL--GARNISHMENTS</b>			
BLAINE COUNTY SHERIFF'S DEP	PR0419131	Garnishments Pay Period: 4/19/2013	258.36-
BLAINE COUNTY SHERIFF'S DEP	PR0419131	Garnishments Pay Period: 4/19/2013	258.36
CHILD SUPPORT SERVICES	PR0419131	Child Support Pay Period: 4/19/2013	269.68
IDAHO STATE TAX COMMISSIO	04/19/13	Garnishment	258.36
<b>01-2175-0000 P/R DEDUC PBL--PIONEER FED.CR.</b>			
PIONEER FEDERAL CREDIT UNI	PR0419131	Pioneer Federal Credit Union Pay Period: 4/19/2013	2,538.00
<b>01-2175-1000 UNION DUES</b>			
KETCHUM FIREFIGHTERS LOCA	PR0419131	Union Dues Union Dues Pay Period: 4/19/2013	715.00
<b>01-2175-8000 P/R DEDUC PBL--EMPLOYEE CAF-MD</b>			
NBS-NATIONAL BENEFIT SERVI	PR0419131	125 Medical Savings Pay Period: 4/19/2013	1,277.55
<b>01-2175-9000 P/R DEDUC PBL--EMPLOYEE CAF-DC</b>			
NBS-NATIONAL BENEFIT SERVI	PR0419131	125 Dependant Care Pay Period: 4/19/2013	480.77

Vendor Name	Invoice Number	Description	Net Invoice Amount
Total :			108,447.44
<b>LEGISLATIVE &amp; EXECUTIVE</b>			
<b>01-4110-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	840.00
<b>01-4110-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	235.33
Total LEGISLATIVE & EXECUTIVE:			1,075.33
<b>ADMINISTRATIVE SERVICES</b>			
<b>01-4150-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	739.20
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	1,059.64
<b>01-4150-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	194.23
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	124.00
Total ADMINISTRATIVE SERVICES:			2,117.07
<b>COMMUNITY PLANNING/DEVELOPMENT</b>			
<b>01-4170-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	255.00
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	510.73
<b>01-4170-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	23.97
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	137.00
<b>01-4170-6510 EVENTS SPONSORSHIPS</b>			
SUN VALLEY WELLNESS FESTI	04/17/13	Special Event Sponsorship	1,000.00
Total COMMUNITY PLANNING/DEVELOPMENT:			1,926.70
<b>BUILDING</b>			
<b>01-4240-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	842.92
Total BUILDING:			842.92
Total GENERAL FUND:			114,409.46
<b>STREET MAINTENANCE FUND</b>			
<b>STREET</b>			
<b>04-4310-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	2,664.57
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	128.30
<b>04-4310-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	558.77

Vendor Name	Invoice Number	Description	Net Invoice Amount
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	100.85
<b>04-4310-2800 STATE UNEMPLOYMENT INSURANCE</b>			
IDAHO DEPARTMENT OF LABO	04/05/13	Unemployment	2,897.56
Total STREET:			6,350.05
Total STREET MAINTENANCE FUND:			6,350.05
<b>FIRE &amp; RESCUE FUND</b>			
<b>FIRE &amp; RESCUE</b>			
<b>10-4230-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	2,217.20
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	1,428.02
<b>10-4230-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	489.11
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	63.76
<b>10-4230-2800 STATE UNEMPLOYMENT INSURANCE</b>			
IDAHO DEPARTMENT OF LABO	04/05/13	Unemployment	5.24
<b>10-4230-3500 MOTOR FUELS &amp; LUBRICANTS</b>			
UNITED OIL	724959	ACCT. 37267	193.99
Total FIRE & RESCUE:			4,397.32
Total FIRE & RESCUE FUND:			4,397.32
<b>AMBULANCE SERVICE FUND</b>			
<b>AMBULANCE SERVICE</b>			
<b>14-4260-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	3,325.81
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	2,001.54
<b>14-4260-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	733.67
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	95.65
<b>14-4260-3200 OPERATING SUPPLIES</b>			
ALSCO - AMERICAN LINEN DIVI	LBO11011236	Cleaning Services	13.52
<b>14-4260-3500 MOTOR FUELS &amp; LUBRICANTS</b>			
UNITED OIL	724959	ACCT. 37267	345.91
Total AMBULANCE SERVICE:			6,516.10
Total AMBULANCE SERVICE FUND:			6,516.10
<b>PARKS AND RECREATION FUND</b>			
<b>PARKS AND RECREATION</b>			
<b>18-4510-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	708.63

Vendor Name	Invoice Number	Description	Net Invoice Amount
<b>18-4510-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	708.53
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	900.00
<b>18-4510-2800 STATE UNEMPLOYMENT INSURANCE</b>			
IDAHO DEPARTMENT OF LABO	04/05/13	Unemployment	511.00
Total PARKS AND RECREATION:			2,828.16
Total PARKS AND RECREATION FUND:			2,828.16
<b>LOCAL OPTION SALES TAX FUND</b>			
<b>LOCAL OPTION SALES TAX</b>			
<b>22-4910-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	309.02
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	656.87
<b>22-4910-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	.50
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	67.24
Total LOCAL OPTION SALES TAX :			1,033.63
Total LOCAL OPTION SALES TAX FUND:			1,033.63
<b>WATER FUND</b>			
<b>WATER EXPENDITURES</b>			
<b>63-4340-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	1,386.08
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	457.39
<b>63-4340-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	86.50
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	134.47
<b>63-4340-5200 UTILITIES</b>			
UNITED OIL	726235	ACCT. 37271	523.52
Total WATER EXPENDITURES:			2,587.96
Total WATER FUND:			2,587.96
<b>WASTEWATER FUND</b>			
<b>WASTEWATER EXPENDITURES</b>			
<b>65-4350-2505 HEALTH REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	2012 Claims	2,156.19
NBS-NATIONAL BENEFIT SERVI	HRA41376	2013 Claims	1,458.22
<b>65-4350-2515 VISION REIMBURSEMENT ACCT(HRA)</b>			
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2012 Claims	280.96
NBS-NATIONAL BENEFIT SERVI	HRA41376	Vision 2013 Claims	1,034.47
Total WASTEWATER EXPENDITURES:			4,929.84

Vendor Name	Invoice Number	Description	Net Invoice Amount
Total WASTEWATER FUND:			<u>4,929.84</u>
Grand Totals:			<u><u>143,052.52</u></u>

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Report Criteria:

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

[Report].GL Account Number = "0110000000"- "9449008022", "9910000000"- "9911810000"

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