

BROADWATER COUNTY COMMISSIONERS

515 Broadway, Townsend

Meetings are held at the Flynn Building (old Opportunity Bank) 416 Broadway

Agenda, documents, Official Meetings Minutes and videos of Commission meetings are available and at

<https://www.broadwatercountymt.com>

OFFICIAL agendas are posted in the Courthouse (1st Floor Bulletin Board), Broadwatercountymt.com, and in the window of the Flynn Building on the Thursday before the Commission Meetings

June 13th Monday

- 10:00 AM Discussion and Decision Nichole Brown, Broadwater County Community Development Director, COS Foth/Brug Boundary Relocation
- 10:05 AM Discussion Nichole Brown, Broadwater County Community Development Director, Revised Fees for Planning Dept
- 10:15 AM Discussion and Decision Melissa Franks, County Treasurer, Update Authorized Representatives for Montana Board of Investments Short Term Investment Pool (STIP)
- 10:20 AM Discussion and Decision Margaret Ruckey, County Public Health Director, Task Order # 23-07-4-103-0 State of Montana, Department of Public Health and Human Services and Broadwater County

June 15th Wednesday

- 10:00 AM 2022 Primary Election Post Election Audit (IF NEEDED)

June 16th Thursday

- 10:00 AM Working Meeting with Audrey Walleser-Martin Possible PIO Position

June 17th Friday

this meeting will be in the Commissioners office

- 8:00 AM Official 2022 Primary Election Canvass

Public comment period (on items not on the agenda) will be at the beginning of each meeting. Mail & Items for Discussion and/or signature may occur as time allows during the meeting. Issues and times are subject to change.

Items for Discussion / Action / Review / Signature – Consent Agenda

- ✓ Certificate of Survey review
- ✓ Management – on-going advisory board appointments
- ✓ Claims/Payroll/minutes
- ✓ County Audit / Budget
- ✓ Mail – ongoing grants
- ✓ Correspondence – support letters

Darrel Folkvord	Chairperson	406-266-9272 and 406-980-1213
Debi Randolph		406-266-9270 and 406-980-2050
Mike Delger		406-266-9271 and 406-521-0834
E-mail	commissioners@co.broadwater.mt.us	

TASK ORDER NUMBER 23-07-4-31-103-0

**TO THE MASTER CONTRACT
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND BROADWATER COUNTY**

Immunization Program

SECTION 1. PARTIES

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Broadwater ("Contractor"), Federal ID Number 81-6001337 and 124 N Cedar, Townsend, MT 59644.

THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:

SECTION 2. PURPOSE

The purpose of this Task Order is to reduce the burden of vaccine preventable disease within the Contractor's service area by ensuring the oversight and provision of immunization services for children, adolescents, and adults.

SECTION 3. TERM OF TASK ORDER

- A. The term of this Task Order for the purpose of delivery of services is from 07/01/2022 through 06/30/2023.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

- A. The Contractor agrees to provide the following services:
 - 1. Provide and/or coordinate the delivery of immunization services, when requested, to children, adolescents, and adults per standing orders/facility medical protocol.
 - a) Report quarter 1, on the Clinic Information form, (Attachment A) when your immunization clinic is available to provide vaccines. Include the day(s) of the week and times immunization clinics are offered and if your clinic allows for walk-ins. Provide a description of any off-site clinics your jurisdiction may hold throughout the year for the public, for example, school or influenza clinics.

2. Obtain and maintain staff proficiency in the imMTrax application by:
 - a) Updating and maintaining immunization records in the statewide Immunization Information System (IIS), imMTrax.
 - b) Ensuring all employees requiring imMTrax access complete the appropriate Access Request forms and agreements.
 - c) Ensuring all employees requiring imMTrax access complete training/updates applicable to their user role. DPHHS offers training throughout the year through a variety of media including in-person trainings and webinars.
 - d) Ensuring a minimum of one employee is trained in and obtains an imMTrax access level that includes the ability to merge client records.
 - e) Providing accurate and timely documentation of staffing changes resulting in imMTrax user deletion or adjustments in user role as outlined in imMTrax IIS Memorandum of Agreement.
- 3) Assess immunization records for required vaccinations for children enrolled in a licensed child care facility and notify child care providers of children enrolled without proper documentation of immunizations as outlined in A.R.M. 37.95.140.
 - a) Child care facility reviews should be conducted on-site, at a minimum of 60% of all facilities (jurisdictions with 150 or more total facilities, should visit 50% of all child cares) including 100% of licensed child care centers. If a facility is not 100% compliant, reviewer will implement follow-up procedure. Facilities not assessed in the year previous, should be assessed in this contract year. Completed reviews are to be submitted to DPHHS within 10 working days of completion via the online child care reporting system.
- 4) As appropriate, provide assistance to schools, upon request, regarding school immunization requirements.
- 5) Collaborate with your local Women, Infants and Children Program (WIC) throughout the contract period to ensure WIC clients are up to date with Advisory Committee on Immunization Practices (ACIP) recommended vaccinations.

Suggested activities may include, but are not limited to:

- a) Checking the immunization status of children prior to the WIC visit;
- b) Providing immunization services and/or recall/reminder notices for the parents.

Report quarterly, on the WIC Collaboration Form (Attachment B), describing how your county collaborates with the WIC program in your area during first quarter or if it changes throughout the year. Each quarter please provide us with the total number of WIC clients assessed, total number of records reviewed, how many were up-to-date, how many were not up-to-date, how many of those you immunized with that quarter, total of records not available, and any highlights that your county is doing currently.

- 6) Select at least one quality improvement (QI) project listed below to complete over the next contract year. These strategies are designed to increase on-time vaccination of children and adolescents. The strategy selected should be something new or an enhancement of an existing strategy you are currently using.

Strategies could include:

- a) Schedule the next visit before the patient leaves the office;
 - i. Examples: Consider scheduling the next visit prior to administering vaccines; scheduling the next visit even if client is unsure they can make the appointment and they can reschedule if necessary; train multiple people to schedule appointments; having the vaccinator schedule from the treatment room if the front desk is too busy with new clients.
- b) Leverage IIS functionality to improve immunization practice;
 - i. Examples: Use imMTrax tools including coverage rate, recall/reminder, and/or manage population reports.
- c) Give a strong vaccine recommendation (including HPV) and vaccine conversations;
 - i. Examples: Use resources designed to guide you and your staff with conversational techniques for discussing vaccines with parents: talking to parents about vaccines; HPV resources.
- d) Strengthen Vaccination Communications
 - i. Examples: Develop a vaccination policy/statement for patients; look for posters, social medial posts, etc. for addressing the community; share specific vaccine information with parents of children and/or teens.
- e) Custom quality improvement activity
 - i. Example: Develop a county specific vaccine QI strategy/project to increase on-time or catch-up vaccination of children and adolescents.

Report quarterly, on the Quality Improvement Form (Attachment C), what quality improvement project has been selected from the list of strategies; summarize the status of what is happening in your office i.e. what you are doing now. Summarize opportunities for improvement i.e. what you would like to do to improve; describe action items i.e. who is assigned to review, train, implement each aspect of the strategy with dates and specific action items.

- 7) Develop partnerships in your jurisdiction through education and outreach to clinics and the public.

Examples may include, but are not limited to:

- a) Offer education programs created and provided by the Montana Immunization Program;

- b) Offer vaccines at non-routine immunization clinics such as clinics at schools or sports physicals;
- c) Collaborate with private clinics, other public health programs, community-based organizations, and other stakeholders to promote immunizations in your jurisdiction;
 - i. Collaborate with cancer prevention partners to promote HPV vaccination;
 - ii. Collaborate with other immunization clinics in your jurisdiction to provide immunization education materials for pregnant women and their infants.
- d) Partner in your community to offer incentives within your jurisdiction.

Report quarterly, on the Promote Partnerships and Vaccination Services Form (Attachment D) what activities were implemented and include information on how many people attended trainings, meetings, and/or how many were vaccinated.

- 8) Collaborate with local Public Health Emergency Preparedness (PHEP) program personnel, as appropriate, to improve and maintain community preparedness for influenza and other vaccine preventable disease pandemic responses by:
 - a) Collaborating with PHEP partners to assist in the completion of immunization specific deliverables as described in the PHEP contract.
 - i. IZ1 - Report the number of off-site influenza clinics conducted and doses of influenza administered. Due quarterly.
 - ii. IZ2 - Provide a list of influenza vaccine partner meetings, planning meetings, or influenza messaging activities. If promotional materials were used, indicate types used. Due quarterly.
 - iii. CM1- Off-site Influenza Point of Dispensing (POD) Vaccination Clinic; includes conducting off-site influenza vaccination clinic as a POD exercise the following your emergency medical countermeasures plan, completing the Checklist of Best Practices for Vaccination Clinic Held at Satellite, Temporary, or Off-Site Locations, and implanting population ground screening questions. Due Quarter 2.
 - b) Maintain a list of all complementary immunization providers in your jurisdiction (pharmacies).

Report Quarter Four, on the Complementary Immunization Providers (Attachment E).

- 9) Upload all Immunization Action Plan (IAP) attachments to the correct folder in the *IAP Quarterly Deliverables* Library through a web application made available by DPHHS within 15 days after the end of each quarter.

B. The Department agrees to do the following: Provide allocation of funds based upon the required activities.

- 1) Provide allocation of funds based upon the required activities.
- 2) Provide Contractor training, technical assistance, and help desk support for imMTrax.
- 3) Provide to the Contractor, via website and/or secure means:
 - a) Lists of childcare facilities;
 - b) Childcare review form worksheet;

- c) List of WIC clinic;
 - d) List of VFC clinics;
 - e) Reports regarding the immunization status of children in your county and/or seen at your clinic.
- 4) On a quarterly basis, reimburse the Contractor for expenditures up to the limit of this Task Order for immunization activities described above, once activities have been submitted by the contractor and reviewed by DPHHS.
 - 5) Provide guidelines, templates, formats and requirement criteria for each activity required. Forms and templates will be available through a web application provided by DPHHS.
 - 6) Provide training and technical assistance on immunization practices through a variety of training resources.
 - 7) Communicate regularly with the Contractor through monthly conference calls, telephone, e-mail and fax as necessary to enable the Contractor to complete Task Order requirements.
 - 8) To the extent resources and time allow, provide on-site technical assistance concerning immunization services.

SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$5,152.00 as follows:

Quarterly payments, for 25% of the total contract award, will be made upon receipt of completed progress reports indicating completion of all activities listed in SECTION 4.

- B. All progress reports must be received by the Department no later than 15 days following the end date of each quarter. Payments will be issued upon review and approval of the progress reports.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.

SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS

The sources of the funding for this Task Order are \$3,446.00 from 93.268 and \$1,706.00 from special state.

SECTION 7. 2 CFR 200 REQUIREMENTS

The following information may be required pursuant to 2 CFR 200:

- 1. Sub recipient name: Broadwater County Health Department
- 2. Sub recipient Unique Entity Identifier: ENMTASEFELN8
- 3. FAIN number: NH231P922574
- 4. Federal award date: To be provided at a later date
- 5. Federal award start and end date: 07/01/2022-06/30/2023

6. Total amount of funds obligated with this action: \$3,446.00
7. Amount of funds obligated to sub recipient: \$3,446.00
8. Total amount of the federal award: \$3,446.00
9. Project description: CDC-RFA-IP19-1901 Immunization and Vaccines for Children - COVID 19 vaccination planning and implementation
10. Awarding agency/pass-through entity/contact info: CDC/PHSD Immunization Program. Bekki Wehner, bwehner@mt.gov, 406-444-0065.
11. CFDA number/name: 93.268/Immunization Cooperative Agreement
12. Research and Development: No
13. Indirect cost rate: NA.

SECTION 8. TERMINATION

Either party may terminate this Task Order in accordance with the Master Contract.

SECTION 9. LIAISON AND SERVICE OF NOTICES

- A. Bekki Wehner, or their successor, will be the liaison for the Department. Contact information is as follows:

Bekki Wehner
DPHHS Immunization Program
P O Box 202951
Helena, MT 59601
Phone Number (406) 444-0065
Fax Number (406) 444-2920
bkirschwehner@mt.gov

Diane Thorne, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Diane Thorne
Broadwater County Health Department
124 N Cedar
Townsend, MT 59644
Phone Number (406) 266-5209
dthorne@co.broadwater.mt.us

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

SECTION 10. FEDERAL REQUIREMENTS

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal

funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

Contractor certifies, by signing this contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. In the event your company is debarred from engaging in any state or federal contracts, your contract will be terminated.

SECTION 11. DEPARTMENT GUIDANCE

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

SECTION 12. INFORMAL DISPUTE RESOLUTION PROCEDURES

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the PHSD Administrator Todd Harwell, Phone Number (406) 444-0303, Fax Number (406) 444-6943, tharwell@mt.gov with a copy to Director Adam Meier, Phone Number (406) 444-5623, Fax Number (406) 444-1970, Adam.Meier@mt.gov.

SECTION 13. PUBLIC INFORMATION AND DISCLAIMERS

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;
 2. with the permission of the persons or entities from whom the information is to be obtained; and
 3. with the review and approval by the Department prior to use, publication or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

- B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.
- C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices,

information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

- D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”

- E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication and release.

*“This project is funded in part **AND/OR** in whole by grant number(s) Insert Grant Number(s) from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”*

- F. Before the Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

SECTION 14. SCOPE OF TASK ORDER

This Task Order consists of 14 numbered pages and the following Attachments:

- Attachment A: WIC Collaboration
- Attachment B: Quality Improvement
- Attachment C: Promote Partnerships
- Attachment D: Vaccination Services
- Attachment E: Complementary Immunization Providers Administering Influenza Vaccine

All of the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

SECTION 15. AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____ Date: _____
Todd Harwell, Administrator

CONTRACTOR, BROADWATER

BY: _____ Date: _____
Broadwater, County Commissioner

ATTACHMENT A To Task Order No. 23-07-4-31-103-0

Clinic Information Form

Provide and/or coordinate the delivery of immunization services, when requested, to children, adolescents, and adults per standing orders/facility medical protocol.

County Name:

Provide when your immunization clinic is available to provide vaccines. Include the day(s) of the week and times immunization clinics are offered and if your clinic allows for walk-ins.

Days of the week	Vaccination Clinic Hours	Type of services offered
		Walk-in only
		Appointment only
		Both walk-in and appointments

Provide a description of any off-site clinics your jurisdiction may hold throughout the year to the public, for example at schools or during influenza season.

Example:

School based clinic conducted in October.
 Influenza ~~drive~~ up clinic in November.
 School clinics twice a year.

ATTACHMENT B To Task Order No. 23-07-4-31-103-0

WIC Collaboration

Collaborate with your local Women, Infants and Children Program (WIC) throughout the contract period to ensure WIC clients are up to date with Advisory Committee on Immunization Practices (ACIP) recommended vaccinations. Suggested activities may include, but are not limited to: Checking the immunization status of children prior to the WIC visit; providing immunization services and/or recall/reminder notices for the parents.

County Name:

Provide a narrative describing how your county collaborates with the WIC program in your area during first quarter or if it changes throughout the year. Each quarter please provide us with the total of WIC patients assessed, total number of records reviewed, how many were up-to-date, how many were not up-to-date, how many of those you immunized with that quarter, how many records not available, and any highlights that your county is doing currently.

My County Does Not Provide WIC Services and this is provided by _____.

Quarter 1, Quarter 2, Quarter 3, Quarter 4					
# of WIC patients assessed	# of Records Reviewed	# <u>Up-to-Date</u>	# NOT <u>up-to-date</u>	# Immunized in the Qtr.	# of Records not available
<input style="width: 20px; height: 20px;" type="text" value="1"/>	<input style="width: 20px; height: 20px;" type="text" value="2"/>				<input style="width: 20px; height: 20px;" type="text" value="3"/>

ATTACHMENT C To Task Order No. 23-07-4-31-103-0
Quality Improvement



Quality Improvement Form Attachment C

IAP Contract Language Section 2.A.6: Select at least one quality improvement (QI) project listed below to complete over the next contract year. These strategies are designed to increase on-time vaccination of children and adolescents. The strategy selected should be something new or an enhancement of an existing strategy you are currently using. Strategies could include: Schedule the next visit before the patient leaves the office; Examples: consider scheduling the next visit prior to administering vaccines; scheduling the next visit even if client is unsure they can make the appointment and they can reschedule if necessary; train multiple people to schedule appointments; Having the vaccinator schedule from the treatment room if the front desk is too busy with new clients. Leverage IIS functionality to improve immunization practice; Examples: Use imMTrax tools including coverage rate, recall/reminder, and/or manage population reports. Give a strong vaccine recommendation (including HPV) and vaccine conversations; Examples: Use resources designed to guide you and your staff with conversational techniques for discussing vaccines with parents: talking to parents about vaccines; HPV resources. Strengthen Vaccination Communications; Examples: Develop a vaccination policy/statement for patients; look for posters, social medial posts, etc. for addressing the community; share specific vaccine information with parents of children and/or teens. Custom quality improvement activity; Example: Develop a county specific vaccine QI strategy/project to increase on-time or catch-up vaccination of children and adolescents.

County Name:

Report quarterly, on the Quality Improvement Form (Attachment C), what quality improvement project has been selected from the list of strategies; summarize the status of what is happening in your office i.e. what you are doing now. Summarize opportunities for improvement i.e. what you would like to do to improve; describe action items i.e. who is assigned to review, train, implement each aspect of the strategy with dates and specific action items.

QI Strategy	
Summarize this strategy's current implementation status	
Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy	
Describe action items for this strategy/develop a plan (i.e., implementation/improvement steps) Short bullets recommended. <ul style="list-style-type: none"> ▪ Brief description of task [assigned staff: target date] 	

ATTACHMENT D To Task Order No. 23-07-4-31-103-0

Promote Partnerships and Vaccination Services

Develop partnerships in your jurisdiction through education and outreach to clinics and the public. Examples may include, but are not limited to: Offer the education program created and provided by the Montana Immunization Program; Offer vaccines at non-routine immunization clinics such as clinics at schools or sports physicals; Collaborate with private clinics, other public health programs, community-based organizations, and other stakeholders to promote immunizations in your jurisdiction; Collaborate with cancer prevention partners to promote HPV vaccination; Collaborate with other immunization clinics in your jurisdiction to provide immunization education materials for pregnant women and their infants. Partner in your community to offer incentives within your jurisdiction.

County Name:

Report quarterly, on the Promote Partnerships and Vaccination Services Form (Attachment D) what activities were implemented and include information on how many people attended trainings, meetings, and/or how many were vaccinated.

Quarter 1
Quarter 2
Quarter 3
Quarter 4

MONTANA BOARD OF INVESTMENTS

Department of Commerce

Street Address:
2401 Colonial Drive, 3rd Floor
Helena, MT 59601

Mailing Address:
P.O. Box 200126
Helena, MT 59620-0126

Phone: 406/444-0001
Facsimile: 406/449-6579
Website: www.investmentmt.com



February 5, 2016

Government Name
Governing Body
Mailing Address
City/State/Zip

RE: Short Term Investment Pool (STIP)
STIP Account #: _____ and Account Name: _____

Dear Local Government STIP Participant:

We are writing to notify local government STIP participants of new requirements adopted by the Board of Investments at its November 2015 meeting. Beginning in 2016, local governments participating in STIP must complete the enclosed STIP Resolution, Exhibit A and Exhibit B (STIP Resolution). The STIP Resolution must be authorized by the STIP participant's governing body.

The STIP Resolution requires the governing body to designate the following:

- An Authorized Representative to transact STIP on behalf of the local government
- A Bank Name and Account Number to be used specifically for STIP transactions
- The earnings distribution method of the STIP account

At the discretion of the governing body and as provided in the STIP Resolution, the Authorized Representative *may* be able to:

- Appoint Authorized Delegates to transact STIP on behalf of the local government
- Change the Bank Name and/or Account Number used specifically for STIP transactions
- Change the earnings distribution method of the STIP account

Please submit the completed STIP Resolution at your earliest convenience, but **no later than June 30, 2016**. Please note a *separate STIP Resolution* must be submitted for each STIP account the governing body maintains. (The Board of Investments has sent one notification letter for each STIP account.)

Send paper copies of the STIP Resolution to:
Montana Board of Investments
Attn: STIP Manager
2401 Colonial Dr., 3rd Floor (59601)
PO Box 200126
Helena, MT 59620

Send electronic copies of the STIP Resolution to:
BOI_STIP@mt.gov

(Over)

It is the responsibility of the STIP Participant to take the following action when changes occur.

Submit a New STIP Resolution if:

- The Authorized Representative has changed
- The Bank Name or Account Number has changed AND the Authorized Representative *is not* allowed to change the Bank Name or Account Number
- Any Authorized Delegates have changed AND the Authorized Representative *is not* allowed to change the Authorized Delegates

Submit Exhibit A (STIP Participation Information Form) if:

- The Authorized Delegates have changed AND the Authorized Representative *is* allowed to change the Authorized Delegates

Submit Exhibit B (Electronic Funds Transfer Authorization Form) if:

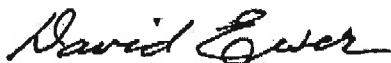
- The Bank Name or Account Number has changed AND the Authorized Representative *is* allowed to change the Bank Name or Account Number

Annually, the Board of Investments will send confirmation that will include the name of the local government Authorized Representative, the name or names of any Authorized Delegates, the Bank Name and its Account Number. If the information contained in the confirmation is not current or correct, it is the responsibility of the local government to provide updated information to the Board of Investments. Otherwise, no action is required.

Hard copies of the STIP Resolution, Exhibit A and Exhibit B are enclosed for your use. In addition, pdf versions of these documents can be found on our website at <http://investmentmt.com/STIP/Forms>.

We appreciate your cooperation in completing the STIP Resolution and returning it to the Board of Investments as quickly as possible. Please direct any questions to Polly Boutin, Associate Financial Manager at (406) 444-0220, Frank Cornwell, Associate Financial Manager at (406) 444-0587 or April Madden, STIP Program Manager at (406) 444-0003.

Sincerely,



David Ewer
Executive Director

Enclosures

RESOLUTION AUTHORIZING PARTICIPATION IN THE SHORT TERM INVESTMENT POOL (STIP)
MONTANA BOARD OF INVESTMENTS

CERTIFICATE AS TO
RESOLUTION NO. _____ AND ADOPTING VOTE

Political Subdivision: BROADWATER COUNTY
Governing Body: COUNTY COMMISSIONERS

Type, date, time and place of meeting: A _____ meeting held on _____
at _____ o'clock ____ .m. in _____, Montana.

Members present:

Members absent:

I, the undersigned, being the duly qualified and acting recording officer of the political subdivision identified above ("Participant"), certify that the attached RESOLUTION AUTHORIZING PARTICIPATION IN THE BOARD OF INVESTMENTS OF THE STATE OF MONTANA SHORT TERM INVESTMENT POOL AND AUTHORIZING THE EXECUTION AND DELIVERY OF DOCUMENTS RELATED THERETO ("Resolution") and Exhibits A and B thereto are true and correct copies of the Resolution and Exhibits A and B on file in the original records of the Participant and in my legal custody; that the Resolution and Exhibits A and B were duly approved and adopted by the Governing Body of the Participant at the above described meeting, which meeting was attended throughout by the members indicated above, constituting a quorum of the Governing Body, pursuant to public notice of such meeting as required by law; and that the Resolution and Exhibits A and B have not as of the date hereof been amended or repealed.

WITNESS my hand officially as such recording officer this ____ day of _____, 20__.

By _____
Its _____

RESOLUTION NO. _____

RESOLUTION AUTHORIZING PARTICIPATION IN THE BOARD OF INVESTMENTS OF THE STATE OF MONTANA SHORT TERM INVESTMENT POOL (STIP) AND AUTHORIZING THE EXECUTION AND DELIVERY OF DOCUMENTS RELATED THERETO

BE IT RESOLVED BY THE COUNTY COMMISSIONERS (the Governing Body) of BROADWATER COUNTY (the Participant) AS FOLLOWS:

ARTICLE I

DEFINITIONS

Section 1.01 The following terms will have the meanings indicated below for all purposes of this Resolution unless the context clearly requires otherwise:

Section 1.02 Account shall mean a specific Participant Bank account assigned by the Bank to be used in conducting transactions through the STIP Program.

Section 1.03 Agreement shall mean the agreements of the Participant as contained within this Resolution.

Section 1.04 Authorized Representative shall mean the officer or official of the Participant designated and duly authorized by the Governing Body as set forth below to enable the Participant's participation in the STIP Program.

Section 1.05 Authorized Delegate shall mean any lawful officer, official or employee of the Participant who has been delegated authority by the Authorized Representative as provided in this Resolution to initiate transactions using the Board's STIP Program.

Section 1.06 Bank shall mean a financial institution designated and authorized as provided in this Resolution to send and receive money on behalf of the Participant for purposes of participation in the STIP Program.

Section 1.07 Board shall mean the Board of Investments of the State of Montana, a public body corporate organized and existing under the laws of the State and its successors and assigns.

Section 1.08 Exhibit A (STIP Participation Information Sheet) shall mean the document attached to and incorporated into this Resolution as provided in Article IV, Section 4.01. that provides information necessary for the Participant to participate in STIP.

Section 1.09 Exhibit B (Electronic Funds Transfer Authorization Form) shall mean the document attached to and incorporated into this Resolution as provided in Article IV, Section 4.01 that provides instructions for the Board and its agents to administer and manage the Participant's participation, transactions and shares in the STIP Program.

Section 1.10 Governing Body shall mean the governing body of the above-named political subdivision (Participant) authorized by Montana state law to participate in the STIP Program as further specified in this Resolution.

Section 1.11 Participant shall mean the political subdivision requesting participation in the Board's Short Term Investment Pool.

Section 1.12 Short Term Investment Pool, STIP, or Program shall mean the Board's Short Term Investment Pool Program as authorized by law and as more fully defined and described in the Board's policies and procedures, as may be amended from time to time.

ARTICLE II

SHORT TERM INVESTMENT POOL PARTICIPATION AGREEMENT

Section 2.01 Participation Agreement. By approving and adopting this Resolution and Exhibits A and B, the Governing Body requests and agrees to participation of Participant in the STIP Program, and agrees that Participant will comply with and be bound by all laws, policies, procedures and participation requirements applicable to the STIP Program, as may be amended from time to time.

Section 2.02 STIP Program Description. The STIP Program is an investment program administered under the direction of the Montana Board of Investments as authorized by the Unified Investment Program. As more fully set forth in Board policies and procedures, STIP is available to state and local governments to serve their short term cash flow and deposit needs and its objectives are to preserve capital and to maintain high liquidity. The Program has the following attributes, as more fully set forth in applicable Board policies, procedures and participation requirements, which are subject to change upon the sole determination of the Board:

- 1) STIP transactions are fixed at \$1 per share;
- 2) STIP interest on pool assets accrues daily;
- 3) STIP earnings distribution method: Interest is distributed at the beginning of the month and can be distributed as cash to the designated Bank or the earnings can be reinvested into STIP;
- 4) Buying or selling shares in STIP requires one (1) business days' notice; transactions for which notice is received after 2:00 p.m. will be processed two (2) business days after receipt of the original notice;
- 5) Access to STIP is only through an electronic, web-based portal; no cash, checks or notifications by fax, phone or email will be accepted;
- 6) STIP's web portal provides real-time information on each account including: investment balances, buys, sells, pending transactions, and transaction notes, as determined by the authorized user; and
- 7) The Board accounts and reports on its financial statement STIP investment on a Net Asset Value (NAV) basis. A NAV per share of a STIP unit will be shown on the Board's website for each month-end period <http://investmentmt.com/MonthlyNetAssetValue>.

Section 2.03 Review of Policies, Procedures and Participation Requirements. Participant acknowledges and represents that it has reviewed to its satisfaction all Board policies, procedures and participation requirements applicable to the STIP Program. <http://investmentmt.com/STIP>

Section 2.04 Authorized Representative: The Governing Body designates MELISSA FRANKS, who holds the position of TREASURER/COUNTY SUPERINTENDENT OF SCHOOLS as the Participant's Authorized Representative to make transactions between STIP and the Bank.

The Governing Body: (check one) DOES DOES NOT allow the Authorized Representative to appoint and delete additional Authorized Delegate(s) on behalf of the Participant. If "DOES" is checked, any addition or deletion of an Authorized Delegate requires notice via the submission of a completed Exhibit A (STIP Participation Information Sheet) to the Board by the Authorized Representative before transactions will be accepted and processed as directed by the Authorized Delegate.

The Governing Body designates and authorizes Participant's Bank, (the Bank), identified in Exhibit B attached, designating the Account Number and ABA Number to send or transfer funds to the State Treasurer for purchase of STIP shares and to deposit distributions of and withdraw proceeds resulting from sales of STIP shares in the Bank's Account identified in Exhibit B attached which is a (check one) checking account savings account .

The Governing Body: (check one) DOES DOES NOT allow the Authorized Representative to change either the Bank or the Account; if 'DOES' is checked, the Board will notify both the office of the Authorized Representative AND the office of the Governing Body within three (3) business days that such a change has been made.

The Governing Body: (check one) DOES DOES NOT allow the Authorized Representative to change the earnings distribution method; if DOES NOT is checked, the Governing Body chooses the following earnings distribution method (check one) reinvest cash earnings into STIP distribute cash earnings to the Bank .

Section 2.05 Change of Authorized Representative. Any change to the Authorized Representative requires a new Resolution adopted by the Governing Body; however the absence of an Authorized Representative does not nullify the authority of the Authorized Delegate(s) then in effect and so authorized to make STIP transactions.

Section 2.06 Annual Confirmation. The Board will provide on an annual basis to both the Governing Body and the Authorized Representative the following information as appears on the Board's records:

1. The name of the Authorized Representative;
2. The name(s) of any Authorized Delegate(s); and
3. The name of the Bank and the associated Account Number (truncated).

Section 2.07 Effective Date. Participant's Agreement as set forth in this Resolution will take effect when the Certificate as to Resolution and Adopting Vote, this Resolution and Exhibits A and B, each completed, dated and duly executed, are delivered to and received by the Board and will stay in effect until terminated in writing by the Governing Body.

ARTICLE III

MISCELLANEOUS

Section 3.01 No Guaranteed Return. The Governing Body understands and agrees that there is no minimum or maximum amount of interest rate or any guaranteed rate of return on STIP shares or funds invested in STIP shares.

Section 3.02 Voluntary Participation. By adopting this Resolution, the Governing Body acknowledges that it is not compelled to participate in STIP, and that its participation in STIP is voluntary, and accepts and agrees to the Program, its administration and governance, and its policies, procedures and participation requirements as set forth by law and the Board.

Section 3.03 Responsibility for Participant Mistakes. The Governing Body and Participant agree to hold the State of Montana, the Board, and their members, officials and employees harmless for the acts, omissions and mistakes of the Participant, Governing Body and their members, officials and employees, including but not limited to: Authorized Representative or Authorized Delegate who, for any reason, is not qualified or properly listed with the Board as a permissible representative to authorize transactions using the STIP Program; wrong instructions as to amounts or timing of sales or purchases; or missed deadlines.

Section 3.04 No Warranty. The Governing Body and Participant acknowledge and agree that the Board makes no warranty that funds will be immediately available in the event of any failure of a third party or that Governing Body will not suffer losses due to acts of God, or other calamities, or other market dislocations or interruptions.

Section 3.05 Participation Conditions; STIP Administration. The Governing Body and Participant acknowledge and agree that the Board will allow participation in STIP by and conduct STIP business

with only those parties it determines are qualified and authorized to participate in the Program and which abide by the Board's policies, procedures and participation requirements; that the Board administers the STIP Program subject to Montana law and prudent fiduciary practices as required by Montana law and Board policy; and that the Board is legally bound to manage the Unified Investment Program, which includes STIP, in accordance with the prudent expert rule as set forth in Montana law.

Section 3.06 STIP Not Insured Against Loss. The Governing Body and Participant understand and acknowledge that the Board's STIP Program is NOT FDIC insured or otherwise insured or guaranteed by the federal government, the State of Montana, the Board or any other entity against investment losses. The Governing Body and Participant further understand and acknowledge that the Board's STIP policy requires maintenance of a reserve fund to offset possible losses and that STIP interest earnings may be used to fund this reserve before the net earnings are distributed to the STIP Participants, but that such reserves may not be adequate to cover investment losses.

ARTICLE IV

EXHIBITS A AND B

Section 4.01 Approval and Adoption of Exhibits A and B. Attached to this Resolution are Exhibits A and B, the STIP Participation Information Sheet, and the Electronic Funds Transfer Authorization Form, which together provide the instructions and the details required by the Board to enable Participant's participation in the STIP Program. The Governing Body and Participant represent and agree that the attached Exhibits A and B have been completed and executed by the Participant's Authorized Representative and that Exhibits A and B must be complete and acceptable to the Board before participation will be allowed in the STIP Program. Exhibits A and B are hereby incorporated into and made a part of this Resolution, and are approved and adopted by the Governing Body as if set forth fully herein.

APPROVED AND ADOPTED by the _____ this _____ day
of _____, 20____.

By _____
Its _____

Attest:

By _____
Its _____

Exhibit A

STIP PARTICIPATION INFORMATION SHEET							
STIP Program Manager Montana Board of Investments boi_stip@mt.gov PO Box 200126 Helena, MT 59620-0126 Phone 406.444.0003					<i>For Official Use Only</i>		
Requests must be submitted by Authorized Representative of the Participant.					STIP DATA <input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	
INVEST TA <input style="width: 50px; height: 15px;" type="text"/>					<input style="width: 50px; height: 15px;" type="text"/>		
ACCT ID <input style="width: 50px; height: 15px;" type="text"/>					<input style="width: 50px; height: 15px;" type="text"/>		
<i>The STIP Participant listed below hereby agrees to participate in the STIP Program as established under Section 17-6-204, MCA., and the terms and conditions of STIP operations as determined and set by the Montana Board of Investments and warrants as follows:</i>							
Section 1. STIP Participant Information Summary							
STIP Participant Name →	BROADWATER COUNTY				Tax Identification Number (TIN) →	81-6001337	
Mailing Address →	515 BROADWAY	City →	TOWNSEND	State →	MT	Zip →	59644
STIP Account # → <i>(For official use only)</i>	CO Broad						
Authorized Representative Name, First →	MELISSA	Name, Last →	FRANKS		Title →	COUNTY TREASURER	
Telephone Number →	406-266-9218	Fax Number →	406-266-3674		E-mail →	mfranks@co.broadwater.mt.us	
Section 2. Investment and Earnings Information							
The STIP Participant has the option to either reinvest their earnings or distribute earnings.							
Check one box only.							
Reinvest Earnings <input type="checkbox"/>				Distribute Earnings <input type="checkbox"/>			
Section 3. Authorized Delegates							
The Authorized Delegate(s) whose name(s) appears below is (are) authorized to purchase and sell shares in STIP for the Participant.							
Name, First →	MELISSA	Name, Last →	FRANKS		E-Mail →	mfranks@co.broadwater.mt.us	
Name, First →	BRENDA	Name, Last →	HARRIS		E-Mail →	brenda.harris@co.broadwater.mt.us	
Name, First →	LEONA	Name, Last →	HOLMAN		E-Mail →	lholman@co.broadwater.mt.us	
I hereby certify as the Authorized Representative of the STIP Participant that all of the information contained herein is true, accurate and complete as of the date hereof.							
Signature →				Date →			
Printed Name →				Title →			

Exhibit B

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM					
STIP Program Manager Montana Board of Investments boi_stip@mt.gov PO Box 200126 Helena, MT 59620-0126 Phone 406.444.0003					
Local Government Name:		BROADWATER COUNTY			
STIP Account #: <i>(For official use only)</i>		Co. Broad			
<p>I, the undersigned, a duly Authorized Representative of the local governing board, hereby authorize the Montana Board of Investments to initiate electronic debit and/or credit to the following account. The Authorized Representative acknowledges the origination of ACH transactions to the listed account complies with the provisions of U.S. law.</p> <p>Any sale, purchase, or distribution of funds will be made by Electronic Funds Transfer or wire debiting or crediting the appropriate treasury or shareholder bank account. Please specify the local government depository.</p> <p style="text-align: center;">Check one transaction type only.</p>					
Checking Account <input checked="" type="checkbox"/>			Savings Account <input type="checkbox"/>		
Name of Bank →	OPPORTUNITY BANK	Routing/ABA No →	092901104 ???		
Address →	400 BROADWAY ST				
City →	TOWNSEND	State →	MT	Zip →	59644
Account Number →	4130015				
I hereby certify as the Authorized Representative of the STIP Participant that all of the information contained herein is true, accurate and complete as of the date hereof.					
Signature →			Date →		
Printed Name →			Title →		
Please notify the Montana Board of Investments if you have applied a filter or a block to your account.					

REQUEST FOR EXEMPTION REVIEW

Note to Applicant: The purpose of this review is to enable Broadwater County officials to determine whether or not the proposed use of an exemption from local subdivision review would evade the Montana Subdivision and Platting Act.

Part One. Applicant Information

Landowner(s): Brug Farms And Mathew Donald Foth
Address: 9093 US Hwy 287 Toston MT 59643
Telephone Number(s): 406 580 6725

Landowner Representative: Schauber Survey
Address: 64 Jack Farm Road Phone: 406-266-4602

Part Two. Legal Description: 1/4 Tract H3 of the Heien Minor Subd
Sec. 27, T5N, R2E

Part Three. Basis for Exemption Request:

What exemption is being claimed, and what is the basis for your exemption claim?

Boundary relocation so I have a little more room to build another potato storage. Building will be used for crop storage - Ag use only. No need for septic system

Part Four. Supporting Information: Please provide all pertinent information, including an accurate certificate of survey or amended subdivision plat, as applicable and where required. A subdivision exemption review fee must be submitted with the exemption request.

AFFIDAVIT: I hereby certify that the purpose of this exemption request is NOT to evade the Montana Subdivision and Platting Act. Dated this 31 day of May, 2022

Signature(s): Mathew Donald Foth

Certificate of Governing Body:

We, the Board of County Commissioners, do hereby certify that the use of the exemption claimed on the accompanying Certificate of Survey has been duly reviewed, and has been found to conform to the requirements of the Subdivision and Platting Act, Section 76-3-101 et. seq. MCA, and the Broadwater County Subdivision Regulations.

Dated this ___ day of ___, A.D., 20__

Commissioner

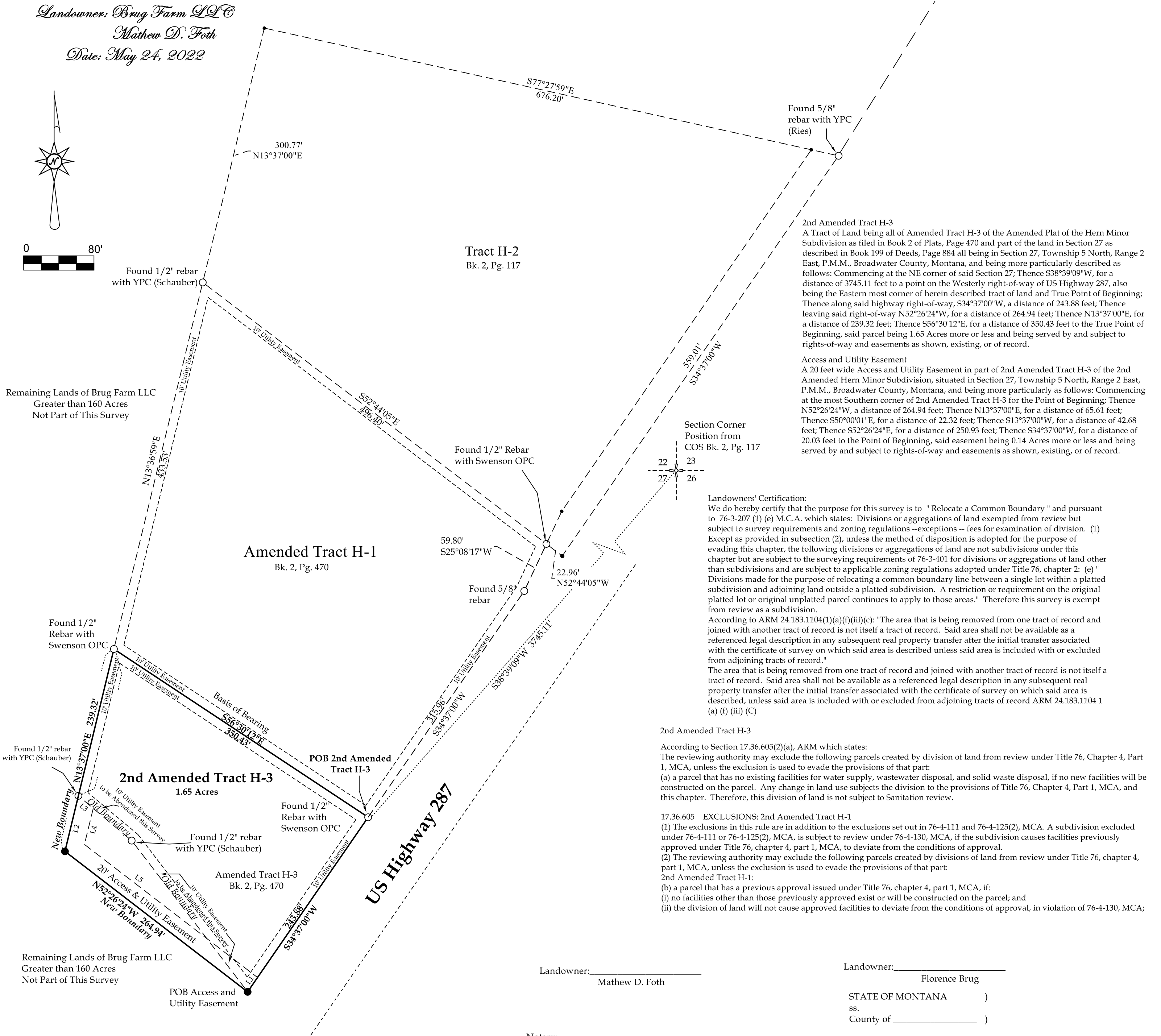
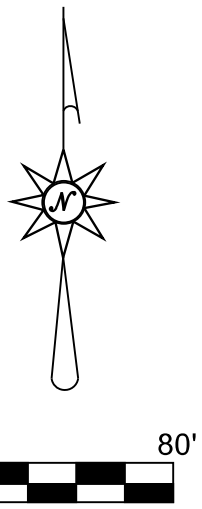
Commissioner

Commissioner

C&R Attest

2nd Amended Plat of the Hern Minor Subdivision
To Amend and Relocate Boundaries of Amended Tract H-3 of the Am. Hern Minor Bk. 2 of Plats, Pg 117, situated
in part of Section 27, Township 5 North, Range 2 East, P.M.M., Broadwater County, Montana

Landowner: Brug Farm LLC
 Mathew D. Foth
 Date: May 24, 2022



2nd Amended Tract H-3
 A Tract of Land being all of Amended Tract H-3 of the Amended Plat of the Hern Minor Subdivision as filed in Book 2 of Plats, Page 470 and part of the land in Section 27 as described in Book 199 of Deeds, Page 884 all being in Section 27, Township 5 North, Range 2 East, P.M.M., Broadwater County, Montana, and being more particularly described as follows: Commencing at the NE corner of said Section 27; Thence S38°39'09"W, for a distance of 3745.11 feet to a point on the Westerly right-of-way of US Highway 287, also being the Eastern most corner of herein described tract of land and True Point of Beginning; Thence along said highway right-of-way, S34°37'00"W, a distance of 243.88 feet; Thence leaving said right-of-way N52°26'24"W, for a distance of 264.94 feet; Thence N13°37'00"E, for a distance of 239.32 feet; Thence S56°30'12"E, for a distance of 350.43 feet to the True Point of Beginning, said parcel being 1.65 Acres more or less and being served by and subject to rights-of-way and easements as shown, existing, or of record.

Access and Utility Easement
 A 20 feet wide Access and Utility Easement in part of 2nd Amended Tract H-3 of the 2nd Amended Hern Minor Subdivision, situated in Section 27, Township 5 North, Range 2 East, P.M.M., Broadwater County, Montana, and being more particularly as follows: Commencing at the most Southern corner of 2nd Amended Tract H-3 for the Point of Beginning; Thence N52°26'24"W, a distance of 264.94 feet; Thence N13°37'00"E, for a distance of 65.61 feet; Thence S50°00'01"E, for a distance of 22.32 feet; Thence S13°37'00"W, for a distance of 42.68 feet; Thence S52°26'24"E, for a distance of 250.93 feet; Thence S34°37'00"W, for a distance of 20.03 feet to the Point of Beginning, said easement being 0.14 Acres more or less and being served by and subject to rights-of-way and easements as shown, existing, or of record.

Landowners' Certification:
 We do hereby certify that the purpose for this survey is to "Relocate a Common Boundary" and pursuant to 76-3-207 (1) (e) M.C.A. which states: Divisions or aggregations of land exempted from review but subject to survey requirements and zoning regulations -exceptions - fees for examination of division. (1) Except as provided in subsection (2), unless the method of disposition is adopted for the purpose of evading this chapter, the following divisions or aggregations of land are not subdivisions under this chapter but are subject to the surveying requirements of 76-3-401 for divisions or aggregations of land other than subdivisions and are subject to applicable zoning regulations adopted under Title 76, chapter 2: (e) "Divisions made for the purpose of relocating a common boundary line between a single lot within a platted subdivision and adjoining land outside a platted subdivision. A restriction or requirement on the original platted lot or original unplatted parcel continues to apply to those areas." Therefore this survey is exempt from review as a subdivision.

According to ARM 24.183.1104(1)(a)(f)(iii)(c): "The area that is being removed from one tract of record and joined with another tract of record is not itself a tract of record. Said area shall not be available as a referenced legal description in any subsequent real property transfer after the initial transfer associated with the certificate of survey on which said area is described unless said area is included with or excluded from adjoining tracts of record."

The area that is being removed from one tract of record and joined with another tract of record is not itself a tract of record. Said area shall not be available as a referenced legal description in any subsequent real property transfer after the initial transfer associated with the certificate of survey on which said area is described, unless said area is included with or excluded from adjoining tracts of record ARM 24.183.1104 1 (a) (f) (iii) (C)

2nd Amended Tract H-3
 According to Section 17.36.605(2)(a), ARM which states:
 The reviewing authority may exclude the following parcels created by division of land from review under Title 76, Chapter 4, Part 1, MCA, unless the exclusion is used to evade the provisions of that part:
 (a) a parcel that has no existing facilities for water supply, wastewater disposal, and solid waste disposal, if no new facilities will be constructed on the parcel. Any change in land use subjects the division to the provisions of Title 76, Chapter 4, Part 1, MCA, and this chapter. Therefore, this division of land is not subject to Sanitation review.

17.36.605 EXCLUSIONS: 2nd Amended Tract H-1
 (1) The exclusions in this rule are in addition to the exclusions set out in 76-4-111 and 76-4-125(2), MCA. A subdivision excluded under 76-4-111 or 76-4-125(2), MCA, is subject to review under 76-4-130, MCA, if the subdivision causes facilities previously approved under Title 76, chapter 4, part 1, MCA, to deviate from the conditions of approval.
 (2) The reviewing authority may exclude the following parcels created by divisions of land from review under Title 76, chapter 4, part 1, MCA, unless the exclusion is used to evade the provisions of that part:
 2nd Amended Tract H-1:
 (b) a parcel that has a previous approval issued under Title 76, chapter 4, part 1, MCA, if:
 (i) no facilities other than those previously approved exist or will be constructed on the parcel; and
 (ii) the division of land will not cause approved facilities to deviate from the conditions of approval, in violation of 76-4-130, MCA;

Certificate of Examination:
 Reviewed for errors and omissions in calculations and drafting this the _____ day of _____, 20____, pursuant to Section 76-3-611(2)(a), MCA.

Certificate of Surveyor:
 I hereby certify the attached plat is a true representation of a survey performed under my supervision and completed on May 26, 2022 and described the same as shown on the accompanying plat in accordance with the provisions of the Montana Subdivision and Platting Act.
 Dated this _____ day of _____, 20____.

Notary:
 On this _____ day of _____, 20____, before me a Notary Public for the State of Montana, personally appeared _____ known to me to be the persons whose names subscribed to the within instrument, and acknowledged to me that they executed the same.
 _____ Residing at _____
 Notary public for the State of Montana.
 My Commission Expires _____.

Landowner: _____
 Mathew D. Foth

Landowner: _____
 Florence Brug

STATE OF MONTANA)
 ss.)
 County of _____)

Notary:
 On this _____ day of _____, 20____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____ known to me to be the _____ (title) of _____, the corporation that executed the within instrument, and acknowledged to me that he executed the same for and on behalf of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

Notary Public for the State of Montana
 Residing at _____, Montana
 My Commission Expires _____

LINE	BEARING	HORIZ DIST
L1	S34°37'00"W	20.03'
L2	N13°37'00"E	65.61'
L3	S50°00'01"E	22.32'
L4	S13°38'20"W	42.68'
L5	S52°26'24"E	250.93'

Surveyor: _____
 Dan Swenson L.S. 15279
 P.O. Box 177
 Townsend, Mt. 59644

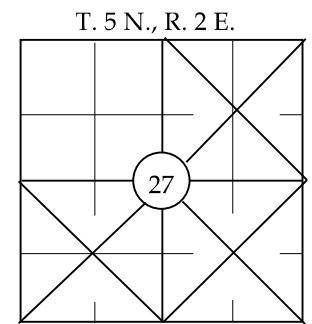
- LEGEND**
- ⊕ Section Corner
 - Found Rebar as Noted
 - Set 1/2" Rebar with Swenson OPC
 - Point of Record

Certificate of Treasurer:
 I, _____, Treasurer of Broadwater County, Montana, do hereby certify that the accompanying plat has been duly examined and that all real property taxes and special assessments assessed and levied on the land to be subdivided have been paid through _____
 Tax ID # _____
 Dated this _____ day of _____, 20____.

Treasurer of Broadwater County

Certificate of Clerk and Recorder:
 I, _____, Clerk and Recorder of Broadwater County, Montana, do hereby certify that the foregoing instrument was filed in my office at _____ o'clock, (am or pm), the _____ day of _____, AD, 20____, and recorded in Book _____ of Plats on Page _____, Records of the Clerk and Recorder, Broadwater County, Montana.
 Document No. _____

Clerk and Recorder



T. 5 N., R. 2 E.

Basis of Bearing Book 2, Page 117

Sec. 27, T. 5N., R. 2E., P.M.M. Broadwater Co., MT.			
Brug / Foth			
Boundary Relocation			
Schauber Surveying		266-4602	
SCALE 80 Ft/In	PRINT DATE 6-7-2022	FILE NAME 4576CR.trv	
DRAWN BY dls	REVISION	SHEET 1/1	JOB 4576