

BOARD OF COUNTY COMMISSIONERS

In Commission Chambers at
707 SE Quincy Street



Members
Commissioner Bill Riphahn
Commissioner Kevin Cook
Commissioner Aaron Mays

AGENDA

March 12, 2026 9:00 AM

Watch LIVE meetings at

<https://www.youtube.com/user/ShawneeCountyKS>

- I. PRESENTATIONS
- II. UNFINISHED BUSINESS
- III. CONSENT AGENDA
 - A. Consider the request for one employee to attend the National Association of Reentry Professionals 2026 Conference in Little Rock, Arkansas, April 19 through April 22, 2026, at no cost to the County. — Department of Corrections
 - B. Consider the request to reject a single bid for parking lot repairs and sidewalk improvements at the North Annex, and to re-advertise for construction at a future, yet to be determined, date. — Public Works
 - C. Consider approval of **Contract C2026084** with Choice Solutions for the purchase of two Ruckus switches and 3 years of support using TIPS contract pricing of \$13,131.42. — Information Technology
 - D. Consider approval of **Contract C2026085** with the Topeka Civic Theatre and Academy for the continued management of the Helen Hocker Center for Performing Arts for 2026 at a cost of \$217,830.00 to be paid out of the Park Services operating budget. — Parks + Recreation
 - E. Consider approval of **Contracts C2026086** through **C2026103** for Easy Ice lease agreements for 18 locations through December 31, 2026 (Q-94293, Q-94294, Q-94295, Q-94296, Q-94302, Q-94303, Q-94306, Q-94307, Q-94308, Q-94311, Q-94316, Q-94322, Q-94327, Q-94341, Q-94342, Q-94344, Q-94348, Q-94349). — Parks + Recreation
 - F. Consider approval of **Contract C2026104**, a licensing agreement with Can Play for the right to use Can Play's curriculum, brand, and materials for operating adapted sports and recreational programs. — Parks + Recreation
 - G. Consider approval to pay invoices for OK-SEE Surveillance Trailers, LLC for security/surveillance at the Gage Park Playland construction area utilizing Gage Park Sales Tax Funds. — Parks + Recreation
 - H. Acknowledge that Sheriff Hill is renewing an agreement, **Contract C2026106** with Chaplain John Hansen, to provide counseling and guidance services from April 1, 2026 to March 31, 2027. Cost of \$750.00 per month to paid out of budgeted funds.
- IV. NEW BUSINESS

- A. COUNTY CLERK – Lisa Schmitt
 - 1. Consider all voucher payments.
 - 2. Consider correction orders.

- B. LAND USE & DEVELOPMENT DEPARTMENT - Joni Thadani
 - 1. Consider approval of a Preliminary/Final Plat for Hadsall Ranch Subdivision to create a single 1.46-acre lot by reducing the parcel located at 12020 NW 62nd Street and combining a portion of it with the adjacent parcel along NW 62nd Street (R329640). The properties are zoned RA-1 (Rural Agriculture District) and located in Grove Township.
 - 2. Public Hearing and consider approval of **Resolution No. R2026033**, from County-initiated rezoning to amend the District Zoning Classification for multiple parcels along NW Topeka Boulevard and NW 39th Street, from C-2 (Commercial District) to RR-1 (Residential Reserve District) and M-2 (Multiple-Family Dwelling District), pursuant to KSA 12-757, in Soldier Township.

- C. PUBLIC WORKS - Curt Niehaus
 - 1. Consider awarding bid to New Frontier Materials of Maryland Heights, MO for up to 5,500 tons of "trap rock" in lieu of the usual lightweight aggregate.

- D. HEALTH DEPARTMENT - Teresa Fisher
 - 1. Consider approval for the Shawnee County Health Department (SCHD) to apply for the Kansas Department of Health and Environment (KDHE) Aid-to-Local grants for the State Fiscal Year 2027 (SFY27).

- E. WEED DEPARTMENT - John Landon
 - 1. Consider approval of the following 2026 Noxious Weed Control Agreements:
 - Contract C2026069 with Auburn Township**
 - Contract C2026070 with Grove Township**
 - Contract C2026071 with Menoken Township**
 - Contract C2026072 with Mission Township**
 - Contract C2026073 with Monmouth Township**
 - Contract C2026074 with Rossville Township**
 - Contract C2026075 with Silver Lake Township**
 - Contract C2026076 with Soldier Township**
 - Contract C2026077 with Tecumseh Township**
 - Contract C2026078 with Topeka Township**
 - Contract C2026079 with Williamsport Township**
 - Contract C2026080 with Kansas Dept of Transportation**
 - Contract C2026081 with City of Topeka**
 - Contract C2026082 with Tri-County Drainage District**
 - Contract C2026083 with Wakarusa Watershed**
 - 2. Consider approval to award the bid for weed management chemicals to Van Diest Supply Company.

F. PARKS + RECREATION - Tim Laurent

1. Consider approval to award a bid to Shirley Construction for the construction of two cabins at Lake Shawnee Campgrounds at a cost of \$402,000.00.
Pending approval, Parks + Recreation will work with Shirley Construction on a contract for approval. Funding for the project will be provided for through a Kansas Department of Wildlife and Parks LWCF Grant, the Campground Revolving Fund, and the Department's Building Maintenance Fund.

G. SHERIFF'S OFFICE - Brian Hill

1. Acknowledge that the Sheriff's Office has updated an agreement, **Contract C2026105** with Free State Security, to provide security at the courthouse from January 1, 2026 through December 31, 2029.

H. COMMISSION

1. Acknowledge Councilmember Marcus Miller nominated Annie Buckland as a representative on the Shawnee County Parks and Recreation Advisory Board.
2. Consideration of the Shawnee County Solar Energy Conversion System Regulations (as recommended for approval by the Shawnee County Planning Commission on February 9, 2026) will be rescheduled for Monday, April 13, 2026 at 9:00 a.m. for a special meeting of the Board of County Commissioners. The work session originally scheduled for April 13, 2026 will now be a specially set regular meeting of the Board of County Commissioners, during which the Board of County Commissioners may take action on the Shawnee County Solar Energy Conversion System Regulations. Such action may include the passage and adoption of those regulations.

V. PUBLIC COMMENT

VI. ADMINISTRATIVE COMMUNICATIONS

VII. EXECUTIVE SESSIONS



Department of Corrections

Department of Corrections

Brian W. Cole, Director

ADC: 501 SE 8th, Topeka, KS 66607

JDC: 401 SE 8th, Topeka, KS 66607

ISP: 712 S. Kansas, Suite 300, Topeka KS 66603

Phone: 785.251.6601

Email: brian.cole@snco.us

Website: www.snco.us

DATE: March 3, 2026

TO: Board of County Commissioners

FROM: Brian W. Cole, Director 

Consent Agenda

RE: **Out-of-State Travel for Training**

I am requesting approval for one employee with the Shawnee County Department of Corrections to attend National Association of Reentry Professionals Inc. Reentry 2026 Conference in Little Rock, Arkansas, April 19 – April 22, 2026. This conference will assist us in enhancing our commitment to those individuals being released back into the community. Expenses associated with attending this training has been funded through KDHE and Mirror Inc.

I will be happy to answer any questions you may have.

BC:kp

cc: Angela Lewis, Director of Human Resources
Tim Phelps, Deputy Director
Joe Rucker, Deputy Director
Brett Fisher, Division Manager, Standards and Compliance



Public Works Department

Department of Public Works

Curt F. Niehaus, P.E., Director & County Engineer

1515 NW Saline St., Suite 200

Topeka, Kansas 66618-2867

Ph. 785.251.6101

Email: curt.niehaus@sncos.org

Website: www.sncos.org/publicworks/

Date: March 5, 2026

To: Board of County Commissioners

From: Curt F. Niehaus, P.E.
Director of Public Works

Re: Consider request to REJECT BID and re-advertise at a future, yet to be determined, date.

Project: North Annex – east parking lot repairs and sidewalk improvements

Timeline: BCC approval of request to solicit bids: November 3, 2025

A single bid was received on Wednesday, March 4 (RFQ 007-26) for the above referenced project.

A breakdown of the bid in relation to the Engineer’s Estimate is as shown below (in ascending order):

BIDDER	COST/ BID	ABOVE ESTIMATE
Engineer’s Estimate	\$43,958.00	
		\$20,420.16 (46.5% increase)
B&T Construction, LLC of Topeka, KS	\$64,378.16	

Considering the above, I am requesting approval to reject the single bid and then re-advertise for construction at a later date.

This project was to be equally funded between the 2026 Roof and Parking Lot Fund, and the 2026 Solid Waste Operating Budget, which is 100% user fee funded.

Thank you for considering this request.



Information Technology

Marc Price

707 SE Quincy Street, Suite 200

Topeka, Kansas 66603

Ph. 785.251.4030

Email: Marc.Price@snco.gov

Website: www.snco.gov

Memorandum

Date: March 6, 2026

To: Board of County Commissioners

From: Marc Price, Information Technology Director

RE: Purchase of Ruckus Switches and Support

The Information Technology Department is requesting approval to purchase two (2) new Ruckus switches and three (3) wireless access points for use at the Department of Corrections' new Mental Health Unit. The request also includes three (3) years of support through Choice Solutions.

The pricing for this request is through the TIPS contract, #230105. The Department of Corrections will be responsible for the expense, which is \$13,131.42. The County Counselor's Office has approved this request as to form and legality.

I am happy to answer any questions you may have about this request.

MP:bmb

Shawnee County Contract C2026084



**This Proposal Prepared Exclusively For
Shawnee County IT Department
Ruckus Switches + APs with 3 Year Support TIPS #230105
Proposal #031070
Version 2**



Main: (913) 338-4950
Fax: (913) 338-4948
Email: sales@choicesolutions.com
Web: www.choicesolutions.com

Monday, February 23, 2026

Shawnee County IT Department
Marc Price
200 SE 7th St Suite 205
Topeka, KS 66603
marc.price@snco.us

Dear Marc,

At Choice Solutions we are recognized for bridging the gap between digitally transformative technologies and workplace experiences, which ultimately drive productivity and profitability for those we serve. We do this by always putting your needs as a customer first. We want to earn the right to be your trusted technology advisor, helping you solve your business challenges today and strategizing about your future needs. Our success comes from ensuring we give you an authentic experience and knowing we've done right by you. I always tell new people I meet, who ask about our team, that Choice Solutions would not have been founded if there was another culture out there like it, but there wasn't. I vowed to start a business that was rooted in faith and integrity, that valued people and community every single day, and empowered team members to always do the right thing. Thank you for choosing us. Welcome to the Choice Family!

Best Regards,

Jim

Jim Steinlage

President and CEO

Choice Solutions, L.L.C.



Main: (913) 338-4950
 Fax: (913) 338-4948
 Email: sales@choicesolutions.com
 Web: www.choicesolutions.com

Shawnee County Contract C2026084

Prepared For

Shawnee County IT Department
 Marc Price
 200 SE 7th St Suite 205
 Topeka, KS 66603
 marc.price@snco.us
 (785) 251-4103

Prepared By

Laura Butterfield
 Phone: (913) 338-4950
 Email: lbutterfield@choicesolutions.com

RUCKUS	PRICE	QTY	EXTENDED
Ruckus ICX 8200 Switch, 16 1/10GBE SFP+ Ports, 8 25 GBE SFP28 Stacking/Uplink-Ports, Three-Year Remote TAC Support. Power Cord Not Included. TAA	\$4,836.09	1	\$4,836.09
Ruckus ICX 8200 Switch, 48 10/100/1000 Mbps PoE+ Ports, 4 25 GbE SFP28 Stacking/Uplink-Ports, 740 W PoE Budget, Three-Year Remote TAC Support. Power Cord Not Included.	\$4,030.08	1	\$4,030.08
Ruckus ICX Tool-less 4-Post Rack Mount Kit	\$252.22	2	\$504.44
Ruckus R670 AP Wi-Fi 7 Tri-Band Concurrent Wireless Access Point With 2X2 (2.4GHZ) + 4X4 (5GHZ) + 2X2 (6GHZ) RF Configurations. Wi-Fi 7 Support In All Three Frequency Bands. 6GHZ Band Supports LPI Mode And SP Mode With AFC.	\$990.22	3	\$2,970.66
Ruckus One Essentials 3 Year Subscription For 1 Network Device (AP Or Switch) For Rec. Switch Remote Support Is Not Included And Is Required To Be Purchased Separately	\$158.03	5	\$790.15
RUCKUS SUBTOTAL			\$13,131.42



Main: (913) 338-4950
 Fax: (913) 338-4948
 Email: sales@choicesolutions.com
 Web: www.choicesolutions.com

RECAP		AMOUNT
	RUCKUS	\$13,131.42
	TOTAL	\$13,131.42

Proposal #031070, Version: 2

This Proposal is valid for 30 days.

Payment Terms: Net 30 Days from invoice date. Payment to be made with check, ACH, or wire or as otherwise agreed to in writing. Credit card payments are subject to a 3% processing fee.

Shipping, handling, sales tax, tariffs and other applicable charges will be determined and added at invoicing. We reserve the right to cancel orders arising from pricing or other errors.

This Proposal (the "Proposal") and the following or accompanying Statement of Work (as applicable) (the "Statement of Work" or "SOW") is subject to and will be performed in accordance with that certain Master Services Agreement between Choice Solutions, L.L.C. and the undersigned Customer dated 02/01/2023.

IN WITNESS WHEREOF, the parties hereto have caused this Proposal and the following or accompanying Statement of Work to be executed by their duly authorized representatives as of the date written below. This Proposal and the following or accompanying Statement of Work may be executed in two or more counterparts each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. An electronic, facsimile or copy of a signature shall be treated as an original.

SHAWNEE COUNTY IT DEPARTMENT

By: _____

Name: _____

Title: _____

Date: _____

CHOICE SOLUTIONS, L.L.C.

By: _____

Name: _____

Title: _____

Date: _____

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026084

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION, DAMAGES, WARRANTIES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges; and no provisions will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: Shane M. Steinlage
1B61F7188A554E4...
Partner, Chief Operations Officer

Title: _____
1/26/2026

Date: _____

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date: _____

ATTEST:

Lisa Schmitt, Shawnee County Clerk

From: [Brzon, Jonathan](#)
To: [Biltoft, Brandy](#)
Cc: [Eckert, Rich](#); [Price, Marc](#)
Subject: RE: Choice Solutions - Switches for DOC Mental Health Unit
Date: Friday, March 6, 2026 8:54:33 AM
Attachments: [image001.png](#)

Approved as to form and legality.

Jonathan Brzon

Deputy Shawnee County Counselor
707 SE Quincy, Room 310
Topeka, Kansas 66603

785.251.4202 (direct)

785.251.4042 (office)

www.snco.us/counselor/



From: Biltoft, Brandy <Brandy.Biltoft@snco.us>
Sent: Thursday, March 5, 2026 11:59 AM
To: Brzon, Jonathan <Jonathan.Brzon@snco.us>
Cc: Eckert, Rich <Rich.Eckert@snco.us>; Price, Marc <Marc.Price@snco.us>
Subject: Choice Solutions - Switches for DOC Mental Health Unit

Good morning,

Attached is the proposal through Choice Solutions for the purchase of switches and 3 years of support for those switches. These switches are needed for the DOC's new mental health unit. Pricing is through TIPS contract #230105.

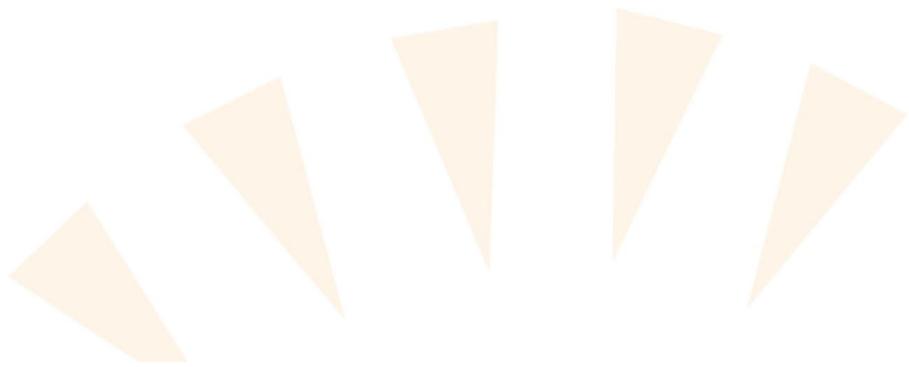
Please let me know of any issues.

Thank you.

Brandy

Brandy Biltoft

Deputy Director
Shawnee County Information Technology
707 SE Quincy, RM 209
Topeka, KS 66603
Office: 785.251.4855



March 2, 2026

TO: Board of Commissioners
Shawnee County

TL

FROM: Tim L. Laurent, Director
Parks + Recreation

RE: Topeka Civic Theatre and Academy - Helen Hocker Management Agreement
Park Services Division

Purpose: Board of Commissioners approval and execution is requested on the attached Agreement between Topeka Civic Theatre and Academy (TCTA) and Shawnee County Parks + Recreation (SCP+R) for continued management of the Helen Hocker Center for Performing Arts for 2026. Funding in the amount of \$217,830.00 is provided by the the Departments operating budget.

Justification: The Master Plan identifies several strategies to meet the community vision of the operations and staffing of facilities. A strategy that allows SCP+R to continue the vision of the operations and staffing of facilities is that through this agreement, the parties have developed a partnership plan to help manage the Helen Hocker Theater. This agreement ensures both parties strive to meet goals and objectives set according to SCP+R standards. TCTA was contracted by the Board of Commissioners to manage and operate the Helen Hocker Center for Performing Arts as part of SCP+R programming since December 2012.

TLL/dlt
Attachments



parks.snco.us

**AGREEMENT WITH TOPEKA CIVIC THEATRE & ACADEMY
FOR MANAGEMENT OF THE HELEN HOCKER CENTER
FOR THE PERFORMING ARTS**

THIS AGREEMENT is made and entered into effective the 4th day of March, 2026, by and between **THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF SHAWNEE, KANSAS (THE COUNTY)**, and **TOPEKA CIVIC THEATRE & ACADEMY, (MANAGER)**. Together known as the Parties, hereby agree as follows:

WHEREAS, the County is the operator of the Helen Hocker Center for the Performing Arts located in Gage Park, and other public facilities therein pursuant to a license agreement with the City of Topeka; and

WHEREAS, the Parties desire to enter into this Agreement for the management and continuance to maintain the “Spirit, Heart & Soul” of Helen Hocker Center for the Performing Arts; and

WHEREAS, Shawnee County Parks + Recreation hereinafter referred to as the “Department” shall be the department responsible for carrying out the responsibilities of the County; and

NOW, THEREFORE, for the reasons set forth above, and in consideration of the mutual covenants and agreements hereinafter set forth, the County agrees to allow Manager to operate the Helen Hocker Center for the Performing Arts in accordance with the terms and conditions contained herein.

1. **LOCATION** The County does hereby contract with the Manager for the use of the Helen Hocker Center for the Performing Arts (hereinafter referred to as “Premises”). Premises shall include for purposes contained herein to carry out the management of this Agreement; the Amphitheater, Westlake Shelter, and the Helen Hocker Offices all contained within Gage Park.

2. **USE OF PREMISES** Manager shall use, occupy, and maintain the Premises herein in a business-like, careful, clean, and safe manner for the sole purpose of operating a theater in strict accordance with all terms and conditions herein. Written approval by the County shall be required for any other proposed use in addition to those specified above.

3. **TERM** This Agreement shall commence on January 1, 2026 and shall expire on December 31, 2026, unless sooner terminated as provided herein. Provided, however, the Parties acknowledge and agree that this contract is subject to the County's revocable license agreement with the City of Topeka, and by its nature, that license agreement is revocable at the option of the City of Topeka at any time.

4. **RENEWAL** The parties may mutually agree to renew this Agreement annually upon conditions mutually agreed upon in writing at that time.

5. **MANAGER'S RESPONSIBILITIES**

a) In partnership with the County, agree to operate the County's theater program. In the event of expansion of the theater programs by the County, the Manager shall have first right of refusal.

b) To ensure the "Spirit" of Helen Hocker Theater remains constant.

c) Continue the operation of the Bath House Players and Topeka Youth Players program or similar youth theater education programs.

d) Provide theater activities (camps, programs) that are fiscally responsible and meet the public need. Sharing of proposed activities shall include annual evaluations of outcomes, fees, play readings, supplies and staffing with the Department.

e) Provide appropriate design and equipment for theater productions.

f) Hire and supervise all choreographers, music directors, costume designers and anyone necessary to the production of the theater.

g) Contract with Musical/Theater companies for royalty rights.

h) In accordance with TCTA practices, a play reading committee shall evaluate and suggest a season lineup to the TCTA Board of Trustees. Upon the approval of the Trustees, the Manager shall provide the Department with the approved season selections. The County has the option of appointing a representative to participate on the play reading committee.

i) As part of the annual budget preparation process, the Manager's finance committee shall set recommended admission fees and camp fees for the upcoming season and TCTA shall provide the Department with the approved pricing schedule for Department approval; such approval shall not be unreasonably withheld.

j) Provide an annual list of the Manager's Board of Directors.

k) Shall meet with the County quarterly to plan and share activity-based costs and equity invested.

l) Parties agree to maintain the Premises according to any applicable Department Maintenance Standards for recreation centers as well as the Broken Equipment Standards when necessary.

m) Parties agree on the Department Youth Program Goals and Objectives for programming as stated herein:

- i. Develop new skills and abilities through program activities.
- ii. Continue to develop social skills through peer interaction and instructors/counselors acting as role models for appropriate behavior.
- iii. Promote healthy active lifestyle through program activities and choices.
- iv. Cognitive development through new experiences and interaction with the surrounding environment.
- v. Large and fine motor development through an active hands-on environment.
- vi. Emotional support through a positive environment.

6. **PERSONAL PROPERTY** Manager shall have the use of such existing personal property owned by the County that may be currently located on the Premises. Manager agrees to exercise general supervision and responsibility for the proper use and care of such County-owned property. Manager shall be allowed to acquire and utilize its own personal property as necessary for the proper discharge of its duties herein and shall retain ownership of such property at the end of the contract. All personal property on the Premises being utilized by the Manager under this Agreement, regardless of ownership, shall be the responsibility of the Manager, though any repairs to existing or acquired County property shall be at the County's expense.

The County shall be responsible for maintaining the infrastructure of the facility, including but not limited to plumbing, electrical, HVAC to a safe and useable level. County shall only be liable for any damage or injuries as Kansas law would provide. Manager shall be responsible for any damages or injury related to use and operation of theater equipment and facilities beyond those responsibilities ascribed to the County above with any such costs considered costs of operation on the theater program.

Manager agrees to provide the County with an updated inventory of equipment and personal property on hand or ordered at the conclusion of this Agreement.

Parties agree that Manager may dispose of any costume, prop or other item of minimal or salvage value consistent with normal theater practice (i.e. donation to a non-profit entity or disposal). All other items shall be disposed of following Shawnee County Code for disposal.

7. **INSURANCE** Manager agrees, as part of the program operating expenses, to procure (or expand existing coverage) and maintain comprehensive general liability insurance with a responsible company or companies authorized to do business in the State of Kansas, in amounts not less than One Million and No/100 Dollars (\$1,000,000.00) for any one person injured and with property damage limits of One Million and No/100 Dollars (\$1,000,000.00). Said insurance shall protect the County and the Manager against all claims, damages, costs, or expenses on account of injury to any person or persons, or to any property belonging to any person or persons by reason of casualty, accident, or other happening on or about the Premises.

Certified copies of said policies, naming the County as an additional insured and providing for thirty (30) days notice to the County before material alteration or cancellation, shall be delivered to the County prior to the beginning date of the term of this Agreement.

8. **SALES TAX** Manager agrees to timely pay all sales tax and other legally assessed taxes, (but reasonably preserving the Manager's rights of appeal) against the personal property of the Manager on the Premises, during the term of this Agreement. Such costs shall be considered costs of operation of the program.

9. **MONTHLY INCOME/EXPENSE REPORTS** Manager agrees to submit separate monthly reports to the County listing gross receipts and identifying all sources of receipts at the Premises and showing all expenditures, including any and all necessary expenses as a result of said particular operations. Such reports shall be provided to the Department no later than the 4th Thursday of each month.

10. **MANAGER'S RECORDS/ANNUAL AUDIT** With respect to all matters covered by this Agreement, Manager's records and documents shall be subject to review or audit by the County.

Manager agrees to submit to the County, upon request, a separate financial statement that has been reviewed or audited by the Manager's independently contracted CPA firm for the operation of the preceding year at the end of the Manager's fiscal year, including a balance sheet,

an income statement, and a statement of changes in financial position. Such report shall be prepared by a company chosen by the Manager, showing all necessary operating expenses, specifically, and net operation income for each particular operation and shall include the auditor's opinion and related footnotes.

Pursuant to the Kansas Open Records Act, information or documents received from Manager may be open to public inspection and copying. The County has a legal obligation to disclose such information unless a particular record is made confidential by law. Manager may label specific parts of an individual document as a "trade secret" or "confidential", provided that Manager thereby agrees to assist in defending the County for honoring such a designation. The failure to so label any document that is released by the County shall constitute a complete waiver of any and all claims for damages caused by any release of the records.

11. **LICENSES AND PERMITS** All necessary licenses and permits to operate the theater must be obtained from the appropriate offices before operation may begin. All licenses and permits are subject to safety, health, fire and any other applicable inspections.

12. **COUNTY RESPONSIBILITIES**

- a) **Utilities/Technology.** The County shall furnish a reasonable amount of water, gas, electricity, internet, pest control, refuse, telephone, security service and copier service for the Premises as provided by Department facilities.
- b) **Security.** The County shall pay repair costs for the security alarm system on the Premises. Manager shall be responsible for payment of service calls made by the security system vendor for any personnel opening/closing procedure errors. Keys shall be solely provided to appropriate County personnel and the Manager who shall in turn control any additional key and security access code distribution.

13. **FINANCIALS** Costs and income associated with operation of the theater program are generally defined as expenses and revenue. Expenses are defined as any costs of the operation of the theater programs. Revenue shall specifically include any income to the program to include ticket sales, fees for classes and comparable items.

County understands that such proposal and budget is estimated and that the actual costs may be slightly more or less than budgeted. County shall allow Manager to shift funds within the proposed budget as required to operate the theater productions and educational programs in a fiscally responsible manner in the Manager's professional judgment.

The County subsidizes the operating of the Premises and programs including an administrative fee. The administration fee is equal to 15% of the 2026 total budget (\$32,674.50) of \$217,830.00 for 2026. County agrees, and upon approval of this contract, shall pay out quarterly, in advance of each calendar quarter, one-fourth (1/4) of that projected amount to Manager. Upon anticipated approval, County shall pay Manager the 1st quarter of the payment in the amount \$54,457.50 upon execution of this agreement. Three (3) subsequent quarterly payments in the same amount would then be paid at the beginning of each quarter on April 2, July 2, and October 1. At the close of each calendar year of this agreement, the Manager shall provide a final financial accounting of the annual expenses. In the event that expenses exceed revenue and County subsidization, Manager is responsible for making cuts to budget or covering shortfall through other means. If revenue exceeds expenses, Manager shall report overage and utilize the overage to support future development of aforementioned programs. Manager shall operate the programs and productions in a fiscally responsible and professional manner.

14. TERMINATION DUE TO LACK OF FUNDING APPROPRIATION Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 et seq. If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to Contractor at least sixty (60) days prior to the end of its current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the Contractor.

15. NON-DISCRIMINATION The Parties agree to comply with all Federal laws relating to non-discrimination in connection with any use, operation, program, or activity on or related to the previously described property, including, but not limited to:

- a) All requirements imposed by or pursuant to the non-discrimination regulations of the United States Department of the Interior (43 C.F.R. Part 17);
- b) Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d-1) which prohibits discrimination on the basis of race, color, or national origin;
- c) The Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101 *et seq.*), which prohibits discrimination on the basis of age;

- d) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) which prohibits discrimination of the basis of handicap;
- e) The Architectural Barriers Act of 1968, as amended (42 U.S.C. 4151), which requires facilities located on the property to be accessible to the physically handicapped; and
- f) The Americans with Disabilities Act of 1990 (42 U.S.C. 12181), which requires that no otherwise qualified handicapped individual shall, solely by reason of his or her handicap, be excluded from participation in, be denied benefits, or be subject to discrimination under any program or activity receiving Federal Financial Assistance.

16. **ALTERATIONS AND IMPROVEMENTS** Manager shall obtain prior written approval from the Department for any improvements erected at the Premises. Such written approval shall not be unreasonably withheld. All improvements must be constructed, erected, and maintained at the Manager's expense and may considered operating expenses. All improvements shall be constructed and maintained by Manager with due regard to the safety and welfare of persons at the Premises.

17. **MAINTENANCE AND REPAIR** The County shall maintain the Premises on a year-round basis to include road and parking lot repair, snow and ice removal, turf care, painting and maintaining all structures, keeping all site amenities in good repair, trash and leaf removal, and any other reasonable items that County deems necessary to maintain the overall quality of the Premises in keeping with the surrounding parklands.

Manager agrees to keep the Premises in a clean and sanitary condition at all times. The Premises must be maintained in accordance with all Local, State, and Federal fire, health, and safety codes and regulations. Requests for specific maintenance repairs in the facility must be submitted in writing to the County.

18. **INSPECTION AREAS** Manager shall allow designated Department staff, at reasonable times, to inspect any facility operated under this Agreement.

19. **INDEMNITY** Manager hereby expressly agrees to indemnify, save and hold harmless, and defend the County against all fines, claims, damages, losses, judgments, and expenses arising out of, or from, any omission or activity of such person, organization, its representatives, or employees. County likewise expressly agrees to indemnify, save and hold

harmless, and defend the Manager against all fines, claims, damages, losses, judgments, and expenses arising out of, or from, any omission or activity of such person, organization, its representatives, or employees.

20. **ASSIGNMENT AND SUBLETTING** Manager shall not assign this Agreement or any interest therein, nor let or sublet the said Premises or any part thereof or any right or privilege appurtenant thereto, nor permit the occupancy or use of any part thereof by any other person. This provision does, however, anticipate that the Manager may allow reasonable public use of the facility, with or without charge, beyond specific theater productions and programs as such may support the operations and goals of the theater operations.

21. **SURRENDER; WASTE** Manager agrees that upon expiration of this Agreement or earlier termination thereof, it shall surrender the assigned Premises to the County in as good or better condition as they were in at the time of execution of this Agreement, ordinary wear excepted. In the event of termination or expiration of this Agreement, all signage, advertisements, equipment, inventory, or other personal property of Manager must be removed by Manager at its sole expense within thirty (30) days, unless purchased from Manager by the County pursuant to the terms of this Agreement. Manager further agrees that it shall permit no waste nor suffer the same to be committed, nor injure or misuse the demised Premises.

22. **LIENS** Manager shall keep the assigned Premises free from any and all liens arising out of any work performed, materials furnished, or obligations incurred by Manager during the term of this Agreement or any extension or renewal thereof. Manager may not obtain ownership of or exclusionary rights in the Premises, improvements, or facilities of the Park regardless of any financial investment it may make in their development.

23. **WAIVER** Failure of either party to complain of any act or omission on the part of the other party, no matter how long the same may continue, shall not be deemed to be a waiver by said party of any of said party's rights hereunder. No waiver by any party at any time, expressed or implied, of any breach of any provision of this Agreement shall be deemed a waiver of breach of any other provision of this Agreement or a consent to any subsequent breach of the same or any other provision. If any action by either party shall require the consent and approval of the other party, the other party's consent to or approval of such action on any one occasion shall not be deemed to be a consent to or approval of said action on any subsequent occasion. Any and all rights and remedies which either party may have under this Agreement, upon any breach, shall be

distinct, separate, and cumulative, and shall not be deemed inconsistent with each other; and no one of them, whether exercised by said party or not, shall be deemed to be an exclusion of any other.

24. **TERMINATION** This Agreement shall terminate upon the occurrence of any of the following events:

- a) Either party seeks to terminate with demonstrable good cause the Agreement with Sixty (60) days written notice. In such event the other party shall have a reasonable right to remedy such issues or problems in order to keep the contract in full force and effect. Any such notice shall specify the date of termination and the contract shall only terminate if such issues are not remedied
- b) Manager or County materially violates any provision of the Agreement.
- c) The expiration of the term of this Agreement or any renewal thereof.

In the event that this Agreement is terminated, the County may pay to the Manager a sum agreed to by the Parties to this Agreement for some or all of the Manager's actual costs for Manager's equipment, inventory, and personal property, which must be documented by invoice and/or delivery slips. The Parties agree to negotiate the value of equipment, inventory, and personal property older than one (1) year. After receipt of notice that this Agreement shall be terminated or allowed to expire without renewal, Manager shall not order additional equipment, inventory, or personal property without the written approval of the County.

At the end of the contract term, both Parties agree to provide notice of intent to allow the contract to expire at least sixty (60) days in advance of the potential contract expiration in order to allow the other party time to make appropriate arrangements to wind down the operations and avoid incurring any unnecessary contractual or financial obligations.

25. **ACKNOWLEDGMENT** It is expressly understood and agreed that this Agreement is not a conveyance of realty, but merely an Agreement granting Manager the right to conduct certain activities and provide certain services for the benefit of the public on the premises. All parties to this agreement understand and are bound by the restrictions, responsibilities, and limitations set out in the license agreement between the County and the City of Topeka as well as the terms of the deed filed June 14, 1899, Book 258, Page 250 by the Register of Deeds, Shawnee County, Kansas.

26. **NOTICE** Any notice by either party to the other shall be in writing and shall be deemed to be given only if delivered personally or mailed by registered or certified mail as follows:

County:
Shawnee County Parks + Recreation
Tim L. Laurent, Director
3137 SE 29th Street
Topeka, Kansas 66605

Manager:
Topeka Civic Theatre & Academy
Attn: President/CEO
3028 SW 8th Avenue
Topeka, Kansas 66606

Other addresses may be established as the parties hereto may designate by written notice to the other party and delivered in accordance with the provisions of this paragraph.

This Agreement shall be administered by the Department and all documentation required from Manager pursuant to this Agreement shall be delivered to the Director.

27. **FORCE MAJEURE** County reserves the right to postpone any event/activities as needed due to any public health emergency restrictions without penalty or loss of any deposits or funds paid by either party. County shall notify Contractor (or Vendor) of any such decisions and offer rescheduling options as soon as possible should such efforts be warranted. Furthermore, Contractor shall have an updated emergency operations plan and address prevention strategies meeting CDC mass gathering requirements and share such plans with the Department in order to proceed with the contractual obligations.

28. **SEVERABILITY** The provisions of this Agreement are severable. In the event any paragraph or portion of the Agreement is declared illegal or unenforceable, the remainder of the Agreement shall remain in effect and binding upon the parties.

29. **INDEPENDENT CONTRACTOR** It is mutually understood and agreed that Manager is associated with the County only for the purposes and to the extent specified in this Agreement, and in respect to performance of the contracted services pursuant to this Agreement, Manager is and shall be an independent contractor and, subject only to the terms of this Agreement, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Agreement. Nothing contained in this Agreement shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the County whatsoever with respect to the indebtedness, liabilities, and obligations of Manager or any other party. Manager shall be solely responsible for, and the County shall have

no obligation with respect to: (1) withholding of income taxes, FICA, or any other taxes or fees; (2) insurance coverage; or (3) normal employee employment expenses such as worker's compensation and the like. Neither Manager nor its employees, agents, or representatives shall be considered employees, agents, or representatives of the County. The parties shall continually evaluate the nature of services and the term of the Agreement negotiated in order to determine "independent contractor" status, and shall monitor the work relationship throughout the term of the Agreement to ensure that the independent contractor relationship remains as such.

30. **ENTIRE AGREEMENT** The Contractual Provisions Attachment, which is attached to this Agreement, is incorporated by reference and made a part of this Agreement. Together this Agreement and the Contractual Provisions Agreement represents the entire agreement and understanding between the Manager and the County. No terms, conditions, course of performance, usage of trade, understandings, or agreements purporting to modify, supplement, or explain any provision of this Agreement shall be effective unless in writing, signed by representatives of both parties authorized to amend the Agreement.

IN WITNESS WHEREOF, the parties have hereto executed this Agreement as of the day and year first above written.

**TOPEKA CIVIC THEATRE
& ACADEMY**

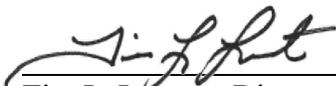


(Signature)

Caleb D. Asher, President & CEO

(Printed Name)

**SHAWNEE COUNTY
PARKS + RECREATION**



Tim L. Laurent, Director

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

ATTEST:

Lisa Schmitt, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026085

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least sixty (60) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION, DAMAGES, WARRANTIES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges; and no provisions will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:


By: Caleb D. Asher

President & CEO

Title:

03/04/26

Date:

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

From: [Brzon, Jonathan](#)
To: [Tripe, Darrick](#)
Subject: RE: Topeka Civic Theatre management agreement
Date: Tuesday, October 21, 2025 1:26:29 PM
Attachments: [image006.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)

Approved as to form and legality.

Jonathan Brzon

Deputy Shawnee County Counselor
707 SE Quincy, Room 310
Topeka, Kansas 66603

785.251.4202 (direct)
785.251.4042 (office)
www.snco.us/counselor/



From: Tripe, Darrick <Darrick.Tripe@snco.us>
Sent: Tuesday, October 21, 2025 1:06 PM
To: Brzon, Jonathan <Jonathan.Brzon@snco.us>
Subject: Topeka Civic Theatre management agreement

Good afternoon Jonathan,

Attached for your review is an agreement with Topeka Civic Theatre for the management of Helen Hocker. The main change from previous contracts is the removal of paying any overage or shortfall from the allotted funding. CPA will be attached to this as well.

I look forward to your review & comments.

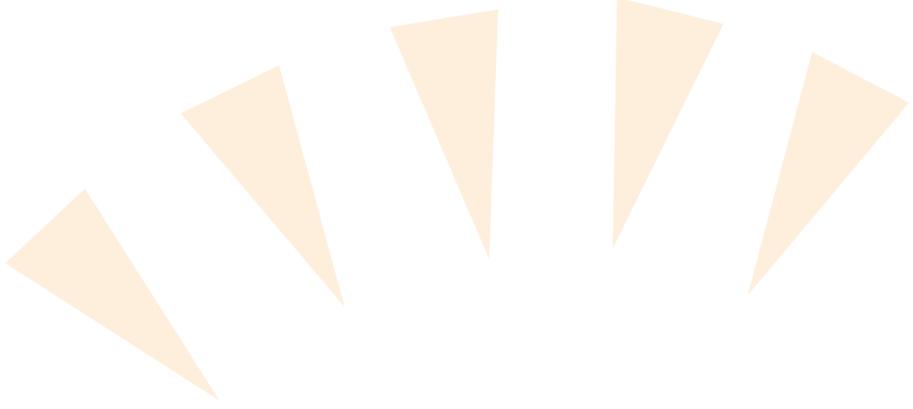
Thank you,
Darrick



Darrick Tripe
P+R Management Support
Specialist
Direct: 785-251-6806 •
parks.snco.us



Our mission: Inspire active and healthy lifestyles through a diverse system of parks, facilities, programs and people.



March 3, 2026

TO: Board of County Commissioners
Shawnee County

TL

FROM: Tim L. Laurent, Director
Parks + Recreation

RE: Easy Ice Lease Agreements
Park Services Division

Purpose: Board of Commissioners approval is requested to approve and execute the attached Easy Ice lease agreements (q-94293, q-94294, q-94295, q-94296, q-94302, q-94303, q-94306, q-94307, q-94308, q-94311, q-94316, q-94322, q-94327, q-94341, q-94342, q-94344, q-94348, q-94349) for eighteen (18) locations through December 31, 2026.

Justification: Ice machines are an important function of monthly and seasonal sports concessions, aquatic concessions and maintenance operations throughout the park system. The fees for the corresponding service warrant extension of the existing lease agreements and will not exceed \$15,197.00 annually. All expenses come from the operating funds.

TL/dlt
Attachment



parks.snco.us



Shawnee County Contract C2026086
Subscription Order Form

Quote #: Q-94293
 Date: March 2, 2026
 Initial Term: 12 Months
 Quote Expires: **March 31, 2026**

To: Darrick Tripe
 SHAWNEE COUNTY P&R (BETTIS FAMILY SPORTS)
 ATTN: LINDA KELLY 3137 SE 39TH ST
 TOPEKA, KS 66605-1815

Project: SHAWNEE COUNTY P&R (BETTIS FAMILY SPORTS)
 3025 SE CROCO
 TOPEKA, KS 66605

From: Julie Amos (785) 268-8829
 Ext. 2400 jamos@easyice.com

Item #	Qty	Model	Description	Fee	Monthly Fee
1	1	KM-500MWH	Ice Machine	\$145.00	\$145.00
3	1	B-500PF	Ice Storage Bin, Vinyl-Clad, Stores up to 500 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$30.00	\$30.00
One-Time Fee Subtotal: \$0.00				Monthly Fees Subtotal: \$175.00	
Tax: \$0.00				Tax: \$0.00	
One-Time Fee Total: \$0.00				Monthly Payment Total: \$175.00	

Customer acknowledges that final approval of Order is based on location meeting Site Survey Installation Standards.

Customer acknowledges service issues caused by Customer Location failing to meet Environmental Standards are not covered by the Standard Terms & Conditions and that the Customer will pay for those services on a time and material basis.

Additional Order Details:

This Order Form is subject to and governed by our Subscription Terms and Conditions attached hereto and incorporated herein by this reference. Customer agrees that, upon our written acceptance of this Order Form, this Order Form constitutes a binding order with respect to the products/services described in this Order Form and is non-cancellable, except to the extent otherwise expressly provided in the Subscription Terms and Conditions. This Order Form may be executed in multiple counterparts. Facsimile, electronic and/or scanned signatures are effective in all respects.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Date:			



Shawnee County Contract C2026087 Subscription Order Form

Quote #: Q-94294
Date: March 2, 2026
Initial Term: 12 Months
Quote Expires: **March 31, 2026**

To: Darrick Tripe
SHAWNEE COUNTY P&R GREAT OVERLAND
STATION
701 N Kansas Ave
Topeka, KS 66608

Project: SHAWNEE COUNTY P&R GREAT
OVERLAND STATION

701 N Kansas Ave
Topeka, KS 66608

From: Julie Amos (785) 268-8829
Ext. 2400 jamos@easyice.com

Item #	Qty	Model	Description	Fee	Monthly Fee
1	1	KM-515MAH	Icemaker, Modular Crescent Cuber, Air-cooled, Up to 527 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$165.00	\$165.00
2	1	B-500SF	Ice Storage Bin, Stainless Steel, Stores up to 500 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$30.00	\$30.00
One-Time Fee Subtotal: \$0.00				Monthly Fees Subtotal: \$195.00	
Tax: \$0.00				Tax: \$0.00	
One-Time Fee Total: \$0.00				Monthly Payment Total: \$195.00	

Customer acknowledges that final approval of Order is based on location meeting Site Survey Installation Standards.

Customer acknowledges service issues caused by Customer Location failing to meet Environmental Standards are not covered by the Standard Terms & Conditions and that the Customer will pay for those services on a time and material basis.

Additional Order Details:

This Order Form is subject to and governed by our Subscription Terms and Conditions attached hereto and incorporated herein by this reference. Customer agrees that, upon our written acceptance of this Order Form, this Order Form constitutes a binding order with respect to the products/services described in this Order Form and is non-cancellable, except to the extent otherwise expressly provided in the Subscription Terms and Conditions. This Order Form may be executed in multiple counterparts. Facsimile, electronic and/or scanned signatures are effective in all respects.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Date:			



Shawnee County Contract C2026088

Seasonal Subscription Agreement

Order #: Q-94295
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P & R (ENVISTA SOFTBALL) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-500MWH	Ice Machine	\$625.00	\$625.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3	1	B-500PF	Ice Storage Bin, Vinyl-Clad, Stores up to 500 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

3512 Southeast Leisure Lane
Topeka, KS 66605

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$625.00 (Rent \$625.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Shawnee County Contract C2026089

Seasonal Subscription Agreement

Order #: Q-94296
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (GARFIELD POOL) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-250BWE	Water-cooled, self-contained crescent cuber. Can produce up to 233 lbs of ice per 24 hours. Built in 100-lb storage bin.	\$500.00	\$500.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

1600 NE QUINCY ST
TOPEKA, KS 66608

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:	Signature: <i>Julie Ames</i>
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Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Shawnee County Contract C2026090 Seasonal Subscription Agreement

Order #: Q-94302
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (HILLCREST AQUATIC) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-151BWH	Icemaker, Self Contained Crescent Cuber, Water-cooled, Up to 146 lbs of ice produced per 24 hours, Slide in door with durable stainless steel exterior	\$500.00	\$500.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPM85-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

1800 SE 21ST ST
TOPEKA, KS 66607

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Juli Amos</i>
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Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Seasonal Subscription Agreement

Order #: Q-94303
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (NORTH AQUATIC CENTER) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-151BWH	Icemaker, Self Contained Crescent Cuber, Water-cooled, Up to 146 lbs of ice produced per 24 hours, Slide in door with durable stainless steel exterior	\$500.00	\$500.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

300 NE 43RD ST
TOPEKA, KS 66617

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julia Amos</i>
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Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Shawnee County Contract C2026092 Seasonal Subscription Agreement

Order #: Q-94306
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (MIDWEST HEALTH AQUATIC) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-260BWH	Icemaker, Self Contained Crescent Cuber, Water-cooled, Up to 268 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$500.00	\$500.00

to be installed by Lessor in or upon Lessee's premises located at:

2201 SW URISH RD
TOPEKA, KS 66614

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Seasonal Subscription Agreement

Order #: Q-94307
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (MINI TRAIN) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	QY0275W-161	Ice Machine	\$500.00	\$500.00

to be installed by Lessor in or upon Lessee's premises located at:

635 SW GAGE BLVD
TOPEKA, KS 66606

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Shawnee County Contract C2026094

Seasonal Subscription Agreement

Order #: Q-94308
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (ADVENTURE COVE) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-260BWH	Icemaker, Self Contained Crescent Cuber, Water-cooled, Up to 268 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$500.00	\$500.00

to be installed by Lessor in or upon Lessee's premises located at:

3110 Se Croco Rd
Topeka, KS 66605

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Seasonal Subscription Agreement

Order #: Q-94311
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (BLAISDELL FAMILY AQUATIC CENTER) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-500MWF	Water-cooled ice machine head. Can produce up to 512 lbs of crescent ice per 24 hours.	\$500.00	\$500.00
2	1	B-300SF	Ice Storage Bin, Stainless Steel, Stores up to 300 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$0.00	\$0.00
3	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

4201 Southwest Reinisch Parkway
Topeka, KS 66606

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Shawnee County Contract C2026096

Seasonal Subscription Agreement

Order #: Q-94316
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (RUEGER FIELD) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called EquipmentTM):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-1340MWH	Icemaker, Modular Crescent Cuber, Water-cooled, Up to 1329 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$570.00	\$570.00
2	1	Standard Wtr Filter - Cubers >1,000 lbs/day	Standard filtration system for cuber ice machines producing more than 1,000 lbs per 24 hours.	\$0.00	\$0.00
3	1	B-700PD		\$155.00	\$155.00
3000	1	FH7000BL12 (68102005)	Blue polypropylene filter housing with 1/2 FPT (68102005) (6/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-20 (68102337)	20" melt-blown graduated density cartridge (68102337) (24/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

2801 S KANSAS AVE
TOPEKA, KS 66605

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$725.00 (Rent \$725.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Seasonal Subscription Agreement

Order #: Q-94322
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (NORTH BALL CONCESSIONS) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	SY0424A	Air-cooled ice machine. Can produce up to 460 lbs per 24 hours of half-dice ice. W22" x D24.5" x H21.5"	\$470.00	\$470.00
2	1	B-320	22" x 34" x 38" Storage capacity up to 210 lbs.	\$155.00	\$155.00

to be installed by Lessor in or upon Lessee's premises located at:

300 Ne 43rd St
Topeka, KS 66617

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$625.00 (Rent \$625.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Seasonal Subscription Agreement

Order #: Q-94327
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (FELKER SOFTBALL) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-320MWH	Icemaker, Modular Crescent Cuber, Water-cooled, Up to 351 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$420.00	\$420.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3	1	B-300SF	Ice Storage Bin, Stainless Steel, Stores up to 300 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$155.00	\$155.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

2540 SW GAGE BLVD
TOPEKA, KS 66614

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$575.00 (Rent \$575.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



No Capital. No Hassle. Just Ice.

Seasonal Subscription Agreement

Order #: Q-94341
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (DORNWOOD PARK) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-260BAH	Icemaker, Self Contained Crescent Cuber, Air-cooled, Up to 263 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$500.00	\$500.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

2815 Southeast 25th Street
Topeka, KS 66605

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
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Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Seasonal Subscription Agreement

Order #: Q-94342
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (KOSSOVER@FELKER) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called Equipment"):

Item #	Qty	Model	Description	Fee	Total Monthly Fee
1	1	KM-515MWH	Icemaker, Modular Crescent Cuber, Water-cooled, Up to 462 lbs of ice produced per 24 hours, Durable stainless steel exterior	\$420.00	\$420.00
2	1	B-300SF	Ice Storage Bin, Stainless Steel, Stores up to 300 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$155.00	\$155.00
3	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

2540 SW GAGE BLVD
TOPEKA, KS 66614

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$575.00 (Rent \$575.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Startup of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:		Signature:	<i>Julie Amos</i>
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Shawnee County Contract C2026101

Seasonal Subscription Agreement

Order #: Q-94344
Date: March 2, 2026

THIS AGREEMENT is entered into on the effective date indicated below by and between Easy Ice LLC d.b.a ICE-MASTERS, a Kansas corporation (herein called "Lessor") and SHAWNEE COUNTY P&R (OAKLAND POOL) (hereinafter called "Lessee").

1. LEASED Property. For and in consideration of rental payments to be made by Lessee and for Lessee's strict fulfillment of other covenants contained herein, Lessor agrees to lease to said Lessee the following described Equipment (hereinafter called "Equipment"):

Item #	Qty	Model	Description	Fee	
1	1	KM-151BWH	Icemaker, Self Contained Crescent Cuber, Water-cooled, Up to 146 lbs of ice produced per 24 hours, Slide in door with durable stainless steel exterior	\$500.00	\$500.00
2	1	Standard Wtr Filter - Cubers <1,000 lbs/day	Standard filtration system for cuber ice machines producing up to 1,000 lbs per 24 hours.	\$0.00	\$0.00
3000	1	FH4200BL12 (68101957)	Blue polypropylene filter housing with 1/2 FPT (68101957) (12/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3001	1	WBKT-RCS (68108649)	Steel mounting bracket - single white (68108649) (100/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00
3002	1	FPMB5-978 (68102343)	10" melt-blown graduated density cartridge (68102343) (48/case; Purchase=Each; UOM=Each)	\$0.00	\$0.00

to be installed by Lessor in or upon Lessee's premises located at:

801 NE POPLAR ST
TOPEKA, KS 66616

The Lessee shall keep the Equipment free from all liens and claims and the Equipment shall not become a fixture or a part of any building or land in or upon which it is installed. Full and complete title of the Equipment and ownership of the same shall be vested in and remain with the Lessor through the term of Agreement. Lessee shall not remove, conceal or otherwise interfere with the title or ownership plate or stamp of Lessor affixed to the Equipment.

2. Rental Payments. Lessee shall pay to Lessor a seasonal rent payment of \$500.00 (Rent \$500.00, Tax \$0.00) for a seasonal lease term of beginning on the below effective date (date agreement is executed). Rental payments are due at the Start up of each season.

3. Warranties. There are no express or implied warranties other than those of the manufacturer of the Equipment, either of merchantability or fitness for a particular purpose in connection with the lease of the Equipment. Any warranty other than the manufacturer's warranty is hereby expressly disclaimed. Lessee shall be entitled to no damages, including incidental or consequential damages for failure of the Equipment.

4. Service/Maintenance. Service of the Equipment will be provided by the Lessor during the term of this Agreement. Lessor shall not secure service for the Equipment from any other source. Lessee agrees to operate the Equipment in accordance with instructions, to take reasonable care of the equipment and to be responsible for all physical damages thereto. Lessor will not provide service if Lessee is in default or breach of any of its obligations set forth herein.

5. Default. If Lessee is in default or breach of any of its obligations imposed herein, including the obligation to pay rent when due, or if Lessee shall sell, assign or attempt to sell or assign the Equipment, it is agreed that Lessor may immediately and without notice take possession of the Equipment and remove and keep or dispose of the same, and any unpaid rental payments shall at once become due and payable. In the event it is necessary to enforce this Agreement in any way, including any legal actions to recover possession of the Equipment or collect monies due hereunder, Lessee agrees to pay all costs expended for such collection or repossession incurred by Lessor, including reasonable attorney's fees.

6. Insurance/Indemnification. Lessee at its own expense shall maintain insurance for such risks as fire, exposure, tornado, theft, general casualty and public liability insurance in an amount satisfactory to the Lessor. Lessee does further agree to protect and save Lessor harmless against any and all loss or damage to the Equipment by fire, flood, explosion, tornado, general casualty or theft and Lessee shall and does hereby assume all liability to any person whomsoever arising from the location, condition or use of the Equipment.

7. Choice of Laws. This Agreement shall be governed by the laws of the State of Kansas.

8. Assignment. This Agreement nor any right or interest herein may be assigned or in any manner transferred by Lessee to any other person or firm.

9. Term of Lease. This Agreement shall be for a term of on season beginning on effective date below, according to the terms and conditions set forth above.

CUSTOMER:

EASY ICE:

Signature:	Signature: <i>Julie Amos</i>
------------	------------------------------

Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Effective Date:			



Shawnee County Contract C2026102 Subscription Order Form

Quote #: Q-94348
Date: March 2, 2026
Initial Term: 12 Months
Quote Expires: **April 1, 2026**

To: Darrick Tripe
SHAWNEE COUNTY P&R (LAKE PARK
MAINTENANCE)
3137 Se 29th St
Topeka, KS 66605-1815

Project: SHAWNEE COUNTY P&R (LAKE PARK
MAINTENANCE)
3137 Se 29th St
Topeka, KS 66605

From: Julie Amos (785) 268-8829
Ext. 2400 jamos@easyice.com

Item #	Qty	Model	Description	Fee	Monthly Fee
1	1	KML-350MWF	Ice Machine	\$85.00	\$85.00
3	1	B-250PF	Ice Storage Bin, Vinyl-Clad, Stores up to 250 lbs of ice, For top-mounted ice maker, top kits sold separately (See spec sheet for details)	\$20.00	\$20.00
One-Time Fee Subtotal: \$0.00				Monthly Fees Subtotal: \$105.00	
Tax: \$0.00				Tax: \$0.00	
One-Time Fee Total: \$0.00				Monthly Payment Total: \$105.00	

Customer acknowledges that final approval of Order is based on location meeting Site Survey Installation Standards.

Customer acknowledges service issues caused by Customer Location failing to meet Environmental Standards are not covered by the Standard Terms & Conditions and that the Customer will pay for those services on a time and material basis.

Additional Order Details:

This Order Form is subject to and governed by our Subscription Terms and Conditions attached hereto and incorporated herein by this reference. Customer agrees that, upon our written acceptance of this Order Form, this Order Form constitutes a binding order with respect to the products/services described in this Order Form and is non-cancellable, except to the extent otherwise expressly provided in the Subscription Terms and Conditions. This Order Form may be executed in multiple counterparts. Facsimile, electronic and/or scanned signatures are effective in all respects.

CUSTOMER:

EASY ICE:

Signature:	Signature: <i>Julie Amos</i>
Title:	Title: Commercial Ice Specialist
Print name:	Print name: Julie Amos
Date:	



Shawnee County Contract C2026103 Subscription Order Form

Quote #: Q-94349
Date: March 2, 2026
Initial Term: 12 Months
Quote Expires: **April 1, 2026**

To: Darrick Tripe
SHAWNEE COUNTY P&R (GAGE PARK
MAINTENANCE)
635 SW GAGE BLVD
TOPEKA, KS 66606

Project: SHAWNEE COUNTY P&R (GAGE PARK
MAINTENANCE)

635 SW GAGE BLVD
TOPEKA, KS 66606

From: Julie Amos (785) 268-8829
Ext. 2400 jamos@easyice.com

Item #	Qty	Model	Description	Fee	Monthly Fee
1	1	KM-500MAF	Production: 500 lbs / 24 Hrs R404A 120 Volt / 60 Hz / 1-Phase 13 Amps Dimensions: (W x H x D): 21.75" x 30.5" x 28.75" Weight: 283 lbs	\$121.00	\$121.00
3	1	B-300PF	Ice Storage Bin, Vinyl-Clad, Stores up to 300 lbs of ice, For top- mounted ice maker, top kits sold separately (See spec sheet for details)	\$35.00	\$35.00
One-Time Fee Subtotal: \$0.00				Monthly Fees Subtotal: \$156.00	
Tax: \$0.00				Tax: \$0.00	
One-Time Fee Total: \$0.00				Monthly Payment Total: \$156.00	

Customer acknowledges that final approval of Order is based on location meeting Site Survey Installation Standards.

Customer acknowledges service issues caused by Customer Location failing to meet Environmental Standards are not covered by the Standard Terms & Conditions and that the Customer will pay for those services on a time and material basis.

Additional Order Details:

This Order Form is subject to and governed by our Subscription Terms and Conditions attached hereto and incorporated herein by this reference. Customer agrees that, upon our written acceptance of this Order Form, this Order Form constitutes a binding order with respect to the products/services described in this Order Form and is non-cancellable, except to the extent otherwise expressly provided in the Subscription Terms and Conditions. This Order Form may be executed in multiple counterparts. Facsimile, electronic and/or scanned signatures are effective in all respects.

CUSTOMER:

EASY ICE:

Signature:		Signature:	
Title:		Title:	Commercial Ice Specialist
Print name:		Print name:	Julie Amos
Date:			

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C _____

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION, DAMAGES, WARRANTIES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges; and no provisions will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: Julie Ames
 Title: Branch mgr
 Date: 3-2-26

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

 William D. Riphahn, Chair

 Date:

ATTEST:

 Lisa Schmitt, Shawnee County Clerk

From: [Brzon, Jonathan](#)
To: [Tripe, Darrick](#)
Subject: Re: Easy Ice annual and seasonal subscription agreements 2026
Date: Monday, March 2, 2026 4:33:47 PM
Attachments: [image003.png](#)

Approved as to form and legality.
JCB

On Mar 2, 2026, at 3:54 PM, Tripe, Darrick <Darrick.Tripe@snco.us> wrote:

Good afternoon Jonathan,
Attached are our annual agreements for ice machine rentals through easy ice (total of 18 sites) for your review. 4 are annual (bettis, gos, gage maint., & lake maint.). The rest are all seasonal. All are same locations as last year. A signed CPA is attached as well.
Thank you,

Darrick Tripe

Management Support Specialist
Shawnee County Parks + Recreation
Topeka, KS 66605
785.251.6806 | www.parks.snco.us

<image003.png>

<felker softball.pdf>
<gage maint.pdf>
<gage minitrain.pdf>
<garfield pool.pdf>
<gos.pdf>
<hillcrest aquatic.pdf>
<kossover at felker.pdf>
<lake maint.pdf>
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<signed cpa.pdf>
<adv cove.pdf>
<bettis.pdf>
<blaisdell.pdf>
<dornwood.pdf>
<envista softball.pdf>



March 4, 2026

TO: Board of Commissioners
Shawnee County

FROM: Tim L. Laurent, Director
Parks + Recreation *TL*

RE: Can Play Adaptive Programming License Agreement

Purpose: Board of Commissioners approval and execution is requested on the attached Licensing Agreement between Can Play and Shawnee County Parks + Recreation (SCP+R) for right to use Can Play’s curriculum, brand, and materials for operating adapted sports and recreational programs.

Justification: Since 2012, Can Play has empowered thousands of children of all ages and abilities to play sports and participate in recreational activities. The program they offer includes training videos, support and resources to assist with the implementation of adapted programs in the community. The Recreation Division who supervises the programming will benefit from the insight and training this program offers in developing adaptive programs in Shawnee County.

Funding of \$1,000 annually is available in the department’s operating funds.

TLL/dlt
Attachments



parks.snco.us



Can Play Curriculum and Brand Licensing Agreement

This Curriculum and Brand Licensing Agreement ("Agreement") is made and entered into as of December 18, 2025, by and between Can Play Adapted Programs ("Licensor") and Shawnee County Parks and Recreation, 3137 SE 29th St., Topeka, KS 66605 ("Licensee").

1. Purpose

The purpose of this Agreement is to grant the Licensee the right to use Can Play's curriculum, brand, and related materials for the implementation and operation of adapted sports and recreational programs.

2. Grant of License

2.1 Curriculum License: Licensor grants Licensee a non-exclusive, non-transferable license to use Can Play's curriculum, including lesson plans, instructional materials, and program guidelines.

2.2 Brand License: Licensor grants Licensee a non-exclusive, non-transferable license to use Can Play's trademarks, logos, and branding materials in connection with the implementation and promotion of the adapted sports and recreational programs.

3. Term

This Agreement shall commence on the Effective Date and shall continue for a period of one (1) year, unless terminated earlier in accordance with the terms of this Agreement. This Agreement may be renewed for additional one-year terms upon mutual agreement of both parties.

4. Licensee Obligations

4.1 Compliance with Curriculum: Licensee agrees to implement and operate the programs in accordance with the curriculum provided by Licensor, ensuring all adaptations and guidelines are followed.

4.2 Brand Usage: Licensee agrees to use Can Play's trademarks and branding materials solely in connection with the promotion and operation of the programs and in a manner that maintains the integrity and reputation of the Can Play brand.

4.3 Reporting: Licensee agrees to provide Licensor with regular reports on program implementation, participant feedback, and other relevant data as requested by Licensor.

5. Licensor Obligations

5.1 Curriculum Updates: Licensor agrees to provide Licensee with updates to the curriculum as they become available.

5.2 Support: Licensor agrees to provide reasonable support to Licensee, including training and guidance on program implementation and brand usage.

6. Fees and Payment

6.1 License Fee: The Licensee will pay the Licensor a \$1,000 annual fee upon the signing of the agreement. License fee will be due on the annual renewal date.

6.2 Additional Costs: Licensee is responsible for all costs associated with the implementation and operation of the programs, including but not limited to materials, staffing, and facilities.

7. Intellectual Property

Licensee acknowledges that Can Play's curriculum, trademarks, logos, and all related materials are the exclusive property of Licensor. Licensee shall not claim any ownership rights to these intellectual properties and shall not use them for any purpose other than as expressly permitted by this Agreement.

8. Termination

8.1 Termination for Convenience: Either party may terminate this Agreement for any reason upon thirty (30) days written notice to the other party.

8.2 Termination for Cause: Either party may terminate this Agreement immediately upon written notice if the other party breaches any material term of this Agreement and fails to cure such breach within fifteen (15) days after receipt of notice of the breach.

9. Indemnification

Licensee agrees to indemnify and hold harmless Licensor from any and all claims, liabilities, damages, and expenses (including reasonable attorney's fees) arising out of or related to Licensee's implementation and operation of the programs.

10. Miscellaneous

10.1 Governing Law: This Agreement shall be governed by and construed in accordance with the laws of the State of Kansas.

10.2 Entire Agreement: This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter hereof.

10.3 Amendment: This Agreement may only be amended in writing signed by both parties.

10.4 Severability: If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

10.5 Assignment: Licensee may not assign this Agreement or any of its rights or obligations hereunder without the prior written consent of Licensor.

IN WITNESS WHEREOF, the parties hereto have executed this Curriculum and Brand Licensing Agreement as of the Effective Date.

Can Play Adapted

By: 

Name: Melissa Clarke-Wharff

Title: Executive Director

Date: 3/5/2026

[Licensee Name]

By: _____

Name: William D. Riphahn

Title: Chair, Shawnee County Board of Commissioners

Date: _____

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026104

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the 5 day of March, 2026

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:



By:

Executive Director - Can Play

Title:

3/5/2026

Date:

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

From: [Brzon, Jonathan](#)
To: [Tripe, Darrick](#)
Subject: RE: Can Play
Date: Wednesday, March 4, 2026 2:22:19 PM
Attachments: [CONTPROV 2026 \(Riphahn Chair\) removed warranty language.pdf](#)
[image001.png](#)

Approved as to form and legality with a signed CPA.

Thanks

JCB

From: Tripe, Darrick <Darrick.Tripe@snco.us>
Sent: Wednesday, March 4, 2026 2:20 PM
To: Brzon, Jonathan <Jonathan.Brzon@snco.us>
Subject: Can Play

Good afternoon Jonathan,

Attached for your review is an agreement with Can Play to utilize adaptive programming curriculum.

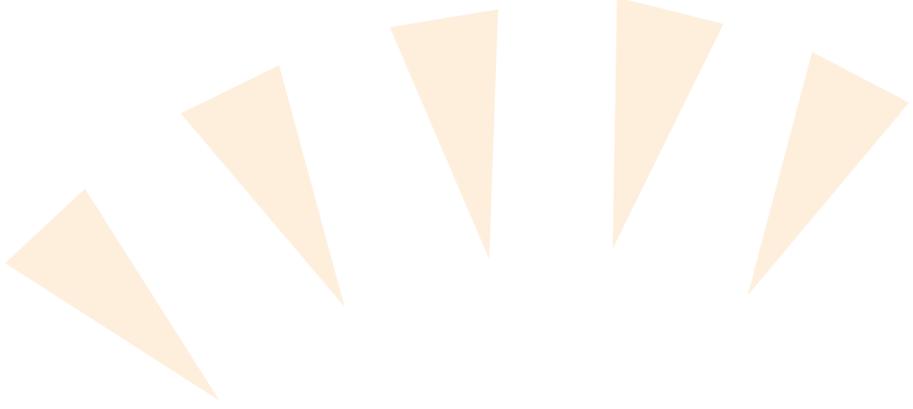
I would include as needed.

Thank you,

Darrick Tripe

Management Support Specialist
Shawnee County Parks + Recreation
Topeka, KS 66605
785.251.6806 | www.parks.snco.us





March 9, 2026

TO: Board of County Commissioners
Shawnee County

FROM: Tim L. Laurent, Director
Parks + Recreation

TL

RE: OK-See Surveillance Trailers, LLC – Gage Park Sales Tax Fund

Purpose: Board of Commissioners approval to pay invoices for OK-SEE Surveillance Trailers, LLC for security/surveillance at the Gage Park Playland construction area are requested to be paid from Gage Park Sales Tax Funds.

Justification: With the delivery of multiple play structures and equipment, the Department is proposing to provide security surveillance on-site utilizing OK-See Surveillance Trailers at a cost of \$2,872.98 monthly for approximately two to three months. The surveillance will help protect equipment delivered to the location awaiting installation by various vendors.

TLL/dlt



parks.snco.us



Shawnee County Sheriff's Office

Sheriff Brian C. Hill

320 S. Kansas Avenue, Suite 200

Topeka, Kansas 66603

Phone: 785.251.2200

Website: www.shawneesherriff.org

MEMORANDUM

March 06, 2026

To: Shawnee County Commission

From: Sheriff Brian C. Hill

Re: Chaplain John Hansen Service Contract

We are renewing our Service Contract with Chaplain John Hansen to provide counseling and guidance services, for the Shawnee County Sheriff's Office. The term of this contract is April 1, 2026 to March 31, 2027, at a cost of \$750.00 per month, and we will pay for it out of budgeted funds.

Please place this on your March 12, 2026 Consent Agenda.

If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Brian C. Hill".

Brian C. Hill,
Sheriff, Shawnee County



**Shawnee County
Sheriff's Office
Sheriff Brian C. Hill
Law Enforcement Center**

320 S. KANSAS, SUITE 200
TOPEKA, KANSAS 66603-3641
785-251-2200

CONTRACT FOR CHAPLAIN SERVICES

NOW, on this 10th day of March, 2026, Sheriff Brian C. Hill, ("Sheriff") and Chaplain John Hansen ("Chaplain"), residing in Shawnee County, Kansas, hereby agree as follows:

1. The term of this agreement for chaplain services is from April 1, 2026 to March 31 2027.
2. Chaplain shall provide counseling, guidance, and critical incident stress management services. Such services may include developing and instructing classes and conducting religious rites upon request.
3. Chaplain shall remain subject to call by the agency at any time and agrees to coordinate with chaplains from other law enforcement agencies.
4. Chaplain's primary duty is to the sworn and civilian employees of the Shawnee County Sheriff's Office. Secondly, Chaplain may extend services to non-employee community members as situations dictate.
5. The parties recognize the clergyman-penitent privilege as defined by K.S.A. 60-429. Communications made to the Chaplain in his professional capacity as a regular minister of religion by a person seeking religious or spiritual advice, aid, or comfort shall remain privileged. However, the Chaplain acknowledges that any operational, administrative, or non-spiritual information obtained regarding Sheriff's Office personnel, tactical operations, or criminal investigations remains strictly confidential. The Chaplain shall not disclose such operational information to any third party, including media, without the express written consent of the Sheriff or his designee.
6. Chaplain understands that his service will extend to individuals that have been involved in, or subjected to, traumatic events. Chaplain agrees that he is a partner and resource in assisting the employees of the Shawnee County Sheriff's Office during times of difficulty and need.
7. Chaplain shall act at all times as an independent contractor and is not an employee of Shawnee County or the Shawnee County Sheriff's Office.
8. Chaplain shall provide all tools, equipment, and vehicles necessary to perform these services.

9. Sheriff shall reimburse Chaplain for mileage incurred while using a private vehicle to perform these services. Reimbursement shall be paid at the standard IRS mileage rate upon Chaplain's submission of a monthly mileage report.
10. Sheriff shall pay Chaplain \$750.00 per month for services rendered.
11. Chaplain is responsible for providing any insurance coverage necessary for the performance of these services.
12. This agreement, along with the Shawnee County Contractual Provisions Attachment (Rev. 01/2026), which is attached hereto and incorporated by reference, constitutes the entire agreement between the parties. Any prior oral or written understandings are merged herein. In the event of a conflict between the documents, the terms of the Contractual Provisions Attachment shall control.
13. Either party may terminate this Agreement without cause by providing thirty (30) days' written notice to the other party.

Signatures:

Brian C Hill Date: 3-10-26

Sheriff Brian C. Hill

John Hansen Date: 3-10-26

Chaplain John, Hansen

_____ Date: _____

Board of County Commissioners Chair

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026106

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the 10 day of March, 2026

1. **TERMS HEREIN CONTROLLING PROVISIONS** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION, DAMAGES, WARRANTIES** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges; and no provisions will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH)** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: John Hamer

Title: Chaplain

Date: 3-10-26

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk



Agenda Item

Shawnee County Board of Commissioners



Date: March 09, 2026

Project No: P25/03

Applicant: Betty J. Marney, by Christopher Hadsall,
Authorized Agent

Document: Subdivision Plat

Contact Person: Joni C. Thadani, Director of Land Use &
Development

Regarding: A Preliminary/Final Plat is proposed to reduce the parcel located at 12020 NW 62nd Street and to combine a portion of it with the adjacent parcel along NW 62nd Street (R329640), resulting in a single 1.46-acre lot. The subject properties are zoned RA-1 (Rural Agriculture District) and are located in Grove Township.

Description:

A Preliminary and Final Plat for the Hadsall Ranch Subdivision is proposed to establish a legal buildable site. The proposal would reduce the parcel located at 12020 NW 62nd Street and combine a portion of it with the adjacent parcel along NW 62nd Street (R329640), resulting in a 1.46-acre lot containing the existing residence, with the remaining reserved for agricultural use.

Although the existing parcel has approximately 200 feet of frontage, it does not meet the minimum three-acre requirement to qualify as a plat-exempt parcel. Since the combined property does not meet the plat exemption criteria for minimum acreage, a subdivision plat is required to establish a compliant, buildable legal lot. The proposed replat will create one lot for single-family residential use, with the remaining land designated for agricultural use.

Planning Staff Recommendation:

Staff found the proposal was consistent with the recommendations of the Comprehensive Plan. Staff recommended **approval** of the request with conditions, as follows:

- 1) Execution of an additional dedication of 25 feet of right-of-way along NW 62nd Street, for a total of 45 feet, as required by the Shawnee County Public Works Department.
- 2) No building permit shall be issued until the additional dedication of right-of-way has been executed.

Planning Commission Recommendation:

The Planning Commission considered this request at a public hearing on January 12, 2026, and by a vote of 5-0, recommended **approval**.

County Commission Action:

The Board of County Commissioners shall take action on: **March 12, 2026.**



Shawnee County Planning Commission Chairperson Subdivision Report

CASE NO.: P25/03

BY: Betty J. Marney, by Christopher Hadsall, Authorized Agent

REQUESTED ACTION: A request to approve an application for a Preliminary and Final Plat of the Hadsall Ranch Subdivision, proposing to reduce the parcel located at 12020 NW 62nd Street and combine a portion of it with the adjacent parcel along NW 62nd Street (R329640), resulting in a 1.46-acre lot containing the existing residence, with the remaining land reserved for agricultural use. Although the existing parcel has approximately 200 feet of frontage, it does not meet the minimum three-acre requirement to qualify as a plat-exempt parcel. Sec. 1.02 of the Shawnee County Subdivision Regulations indicate, "...*The regulations contained herein shall apply to the subdivision of a lot, tract or parcel of land into two or more lots, tracts or other division of land for the purpose of sale or of building development...*" Sec 1.02 also indicates, however, "...*the division of land into parcels or tracts of land containing three acres or more with a minimum frontage dimension of 200 feet on a public road or way where the use is to be for purposes other than agricultural, shall be exempt from the requirements of these regulations.*" Since the combined property does not meet the plat exemption criteria for minimum acreage, a subdivision plat is required to establish a compliant, buildable legal lot. The proposed replat would create one lot for single-family residential use, with the remaining land designated for agricultural use.

Staff indicated that the proposed Preliminary/Final Plat complies with all requirements of the Subdivision and Zoning Regulations and recommended approval, subject to the following condition(s):

1. Execution of an additional dedication of 25 feet of right-of-way along NW 62nd Street, for a total of 45 feet, as required by the Shawnee County Public Works Department.
2. No building permit shall be issued until the additional dedication of right-of-way has been executed.

BASED THEREON, THE PLANNING COMMISSION, UPON A MAJORITY VOTE OF THE QUORUM, RECOMMENDS **APPROVAL** OF THE REQUESTED ACTION, (5-0; COMMISSIONER LEINWETTER WAS ABSET; ONE POSITION VACANT).

SUMMARY STATEMENT OF PLANNING COMMISSION: The Commissioners found that the proposed request should be approved because it complies with all requirements of the Subdivision Regulations.

BY: C. Jeanette Johnson
C. Jeanette Johnson, Chairperson

1-15-2025
Date

Plat of Subdivision Application

Case # P25/03

The following information (where applicable) is hereby submitted with the pre-application plat in support of the proposed subdivision of land. The term "Applicant" shall individually and collectively be understood to include those with an equitable interest in the real estate: *Owner(s) of Record*; and, *Purchaser(s) Under Contract*. (Attachments permissible where additional space is required.)

- 1) Proposed Subdivision Name: Hadsall Ranch
- 2) Legal Description of Property, including reference to any replat: See Attached Documents
- 3) Common Address: 12020 NW 62nd St, Rossville KS 66533 or
Location: on the _____ side of _____
(Street - Road) _____ feet _____
(Direction) of _____ (Street - Road)
- 4) Land Area (Acres): 1.46 acres
- 5) School District: _____
- 6) Current Zoning Classification: RA1
Is a change in zoning classification pending or anticipated? If yes, please describe: NO
- Describe the planned use: Agriculture
- 7) Is the proposed use compatible with the current adopted: Recommended Land Use Plan? Yes
- 8) Has the Board of Zoning Appeals granted any variance or exception concerning this property? NO
If so, describe: _____
- 9) Is a request for a variance/waiver to the Subdivision Regulations anticipated? NO
If so, describe: _____
- 10) Is any portion of the property within the established flood plain as reflected by the Flood Plain Hazard Map? NO
- 11) Is any open space planned for dedication or reservation as part of this subdivision application? NO
- 12) Does the Applicant have interest or own land contiguous to the subject property? NO
If so, what amount? _____
- 13) Describe any public improvements/costs which the applicant anticipates requesting the Governing Body to participate in: (i.e. drainage structures, streets, benefit districts) NO
- 14) Describe the source/method, which will provide the following services.
 - a. Water: RWD #2
 - b. Sewage Disposal: Septic

- 15) Does the applicant intend to seek annexation to the City of Topeka? NO
- 16) Does the applicant plan to request consideration of the Preliminary and Final Plats at the same hearing by Waiver or Extension? YES
- 17) What is the anticipated development schedule? NA
 - a. Initial Development Date: _____
 - b. % Completion/Year: _____
 - c. Completion Date: _____

AUTHORIZATION

Owner(s) of Record: Betty Masney
 Address: 17020 NW 62nd St. Rossville, KS 66533
 Phone: _____ Email: _____
 Name(s) of Developer: _____
 Address: _____
 Phone: _____ Email: _____
 Name of Local Agent: Christopher Hadsall
 Address: 12042 NW 62nd St. Rossville, KS 66533
 Phone: _____ Email: _____
 Name of Surveyor Preparing Plat: Andy Tanking
 Address: 25850 L Road Circleville, KS 66416
 Phone: _____ Email: _____
 Purchaser(s) Under Contract: _____
 Address: _____
 Phone: _____ Email: _____

This is to certify that the Applicant(s) of this subdivision have indicated to me that they are familiar with the provisions of the Subdivision Regulations; and that they intend to fully comply with said provisions. The Applicant(s) further understand that if any contract, option, agreement, etc. to any other individual(s), copartner(s) or corporation(s) for purchase of said described real property estate is executed prior to the recording of said plat of subdivision, such individual(s), copartner(s) or corporation(s) are required to be signatory to the subdivision. The information and data indicated by this application is true and correct to the best of my knowledge and a copy of this completed application has been forwarded to the Applicant(s).

Date: 11-24-25 Owner - Betty J. Masney
 Print Name of Submitting Consulting Engineer/Surveyor
 Agent - Christopher Hadsall
 Signature of Submitting Consulting Engineer/Surveyor

Firm Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Planning Office Use Only	Case #	<u>P25/03</u>	QR #:	<u>13980</u>	Date Received:	<u>11-25-25</u>	Hearing Date:	<u>2-9-26</u>					
	Pre-App Date:	<u>12-19-25</u>	Prelim Date:	<u>1-9-26</u>	Fee:	<u>205</u>	Final Date:	<u>2-9-26</u>					
	Check Received From:	<u>Christopher Hadsall</u>											
	100 YR FP:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Floodway:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Airport Hazard:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Near Historic Site:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Taxes Paid:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
Electric:	<u>Free-site</u>	Gas:	<u>N/A</u>	Phone:	<u>AT</u>	USD #	<u>327</u>	RWD:	<u>026</u>	TWP:	<u>Grove</u>	FD:	<u>FD</u>



STAFF REPORT
SHAWNEE COUNTY LAND USE & DEVELOPMENT DEPARTMENT

APPLICATION NO.: P25/03

DATE FILED: November 25, 2025

LOCATION: 12020 NW 62nd Street (R3980) and NW 62nd Street (R329640)

ZONING: RA-1 (Rural Agriculture District)

OWNER/APPLICANT: Betty J. Marney, by Christopher Hadsall, Authorized Agent

PROPOSAL: An application has been submitted for a Preliminary and Final Plat of the Hadsall Ranch Subdivision. The proposal would reduce the parcel located at 12020 NW 62nd Street and combine a portion of it with the adjacent parcel along NW 62nd Street (R329640), resulting in a 1.46-acre lot containing the existing residence, with the remaining land reserved for agricultural use.

Although the existing parcel has approximately 200 feet of frontage, it does not meet the minimum three-acre requirement to qualify as a plat-exempt parcel. Sec. 1.02 of the Shawnee County Subdivision Regulations indicate, "...The regulations contained herein shall apply to the subdivision of a lot, tract or parcel of land into two or more lots, tracts or other division of land for the purpose of sale or of building development..." Sec 1.02 also indicates, however, "...the division of land into parcels or tracts of land containing three acres or more with a minimum frontage dimension of 200 feet on a public road or way where the use is to be for purposes other than agricultural, shall be exempt from the requirements of these regulations." Since the combined property does not meet the plat exemption criteria for minimum acreage, a subdivision plat is required to establish a compliant, buildable legal lot. The proposed replat would create one lot for single-family residential use, with the remaining land designated for agricultural use.

SUBDIVISION HISTORY: The sites include a single-family residence and vacant land.

AVAILABILITY OF PUBLIC SERVICES: Water service is provided by RWD No. 02. Sewage disposal is provided by an on-site septic system.

COMPLIANCE OF THE PROPOSAL WITH THE SUBDIVISION REGULATIONS: The proposed plat complies with all requirements of the Subdivision Regulations.

APPLICATION TO COMPREHENSIVE PLAN: The plat is consistent with the Comprehensive Plan.

CONCERNS OF STAFF AND REVIEWING AGENCIES:

- An extra 25 feet of ROW (for a total of 45 feet) is required to be dedicated.

ADDITIONAL FACTORS:

- | | |
|-------------------------|-----------------|
| 1. Flood Hazard Area: | Not Applicable. |
| 2. Airport Hazard Area: | Not Applicable. |
| 3. Historic Properties: | Not Applicable. |

STAFF RECOMMENDATION: Staff recommends **approval** of the Preliminary and Final Plat of the Hadsall Ranch subdivision subject to the following conditions:

1. Execution of an additional dedication of 25 feet of right-of-way along NW 62nd Street, for a total of 45 feet, as required by the Shawnee County Public Works Department.
2. No building permit shall be issued until the additional dedication of right-of-way has been executed.

Attachments:

Proposed Preliminary/Final Plat

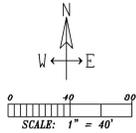
PRELIMINARY PLAT
HADSALL RANCH

Located in the SW ¼ Sec. 13-10-14
 Shawnee County, Kansas

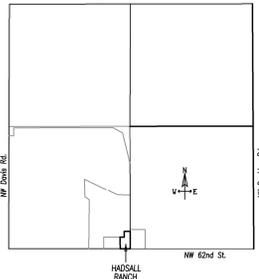
LEGEND:

- ▲ Section Corner Found
- Existing 3/4" Copied Bar Found
- Stamped A.P.T. LS 1314
- U.E. = Utility Easement
- Existing Power Pole
- Existing Telephone Pedestal
- Existing Water Meter
- Lot Line (This Plat)
- - - - - Exist. Road Right of Way
- - - - - Utility Easement (Dedicated this Plat)
- - - - - Exist. Edge of Asphalt
- - - - - Exist. U.S. Telephone Line
- - - - - Exist. U.S. Power Line
- - - - - Exist. U.S. Fiber Optic Line
- - - - - Exist. U.S. Water Line
- - - - - Exist. Trestle

Vertical Datum:
 Shawnee Co. GIS Contour
 of 1050.0 in center of NW
 62nd Road and House
 Driveway.



VICINITY MAP
 (Not to Scale)
 Sec. 13-10-14

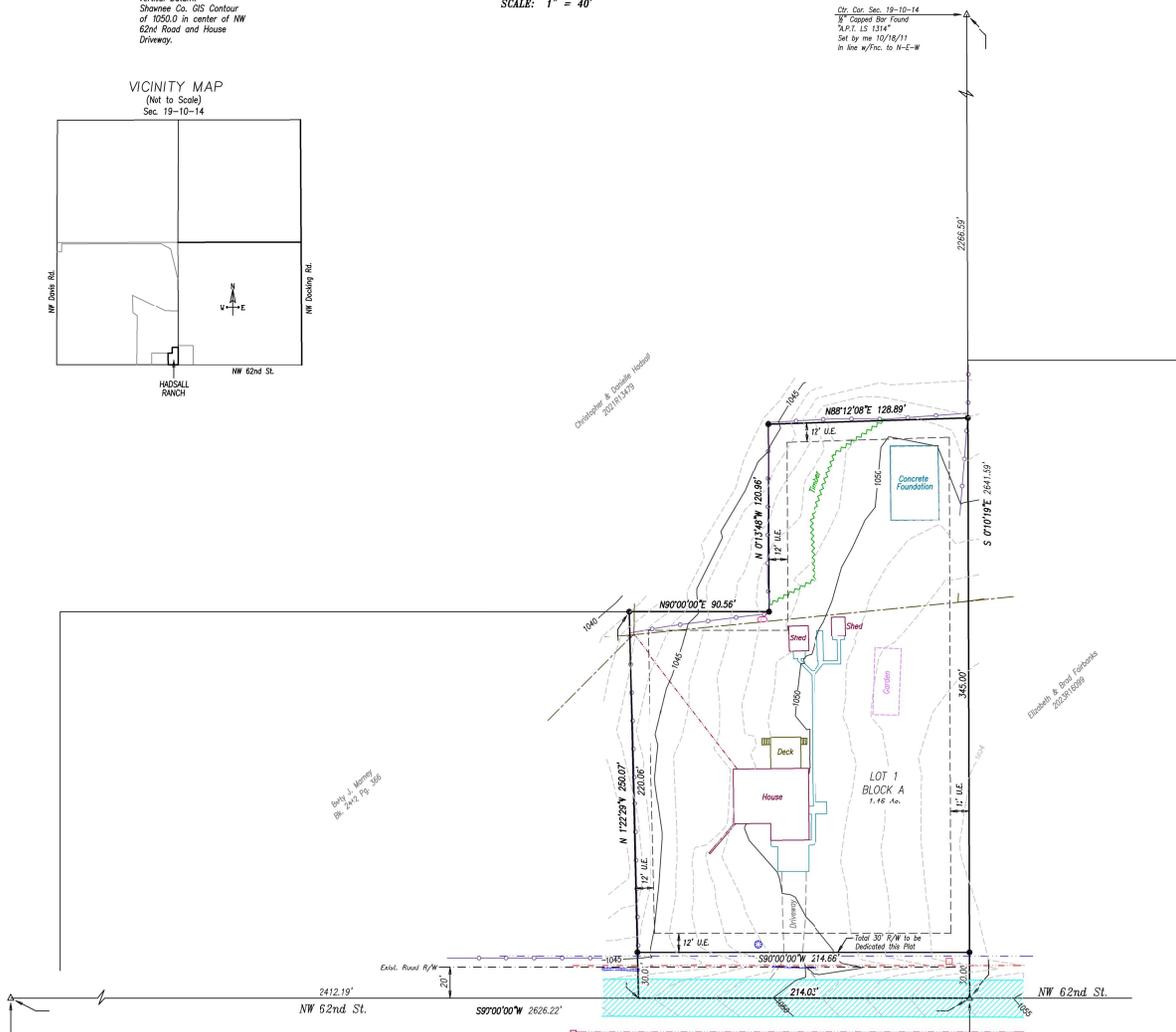


DESCRIPTION:

A parcel of land located in the Southwest Quarter of Section 10, Township 10 South, Range 14 East of the 6th P.M., Shawnee County, Kansas, described by Andrew P. Tanking, PS 1314, on August 18, 2025, as follows: BEGINNING at the Southeast corner of said Southwest Quarter 214.03 feet; Thence North 1°22'29" West 250.07 feet; Thence North 90°00'00" East 90.56 feet; Thence North 0°13'48" West 120.96 feet; Thence North 88°12'08" East 128.89 feet to the East line of said Southwest Quarter; Thence South 0°10'19" East along said East line 375.00 feet to the POINT OF BEGINNING, containing 1.61 acres, and subject to any easements of record.

NOTES:

1. The South line of SW ¼ Sec. 13-10-14 has assumed bearing of S89°00'00"W.
2. The origin of all Found Monuments is unknown unless otherwise Noted.
3. NOTICE: In the event there are other owners or those holding any proprietary interest in any land contained in this subdivision who do not appear and duly acknowledge this plat prior to the time of recording in the Office of the Register of Deeds, the plat shall be null and void.
4. EASEMENTS: Easements are hereby granted to the public as follows: "Utility Easement" to allow public utility providers, contractors, and authorized agents to locate, construct and maintain facilities to provide utility service to the public. All public utilities specifically including but not limited to water, gas, sewer, stormwater and telecommunications may place or locate their facilities over, under and along the strips marked "Utility Easements". A temporary construction easement of 12 feet adjacent to the side of utility easements is dedicated for the use of the public utilities while major construction of the public utility's facilities are in progress.
5. FLOOD PLAIN: According to the Flood Insurance Rate Map (FIRM) Community Panel No. 201700050E, Effective date of September 29, 2011, the Entire Plat is NOT located in a Flood plain.
6. EASEMENT OBSTRUCTIONS: Property owners shall be admonished from placing any permanent or semi-permanent obstruction in permanent sewer or utility easements. This includes, but is not limited to, trees, shrubs, fences, retaining walls, buildings or other miscellaneous obstructions that interfere with access or egress of maintenance vehicles or equipment for the operation and maintenance of the utilities or pipe lines located in the easement.
7. SANITARY SEWER: Sanitary Sewer shall be a Septic System approved by Shawnee County Sanitarian.
8. WATER: Water shall be provided by Rural Water District.



SW ¼ Sec. 13-10-14
 3/4" Copied Bar Found 1" Deep
 C.L. NW 62nd St. 3.0' W
 C.L. NW 52nd St. 1.5' W

SW ¼ Cor. Sec. 13-10-14
 3/4" Copied Bar Found
 A.P.T. LS 1314
 Set by me 10/07/10 over
 an existing 3/4" Bar

S ¼ Cor. Sec. 13-10-14
 3/4" Copied Bar Found
 A.P.T. LS 1314
 Set by me 10/07/10 over
 an existing 3/4" Bar

TANKING SURVEY
 25650 L Road
 Circleville, KS 66416
 (785) 364-7191

Date of Field Work: _____ Page 1/1 Case # _____
 November 4, 2025

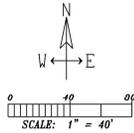
FINAL PLAT
HADSALL RANCH
 Located in the SW ¼ Sec. 13-10-14
 Shawnee County, Kansas

Book _____ Page _____ Date _____ Time _____

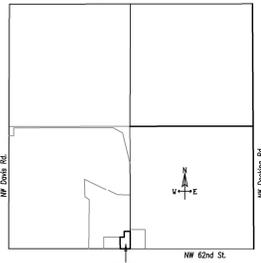
LEGEND:

- △ Section Corner Found
- Existing 3/4" Copied Bar Found
- Stamped A.P.T. LS 1314
- U.E. = Utility Easement

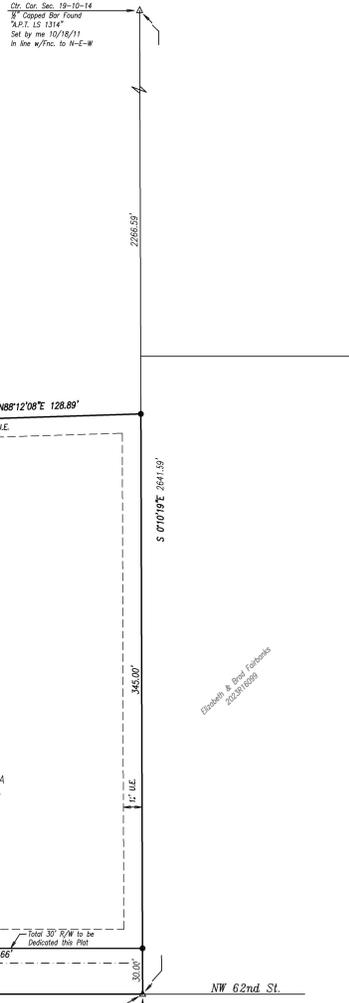
- Lot Line (This Plat)
- - - - - Exist. Road Right of Way
- - - - - Utility Easement (Dedicated this Plat)



VICINITY MAP
 (Not to Scale)
 Sec. 13-10-14



SW Cor. Sec. 13-10-14
 3/4" Copied Bar Found
 A.P.T. LS 1314
 Set by me 10/18/11
 in the W/Sec. to N-E-W



DESCRIPTION:

A parcel of land located in the Southwest Quarter of Section 10, Township 10 South, Range 14 East of the 6th P.M., Shawnee County, Kansas, described by Andrew P. Tanking, PS 1314, on August 18, 2025, as follows: BEGINNING at the Southeast corner of said Southwest Quarter 214.03 feet; Thence South 90°00'00" West along the South line of said Southwest Quarter 214.03 feet; Thence North 1°22'29" West 250.07 feet; Thence North 90°00'00" East 90.56 feet; Thence North 0°13'45" West 120.96 feet; Thence North 88°12'08" East 128.89 feet to the East line of said Southwest Quarter; Thence South 0°10'19" East along said East line 375.00 feet to the POINT OF BEGINNING, containing 1.61 acres, and subject to any easements of record.

DEDICATION: Know all men by these presents that the undersigned owners to the above described tract of land have caused the same to be subdivided into lots, blocks and public ways which shall be known as HADSALL RANCH.

IN TESTIMONY WHEREOF, the owners, Betty J. Marney, has caused these presents to be signed this ____ day of _____, 2026.

Betty J. Marney

STATE OF KANSAS, COUNTY OF SHAWNEE, ss: Be it remembered that on this ____ day of _____, 2026, before me a notary public, in and for the County and State aforesaid, came **Betty J. Marney**, who is personally known to me to be the same person who executed the within instrument of writing, and such persons duly acknowledge the execution of the same.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my seal the day and year last written above.

My Commission Expires: _____
 Notary Public

APPROVED BY THE SHAWNEE COUNTY PLANNING COMMISSION THIS ____ DAY OF _____, 2026.

C. Jearette Johnson, Chairman Joni C. Thadani, Planning Director

THIS SUBDIVISION HAS BEEN PRESENTED TO THE COUNTY COMMISSION OF SHAWNEE COUNTY, KANSAS, THIS ____ DAY OF _____, 2026 FOR ACCEPTANCE OF LAND TO BE DEDICATED FOR PUBLIC PURPOSES. THE COUNTY COMMISSION HEREBY ACCEPTS THE LAND FOR PUBLIC PURPOSES.

Aaron D. Mays, Chairman William D. Hiphahn, Vice-Chairman Kevin J. Cook, Member

ENTERED ON THE TRANSFER RECORD OF SHAWNEE COUNTY, KANSAS, THIS ____ DAY OF _____, 2026.

Lisa J. Schmitt, County Clerk

REVIEWED BY THE SHAWNEE COUNTY SURVEYOR, THIS ____ DAY OF _____, 2026.
 Only for compliance with KSA Chapter 58 Article 20

Deborah J. Thomas, County Surveyor, LS #1461

FILED FOR RECORD IN THE OFFICE OF THE SHAWNEE COUNTY REGISTER OF DEEDS
 THIS ____ DAY OF _____, 2025, AT ____ O'CLOCK, ____ M.

Rebecca J. Nioce, Register of Deeds

SURVEYOR'S CERTIFICATE

I hereby certify the details of this plat to be correct, to the best of my knowledge and belief, that all boundary corners of this subdivision of land have been monumented, that iron pins are set as shown on the attached plat this ____ day of _____, 2025.



Andrew P. Tanking, RLS 1314

TANKING SURVEY
 25850 L Road
 Citreusville, KS 66416
 (785) 364-7191

Date of Field Work: _____ Page 1/1 Case # _____
 November 4, 2025

SW Cor. Sec. 13-10-14
 3/4" Bar Found 1" Deep
 C.L. NW 62nd St. 3.0' N
 C.L. NW 52nd St. 1.5' W

SW Cor. Sec. 13-10-14
 3/4" Copied Bar Found
 A.P.T. LS 1314
 Set by me 10/07/10 over
 an existing 3/4" Bar

Chickering & Coakley National
 2021/03/19/23

Emmott & Ben Parsons
 2021/03/09

Betty J. Marney
 10/18/2025, Pg. 1 of 2

Agenda Item

Shawnee County Board of Commissioners



Date: March 09,2026

Project No: Z26/01

Applicant: Shawnee County

Document: Resolution

Contact Person: Joni C. Thadani, Director of Land Use & Development

Regarding: County-initiated rezoning to amend the District Zoning Classification for multiple parcels along NW Topeka Boulevard and NW 39th Street, from C-2 (Commercial District) to RR-1 (Residential Reserve District) and M-2 (Multiple-Family Dwelling District), pursuant to KSA 12-757.

Description:

County-initiated rezoning to amend the District Zoning Classification for multiple parcels along NW Topeka Boulevard and NW 39th Street, from C-2 (Commercial District) to RR-1 (Residential Reserve District) and M-2 (Multiple-Family Dwelling District), pursuant to KSA 12-757, in Soldier Township.

Public Comments and Concerns:

Twelve (12) letters were sent to the property owners of the properties; no responses were received. Two (2) individual spoke in opposition to the proposed zoning change.

Planning Staff Recommendation:

Staff indicated that the properties were originally zoned C-1, which allowed residential use at the time. However, when Shawnee County adopted its current zoning regulations in June 1992, the former C-1 district was reclassified to C-2, which does not allow residential use; as a result, the existing homes became legal nonconforming uses under County regulations.

Staff stated, the proposed downzoning seeks to restore consistency by aligning zoning with the area's long-established residential character.

Staff found the proposal was consistent with the recommendations of the Comprehensive Plan, and satisfies the Golden Factors.

Staff recommends **approval** of the request, as set forth in the Resolution attached.

See supporting documents for details.

Planning Commission Recommendation: The Planning Commission considered this request at a public hearing on February 09, 2026, and by a vote of 5-1, recommended **approval** of the rezoning, with the conditions as set forth in the Resolution.

County Commission Action: The Board of County Commissioners shall conduct a public hearing and take action on the accompanying resolution on: **March 12, 2026.**

BY ORDER OF THE BOARD OF COMMISSIONERS, SHAWNEE COUNTY, KANSAS

RESOLUTION No. R2026033

IS HEREBY ADOPTED IN ACCORDANCE WITH K.S.A. 19-2960, K.S.A. 12-757 AND THE ZONING REGULATIONS, SHAWNEE COUNTY, KANSAS.

SECTION 1. THE DISTRICT ZONING MAP IS HEREBY AMENDED AND MADE BY REFERENCE TO THIS RESOLUTION TO DESIGNATE THE FOLLOWING DESCRIBED REAL PROPERTIES ALONG NW TOPEKA BOULEVARD AND NW 39TH STREET, FROM C-2 (COMMERCIAL DISTRICT) TO RR-1 (RESIDENTIAL RESERVE DISTRICT) AND FROM C-2 (COMMERCIAL DISTRICT) TO M-2 (MULTIPLE-FAMILY DWELLING DISTRICT), IN SOLDIER TOWNSHIP, AND LEGALLY DESCRIBED AS FOLLOWS:

C-2 (Commercial District) to RR-1 (Residential Reserve District)

Glen F. Pollom Subdivision:

- The West 175 feet of Tracts 4 and 5, commonly known as **445 NW 39th St.**
- The East 65 feet of the West 240 feet of Tracts 4 and 5, in the City of Topeka, commonly known as **435 NW 39th St.**
- The East 102.5 feet of the West 342 ½ feet of Tract 4, and The East 110 feet of the West 350 feet of Tract 5, commonly known as **425 NW 39th St..**
- The East 310 feet of Tract 5, commonly known as **3823 NW Topeka Blvd.**
- Tract 4, except the West 342 ½ feet thereof, commonly known as **3819 NW Topeka Blvd.**
- Tract 3, commonly known as **NW Topeka Blvd.**
- Tract 2, commonly known as **3809 NW Topeka Blvd.**

Paslay's Subdivision:

- The South 25 feet of the West 250 feet of Lot 3 and the West 250 feet of Lot 2, commonly known as **3810 NW Topeka Blvd.**
- The North 100 feet of the West 250 feet of Lot 3, commonly known as **3816 NW Topeka Blvd.**
- Lot 4, commonly known as **3818 NW Topeka Blvd.**
- Lot 5, commonly known as **335 NW 39th St.**
- All of Lot 1 and Lots 2 and 3, except the West 250 feet of said Lots, commonly known as the **Northern portion of 3804 NW Topeka Blvd.**

Not Subdivided:

- The South sixteen (16) feet of the West five (5) Acres of the South Ten (10) acres of the North Half (N1/2) of the South Half (S1/2) of the West Half (W1/2) of the Southwest Quarter (SW1/4) of Section (5), Township Eleven (11), Range Sixteen (16) commonly known as the **Eastern portion of 400 NW 39th St.**
- Also the South Twenty (20) acres of the West Half (W1/2) of the Southwest Quarter (SW1/4) of Section Five (5), Township Eleven (11), Range Sixteen (16), less seven and one half (7 1/2) acres, containing twelve and three-fourths (12 3/4) acres more or less.

C-2 (Commercial District) to M-2 (Multiple-Family Dwelling District)

Lowell Subdivision No. 2:

- Lot 1, Block A, commonly known as 3910 NW Topeka Blvd.
- Lot 2, Block A, commonly known as 3906 NW Topeka Blvd.

All located in Shawnee County, Kansas.

SECTION 2. CONDITIONS SUBJECT TO:

NONE.

SECTION 3. THIS RESOLUTION SHALL BECOME EFFECTIVE UPON ENDORSEMENT BY THE MEMBERS OF THE BOARD OF COMMISSIONERS AND PUBLICATION IN THE OFFICIAL COUNTY NEWSPAPER.

DATE: _____, 2026.

William D. Riphahn, CHAIR

Kevin J. Cook, VICE-CHAIR

Aaron D. Mays, MEMBER

ATTEST:

COUNTY CLERK, Lisa J. Schmitt

APPLICANT: Shawnee County, Kansas

CASE NO: Z26/01

Approved as to Legality
and Form: Date 2/24/26

ASST. CO. COUNSELOR



Shawnee County Planning Commission Chairperson Report

CASE NO.: Z26/01

BY: Shawnee County

REQUESTED ACTION: A request to amend the District Zoning Classification from "C-2" Commercial District to "RR-1" Residential Reserve District and "M-2" Multiple-Family Dwelling District on multiple parcels along NW Topeka Boulevard and NW 39th Street located in Soldier Township.

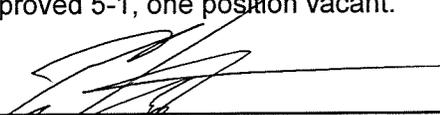
IN ACCORDANCE WITH APPLICABLE STATUTES AND LOCAL RESOLUTION, THE PLANNING COMMISSION HELD A PUBLIC HEARING ON FEBRUARY 09, 2026, TO CONSIDER THE ABOVE PROPOSAL, TOGETHER WITH THE FACTS, CONDITIONS, TESTIMONY, AND REPORT OF THE PLANNING DEPARTMENT.

- Staff disclosed that twelve (12) letters were sent to the property owners; no responses were received.
- Staff presented the staff report and recommendation.
- Two individuals spoke in opposition to the proposed zoning change.
- Staff indicated that the properties were zoned C-1, and at that time the C-1 classification allowed residential use.
- Staff explained that when Shawnee County adopted its current zoning regulations in June 1992, the former C-1 district was converted to C-2, which does not allow residential use. As a result, existing homes became legal nonconforming uses under County regulations.
- Staff stated, the proposed downzoning seeks to restore consistency by aligning zoning with the area's long-established residential character.
- Staff found that the request would satisfy the Golden Factors and recommended approval, as submitted.
- Planning Commissioners asked questions of staff and speakers.

BASED THEREON, THE PLANNING COMMISSION, UPON A MAJORITY VOTE OF THE QUORUM, RECOMMENDS APPROVAL OF THE REQUESTED ACTION, (5-1, ONE POSITION VACANT).

SUMMARY STATEMENT OF PLANNING COMMISSION: A motion and second were made to approve the request to amend the district zoning classification based upon the recommendations of the staff. The motion was approved 5-1, one position vacant.

BY:


Chad Gerhardt, Chairperson

2-16-26
Date



STAFF REPORT SHAWNEE COUNTY LAND USE & DEVELOPMENT

APPLICATION NO.: Z26/01

DATE FILED: December 23, 2025

LOCATION: NW Topeka Boulevard / NW 39th Street Area (see memo for list of addresses)

ZONING: C-2 (Commercial District)

OWNER/APPLICANT: Shawnee County

PROPOSAL: A request to amend the District Zoning Classification for multiple parcels along NW Topeka Boulevard and NW 39th Street, from C-2 (Commercial District) to RR-1 (Residential Reserve District) and M-2 (Multiple-Family Dwelling District), in Soldier Township.

PROPOSED USE:

- RR-1 (Residential Reserve District) primarily residential use consistent with surrounding neighborhood.
- M-2 (Multiple-Family Dwelling District) allows for multiple-family residential dwellings.

PRESENT USE: The properties are currently used for residential purposes. Due to historical zoning changes, these residential uses are considered legal nonconforming under the current C-2 zoning classification.

CHARACTER OF NEIGHBORHOOD: The area consists predominantly of established residential properties, many of which have existed since the 1950s. The neighborhood reflects a long-standing residential character despite previous zoning inconsistencies.

ZONING CLASSIFICATION AND USE OF SURROUNDING PROPERTIES:

ZONING CLASSIFICATION

North: "RR-1" Residential Reserve District
South: "RR-1" Residential Reserve District
East: "RR-1" Residential Reserve District
West: "RR-1" Residential Reserve District

PRESENT LAND USE

Residential
Residential
Residential, undeveloped
Agricultural, undeveloped

LENGTH OF TIME PROPERTY HAS REMAINED VACANT AS ZONED OR USED FOR IT'S CURRENT USE UNDER PRESENT CLASSIFICATION: Residential uses have been established on these parcels since the 1950s. The current zoning (C-2) does not allow residential use, making existing homes legal nonconforming uses for approximately 30+ years under the current County zoning regulations.

SUITABILITY OF PROPERTY FOR USES TO WHICH IT HAS BEEN RESTRICTED: Under the current C-2 zoning, the properties are not suitable for residential development because residential use is no longer a permitted use. This has created challenges for property owners regarding financing, property valuation, and marketability.

AVAILABILITY OF PUBLIC SERVICES: All necessary utilities are available.

COMPLIANCE OF THE PROPOSAL WITH THE ZONING CODE AND THE SUBDIVISION REGULATIONS: The proposed downzoning to RR-1 and M-2 aligns with Shawnee County's zoning

regulations and resolves existing legal nonconformities. The proposal ensures that zoning classifications reflect actual land use, consistent with long-term planning objectives.

APPLICATION TO COMPREHENSIVE PLAN: The proposed zoning amendments are consistent with the County’s Comprehensive Plan, which supports residential development in established neighborhoods and promotes regulatory consistency to protect property values and community character.

CONCERNS OF STAFF AND REVIEWING AGENCIES:

None.

EXTENT OF DETRIMENTAL EFFECT UPON REMOVAL OF PRESENT RESTRICTIONS: Maintaining the current C-2 classification perpetuates inconsistencies between zoning regulations and existing residential use. This may continue to limit financing options, reduce property marketability, and negatively affect property values.

RELATIVE GAIN TO THE PUBLIC HEALTH, SAFETY AND WELFARE BY MAINTAINING THE EXISTING RESTRICTIONS, AS COMPARED TO THE HARDSHIP IMPOSED ON THE INDIVIDUAL LANDOWNER BY THE DESTRUCTION OF THE VALUE OF THE SUBJECT PROPERTY BY THOSE RESTRICTIONS:

Maintaining the current C-2 zoning offers little public benefit, as the area is already established and primarily residential in character. In contrast, property owners face substantial challenges under the existing restrictions, including difficulties with financing, reduced property values, and the lack of formal recognition for residential use. The proposed downzoning aligns the zoning regulations with the actual land use, supporting the public interest while safeguarding property values.

ADDITIONAL FACTORS:

- | | |
|-------------------------|-----------------|
| 1. Flood Hazard Area: | Not Applicable. |
| 2. Airport Hazard Area: | Not Applicable. |
| 3. Historic Properties: | Not Applicable. |
-

STAFF RECOMMENDATION: Based on the facts detailed in this report and generally recognized planning practices, staff recommends ***approval*** of the request as submitted, subject to the following motion:

“The Shawnee County Planning Commission finds that the request satisfies the Golden Factors and recommends ***approval*** of the request.”

Attachments:

1. Downzoning Memo
2. Aerial Vicinity Map
3. Notification Map



Land Use & Development

Shawnee County Land Use & Development

Joni C. Thadani, Director

1515 NW Saline St

Topeka, Kansas 66618

Ph. 785.251.5410

Email: ludev@snco.gov

Website: www.snco.gov/ludev

Memo

Date: December 23, 2025

To: Land Use & Development File

From: Harim Perez, Planning and Zoning Administrator

Re: County-Initiated Downzoning – NW Topeka Boulevard /NW 39th Street Area

The purpose of this memorandum is to formally document and describe a county-initiated downzoning of multiple properties located along NW Topeka Boulevard and NW 39th Street in Shawnee County. This action is initiated by Shawnee County pursuant to K.S.A. 12-757.

Properties Subject to the Proposed Downzoning

Shawnee County is initiating a rezoning from a **less restrictive zoning classification to a more restrictive zoning classification** for the following parcels:

- **445 NW 39th St.**, Parcel ID 1030802002005000, R17784
- **435 NW 39th St.**, Parcel ID 1030802002006000, R17785
- **425 NW 39th St.**, Parcel ID 1030802002007000, R17786
- **3823 NW Topeka Blvd.**, Parcel ID 1030802002008000, R17787
- **3819 NW Topeka Blvd.**, Parcel ID 1030802002009000, R17788
- **NW Topeka Blvd.**, Parcel ID 1030802002010000, R17789
- **3809 NW Topeka Blvd.**, Parcel ID 1030802002011000, R17790
- **3810 NW Topeka Blvd.**, Parcel ID 1030802001007000, R17743
- **3816 NW Topeka Blvd.**, Parcel ID 1030802001006000, R17742
- **3818 NW Topeka Blvd.**, Parcel ID 1030802001005000, R17741
- **335 NW 39th St.**, Parcel ID 1030802001004000, R17740
- **Northern portion of 3804 NW Topeka Blvd.**, Parcel ID 1030802001003000, R17739
- **Eastern portion of 400 NW 39th St.**, Parcel ID 1030503002017000, R17247

These parcels are proposed to be **downzoned to RR-1 (Residential Reserve District)**.

In addition, the following parcels are proposed to be **downzoned to the M-2 (Multiple-Family Dwelling District)**:

- **3910 NW Topeka Blvd.**, Parcel ID 1030503001008000, R17212
- **3906 NW Topeka Blvd.**, Parcel ID 1030503001008000, R17212

Nature of the Zoning Action

This rezoning constitutes a county-initiated downzoning, as it proposes a change from a less restrictive zoning classification to a more restrictive zoning classification affecting multiple parcels under common geographic consideration.

Because this action is initiated by the County and affects multiple parcels with multiple owners, the rezoning shall be processed in accordance with K.S.A. 12-757(c) (2).

Zoning History and Existing Conditions

Historical records indicate that when this area was originally zoned in the 1950s either in 1953 or 1956 while located within the three-mile extraterritorial jurisdiction (ETJ) of the City of Topeka, the properties were zoned C-1. At that time, the C-1 zoning classification allowed residential use, and residential development within the area was lawfully established under those regulations.

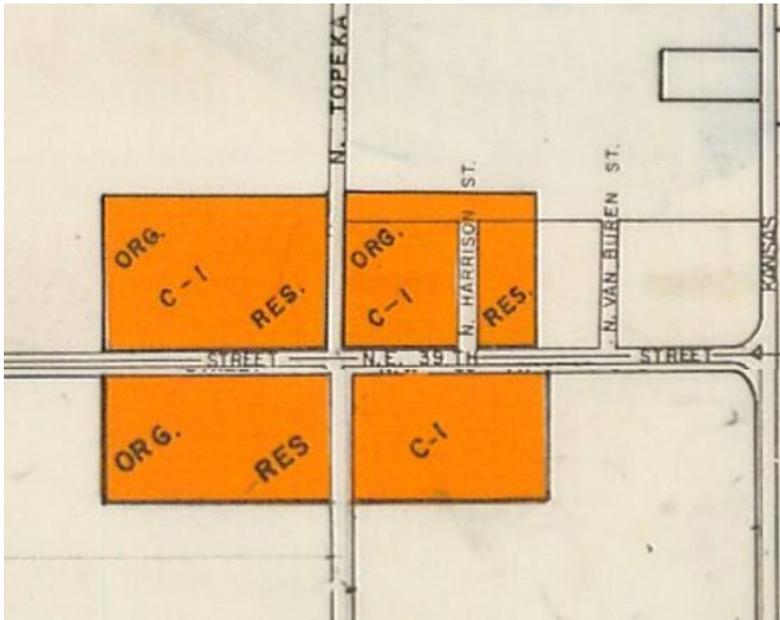
In June 1992, when Shawnee County adopted its current zoning regulations, the former C-1 zoning classification was converted to C-2. Unlike the prior C-1 district, the C-2 zoning classification does not allow residential use. As a result of this regulatory change, existing residential uses on the subject properties became legal nonconforming uses under the County's zoning regulations.

Over time, this regulatory inconsistency has created ongoing challenges for property owners, particularly with respect to residential use recognition, financing, valuation, and marketability. The proposed downzoning is intended to address these historical inconsistencies by aligning zoning classifications with the long-established residential character of the area and restoring regulatory consistency.

Conclusion

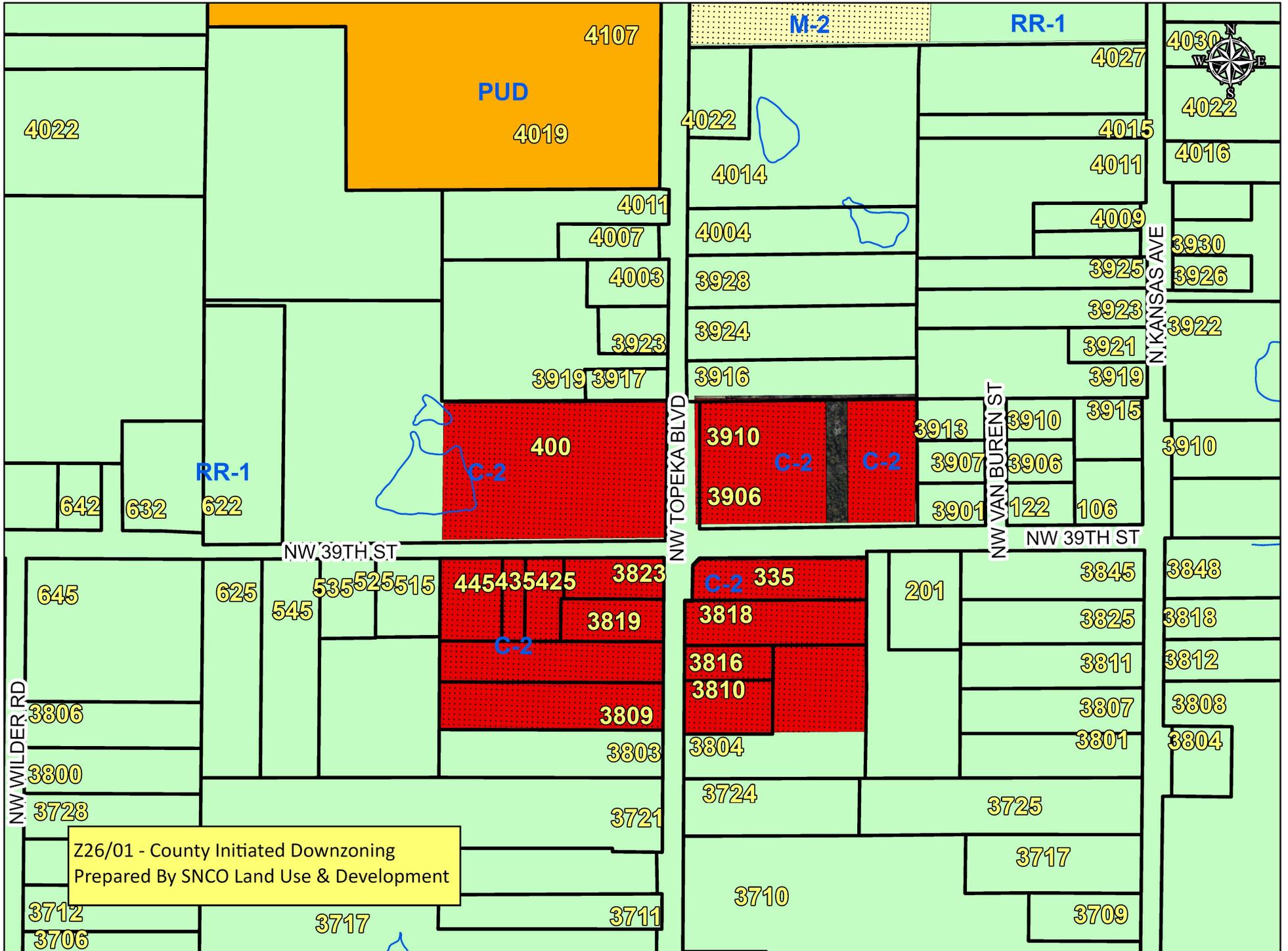
This county-initiated downzoning is intended to establish zoning classifications that are more consistent with existing land use, long-term planning objectives, and applicable elements of the County's comprehensive plan.

Historical Map



GIS Map







Public Works Department

Department of Public Works

Curt F. Niehaus, P.E., Director & County Engineer

1515 NW Saline St., Suite 200

Topeka, Kansas 66618-2867

Ph. 785.251.6101

Email: curt.niehaus@snco.us

Website: www.snco.us/publicworks/

Date: March 9, 2025

To: Board of County Commissioners

From: Curt F. Niehaus, P.E.
Director of Public Works

Re: Consider awarding bid for up to 5,500 tons of "trap rock" for purchase in 2026.

Timeline: BCC approval to solicit bids (for Haydite): October 27, 2025

Audit Finance, on behalf of the Shawnee County Department of Public Works (SCDPW), issued a Request for Quotation (RFQ 008-26) for the purpose of having a vendor supply the SCDPW with 5,500 tons of "trap rock" in lieu of the usual lightweight aggregate (Haydite), which will not be available to Shawnee County in 2026.

This material will be used during calendar year 2026 in support of road maintenance operations (i.e. chip-seal overlays) on county roads and on paved Grove Township roads maintained by Shawnee County.

By the March 5, 2026 bid closing date, three vendors had submitted a bid.

The bid submitted by New Frontier Materials of Maryland Heights, MO in the amount of \$68.00 per ton, which includes delivery to District 4, satisfies all specification requirements. A copy of the bid tabulation sheet is attached.

If the full contract amount of 5,500 tons is purchased, the financial impact of this request would be \$374,000.00.

Funding for this purchase will come from the following fund accounts, dependent upon the specific location of use:

Public Works Road Maintenance Fund (Account No. 10PW126 50351)
Grove Township Road Maintenance Fund

Thank you for considering this request.

Quote:008-26
 Date: 3/5/2026

Shawnee County Tabulation

Dept: PW
 Tabulator Initials: AJ KK

Trap Rock

Description

Item	Est. Q	New Frontier Materials		Technology International, Inc.		Commit Works Transportation LLC	
		Unit Price	Total Bid	Unit Price	Total Bid	Unit Price	Total Bid
Trap Rock	5,500	\$ 68.00	\$ 374,000.00	\$ 77.50	\$ 426,250.00	\$ 212.75	\$ 1,170,125.00



SHAWNEE COUNTY

REQUEST FOR PROPOSAL

(RFP)

Quotation Number: 008-26

Date Issued: 02-12-2026

Closing Date: 03-05-2026 2:00pm

Vendor Name: New Frontier Materials LLC

Address: 2300 Creve Coeur Mill Road, Maryland Heights, MO 63043

Phone Number: 314-473-3434

THIS IS NOT AN ORDER

1. In communications, always refer to the above quotation number.
2. All prices and conditions must be shown. Additions or conditions not shown on this bid will not be allowed.
3. Shawnee County reserve the right to accept or reject any part of, or all of, any bid or proposal.
4. All prices quoted are to be less Federal Excise Tax and Kansas Sales Tax.
5. Price quoted shall remain firm for the 2026 calendar year.

SHAWNEE COUNTY HAS AN ELECTRONIC BID SYSTEM

All vendors are *required* to create an online portal account (www.snco.gov/purchasing) in order to receive or submit bid requests. All responses must be submitted through the bid portal

ITEM AND DESCRIPTION

Shawnee County is soliciting sealed bids for the CY2026 purchase and delivery of 5,500 tons of "Trap Rock" (Rhyolite/Porphry) for use in its chip and seal road maintenance activities per the following minimum specifications.

INFORMATION

Prices are to remain firm throughout the 2026 calendar year.

DELIVERY

The bid price shall include all costs for delivery to the following location(s) in Shawnee County or other location(s) as mutually agreed:

Full amount (5,500 tons): District 4, 125 NE 46th Street, Topeka, Kansas – Delivered between March 31 and June 30, 2026 (91 calendar days).

TECHNICAL SPECIFICATIONS

3/8" x 1/4" Trap Rock (Crushed Rhyolite/Porphry – i.e. Iron Mountain, MO chips)

Color: Dark or near black in color, free of mud and other debris.

Quality:

PROPERTY	REQUIREMENT
Deleterious rock, by weight, maximum	2.0%
Shale, by weight, maximum	0.5%
Other foreign material, by weight, maximum	0.5%
Two fractured faces, minimum	100%
Thin, elongated particles, ASTM D 4791, 5:1, maximum ^a	10%
Micro-Deval, AASHTO T-327, maximum	18%
Absorption, AASHTO T 85, maximum	2.0%
LA Abrasion, maximum	22

^a Test material retained on the No. 4 sieve.

Gradation:

Sieve Size	3/8" X 1/4"
	% passing (by weight)
1/2"	100
3/8"	97-100
1/4"	-
No. 4	0-25
No. 8	-
No. 200 ^b	0-1.0

^b As tested at source.

The supplier will be required to furnish a copy of the gradation results and/or samples of the material to Shawnee County for testing.

RESPONSE REQUIREMENTS

Responses should assume that the county has had no previous knowledge of their products, services or capabilities. Emphasis should be placed on a clear complete presentation of factual information. They should include the following:

- Attachment 1
- Signed Bid Form

PLEASE SUBMIT ATTACHMENT 1 AS THE FIRST PAGE OF YOUR BID

BID RESPONSE

Document Information: The bid portal will only allow one PDF document uploaded for a response. It is your responsibility to make sure the uploaded file is the correct, complete and contains all required information and signatures. The document file name should only contain spaces and letters or numbers, please do not use special characters or dashes. The file can be changed until the bid close time.

Closing Date: Bids will be received until 2:00 p.m. CDT on the scheduled closing date. The online bid portal will not accept any new bids after this time.

Signature of Bids: Each bid must show in the space provided the complete business or mailing address of the bidder and must be signed by him/her with his/her usual signature.

Withdrawal of Bids: Bids already submitted may be withdrawn on the Electronic Bid System or upon proper identification of bidder and provided request is received prior to time of closing. Negligence on the part of the bidder in preparing the bid confers no right for the withdrawal after the time set for closing of bids.

Submitting Multiple Bids: The online bid portal will only allow one file to be uploaded per bid, per company. If you are submitting multiple bids, please complete the Multiple Bids Cover Page and attach as the first page of your bid upload. The document can be found under Purchasing in the bid portal.

Register Your Company: For a *mandatory* pre bid meeting, you *must* be registered in our bid portal for us to record you as an attendee. If you are not marked as attended, the system will not allow you to upload a bid response. To receive automatic updates on RFP subscribe to the bid types. If a RFP has a mandatory pre bid meeting it will be clearly marked on the RFP and in the bid portal.

Please Submit Your Bids Early: In case you have problems getting your bid to upload and need assistance, we suggest you submit before 1:30 pm. Please contact us at once if you have issues uploading. Our system will not allow any bids to be uploaded after 2:00 pm. If your pricing changes, you can replace your bid in the system any time before the 2:00 closing.

Bid Openings: All bids submitted before the specified bid closing time shall be opened and properly recorded on the bid tabulation sheet. Subsequent to the bid opening, all bids shall be thoroughly evaluated and a determination made as to their compliance with applicable specifications. The appropriate County department head shall make this determination. Upon completion of the above determination, an analysis of all bids submitted shall be prepared and formally presented to the Board of County Commissioners for acceptance and approval of the lowest and/or best bid. The Board of County Commissioners reserves the right to accept or reject any and/or all bids and to waive any irregularities or informalities therein.

Notice to Successful Bidders: The successful bidder will be notified by email or telephone as soon as possible after bids have been opened, tabulated, and analyzed.

Notice to Unsuccessful Bidders: Unsuccessful bidders will not be notified.

Submission of Questions: All questions must be submitted through the bid portal. Respondents are encouraged to review all RFP documents prior to submitting questions. By submitting questions the bidder acknowledges that they have reviewed the RFP in full and make reasonable efforts to locate answer prior to

submitting the question to the portal. The County reserves the right not to respond to questions that are duplicate, irrelevant, or demonstrate that the respondent has not reviewed the RFP in full.

Disclosure of Proposal Content and Proprietary Information: All proposals become the property of the Shawnee County. The Open Records Act (K.S.A. 45-215 et seq) of the State of Kansas requires public information be placed in the public domain at the conclusion of the selection process, and be available for examination by all interested parties. No proposals shall be disclosed until after a contract award has been issued. Shawnee County reserves the right to destroy all proposals if the RFP is withdrawn, a contract award is withdrawn, or in accordance with Kansas law. The online bid portal will not accept late proposals.

How to include Proprietary Information in your proposal: Trade secrets or proprietary information legally recognized as such and protected by law may be requested to be withheld if clearly labeled "Proprietary" on each individual page and provided in a clearly marked and separated with the Proprietary Divider page, section within the pdf file uploaded to the online bid portal. Only one file is allowed to be uploaded to the bid portal. Pricing information is not considered proprietary and the bidder's entire proposal response package will not be considered proprietary.

Proprietary Divider Page: This document is available to be downloaded in the bid portal underneath the Purchasing section.

All information requested to be handled as "Proprietary" shall be submitted in the separate section from the main proposal and clearly labeled and section off by the divider page. The bidder shall provide detailed written documentation justifying why this material should be considered "Proprietary". Shawnee County reserves the right to accept, amend or deny such requests for maintaining information as proprietary in accordance with Kansas law.

Shawnee County does not guarantee protection of any information which is not submitted as required.

DEMANDSTAR POSTINGS

Demandstar Website: Shawnee County open projects are posted on Demandstar as a secondary posting. Demandstar tracks broadcast and plan holder data. Bids must be submitted through the Shawnee County Bid Portal.

Shawnee County Bid Portal: When an open project is posted, Shawnee County is not able to track who downloads project information off the bid portal website. Bids must be submitted through the Shawnee County Bid Portal to be considered. All projects are posted on the County website, not all projects are posted on the Demandstar website. Registration is free.

TERMS AND CONDITIONS

In the event that goods or services delivered by the vendor are unsatisfactory and remain unsatisfactory after a notice and an opportunity to correct the deficiencies, the County reserves the right to purchase substitute goods or services from the other bidders.

Shawnee County reserves the right to negotiate separately with any vendor after the opening of this RFP when such action is considered in its best interest. Subsequent negotiations may be conducted, but such negotiations will not constitute acceptance, rejection or a counteroffer on the part of the County.

Shawnee County interprets the term "lowest responsible and best bidder" as requiring Shawnee County to:

- A. Choose between the kinds of materials, goods, wares, or services subject to the proposal, and

B. Determine which proposal is most suitable for its intended use or purpose. Shawnee County can consider among other factors such things as labor cost, service and parts availability and maintenance costs of items upon which proposals are received. Shawnee County can determine any differences or variations in the quality or character of the material, goods, wares or services performed or provided by the respective vendors.

Shawnee County will award the bid. If the successful vendor refuses or fails to make deliveries of the materials/services within the times specified in the RFP, purchase order or contractual agreement, Shawnee County may by written notice, terminate the contract OR purchase order. The successful vendor will certify and warrant that goods, personal property, chattels, and equipment sold and delivered are free and clear of any and all liens, or claims of liens, for materials or services arising under, and by virtue of the provisions of K.S.A. 58-201, et seq., and any other lien, right, or claim of any nature or kind whatsoever.

The vendor hereby certifies that he or she has carefully examined all of the documents for the project, has carefully and thoroughly reviewed this RFP, understands the nature and scope of the work to be done; and that this proposal is based upon the terms, specifications, requirements and conditions of the RFP, and documents. The vendor further agrees that the performance time specified is a reasonable time, having carefully considered the nature and scope for the project as aforesaid.

Shawnee County reserves the right to enter into agreements subject to the provisions of the Cash Basis Law (K.S.A. 10-1112 and 10-1113), the Budget Law (K.S.A.79-2935). Agreements shall be construed and interpreted so as to ensure that the County shall at all times stay in conformity with such laws, and as a condition of agreements the County reserves the right to unilaterally sever, modify, or terminate agreement at any time if, in the opinion of its legal counsel, the Agreement may be deemed to violate the terms of such law.

The vendor certifies that this proposal is submitted without collusion fraud, or misrepresentation as to other vendors, so that all proposals for the project will result from free, open, and competitive proposing among all vendors.

This RFP, responses thereto and any contract documents will be governed by the law of the State of Kansas. Any dispute arising out of the same will be litigated only within the courts of the State of Kansas.

Vendor agrees that all data, documents, and information, regardless of form that is generated as a result of this RFP are the property of Shawnee County. The County shall not be liable to reimburse any vendor for the costs of creating, compiling or delivering the same to the County.

By submission of a response, the proposer agrees that at the time of submittal, it: 1) has no interest (including financial benefit, commission, finder's fee, or any other remuneration) and will not acquire any interest, either direct or indirect, that would conflict in any manner or degree with the performance of proposer's services, or 2) benefit from an award resulting in a "Conflict of Interest." A "Conflict of Interest" will include holding or retaining membership, or employment, on a board, elected office, department, division, or bureau, or committee sanctioned by and/or governed by the Board of Shawnee County Commissioners of the County of Shawnee, Kansas. Proposers will identify any interests, and the individuals involved, on separate paper with the response and will understand that the County may reject their proposal at its sole discretion.

No gifts or gratuities of any kind shall be offered to any County employee at any time.

The Proposer certifies that this proposal is submitted without collusion, fraud, or misrepresentation as to other Proposers, so that all proposals for the project will result from free, open, and competitive proposing.

The County is exempt from the payment of Federal and excise taxes and from Kansas sales tax.

Vendor credit agreements are prohibited. Unless otherwise stated in this document, payment will be made from vendor-submitted invoice(s) via ACH (automated clearinghouse network) transfer or credit card, net 30 days. Shawnee County will not complete any credit application or agree to credit terms supplied by vendor. Shawnee County prefers to pay its vendor invoices via electronic fund transfers through ACH. To initiate payment of invoices vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement which will be provided upon being awarded the RFP.

Attached is Shawnee County CPA (Contractual Provisions Agreement) which all vendors must be agree to upon awarded contract.

Nondiscrimination: Shawnee County is committed to the concept of equal employment opportunity. All bidders and contractors are expected to comply with the provisions of K.S.A. 44-1030 and 44-1031, copies of which are attached and shall be a part of this contract and other applicable Federal and Kansas laws governing equal employment opportunity.

In accordance with K.S.A 44-1030, vendor hereby agrees to the following:

- A. He or she will observe the provision of the Kansas Commission on Human Rights and will not discriminate against any person in the performance of work under the present contract because of race, religion, color, sex, national origin, ancestry, or physical disability.
- B. In all solicitations or advertisements for employees, he or she will include the phrase, "Equal Opportunity Employer", or a similar phrase to be approved by the Kansas Commission on Human Rights.
- C. If he or she fails to comply with the manner in which he or she will be deemed to have breached the present contract, and it may be canceled, terminated, or suspended, in whole or in part, by Shawnee County, Kansas.
- D. If he or she is found guilty of a violation of the Kansas Act Against Human Rights under a decision, or order of the Kansas Commission on Human Rights which has become final, he or she will be deemed to have breached the present contract, and it may be canceled, terminated, or suspended, in whole or in part, by Shawnee County, Kansas; and,
- E. He or she will include the provisions of subsections (a) through (d) inclusively of this paragraph in every subcontract or purchase order so that such provision will be binding upon such subcontractor of vendor.

Provisions of K.S.A. 44-1030 Statute:

Mandatory provisions applicable to contracts of the state and other political subdivisions; cancellation, when; application to subcontract; non-application to certain contract. (a) Except as provided by subsection (c) of this session, every contract for or on behalf of the state or any county or municipality or other political subdivision of the state or any agency of or authority created by any of the foregoing, for the construction,

alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

1. The contractor shall observe the provisions of the Kansas act against discrimination and shall not discriminate against any person in the performance of work under the present contract because of race, religion, color, sex physical handicap unrelated to such person's ability to engage in the particular work, national origin or ancestry.
2. In all solicitations or advertisements for employees, the contractor shall include the phrase, "equal opportunity employer," or a similar phrase to be approved by the commission.
3. If the contractor fails to comply with the manner in which the contractor reports to the commission in accordance with the provisions of K.S.A. 44-1032, the contractor shall be deemed to have breached the present contract and it may be cancelled, terminated or suspended, whole or in part, by the contracting agency.
4. If the contractor is found guilty of a violation of the Kansas act against discrimination under a decision or order of the commission which has become final, the contractor shall be deemed to have breached the present contract and it may be cancelled, terminated or suspended, in whole or in part, by the contracting agency.
5. The contractor shall include the provisions of paragraphs one (1) through four (4) inclusively of this subsection (a) in every subcontract or purchase order so that such provisions will be binding upon such subcontractor or vendor. (b) The Kansas commission on civil rights shall not be prevented hereby from requiring reports of contractors found to be not in compliance with the Kansas act against discrimination. (c) The provisions of this section shall not apply to a contract entered into by a contractor: (1) Who employs fewer than four (4) employees during the term of such contract; or (2) Whose contracts with the governmental entity letting such contract cumulatively total five thousand dollars (\$5,000) or less during the fiscal year of such governmental entity.

Provisions of K.S.A. 44-1031 Statute:

Same; personnel to be used in performing contracts; reports; non-application to certain contractors. Every person, as defined in subsection (a) of K.S.A. 44-1002, who wishes to enter into a contract which is covered by the provisions of K.S.A. 44-1030 shall upon request of the commission, inform the commission in writing of the manner in which such person shall recruit and screen personnel to be used in performing the contract. The report shall be made on forms to be supplied by the commission. The provisions of K.S.A. 44-1030 and of this section shall not apply to any contractor who has already complied with the provisions of such sections by reason of holding a contract with the federal government or a contract involving federal funds.

History: L.1972, ch.184, & 15; L. 1975, ch. 264, & 8; L. 1977, ch. 183, & 2; July 1.

ATTACHMENT 1

Quotation Number: 008-26 Vendor Name: New Frontier Materials LLC
Date Issued: 02-12-2026
Closing Date: 03-05-2026 2:00pm

SCHEDULE OF PRICES

Prices are to remain firm for the 2026 calendar year.

Bidding Item / Road Maintenance	Est. Quantity	Unit Price	Total Bid
Trap Rock	5,500 tons	\$ <u>68.00</u> / ton	\$ <u>374,000.00</u>

TOTAL BID PRICE: three hundred seventy-four thousand & 00/100 DOLLARS
(In Written Format)

Earliest start of deliveries upon receipt of order: As soon as requested

Quarry Address: 250 S 5th St
Kansas City, KS 66101

Contact Information Name: Dave Viehmann
Email: deviehmann@newfrontiermaterials.com Phone: 314-452-1434

New Frontier Materials LLC
COMPANY or FIRM NAME

BY: 
Date: 3/5/2026

Please email auditfinance@snco.us if you are experiencing trouble with fillable forms and would like an alternate form.

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C _____

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:


By: _____

Andy Cook
Director, Special Projects
Title: _____

3/5/2026
Date: _____

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date: _____

ATTEST:

Lisa Schmitt, Shawnee County Clerk

All questions regarding this bid should be posted on the online Electronic Bid System.

For problems with the online Electronic Bid System, please contact:

Shawnee County Audit Finance Department

e-mail: Auditfinance@snco.us phone: (785) 251 – 4039

The undersigned agrees with all terms and conditions stated above:

Signature	
Printed Name	Andy Cook
Title	Director - Special Projects
Email Address	ajcook@newfrontiermaterials.com
Phone Number	314-473-3578



Public Health
Prevent. Promote. Protect.

Shawnee County Health Department

Shawnee County Health Department
Teresa Fisher, Director
2600 SW East Circle Dr., Topeka, KS 66606
Ph. 785.251.5600 | Fax 785.251.5696
www.shawneehealth.org

DATE March 6, 2026
TO: Board of Commissioners
of the County of Shawnee, Kansas
FROM: Teresa Fisher, Director TF
RE: Apply for the Kansas Department of Health and Environment Aid-to-Local
Grants for the SFY 2027

Action requested: Approval for the Shawnee County Health Department (SCHD) to apply for the Kansas Department of Health and Environment (KDHE) Aid-to-Local grants for the State Fiscal Year 2027 (SFY27).

The Aid-to-Local grants assist public health departments with working to promote and protect health and prevent disease and injury, and assure the health of all Kansans through public health services, policy development, and regulatory programs. The KDHE Aid-to-Local grants that are being applied for include: State Formula; Child Care Licensing; Chronic Disease Risk Reduction; Maternal and Child Health; Universal Home Visiting; Immunization Action Plan; Family Planning; and Public Health Emergency Preparedness – Local & Regional.

The SCHD is requesting a total grant amount of: \$1,720,392.90 (excluding PHEP Regional) and for PHEP Regional \$39,621.71.

In SFY 2026 SCHD received \$1,327,831.00 in Aid-to-Local grants.

TF/rlm

Attachment

C: Jennifer Sauer, Financial Administrator
Kathleen Burrows, Finance and Administrative Division Manager

To be completed by State Office - Date Received: _____

Grant Application Signature Page
State of Kansas Department of Health and Environment

Grant Period: July 01 2026 - June 30 2027

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required to complete your Aid to Local and/or MIECHV application package.
Upload as an attachment under Work Area, Agency Imports and under the upcoming grant period year: 2027 for ATL and 2024 for MIECHV.
ATL applications due at noon on March 15, 2026.
MIECHV applications are due at noon on July 7, 2025.
Applications Due March 16, 2026

Applicant: (Name of Agency)

Shawnee County Health Department

Address

2600 SW East Circle Drive
Topeka, Kansas 66606-2447

KGMS Administrator

Teresa Fisher

KGMS Administrator Phone

5610

Programs

CDRR SFY2027	\$100,018.23
Child Care Licensing Program SFY2027	\$424,304.23
Family Planning SFY2027 - Returning Applicant	\$217,157.99
IAP SFY2027	\$33,438.32
MCH SFY2027 Application Year 1 of 5	\$381,444.39
PHEP SFY2027	\$110,190.55
RPHEP SFY2027	\$0.00
State Formula SFY2027	\$322,138.33
UHV ATL2027	\$124,356.81
Total	\$1,713,048.85

Signatures

President/Chairman Local Board of Health or Board of Directors

Date:



Administrator/Director

03/09/2026

Date:

Shawnee County Health Department
 2600 SW East Circle Drive
 Topeka, Kansas 66606-2447

Grant: Child Care Licensing Program (CCL)
 Grant Period: ATL2027

GRANT APPLICATION
 County : Shawnee
 Form Name: Child Care Licensing Program SFY2027

KGMS Administrator(s)
 Teresa Fisher

KGMS Fiscal Officer(s)
 Amanda Nioce, Kathleen Burrows

Counties Served

Counties Served

Name of County/City Applying for the Child Care Licensing Award

Shawnee County

Select lead agency/applicant county and other counties currently served, if any.

- | | | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Allen | <input type="checkbox"/> Coffey | <input type="checkbox"/> Geary | <input type="checkbox"/> Johnson | <input type="checkbox"/> Miami | <input type="checkbox"/> Pratt | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Comanche | <input type="checkbox"/> Gove | <input type="checkbox"/> Kearny | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Rawlins | <input type="checkbox"/> Smith |
| <input type="checkbox"/> Atchison | <input type="checkbox"/> Cowley | <input type="checkbox"/> Graham | <input type="checkbox"/> Kingman | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Reno | <input type="checkbox"/> Stafford |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Crawford | <input type="checkbox"/> Grant | <input type="checkbox"/> Kiowa | <input type="checkbox"/> Morris | <input type="checkbox"/> Republic | <input type="checkbox"/> Stanton |
| <input type="checkbox"/> Barton | <input type="checkbox"/> Decatur | <input type="checkbox"/> Gray | <input type="checkbox"/> Labette | <input type="checkbox"/> Morton | <input type="checkbox"/> Rice | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Bourbon | <input type="checkbox"/> Dickinson | <input type="checkbox"/> Greeley | <input type="checkbox"/> Lane | <input type="checkbox"/> Nemaha | <input type="checkbox"/> Riley | <input type="checkbox"/> Sumner |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Doniphan | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Leavenworth | <input type="checkbox"/> Neosho | <input type="checkbox"/> Rooks | <input type="checkbox"/> Thomas |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Douglas | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Ness | <input type="checkbox"/> Rush | <input type="checkbox"/> Trego |
| <input type="checkbox"/> Chase | <input type="checkbox"/> Edwards | <input type="checkbox"/> Harper | <input type="checkbox"/> Linn | <input type="checkbox"/> Norton | <input type="checkbox"/> Russell | <input type="checkbox"/> Wabaunsee |
| <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Elk | <input type="checkbox"/> Harvey | <input type="checkbox"/> Logan | <input type="checkbox"/> Osage | <input type="checkbox"/> Saline | <input type="checkbox"/> Wallace |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Ellis | <input type="checkbox"/> Haskell | <input type="checkbox"/> Lyon | <input type="checkbox"/> Osborne | <input type="checkbox"/> Scott | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cheyenne | <input type="checkbox"/> Ellsworth | <input type="checkbox"/> Hodgeman | <input type="checkbox"/> Marion | <input type="checkbox"/> Ottawa | <input type="checkbox"/> Sedgwick | <input type="checkbox"/> Wichita |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Finney | <input type="checkbox"/> Jackson | <input type="checkbox"/> Marshall | <input type="checkbox"/> Pawnee | <input type="checkbox"/> Seward | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Ford | <input type="checkbox"/> Jefferson | <input type="checkbox"/> McPherson | <input type="checkbox"/> Phillips | <input checked="" type="checkbox"/> Shawnee | <input type="checkbox"/> Woodson |
| <input type="checkbox"/> Cloud | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jewell | <input type="checkbox"/> Meade | <input type="checkbox"/> Pottawatomie | <input type="checkbox"/> Sheridan | <input type="checkbox"/> Wyandotte |

Surveyors

Surveyor Qualifications & Experience

Recruitment/Outreach

Recruitment/Outreach

Describe Recruitment Goal (e.g., increase new providers and licensed facility count by 10%).

The Shawnee County Health Department Child Care Licensing Team has established a strategic recruitment goal to strengthen childcare availability and expand the early childhood workforce across the county. The licensing team will focus on increasing the number of new licensed child care providers and licensed facilities by a minimum of 10%, with a targeted goal of 25%, specifically targeting increasing infant and toddler slots by a targeted minimum of 10%, as this age group represents one of the greatest childcare shortages in Shawnee County. In order to accomplish these targets, the Child Care Licensing Team will implement the following strategies: 1. Expansion of Existing Providers- Encouraging current licensed providers to reevaluate and expand their services and capacity. The licensing team will provide up-to-date information on available funding opportunities, grants, and other financial supports to assist with facility expansion as well as provide technical assistance to guide providers through the expansion and licensing modification process. 2. Recruitment of New Providers- Actively recruit individuals interested in entering the early childhood workforce and promote childcare as a viable and meaningful career pathway. 3. Maintain the provision of free child care orientations for

Family Child Care Homes, offered a minimum of four times annually throughout Shawnee County. Hosted orientations will be conducted in areas identified as child care deserts to improve access and awareness. The orientation will provide clear guidance on licensing requirements, application processes and the importance of regulated, high-quality care. The overarching recruitment goal of Shawnee County Child Care Licensing team will be increasing licensed childcare slot availability, strengthening and growing the local early childhood workforce, improving access to infant and toddler care, expanding childcare options in high-need and underserved areas. By combining provider expansion, workforce recruitment, and targeted community outreach, the Shawnee County Child Care Licensing team is working to build a stronger, more accessible and sustainable childcare system for families across the county.

Describe Recruitment Activities (e.g., local community events, social media activities).

The Shawnee County Health Department Child Care Licensing Team is implementing a comprehensive, community-focused recruitment strategy to increase the number of licensed childcare providers and expand access to quality early childhood care. Recognizing the growing demand for childcare- particularly for infants and toddlers - the Licensing team is prioritizing outreach efforts that reduce barriers to entry, strengthen workforce pipelines, and increasing awareness of childcare as a viable and meaningful career pathway. Recruitment efforts center on increasing visibility and accessibility throughout the community. The Licensing team will continue to hosts free quarterly Family Home Child Care Orientations in high-need areas of the community, ensuring that individuals interested in becoming providers understand the licensing process, requirements and available supports. These orientations will continue to be offered at no cost to participants, removing financial barriers. These orientations will additionally be strategically located in areas identified as childcare deserts in Shawnee County. In addition to formal orientations, the licensing team will actively participates in community events such as Car Seat Check Lanes, and collaborating with the Health Department's Promotions team, providing brochures on becoming a licensed provider. Partnerships are a key component of this recruitment strategy. The Licensing team collaborates with local organizations such as Child Care Aware of Northeast Kansas, Shawnee County Parks and Recreation, Washburn Tech, and the Greater Topeka Partnership to expand outreach and strengthen workforce development efforts. These partnerships support shared messaging, access to training resources, and opportunities to present childcare entrepreneurship as a sustainable small business opportunity. Digital outreach also plays an important role in recruitment. The Licensing Team will utilize social media platforms to promote orientation sessions, highlight the need for licensed care, and share relevant articles pertaining to childcare. The Licensing Team distributes QR-coded educational materials as well as information brochures throughout the community, including at health department locations, local colleges, and partner agencies, making it easier for interested individuals to access licensing information quickly. Through coordinated outreach, strategic partnerships, and targeted engagement in underserved areas, the Shawnee County Child Care Licensing Team aims to expand licensed childcare capacity, grow the early childhood workforce, and improve access to high-quality, regulated care for families throughout the county.

Describe Non-traditional Recruitment Activities (e.g., working with local organizations to offer a grant for new child care applicants, handing out licensing educational materials at car seat checks, setting up a booth at the local hospital birth event, working with the local chamber or other partners to engage, inform, and recruit).

The Shawnee County Health Department Child Care Licensing Program in Shawnee County is implementing non-traditional recruitment strategies to expand awareness and attract new licensed childcare providers. These approaches are designed to reach individuals who may not otherwise consider entering the early childhood field and to make licensing information more accessible throughout the community. The program distributes educational materials, including Child Care Licensing QR code cards, at a variety of high-traffic and workforce-focused locations. These include Shawnee County Health Department sites, nursing student practicums, local technical colleges, childcare-focused job fairs, and community events such as Car Seat Check Lanes. By placing licensing information in settings where individuals are already engaged in education, healthcare, or family services, the program increases exposure to childcare entrepreneurship as a viable career pathway. The Licensing Program also continues to strengthen partnerships with Washburn Tech and other local colleges to explore collaborative recruitment opportunities within early childhood education programs. In addition, collaboration with the Greater Topeka Partnership supports broader workforce development discussions and community-based recruitment efforts. These non-traditional strategies focus on engaging students, community organizations, healthcare professionals, and local partners to build a stronger pipeline of prospective childcare providers and expand licensed childcare options throughout Shawnee County.

Describe Community & Leadership Outreach Activities & Education to Promote Community Awareness (e.g., requirements for licensing, how to become licensed, the importance of regulation and quality child care, supports to families in the search for child care).

The Shawnee County Child Care Licensing Program continues to strengthen community awareness and promote high-quality, regulated childcare through strategic partnerships, outreach, and stakeholder engagement. A key component of this effort includes collaboration with the Greater Topeka Partnership and active participation in the Child Care Taskforce as part of the Momentum 2027 initiative. Through this work, the program helps raise awareness among local employers, business leaders, and community partners about the importance of accessible, regulated childcare to support workforce stability and economic growth. The licensing team additionally participates in Early Childhood Coalition meetings to promote the benefits of licensed, high-quality childcare and to align efforts with other community stakeholders focused on improving early childhood outcomes. In addition, the Licensing Program uses social media platforms to educate families and providers about licensing requirements, the value of regulation, and the importance of maintaining safe and high-quality childcare environments. To ensure continuous improvement, the licensing program will coordinate focus groups and incorporates childcare providers as key stakeholders in discussions connected to the Community Health Needs Assessment (CHNA). Gathering provider feedback allows the Licensing Program to better understand challenges within the childcare system and identify opportunities for support and improvement. Through collaboration, education, and community engagement, these efforts work together to strengthen the local childcare infrastructure, support providers, and ensure a sustainable, high-quality childcare network throughout Shawnee County.

Describe Planned Activities to Retain & Recognize Existing Licensed Providers (e.g., community events, joint efforts w child care partners, incentives).

The Shawnee County Child Care Licensing Program has ongoing initiatives to recognize and support licensed childcare providers. One key activity is Child Care Appreciation Day, which will be observed on May 8th, 2026. On this day, the Shawnee County Health Department will highlight and celebrate providers through the Shawnee County on social media platforms, such as Facebook acknowledging their dedication and contributions to the community. In addition, the Licensing Program continues to collaborate with childcare providers and the Greater Topeka Partnership to participate in community ribbon-cutting events, celebrating the opening of new childcare facilities or the expansion of existing services. These recognition and support activities are designed to promote provider morale, foster community engagement, and ultimately help expand the availability of quality childcare throughout Shawnee County.

Budget Section

CCL Budget

Salary

Description	Request	Total	Match
Annette Bergquist	\$50,868.00	\$50,868.00	\$0.00
Logan Galle	\$19,980.00	\$19,980.00	\$0.00
Roger Barnhart	\$6,877.44	\$6,877.44	\$0.00
Ann Bartlow	\$67,132.80	\$67,132.80	\$0.00
Jennifer Zimmerman	\$88,149.60	\$88,149.60	\$0.00
Kristin Greig	\$48,924.00	\$48,924.00	\$0.00
Total	\$281,931.84	\$281,931.84	\$0.00

Benefits

Description	Request	Total	Match
(50130) Health Insurance \$11,592 per FTE	\$53,323.20	\$53,323.20	\$0.00
(50166) FICA 8.03%	\$22,646.18	\$22,646.18	\$0.00
(50167) KPERS 11.12%	\$31,349.41	\$31,349.41	\$0.00
(50171) Life Insurance \$46.40 per FTE	\$213.49	\$213.49	\$0.00
(50175) Unemployment 0.11%	\$296.03	\$296.03	\$0.00
(50176) Workers Compensation 1.31%	\$3,700.36	\$3,700.36	\$0.00
Total	\$111,528.67	\$111,528.67	\$0.00

Capital Equipment (ITEMIZE)

Description	Request	Total	Match
No data to display			
Total	\$0.00	\$0.00	\$0.00

Health Services

Description	Request	Total	Match
No data to display			
Total	\$0.00	\$0.00	\$0.00

Supplies (ITEMIZE)

Description	Request	Total	Match
(50330) Office Supplies	\$1,000.00	\$1,000.00	\$0.00
(50346) Program Supplies and Materials	\$100.00	\$100.00	\$0.00

(50360) Vehicle & Equipment Supplies	\$150.00	\$150.00	\$0.00
Total	\$1,250.00	\$1,250.00	\$0.00

Travel

Description	Request	Total	Match
(50251) Mileage	\$80.00	\$80.00	\$0.00
(50252) Travel Expenses - Hotel, Per Diem, etc. - NARA Conference for 2 FTE (Flight, Parking, Taxi, Hotel)	\$4,925.00	\$4,925.00	\$0.00
(50362) Gasoline for County Vehicles	\$700.00	\$700.00	\$0.00
Total	\$5,705.00	\$5,705.00	\$0.00

Other

Description	Request	Total	Match
(50230) Contractual Services - KanPay Fees \$500, Shredding \$100	\$600.00	\$600.00	\$0.00
(50240) Printing & Advertising - Facebook Ads for CCL Classes	\$200.00	\$200.00	\$0.00
(50260) Training	\$650.00	\$650.00	\$0.00
(50310) Food	\$50.00	\$50.00	\$0.00
(50381) Equipment Leases - 4 vehicles @ \$4,906.56/yr/ea, Copier Lease @ \$420/yr	\$20,046.24	\$20,046.24	\$0.00
(50261) Memberships, Dues & Subscriptions - NARA 1 FTE	\$110.00	\$110.00	\$0.00
(50284) Telephone - 4 Cell Phones at \$558.12/yr/ea	\$2,232.48	\$2,232.48	\$0.00
Total	\$23,888.72	\$23,888.72	\$0.00

Request	Match	Grand Total
\$424,304.23	\$0.00	\$424,304.23

Notes:

No Notes Created

Grant Application History:

Date Entry	Process Name	Details	User Name
3/3/2026 5:40:44 PM	Return To Queue		tfisher
3/3/2026 8:46:44 AM	Return To Queue		tfisher
2/25/2026 3:24:53 PM	Return To Queue		jzimmerman
2/2/2026 4:22:37 PM	Grant Created		tfisher

Shawnee County Health Department
2600 SW East Circle Drive
Topeka, Kansas 66606-2447

Grant: Chronic Disease Risk Reduction (CDRR)
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: CDRR SFY2027

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

Administration - Implementation Applicants Only

Implementation Applicants Only

Implementation Applicant Information

Implementation Community Capacity

Describe your agency's experience with health promotion or community-based work. Include relevant staff roles, experience, and current partnerships. (1,500 Character Limit)

SCHD leads community-based health promotion and chronic disease prevention. In 2025, Health Promotions staff delivered 56 resource tables, 106 community education events, and five Youth Tobacco Court sessions with the Shawnee County District Attorney's Office, empowering youth leaders, building resilience, and reducing tobacco use. Our programs serve schools, correctional facilities, and the broader community. We provide sexual health and hygiene education to 1,700 Topeka Public Schools freshmen each year; deliver BLAST bicycle safety lessons in six elementary schools; and teach healthy choices classes at the Shawnee County Department of Corrections to support informed, lifelong decision-making. We expand impact through strong partnerships, including RESIST youth leadership, Topeka Doula Project, local hospitals and behavioral health providers, LiveWell Shawnee County, Topeka Breastfeeding Coalition, Shawnee County Food & Farm Advisory Board, CIVIC, the City of Topeka, and K-State Research & Extension, which supports garden programs. We steward a WIC community garden and engage in 60+ local coalitions to align programs with community needs. Accredited by the Public Health Accreditation Board, we actively advance the Community Health Needs Assessment and Community Health Improvement Plan, share findings widely, and implement sustainable, measurable strategies that improve health outcomes and strengthen long-term well-being across Shawnee County.

Briefly describe CDRR related coalition efforts from the past grant year. Include successes, experiments, and/or sustainability planning. (1,500 Character Limit)

During SFY 2026, the Tobacco/Aerosol Prevention Impact Team strengthened CDRR coalition efforts by building member capacity, expanding outreach, and advancing sustainability. The coalition hosted guest speakers who shared practical, sector-specific strategies to integrate tobacco awareness into healthcare, education, youth services, and community programs. These sessions increased partner knowledge, strengthened collaboration, and equipped members to embed prevention messaging into policies, programs, and daily practice while addressing emerging tobacco trends. To expand community engagement, the coalition launched a Facebook page to increase awareness and share prevention resources. While engagement has been modest, the team monitors metrics, tests content strategies, and evaluates reach to improve visibility and consistency. Early lessons are guiding a more focused, data-driven communication plan centered on youth prevention and community education. The coalition advances sustainability through targeted recruitment and stronger member engagement, ensuring diverse sector representation, including behavioral health, education, and healthcare. Moving forward, the team will expand youth-focused initiatives and deepen partnerships with behavioral health providers to strengthen protective factors, increase prevention impact, and support long-term community resilience.

Tobacco Community Snapshot

Complete the following data table and statement of need if you are selecting one or more work plans in this strategy area.

Instructions: Provide the measures using data from the 2021 Kansas Behavioral Risk Factor Surveillance System, which can be found here: <https://www.kdhe.ks.gov/2225/Data-Dashboard>.

To find the correct value for each measure, select the "Summary" tab, then go to "Metric Selection" and choose the relevant measure from the dropdown list. Use the weighted percentage for your county as well as its corresponding 95% Confidence Interval.

* If county-level data are not available, please use data for the region in which your county is located.

** For applicants representing multiple counties, please provide the value of the region that encompasses the majority of the counties in your coverage area.

*** Applicants for whom BRFSS data is not available at the county or regional level may still select workplans in this section. In this case, enter "n/a" as the response for these measures and proceed to the Statement of Need.

Statement of Need

Describe why addressing tobacco use is a priority in your community and explain the specific needs or conditions that support the tobacco prevention, exposure elimination, or treatment workplan(s) you have selected. If providing additional data, provide a clear description of the measure as well as the source and year of the data. (1,500 character limit)

Tobacco use remains a significant public health concern in Shawnee County. According to the 2021 Kansas Behavioral Risk Factor Surveillance System, 19% of adults are current smokers (95% CI: 15.9%–22.0%), and 4.2% use smokeless tobacco (95% CI: 2.6%–5.7%). These rates indicate ongoing nicotine dependence in the community and reinforce the need for early prevention efforts. Youth in our community are exposed to tobacco and nicotine products through social media, peer influence, and marketing, increasing the likelihood of experimentation. Nicotine is highly addictive, negatively affecting brain development during adolescence, leading to attention difficulties, mood changes, impulse control issues, and increased risk of future substance use. Peer influence is a strong predictor of initiation, making youth-led prevention especially effective. The selected work plan prioritizes peer-to-peer education through RESIST chapters. By supporting student-led groups with technical assistance and resources, strengthening sustainable, youth-driven prevention efforts. Engaging youth as leaders directly addresses root causes of initiation and builds long-term community capacity to reduce tobacco use.

Prevention (1)

Prevention (1): Increase the number of youth educating other youth and community members on the dangers of tobacco use and dependence, including e-cigarettes (e.g. Resist Chapter Establishment).

How many years has applicant previously worked on implementing this work plan?

0

Multi-year SMART objective - Multi-year objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The multi-year objective will lead to progress on required performance measures and be clearly tied to the work plan.

By June 30, 2028, all active Shawnee County RESIST chapters will develop and adopt a written succession plan.

Annual Objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The annual objective should ultimately lead to progress on multi-year objective and required performance measures.

By June 30, 2027, two active RESIST chapters in Shawnee County will complete two, youth-led projects

addressing youth tobacco and nicotine use.

Using existing data sources, describe and quantify the priority population this work plan will serve and the organization(s) you plan to engage (for example, which schools if you're working with students). See list of recommended data sources found in the KGMS supplemental forms. (1,500 Character Limit)

Shawnee County CDRR staff will prioritize youth attending schools with active RESIST chapters and their feeder schools to maximize peer-led tobacco prevention impact. The Rossville Jr./Sr. High School RESIST chapter serves approximately 261 students in grades 7–12 and will also engage approximately 329 students at Rossville Elementary School (PreK–6). The Robinson Middle School RESIST chapter serves approximately 348 students in grades 6–8 and will extend prevention activities to approximately 426 students at Meadows Elementary School (PreK–5). Based on 2025 enrollment data from the Kansas State Department of Education, these four schools collectively serve approximately 1,364 students. This work plan prioritizes youth in late elementary through high school grades, a critical developmental period when initiation of tobacco and nicotine use is most likely. By focusing on existing RESIST chapters and their feeder schools, the coalition will reach a broad cross-section of Shawnee County youth, including students from diverse socioeconomic and demographic backgrounds. Partnering with these schools allows for sustained peer-to-peer education, leadership development, and consistent prevention messaging across grade levels, strengthening long-term community impact.

Briefly explain how you will engage and collaborate with the priority population and target organization(s) to improve community health outcomes. (1,500 Character Limit)

Shawnee County CDRR staff will actively collaborate with RESIST chapters at participating schools to design and implement youth-led tobacco prevention initiatives. Because RESIST is peer-led, students are more receptive to messaging delivered by their peers, increasing engagement and credibility. CDRR staff will partner with chapter members and faculty advisors to assess school-specific needs, identify priority messaging strategies, and develop projects tailored to their student population. Staff will provide technical assistance, prevention resources, leadership development opportunities, and training on evidence-based tobacco prevention strategies. Chapters will also be connected to community partners and the Shawnee County Tobacco/Aerosol Prevention Impact Team to strengthen cross-sector collaboration. By equipping youth with tools, data, and referral information such as My Life, My Quit, students will be empowered to serve as prevention ambassadors within their schools. Ongoing coaching and evaluation support will ensure projects are sustainable, measurable, and aligned with county-wide tobacco prevention goals.

Action Steps (5–10): List specific, logical steps that will lead to meaningful progress toward your objectives.

1.) Initial Planning & Goal Setting: Meet with RESIST chapters and faculty advisors at the beginning of the school year to review prior activities, assess school-specific tobacco trends, and establish measurable goals for youth-led prevention projects. 2.) Capacity Building & Training: Provide training on current youth tobacco and nicotine trends, prevention messaging strategies, leadership development, and effective peer-to-peer engagement techniques. 3.) Project Selection & Planning: Collaboratively identify at least two feasible, youth-led prevention projects aligned with school needs and coalition priorities, including defined timelines and roles. 4.) Resource Development & Technical Assistance: Supply evidence-based educational materials, campaign tools, and ongoing technical assistance to support implementation of selected projects. 5.) Cessation Awareness & Referral Education: Train chapter members on My Life, My Quit and other cessation resources, including how to make appropriate peer referrals. 6.) Community & Coalition Engagement: Facilitate RESIST participation in Shawnee County Tobacco/Aerosol Prevention Impact Team meetings to strengthen cross-sector collaboration and youth voice in community prevention efforts. 7.) Implementation & Promotion: Support chapters in executing projects and promoting activities within schools and the broader community through approved communication channels. 8.) Monitoring, Evaluation & Sustainability: Track activities, participation, and outcomes; review progress with chapters and advisors; and support development of succession planning to ensure sustainability and progress toward multi-year objectives.

Nutrition Work Plan Data

Nutrition Community Snapshot

Complete the following data table and statement of need if you are selecting one or more work plans in this strategy area.

Instructions: Provide the measures using data from the 2021 Kansas Behavioral Risk Factor Surveillance System, which can be found here: <https://www.kdhe.ks.gov/2225/Data-Dashboard>.

To find the correct value for each measure, select the "Summary" tab, then go to "Metric Selection" and choose the relevant measure from the dropdown list. Use the weighted percentage for your county as well as its corresponding 95% Confidence Interval.

* If county-level data are not available, please use data for the region in which your county is located.

** For applicants representing multiple counties, please provide the value of the region that encompasses the majority of the counties in your coverage area.

*** Applicants for whom BRFSS data is not available at the county or regional level may still select workplans in this section. In this case, enter "n/a" as the response for these measures and proceed to the Statement of Need.

Statement of Need

Describe why addressing nutrition is a priority in your community and explain the specific needs or conditions that support the workplan(s) you have selected. If providing additional data, provide a clear description of the measure as well as the source and year of the data. (1,500 character limit)

Nutrition and related social determinants are key drivers of chronic disease in our community. Shawnee County's population is diverse and changing, with 22.5% under age 18 and 20.3% over age 65, creating distinct nutritional needs across the lifespan (U.S. Census Bureau). Local health rankings place Shawnee County in the lower range for overall health outcomes, with persistent health behavior challenges that influence chronic disease trajectories. Inadequate access to nutritious foods and inconsistent healthy food environments, documented in community assessments, align with statewide patterns reported by Kansas Health Matters and KIC. The selected workplans directly address these needs. Nutrition (1) increases adoption of nutrition standards and healthy food procurement at Lotus House and Breakthrough House, improving food quality where it is regularly served. Nutrition (2) supports the Shawnee County Farm and Food Advisory Council to strengthen local food systems and policy, expanding access to affordable nutritious foods. Nutrition (3) bolsters breastfeeding support through the Topeka Breastfeeding Coalition, promoting early nutrition and continuity of care critical to long-term health. Collectively, these strategies advance policy, systems, and environmental changes to improve nutrition and reduce chronic disease risk in Shawnee County.

Nutrition (1)

Nutrition (1): Increase adoption of food service and nutrition guidelines and nutritious food procurement in facilities, programs, or organizations where food is sold, served, and distributed.

Resource: Nutrition guideline standards to be implemented can be found starting on page 11 of the Food Service Guidelines for Federal Facilities. Relevant standards will vary by project and should be selected according to each project's scope and activities. <https://www.cdc.gov/nutrition/php/food-service-guidelines/food-service-guidelines-federal-facilities.html>

How many years has applicant previously worked on implementing this work plan?

0

Multi-year SMART Objective - Multi-year objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The multi-year objective will lead to progress on required performance measures and be clearly tied to the work plan.

By June 30, 2028, SCHD will collaborate with Lotus House/Breakthrough House to adopt two nutrition standards from the Food Service Guidelines for Federal Facilities for their on-site snack counter, increasing the availability of healthier snack and food options.

Annual Objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The annual objective should ultimately lead to progress on multi-year objective and required performance measures.

By June 30, 2027, SCHD will collaborate with Lotus House/Breakthrough House to adopt one nutrition standard from the Food Service Guidelines for Federal Facilities for their on-site food counter, increasing the

availability of healthier snack and food options.

Using existing data sources, describe and quantify the priority population this work plan will serve and the organization(s) you plan to engage (for example, which schools if you're working with students). See list of recommended data sources found in the KGMS supplemental forms. (1,500 Character Limit)

Using existing data sources, SCHED will focus on adults served by the Lotus House/Breakthrough House Clubhouse in Shawnee County. The clubhouse serves approximately 150 residents daily, many with chronic health conditions such as obesity, diabetes, and hypertension, who rely on the on-site snack counter for accessible food options. SCHED will collaborate with the clubhouse's Health and Wellness team to implement nutrition standards from the Food Service Guidelines for Federal Facilities specifically at the on-site snack counter, increasing the availability of fruits, vegetables, whole grains, and lower-sodium snacks. This project leverages existing operational data from the clubhouse to quantify reach, monitor progress, and guide ongoing implementation in alignment with CDC guidance for improving food environments in institutional settings.

Briefly explain how you will engage and collaborate with the priority population and target organization(s) to improve community health outcomes. (1,500 Character Limit)

SCHED will collaborate with the Lotus House/Breakthrough House Clubhouse Health and Wellness team to improve snack options at the on-site snack counter. Initial meetings will assess current offerings and identify feasible nutrition standards from the Food Service Guidelines for Federal Facilities. SCHED will provide technical assistance, training, and educational materials to support staff in selecting lower-sodium snacks, adding fruits, vegetables, and whole grains, and promoting healthier choices. The Health and Wellness team will communicate changes to residents, gather feedback on preferred options, and encourage adoption of healthier snacks. Progress will be monitored using snack counter operational data, including sales, inventory, and participation, to ensure objectives are met and inform adjustments. This approach empowers staff and residents, strengthens the clubhouse's capacity to maintain healthy food practices, and increases access to nutritious snacks for a population at high risk for diet-related chronic diseases, improving community health outcomes in Shawnee County.

Action Steps (5-10): List specific, logical steps that will lead to meaningful progress toward your objectives.

1.) Initial Assessment: Meet with the Health and Wellness team to review current snack counter offerings and identify opportunities to implement nutrition standards from the Food Service Guidelines for Federal Facilities. 2.) Select Nutrition Standards: Collaboratively choose one standard for Year 1 (June 2027) and a second standard for Year 2 (June 2028) that are feasible and align with the clubhouse's operations. 3.) Staff Training & Technical Assistance: Provide training and guidance to snack counter staff on implementing selected standards, including sourcing healthier items and understanding nutrition criteria. 4.) Develop Implementation Plan: Create a step-by-step plan for stocking, promoting, and tracking healthier snacks, including timeline and responsibilities. 5.) Resident Engagement: Work with the Health and Wellness team to communicate new snack options, gather resident feedback, and encourage selection of healthier items. 6.) Monitor & Evaluate: Track snack counter data (inventory, sales, participation) to measure adoption of nutrition standards and resident uptake. 7.) Continuous Improvement: Review data with the Health and Wellness team quarterly, address challenges, and adjust strategies to increase the availability and appeal of healthier snacks.

Nutrition (2)

Nutrition (2): Increase access to nutritious foods and support sustainable food systems by the development of a food policy council/coalition or supporting an established food policy council/coalition's initiatives that address policy, systems, and environmental changes.

How many years has applicant previously worked on implementing this work plan?

0

Multi-year SMART Objective - Multi-year objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The multi-year objective will lead to progress on required performance measures and be clearly tied to the work plan.

By June 30, 2028, SCHED will support the Shawnee County Farm and Food Advisory Council in implementing one PSE change to increase access to nutritious foods in Shawnee County.

Annual Objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The annual objective should ultimately lead to progress on multi-year objective and required performance measures.

By June 30, 2027, SCHD will support the Shawnee County Farm and Food Advisory Council in recruiting at least three new partners from diverse sectors.

Using existing data sources, describe and quantify the priority population this work plan will serve and the organization(s) you plan to engage (for example, which schools if you're working with students). See list of recommended data sources found in the KGMS supplemental forms. (1,500 Character Limit)

This work plan will serve Shawnee County residents who experience higher risk for chronic disease due to limited access to nutritious foods. According to the Kansas Behavioral Risk Factor Surveillance System, many adults in Shawnee County do not eat fruits and vegetables daily, which increases the risk for heart disease, diabetes, and other chronic conditions. Data from Kansas Health Matters show that rates of obesity and diabetes in Shawnee County remain a concern, particularly among adults with lower incomes. U.S. Census Bureau data show that Shawnee County includes households with lower incomes, older adults, and residents living in rural areas, all of whom may face barriers to accessing affordable, nutritious foods. Kansas Information for Communities data indicate that some areas of the county have limited food retail options, increasing reliance on convenience foods. SCHD will partner with the Shawnee County Farm and Food Advisory Council (SCFFAC) and engage organizations that already serve these populations. Partners will include food pantries, schools, health care providers, local growers, community organizations, and local government. These partners have direct connections to residents and are well positioned to support changes that improve access to nutritious foods across the county

Briefly explain how you will engage and collaborate with the priority population and target organization(s) to improve community health outcomes. (1,500 Character Limit)

SCHD will support SCFFAC in engaging community members and organizations most affected by limited access to healthy food, including lower-income and rural residents. Local data from BRFSS, Kansas Health Matters, Kansas Information for Communities, and the U.S. Census Bureau will be shared with partners to help identify needs and guide priorities. To encourage participation, SCHD will promote accessible meeting locations, offer virtual options when needed, and use clear, straightforward communication. Community members and partner organizations will be invited to share their experiences and perspectives to inform decision-making. SCHD will provide facilitation and planning support to help the council strengthen partnerships and move ideas into action. These efforts will support recruitment of new partners during the first year and build the groundwork needed to implement one policy, systems, or environmental change to improve access to nutritious foods by June 30, 2028.

Action Steps (5-10): List specific, logical steps that will lead to meaningful progress toward your objectives.

1.) Assess Community Needs and Resources: Review local data on diet, chronic disease, and food access using BRFSS, Kansas Information for Communities (KIC), U.S. Census Bureau, and Kansas Health Matters to identify populations at higher risk for poor nutrition and limited food access. Map existing programs and services supporting healthy eating across both WIC and non-WIC families. 2.) Share Findings with SCFFAC Members: Present key data and insights to SCFFAC members to inform priority setting, highlight gaps, and guide targeted interventions. 3.) Expand Community Partnerships: Recruit at least three new partners from diverse sectors (e.g., healthcare, food distribution, schools, and community organizations) by June 30, 2027, to strengthen collective capacity to address food access challenges. 4.) Support SCFFAC Functioning: Facilitate regular SCFFAC meetings with clear agendas, goals, and attendance tracking to ensure coordinated action and accountability among members. 5.) Gather Community Input: Conduct listening sessions, surveys, or focus groups to understand barriers families face in accessing nutritious foods and gather suggestions for solutions. 6.) Identify Policy or Environmental Change: Work with SCFFAC and community partners to select at least one realistic policy or environmental change that could improve equitable food access within the community. 7.) Plan Implementation Steps: Assist partners in developing concrete plans for implementing the identified change, including roles, timelines, and resources needed. 8.) Track Progress and Participation: Monitor partner engagement and implementation progress using SCHD records, meeting notes, and other tracking tools, and use this information to refine strategies and support ongoing improvement.

Nutrition (3)

Nutrition (3): Increase access to programs that provide continuity of care for breastfeeding families.

Continuity of care in chest/breastfeeding support is achieved by consistent, collaborative, and seamless delivery of high-quality services for families from the prenatal period until no longer breastfeeding. Community spaces should foster an environment friendly to chest/breastfeeding, thus increasing the likelihood that families can achieve the recommendation of exclusive chest/breastfeeding for 6-months.

How many years has applicant previously worked on implementing this work plan?

0

Multi-year SMART Objective - Multi-year objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The multi-year objective will lead to progress on required performance measures and be clearly tied to the work plan.

By June 30, 2028, SCHD CDRR staff will collaborate with the Topeka Breastfeeding Coalition to engage four new community organizations as partners to support continuity of care for chest/breastfeeding families in Shawnee County.

Annual Objective must be SMART - Specific, Measurable, Achievable, Realistic and Time-bound. The annual objective should ultimately lead to progress on multi-year objective and required performance measures.

By June 30, 2027, Shawnee County Health Department will develop an internal referral system to local Breastfeeding support specialist and increase referrals from zero to three.

Using existing data sources, describe and quantify the priority population this work plan will serve and the organization(s) you plan to engage (for example, which schools if you're working with students). See list of recommended data sources found in the KGMS supplemental forms. (1,500 Character Limit)

This work plan will serve pregnant and postpartum families in Shawnee County, particularly those experiencing gaps in chest/breastfeeding support. Data from Kansas Health Matters indicate that in 2024, only 15.7% of infants in Shawnee County WIC programs were exclusively breastfed at six months, compared with 18.7% statewide. Kansas BRFSS data show that while 85% of Kansas mothers initiate breastfeeding, fewer than 25% continue exclusively for six months. According to the U.S. Census Bureau, 34% of households with infants live below 200% of the federal poverty level, and Kansas Information for Communities data show that approximately 40% of births are covered by Medicaid. Families in these groups often face barriers to sustained breastfeeding, including limited access to trained specialists and fragmented follow-up after delivery. By coordinating care through local hospitals, community health centers, and family-serving programs, Shawnee County Health Department will ensure families receive consistent support from pregnancy through infancy. Strengthening these connections promotes infant nutrition and reduces long-term risks for obesity, diabetes, and other chronic conditions for both children and parents.

Briefly explain how you will engage and collaborate with the priority population and target organization(s) to improve community health outcomes. (1,500 Character Limit)

The Shawnee County Health Department will work closely with families and community partners to strengthen continuity of chest/breastfeeding support. Families will be connected to lactation specialists within WIC, local hospitals such as Stormont Vail Health and St. Francis KU, the Breastfeeding Resource Center, and community-based doulas who provide hands-on guidance. SCHD staff will collaborate with the Topeka Breastfeeding Coalition and other local organizations to expand partnerships, ensuring families have seamless support from pregnancy through infancy. Partnership activities will include regular communication, shared resources, joint outreach, and community education events. Families will be engaged through feedback opportunities, peer support groups, and culturally and linguistically appropriate educational programming. By enhancing coordination among healthcare providers, community specialists, and families, SCHD will increase access to consistent support, helping more families sustain exclusive chest/breastfeeding, improve infant nutrition, and reduce long-term risks for obesity, diabetes, and other chronic conditions.

Action Steps (5-10): List specific, logical steps that will lead to meaningful progress toward your objectives.

1.) Assess Needs and Resources: Use WIC, BRFSS, Kansas Health Matters, and Census data to identify families at higher risk for interrupted chest/breastfeeding and map existing support services for both WIC-eligible and non-WIC families. 2.) Develop Referral System: Design an internal referral process for WIC participants and an external referral process for non-WIC families to connect them with hospital lactation services (Stormont

Vail, St. Francis KU), the Breastfeeding Resource Center, and community doulas. 3.) Staff Training: Train SCHD staff on both referral pathways, breastfeeding best practices, and culturally responsive engagement to ensure all families receive consistent, high-quality support. 4.) Implement and Track Referrals: Launch both referral systems, monitor the number of families referred and successfully connected to services, and use data to adjust processes and improve access. 5.) Engage Community Partners: Collaborate with the Topeka Breastfeeding Coalition, hospitals, community health centers, and family-serving organizations to strengthen coordination and continuity of care for all families. 6.) Expand Partnerships: Identify and engage four new community partners by 2028 to further enhance access to coordinated support from prenatal through infancy. 7.) Community Outreach: Offer workshops, peer support groups, and public events to increase awareness of available breastfeeding resources for both WIC and non-WIC families.

Budget

Grant funds may be used for necessary costs directly related to your program activities, such as consultation fees, training, advertising, educational materials, facility rental, staff salaries, speakers, travel, and promotional incentives. Funds may not be used for expenses unrelated to the CDRR grant, patient care, enforcement of policies, food, grant writing, lobbying, paid internships, medications (nicotine replacement therapy), or sustained classroom instruction. All expenditures must be directly connected to your work plans and properly justified. Refer to the RFP for a complete list of allowable and unallowable expenses.

Salary

Description	Request	Match	Total (Request + Match)
Adia Vaughn	\$28,232.71	\$2,352.73	\$30,585.44
Roger Barnhart	\$0.00	\$6,845.04	\$6,845.04
Shelley Ramos	\$35,587.90	\$11,862.63	\$47,450.53
Total	\$63,820.61	\$21,060.40	\$84,881.01

Benefits

Description	Request	Match	Total (Request + Match)
(50130) Health Insurance \$11,592.00 per FTE	\$13,910.40	\$4,057.20	\$17,967.60
(50166) FICA 8.03%	\$5,126.39	\$10,342.29	\$15,468.68
(50167) KPERS 11.12%	\$7,096.53	\$14,316.97	\$21,413.50
(50171) Life Insurance \$46.41 per FTE	\$55.69	\$16.24	\$71.93
(50175) Unemployment 0.11%	\$67.01	\$135.19	\$202.20
(50176) Workers Compensation 1.31%	\$837.65	\$1,689.92	\$2,527.57
Total	\$27,093.67	\$30,557.81	\$57,651.48

Supplies (ITEMIZE)

Description	Request	Match	Total (Request + Match)
(50340) Health Education Supplies - Youth Tobacco RESIST Chapters	\$250.00	\$0.00	\$250.00
(50330) Office Supplies	\$250.00	\$0.00	\$250.00
Total	\$500.00	\$0.00	\$500.00

Travel

Description	Request	Match	Total (Request + Match)
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(50251) Mileage - Reimbursement at \$0.70 per mile, per State of Kansas	\$250.00	\$0.00	\$250.00
(50252) Travel Expenses - Per Diem, Hotel (8 nights at \$130/night/FTE)	\$2,235.00	\$0.00	\$2,235.00
Total	\$2,485.00	\$0.00	\$2,485.00

Paid Media

Description	Request	Match	Total (Request + Match)
(50240) Printing and Advertising	\$250.00	\$0.00	\$250.00
(50254) Promotional Expenses - Youth Tobacco Prevention/Paid Media-Facebook Boost (100 @ 4 Quarters)	\$400.00	\$2,000.00	\$2,400.00
Total	\$650.00	\$2,000.00	\$2,650.00

Other

Description	Request	Match	Total (Request + Match)
(50260) Training - Governors Pubic Health Conference, Health Promotion Summit Registrations	\$900.00	\$0.00	\$900.00
(50284) Telephone - 2 cell phones @\$46.51/ea w/hotspot	\$1,116.24	\$0.00	\$1,116.24
(50362) Gasoline for Shawnee County Vehicles	\$225.00	\$0.00	\$225.00
(50381) Equipment Leases: Mailroom Copier - Color printing for Lotus House Promotions, funds to allocate to lease/overages. \$0.0492 per color copy, one-sided	\$109.41	\$0.00	\$109.41
Total	\$2,350.65	\$0.00	\$2,350.65

Subcontractors

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Request	Match	Grand Total
\$96,899.93	\$53,618.21	\$150,518.14

Consultation, Subcontractor

Notes:

No Notes Created

Grant Application History:

Date Entry	Process Name	Details	User Name
3/2/2026 4:38:30 PM	Return To Queue		sramos
3/2/2026 11:11:54 AM	UnlockFromUser	tfisher on 2/25/2026 11:46:53 AM	arichardson
2/25/2026 10:28:52 AM	Return To Queue		sramos
2/24/2026 4:47:02 PM	Return To Queue		sramos
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2/6/2026 3:35:33 PM	Return To Queue		sramos
2/6/2026 9:27:18 AM	Return To Queue		avaughn
2/6/2026 9:19:37 AM	Return To Queue		avaughn
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2/6/2026 8:55:10 AM	Return To Queue		sramos
2/2/2026 8:44:08 AM	Return To Queue		sramos
1/28/2026 12:12:05 PM	Grant Created		sramos



Strategic Communications Plan Form

Instructions:

- Complete the table using the prompts within each column and the example plan as a guide.
- You must complete a full Strategic Communications Plan (1 row) for each selected work plan.
 - o Example: You have selected Prevention 2, Integrate Tobacco Dependency Treatment, and Nutrition 1 as your work plans. You would then fill out one complete row for Prevention 2, one complete row for Integrate Tobacco Dependency Treatment, and one complete row for Nutrition 1.
- Once completed, upload this form to the Kansas Grant Management System.
- The communications budget requested in this form and the descriptions of each item must also be included in the Kansas Grant Management System Budget Form.
- If you have questions as you complete this form, please contact your Community Health Specialist.

Work Plan List the work plan that your communications strategy applies to.	Communications Goal What is the primary goal(s) of the communications strategy?	Priority Population What is the priority population you're trying to reach? Consider both geographically and demographically (age, gender, interests, etc.)	Messaging What information are you trying to relay? What is the tone of the messaging? Consider what will resonate most effectively with your target audience.	Channels What is the best way to reach the priority population you described? Where do they get their information? (i.e. social media, news, radio, flyers, etc.)	Budget What is the amount you must spend? What can you include in your plan that is paid? What can you include that is not paid?	Timeline What is the timeline for your project? Consider if there is a certain time of year your messaging might be timelier.
EXAMPLE: Integrate Tobacco Dependency Treatment	Increase awareness of and enrollments in the Quitline behavioral health program.	<ul style="list-style-type: none"> Tobacco users with a behavioral health condition Ages 18-35 List County or Specific City 	<ul style="list-style-type: none"> Refer users directly to the Quitline Information about the free NRT benefit of the behavioral health program Messaging will not shame users, but encourage them to start their quit journey 	Social Media Ads Description: 1 boosted post on Facebook each week for 5 weeks promoting Quitline Radio Ads Description: 4 weeks of ads to promote the Quitline for the New Year Billboard Ads Description: 6 weeks of electronic billboards promoting Quitline behavioral health program Press Releases Description: Released throughout the year, promoting the Quitline behavioral health program and work being done in the community	\$500 \$1,000 \$2,000 \$0	September - October January March - April Year Round

Work Plan	Communications Goal	Priority Population	Messaging	Channels	Budget	Timeline
<p>List the work plan that your communications strategy applies to.</p>	<p>What is the primary goal(s) of the communications strategy?</p>	<p>What is the priority population you're trying to reach? Consider both geographically and demographically (age, gender, interests, etc.)</p>	<p>What information are you trying to relay? What is the tone of the messaging? Consider what will resonate most effectively with your target audience.</p>	<p>What is the best way to reach the priority population you described? Where do they get their information? (i.e. social media, news, radio, flyers, etc.)</p>	<p>What is the amount you must spend? What can you include in your plan that is paid? What can you include that is not paid?</p>	<p>What is the timeline for your project? Consider if there is a certain time of year your messaging might be timelier.</p>
<p>Prevention (1)</p>	<p>Increase the number of youth educating other youth and community members on the dangers of tobacco use and dependence, including e-cigarettes (e.g. Resist Chapter Establishment).</p>	<ul style="list-style-type: none"> Youth ages 13–18 (middle and high school students) — especially students interested in leadership, advocacy, health careers, or community service Youth who are currently using e-cigarettes or are at risk of initiating use Student organizations, school leadership groups, and youth clubs School staff and community partners who can support youth-led prevention efforts Parents and community members who influence youth attitudes toward tobacco 	<ul style="list-style-type: none"> Position RESIST as a youth-led movement that empowers teens to educate peers and advocate for a tobacco-free community. Highlight the dangers of tobacco use and vaping, including nicotine addiction, mental health impacts, and long-term health consequences. Encourage youth to take leadership roles in educating classmates, presenting to community groups, and participating in awareness campaigns. Promote My Life, My Quit as a free, confidential resource for teens who want help quitting vaping or tobacco — accessible by text, phone, or online chat. Reinforce that prevention and quitting are both supported — whether youth want to lead, learn, or quit. Tone: Empowering, youth-driven, supportive, non-judgmental, and action-oriented. Key Framing: “Be the voice. Be the change.” 	<p>Social Media Posts (Non-Paid)</p> <p>Description: Non-paid, regular social media posts throughout the year promoting RESIST chapter recruitment, youth-led prevention activities, vaping education, and My Life, My Quit as a free, confidential resource for teens. Content will include youth-created messages, short videos, graphics, event promotion, and quit support information.</p> <p>Social Media Boosted Posts (Paid)</p> <p>Description: Quarterly paid Facebook/Instagram boosted posts (\$100 per quarter; \$400 total annually) to expand reach of RESIST recruitment messaging, youth-led awareness campaigns, and promotion of My Life, My Quit. Boosts will align with key recruitment and awareness periods (August–October, January, and National Youth Tobacco Prevention Month in March).</p>	<p>\$0</p>	<p>July 2026–June 2027</p>
					<p>\$400.00</p>	<p>July 2026–June 2027</p>
				<p>Press Releases to Community/Media Partners</p> <p>Description: Released throughout the year promoting RESIST youth-led education efforts, chapter establishment, school and community presentations, and My Life, My Quit resources available for youth. Press releases will highlight youth voices and community collaboration to address tobacco and e-cigarette use.</p>	<p>\$0</p>	<p>July 2026–June 2027</p>

<p>Nutrition (1)</p>	<p>Increase awareness and adoption of healthy food service and procurement practices among partner organizations, particularly Lotus House/Breakthrough House, supporting implementation of nutrition guidelines that improve access to nutritious foods for residents and participants</p>	<ul style="list-style-type: none"> • Staff and food service managers at Lotus House/Breakthrough House • Program participants and residents who receive meals at these organizations • Community partners who provide food or resources (donors, volunteers, local businesses) • Local public health and community stakeholders 	<p>Join RESIST. "If you or a friend are ready to quit, support is free and confidential."</p>	<p>Media Interviews – Radio and Television Description: Part of ongoing health promotion efforts to create positive health changes in the community through youth empowerment, prevention education, and awareness of tobacco/vaping risks. Interviews may include youth RESIST members and collaborative partners working in addiction counseling, education, school systems, or other social service entities. Messaging will also promote My Life, My Quit as a supportive cessation option for teens.</p> <p>School & Community Outreach Events Description: Youth-led presentations, tabling events, school assemblies, and participation in community events to educate peers and community members about the dangers of tobacco and vaping. Materials will include RESIST recruitment information and My Life, My Quit referral resources.</p>	<p>\$0</p>	<p>July 2026-June 2027</p>
		<ul style="list-style-type: none"> • Highlight the benefits of adopting nutrition guidelines: improved health outcomes, chronic disease prevention, and better access to nutritious meals for residents. • Showcase success stories from Lotus House and Breakthrough House as models for healthier food service practices. • Provide practical tips for implementing nutrition policies and sourcing healthier foods • Tone: Collaborative, supportive, actionable, and focused on positive outcomes for participants and staff • Key Framing: "Healthy meals, stronger communities — partnering for change." 	<p>Social Media Posts (Non-Paid) Description: Non-paid posts throughout the year highlighting partnership efforts with Lotus House/Breakthrough House, showcasing healthier menu items, nutrition successes, and tips for implementing nutrition guidelines.</p> <p>Press Releases to Community/Media Partners Description: Released periodically to local media promoting new nutrition initiatives, highlighting partnerships with Lotus House/Breakthrough House, and encouraging other organizations to adopt similar healthy food procurement practices.</p> <p>Media Interviews – Radio and Television Description: Interviews with staff or program leaders from Lotus House/Breakthrough House discussing nutrition improvements, community impact, and the benefits of adopting healthy food service guidelines.</p>	<p>\$0</p>	<p>July 2026- June 2027</p>	

					<p>Educational Materials & Toolkits Description: Printed or digital one-pagers, posters, and guides for staff at partner organizations detailing nutrition guidelines, menu planning, and sourcing tips</p> <p>Workshops & Partner Meetings Description: Interactive workshops with Lotus House/Breakthrough House and other local partners to provide hands-on training for adopting nutrition policies and sourcing healthier foods.</p> <p>Social Media Posts Description: Non-paid posts throughout the year promoting the Shawnee County Farm and Food Advisory Council's initiatives, community events, and opportunities for public engagement in food policy, including updates on nutrition access projects.</p> <p>Press Releases to Community/Media Partners Description: Released periodically highlighting coalition successes, upcoming meetings, and policy initiatives that support nutritious food access in Shawnee County</p> <p>Media Interviews – Radio and Television Description: Interviews with council members or coalition partners discussing the impact of local food policy, nutrition access improvements, and community-driven initiatives.</p> <p>Community Forums & Meetings Description: Public meetings and virtual forums to educate community members, gather input, and recruit stakeholders to participate in the council's initiatives.</p> <p>Educational Materials & Toolkits Description: One-pagers, reports, and guides explaining coalition goals, policy changes, and ways for the public or partners to support local food access.</p> <p>Social Media Posts Description: Non-paid posts throughout the year highlighting breastfeeding support programs, success stories,</p>	\$0	July 2026- June 2027
				<ul style="list-style-type: none"> • Promote collaboration and participation in the Shawnee County Farm and Food Advisory Council to support sustainable, equitable local food systems • Highlight the benefits of community-driven food policy: improved access to nutritious foods, strengthened local economy, and healthier residents. • Share success stories and updates from coalition initiatives (community gardens, farm-to-school programs, local food sourcing policies) • Tone: Collaborative, inclusive, actionable, and community-focused • Key Framing: "Stronger local food systems, healthier communities — get involved in shaping food policy today." 	\$0	July 2026- June 2027	
				<ul style="list-style-type: none"> • Members of local food and agriculture sector (farmers, distributors, grocers) • Community leaders and policymakers interested in nutrition and food access • Nonprofits and community organizations focused on food security • Residents impacted by limited access to healthy foods • Healthcare and public health professionals engaged in community nutrition initiatives 	\$0	July 2026- June 2027	
				<ul style="list-style-type: none"> • Pregnant and postpartum individuals in Shawnee County, 	\$0	July 2026- June 2027	
				<ul style="list-style-type: none"> • Promote the health benefits of breastfeeding for parent and child • Highlight available resources and programs through Maternal Child 	\$0	July 2026- June 2027	
Nutrition (2)	Increase community and stakeholder engagement in sustainable food systems and nutrition policy by promoting participation in the Shawnee County Farm and Food Advisory Council and supporting coalition initiatives that improve local access to nutritious foods through policy, systems, and environmental (PSE) changes.						
Nutrition (3)	Increase awareness of breastfeeding support programs and strengthen						

	<p>referral pathways through partnerships with Maternal Child Health and WIC as well as additional community partners, to ensure families receive consistent support throughout pregnancy and postpartum, including existing MCH home visitation clients who may not qualify for WIC services</p>	<p>including MCH home visitation clients ineligible for WIC</p> <ul style="list-style-type: none"> • Parents and families with infants (0–12 months) • Healthcare providers, lactation consultants, and pediatric offices • Community-based organizations serving families • Employers and community groups supporting breastfeeding 	<p>Health, WIC, and community partners</p> <ul style="list-style-type: none"> • Emphasize continuity of care and referral options for MCH home visitation clients who may not qualify for WIC • Tone: Supportive, culturally sensitive, empowering, inclusive, solution-focused • Key Framing: “Breastfeeding support that travels with you — Maternal Child Health, WIC, and community partners are here for every family.” 	<p>referral pathways for MCH home visitation clients outside WIC eligibility, and tips from Maternal Child Health and WIC.</p> <p>Press Releases to Community/Media Partners</p> <p>Description: Released periodically promoting breastfeeding resources, referral options for MCH home visitation clients, upcoming programs, and continuity of care initiatives.</p> <p>Media Interviews – Radio and Television</p> <p>Description: Interviews with program staff or lactation consultants discussing community impact, available breastfeeding services, referral pathways for MCH home visitation clients, and continuity of care messaging.</p> <p>Website & Newsletters</p> <p>Description: Dedicated webpages, online resources, and newsletter articles promoting breastfeeding programs, referral options through MCH home visitation, and continuity of care for all families.</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>July 2026- June 2027</p> <p>July 2026- June 2027</p> <p>July 2026- June 2027</p>
<p>Total Communications Budget Requested \$400</p>						

Shawnee County Health Department
2600 SW East Circle Drive
Topeka, Kansas 66606-2447

Grant: Family Planning (FP)
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: Family Planning SFY2027 - Returning Applicant

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

Family Planning SFY27 Application - Returning Applicant

Title X Family Planning ATL Continuation Application - SFY2027

A. Administration

A. ADMINISTRATION

1. For each Family Planning service site, list any changes in address, phone number, or site hours since the last Progress Report. If none, enter "None".

None

3a. How often does your FP provider have clinic hours? Daily, weekly, monthly, biweekly, once a month? Explain if other daily.

- Biweekly
- Daily
- Monthly
- Once a Month
- Other
- Weekly

3b. How often does your FP nurse have clinic hours? Daily, weekly, monthly, biweekly, once a month? Explain if other than daily.

- Biweekly
- Daily
- Monthly
- Once a Month
- Other
- Weekly

4. Estimated Number of clients to be served in Calendar Year 2026

300

5. Which method will your agency use to enter client level data into DAISEY?

- Directly enter client level data
- Import data from another system
- API from another system

6. I verify the following documents have been uploaded into KGMS for this application:

- Current Organizational Chart
- FP staff training logs for required trainings
- Current schedule of fees and discounts
- Current Client Satisfaction Survey tool

Updated/New Contracts for all contracted health services (labs, medical director, etc.)

Updated/New MOU for each agency in a multi-agency model, if applicable

B. Partnerships

B. PARTNERSHIPS

1. Identify your organization's key partners for Family Planning including community-based health providers, social service providers and Maternal and Child Health (MCH) programs. NOTE: List organizations BY NAME even if formal partnerships are not currently in place.

Pine Ridge Family Health Center, GraceMed, Stormont Vail Health, University of Kansas Hospital System - St. Francis Campus, Positive Connections, Washburn University, and other SCHD programs including Health Promotions, WIC, Nurse-Family Partnership, and MCH - Newborn Nursing Visits, First Steps, and Baby Basics.

C. Budget

C. BUDGET

Family Planning SFY 2027 Budget

Salary

Description	Request	Match	Total (Request + Match)
Michelle Perez	\$0.00	\$5,151.60	\$5,151.60
Vacant Team Leader STI/FP	\$31,506.13	\$0.00	\$31,506.13
Cindy McElmurry (13pp)	\$9,378.20	\$0.00	\$9,378.20
Janette Smith (13pp)	\$0.00	\$2,760.16	\$2,760.16
Donna Garwood (13pp)	\$0.00	\$1,283.31	\$1,283.31
Karen Mesa	\$0.00	\$4,501.44	\$4,501.44
Carrie Delfs	\$18,502.56	\$0.00	\$18,502.56
Vacant APRN HAX015	\$0.00	\$0.00	\$0.00
Gloria Cabrera	\$0.00	\$5,968.08	\$5,968.08
Elaine Deters	\$0.00	\$4,755.24	\$4,755.24
Vacant-RN-ID Vacant-RN-ID	\$0.00	\$3,606.40	\$3,606.40
David Ade (13pp)	\$0.00	\$1,878.24	\$1,878.24
Lorelei Logan	\$0.00	\$5,961.60	\$5,961.60
Marla Wurtz (13pp)	\$0.00	\$2,401.63	\$2,401.63
Manya Schmidt	\$6,487.52	\$0.00	\$6,487.52
Mary (Emily) Hester	\$55,306.80	\$0.00	\$55,306.80
Emily Wilcox (13pp)	\$1,842.88	\$1,842.88	\$3,685.76
Total	\$123,024.09	\$40,110.58	\$163,134.67

Benefits

Description	Request	Match	Total (Request + Match)
(50130) Health Insurance \$11,592 per FTE	\$17,388.00	\$9,273.60	\$26,661.60
(50166) FICA 8.03%	\$9,881.91	\$3,221.88	\$13,103.79
(50167) KPERS 11.12%	\$6,808.44	\$4,317.40	\$11,125.84
(50171) Life Insurance \$46.41 per FTE	\$69.62	\$37.13	\$106.75
(50175) Unemployment 0.11%	\$129.18	\$42.12	\$171.30
(50176) Workers Compensation 1.31%	\$1,614.69	\$526.45	\$2,141.14
Total	\$35,891.84	\$17,418.58	\$53,310.42

Capital Equipment (List each item separately.)

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Health Services (Contract employees, labs, etc. List separately and identify by contract.)

Description	Request	Match	Total (Request + Match)
(50200) Professional Services - Pharmacist (25% of \$7200), Locke (25% of \$78,000), Lab Director (50% of \$7800)	\$19,500.00	\$5,700.00	\$25,200.00
(50345) Labs & X-Rays	\$0.00	\$2,500.00	\$2,500.00
Total	\$19,500.00	\$8,200.00	\$27,700.00

Supplies – Operating & Office (List separately and identify by type.)

Description	Request	Match	Total (Request + Match)
(50330) Office Supplies	\$750.00	\$0.00	\$750.00
(50346) Program Supplies & Materials - Distilled Water for Autoclave	\$100.00	\$0.00	\$100.00
(50320) Books & Reference Materials	\$100.00	\$0.00	\$100.00
Total	\$950.00	\$0.00	\$950.00

Supplies – Other Medical (Bandages, needles, exam table paper, etc.)

Description	Request	Match	Total (Request + Match)
(50341) Medical Supplies	\$0.00	\$2,000.00	\$2,000.00
Total	\$0.00	\$2,000.00	\$2,000.00

Supplies – Pharmaceutical (Pills, Depo, IUDs, etc. List separately by type.)

Description	Request	Match	Total (Request + Match)
(50343) Pharmaceuticals (IUDs, Implants, Pills, Patches, Rings)	\$0.00	\$18,500.00	\$18,500.00
Total	\$0.00	\$18,500.00	\$18,500.00

Training (Registration and required items only. List separately and identify by training name.)

Description	Request	Match	Total (Request + Match)
(50260) Training - API Proficiency Testing, Governors' PH Conference Registrations	\$3,200.00	\$0.00	\$3,200.00
Total	\$3,200.00	\$0.00	\$3,200.00

Travel (Hotel, mileage, airfare, per diem, etc. List separately and identify by training name.)

Description	Request	Match	Total (Request + Match)
(50251) Mileage	\$800.00	\$0.00	\$800.00
(50252) Travel Expenses	\$800.00	\$0.00	\$800.00
(50362) Gasoline	\$50.00	\$0.00	\$50.00
Total	\$1,650.00	\$0.00	\$1,650.00

Other (Language line, subscriptions, rent, etc. List separately.)

Description	Request	Match	Total (Request + Match)
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(50210) Fees for Service - ASL Interpreter	\$100.00	\$0.00	\$100.00
(50220) Repairs & Servicing - Microscope, Autoclave	\$250.00	\$0.00	\$250.00
(50230) Contractual Services - Shredding (20% of \$204), Medi-Waste (20% of \$468), Voiance (\$130.60)	\$265.00	\$0.00	\$265.00
(50240) Printing & Advertising - Appointment Reminder Cards, Promotional Ads	\$500.00	\$0.00	\$500.00
(50284) Telephone - Delfs (25% of \$556.20), Locke (25% of \$556.20), Vacant Team Leader (50% of \$556.20 Starting 1/2027)	\$417.00	\$0.00	\$417.00
(50290) Insurance Premiums - Professional Liability Insurance (Licensed Staff Only RN, LPN, APRN)	\$625.00	\$0.00	\$625.00
(50374) Computer Software <\$5000 - exEMRx user fees	\$0.00	\$5,000.00	\$5,000.00
(50381) Equipment Leases - Copier Lease (25% of \$3,313.52)	\$830.00	\$0.00	\$830.00
(50261) Memberships, Dues & Subscriptions - UpToDate Subscription & Mobile	\$650.00	\$0.00	\$650.00
Total	\$3,637.00	\$5,000.00	\$8,637.00

Federally Approved Rate

Description	Request	Match	Total (Request + Match)
Approved Rate 15.6%	\$29,305.06	\$0.00	\$29,305.06
	\$29,305.06	\$0.00	\$29,305.06

Request	Match	Grand Total
\$217,157.99	\$91,229.16	\$308,387.15

D. Budget Narrative

D. BUDGET NARRATIVE/JUSTIFICATION

Salaries

Provide details on each position to be funded by the grant. For each position, include title, salary, match amount, grant amount and percentage of time billable to Title X Family Planning.

20% Clinical Services Division Manager (Carrie Delfs), Annual Salary \$90,260.14, Match Allocation \$0.00, Grant Allocation \$18,052.03. Manages the Clinical Services Division, including the Family Planning program. Completes grant application and progress reporting, serves as DAISEY contact, and provides direct supervision of APRNs and Health Services Team Leaders. 25% Health Services Team Leader-Imm/STI/FP (Cindy McElmurry), Annual Salary \$76,021.42, Match Allocation \$0.00, Grant Allocation \$9,150.73. Cindy directly supervises nursing staff in the Immunization and STI programs. She provides some direct patient care in related to Family Planning including STI testing and continuing Depo injections. We would like to fund this position through 12/31/26 and then bring on a new Health Services Team Leader position to manage the FP/STI programs so that Cindy can focus on work in the Immunizations program. 100% Health Services Team Leader-STI/FP (Vacant), Annual Salary \$68,879.81, Match Allocation \$0.00, Grant Allocation \$33,164.35. We are looking to hire a Team Leader to take on the STI/FP portion of the above Team Leader's position. Our goal for this position is to take on day-to-day management of the Family Planning and STI programs, work to better integrate our current STI services with the FP program and provide limited FP/STI nursing services. 100% INT APRN (Manya Schmidt), Annual Salary \$6,487.53, Match Allocation \$0.00, Grant Allocation \$6,487.53. Manya has served as our intermittent APRN for several years. She will remain employed in a limited capacity to provide clinical consultation and participate in program promotion and compliance activities. 100% INT APRN (Emily Hester), Annual Salary \$33,164.35, Match Allocation \$0.00, Grant Allocation \$33,164.35. Emily is our new APRN and she sees Family Planning clients about 20 hours week. 10% Office Assistant II (Emily Wilcox), Annual Salary \$36,820.44, Match Allocation 1,772.84, Grant Allocation \$1772.84. Emily is an Office Assistant II and some of her duties include scheduling FP appointments, providing appointment reminder calls, completing registration tasks at the time of check-in, and collecting payment for services. 5% RN (David Ade), Annual Salary \$75,042.50,

Match Allocation \$1,806.58, Grant Allocation \$0.00. David is an Immunization RN and he provides occasional support to the Family Planning and STI programs by entering lab results in the EMR and notifying clients of results. 5% RN (Elaine Deters), Annual Salary \$91,483.48, Match Allocation \$4,574.19, Grant Allocation \$0.00. Elaine sees clients for STI testing and treatment. Elaine also assists in the development of clinic protocols. 5% PT RN (Donna Garwood), Annual Salary \$49,276.54, Match Allocation \$1,186.26, Grant Allocation \$0.00. Donna is a part time Immunization nurse and she provides occasional support to the FP program including sharing information on HPV vaccination and the patient assistance program. 5% Vacant RN, Annual Salary \$72,128.02, Match Allocation \$3,606.40, Grant Allocation \$0.00. This position is currently vacant. This nurse will see clients for STI testing and treatment and assist in the development of clinic protocols. 10% LPN (Jan Smith), Annual Salary \$55,152.79, Match Allocation \$2,655.50, Grant Allocation \$0.00. Jan is a nurse in our Immunization program. She assists Family Planning by processing sterile instruments for use in the FP program. She also restocks exam rooms with supplies and assists with processing FP and STI lab samples. 10% Interpreter (Gloria Cabrera), Annual Salary \$58,534.49, Match Allocation \$5,853.45, Grant Allocation \$0.00. Gloria is our Spanish Interpreter. She provides interpretation services and other duties including scheduling FP appointments, providing appointment reminder calls, completing registration tasks at the time of check-in, and collecting payment for services. 10% Support Services Supervisor (Lorelei Logan), Annual Salary \$58,178.52, Match Allocation \$5,817.85, Grant Allocation \$0.00. Lorelei provides direct supervision of our Office Assistant II staff and our Interpreter. Lorelei reviews encounters for accurate data entry and oversees payments and deposits at our clinic. Lorelei also orders supplies and equipment for our programs. 10% Administrative Assistant (Karen Mesa), Annual Salary \$44,140.03, Match Allocation \$4,414.00, Grant Allocation \$0.00. Karen provides general assistance to all of our programs. She also participates in our inventory and pharmaceutical reconciliation processes and assists with ordering supplies. Karen also tracks completion of required staff trainings. 10% Office Assistant II (Michelle Perez), Annual Salary \$49,546.30, Match Allocation \$4,954.63, Grant Allocation \$0.00. Michelle is an Office Assistant II and some of her duties include scheduling FP appointments, providing appointment reminder calls, completing registration tasks at the time of check-in, and collecting payment for services. 5% Health Services Team Leader-ID/TB (Marla Wurtz), Annual Salary \$99,760.03, Match Allocation \$2,401.63, Grant Allocation \$0.00. Marla provides direct supervision for nursing staff, including shared supervision of the nurses performing STI testing and treatment.

Benefits

Which fringe benefits do you provide?

FICA

Retirement

Health Insurance

Workers Compensation

Capital Equipment (List each item separately)

Describe need and detail all costs associated with purchase of equipment with a useful life of more than one year and costing \$500 or more.

N/A

Health Services (Contract employees, labs, etc. List separately and identify by contract.)

Describe need and detail all costs related to contracts for health services to support the program, including contractors and consultants. Specify name, type of contractor or consultant, type of services provided and rate charged. Indicate if individuals and/or organizations will be reimbursed for services on a fee basis.

Professional Services - Doug Pederson-Contracted Pharmacist-In-Charge (25% of \$7200), Dr. Erin Locke-Health Officer/FP Medical Director (25% of \$78,000), Linda Hickok- Contracted Lab Director (50% of \$7800) Labs & X-Rays (Match Only)

Supplies-Operating and Office (List separately and identify by type.)

Describe need and detail all costs associated with program supplies and other consumables, costing less than \$500. (Costs under this category include printing, postage, general office supplies, etc.)

Office Supplies Program Supplies & Materials - Distilled Water for Autoclave Books & Reference Materials

Supplies - Other Medical (Bandages, needles, exam table paper, etc.)

Describe need and detail all costs associated with program consumable medical supplies. (Costs under this category include exam table paper, gowns, etc.)

Medical Supplies (Match Only)

Supplies - Pharmaceutical (Pills, Depo, IUDs, etc. List separately by type.)

Describe need and detail all pharmaceutical supplies for program use. (Costs under this category include pills, IUDs, Depo, condoms, etc.)

Pharmaceuticals (Match Only)

Training (Registration and required items only. List separately and identify by training name.)

Describe need and provide justification for all costs associated with training of program staff. (Costs under this category includes only registrations and required training supplies including reference materials, etc.)

API Proficiency Testing Governors' Public Health Conference Registrations

Travel (Hotel, mileage, airfare, per diem, etc. List separately and identify by training name.)

Describe need and provide justification for all costs associated with travel for program staff. (Costs under this category includes hotel, mileage, airfare, per diem, etc. List separately and identify by training name.)

Mileage Travel Expenses - Hotel, Per Diem, Tolls, etc.

Other (Language line, subscriptions, rent, etc. List separately.)

Describe need and provide justification for other expenses necessary to achieve program outcomes not covered in any other budget category

Fees for Service - ASL Interpreter Repairs & Servicing - Microscope, Autoclave Contractual Services - Shredding (20% of \$204), Medi-Waste (20% of \$468), Voiance Language Line (\$130.60) Printing & Advertising - Appointment Reminder Cards, Promotional Ads Memberships, Dues, and Subscriptions - UpToDate Subscription and Mobile App Telephone - Cell Phones - Delfs (25% of \$556.20), Locke (25% of \$556.20), Vacant Team Leader (50% of \$556.20 Starting 1/2027) Insurance Premiums - Professional Liability Insurance (Licensed Staff Only RN, LPN, APRN) Equipment Leases - Copier Lease (25% of \$3313.52)

Approved Rate or 10% de minimis rate

Detail all costs attributed to overhead, accounting or general operating expenses. May not exceed State rate unless applicant has a federally negotiated rate. You must upload documentation of federally negotiated indirect rate under the Uploads tab. If your FP budget will not include Indirect Costs, please enter "N/A". Do not leave blank

Approved rate 15.6% - Indirect costs include all administrative, accounting, human resources, and facility overhead.

Thanks for submitting the SFY2027 Family Planning grant application!

Notes:

DateTime: 3/3/2026 1:23:37 PM

UserName: cdelfs

Description:

A. Administration, 3b. We selected other because we do not have a Family Planning RN.

Grant Application History:

Date Entry	Process Name	Details	User Name
3/5/2026 11:21:42 AM	Return To Queue		cdelfs
3/4/2026 10:19:56 AM	Return To Queue		cdelfs
3/4/2026 9:00:43 AM	Return To Queue		cdelfs
3/3/2026 5:22:47 PM	Return To Queue		tfisher
3/3/2026 1:45:06 PM	Return To Queue		cdelfs
3/3/2026 8:34:18 AM	Return To Queue		tfisher
2/26/2026 9:59:08 AM	Return To Queue		cdelfs
2/26/2026 9:39:51 AM	Return To Queue		cdelfs
2/24/2026 5:30:11 PM	Return To Queue		cdelfs
1/15/2026 3:01:11 PM	Return To Queue		cdelfs
1/15/2026 8:37:20 AM	Return To Queue		cdelfs
1/15/2026 8:34:57 AM	Grant Created		cdelfs

SHAWNEE COUNTY CONTRACT NO. C415-2025

Contract for Professional Services: Physician

THIS AGREEMENT is entered into this 3rd day of November, 2025, by and between the **Board of County Commissioners of the County of Shawnee, Kansas ("County")**, and **Erin Locke, MD ("Provider")**, collectively "**the Parties.**"

WHEREAS, County is desirous of contracting with Provider to provide professional medical and health services as required of the Medical Director of the Family Planning Program of the Shawnee County Health Department, as well as the Local Health Officer of Shawnee County; and

WHEREAS, Provider is desirous of providing said professional skills as outlined in Attachment A (Local Health Officer) and Attachment B (Medical Director of the Family Planning Program); and

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. Provider agrees to provide professional medical and health services for the County as the Medical Director of the Family Planning Program of the Health Department, as well as the Local Health Officer:
 - a. As Shawnee County Local Health Officer, Provider shall provide those services which are usually and customarily provided by a Local Health Officer under the laws of the State of Kansas and, by example but not limited to, those services outlined in Attachment A.
 - b. As the Medical Director of the Family Planning Program of the Health Department, Provider shall provide medical oversight of those services which are outlined in the KDHE Family Planning and Reproductive Health Administrative Policies and Procedures, including but not limited to, those services outlined in Attachment B.
2. The time and location of the delivery of such professional medical and health care services shall be by mutual agreement between Provider and County. Provider may not assign any rights or obligations under this Contract without County's prior written approval.
3. Provider shall, for the duration of this contractual agreement, maintain a license as a physician in the State of Kansas to practice medicine and surgery. The County will assume the costs for licensing, continuing education, membership in APHA, KPHA, and NACCHO and other reasonable expenses which are applicable to carrying out her duties as Local Health Officer and Medical Director of the Family Planning Program. All continuing education and other expenses must be pre-approved by the Health Department Director for the duration of this contract. Provider understands that a license is required by

Kansas law, and for the development and signature of protocols, prescriptions as related to public health issues, and for Health Department billing requirements.

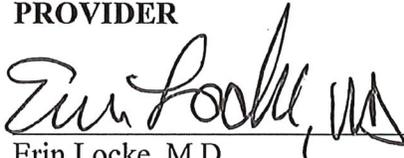
4. Provider shall not provide direct medical care during the term of this contract in connection with her role as Local Health Officer. Provider understands that any such services shall be provided through other actively licensed and insured physicians. Provider agrees to make such referrals for any direct medical care necessary or ordered in Provider's capacity as Local Health Officer.
5. County will reimburse Provider for the costs of malpractice insurance coverage that is necessary to perform the duties of Local Health Officer and Medical Director for the duration of this contract.
6. Provider shall promptly provide notice to the County and Provider's malpractice carrier of any legal claims that have been asserted against her. In the event that Provider's malpractice carrier fails and/or refuses to provide a legal defense to any such claim, the County agrees to provide a legal defense to Provider regarding legal claims that have been asserted and arise out of the execution of the Provider's legal duties as the Shawnee County Health Officer and/or Medical Director of the Family Planning Program. Provider also retains the right to retain counsel of Provider's choosing at Provider's own expense. This paragraph is not intended to relieve any malpractice carrier of the obligation to defend Provider against covered legal claims. The County's legal defense shall only be initiated in the event the claim is not covered by Provider's malpractice insurance.
7. Provider shall, while performing services under the terms and conditions of this contract, comply with all relevant laws, public health regulations, grant agreements, and Shawnee County Rules and Regulations and the Standard Operation Procedures governing the operation of the Shawnee County Health Department. Provider specifically agrees not to discriminate against persons served or employed by the County on the basis of race, age, creed, gender, national origin, or disability.
8. Beginning January 1, 2026 through March 31, 2026, County shall pay Provider the sum of *Two Thousand Five Hundred and No/100 Dollars* (\$2,500) per month. Beginning April 1, 2026 County shall pay Provider the sum of *Six Thousand Five Hundred and No/100 Dollars* (\$6,500) per month for providing services under the terms of this agreement. Provider shall report hours worked via invoice to County, delineating services provided as Local Health Officer or Medical Director. Absent agreement in writing to the contrary, the County shall not be liable for payment for any services provided which are not authorized by the County.
9. Related to her duties as the Local Health Officer, Provider shall provide contact telephone numbers as appropriate so as to be available to be reached in the event of a public health emergency. Provider shall be available by phone 24/7 to respond to requests for assistance in that capacity. Should Provider be temporarily unable to assure 24/7 availability as the Local Health Officer, Provider shall provide at least two (2) weeks' notice to the County

and Health Department Director of the duration of her intended absence. In the event two (2) weeks' notice is impossible due to a personal emergency requiring her immediate absence, Provider shall provide notice to the County and Health Department as soon as possible. Provider will make all efforts to minimize the number and duration of interruptions of 24/7 availability. The County will be responsible to assume backup services during these interruptions

10. This agreement terminates and replaces Shawnee County Contract C437-2024 in its entirety, and shall become effective upon execution by all parties and continue through December 31, 2026. However, it is specifically agreed by the parties hereto that County and/or Provider retain the right to terminate this agreement unilaterally, with or without cause, with fifteen (15) days written notice to the other party.
11. In no event should this engagement be intended or determined to constitute an employee/employer relationship. The Provider has the sole right to control and direct the means, manner and method by which the services required by this agreement will be performed. The Provider waives any and all claims to benefits otherwise provided to employees of the County, including but not limited to: medical, dental, or other personal insurance unless expressly stated otherwise in this agreement, retirement benefits, unemployment benefits, and liability or worker's compensation insurance. The Provider shall be responsible for his own tax liability and related issues and legal obligations. The Provider has the right to perform services for others during the term of this Agreement.

IN WITNESS WHEREOF, the parties have hereto executed this agreement as of the day and year first above written.

PROVIDER


Erin Locke, M.D.

**BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS**


Aaron D. Mays, Chair

ATTEST:


Lisa Schmitt, Shawnee County Clerk

ATTACHMENT "A"

SHAWNEE COUNTY LOCAL HEALTH OFFICER

RESPONSIBILITIES:

- Carrying out those duties which are required as the Local Health Officer under the laws of the State of Kansas.

In coordination with the administrative and program staff of the Shawnee County Health Department, the Local Health Officer will:

- Advise in planning for and responding to public health emergencies
- Be available 24/7 for Local Health Officer functions
- Engage the medical community on public health clinical, prevention, education, and policy issues
- Serve as a liaison and coordinator with various state officials and other organizations to highlight public health needs and demonstrate the usefulness of public health programs

This position may also assist in:

- Identifying public health priorities and emerging trends
- Consulting on the investigation of communicable disease outbreaks and the development and implementation of control measures
- Providing infectious disease protocols and consultation to local physicians, hospitals, schools, etc. as needed or requested
- Enforcing compliance with pertinent local and state statutes to assure protection of the health of the public
- Establishing health policy and issue public statements about the public's health
- Remaining active in national professional organizations related to the activities of Local Health Officer and the Health Department and identifying possible resources and best practices relevant to the Health Department
- Communicating with staff about trends and best practices at the national level to improve effectiveness and efficiency in the organization and delivery of public health essential services
- Supporting public health efforts in Shawnee County by being the medical "voice" of public health to increase the public's confidence in times of emergencies, crisis, outbreaks, and other events
- Represent the Health Department on coalitions and stakeholders' committees, as needed or requested

ATTACHMENT "B"

MEDICAL DIRECTOR OF THE FAMILY PLANNING PROGRAM OF THE SHAWNEE COUNTY HEALTH DEPARTMENT

RESPONSIBILITIES:

- Direct involvement in and oversight of the program operations, not including direct patient care
- Enter into a collaborative practice agreement with the APRN providing services in the Family Planning program
- Assist in the development of clinical protocols and provide approval of the same
- Assist in the development of a written medication protocol and provide approval of the same
- Collaborate with the Health Department clinical staff on the development of standing orders
- Provide formal approval of all standing orders via signature
- Review, update and re-authorize clinical protocols, the written medication protocol and standing orders annually
- Review and authorize patient education and informational materials

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 415-2025

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the 3rd day of November, 2025.

1. TERMS HEREIN CONTROLLING PROVISIONS. It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. AGREEMENT WITH KANSAS LAW. It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. TERMINATION DUE TO LACK OF FUNDING APPROPRIATION. Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. DISCLAIMER OF LIABILITY. Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. ANTI-DISCRIMINATION CLAUSE. The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. ACCEPTANCE OF CONTRACT. This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. ARBITRATION, DAMAGES, WARRANTIES. Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges; and no provisions will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
8. REPRESENTATIVE'S AUTHORITY TO CONTRACT. By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. RESPONSIBILITY FOR TAXES. To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. INSURANCE. The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. AUTOMATED CLEARING HOUSE (ACH). Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR

 By: _____
 Title: Health Officer
 Date: 10/23/25

BOARD OF COUNTY COMMISSIONERS
 SHAWNEE COUNTY, KANSAS

 Aaron D. Mays, Chair
 Date: 11-03-25

ATTEST:

 Lisa Schmitt, Shawnee County Clerk



Shawnee County Health Department

Shawnee County Health Department
 Teresa Fisher, Director
 2600 SW East Circle Dr., Topeka, KS 66606
 Ph. 785.251.5600 | Fax 785.251.5696
www.shawneehealth.org

**Family Planning (FP)
 DISCOUNT AND PAYMENT GUIDELINES
 2026**

We do not refuse service because of inability to pay.

INCOME RANGES ARE REVISED ANNUALLY BASED ON THE FEDERAL INCOME GUIDELINES

Family Size	Annual Income				
	100% or less No Charge	101%-150% Pay 25%	151%-200% Pay 50%	201%-250% Pay 75%	Greater than 250% Pays 100%
1	0 \$15,960	\$15,961 \$23,940	\$23,941 \$31,920	\$31,921 \$39,900	\$39,901
2	0 \$21,640	\$21,641 \$32,460	\$32,461 \$43,280	\$43,281 \$54,100	\$54,101
3	0 \$27,320	\$27,321 \$40,980	\$40,981 \$54,640	\$54,641 \$68,300	\$68,301
4	0 \$33,000	\$33,001 \$49,500	\$49,501 \$66,000	\$66,001 \$82,500	\$82,501
5	0 \$38,680	\$38,681 \$58,020	\$58,021 \$77,360	\$77,361 \$96,700	\$96,701
6	0 \$44,360	\$44,361 \$66,540	\$66,541 \$88,720	\$88,721 \$110,900	\$110,901
7	0 \$50,040	\$50,041 \$75,060	\$75,061 \$100,080	\$100,081 \$125,100	\$125,101
8	0 \$55,720	\$55,721 \$83,580	\$83,581 \$111,440	\$111,441 \$139,300	\$139,301

Add \$5,680 annually for each additional family member above 8.

Effective 04/01/2026

The payment guidelines have been explained to me and I have had an opportunity to ask questions.

 Patient Signature

 Date

Shawnee County Health Department

Family Planning Schedule of Fees & Discounts
2026

Calculated to reflect 25% increments						
Federal Poverty Level	100% OR LESS	101% TO 150%	151% TO 200%	201% TO 250%	GREATER THAN 250%	
Schedule of Discounts	100%	75%	50%	25%	0%	
Schedule of Fees	0% (No Charge)	Pays 25% of Charges	Pays 50% of Charges	Pays 75% of Charges	Pays 100% of Charges	Pays 100% of Charges
E&M						
New Patient 45 min visit	0.00	\$33.00	\$66.00	\$99.00	\$132.00	\$132.00
New Patient 30 min visit	0.00	\$22.00	\$44.00	\$66.00	\$88.00	\$88.00
New Patient 15 min visit	0.00	\$16.50	\$33.00	\$49.50	\$66.00	\$66.00
Est. 25 min visit	0.00	\$19.25	\$38.50	\$57.75	\$77.00	\$77.00
Est 15 min visit	0.00	\$13.75	\$27.50	\$41.25	\$55.00	\$55.00
Est 10 min visit	0.00	\$9.63	\$19.25	\$28.88	\$38.50	\$38.50
Nurse Visit	0.00	\$8.75	\$17.50	\$26.25	\$35.00	\$35.00
Procedures						
Destruction of anal lesions-simple	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of anal lesions-extensive	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of penis lesions-simple	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of penis lesions-extensive	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of vaginal lesions-simple	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of vaginal lesions-extensive	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of vulva lesions-simple	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Destruction of vulva lesions-extensive	0.00	\$30.25	\$60.50	\$90.75	\$121.00	\$121.00
Insertion of IUD	0.00	\$22.50	\$45.00	\$67.50	\$90.00	\$90.00
Removal of IUD	0.00	\$22.50	\$45.00	\$67.50	\$90.00	\$90.00
Reinsertion of IUD	0.00	\$22.50	\$45.00	\$67.50	\$90.00	\$90.00
Insertion Nexplanon	0.00	\$22.00	\$44.00	\$66.00	\$88.00	\$88.00
Removal Nexplanon	0.00	\$22.00	\$44.00	\$66.00	\$88.00	\$88.00
Reinsertion Nexplanon	0.00	\$28.75	\$57.50	\$86.25	\$115.00	\$115.00
Misoprostol	0.00	\$0.25	\$0.50	\$0.75	\$1.00	\$1.00
Contraceptives						
Aviane	0.00	\$0.26	\$0.52	\$0.77	\$1.03	\$1.03
Daysee	0.00	\$0.80	\$1.61	\$2.41	\$3.21	\$3.21
Lessina	0.00	\$1.01	\$2.02	\$3.03	\$4.04	\$4.04
Junel	0.00	\$0.67	\$1.35	\$2.02	\$2.69	\$2.69
Northdrone	0.00	\$0.76	\$1.53	\$2.29	\$3.05	\$3.05
Tri-Vyibra	0.00	\$1.31	\$2.62	\$3.92	\$5.23	\$5.23
Yaz	0.00	\$0.07	\$0.15	\$0.22	\$0.29	\$0.29
Ella-Emergency Contraception	0.00	\$0.33	\$0.65	\$0.98	\$1.30	\$1.30
Contraceptive Injection, 150mg	0.00	\$2.66	\$5.32	\$7.98	\$10.64	\$10.64
Contraceptive Patch (3/box)	0.00	\$20.89	\$41.78	\$62.66	\$83.55	\$83.55
Contraceptive Ring (3/box)	0.00	\$0.01	\$0.02	\$0.02	\$0.03	\$0.03
Liletta	0.00	\$31.88	\$63.75	\$95.63	\$127.50	\$127.50

Paragard	J7300		0.00	\$75.97	\$151.94	\$227.90	\$303.87
Nexplanon	J7307		0.00	\$138.01	\$276.02	\$414.02	\$552.03
Condoms-Male*	A4267		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Condoms-Female*	A4268		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Treatments							
Azithromycin	Q0144		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ceftriaxone	J0696		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Doxycycline	Oral Med, no code		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fluconazole 150mg	Oral Med, no code		0.00	\$0.06	\$0.13	\$0.19	\$0.25
Metronidazole	Oral Med, no code		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vaccine Admin	90471		0.00	\$5.06	\$10.13	\$15.19	\$20.25
HPV9 Vaccine	90651		0.00	\$99.75	\$199.50	\$299.25	\$399.00
Laboratory							
HCG test (In-House)	81025		0.00	\$0.54	\$1.09	\$1.63	\$2.17
Wet Mount & KOH (In-House)	87210 (2 units)		0.00	\$2.28	\$4.57	\$6.85	\$9.13
Chlamydia screening (KHEL)*	87491		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gonorrhea screening (KHEL)*	87591		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hep B Surface Ag (KHEL)*	87340		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hep C Antibody (KHEL)*	86803		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Herpes PCR Swab (KHEL)*	87529		0.00	\$0.00	\$0.00	\$0.00	\$0.00
HIV (KHEL)*	87389		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Syphilis - RPR (KHEL)*	86592		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Syphilis POCT (In-House)**	86780QW		0.00	\$0.00	\$0.00	\$0.00	\$0.00
Hemoglobin (SV)	85018		0.00	\$0.56	\$1.13	\$1.69	\$2.25
HPV Reflex 16/18 (SV)	87624		0.00	\$8.43	\$16.85	\$25.28	\$33.70
Pap Smear (SV)	88142		0.00	\$7.02	\$14.04	\$21.06	\$28.08
Pap Interpretation (SV)	88141		0.00	\$8.75	\$17.50	\$26.25	\$35.00
TSH (SV)	84443		0.00	\$1.41	\$2.81	\$4.22	\$5.62
Urinalysis (SV)	81001		0.00	\$1.26	\$2.53	\$3.79	\$5.05
Urine Culture (SV)	87086		0.00	\$3.16	\$6.32	\$9.48	\$12.64
Urine Sensitivity (SV)	87186		0.00	\$3.23	\$6.46	\$9.69	\$12.92

*Provided by KDHE/KHEL at no cost to SCHD

**Provided by CTC-SRH SPIA Project

Patient Satisfaction Survey



Please tell us how you feel about your experience at our clinic today. Your responses will help us make improvements. This survey is anonymous. Thank you for your time.

Great 5
 Good 4
 Ok 3
 Fair 2
 Poor 1
 N/A

Please circle how well we did in the following areas:

Ease of getting care						
Time between making appointment and being seen	5	4	3	2	1	N/A
Convenience of clinic hours	5	4	3	2	1	N/A
Convenience of clinic location	5	4	3	2	1	N/A
Wait time during visit						
Time in waiting room	5	4	3	2	1	N/A
Time in exam room	5	4	3	2	1	N/A
Front desk staff						
Courtesy of staff	5	4	3	2	1	N/A
Clearly explained registration process	5	4	3	2	1	N/A
Answered your questions	5	4	3	2	1	N/A
Provider (physician, nurse practitioner, midwife)						
Courtesy of provider	5	4	3	2	1	N/A
Listened to you	5	4	3	2	1	N/A
Took enough time with you	5	4	3	2	1	N/A
Clearly explained what you want to know	5	4	3	2	1	N/A
Clearly explained medication	5	4	3	2	1	N/A

Great 5 Good 4 Ok 3 Fair 2 Poor 1 N/A

Please circle how well we did in the following areas:

Medical assistants/health educators

Courtesy of medical assistants/health educators (5) (4) (3) (2) (1) (N/A)

Clearly explained what you want to know (5) (4) (3) (2) (1) (N/A)

Payment

Amount you paid (5) (4) (3) (2) (1) (N/A)

Explanation of charges (5) (4) (3) (2) (1) (N/A)

Facility

Cleanliness of clinic (5) (4) (3) (2) (1) (N/A)

Ease of finding where to go (5) (4) (3) (2) (1) (N/A)

Comfort while waiting (5) (4) (3) (2) (1) (N/A)

Confidentiality

Keeping your personal information private (5) (4) (3) (2) (1) (N/A)

How did you hear about us? (check one)

- Friend
- Relative
- Partner
- Online
- Referral (please specify):
- Other (please specify):

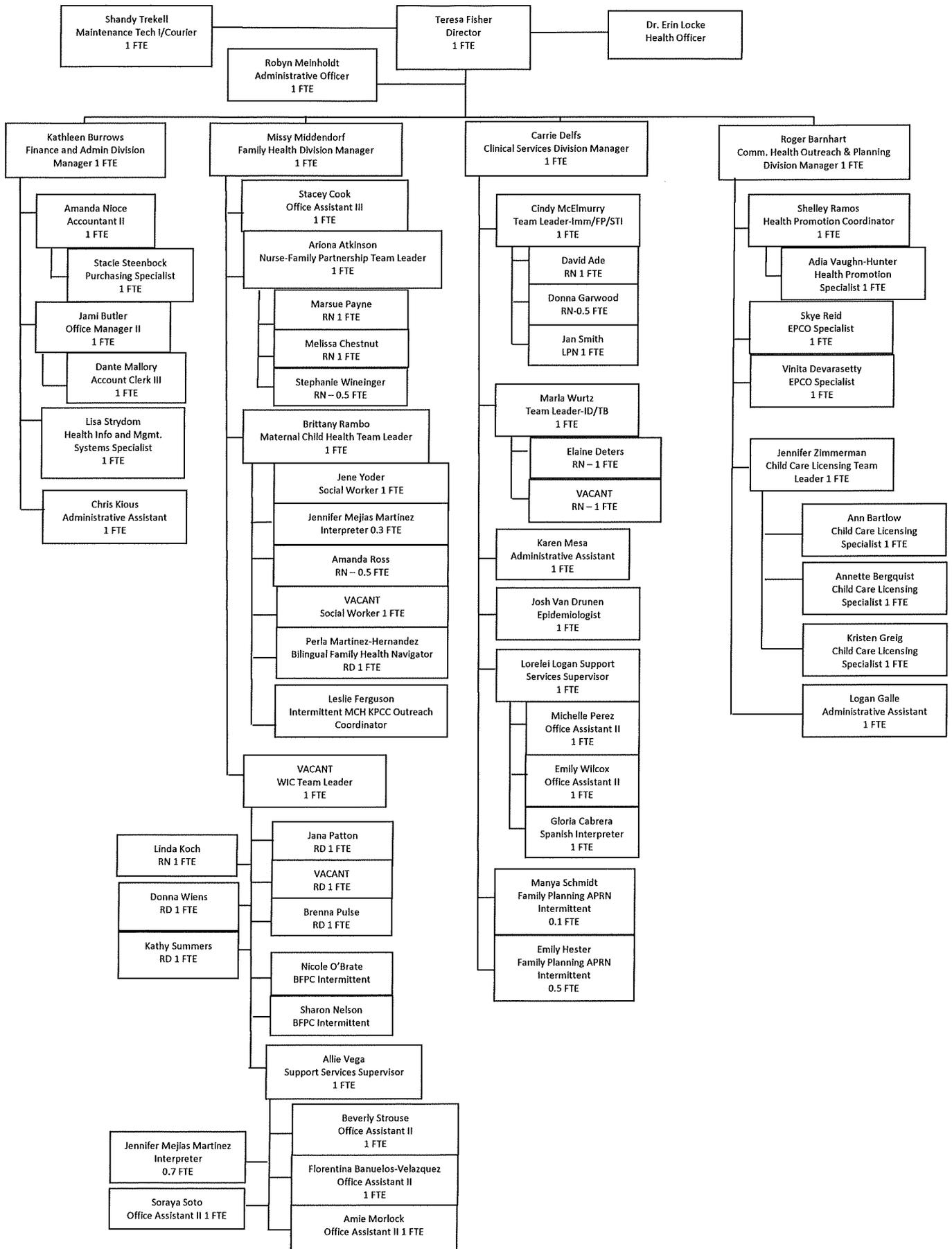
What do you like **best** about our clinic?

What do you like **least** about our clinic?

Would you recommend us to friends/family?

- Yes
- No

This publication was supported by the Office of Population Affairs (Grant FPTPA006030) and the Office on Women's Health (Grant ASTWH200090). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Division of Public Health
Curtis State Office Building
1000 SW Jackson St., Suite 300
Topeka, KS 66612-1368



Phone: 785-296-1086
www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

August 29, 2025

Teresa Fisher, Director
Shawnee County Health Department
2600 SW East Circle Drive
Topeka KS 66606

We have reviewed the indirect cost proposal submitted by your agency for the period ending December 31, 2024. Based on this review, we approve a rate of 15.60% to be used as a grant award expense for the Federal grants or the Federal portion of grants that have both State and Federal funding per the KDHE Aid To Local Universal Contract.

This rate may be applied to total Federal modified direct costs on expense reports for the period July 1, 2025 through June 30, 2026; subject to audit in accordance with the provisions of the KDHE Aid To Local Universal Contract. Further, this rate may be used for Aid To Local application budgeting purposes for the period July 1, 2026 through June 30, 2027 until your calendar year 2025 actual costs are determined. Direct costs to which the indirect rate is applied should not include any items that were excluded in your indirect cost computation.

Sincerely,

A handwritten signature in black ink that reads "Kevin Shaughnessy". The signature is written in a cursive style.

Kevin Shaughnessy
Division of Management and Budget

Family Planning Training Log		Carrie Delfs, Clinical Services Division Manager						
Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			06/01/23		
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1			09/20/24		
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2			09/20/24		
At least once during employment	X	Contraception Counseling & Education-RHNTC.org*	3			01/20/26		
	X	Determining the Client's Need for Services-RHNTC.org	1			01/20/26		
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5			02/11/26		
	X	Sexually Transmitted Disease Services-RHNTC.org	1			02/11/26		
	X	Pregnancy Testing and Counseling-RHNTC.org	2			02/11/26		
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5			06/01/23		
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		06/25/23	02/17/25	02/11/26	
Annual	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		06/26/23	02/17/25	02/11/26	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5		06/27/23	02/17/25	02/11/26	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	02/19/23	03/28/24	02/17/25		
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5	02/17/23	03/28/24	02/17/25		
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	02/20/23	03/29/24	03/13/25	02/20/26	
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		06/25/23	03/13/25		

*Module 1, 2 hr course: Contraceptive Methods and Guidelines for Their Use eLearning. Module 2, 1 hr course: Client-Centered Contraceptive Counseling Skills eLearning

Frequency		Clinical Staff		Family Planning Training Log										Angela Talley, RN											
				Course Titles										Length (hours)		04/01/22-03/31/23		04/01/23-03/31/24		04/01/24-03/31/25		04/01/25-03/31/26		04/01/26-03/31/27	
At least once a project period		X	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org										1.5	12/04/25										
		X	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org										1	12/04/25										
		X	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org										2	12/05/25										
		X	X	Contraception Counseling & Education-RHNTC.org*										3	12/05/25										
At least once during employment		X	X	Determining the Client's Need for Services-RHNTC.org										1	12/05/25										
		X	X	Support for Achieving a Healthy Pregnancy-RHNTC.org										0.5	12/05/25										
		X	X	Sexually Transmitted Disease Services-RHNTC.org										1	12/09/25										
		X	X	Pregnancy Testing and Counseling-RHNTC.org										2	12/08/25										
		X	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #10663291										0.5	12/08/25										
		X	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.										0.5	-		-		-		-		12/08/25		
		X	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.										0.5	-		-		-		-		12/08/25		
Annual		X	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.										0.5	-		-		-		-		12/08/25		
		X	X	DCF Mandated Reporter Training-KS TRAIN course #1116708										2	-		-		-		-		12/08/25		
		X	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709										0.5	-		-		-		-		12/08/25		
		X	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org										1	-		-		-		-		12/09/25		
		X	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710										0.5	-		-		-		-		12/09/25		

*Module 1, 2 hr course: Contraceptive Methods and Guidelines for Their Use eLearning. Module 2, 1 hr course: Client-Centered Contraceptive Counseling Skills eLearning

Family Planning Training Log

		Elaine Deters, RN									
Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27			
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			03/21/24					
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1			03/21/24					
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2			03/21/24					
At least once during employment	X	Contraception Counseling & Education-RHNTC.org	3			03/26/24					
	X	Determining the Client's Need for Services-RHNTC.org	1			03/26/24					
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5			03/26/24					
	X	Sexually Transmitted Disease Services-RHNTC.org	1			03/27/24					
	X	Pregnancy Testing and Counseling-RHNTC.org	2			03/27/24					
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5			03/27/24					
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		03/27/24	06/14/24			04/22/25		
Annual	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		03/27/24	06/14/24			04/22/25		
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5		03/27/24	06/14/24			05/12/25		
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2			05/21/24			05/12/25		
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5			05/07/24			05/13/25		
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1		03/27/24	07/17/24			07/09/25		
X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5			07/03/24			05/13/25			

Family Planning Training Log		Donna Garwood, RN						
Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5		04/09/25			
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1		04/14/25			
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2		04/14/25			
	X	Contraception Counseling & Education-RHNTC.org*	3		Module 1-4/15/25; Module 2-4/15/25			
At least once during employment	X	Determining the Client's Need for Services-RHNTC.org	1		02/07/25			
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5		02/07/25			
	X	Sexually Transmitted Disease Services-RHNTC.org	1		02/07/25			
	X	Pregnancy Testing and Counseling-RHNTC.org	2		02/13/25			
Annual	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5		02/13/25			
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		-	-	04/16/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		-	-	04/16/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5		-	-	04/16/25	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2		-	-	04/22/25	
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5		-	-	04/22/25	
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1		-	-	04/22/25	
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		-	-	04/22/25	

*Module 1, 2 hr course: Contraceptive Methods and Guidelines for Their Use eLearning. Module 2, 1 hr course: Client-Centered Contraceptive Counseling Skills eLearning

Family Planning Training Log

David Ade, RN

Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			02/05/25		
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1			06/01/23		
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2			06/07/23		
	X	Contraception Counseling & Education-RHNTC.org	3			06/09/23		
At least once during employment	X	Determining the Client's Need for Services-RHNTC.org	1			06/14/23		
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5			06/21/23		
	X	Sexually Transmitted Disease Services-RHNTC.org	1			06/21/23		
	X	Pregnancy Testing and Counseling-RHNTC.org	2			06/28/23		
Annual	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5			03/03/23		
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5	03/07/23		04/15/24	04/04/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5	03/29/23		04/15/24	04/15/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1116708	0.5		04/04/23	04/16/24	04/16/25	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2		02/24/23	04/25/24	04/17/25	
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5		03/15/23	04/29/24	04/18/25	
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1		02/23/23		02/07/25	05/02/25
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5			01/11/24	05/06/24	04/22/25

Family Planning Training Log

Cindy McElmurry, Health Services Team Leader

Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			02/05/25		
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1			02/05/25		
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2			02/07/25		
	X	Contraception Counseling & Education-RHNTC.org *	3		Module 1 - 2/7/25; Module 2 - 2/10/25			
At least once during employment	X	Determining the Client's Need for Services-RHNTC.org	1			02/05/25		
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5			02/05/25		
	X	Sexually Transmitted Disease Services-RHNTC.org	1			02/05/25		
	X	Pregnancy Testing and Counseling-RHNTC.org	2			02/05/25		
Annual	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5			02/05/25		
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5	03/29/23		04/05/24	04/22/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5	03/29/23		04/05/24	04/22/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5	03/29/23		04/05/24	04/22/25	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	03/09/23		04/15/24		
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5	02/20/23		04/18/24	04/22/25	
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	03/10/23		04/18/24		
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		01/11/24	04/19/24		

*Module 1, 2 hr course: Contraceptive Methods and Guidelines for Their Use eLearning. Module 2, 1 hr course: Client-Centered Contraceptive Counseling Skills eLearning

Family Planning Training Log		Michelle Perez, Office Assistant II						
Frequency	Non-Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5		02/20/23			
		Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
		Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2					
		Contraception Counseling & Education-RHNTC.org	3					
At least once during employment		Determining the Client's Need for Services-RHNTC.org	1			05/31/23		
		Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5					
		Sexually Transmitted Disease Services-RHNTC.org	1					
		Pregnancy Testing and Counseling-RHNTC.org	2					
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5			05/03/23		
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5	02/21/23		04/26/24	04/11/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5	02/21/23		04/30/24	04/11/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5	02/21/23		04/30/24	04/11/25	
Annual	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	02/20/23		04/30/24	06/04/25	
		Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5		01/18/24			
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	02/20/23		04/30/24	05/02/25	
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		06/27/23	06/05/24	04/11/25	

Family Planning Training Log		Staff Name: Many Schmidt, APRN						
Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5					
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2		12/27/24			
	X	Contraception Counseling & Education-RHNTC.org*	3		*Module 2 - 2/6/25			
	X	Determining the Client's Need for Services-RHNTC.org	1		Completed 09/15/21			
At least once during employment	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5		02/15/24			
	X	Sexually Transmitted Disease Services-RHNTC.org	1		06/21/24			
	X	Pregnancy Testing and Counseling-RHNTC.org	2		12/27/24			
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5		06/24/24			
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		10/23/23	06/24/24		
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		10/23/23	03/20/25		
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5		10/23/23	03/20/25		
Annual	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	02/23/23	02/06/24	03/31/25		
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5	02/20/23		04/29/24		
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	02/21/23		03/18/25		
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		10/23/23	06/24/24		

*Module 1, 2 hr course: Contraceptive Methods and Guidelines for Their Use eLearning. Module 2, 1 hr course: Client-Centered Contraceptive Counseling Skills eLearning

Family Planning Training Log

		Lorelei Logan, Support Services Manager						
Frequency	Non-Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			03/10/23		
		Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
		Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2					
At least once during employment		Contraception Counseling & Education-RHNTC.org	3					
		Determining the Client's Need for Services-RHNTC.org	1			05/12/23		
		Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5					
		Sexually Transmitted Disease Services-RHNTC.org	1					
		Pregnancy Testing and Counseling-RHNTC.org	2					
		Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #10663291	0.5		03/13/23	04/15/24	04/22/25	
Annual	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		04/05/23	06/05/24	04/22/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		04/05/23	06/05/24	04/22/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	2		04/15/24	04/15/24	05/05/25	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	0.5		02/21/23			
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5					
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1		02/21/23		06/05/24	05/15/25
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		06/27/23	06/05/24	05/21/25	

Family Planning Training Log

Karen Mesa, Administrative Assistant

Frequency	Non-Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			03/01/23		
		Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
		Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2					
		Contraception Counseling & Education-RHNTC.org	3					
At least once during employment		Determining the Client's Need for Services-RHNTC.org	1		11/28/23			
		Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5					
		Sexually Transmitted Disease Services-RHNTC.org	1					
		Pregnancy Testing and Counseling-RHNTC.org	2					
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5		11/06/23			
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5	01/25/24	05/13/24		04/22/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5	01/25/24	05/13/24		04/22/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5	01/25/24	05/13/24		04/22/25	
Annual	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	11/28/23	05/13/24		04/23/25	
		Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5					
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	03/01/23	03/29/24	06/04/24	04/23/25	
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		11/06/23	05/13/24	05/05/25	

Family Planning Training Log

Jan Smith, LPN

Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5		06/01/23			
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1		06/01/23			
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2		06/02/23			
At least once during employment	X	Contraception Counseling & Education-RHNTC.org	3		06/06/23			
	X	Determining the Client's Need for Services-RHNTC.org	1		06/05/23			
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5		06/05/23			
	X	Sexually Transmitted Disease Services-RHNTC.org	1		06/06/23			
	X	Pregnancy Testing and Counseling-RHNTC.org	2		06/06/23			
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5		04/11/23			
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		04/07/23	04/29/24	04/04/25	
Annual	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		04/07/23	04/29/24	04/09/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5		04/11/23	04/29/24	04/22/25	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	02/23/23		04/12/24	05/02/25	
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5	02/20/23		04/12/24	04/03/25	
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	02/21/23		04/15/24	05/14/25	
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5		01/11/24	04/12/24	04/02/25	

Family Planning Training Log		Gloria Cabrera, Spanish Interpreter						
Frequency	Non-Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5			02/19/23		
		Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
		Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2					
		Contraception Counseling & Education-RHNTC.org	3					
At least once during employment		Determining the Client's Need for Services-RHNTC.org	1			05/16/23		
		Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5					
		Sexually Transmitted Disease Services-RHNTC.org	1					
		Pregnancy Testing and Counseling-RHNTC.org	2					
		Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5			02/21/23		
Annual	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5	02/22/23		04/26/24	04/11/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5	02/22/23		04/30/24	04/11/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5	02/22/23		04/30/24	04/11/25	
	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2	02/22/23		04/30/24	06/04/25	
		Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5		01/30/24			
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1	02/20/23		05/03/24	06/04/25	
	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5			06/05/24	04/11/25		

Family Planning Training Log		Emily Wilcox, Office Assistant II						
Frequency	Non-Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5		09/11/24			
		Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
		Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2					
		Contraception Counseling & Education-RHNTC.org	3					
		Determining the Client's Need for Services-RHNTC.org	1					
At least once during employment		Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5					
		Sexually Transmitted Disease Services-RHNTC.org	1					
		Pregnancy Testing and Counseling-RHNTC.org	2					
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1063291	0.5		12/31/24			
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5		12/31/24		04/11/25	
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5		12/31/24		04/11/25	
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5		12/31/24		04/11/25	
Annual	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2		02/04/25		06/04/25	
		Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5					
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1			09/30/24	05/02/25	
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5			12/31/24	04/11/25	

Family Planning Training Log		Staff Name: Emily Hester, APRN						
Frequency	Clinical Staff	Course Titles	Length (hours)	04/01/22-03/31/23	04/01/23-03/31/24	04/01/24-03/31/25	04/01/25-03/31/26	04/01/26-03/31/27
At least once a project period	X	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects-RHNTC.org	1.5					
	X	Introduction to the Quality Family Planning (QFP) Recommendations-RHNTC.org	1					
	X	Introduction to Reproductive Anatomy & Physiology-RHNTC.org	2					
	X	Contraception Counseling & Education-RHNTC.org*	3					
At least once during employment	X	Determining the Client's Need for Services-RHNTC.org	1					
	X	Support for Achieving a Healthy Pregnancy-RHNTC.org	0.5					
	X	Sexually Transmitted Disease Services-RHNTC.org	1					
	X	Pregnancy Testing and Counseling-RHNTC.org	2					
	X	Health in 3D: Diversity, Disparities, and Social Determinants-KS TRAIN Course #1065291	0.5					
	X	HIPAA: Awareness-Module 1-KS TRAIN course #1047429-Must be taken in order.	0.5					
	X	HIPAA: Allowable Disclosures and Safeguards-Module 2-KS TRAIN course #1072478-Must be taken in order.	0.5					
	X	HIPAA: Right to Access and Documentation-Module 3-KS TRAIN course #1072486-Must be taken in order.	0.5					
Annual	X	DCF Mandated Reporter Training-KS TRAIN course #1116708	2					
	X	Counseling Adolescents About Sexual Coercion-KS TRAIN course #1116709	0.5					
	X	Identifying and Responding to Human Trafficking in Title X Settings-RHNTC.org	1					
	X	Encouraging Family Participation in Adolescent Decision Making-KS TRAIN course #1116710	0.5					

*Module 1, 2 hr course: Contraceptive Methods and Guidelines for Their Use eLearning. Module 2, 1 hr course: Client-Centered Contraceptive Counseling Skills eLearning

Shawnee County Health Department
2600 SW East Circle Drive
Topeka, Kansas 66606-2447

Grant: Immunization Action Plan (IAP)
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: IAP SFY2027

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

General Information

1. Enter the legal name of your agency. Do not use abbreviations unless they are part of the legal name.

Shawnee County Health Department

2. Enter the address of your agency.

2600 SW East Circle Drive

City/State/Zip Code

Topeka, KS 66606

3. Each agency must designate an IAP point of contact and a fiscal point of contact. Below, please provide the name, title, phone number, and email address for your designated IAP and fiscal points of contact. Please avoid using general or shared inboxes unless necessary.

IAP Point of Contact (name, title, phone, and email):

Carrie Delfs, Clinical Services Division Manager, 785-251-5708, carrie.delfs@snco.us

IAP Fiscal Point of Contact (name, title, phone, and email):

Kathleen Burrows, Finance and Administrative Division Manager, 785-251-5666, kathleen.burrows@snco.us

4. If the agency is currently enrolled as a VFC and/or VFA provider, please indicate the programs in which your agency is enrolled.

VFC

VFA

Not enrolled in VFC or VFA at this time.

5. Select "Yes" or "No" to indicate whether the agency has the operational capacity, appropriate staffing, and necessary infrastructure to administer vaccines to the public.

Yes

No

6. Does the agency have the ability to report all administered vaccines to the state's Immunization Information System (IIS - KSWebIZ) and agree to submit all reports accurately and in a timely manner? (Select Yes or No)

Yes

No

7. Please confirm whether the agency will provide quarterly progress reports detailing activities accomplished, activities in progress, successes, and challenges in accordance with the approved work plan, as well as quarterly financial status reports documenting expenditures in alignment with the approved budget. (Select Will Provide or Will Not Provide)

Will Provide

Will Not Provide

8. Did your agency expend \$1,000,000 or more in federal funds during its most recently completed fiscal year, requiring a Single Audit under 2 CFR § 200.501. (Select Yes or No)

Yes

No

Work Plan

IAP Work Plan

To receive IAP funding, applicants must submit a work plan that aligns with IAP goals and priorities. All planned activities should be achievable within the performance and budget year, which runs from July 1 through June 30. Each applicant is required to complete up to two projects per year, depending on the level of funding awarded.

IAP Project Requirements

- **Applicants receiving \$1,000–\$24,000 must complete at least one project during the performance/fiscal year.**
- **Applicants receiving \$25,000 or more must complete at least two projects during the performance/fiscal year.**

To support effective planning, applicants are encouraged to use available data sources to identify priority needs within their county. These data insights help guide intervention strategies and ensure projects are responsive to local conditions. Useful resources include:

- KDHE Infectious Disease Dashboard for trends in vaccine-preventable diseases,
<https://kshealthdata.kdhe.ks.gov/t/KDHE/views/InfectiousDiseaseCaseDashboard/HomePage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>
- Social Vulnerability Index to assess populations at higher risk,
<https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>
- Kansas Kindergarten Coverage Assessment to evaluate immunization coverage among young children,
<https://www.kdhe.ks.gov/2016/Kindergarten-Immunization-Data>
- KDHE Influenza Vaccine Dashboard to view vaccination rates and trends to help monitor flu prevention efforts,
<https://www.kdhe.ks.gov/2093/Influenza-Vaccine-Data>
- Healthy People 2030 for national objectives aimed at improving health and well-being.
<https://odphp.health.gov/healthypeople>

By reviewing these resources, applicants can design targeted IAP projects that address local priorities, strengthen community impact, and advance progress toward statewide immunization goals.

IAP Work Plan Template

The work plan template is designed to guide applicants through the process of planning and implementing an IAP project in a clear and organized way. It includes structured sections with drop-down menus and fill-in-the-blank fields that help applicants select a priority, align it with an IAP goal, and choose an objective that provides a roadmap for their project. The template also prompts applicants to define specific activities, timelines, responsible parties, deliverables, and expected outcomes, ensuring each project is strategic, focused, and measurable. Applicants are required to include a minimum of three activities per project to ensure sufficient planning and impact. By following the template, applicants can develop projects that effectively increase vaccination access, build confidence and demand, and improve immunization rates in their communities, while keeping their work aligned with IAP program priorities.

9. Please confirm that a completed IAP Work Plan template, detailing the work the agency agrees to perform as part of the Immunization Action Plan (IAP), has been UPLOADED as an attachment to this IAP application. (Select Yes or No)

Yes

Γ No

Budget Section

Salary

Description	Request	Request Total
Janette Smith	\$22,930.56	\$22,930.56
Total	\$22,930.56	\$22,930.56

Justification - Salary

Description
No data to display

Benefits

Description	Request	Request Total
(50130) Health Insurance \$11,592 per FTE	\$4,636.80	\$4,636.80
(50166) FICA 8.03%	\$1,841.90	\$1,841.90
(50167) KPERs 11.12%	\$2,549.76	\$2,549.76
(50171) Life Insurance 46.41 per FTE	\$18.56	\$18.56
(50175) Unemployment 0.11%	\$24.08	\$24.08
(50176) Workers Compensation 1.31%	\$300.96	\$300.96
Total	\$9,372.06	\$9,372.06

Justification - Benefits

Description
No data to display

Supplies

Description	Request	Request Total
No data to display		
	\$0.00	\$0.00

Justification - Supplies

Description
No data to display

Travel

Description	Request	Request Total
(50252) Travel Expenses - Hotel, Per Diem, Tolls, etc.	\$635.70	\$635.70

(50260) Training - 2026 Kansas Immunization Conference Registration, 2027 Governors PH Conference Registration	\$500.00	\$500.00
Total	\$1,135.70	\$1,135.70

Justification - Travel

Description
No data to display

Other

Description	Request	Request Total
No data to display		
Total	\$0.00	\$0.00

Justification - Other

Description
No data to display

Indirect Costs

Description	Request	Request Total
No data to display		
	\$0.00	\$0.00

Justification-Indirect Cost

Description
No data to display

Request	Grand Total
\$33,438.32	\$33,438.32

Notes:

DateTime: 2/11/2026 8:47:00 AM

UserName: cdelfs

Description:

The agency address listed is the main address for our health department. Our Immunization Program is located at 2115 SW 10th Ave, Topeka, KS 66604.

Grant Application History:

Date Entry	Process Name	Details	User Name
2/26/2026 12:05:27 PM	Return To Queue		cdelfs
1/15/2026 8:49:34 AM	Return To Queue		cdelfs
1/15/2026 8:48:40 AM	Return To Queue		cdelfs
1/15/2026 8:34:57 AM	Grant Created		cdelfs

IAP Work Plan (SFY2027)

Agency Name: Shawnee County Health Department

Period of Performance/Budget Year: July 1, 2026 – June 30, 2027

Instructions: After examining the available data to identify areas of need, select the one IAP priority that most closely aligns with the identified area of need. Each priority corresponds to a specific IAP goal, and under each goal are three objectives. Once you have chosen a priority and its associated goal, select **one objective** that your agency will focus on developing activities for during the performance/budget year. This selected objective will serve as a roadmap for your agency to create a **minimum of three activities** for each project. The planned activities should directly support the accomplishment of the chosen objective.

- Priority:** Improve access to vaccinations for populations with the greatest need.
Goal: Increase vaccination access
 - Objective:** Expand vaccination service delivery in underserved areas through mobile clinics, extended clinic hours, and pop-up events.
 - Objective:** Strengthen partnerships with community organizations to provide on-site vaccination opportunities at local events and facilities.
 - Objective:** Use data to identify and target communities with the lowest vaccination coverage.

- Priority:** Promote routine and catch-up vaccinations across all age groups to strengthen countywide immunization rates.
Goal: Improve immunization rates across all age groups
 - Objective:** Implement targeted outreach campaigns to increase uptake of routine and catch-up vaccinations for children, adolescents, and adults.
 - Objective:** Strengthen reminder and recall systems to ensure timely vaccinations.
 - Objective:** Enhance data tracking and reporting to identify coverage gaps and monitor immunization trends.

- Priority:** Increase vaccine confidence and demand by addressing hesitancy through trusted community messengers and culturally responsive communication.
Goal: Build vaccine confidence and demand
 - Objective:** Engage trusted community leaders and health professionals to provide accurate, culturally appropriate vaccine information.
 - Objective:** Develop and distribute multilingual educational materials addressing common vaccine concerns.
 - Objective:** Conduct community outreach sessions, town halls, or webinars to answer questions and address misinformation.

- Priority:** Develop and sustain community partnerships that expand access, support ongoing outreach, and reinforce long-term immunization improvements.
Goal: Increase vaccination access; Improve immunization rates
 - Objective:** Establish formal partnerships with local organizations (e.g., schools, faith-based groups, food pantries) to co-host vaccination events.
 - Objective:** Coordinate with partners to create sustainable communication and outreach strategies for ongoing immunization efforts.
 - Objective:** Build a coalition to share data, best practices, and resources to strengthen long-term vaccination initiatives.

IAP Project 1 – SFY2027

Activity Focus on creating a clear and actionable step that directly contributes to achieving your selected objective and aligns with the overall priority and goal. A minimum of three activities is required.	Timeline For each activity, specify the start and end dates.	Persons Responsible Identify the person(s) or team responsible for implementing each activity.	Deliverables Describe what will be produced or completed (e.g., number of events/clinics held, number of partners, number of materials disseminated, etc.)	Expected Outcomes Describe the anticipated result or impact of each activity.
1. Provide a reoccurring influenza vaccine clinic for uninsured/underinsured adults at a community service organization	Start: 09/01/26 End: 03/31/27	<ul style="list-style-type: none"> Health Services Team Leader Immunization Staff 	<ul style="list-style-type: none"> Complete at least eight (8) influenza vaccine outreach clinics at a community service organization Printed and digital materials to promote the reoccurring outreach clinic to our target population in person and online Data on the number of people vaccinated by clinic date 	<ul style="list-style-type: none"> Increased collaboration with community partners Increased access to annual influenza vaccines for uninsured and underinsured adults
2. Host a drive-thru influenza vaccine clinic for uninsured/underinsured adults outside of routine clinic hours	Start: 09/01/26 End: 12/31/26	<ul style="list-style-type: none"> Health Services Team Leader Immunization Staff 	<ul style="list-style-type: none"> Complete at least one (1) drive-thru influenza vaccine clinic Printed and digital materials to promote the drive-thru clinic to our target population in person and online. 	<ul style="list-style-type: none"> Increased access to annual influenza vaccines for uninsured and underinsured adults Reduced barriers due to scheduling conflicts
3. Provide an influenza vaccine clinic at a meal site/food pantry/food distribution event for uninsured/underinsured adults	Start: 09/01/26 End: 12/31/26	<ul style="list-style-type: none"> Health Services Team Leader Immunization Staff 	<ul style="list-style-type: none"> Complete at least two (2) influenza vaccine outreach clinics Printed and digital materials to promote the outreach clinics to our target population in person and online. 	<ul style="list-style-type: none"> Increased collaboration with community partners Increased access to annual influenza vaccines for uninsured and underinsured adults

IAP Work Plan (SFY2027)

Agency Name: Shawnee County Health Department

Period of Performance/Budget Year: July 1, 2026 – June 30, 2027

Instructions: After examining the available data to identify areas of need, select the one IAP priority that most closely aligns with the identified area of need. Each priority corresponds to a specific IAP goal, and under each goal are three objectives. Once you have chosen a priority and its associated goal, select **one objective** that your agency will focus on developing activities for during the performance/budget year. This selected objective will serve as a roadmap for your agency to create a **minimum of three activities** for each project. The planned activities should directly support the accomplishment of the chosen objective.

- Priority:** Improve access to vaccinations for populations with the greatest need.
- Goal:** Increase vaccination access
 - Objective:** Expand vaccination service delivery in underserved areas through mobile clinics, extended clinic hours, and pop-up events.
 - Objective:** Strengthen partnerships with community organizations to provide on-site vaccination opportunities at local events and facilities.
 - Objective:** Use data to identify and target communities with the lowest vaccination coverage.
- Priority:** Promote routine and catch-up vaccinations across all age groups to strengthen countywide immunization rates.
- Goal:** Improve immunization rates across all age groups
 - Objective:** Implement targeted outreach campaigns to increase uptake of routine and catch-up vaccinations for children, adolescents, and adults.
 - Objective:** Strengthen reminder and recall systems to ensure timely vaccinations.
 - Objective:** Enhance data tracking and reporting to identify coverage gaps and monitor immunization trends.
- Priority:** Increase vaccine confidence and demand by addressing hesitancy through trusted community messengers and culturally responsive communication.
- Goal:** Build vaccine confidence and demand
 - Objective:** Engage trusted community leaders and health professionals to provide accurate, culturally appropriate vaccine information.
 - Objective:** Develop and distribute multilingual educational materials addressing common vaccine concerns.
 - Objective:** Conduct community outreach sessions, town halls, or webinars to answer questions and address misinformation.
- Priority:** Develop and sustain community partnerships that expand access, support ongoing outreach, and reinforce long-term immunization improvements.
- Goal:** Increase vaccination access; Improve immunization rates
 - Objective:** Establish formal partnerships with local organizations (e.g., schools, faith-based groups, food pantries) to co-host vaccination events.
 - Objective:** Coordinate with partners to create sustainable communication and outreach strategies for ongoing immunization efforts.
 - Objective:** Build a coalition to share data, best practices, and resources to strengthen long-term vaccination initiatives.

IAP Project 2 – SFY2027

Activity Focus on creating a clear and actionable step that directly contributes to achieving your selected objective and aligns with the overall priority and goal. A minimum of three activities is required.	Timeline For each activity, specify the start and end dates.	Persons Responsible Identify the person(s) or team responsible for implementing each activity.	Deliverables Describe what will be produced or completed (e.g., number of events/clinics held, number of partners, number of materials disseminated, etc.)	Expected Outcomes Describe the anticipated result or impact of each activity.
1. Offer weekend clinic hours for school age children	Start: 07/01/26 End: 06/30/27	<ul style="list-style-type: none"> Health Services Team Leader Immunization staff 	<ul style="list-style-type: none"> At least one (1) Summer 2026 weekend clinic prior to the start of the 2026-27 school year At least one (1) Spring 2027 weekend clinic near the end of the 2026-27 school year Printed and digital materials to promote special weekend hours for distribution by SCHD and local school districts Data on the number of school aged children vaccinated by clinic date 	<ul style="list-style-type: none"> Increased immunization rates Increased access to immunizations Reduced barriers due to scheduling conflicts
2. Partner with Topeka Public Schools (USD 501) to offer childhood vaccines and/or vaccine information at Kindergarten Round-Up/Orientation events.	Start: 01/01/27 End: 06/30/27	<ul style="list-style-type: none"> Health Services Team Leader Immunization staff 	<ul style="list-style-type: none"> SCHD staff attendance at two (2) or more Kindergarten Round-Up/Orientation events Printed and digital materials advertising routine walk-in hours for SCHD immunization services 	<ul style="list-style-type: none"> Increased vaccine coverage among kindergartners in the district
3. Partner with Community Action Head Start to offer required kindergarten vaccines	Start: 01/01/27 End: 06/30/27	<ul style="list-style-type: none"> Health Services Team Leader Immunization staff 	<ul style="list-style-type: none"> At least one (1) outreach vaccine clinic at Head Start Data on the number of children vaccinated Printed and/or digital materials for parents of children attending Head Start 	<ul style="list-style-type: none"> Increased immunization rates Increased access to immunizations Reduced barriers due to scheduling conflicts

Shawnee County Health Department
2600 SW East Circle Drive
Topeka, Kansas 66606-2447

Grant: Maternal and Child Health (MCH)
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: MCH SFY2027 Application Year 1 of 5

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

Section A - Administration

SFY2027 Maternal & Child Health (MCH) Application

Total Points Depends on Number of Objectives Selected

SECTION A - Administration

Section A Points Available: 4 points

Section B - Community

SECTION B - Community

Section B Points Available: 5 points

1. List the county/counties your agency will use any portion of the award and match funding to provide MCH services. (Multi-County) (1 point)

Shawnee County For our BaM classes it could be another county, but there isn't a current MOU with any.

2. What local community partners will you work with to increase the numbers to be served? (hospitals, birthing centers, FQHC, family providers, ObGYN, coalitions, clinics, etc.) (2 points)

WIC, Stormont Vail Hospital, Stormont Vail-Lincoln Center OB, University of Kansas at St. Francis Hospital, Topeka Doula Project, FQHC-Grace Med, KPCC, BaM, Early Childhood Collaborative (ECC), LiveWell Shawnee County- Healthy Babies Impact team that also serves as our Fetal Infant Mortality Review (FIMR) Community Action Team, Successful Connections with Childcare Aware of Eastern KS.

3. Would your agency be interested in learning more about the Kansas Perinatal Community Collaborative (KPCC) model and the Becoming a Mom® program?? (1 point)

- Yes
- Maybe
- No, not at this time
- Already a KPCC with a BaM program

4. Would your agency like more information on Help Me Grow Kansas? (1 point)

- Yes
- No

Section C - Population Served and MCH Data

Section C - Population Served

Section D - Local MCH Work Plan

SECTION D - Local MCH Work Plan

(Total points depends on number of objectives selected)

Kansas Title V State Action Plan

Priority 1: Women have access to and utilize integrated, holistic, and patient-centered care throughout the preconception, pregnancy, and postpartum periods. (Women/Maternal Health)

Priority 2: All infants and families are supported by robust community systems that promote optimal infant health and well-being. (Perinatal/Infant Health)

Priority 3: Children and families' access and benefit from developmentally appropriate services within collaborative and integrated systems of health care and community supports. (Child Health)

Priority 4: Ensure that adolescents and young adults have consistent access to and actively engage with comprehensive, patient-centered care and community supports that strengthen their physical, social, and emotional well-being. (Adolescent Health)

Priority 5: Individuals with SHCN, their families, communities, and providers have the knowledge, skills, and support to access to coordinated care and community supports that aid transition. (CSHCN)

Priority 6: Strengthen workforce capacity and enhance public health systems by investing in training, infrastructure, and cross-sector collaboration, ensuring a skilled, adaptable workforce and resilient systems capable of addressing conditions and community health factors that affect current and emerging maternal and child health needs. (Cross-Cutting Workforce Development)

Priority 7: Resources and services that recognize and build upon existing family strengths and community services are accessible to support healthy relationships and family well-being. (Cross-Cutting Family and Consumer Partnership)

The following sections have been broken out to allow applicants to "Opt-In" or "Opt-Out" to build your Local Action Plan:

Select "Opt-In" to add the objective to your application

Select "Opt-Out" to remove the objective from your application

D1 - Objective 1.1 Postpartum Visit

D1 - Women/Maternal Health

Objective 1.1 Postpartum Visit

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Women/Maternal Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our agency aims to improve maternal health outcomes by increasing completion of timely postpartum follow-up visits, particularly among women of color and Spanish-speaking families who experience disproportionate barriers to care. We have identified gaps in postpartum visit attendance that are driven by limited access to culturally and linguistically appropriate education, system navigation challenges, and lack of support during the transition from pregnancy to the postpartum period. The desired outcome is an increase in the number of women who attend a comprehensive postpartum visit within the recommended timeframe following delivery. Progress will be measured through documentation of education provided, referrals made, and confirmed postpartum visit attendance when available. To achieve this outcome, families receive consistent education on the importance of postpartum care during prenatal, newborn, and postpartum an ongoing home visiting encounters, with targeted navigation and follow-up support provided by our team. This work aligns with the Kansas Title V State Action Plan by advancing maternal health equity, improving access to preventive and postpartum care, and addressing barriers that contribute to disparities in maternal morbidity and mortality.

2. How will your agency accomplish this work for the Women/Maternal Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

Our agency will accomplish this work through a coordinated, team-based approach that integrates home visiting, nursing services, bilingual navigation, and prenatal and postpartum education to increase postpartum visit attendance. Staff work collaboratively to ensure that postpartum care education, reminders, and navigation support are consistently reinforced across all points of contact with families. Key Activities, Tasks, and Responsibilities Postpartum Education & Reinforcement: The First Steps Home Visitation LMSW provides ongoing education during prenatal and postpartum home visits focused on the importance of attending a postpartum visit, what to expect during the visit, and how postpartum care supports long-term maternal health. MCH services will continue to integrate postpartum visit messaging into prenatal education classes. The Bilingual Health Navigator provides culturally and linguistically appropriate education and navigation support, with a primary focus on Spanish-speaking families. This includes assistance with appointment scheduling, referral follow-up, and addressing logistical barriers to attending postpartum visits. The Navigator also provides the same support to English-speaking families as needed. The Bilingual Health Navigator facilitates Spanish-language prenatal education classes that include targeted postpartum care education and serves as a trusted point of contact for ongoing follow-up during the postpartum period. All MCH staff consistently reinforce postpartum visit messaging during every family interaction to normalize postpartum care as an essential component of maternal health. While staff have defined roles, postpartum visit promotion and follow-up is a shared responsibility. The team communicates regularly to coordinate outreach, identify families needing additional support, and ensure continuity of education and navigation services. MCH team leader will continue to host the LiveWell Healthy Babies Community Action Team for our Fetal Infant Mortality Review (FIMR) board that brings together community partners to address barriers, access issues, and community gaps found through FIMR work and Community Health Improvement (CHIP) Plan. Resources Needed Staff time and funding to support education, navigation, outreach, and follow-up. Transportation resources, including mileage and fuel, to

reach postpartum families. Educational materials, including printed postpartum education handouts, DAISEY assessments, and class materials. Class and engagement supplies, such as binders, pens, displays, diapers, wipes, and other supportive items. Timeline Ongoing throughout the grant period: Postpartum education and reinforcement during prenatal, newborn, and home/office visits. Monthly: Navigation support and follow-up with postpartum families; Prenatal education classes with embedded postpartum visit messaging.

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Women/Maternal Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

Our agency will use a continuous quality improvement (CQI) process focused on monitoring postpartum visit completion, DAISEY data, and identifying barriers to care in order to improve maternal health outcomes. This process centers on consistent follow-up with postpartum and BaM clients and team-based review of data to inform practice adjustments. Measurable Indicators The following indicators will be tracked to measure progress: 1. Percentage of postpartum and BaM clients who complete a postpartum visit within the recommended timeframe 2. Number of postpartum and BaM clients who receive follow-up contact (text or phone call) regarding their postpartum visit 3. Documented reasons for missed or delayed postpartum visits (e.g., transportation, childcare, work constraints, language barriers) 4. Number of referrals or navigation supports provided to address identified barriers Data Collection Monthly the assigned MCH staff will follow up with postpartum and BaM clients via phone call or text after the expected postpartum visit timeframe to confirm whether the visit occurred. If the visit did not occur, staff will document the reason(s) and any assistance or resources provided. Data will be documented in program records on an ongoing basis and summarized monthly. Review and Evaluation Process On a monthly basis, the team will review postpartum visit follow-up data to assess completion rates, common barriers, and effectiveness of navigation and support strategies during team meetings. The team will identify trends, such as frequently reported barriers, and determine whether current approaches are effective or need adjustment. Plan Refinement and Documentation Based on data review, the team will refine education messaging, follow-up strategies, and referral processes to better support postpartum visit attendance. Changes to practice will be documented, including new strategies implemented to address identified barriers (e.g., earlier follow-up, enhanced navigation, or collaboration with providers). Communication of Results CQI findings and updates will be shared regularly with program staff to support consistent implementation. Summary findings and improvements will be communicated to leadership and relevant stakeholders, and used to inform ongoing collaboration with OB providers and community partners to address systemic barriers to postpartum care

4. What supports will you need from the KDHE MCH team to achieve your Women/Maternal Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To successfully implement and sustain our Women/Maternal Health Local Action Plan, our agency will benefit

from ongoing partnership and support from the KDHE MCH team in the following areas: Support in identifying and sharing evidence-based best practices related to postpartum visit engagement, patient follow-up strategies, and barrier reduction would strengthen our work. Access to standardized tools, messaging frameworks, and data-informed strategies used across the state would help ensure alignment and consistency. A shared ListServ of MCH grantees across the state to share best practices and evidence-based tools that are effective within their communities and populations. Continued access to training opportunities for staff related to postpartum care, maternal health equity, culturally responsive care, and effective patient engagement would enhance staff capacity. Training focused on quality improvement, data tracking, and using CQI findings to inform practice would further support implementation. Assistance with educational resources and materials—particularly those that are culturally appropriate and available in multiple languages—would support consistent postpartum education for families. Assistance with identifying or accessing educational materials that are more up-to-date with the current technology and reaches families in the ways they prefer (phone based apps, social media, QR Codes, etc.). Technical assistance in developing and refining workflows for postpartum follow-up, data collection, and documentation would support efficiency and sustainability. This includes support in aligning local processes with state expectations and performance measures. Facilitation of coordination and collaboration across local and state partners, including OB providers and other maternal health stakeholders, would strengthen referral pathways and help address systemic barriers to postpartum care. Support in sharing data trends and statewide insights would further inform local improvement efforts. This partnership approach will help ensure our local efforts remain aligned with state priorities while building capacity to improve postpartum care engagement and maternal health outcomes.

D1 - Objective 1.2 Safe and Respectful Maternity Care

D1 - Women/Maternal Health

Objective 1.2 Safe and Respectful Maternity Care

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Women/Maternal Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our agency aims to improve safe and respectful maternity care by increasing awareness, understanding, and consistent communication of maternal warning signs during the postpartum period, with a specific focus on postpartum hypertension and other post-birth complications. We have identified a need for consistent, culturally responsive messaging across providers and community-based services to ensure that all women—particularly women of color and Spanish-speaking families—receive clear, respectful, and actionable information about when and how to seek care. The desired outcome is an increase in the number of MCH clients who report receiving education on maternal warning signs and who demonstrate understanding of when to seek urgent or follow-up care. Progress will be measured through documentation of education provided, outreach activities with providers, and follow-up conversations with MCH clients. Improved consistency in messaging across systems will also serve as a key indicator of progress. To achieve this outcome, the KPCC Outreach Coordinator will build and strengthen relationships with OB providers, clinics, and other settings where perinatal and postpartum care is delivered to promote shared, evidence-based messaging related to POSTBIRTH warning signs, postpartum hypertension, and maternal health concerns. This role, developed and funded through KDHE, supports alignment between community-based services and clinical care by encouraging consistent, respectful communication practices. Our MCH staff will reinforce maternal warning sign education during prenatal, newborn, and postpartum interactions, ensuring information is delivered in a culturally and linguistically

appropriate manner. All staff participate in ongoing training related to cultural competency, health equity, and respectful maternity care to support trust, understanding, and effective communication

2. How will your agency accomplish this work for the Women/Maternal Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

Our agency will accomplish this work through a coordinated approach that combines outreach, community-based education, culturally responsive navigation, and staff training to ensure consistent, respectful, and evidence-based maternal health messaging during the postpartum period. The KPCC Outreach Coordinator will establish and maintain relationships with OB providers, clinics, hospitals, and other settings where perinatal and postpartum care is delivered. They will promote evidence-based messaging related to POSTBIRTH warning signs, postpartum hypertension, and maternal warning signs to support consistency across systems. Deliverables include documented outreach activities, meetings, and shared educational messaging. MCH staff will provide postpartum education on maternal warning signs during prenatal, newborn, and postpartum interactions using culturally and linguistically appropriate materials. Staff will reinforce when and how to seek care and encourage respectful communication between clients and providers. All staff will participate in ongoing training related to safe and respectful maternity care, cultural competency, health equity, and trauma-informed engagement. Training participation will be documented and integrated into practice expectations. Resources Needed 1. Staff time and funding to support outreach, education, and coordination activities 2. Educational materials, including standardized maternal warning sign resources in multiple languages 3. Training opportunities and technical assistance related to respectful maternity care and health equity 4. Transportation and outreach support for in-person provider and community engagement 5. Blood pressure cuffs to be able to provide to clients that might otherwise not be able to access one Timeline Ongoing throughout the grant period: Provider outreach, client education, and reinforcement of maternal warning sign messaging Throughout the year: Documentation of outreach activities, education provided, and messaging alignment, Staff training and professional development related to respectful maternity care

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Women/Maternal Health Population (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

Our agency will use a continuous quality improvement (CQI) process to monitor the effectiveness of safe and respectful maternity care efforts, with a focus on consistent maternal warning sign education and respectful communication during the postpartum period. Progress will be tracked using the following indicators: Number of providers and clinics engaged by the KPCC Outreach Coordinator to promote consistent maternal warning sign messaging; percentage of postpartum clients who receive education on POSTBIRTH warning signs, postpartum hypertension, and when to seek care; client-reported understanding of maternal warning signs during follow-up interactions; Staff participation in trainings related to safe and respectful maternity care and cultural competency. Outreach activities and provider engagement will be documented on an ongoing basis by

the KPCC Outreach Coordinator. Education provided to clients will be documented by MCH staff during prenatal, newborn, and postpartum encounters. Training participation will be tracked internally. Data will be summarized and reviewed quarterly. Review and Evaluation Process On a quarterly basis, the team will review CQI data to assess consistency of messaging, effectiveness of outreach efforts, and areas needing improvement. Trends or gaps identified (e.g., inconsistent messaging, low engagement in certain settings) will inform adjustments to outreach strategies, education materials, or training needs. Changes to practice, messaging, or workflow will be documented and incorporated into ongoing implementation. Updated strategies will be shared with staff to ensure consistent application across programs. CQI findings will be shared with program staff and leadership during regular meetings.

4. What supports will you need from the KDHE MCH team to achieve your Women/Maternal Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To effectively implement and sustain safe and respectful maternity care efforts, our agency will benefit from continued collaboration and support from the KDHE MCH team in the following areas: Support in identifying and sharing evidence-based maternal warning sign messaging, postpartum hypertension resources, and respectful maternity care best practices will strengthen consistency across providers and community settings. Access to training opportunities related to respectful maternity care, cultural humility, implicit bias, trauma-informed care, and maternal health equity will support staff skill development and reinforce best practices. Assistance with standardized, culturally appropriate, and multilingual educational materials related to maternal warning signs would support consistent education for families and alignment with provider messaging. Support with building and fine-tuning our outreach, documentation, and quality improvement processes, especially working with providers and keeping messaging consistent, would help us work more efficiently. Assistance with coordinating between KDHE, providers, and community partners would help keep messaging and expectations consistent around safe and respectful maternity care.

D1 - Objective 1.3 Perinatal Substance Use Screening

D1 - Women/Maternal Health

Objective 1.3 Perinatal Substance Use Screening

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Women/Maternal Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our agency aims to increase awareness, screening, and supportive intervention related to perinatal substance use in order to reduce prenatal and postpartum substance exposure and improve maternal and infant health outcomes. We recognize that many women use substances such as alcohol, tobacco, vaping products, marijuana, or other substances during pregnancy and postpartum, often due to nausea, stress, appetite issues, or misinformation about perceived safety. The desired outcome is increased identification of substance use during pregnancy and postpartum, improved understanding of the effects of substance exposure (including first-, second-, and third-hand smoke), and increased connection to cessation and treatment resources when desired. Progress will be measured through documentation of substance use discussions, referrals to cessation and treatment services, and client-reported understanding of risks and support options.

2. How will your agency accomplish this work for the Women/Maternal Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

Our agency will accomplish this work through consistent, nonjudgmental screening, education, and referral practices integrated into all points of contact with pregnant and postpartum clients. Key Activities, Tasks, and Responsibilities Screening and Education MCH staff discuss substance use with all clients multiple times throughout prenatal, newborn, and postpartum interactions. Education includes discussion of alcohol, tobacco, vaping, marijuana, and other substances, as well as first-, second-, and third-hand smoke exposure and their effects on pregnant individuals and infants. Staff use a supportive, harm-reduction approach that emphasizes informed decision-making and maternal autonomy. Referral and Support Clients who express interest in quitting or reducing use are referred to KanQuit or Regional Alcohol and Drug Assessment Center (RADAC) as appropriate. Staff maintain close relationships with local substance use and addiction treatment organizations and provide warm hand-offs when clients express a desire or need for additional support. Follow-up conversations are used to reinforce education and assess ongoing needs. Staff directly address common misconceptions—particularly regarding marijuana use during pregnancy and postpartum—by providing clear, evidence-based information in a respectful and non-stigmatizing manner. Resources Needed Staff time for repeated screening, education, and follow-up Educational materials related to perinatal substance exposure Strong referral relationships with cessation and treatment providers Timeline Ongoing throughout the grant period: Substance use screening, education, and referral during all client interactions As needed: Warm referrals and follow-up support for clients seeking cessation or treatment services

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Women/Maternal Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

Improvement Process to Monitor Progress for the Women/Maternal Health Population. Our agency will use a CQI process to monitor perinatal substance use screening, education, and referral efforts. Measurable Indicators Percentage of clients who receive substance use education during prenatal and postpartum

interactions. Number of referrals made to KanQuit, RADAC, and other local substance use treatment organizations. Documented client-reported substance use concerns and follow-up discussions. Commonly identified barriers or misconceptions related to substance use, particularly marijuana. Data Collection Staff will document substance use discussions, education provided, and referrals during routine service delivery. Data will be reviewed and summarized quarterly. Review and Adjustment The team will review trends to identify gaps, recurring misconceptions, or opportunities to strengthen messaging. Education strategies and referral practices will be refined based on findings. Communication CQI findings will be shared with staff to support consistent, effective practice. Key themes may be shared with partners and KDHE to inform broader prevention efforts.

4. What supports will you need from the KDHE MCH team to achieve your Women/Maternal Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To strengthen perinatal substance use prevention efforts, our agency would benefit from the following supports from the KDHE MCH team: Best Practices and Evidence-Based Tools Access to up-to-date, evidence-based messaging and tools related to perinatal substance use—particularly marijuana use during pregnancy and postpartum—would support consistent education across providers and communities. Skills, Knowledge, and Training Training opportunities related to substance use screening, harm-reduction approaches, motivational interviewing, and addressing stigma would further support staff capacity. Resources and Tools Culturally appropriate, plain-language educational materials addressing the risks of marijuana, vaping, and other substance use during pregnancy and around infants would be valuable. Coordination and Public Awareness Support for statewide or regional public awareness efforts addressing misconceptions about marijuana use during pregnancy would reinforce local education efforts and help shift public perception.

D1 - Objective 1.4 Kansas Perinatal Quality Collaborative

D1 - Women/Maternal Health

Objective 1.4 Kansas Perinatal Quality Collaborative (KPQC) Cross-Sector Initiatives (maternal health risks, maternal mortality, patient safety bundles)

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Women/Maternal Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our agency aims to support Kansas Perinatal Quality Collaborative (KPQC) Cross-Sector Initiatives by improving consistency, coordination, and reach of maternal health risk and patient safety messaging across

prenatal, postpartum, and infant care settings. We have identified a need for stronger alignment across systems so that women and families receive the same evidence-based information related to maternal health risks, maternal mortality prevention, and patient safety bundles—regardless of where they access care. The desired outcome is increased consistency in messaging related to KPQC initiatives across community-based services and clinical providers, leading to improved awareness of maternal health risks and earlier identification of warning signs. Progress will be measured through documentation of provider outreach, cross-sector engagement, and reinforcement of KPQC-related education during client interactions.

2. How will your agency accomplish this work for the Women/Maternal Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

Our agency will accomplish this work through intentional cross-sector collaboration and consistent education efforts led by the KPCC Outreach Coordinator, in partnership with other MCH staff, to strengthen engagement, align resources, and work alongside community partners and members of our various collaborative groups to expand awareness and education regarding maternal warning signs and maternal health risks. Key Activities, Tasks, and Responsibilities Cross-Sector Provider Engagement The KPCC Outreach Coordinator will build and maintain relationships with prenatal, postpartum, and infant care providers, including OB providers, clinics, hospitals, pediatric providers, and other perinatal care settings. Outreach will focus on promoting shared understanding and consistent use of KPQC initiatives, including maternal health risks, maternal mortality prevention strategies, and patient safety bundles. Deliverables include documented outreach activities, meetings, and shared messaging efforts. Consistent Community-Based Education MCH staff and the Bilingual Health Navigator will reinforce KPQC-aligned messaging during prenatal, newborn, and postpartum interactions with families. Education will emphasize maternal warning signs, patient safety practices, and when to seek care, ensuring messages align with those provided by clinical partners. Equity and Accessibility The Bilingual Health Navigator will support culturally and linguistically appropriate delivery of KPQC-related education to Spanish-speaking families and ensure accessibility across populations. Resources Needed Staff time and funding to support outreach, coordination, and education KPQC-aligned educational materials and messaging tools Training opportunities related to maternal health risks and patient safety bundles Transportation and outreach support for provider engagement Timeline Ongoing throughout the grant period: Provider outreach, cross-sector coordination, and client education Quarterly: Review of outreach progress and alignment with KPQC initiatives This approach ensures that families receive consistent, evidence-based information across care settings, regardless of entry point into the system.

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Women/Maternal Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

Our agency will implement a structured Continuous Quality Improvement (CQI) process to monitor the implementation and local impact of KPQC Cross-Sector Initiatives related to maternal health risks, maternal

mortality prevention, and patient safety bundles. The CQI process will focus on ensuring consistent messaging, meaningful cross-sector engagement, and integration of evidence-based practices into routine service delivery. Measurable Indicators Number of providers and organizations engaged by the KPCC Outreach Coordinator Documentation of KPQC-aligned messaging shared across sectors Percentage of clients receiving education related to maternal health risks and patient safety bundles Staff participation in KPQC-related trainings Data Collection Provider outreach and engagement activities will be documented on an ongoing basis. Client education and messaging reinforcement will be documented during service delivery. Data will be summarized and reviewed quarterly. Review and Plan Refinement The team will review CQI data to assess consistency of messaging and identify gaps in outreach or understanding. Adjustments will be made to outreach strategies, education approaches, or training needs based on findings. Communication CQI findings will be shared with staff, leadership, and KDHE to support transparency and alignment. Lessons learned will be used to strengthen ongoing collaboration with KPQC partners.

4. What supports will you need from the KDHE MCH team to achieve your Women/Maternal Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To effectively support KPQC Cross-Sector Initiatives, our agency will benefit from continued collaboration and support from the KDHE MCH team in the following areas: Best Practices and Evidence-Based Tools Ongoing guidance on KPQC priorities, patient safety bundles, and maternal health risk messaging will support consistent implementation and alignment with statewide efforts. Skills, Knowledge, and Training Access to training related to KPQC initiatives, maternal mortality prevention, patient safety bundles, and cross-sector collaboration would strengthen staff capacity. Resources and Tools Standardized, KPQC-aligned educational materials that can be used across community and clinical settings would support consistent messaging. Coordination and Collaboration Support in facilitating connections between community-based organizations and KPQC partners would strengthen cross-sector alignment and shared accountability for maternal health outcomes.

D2 - Objective 2.1 Breastfeeding

D2 - Perinatal/Infant Health

Objective 2.1 Breastfeeding Supports and Education

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Perinatal/Infant Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our agency aims to support breastfeeding initiation and continuation by ensuring pregnant and postpartum individuals receive accurate, consistent education and timely connection to appropriate breastfeeding supports. We recognize that while many families intend to breastfeed, they often encounter early challenges that can feel overwhelming without accessible guidance and referrals. The desired outcome is increased access to breastfeeding education, early identification of breastfeeding concerns, and improved connection to community-based lactation supports. Progress will be measured through documentation of breastfeeding education provided, referrals made to lactation support services, and follow-up conversations with postpartum clients regarding feeding concerns and support needs.

2. How will your agency accomplish this work for the Perinatal/Infant Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

Our agency will accomplish this work by integrating breastfeeding education, early support, and referral into routine prenatal, newborn, and postpartum interactions. Key Activities, Tasks, and Responsibilities Education and Early Support All MCH staff maintain current training and education related to breastfeeding and infant feeding. Staff provide anticipatory guidance during prenatal and postpartum visits and offer low-level breastfeeding troubleshooting, education, and encouragement using a supportive, nonjudgmental approach. Referral and Connection to Specialized Support When more advanced support is needed, staff refer families to appropriate community resources, including: WIC Breastfeeding Peer Counselors International Board Certified Lactation Consultants (IBCLCs) Local hospital-based breastfeeding clinics Community-based supports such as the breastfeeding coalition and La Leche League Staff provide warm referrals and follow-up to ensure families are aware of available supports. Collaboration and Capacity Building Staff maintain relationships with local breastfeeding support providers to strengthen referral pathways and coordination. As capacity allows, the agency will explore opportunities to support or host a breastfeeding support group in partnership with community providers. Resources Needed Staff time for education, support, and referral activities Ongoing training and professional development related to breastfeeding support Educational materials for families Strong partnerships with local breastfeeding support organizations Timeline Ongoing throughout the grant period: Breastfeeding education, support, and referral during prenatal and postpartum interactions Throughout the year: Continued staff training and relationship building with community partners Exploratory/longer-term: Assess feasibility of hosting or supporting a breastfeeding support group

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Perinatal/Infant Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

Our agency will use a structured Continuous Quality Improvement (CQI) process to monitor breastfeeding education, support, and referral efforts to ensure families are receiving consistent, timely, and appropriate lactation support. Breastfeeding education and counseling provided during prenatal visits, postpartum follow-

up, and home visiting services will be documented in client records. Referrals to WIC Breastfeeding Peer Counselors, IBCLC providers, hospital breastfeeding clinics, La Leche League, and other community resources will also be tracked to monitor utilization and identify any gaps in access. Measurable Indicators Percentage of prenatal and postpartum clients who receive breastfeeding education Number of referrals made to WIC breastfeeding peer counselors, IBCLCs, and other lactation supports Documented breastfeeding concerns identified and addressed Client-reported awareness of available breastfeeding support resources Data Collection Staff will document education provided, concerns identified, and referrals made during routine service delivery. Data will be reviewed and summarized quarterly. Review and Plan Refinement The team will review data to identify trends in breastfeeding challenges and gaps in support. Education strategies and referral processes will be adjusted based on findings and partner feedback. Communication CQI findings will be shared with staff to support consistent practice. Key themes may be shared with partners and KDHE to inform broader breastfeeding support efforts.

4. What supports will you need from the KDHE MCH team to achieve your Perinatal/Infant Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To strengthen breastfeeding education and support efforts, our agency would benefit from the following supports from the KDHE MCH team: Best Practices and Evidence-Based Tools Access to evidence-based breastfeeding education tools, guidance, and best practices would support consistent messaging across programs and partners. Skills, Knowledge, and Training Continued training opportunities related to breastfeeding support, infant feeding, and culturally responsive care would help staff maintain current knowledge and skills. Resources and Tools Support with breastfeeding education materials that are culturally appropriate and accessible to diverse populations would strengthen client education. Coordination and Collaboration Assistance with strengthening coordination between local breastfeeding support providers, including WIC, hospitals, and community organizations, would support seamless referral pathways and reduce duplication of services.

D2 - Objective 2.2 Safe Sleep

D2 - Perinatal/Infant Health

Objective 2.2 Safe Sleep Promotion/Initiatives

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Perinatal/Infant Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our goal is to reduce sleep-related infant deaths and unsafe sleep practices in our county by ensuring families receive consistent, culturally responsive, and evidence-based safe sleep education beginning in pregnancy and continuing through the postpartum period. Local Fetal Infant Mortality Review (FIMR) data have repeatedly identified unsafe sleep environments as a contributing factor in infant deaths. As a result, safe sleep promotion has remained a sustained priority for our agency for several years. Using FIMR case review findings and community-level recommendations, we tailor our safe sleep initiatives to address identified gaps in knowledge, resources, and environmental barriers. Our desired measurable outcomes include: Increased percentage of prenatal and postpartum clients receiving documented safe sleep education Increased access to safe sleep surfaces for families with financial or environmental barriers Increased caregiver knowledge of the ABCs of safe sleep (Alone, on their Back, in a Crib) To achieve these outcomes, safe sleep education is integrated into prenatal education classes, home visiting services, and postpartum follow-up. MCH staff will continue to participate in community outreach events where safe sleep education is discussed with all caregivers in the family unit. MCH staff will partner with our Child Care Licensing program biannually to provide updated and most current recommendations and materials related to safe sleep in all facilities- in home centers and child care centers. Families receive repeated messaging and barrier assessments to reinforce safe sleep practices over time. Additionally, our agency hosts an annual Safe Sleep Community Baby Shower, which provides free safe sleep education and tangible resources—including Pack and Plays and safe sleep sacks—to all participating families. This event brings together community partners to reinforce consistent messaging and expand access to safe sleep tools. By pairing education with concrete resources, we address both knowledge gaps and structural barriers identified through FIMR review. Through ongoing data review, community collaboration, and direct resource distribution, we aim to create sustained improvements in safe sleep practices across our perinatal and infant population.

2. How will your agency accomplish this work for the Perinatal/Infant Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

Safe sleep education is integrated into routine prenatal education, postpartum follow-up, and home visiting services to ensure families receive repeated, consistent messaging on the ABCs of safe sleep from pregnancy through infancy. Education and resource distribution efforts are guided by annual FIMR findings, which have identified unsafe sleep environments as a recurring risk factor in local infant deaths. Recommendations from FIMR reviews are used to refine messaging, prioritize outreach, and address structural barriers. In addition to individualized education, the agency strengthens community-wide awareness through its annual Safe Sleep Community Baby Shower, which provides free safe sleep education and tangible resources—including Pack and Plays and safe sleep sacks—to participating families. Responsibilities: • The MCH Team Lead (Safe Sleep Certified) oversees messaging accuracy, integrates FIMR recommendations into program activities, monitors documentation, and leads planning for the annual Safe Sleep Community Baby Shower. • The Bilingual Health Navigator (upon completion of safe sleep certification in 2026) provides culturally and linguistically appropriate education to Spanish-speaking families. • MCH Staff deliver safe sleep education during prenatal and postpartum interactions, assess sleep environments, identify barriers, document services, and initiate distribution of Pack and Plays when needed. • MCH staff coordinate inventory management, equitable resource distribution, and community partner engagement to ensure consistent messaging across sectors. Resources: • Safe sleep-certified staff and ongoing professional development • Educational materials in English and Spanish • Documentation systems for tracking education delivery and resource distribution • Pack and Plays and safe sleep sacks for families experiencing financial or environmental barriers • Funding and storage capacity for resource inventory • Community partnerships and coordination for the annual Safe Sleep Community Baby Shower • Access to annual FIMR data (Vital Statistics) and recommendations to inform program adjustments Timeline: • Safe sleep education begins prenatally and continues through the postpartum period (ongoing, year-round). • Barrier assessments and resource distribution occur continuously as part of routine service

delivery. • Documentation and progress are reviewed quarterly through the CQI process. • FIMR findings are reviewed annually, with programmatic adjustments implemented within 3–6 months of new recommendations. • The Bilingual Health Navigator will complete safe sleep certification in 2026, expanding direct education to Spanish-speaking families. • The Safe Sleep Community Baby Shower is held annually each August, with planning beginning 3–4 months in advance and post-event evaluation completed within 30 days.

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Perinatal/Infant Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

Our agency will use a structured Continuous Quality Improvement (CQI) process to monitor safe sleep education, resource distribution, and community outreach efforts, ensuring consistent messaging and alignment with FIMR recommendations and Kansas Title V priorities. Measurable Indicators: Percentage of prenatal and postpartum clients receiving documented safe sleep education Number of Pack and Plays and safe sleep sacks distributed to families in need Attendance and participation in the annual Safe Sleep Community Baby Shower Documentation of barriers identified by families during visits and actions taken to address them Staff completion of safe sleep training and adherence to standardized messaging Data Collection: MCH and the Bilingual Health Navigator will document education provided, barriers identified, and resources distributed in client records during each visit. Event attendance and resource distribution at the Safe Sleep Community Baby Shower will be tracked by MCH staff. Data will be summarized and reviewed quarterly by the MCH Team Lead as part of the CQI process. Review & Plan Refinement: Quarterly CQI meetings will evaluate trends in education delivery, resource access, and identified barriers. The team will assess what is working well (e.g., families successfully implementing safe sleep practices) and what needs improvement (e.g., gaps in Spanish-language education or supply shortages). Adjustments to outreach strategies, education approaches, and resource allocation will be documented and implemented based on these findings. Annual FIMR findings will inform broader refinements to messaging, outreach priorities, and community initiatives. Communication: CQI results and progress updates will be shared with all MCH staff, community partners, and KDHE to maintain transparency, ensure alignment across sectors, and reinforce consistent safe sleep messaging. Lessons learned will guide improvements in staff training, resource distribution, and family education efforts.

4. What supports will you need from the KDHE MCH team to achieve your Perinatal/Infant Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To fully implement and sustain safe sleep initiatives, our agency would benefit from support from KDHE in the following areas: Best practices and evidence-based tools: Access to standardized, up-to-date safe sleep educational materials, particularly Spanish-language resources, and guidance on integrating FIMR recommendations into community programs. Skills, knowledge, and trainings: Opportunities for ongoing staff training and certification in safe sleep best practices, including updates on emerging research and culturally

responsive education strategies. Resources and tools: Assistance with securing funding or partnerships for Pack and Plays, sleep sacks, and other tangible resources for families with financial or access barriers. Developing processes and workflow: Guidance on refining documentation, referral tracking, and CQI processes to improve efficiency, monitor outcomes, and ensure consistent messaging across staff and partner organizations. Coordination and collaboration: Support connecting with local perinatal and postpartum providers, community organizations, and other stakeholders to reinforce unified, cross-sector messaging and expand the reach of safe sleep initiatives. These supports would enhance our ability to provide consistent, culturally responsive education, address barriers to safe sleep, and strengthen alignment with statewide priorities for reducing infant mortality.

D3 - Objective 3.1 Medical Home

D3 - Child Health

Objective 3.1 Medical Home

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Child Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our goal is to ensure that 100% of families receiving services through SCHD are connected to a consistent, accessible medical home for their child. Access to a medical home is critical to improving preventive care utilization, supporting developmental screening, managing chronic conditions, and reducing avoidable emergency department use. Barriers such as lack of insurance, provider shortages, transportation challenges, and limited knowledge of available services can delay connection to primary care, particularly for vulnerable families. To address this, SCHD will assess each child served through MCH programming for access to a medical home at intake and during ongoing service delivery. Families who do not have an identified primary care provider will receive individualized assistance with locating a pediatric provider, scheduling appointments, and navigating insurance enrollment when needed. MCH staff will maintain and routinely update a comprehensive list of local pediatric providers, including our local Federally Qualified Health Center (FQHC), to ensure timely referrals. Our desired measurable outcome is that 100% of children enrolled in SCHD MCH services will have documentation of an established medical home or a documented referral and appointment scheduled within 30 days of identification. Additionally, families without insurance will receive support with insurance enrollment, and those who do not qualify will be connected to the local FQHC for ongoing care. By systematically assessing access, reducing navigation barriers, and actively assisting families in establishing primary care relationships, SCHD will strengthen continuity of care and support improved child health outcomes. This work aligns with the Kansas Title V State Action Plan priority to increase access to coordinated, comprehensive care through a medical home model for children and families.

2. How will your agency accomplish this work for the Child Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.

- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

SCHD will implement a structured, standardized process to assess, document, and support connection to a medical home for all children receiving MCH services. Access to a medical home will be assessed at intake and revisited during ongoing service delivery to ensure continuity of care and prevent gaps. Assessment & Identification Safe, consistent screening for medical home access will be integrated into intake and follow-up visits. Staff will ask each family, "Do you have a medical home for your child?" and provide education on what a medical home means, including preventive care, well-child visits, developmental screenings, and coordinated services. Responsibilities: MCH Staff: Conduct screening at intake and during follow-up visits; document medical home status in client records. MCH Team Lead: Ensure standardized screening language and documentation practices are used consistently. Resources Needed: Staff time during intake and follow-up visits Standardized screening language and documentation tools within existing systems Timeline: Screening conducted at intake and reassessed at routine follow-up visits (ongoing, year-round). Referral & Care Coordination If a child does not have an established medical home, staff will provide individualized assistance to locate a pediatric provider, schedule an appointment, and address insurance barriers. Families without insurance will receive assistance with enrollment when eligible. Families who do not qualify for insurance will be referred to the local FQHC for accessible primary care services. The Office Assistant will maintain and distribute an updated list of pediatric providers serving children ages 1-11, including contact information and insurance participation. Responsibilities: MCH Staff: Assist families with provider selection, appointment scheduling, and insurance navigation; document referrals and follow-up. Office Assistant: Maintain and update provider lists and communicate updates to staff. MCH Team Lead: Monitor referral processes and ensure follow-through is occurring. Resources Needed: Funding for Office Assistant salary to maintain provider connections Updated provider lists (paper and electronic copies) Staff time for care coordination and insurance assistance Collaboration with local providers and FQHC partners Timeline: Referrals and appointment assistance provided within 30 days of identifying lack of a medical home. Provider lists updated bi-annually. Follow-up with families to confirm appointment completion during subsequent visits. Monitoring & Accountability Medical home connection status will be documented in DAISEY systems and in client's electronic medical records for all enrolled children. The MCH Team Lead will conduct quarterly reviews of documentation to monitor progress toward the goal of 100% connection. Any identified gaps (e.g., delayed appointments, insurance barriers, provider capacity issues) will be addressed through workflow adjustments or additional provider outreach.

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Child Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

SCHD will implement a structured Continuous Quality Improvement (CQI) process to monitor progress toward the goal that 100% of children served through MCH programming have an established medical home or documented referral in process. Measurable Indicators: Percentage of children enrolled in MCH services with documented medical home status Percentage of children without a medical home who receive a referral within 30 days of identification Percentage of referred families who successfully schedule or attend an appointment Number of provider lists distributed during outreach events and community fairs Data Collection: MCH staff will document medical home status, referrals made, and follow-up outcomes in the EMR at each client encounter. The MCH Team Lead will utilize DAISEY reports to track overall progress toward the 100% connection goal. Referral outcomes will be reviewed during subsequent visits to confirm appointment scheduling or completion. Distribution of provider lists at community fairs and outreach events will be tracked to monitor community-level access efforts. Data will be reviewed quarterly to assess trends, identify barriers (e.g., appointment

availability, insurance challenges), and determine whether additional outreach or workflow adjustments are needed. Review & Plan Refinement: During quarterly CQI review meetings, the MCH Team Lead will evaluate documentation trends and referral follow-through rates to determine what is working well and where delays or gaps may exist. If barriers are identified, the team may adjust referral processes, strengthen provider partnerships, update educational messaging, or revise follow-up timelines. All workflow changes will be documented and incorporated into staff guidance to ensure consistency. Communication: CQI findings and progress updates will be shared with MCH staff during regular team meetings and with leadership as appropriate. Updates may also be shared with community partners to strengthen coordination and ensure provider lists remain accurate and accessible. This ongoing communication ensures transparency, accountability, and sustained alignment with Kansas Title V priorities related to medical home access.

4. What supports will you need from the KDHE MCH team to achieve your Child Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To successfully achieve universal connection to a medical home for children served through SCHD, support from KDHE MCH in the following areas would strengthen both local implementation and broader system-level impact: Best practices and evidence-based tools: Access to standardized, evidence-based guidance on improving medical home utilization, reducing missed well-child visits, and addressing disparities in access to pediatric care. Toolkits or model workflows from other Kansas communities experiencing similar access barriers would be valuable. Skills, knowledge, and trainings: Training opportunities focused on care coordination, insurance navigation, and strategies for addressing social determinants of health that impact medical home access, including transportation barriers and appointment availability. Support in educating families on the importance of preventive well-child visits and developmental screenings would also strengthen outreach efforts. Resources and tools: State-level advocacy and resource development to address systemic barriers such as limited pediatric appointment availability, transportation challenges, and insurance coverage gaps. Assistance identifying funding opportunities or pilot programs that support transportation solutions or expanded clinic access would significantly enhance local capacity. Developing processes and workflow: Guidance on standardized documentation and referral tracking processes to improve follow-up and ensure consistent monitoring across local programs. Technical assistance in leveraging data systems (e.g., DAISEY reporting) to better evaluate outcomes and identify trends would support continuous improvement. Coordination and collaboration: Facilitation of cross-sector collaboration between local health departments, FQHCs, pediatric providers, and state-level stakeholders to address broader access challenges. Support in elevating awareness of the importance of well-child visits at the state level—through coordinated messaging campaigns or provider engagement strategies—would reinforce local efforts and help normalize preventive pediatric care as a community priority. While SCHD can assist families individually with scheduling and referrals, addressing transportation limitations, provider capacity, and systemic access barriers requires coordinated, multi-level solutions. Partnership with KDHE MCH would strengthen our ability to move beyond case-by-case support toward sustainable, system-level improvement in medical home access.

D3 - Objective 3.2 Developmental Screening

D3 - Child Health

Objective 3.2 Developmental Screening

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Child Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our goal is to ensure that 100% of eligible children receiving MCH services complete age-appropriate developmental and social-emotional screenings using the ASQ-3 and ASQ:SE-2 tools. Early identification of developmental delays and social-emotional concerns is critical to improving long-term health, educational readiness, and overall child well-being. Without systematic screening, delays may go undetected, leading to missed opportunities for early intervention. To address this, SCHED will provide universal, parent-completed developmental screening for all eligible children enrolled in MCH services. All children who score outside the normal range on the ASQ-3 or ASQ:SE-2, or whose caregivers express developmental concerns regardless of score, will receive a timely referral to the local Tiny-K early intervention program for further evaluation and services. Our desired measurable outcomes include: 100% of eligible children enrolled in MCH services will receive age-appropriate ASQ-3 and ASQ:SE-2 screenings. 100% of children with abnormal screening results or documented parental concerns will receive a referral to Tiny-K within 30 days of screening. Increased documentation of completed referrals and follow-up outcomes. To achieve these outcomes, MCH staff will be trained to administer, score, and interpret ASQ-3 and ASQ:SE-2 tools consistently. All new staff will complete ASQ training to ensure competency and fidelity to screening protocols. Developmental screening will be embedded into routine service delivery and conducted at recommended intervals to support early identification and timely intervention. This work aligns with the Kansas Title V State Action Plan priorities to promote early identification of developmental delays, increase access to early intervention services, and improve child health and school readiness outcomes.

2. How will your agency accomplish this work for the Child Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

To ensure that 100% of eligible children receiving MCH services are screened using the ASQ-3 and ASQ-SE, our agency will implement the following structured action steps: Screening Implementation Integrate ASQ-3 and ASQ-SE screening into the standard workflow for all eligible children enrolled in MCH services. Establish clear timelines for screening administration based on age intervals recommended by the tool. Document screening completion and results in the client's EMR and DAISEY tracking system. Staff Training and Capacity Building Require all new MCH staff to complete ASQ-3 and ASQ-SE training within their onboarding period. Provide refresher training annually or as needed to ensure fidelity to the screening tool. Designate a staff lead to serve as the internal ASQ resource for questions and quality assurance. Referral and Follow-Up Process Develop and maintain a written referral protocol for children whose screening results fall outside the normal range or when parental concerns are identified. Ensure timely referral to the local Tiny-K program for further developmental evaluation. Track referral completion and follow-up outcomes to ensure families are successfully connected to services. Resources and Supports Needed Funding for ASQ-3 and ASQ-SE materials and training. Staff time for screening administration, documentation, and follow-up. Ongoing collaboration with Tiny-K to streamline referral communication and feedback loops. Timeline Immediate implementation for current caseload. Ongoing screening at recommended intervals. Annual review of screening rates and referral outcomes to ensure

continuous quality improvement. Through clear workflow integration, staff training, defined referral processes, and continuous monitoring, our agency will ensure early identification of developmental concerns and timely connection to appropriate services, in alignment with the Kansas Title V State Action Plan.

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Child Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

To ensure consistent developmental screening and timely referral follow-through, our agency will implement a structured Continuous Quality Improvement (CQI) process focused on ASQ-3/ASQ-SE completion and referral coordination. Measurable Indicators Percentage of eligible children who receive an ASQ-3 and ASQ-SE within recommended age intervals (goal: 100%). Percentage of children with abnormal screening results or parent concerns who are referred to Tiny-K. Percentage of referrals successfully completed (confirmation of evaluation or service connection). Time from screening to referral initiation. Time from referral to confirmed follow-up or service enrollment. Data Collection and Monitoring Screening completion and referral data will be documented in the client record and internal tracking system. Screening and referral rates will be reviewed monthly by the MCH team. Quarterly data summaries will be compiled to assess trends, gaps, and opportunities for improvement. Review and Evaluation Process Monthly case reviews will identify barriers to screening completion or referral follow-through (e.g., missed appointments, family hesitancy, system delays). The team will assess workflow efficiency, documentation consistency, and communication with Tiny-K and other community partners. Root cause discussions will guide adjustments to processes as needed. Referral Coordination and Community Collaboration Maintain clear communication pathways with Tiny-K to ensure bidirectional updates regarding referral status. Track and document referrals to additional community supports (e.g., early intervention services, behavioral health providers, parenting supports) when appropriate. Periodically meet with key referral partners to address gaps, streamline processes, and strengthen coordination. Documentation and Process Refinement Any workflow or protocol changes will be documented in updated written procedures. Staff will be informed of process changes during team meetings and provided refresher guidance as needed. Annual evaluation of screening and referral data will inform goal adjustments and continuous improvement efforts. Communication of Results Screening and referral performance data will be shared regularly with MCH staff during team meetings. Progress updates will be included in required reporting to KDHE and other stakeholders. Successes, challenges, and improvement strategies will be communicated to collaborative partners as appropriate. Through ongoing monitoring, structured review, and strengthened referral coordination with Tiny-K and other community supports, our agency will ensure early identification of developmental concerns and timely connection to appropriate services, in alignment with the Kansas Title V State Action Plan.

4. What supports will you need from the KDHE MCH team to achieve your Child Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings
- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To fully implement universal developmental screening and ensure timely referrals to early intervention services, our agency will benefit from the following supports from KDHE: Best Practices and Evidence-Based Tools Guidance on evidence-based developmental screening practices, including recommended intervals, scoring standards, and referral thresholds. Tools and templates to support consistent ASQ-3 and ASQ-SE administration, documentation, and follow-up. Technical assistance in aligning local screening workflows with statewide early intervention protocols, including coordination with Tiny-K. Skills, Knowledge, and Trainings Ongoing ASQ-3 and ASQ-SE training for new and existing staff to maintain proficiency in administering parent-completed screening tools. Professional development in family engagement, culturally responsive practices, and motivational interviewing to support accurate screening and follow-through. Training in referral processes and coordination with early intervention providers to ensure seamless transitions for families. Resources and Tools Access to ASQ-3 and ASQ-SE screening materials, scoring guides, and digital tracking tools. Standardized templates for referral tracking, communication logs, and follow-up documentation. Support for data collection and reporting infrastructure to track screening completion and referral outcomes. Developing Processes and Workflow Guidance on streamlining screening and referral workflows within the MCH program. Technical assistance to integrate developmental screening into routine encounters, home visits, and outreach events. Support in refining CQI processes to identify gaps in screening completion, referral follow-up, and community service connections. Coordination and Collaboration Support in strengthening partnerships with Tiny-K, early childhood providers, and other local developmental services. Opportunities to connect with other MCH agencies to share strategies, lessons learned, and statewide best practices. Assistance addressing systemic barriers, such as access to evaluation appointments, transportation, or family engagement challenges, to ensure timely and equitable services. With these supports, SCHD will be able to maintain high-quality developmental screening for all eligible children, ensure timely referral to early intervention services, and enhance collaboration with community partners to improve long-term child health outcomes in alignment with the Kansas Title V State Action Plan.

D3 - Objective 3.3 Service Navigation for Families

D3 - Child Health

Objective 3.3 Service Navigation for Families

Points Available: 25 Total Points

1. What does your agency want to accomplish for the Child Health Population? (10 points)

- Clearly identify the goal, problem or improvement you want to address.
- Include the above measures selected in the plan.
- Describe the desired outcome in measurable terms.
- Provide descriptions of what needs to happen to achieve the desired outcome.
- Ensure the work aligns with the Kansas Title V State Action Plan.

Our agency seeks to implement and sustain comprehensive, family-centered service navigation that ensures children and families successfully connect to needed health, developmental, and community-based supports. The identified need is not simply referral provision, but ensuring successful service linkage through coordinated follow-up and hands-on assistance. Goal: Ensure that families receiving MCH services are effectively connected to appropriate health and community resources through structured care coordination and navigation support. Measurable Outcomes: All families that are identified as having needs will receive the appropriate referrals. At least 90% of referrals will include documented follow-up to confirm successful connection or identify barriers. Increased utilization of 1-800-CHILDREN and other state and local resources among enrolled families. Ongoing participation in Safe Kids coalition activities and child passenger safety initiatives. What Needs to Happen to Achieve the Desired Outcome: Holistic Care Coordination Serve as the central point of coordination for families enrolled in MCH services. Provide warm hand-offs to partner agencies, including direct communication with referral partners when appropriate. Follow up with families to ensure services were accessed and address

barriers to connection. Assist families with completing applications, documentation, and enrollment processes within the scope of the MCH program. Family Health Navigator Role Sustain and fully utilize the Bilingual Health Navigator position established within the program to provide dedicated navigation support. Ensure the Navigator coordinates referrals, tracks service connection outcomes, and provides individualized assistance to families with complex needs. Strengthen bilingual navigation capacity to improve equitable access for diverse families. Utilization of 1-800-CHILDREN Continue integrating 1-800-CHILDREN information into prenatal education programming, home visits, and all routine points of contact. Promote the hotline during community outreach events to increase awareness and access to state-level resource coordination. Safe Kids Coalition Engagement Maintain active participation in local Safe Kids coalition meetings and child passenger safety events. Continue involvement in car seat check lanes and community safety initiatives. Leverage staff expertise, including a Child Passenger Safety Technician-certified MCH Team Lead and an upcoming bilingual Health Navigator certification, to strengthen injury prevention efforts. Community Outreach & Partnership Engagement MCH staff will actively engage with local community organizations, clinics, schools, and other family-serving agencies to build strong relationships with key points of contact who can champion and support our services. Staff will attend regular meetings, outreach events, and networking opportunities to maintain visibility and strengthen partnerships. These connections will be leveraged to coordinate warm hand-offs, streamline referrals, and ensure families receive consistent, timely support. Relationships will be documented and reviewed regularly to identify new opportunities for collaboration and to sustain ongoing engagement. By cultivating and maintaining these community partnerships, MCH staff will expand access, increase awareness of available programs, and create a reliable network of advocates for the families we serve. Through structured service navigation, proactive follow-up, and sustained community collaboration, our agency will ensure families not only receive referrals, but are successfully connected to services that support child health and safety. This work directly aligns with the Kansas Title V State Action Plan by improving access to coordinated care, strengthening systems of support, and reducing barriers to essential child health services.

2. How will your agency accomplish this work for the Child Health Population? (10 points)

- List the steps, action items or tasks required to meet each objective.
- Define what you are planning to do. (tasks, activities, deliverables)
- Assign responsibilities—who will complete each task.
- Include needed resources (time, funding, materials, support).
- Set realistic timelines for each step.

SCHD implements holistic, family-centered service navigation to ensure children and families are connected to the health, developmental, and community resources they need. Families are assessed at every point of contact to identify gaps in care, social supports, or service access. MCH staff provide warm hand-offs to partner agencies, assist with applications or documentation as needed, and follow up to confirm families successfully connect with services. The Family Health Navigator position, established in 2025, serves as a dedicated point of contact for families, tracking referrals, coordinating care, and providing individualized support. Information about 1-800-CHILDREN is integrated into prenatal education, home visits, and outreach events to increase awareness of state-level resources. MCH staff actively participate in Safe Kids coalition activities, including car seat check lanes and community safety events, leveraging expertise from the MCH Team Lead (Child Passenger Safety Technician certified) and the Bilingual Health Navigator (certification to be completed in 2026). Staff also maintain and foster relationships with local clinics, schools, and community organizations to strengthen partnerships, facilitate referrals, and ensure families have champions in the community to support service connection. Responsibilities MCH Team Lead: Oversees service navigation workflows, ensures accurate referral documentation, supports Family Health Navigator, and coordinates Safe Kids coalition participation. Family Health Navigator: Tracks referrals, coordinates care, provides direct navigation support, and maintains relationships with partner agencies. MCH Staff: Conduct family assessments, provide warm hand-offs, assist with applications, follow up on referrals, distribute educational materials, and support outreach and community partnership engagement. Resources Dedicated Family Health Navigator position and staff time for care coordination and follow-up Updated provider and community resource lists for referral coordination Educational materials on 1-800-CHILDREN, health access, and community resources Documentation systems

(EMR/DAISEY) for tracking referrals and service connection Staff professional development on service navigation, care coordination, and family engagement Community partnerships with local clinics, schools, early childhood programs, and advocacy organizations Safe Kids coalition involvement and materials for child safety events Timeline Service navigation is ongoing at every family encounter (prenatal, postpartum, and Service navigation is ongoing at every family encounter (prenatal, postpartum, and outreach events). Referral follow-up occurs within 30 days of initial referral. Resource lists are reviewed and updated at least bi-annually. Bilingual Health Navigator will complete Child Passenger Safety certification in 2026, expanding culturally and linguistically appropriate support. Safe Kids coalition participation and outreach events occur year-round, with major events (car seat check lanes) scheduled semi-annually. Partnership engagement with local organizations is maintained continuously, with quarterly reviews to identify new opportunities or adjust workflows.

3. Establish/Create a Continuous Quality Improvement Process to Monitor Progress for the Child Health Population. (3 points)

- Choose measurable indicators to track progress (e.g., completion rates, performance data, outcomes).
- Determine how data will be collected and how often (weekly, monthly, quarterly).
- Set up a review process to evaluate what is working well and what needs adjustment.
- Document changes and refine the plan based on the data.
- Communicate results to the team and stakeholders regularly.

SCHD will implement a structured CQI process to ensure that all families receive timely and effective service navigation, and that referrals and connections to health, developmental, and community resources are successfully completed. Measurable indicators will include the percentage of families assessed for service needs, the percentage of referrals completed with follow-up confirmation, and the percentage of families connected to needed services within 30 days. Referral outcomes will also track utilization of 1-800-CHILDREN, engagement with Safe Kids coalition initiatives, and successful linkage to early childhood or other community programs. Data will be collected and documented in the EMR/DAISEY system at each family encounter, with referral follow-up and connection outcomes recorded in real time. Staff will review data monthly to identify trends, gaps, and barriers to service connection, such as transportation challenges, limited appointment availability, or systemic access issues. Quarterly summary reports will evaluate overall performance, highlight successes, and identify areas for improvement. The MCH team will adjust workflows, strengthen partnerships, and implement targeted interventions based on CQI findings. Lessons learned will be documented in updated procedures and shared with staff, leadership, and KDHE to support transparency and alignment. Continuous refinement of referral tracking, follow-up protocols, and community engagement strategies will ensure families receive consistent, coordinated, and effective navigation support. Responsibilities MCH Team Lead: Oversees CQI process, monitors data collection, analyzes trends, and implements workflow adjustments. Family Health Navigator: Ensures referral outcomes are accurately documented, identifies barriers to connection, and provides feedback on system improvements. MCH Staff: Document family assessments, referrals, and follow-up results; participate in data reviews and provide input on workflow refinements. Resources EMR/DAISEY system for tracking referrals and outcomes Staff time for data entry, review, and analysis Reporting templates for CQI tracking and summary Ongoing staff training on CQI methods, workflow documentation, and referral best practices Coordination with partner agencies for feedback on referral success and barriers Timeline Data collection occurs continuously at every family encounter. Monthly review of data to identify trends and barriers. Quarterly summary reports prepared and reviewed with MCH staff and leadership. Adjustments to workflows, referral processes, and community engagement strategies implemented within 1–3 months of identified gaps. Annual evaluation of CQI outcomes used to refine long-term service navigation strategies.

4. What supports will you need from the KDHE MCH team to achieve your Child Health Local Action Plan? (2 points)

- Best practices and evidence-based tools
- Skills, knowledge and trainings

- Resources and tools
- Developing processes and workflow
- Coordination and collaboration

To sustain and strengthen family-centered service navigation, our agency will benefit from support from KDHE in the following areas: Best Practices and Evidence-Based Tools Guidance on best practices for family service navigation, referral tracking, and warm hand-off procedures. Evidence-based tools for screening families' needs and documenting referral outcomes. Templates and protocols for structured follow-up with families and partner agencies. Skills, Knowledge, and Trainings Ongoing professional development for MCH staff and Family Health Navigator in care coordination, family engagement, and cultural responsiveness. Training on effective communication strategies for motivating families to access services and complete applications. Opportunities to stay current on emerging best practices for early childhood and family support systems. Resources and Tools Access to updated community resource lists and referral directories. Data tracking templates and support for EMR/DAISEY integration to monitor referrals, follow-ups, and outcomes. Funding support for outreach materials, application assistance, and staff time dedicated to care coordination. Developing Processes and Workflow Technical assistance in refining service navigation workflows to ensure consistency and efficiency. Guidance on integrating family feedback into workflow improvements. Support for documentation standardization to enhance reporting accuracy and CQI processes. Coordination and Collaboration Support to strengthen partnerships with local clinics, schools, early childhood programs, and community-based organizations. Assistance in connecting with statewide initiatives and collaborative networks to improve awareness of child health services and well-child visit importance. State-level advocacy or guidance to address systemic barriers such as transportation, appointment availability, or access to specialty care. With these supports, our agency will be well-positioned to provide consistent, culturally responsive, and effective service navigation for all families served, ensuring successful connection to health, developmental, and community resources in alignment with the Kansas Title V State Action Plan.

D6 - Priority 6 Workforce Development

D6 - Cross-Cutting Workforce Development

Points Available: 10 points

1. What workforce development activities will your agency provide related to MCH Emerging Issues (cultural competency, data literacy, health justice, systems thinking, etc.)? (5 points)

Our MCH team will work to strengthen our capacity to address MCH emerging issues by attending relevant KDHE trainings offered related to working with diverse populations. Staff will be encouraged to work outside of any silos in order to integrate services with our community partners to better serve the MCH population in our county. We will continue to be the lead for our Fetal Infant Mortality Review (FIMR) program in Shawnee County. Work on understanding and identifying implicit bias in order to train staff on improving communication with diverse populations and trauma informed care into our daily practice.

2. How will your agency ensure accountability for improving data collection and data quality? (5 points)

The MCH Team Leader and Family Health Division Manager both look at DAISEY data monthly to ensure all MCH forms have been entered and the corresponding forms are there. Chart audits are done annually to look at our EMR data collection and staff notes for clients served. These findings are discussed with MCH staff and any new policy or procedure that is needed is shared with staff at monthly staff meetings.

D7 - Priority 7 Family and Consumer Partnership

D7 - Cross-Cutting Family and Consumer Partnership

Points Available: 10 points

1. How will your agency engage families and consumers to provide input, feedback and lived experiences to advance and improve your maternal and child health program? (5 points)

Our agency actively engages families and consumers to provide meaningful feedback and inform continuous program improvement. We utilize KDHE QR codes and feedback cards, which KDHE collects and shares with our team to inform planning and evaluation. In addition, we administer surveys at each BaM class to capture real-time feedback from participants, allowing us to assess satisfaction, learning outcomes, and areas for enhancement. These surveys were developed in collaboration with

the SCHD epidemiologist to ensure questions elicit actionable, useful information that reflects the lived experiences of our families. Collected data is reviewed regularly to guide program refinements, inform curriculum adjustments, and strengthen the relevance and effectiveness of maternal and child health services.

2. How will your agency engage non-traditional MCH populations (fathers, caregivers, grandparents, guardians, etc.) related to your local action plan? (5 points)

Our agency actively engages non-traditional MCH populations—including fathers, caregivers, grandparents, and other support persons—by encouraging all BAM participants to bring a support person to classes and home visits. We have observed a wide variety of non-traditional participants attending, which allows us to incorporate multiple perspectives and promote shared responsibility for child and maternal health. To further support father engagement, we have launched Dad Zone, a dedicated session during one BaM class led by a father instructor. Dad Zone emphasizes the importance of father involvement beginning in the prenatal period and provides actionable guidance for participation in prenatal visits, breastfeeding support, and the early postpartum period when non-birthing partners may find it harder to engage. Our program also encourages participants to invite any support person they consider meaningful to their prenatal, postpartum, or home visiting interactions, recognizing that families define their support systems differently. We are exploring opportunities to expand Dad Zone into longer-term programming, follow-up sessions, or partnerships with outside organizations to provide more sustained support for fathers and other caregivers. Additionally, we maintain a partnership with KCSL to connect fathers to their long-term support resources, ensuring families have access to a broad network of guidance and assistance. By intentionally including non-traditional caregivers, we aim to strengthen family involvement, improve maternal and child health outcomes, and reinforce shared responsibility across the family unit.

Budget Section

Section F - MCH Budget

Budget Instructions can be found in the grant guidance under the Maternal and Child Health Home Page

Benefits - MCH ONLY

Description	Request	Match	Total (Request + Match)
(50130) Health Insurance - \$11,592.00 per FTE	\$34,776.00	\$15,301.00	\$50,077.00
(50171) Life Insurance - \$46.41 per FTE	\$139.00	\$61.00	\$200.00
(50166) FICA - 8.03%	\$18,282.00	\$8,430.00	\$26,712.00
(50167) KPERS - 11.12%	\$24,703.00	\$9,251.00	\$33,954.00
(50175) Unemployment - 0.11%	\$239.00	\$110.00	\$349.00
(50176) Workers Compensation - 1.31%	\$2,987.00	\$1,377.00	\$4,364.00
Total	\$81,126.00	\$34,530.00	\$115,656.00

Capital Equipment (ITEMIZE)

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Health Services

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Promotional Materials

Description	Request	Match	Total (Request + Match)
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(50254) Promotional Expenses - Facebook Boosts 1 boost per session for ENG/SPN (8 Boosts @ \$100/each)	\$800.00	\$0.00	\$800.00
(50240) Printing & Advertising - Business Cards for 2 FTE	\$250.00	\$0.00	\$250.00
Total	\$1,050.00	\$0.00	\$1,050.00

Salary - MCH

Description	Request	Match	Total (Request + Match)
Stacey Cook	\$14,936.40	\$14,936.40	\$29,872.80
Jennifer Mejias-Martinez	\$5,968.08	\$2,984.04	\$8,952.12
Angelli Martinez Hernandez	\$8,103.24	\$8,103.24	\$16,206.48
Melisa Middendorf	\$37,542.96	\$12,871.87	\$50,414.83
Brittany Rambo	\$37,076.40	\$22,245.84	\$59,322.24
Jene Yoder	\$76,269.60	\$0.00	\$76,269.60
Amanda Ross	\$5,437.15	\$21,748.61	\$27,185.76
Vacant MCH LMSW	\$42,262.56	\$28,175.04	\$70,437.60
Total	\$227,596.39	\$111,065.04	\$338,661.43

Salary - SHCN-SO

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

SHCN-SO Only

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Supplies (ITEMIZE)

Description	Request	Match	Total (Request + Match)
(50330) Office Supplies	\$1,200.00	\$0.00	\$1,200.00
(50341) Medical Supplies	\$480.00	\$320.00	\$800.00
(50346) Program Supplies & Materials - Books, Client Ed. Supplies (Brochures), Safe Sleep Materials, Diapers, Wipes, Developmental Toys, Breastfeeding Materials, Car Seat/Stroller Combo, Pack N Play, BB Incentives, etc.	\$3,000.00	\$2,000.00	\$5,000.00
(50320) Books & Reference Materials - Client Educational Supplies	\$2,400.00	\$1,600.00	\$4,000.00
Total	\$7,080.00	\$3,920.00	\$11,000.00

Training/Travel

Description	Request	Match	Total (Request + Match)

(50260) Training - Registration for Governors Public Health Conference, 2 FTE (BR,JY) @\$300/each + 150 (MM 50% of \$300)	\$450.00	\$300.00	\$750.00
(50252) Travel Expenses - Hotel, 2 FTE (MCH TL, LMSW) @\$300/each (GPHC) +150 (MM 50% of \$300) & Per Diem, 2 FTE @ 2 travel days each (\$51/day) + 1 FTE @ 1 full day (\$68/day) + 2 FTE @ 2 full days (\$68/day) + 50% FHDM Costs	\$1,345.00	\$150.00	\$1,495.00
(50251) Mileage	\$3,553.00	\$2,369.00	\$5,922.00
(50362) Gasoline for SCHD vehicles	\$450.00	\$0.00	\$450.00
Total	\$5,798.00	\$2,819.00	\$8,617.00

Federally Approved Rate

Description	Request	Match	Total (Request + Match)
(50504) Indirect Costs - SCHD Approved Rate 15.6%	\$51,475.00	\$0.00	\$51,475.00
	\$51,475.00	\$0.00	\$51,475.00

Other

Description	Request	Match	Total (Request + Match)
(50220) Repairs & Servicing - Scale Calibration	\$150.00	\$0.00	\$150.00
(50230) Contractual Services - Records Storage, Shredding, FIMR Data (\$250)	\$450.00	\$0.00	\$450.00
(50261) Memberships, Dues & Subscriptions - Adobe Pro (2 FTE @ \$108/yr)	\$216.00	\$0.00	\$216.00
(50284) Telephone - Cell Phones - Interpreter 33% of 558.60/yr + FHDM 33% of 558.60/yr + 3 FTE @ 50% of 558.60/yr + 2 FTE LMSW @ 558.60/yr + RN 50% of 558.60/yr + BFHN 50% of 558.60/yr + MCH TL 50% of 558.60/yr	\$1,394.00	\$930.00	\$2,324.00
(50290) Insurance Premium - Professional Liability Insurance - 2 FTE (MCH TL, LMSW) @ \$522/ea + (FHDM 34% of \$522/ea)	\$1,221.00	\$0.00	\$1,221.00
(50310) Food - Client Sustenance for Baby Basics Course	\$0.00	\$2,000.00	\$2,000.00
(50365) Licenses (Professional) - Union FTE Only, 60% of \$85	\$51.00	\$34.00	\$85.00
(50374) Computer Software <\$5,000 - EMR for 2 FTE (2*1514.04/yr) + 0.5 FTE (FHDM 0.5*1514.04/yr) +0.5 FTE (Director 0.5*540/yr)+ UHV RN & BFHN (50% of 1514.04*2 FTE)	\$3,341.00	\$2,228.00	\$5,569.00

(50381) Copier Lease - 80% of \$1,033.58/year	\$496.00	\$331.00	\$827.00
Total	\$7,319.00	\$5,523.00	\$12,842.00

Request	Match	Grand Total
\$381,444.39	\$157,857.04	\$539,301.43

Budget Narrative/Justification

Section G - Budget Narrative/Justification (5 points)

Benefits

What benefits do you provide? Select all that apply:

- FICA
- Health Insurance
- Retirement
- Workers Comp

Capital Equipment

Describe need and detail all costs associated with equipment with a useful life of more than one year and costing \$500 more.

N/A

Health Services

Describe need and detail all health services to support the program including contractors and consultants and indicate individuals and/or organizations will be reimbursed for services on a fee basis. Specify type of contractor or consultant and rate charged.

N/A

Promotional Materials

Describe need and detail all costs associated with promotional materials, promoting services and recruiting clients and explain how costs were estimated.

\$800 – Facebook boosts for Baby Basics English and Spanish classes. Facebook is a great place to advertise our classes. Promotional Materials for brochures and advertising for our services. \$250-Business Cards for our MCH staff-2 boxes at \$125 each to help the parents have a point of contact if needed.

Salary - MCH

Details on each position (provide position title) funded by the grant (award/match). Provide each position title with description of work.

Melisa (Missy) Middendorf -Family Health Division Manager- provide supervision to Team Leader, work on FSR, grant reports and application, over see ordering of supplies, mileage logs, Policy & Procedures, contracts, Fetal Infant Mortality Review (FIMR) work-obtain the cases from Vital Statistics Brittany Rambo- MCH Team Leader- provide direct supervision to all staff, oversee BaM, attend KDHE meetings, assign referrals to staff, progress reports, serve on community collaborative meetings, FIMR work of abstracting the cases received to present to our Case Review Team, hiring of staff, provide required annual staff evaluations, oversee staff executive (clocking in/out system) our Safe Sleep Instructor and car seat technician. Jene Yoder, LMSW home visitor- FIMR work as family interviewer, Provide home visitation to our community of Pregnant/Postpartum/infants population, this visitation is different that UHV as it will be more intense/long term for more high risk populations in our community as we see a gap in services for this area Angelli (Perla) Martinez-Hernandez- Bilingual Family Health Navigator- Recruit for our Spanish Baby Basics (BaM), engage with participants to assess further needs like UHV or long term home visitation services, Outreach events, Safe Sleep Instructor (Spanish speaking), Car Seat technician, Amanda Ross, RN- Teach Baby Basics classes, recruit for the classes, engage with participants to assess further needs like UHV and/or long term home visitation services. Jennifer Mejias-Martinez- Spanish Interpreter- Provide translation and interpretation services for our MCH clients Stacey Cook- OAIII- referral work, BaM data entry, client reminders, prepares BaM paperwork, regularly updates OB, pediatric, and other community resource lists Vacant LMSW- MSW home visitor- FIMR work as family interviewer, Provide home visitation to our community of

Pregnant/Postpartum/infants population, this visitation is different than UHV as it will be more intense/long term for more high risk populations in our community as we see a gap in services for this area

Salary - SHCN

Details on each position (provide position title) funded by the grant (award/match). Provide each position title with description of work.

N/A

Special Health Care Needs-Satellite Office ONLY

Detail all costs associated with being a Special Health Care Needs-Satellite Office.

N/A

Supplies

Describe need and detail all costs associated with program supplies and other consumables, costing less than \$500 per unit: (Costs under this category include printing, postage, general office supplies).

\$1,200 - Office Supplies - paper, pens, sticky notes, calendars, planners for home visitors, electronic materials (mouse, keyboard, monitors). \$480- Medical supplies- stethoscope, infant scales, blood pressure cuffs \$2,400 - Educational Supplies - Books for clients, Client educational supplies, Safe Sleep materials (magnets), Count the Kicks materials, developmentally appropriate toy/incentive gift \$3,000- Program Supplies/materials for clients- strollers, car seats, pack n plays, wipes, diapers, etc. for Baby Basics and our LMSW long-term/intensive home visitation clients. Client items used for incentives for attending classes and cribs for Safe Sleep Community Baby Showers to help decrease the number of sleep-related deaths for infants.

Training/Travel

Describe the purpose for all training and travel and how costs were determined. Detail all cost associated with training and travel including registration fees, mileage, lodging, per diem, etc.

\$450- Portion of registration for Governor's Public Health Conference, 2 FTE (MCH TL & LMSW) @\$300/each +\$150 (FHDM 50% of \$300) \$1345- Hotel, Per Diem, parking, tolls for staff to attend Governors Public Health Conference \$3553- Portion of mileage for 5 staff at \$0.70 (or current state approved rate) per mile with average of 98 miles/ month to travel to community events, meetings, home visits for LMSW, these costs will be split up for staff providing MCH vs. UHV based on the service they did

Federally Approved Rate

Costs attributed to overhead, accounting or general operating expenses. Indirect costs may NOT exceed state rate unless applicant has a federally negotiated rate (upload documentation of federally negotiated indirect rate in the Uploads tab). Indirect can only be used on amount of Federal dollars allocated. This rate may need to be adjusted after funding has been awarded.

Rate approved for SCHD is currently 15.6%

Other

Describe need and provide justification for all other expenses necessary to achieve program outcomes not covered in other budget category.

\$3,341.00- Computer Software EMR - ezEMRx software used for billing and medical records. Estimated based on monthly user fees and number of MCH users. Current EMR that all MCH staff document visits and classes in. This is how our information is transmitted to DAISEY for reporting purposes. \$1,221.00 - Professional Liability Insurance - Covers certified, union staff. \$1,394.00- Cell Phones -Smart phones @\$50.00 each. 2- pay 33% for FTE; 3- pay 50%; 2- pay 100%. Used to contact clients for home visits, interviews for FIMR and other community contacts for program coordination. \$216.00- Adobe Pro for 2 FTE - to make contracts, flyers etc. \$150.00- Repairs/Maintenance - scale calibrations based on previous expenditures. Scales used to weigh infants and adult clients. \$450.00- Contractual Services - medical records storage based on current fee schedule and number of boxes in storage, shredding services, FIMR data cost paid to KDHE for FIMR records needed to conduct program. \$496.00 - Copier Lease - based on previous year expenditure. Needed for paperwork for client visits for documentation and information given to clients. \$51.00-LMSW license renewal 60% of total cost.

Thank you

Thanks for submitting the SFY2027 Year 1 Maternal & Child Health grant application!

Notes:

No Notes Created

Grant Application History:

Date Entry	Process Name	Details	User Name
2/27/2026 9:47:08 AM	Return To Queue		mmiddendorf
2/26/2026 4:04:11 PM	Return To Queue		mmiddendorf
2/26/2026 9:27:41 AM	Return To Queue		mmiddendorf
2/25/2026 10:13:09 AM	Return To Queue		mmiddendorf
2/25/2026 9:51:54 AM	Return To Queue		tfisher
2/18/2026 2:28:17 PM	Return To Queue		mmiddendorf
2/18/2026 12:54:32 PM	Return To Queue		brambo
2/17/2026 10:40:40 AM	Return To Queue		brambo
2/16/2026 4:51:42 PM	Return To Queue		mmiddendorf
2/16/2026 4:30:58 PM	Return To Queue		brambo
2/16/2026 3:39:41 PM	Return To Queue		brambo
2/13/2026 11:20:20 AM	Return To Queue		mmiddendorf
2/12/2026 3:47:21 PM	Return To Queue		mmiddendorf
2/9/2026 7:07:14 PM	Return To Queue		brambo
2/6/2026 3:07:42 PM	Return To Queue		brambo
2/5/2026 11:34:48 AM	Return To Queue		mmiddendorf
2/5/2026 10:59:12 AM	Return To Queue		brambo
1/27/2026 2:00:26 PM	Return To Queue		mmiddendorf
1/27/2026 1:48:10 PM	Return To Queue		mmiddendorf
1/15/2026 9:16:34 AM	Return To Queue		mmiddendorf
1/15/2026 9:01:37 AM	Grant Created		mmiddendorf

Shawnee County Health Department
2600 SW East Circle Drive
Topeka, Kansas 66606-2447

Grant: Public Health Emergency Preparedness (PHEP)
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: PHEP SFY2027

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

CDC Required Statement

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Agency Administrator/Director

Local Health Department Administrator/Director First and Last Name:

Teresa Fisher

Local Health Department Administrator/Director Address:

2600 SW East Circle Drive Topeka, KS 66606

Local Health Department Administrator/Director E-Mail Address:

teresa.fisher@snco.us

Local Health Department Administrator/Director Work Telephone Number. Include Area Code.

785-250-5645

Local Health Department Agency Administrator/Director Work Cell Phone Number. Include Area Code.

Local Health Department Administrator/Director Fax Number. Include Area Code.

785-251-5696

KGMS Administrator

KGMS Agency Administrator First and Last Name:

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KGMS Administrator Fax Number. Include Area Code.

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KGMS Agency Fiscal Officer First and Last Name:

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785-215-5985

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KGMS Fiscal Officer Fax Number. Include Area Code.

785-251-5696

Preparedness Point of Contact

Agency Preparedness Point of Contact First and Last Name:

Skye Reid

Preparedness Point of Contact Address:

Shawnee County Health Department 2600 SW East Circle Dr.

Preparedness Point of Contact E-mail Address:

skye.reid@snco.us

Preparedness Point of Contact Work Telephone Number. Include Area Code.

785-251-5661

Preparedness Point of Contact Work Cell Phone Number. Include Area Code.

Preparedness Point of Contact Fax Number. Include Area Code.

785-251-5696

PHEP Regions

Please select the PHEP Region that the local health department is a member of:

Northeast Corner Regionalization Initiative

HCC Regions

Select the Healthcare Coalition (HCC) Region the local health department is a member of:

Northeast Healthcare Coalition

Project Narrative

Project Narrative

Please briefly describe any planned activities for 2026-2027 associated with public health preparedness in your health department.

The proposed Public Health Emergency Preparedness (PHEP) project will strengthen community resilience and improve emergency response capabilities through expanded training, coordinated planning, and community engagement. This initiative focuses on equipping both public health partners and community members with essential life-saving skills while

enhancing collaboration across healthcare, education, emergency management, and local organizations. Key activities include providing accessible community trainings in CPR, mental health awareness and psychological support, Stop the Bleed hemorrhage control, and Crisis Prevention Intervention (CPI) to improve de-escalation and safety skills. These trainings will increase community readiness, empower residents to act during emergencies, and build a stronger network of trained individuals capable of supporting response efforts. The project will also implement tabletop and functional exercises involving community partners to strengthen coordination, test emergency response systems, and identify areas for improvement. Through ongoing evaluation and collaboration, this initiative will enhance preparedness planning, promote equitable access to training resources, and improve the community's ability to respond to and recover from public health emergencies.

Budget Section

Complete the budget form below using the funding award amount from the current budget period. This budget amount will be referred to as the Preliminary Budget. After completion of the application, preliminary budget, and budget narrative justification for which follows the budget form, then upload the signature page in KGMS to the Agency Imports and remit to KDHE. Remit an e-mail to KDHE.Preparedness@KS.Gov alerting our office that the application has been completed and remitted and is ready for review. The Signature Page must be uploaded to the Agency Imports and not to the Application Upload Tab. Be sure to select the correct Fiscal Year on the Agency Imports before uploading the signed signature page. The budget will not be approved by the KDHE Preparedness Program if the Budget Narrative has not been completed. If during the KDHE review there are any questions, concerns, or discrepancies, the Application, Budget, and Budget Narrative will be returned to the Agency with an email notice sent providing guidance of what needs to be corrected, changed and/or updated. For questions related to the completion of your Preparedness Grant Application, Budget, and/or Budget Narrative, please remit an email to KDHE.Preparedness@KS.Gov. Identify in the subject line that there is a question related to the Application, Budget, and/or Budget Narrative to help our office expedite the inquiry.

Salary

Description	Request	Match	Total (Request + Match)
Vinita Devarasetty	\$14,116.36	\$0.00	\$14,116.36
Roger Barnhart	\$3,438.72	\$0.00	\$3,438.72
Skye Reid	\$63,896.26	\$0.00	\$63,896.26
Total	\$81,451.34	\$0.00	\$81,451.34

Benefits

Description	Request	Match	Total (Request + Match)
(50130) Health Insurance \$11,592 per FTE	\$15,069.60	\$0.00	\$15,069.60
(50166) FICA 8.03%	\$6,542.58	\$0.00	\$6,542.58
(50167) KPERS 11.12% per FTE	\$9,056.98	\$0.00	\$9,056.98
(50171) Life Insurance \$46.41 per FTE	\$60.33	\$0.00	\$60.33
(50175) Unemployment 0.11%	\$85.52	\$0.00	\$85.52
(50176) Workers Compensation 1.31%	\$1,069.05	\$0.00	\$1,069.05
Total	\$31,884.06	\$0.00	\$31,884.06

Capital Equipment (ITEMIZE)

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Contractual (PHEP ONLY)

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Supplies (ITEMIZE)

Description	Request	Match	Total (Request + Match)
(50346) Program Supplies & Materials - Outreach Supplies	\$800.00	\$0.00	\$800.00
Total	\$800.00	\$0.00	\$800.00

Travel - In-State

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Travel - Out-of-State

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Other

Description	Request	Match	Total (Request + Match)
(50260) Training - PREP Summit Virtual Registration	\$900.00	\$0.00	\$900.00
(50261) Memberships, Dues and Subscriptions - CPR Fees (\$250), Salamander Fees (\$750)	\$1,000.00	\$0.00	\$1,000.00
(50284) Telephone - 2 FTE Cell Phone @46.55/month	\$1,117.20	\$0.00	\$1,117.20
(50381) Equipment Leases - 25% of Mail Room Savin at 95.50/qtr	\$382.00	\$0.00	\$382.00
Total	\$3,399.20	\$0.00	\$3,399.20

Request	Match	Grand Total
\$117,534.60	\$0.00	\$117,534.60

Budget Narrative - Salaries

Budget Narrative/Justification

Salaries

Provide details on each position fully and/or partially funded by the grant. The information needs to include the employee's first and last name, position title and a brief description of the duties the individual will perform.

Skye Reid serves as the primary local Emergency Preparedness and Community Outreach (EPCO) lead. She is responsible for developing and delivering community-based trainings including CPR, Mental Health, Stop the Bleed, and CPI, as well as designing and coordinating emergency preparedness exercises. Additionally, she assists in updating preparedness policies and ensures that community partners are equipped with the knowledge and resources to respond effectively during public health emergencies. Skye's role is critical to the successful implementation of PHEP activities at the local level. Vinita Devarasetty supports local EPCO activities and serves as backup for the local preparedness coordinator. She assists with community trainings, outreach initiatives, and emergency preparedness exercises. In addition, Vinita serves as the Regional Coordinator for the NCRI, ensuring regional preparedness efforts are aligned with local and state objectives. Her role enhances continuity of operations and strengthens regional coordination. Roger Barnhart provides leadership and oversight for the Emergency Preparedness Department. He supervises EPCO personnel, including the planning and execution of training, exercises, and community outreach activities. Roger ensures that staff have the necessary resources and guidance to carry out PHEP objectives, supporting both local and regional preparedness efforts.

Budget Narrative - Capital Equipment

Capital Equipment

Please provide a description of the equipment, what the equipment will be used for and who will be using the equipment. If no equipment is anticipated, then please put "N/A" in the box.

Capital equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one (1) year AND an acquisition cost of \$5,000 or more per unit.

Any items necessary to use with the equipment are considered supplies and should be listed in the Supplies category (i.e., computer cables, batteries, computers costing less than \$5,000 per unit, etc.).

Any maintenance or rental fees for equipment should be listed in the Other category.

Printer Copier, we pay for a portion of our printer copier for EPCO use

Budget Narrative - Consultant

Consultant

This category should be used when hiring an individual to give professional advice and/or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee. Written approval must be obtained from the KDHE Preparedness Program prior to establishing a written agreement/contract for consultant services and must be obtained annually to re-establish the written agreement/contract. Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to the KDHE Preparedness Program for each consultant.

Name of Consultant: Enter the first and last name of the consultant and describe his or her qualifications.

N/A

Organizational Affiliation (if applicable): Identify the organization affiliation of the consultant.

Nature of Services to Be Rendered: Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables.

Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.

Number of Days/Hours of Consultation (basis for fee): Specify the total number of days and/or number of hours of consultation.

Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.

Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify by listing the first and last name(s) of who is responsible for supervising the consultant agreement at the health department.

Make note that once the contract is approved by the KDHE Preparedness Program and has been finalized with all required signatures, then a copy of the final signed contract MUST be uploaded to the Upload Tab in KGMS prior to submission of the FSR requesting reimbursement of the indicated contract.

Budget Narrative - Contractual

Contractual

Use this category when establishing a third-party contract to perform program activities. Written approval must be obtained from the KDHE Preparedness Program prior to establishing a written agreement/contract. Subcontracts are defined as written agreements/contracts for goods and/or services. The written contract must contain objective deliverables for both the contractor and the contracting party. Payments for services may be by the hour

but should include a maximum payment and must also be deliverables based. A copy of all subcontracts must be submitted to the KDHE Preparedness Program for approval prior to signing. Approval requests to utilize funds and initiate program activities through the services of a contractor requires submission of the following information to the KDHE Preparedness Program for each contract.

Name of Contractor: Enter the first and last name of the proposed contractor and indicate whether the contract is with an institution or an organization.

N/A

Indicate whether the contract is sole source or competitive bid.

If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform the contract services.

Enter the Period of Performance Start Date. (Enter as MM/DD/YYYY.)

Enter the Period of Performance End Date. (Enter as MM/DD/YYYY.)

Scope of Work: Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.

Method of Accountability: Describe how the progress and performance of the contractor will be monitored. Identify by entering the first and last name of who is responsible for supervising the contractual agreement at the health department.

Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Total Contractual Costs Requested: Provide the total of the Contractual Costs Requested.

Make note that once the contract is approved by the KDHE Preparedness Program and has been finalized with all required signatures, then a copy of the final signed contract MUST be uploaded to the Upload Tab in KGMS prior to submission of the FSR requesting reimbursement of the indicated contract.

Budget Narrative - Supplies

Supplies

All supply categories (office, medical and non-medical supplies) must have the items separately listed and provide detailed information about how it relates to the specific program objectives. Supplies can include, but are not limited to, educational pamphlets, software, general office supplies, POD supplies, etc.

Any items necessary to be used with equipment are considered supplies and should be listed in the Supplies category (i.e., computer cables, batteries, computers costing less than \$5,000 per unit, etc.).

Office Supplies - Please list all items and the justification on how it meets the program objectives.

Medical Supplies - Please list all items and the justification on how it meets the program objectives.

N95 or equivalent respiratory masks to support required annual fit testing for public health staff. Fit testing is a mandated component of respiratory protection programs and ensures staff are properly protected when responding to airborne infectious disease events, and other respiratory threats. Maintaining an adequate supply of masks is necessary to conduct qualitative or quantitative fit testing and to ensure operational readiness during public health emergencies. This purchase directly supports workforce safety, responder readiness, and compliance with federal PHEP preparedness standards. Stop the Bleed training kits to enhance community-based emergency response capacity. These kits will be used during public education sessions to train community members in life-saving hemorrhage control techniques, including tourniquet application and wound packing. Expanding community access to bleeding control education

strengthens local resilience, improves immediate response capabilities during mass casualty incidents, and aligns with PHEP capabilities related to community preparedness and emergency response operations. CPR training supplies, including manikins and replacement components, to support ongoing community training initiatives. Providing CPR education increases bystander response capacity during cardiac emergencies and disasters, directly contributing to improved survival outcomes. These supplies will allow the health department to continue of

Non-Medical Supplies - Please list all items and the justification on how it meets the program objectives.

preparedness education materials from Channing Bete Company to support community-wide emergency preparedness outreach efforts for both adult and pediatric populations. Channing Bete is a nationally recognized publisher of evidence-based, plain-language public health education resources that align with federal preparedness guidance and CDC recommendations. Requested materials include age-appropriate brochures, booklets, and activity-based handouts covering topics such as family emergency planning, disaster supply kits, severe weather safety, infectious disease prevention, evacuation planning, and mental health preparedness. Materials for adults will focus on household preparedness planning, communication strategies, and special considerations for vulnerable populations. Children's materials will include developmentally appropriate, easy-to-understand resources designed to promote family engagement in preparedness activities and reduce fear associated with emergencies. These printed resources will be distributed during community preparedness events, public health outreach activities, school-based education programs, health fairs, and emergency response exercises. Providing professionally developed materials ensures consistent, culturally appropriate messaging and supports health literacy across diverse populations within our jurisdiction.

Budget Narrative - Travel

Travel

Dollars budgeted in the travel category should be for staff travel only. Travel for consultants should be in the Contractual category. Travel for other participants (i.e., advisory committees, review panel, etc.) should be itemized as specified in the details below and placed in the Other category. Conference registrations shall be listed in the Other category.

Provide travel destination for both in-state and out-of-state travel, indicate by entry of first and last name(s) of who will be making the trip(s) and the costs associated with the travel (lodging, airfare, mileage, meals and incidentals, etc.).

Travel In-State: Describe the purpose for all in-state travel, enter the first and last name(s) of the traveler(s) and how costs were determined. Detail all costs associated with travel including mileage, lodging, per diem, etc.

Travel Out-of-State: Describe the purpose for all out-of-state travel, enter the first and last name(s) of the traveler(s) and how costs were determined. Detail all costs associated with travel including mileage, airfare, lodging, per diem, etc.

Budget Narrative - Other

Other

Individually list each item requested and provide appropriate justification related to the program objectives. These items may include postage, KIPHS user fees, internet, phones, maintenance or rental fees, travel for other participants (i.e., advisory committees, review panel, etc.), training/education, conference registrations, utility bills, rent, etc.

Describe need and provide justification for all other expenses necessary to achieve program outcomes not covered in other budget category.

two dedicated cellular devices for preparedness personnel who serve in an on-call capacity for regional and local incidents. These devices are critical to ensuring uninterrupted communication during emergencies, activations, exercises, and public health responses. Dedicated phones provide reliable, 24/7 contact capability separate from personal devices, improving response time, coordination with local and regional partners, and operational accountability. CPR instructor renewal to maintain certified training capacity within the preparedness program. Maintaining instructor certification ensures continued ability to provide CPR and life-saving skills training to staff, volunteers, and community partners. This supports workforce readiness, strengthens community resilience, and aligns with preparedness goals focused on lifesaving response capabilities. membership with the Kansas Emergency Management Association (KEMA). Membership provides access to professional development, policy updates, statewide coordination, and best practices in emergency management. annual licensing and maintenance costs for Salamander accountability software. This system is essential for personnel and asset tracking during emergency incidents, exercises, and public health responses. The platform enhances responder accountability, credential verification, and real-time tracking capabilities

Budget Narrative - Indirect Costs

Indirect Costs

Costs attributed to overhead, accounting or general operating expenses. Indirect costs may NOT exceed state rate

unless applicant has a federally negotiated rate (upload documentation of federally negotiated indirect rate in the Uploads tab).

Provide any methodology associated with the indirect rate and a copy of the approved indirect rate agreement. If the minimus rate is being used, please indicate that in the budget.

Notes:

No Notes Created

Grant Application History:

Date Entry	Process Name	Details	User Name
2/27/2026 3:19:57 PM	Return To Queue		rbarnhart
2/27/2026 11:00:28 AM	Return To Queue		rbarnhart
2/19/2026 2:29:33 PM	Return To Queue		sreid
2/19/2026 10:07:02 AM	Return To Queue		sreid
2/16/2026 12:55:18 PM	UnlockFromUser	rbarnhart on 2/12/2026 4:32:38 PM	KKJEX56
2/12/2026 11:31:17 AM	Return To Queue		sreid
2/2/2026 4:22:37 PM	Grant Created		tfisher

Grant Application Signature Page
State of Kansas Department of Health and Environment

Grant Period: July 01 2026 - June 30 2027

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required to complete your Aid to Local and/or MIECHV application package.

Upload as an attachment under Work Area, Agency Imports and under the upcoming grant period year: 2027 for ATL and 2024 for MIECHV.

ATL applications due at noon on March 15, 2026.
MIECHV applications are due at noon on July 7, 2025.
Applications Due March 16, 2026

Applicant:(Name of Agency)

Northeast Corner Regional Initiative

Address

2600 SW East Circle Drive
Topeka, Kansas 66606

KGMS Administrator

Teresa Fisher

KGMS Administrator Phone

Programs

RPHEP SFY2027	\$39,621.67
Total	\$39,621.67

Signatures

President/Chairman Local Board of Health or Board of Directors

Teresa Fisher

Administrator/Director

Date:

03/09/2026

Date:

Northeast Corner Regional Initiative
2600 SW East Circle Drive
Topeka, Kansas 66606

Grant: Regional PHEP (RPHEP)
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: RPHEP SFY2027

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

CDC Required Statement

"This publication was supported by the Grant or Cooperative Agreement Number, NU90TU000045, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services." (Note that this statement applies to applications, budgets, budget narrative/justification, budget maintenance and FSRs in KGMS.)

RPHEP Coordinator

Regional PHEP Coordinator or Subject Matter Expert (SME) First and Last Name:

Vinita Devarasetty

Regional Coordinator or SME Address:

2600 SW East Circle Dr. Topeka, KS 66606

Regional Coordinator or SME E-Mail Address:

vinita.devarasetty@snco.us

Regional Coordinator or SME Work Telephone Number. Include Area Code.

785-251-5661

Regional Coordinator or SME Work Cell Phone Number. Include Area Code.

785-817-3750

Regional Coordinator or SME Fax Number. Include Area Code.

785-251-5696

Fiscal Agency

Select the Regional PHEP Fiscal Agency County from the drop down list below.

Shawnee

Fiscal Agency Administrator/Director First and Last Name:

Teresa Fisher

Fiscal Agency Administrator/Director Address:

2600 SW East Circle Dr. Topeka, KS 66606

Fiscal Agency Administrator/Director E-Mail Address:

teresa.fisher@snco.us

Fiscal Agency Administrator/Director Work Telephone Number. Include Area Code.

785-251-5645

Fiscal Agency Administrator/Director Work Cell Phone Number. Include Area Code.

785-231-9392

Fiscal Agency Administrator/Director Fax Number. Include Area Code.

785-251-5696

KGMS Administrator

KGMS Agency Administrator First and Last Name:

Teresa Fisher

KGMS Administrator Address:

2600 SW East Circle Dr. Topeka, KS 66606

KGMS Administrator E-Mail Address:

teresa.fisher@snco.us

KGMS Administrator Work Telephone Number. Include Area Code.

785-251-5645

KGMS Administrator Work Cell Phone Number. Include Area Code.

785-231-9392

KGMS Administrator Fax Number. Include Area Code.

785-251-5696

KGMS Fiscal Officer

KGMS Agency Fiscal Officer First and Last Name:

Kathleen Burrows

KGMS Fiscal Officer Address:

2600 SW East Circle Dr. Topeka, KS 66606

KGMS Fiscal Officer E-Mail Address:

Kathleen.Burrows@snco.us

KGMS Fiscal Officer Work Telephone Number. Include Area Code.

785-251-5666

KGMS Fiscal Officer Work Cell Phone Number. Include Area Code.

785-215-5985

KGMS Fiscal Officer Fax Number. Include Area Code.

785-251-5696

PHEP Counties

Check all counties below that are part of the PHEP Region.

- | | | | | | | |
|--|--|------------------------------------|--------------------------------------|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Allen | <input type="checkbox"/> Coffey | <input type="checkbox"/> Geary | <input type="checkbox"/> Johnson | <input type="checkbox"/> Miami | <input type="checkbox"/> Pratt | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Comanche | <input type="checkbox"/> Gove | <input type="checkbox"/> Kearny | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Rawlins | <input type="checkbox"/> Smith |
| <input checked="" type="checkbox"/> Atchison | <input type="checkbox"/> Cowley | <input type="checkbox"/> Graham | <input type="checkbox"/> Kingman | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Reno | <input type="checkbox"/> Stafford |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Crawford | <input type="checkbox"/> Grant | <input type="checkbox"/> Kiowa | <input type="checkbox"/> Morris | <input type="checkbox"/> Republic | <input type="checkbox"/> Stanton |
| <input type="checkbox"/> Barton | <input type="checkbox"/> Decatur | <input type="checkbox"/> Gray | <input type="checkbox"/> Labette | <input type="checkbox"/> Morton | <input type="checkbox"/> Rice | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Bourbon | <input type="checkbox"/> Dickinson | <input type="checkbox"/> Greeley | <input type="checkbox"/> Lane | <input checked="" type="checkbox"/> Nemaha | <input type="checkbox"/> Riley | <input type="checkbox"/> Sumner |
| <input checked="" type="checkbox"/> Brown | <input checked="" type="checkbox"/> Doniphan | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Leavenworth | <input type="checkbox"/> Neosho | <input type="checkbox"/> Rooks | <input type="checkbox"/> Thomas |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Douglas | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Ness | <input type="checkbox"/> Rush | <input type="checkbox"/> Trego |
| <input type="checkbox"/> Chase | <input type="checkbox"/> Edwards | <input type="checkbox"/> Harper | <input type="checkbox"/> Linn | <input type="checkbox"/> Norton | <input type="checkbox"/> Russell | <input type="checkbox"/> Wabaunsee |

- | | | | | | | |
|-------------------------------------|------------------------------------|---|--|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Elk | <input type="checkbox"/> Harvey | <input type="checkbox"/> Logan | <input type="checkbox"/> Osage | <input type="checkbox"/> Saline | <input type="checkbox"/> Wallace |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Ellis | <input type="checkbox"/> Haskell | <input type="checkbox"/> Lyon | <input type="checkbox"/> Osborne | <input type="checkbox"/> Scott | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cheyenne | <input type="checkbox"/> Ellsworth | <input type="checkbox"/> Hodgeman | <input type="checkbox"/> Marion | <input type="checkbox"/> Ottawa | <input type="checkbox"/> Sedgwick | <input type="checkbox"/> Wichita |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Finney | <input checked="" type="checkbox"/> Jackson | <input checked="" type="checkbox"/> Marshall | <input type="checkbox"/> Pawnee | <input type="checkbox"/> Seward | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Ford | <input checked="" type="checkbox"/> Jefferson | <input type="checkbox"/> McPherson | <input type="checkbox"/> Phillips | <input checked="" type="checkbox"/> Shawnee | <input type="checkbox"/> Woodson |
| <input type="checkbox"/> Cloud | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jewell | <input type="checkbox"/> Meade | <input type="checkbox"/> Pottawatomie | <input type="checkbox"/> Sheridan | <input type="checkbox"/> Wyandotte |

HCC Selection

Check the Healthcare Coalition(s) from the list below that the PHEP Region is a part of.

- | | | |
|---|--|---|
| <input type="checkbox"/> Kansas City Healthcare Coalition | <input checked="" type="checkbox"/> Northeast Healthcare Coalition | <input type="checkbox"/> South Central Healthcare Coalition |
| <input type="checkbox"/> North Central Healthcare Coalition | <input type="checkbox"/> Northwest Healthcare Coalition | <input type="checkbox"/> Southeast Healthcare Coalition |

Project Narrative

Project Narrative

Please briefly describe any planned activities for 2026-2027 associated with public health preparedness in your region.

The Northeast Corner Regional Initiative (NCRI) is a coordinated Public Health Emergency Preparedness (PHEP) partnership serving Shawnee, Jackson, Jefferson, Atchison, Doniphan, Brown, Nemaha, and Marshall counties. In the coming year, the Region plans to prioritize training and education, along with updating foundational plans such as tornado, fire, and evacuation procedures. This focus is driven by a significant change in staff over the past year, with approximately 80% of the region's PHEP administrators being new to their roles. Given this transition, NCRI aims to implement targeted trainings and educational sessions to equip new administrators with the skills and knowledge necessary to effectively carry out their responsibilities and meet state and federal expectations and requirements. Planned trainings include coordination with Kansas Department of Emergency Management to provide instructions on radio operations, as well as Incident Command System (ICS) training. Educational sessions will also cover PHEP capabilities, Continuity of Operations (COOP) planning, and other key concepts and topics essential to their roles. Additionally, recognizing that turnover is inevitable, the region also plans to develop a guidebook for local health departments (LHDs) to streamline transitions and assist staff in understanding and completing progress reports within KGMS.

Budget Section

Complete the budget form below using the funding award amount from the current budget period. This budget amount will be referred to as the Preliminary Budget. After completion of the application, preliminary budget, and budget narrative justification for which follows the budget form, then upload the signature page in KGMS to the Agency Imports and remit to KDHE. Remit an e-mail to KDHE.Preparedness@KS.Gov alerting our office that the application has been completed and remitted and is ready for review. The Signature Page must be uploaded to the Agency Imports and not to the Application Upload Tab. Be sure to select the correct Fiscal Year on the Agency Imports before uploading the signed signature page. The budget will not be approved by the KDHE Preparedness Program if the Budget Narrative has not been completed. If during the KDHE review there are any questions, concerns, or discrepancies, the Application, Budget, and Budget Narrative will be returned to the Agency with an email notice sent providing guidance of what needs to be corrected, changed and/or updated. For questions related to the completion of your Preparedness Grant Application, Budget, and/or Budget Narrative, please remit an email to KDHE.Preparedness@KS.Gov. Identify in the subject line that there is a question related to the Application, Budget, and/or Budget Narrative to help our office expedite the inquiry.

Salary

Description	Request	Match	Total (Request + Match)
Vinita Devarasetty	\$25,408.08	\$0.00	\$25,408.08
Total	\$25,408.08	\$0.00	\$25,408.08

Benefits

Description	Request	Match	Total (Request + Match)
(50130) Health Insurance \$11,592 per FTE	\$5,216.40	\$0.00	\$5,216.40
(50166) FICA 8.03%	\$2,040.90	\$0.00	\$2,040.90
(50167) KPERS 11.12%	\$2,825.25	\$0.00	\$2,825.25

(50171) Life Insurance \$46.41 per FTE	\$20.88	\$0.00	\$20.88
(50175) Unemployment 0.11%	\$26.68	\$0.00	\$26.68
(50176) Workers Compensation 1.31%	\$333.48	\$0.00	\$333.48
Total	\$10,463.59	\$0.00	\$10,463.59

Capital Equipment (ITEMIZE)

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Contractual (PHEP ONLY)

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Supplies (ITEMIZE)

Description	Request	Match	Total (Request + Match)
(50346) Program Supplies & Materials	\$1,000.00	\$0.00	\$1,000.00
Total	\$1,000.00	\$0.00	\$1,000.00

Travel - In-State

Description	Request	Match	Total (Request + Match)
(50251) Mileage - Regional Meetings 2500 Miles at 0.70/mile	\$1,750.00	\$0.00	\$1,750.00
Total	\$1,750.00	\$0.00	\$1,750.00

Travel - Out-of-State

Description	Request	Match	Total (Request + Match)
No data to display			
Total	\$0.00	\$0.00	\$0.00

Other

Description	Request	Match	Total (Request + Match)
(50260) Training - Virtual Summit Registration \$800/ea	\$800.00	\$0.00	\$800.00
(50362) Gasoline for County Vehicles	\$200.00	\$0.00	\$200.00
Total	\$1,000.00	\$0.00	\$1,000.00

Request	Match	Grand Total
\$39,621.67	\$0.00	\$39,621.67

Budget Narrative - Salaries

Budget Narrative/Justification

Salaries

Provide details on each position fully and/or partially funded by the grant. The information needs to include the employee's first and last name, position title and a brief description of the duties the individual will perform.

Vinita Devarasetty (Emergency Preparedness Community Outreach, Regional PHEP Coordinator) is partially funded by the grant. Salary and Fringe Benefits for Vinita's Regional allocation is at 45 percent, of \$56,462.40 salary and \$10,463 of benefit expense. Vinita's primary responsibilities include facilitating regional planning efforts, maintaining communication with local health departments and partner agencies, and leading quarterly regional meetings to support workplan implementation. Other responsibilities include developing, implementing, and evaluating regional trainings and exercises; and ensuring compliance with CDC and state PHEP requirements. In addition, Vinita oversees regional asset management, including inventory tracking, maintenance, and distribution of deployable resources, and provides support for regional coordination during public health emergencies. She also serves as the backup preparedness planner and ESF8 coordinator.

Budget Narrative - Capital Equipment

Capital Equipment

Please provide a description of the equipment, what the equipment will be used for and who will be using the equipment. If no equipment is anticipated, then please put "N/A" in the box.

Capital equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one (1) year AND an acquisition cost of \$5,000 or more per unit.

Any items necessary to use with the equipment are considered supplies and should be listed in the Supplies category (i.e., computer cables, batteries, computers costing less than \$5,000 per unit, etc.).

Any maintenance or rental fees for equipment are to be listed in the Other category.

N/A

Budget Narrative - Consultant

Consultant

This category should be used when hiring an individual to give professional advice and/or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee. Written approval must be obtained from the KDHE Preparedness Program prior to establishing a written agreement/contract for consultant services and must be obtained annually to re-establish the written agreement/contract. Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to the KDHE Preparedness Program for each consultant.

Name of Consultant: Enter the first and last name of the consultant and describe his or her qualifications.

N/A

Organizational Affiliation (if applicable): Identify the organization affiliation of the consultant.

N/A

Nature of Services to Be Rendered: Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables.

N/A

Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.

N/A

Number of Days/Hours of Consultation (basis for fee): Specify the total number of days and/or number of hours of consultation.

N/A

Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.

N/A

Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify by listing the first and last name(s) of who is responsible for supervising the consultant agreement at the health department.

N/A

Make note that once the contract is approved by the KDHE Preparedness Program and has been finalized with all required signatures, then a copy of the final signed contract MUST be uploaded to the Upload Tab in KGMS prior to submission of the FSR requesting reimbursement of the indicated contract.

Budget Narrative - Contractual

Contractual

Use this category when establishing a third-party contract to perform program activities. Written approval must be obtained from the KDHE Preparedness Program prior to establishing a written agreement/contract. Subcontracts are defined as written agreements/contracts for goods and/or services. The written contract must contain objective deliverables for both the contractor and the contracting party. Payments for services may be by the hour but should include a maximum payment and must also be deliverables based. A copy of all subcontracts must be submitted to the KDHE Preparedness Program for approval prior to signing. Approval requests to utilize funds and initiate program activities through the services of a contractor requires submission of the following information to the KDHE Preparedness Program for each contract.

Name of Contractor: Enter the first and last name of the proposed contractor and indicate whether the contract is with an institution or an organization.

N/A

Indicate whether the contract is sole source or competitive bid.

If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform the contract services.

N/A

Enter the Period of Performance Start Date. (Enter date as MM/DD/YYYY.)

N/A

Enter the Period of Performance End Date. (Enter date as MM/DD/YYYY.)

N/A

Scope of Work: Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.

N/A

Method of Accountability: Describe how the progress and performance of the contractor will be monitored. Identify by entering the first and last name of who is responsible for supervising the contractual agreement at the health department.

N/A

Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

N/A

Total Contractual Costs Requested: Provide the total of the Contractual Costs Requested.

N/A

Make note that once the contract is approved by the KDHE Preparedness Program and has been finalized with all required signatures, then a copy of the final signed contract MUST be uploaded to the Upload Tab in KGMS prior to submission of the FSR requesting reimbursement of the indicated contract.

Budget Narrative - Supplies

Supplies

All supply categories (office, medical and non-medical supplies) must have the items separately listed and provide

detailed information about how it relates to the specific program objectives. Supplies can include, but are not limited to, educational pamphlets, software, general office supplies, POD supplies, etc. Any items necessary to be used with equipment are considered supplies and should be listed in the Supplies category (i.e., computer cables, batteries, computers costing less than \$5,000 per unit, etc.).

Office Supplies - Please list all items and the justification on how it meets the program objectives.

N/A

Medical Supplies - Please list all items and the justification on how it meets the program objectives.

N/A

Non-Medical Supplies - Please list all items and the justification on how it meets the program objectives.

Funds provided under the Regional PHEP program for non-medical supplies will support preparedness planning, implementation of trainings and exercises, regional response coordination, and regional asset management. These supplies are necessary to sustain operational readiness throughout the region and directly align with CDC PHEP capabilities, including emergency operations coordination, information sharing, community preparedness, and volunteer management. Non-medical supplies will be utilized to support regional trainings such as CPR/First Aid, Salamander, and Portacount trainings, as well as regional exercises (i.e. workshops, tabletop exercises, functional exercises, and full-scale exercises). Purchases may include printing and reproduction of training materials (e.g., guides and manuals) and exercise-related documents (e.g., participant guides, evaluation forms, after-action reports, name tents, and related materials). These resources are essential for conducting workplan-aligned trainings and exercises designed to assess and strengthen emergency response capabilities and will be used exclusively for preparedness-related purposes. Non-medical supplies may also be used to support the maintenance, organization, and distribution of regional preparedness assets. Items may include shelving or organizational bins for asset storage, packing materials for regional distribution, and emergency items for community preparedness.

Budget Narrative - Travel

Travel

Dollars budgeted in the travel category should be for staff travel only. Travel for consultants should be in the Contractual category. Travel for other participants (i.e., advisory committees, review panel, etc.) should be itemized as specified in the details below and placed in the Other category. Conference registrations shall be listed in the Other category.

Provide travel destination for both in-state and out-of-state travel, indicate by entry of first and last name(s) of who will be making the trip(s) and the costs associated with the travel (lodging, airfare, mileage, meals and incidentals, etc.).

Travel In-State: Describe the purpose for all in-state travel, enter the first and last name(s) of the traveler(s) and how costs were determined. Detail all costs associated with travel including mileage, lodging, per diem, etc.

Mileage for Regional meetings: 2,500 miles totaling \$1,750 to be paid out to regional partners as they request mileage reimbursement.

Travel Out-of-State: Describe the purpose for all out-of-state travel, enter the first and last name(s) of the traveler(s) and how costs were determined. Detail all costs associated with travel including mileage, airfare, lodging, per diem, etc.

N/A

Budget Narrative - Other

Other

Individually list each item requested and provide appropriate justification related to the program objectives. These items may include postage, KIPHS user fees, internet, phones, maintenance or rental fees, travel for other participants (i.e., advisory committees, review panel, etc.), training/education, conference registrations, utility bills, rent, etc.

Describe the need and provide justification for all other expenses necessary to achieve program outcomes not covered by any other budget category.

Training Registration for one person to attend/watch the Virtual Preparedness Summit at \$800.00

Budget Narrative - Indirect Costs

Indirect Costs

Costs attributed to overhead, accounting or general operating expenses. Indirect costs may NOT exceed state rate unless applicant has a federally negotiated rate (upload documentation of federally negotiated indirect rate in the Uploads tab).

Provide any methodology associated with the indirect rate and a copy of the approved indirect rate agreement. If the minimus rate is being used, please indicate that in the budget.

The agency's approved indirect cost rate is 16.8%, as approved by KDHE in July 2022 and reapproved on August 31, 2023. The agency does not have a federally negotiated rate and therefore requests indirect costs at 16.8% of the approved Modified Total Direct Cost (MTDC) base for the 2026–2027 Regional PHEP application, in accordance with KDHE policy and 2 CFR Part 200.

Notes:

No Notes Created

Grant Application History:

Date Entry	Process Name	Details	User Name
3/3/2026 11:55:00 AM	Return To Queue		rbarnhart
3/3/2026 10:14:41 AM	Return To Queue		vdevarasetty
3/2/2026 5:06:45 PM	Return To Queue		vdevarasetty
3/2/2026 3:35:32 PM	Return To Queue		vdevarasetty
3/2/2026 3:34:20 PM	Return To Queue		vdevarasetty
2/27/2026 4:22:04 PM	Grant Created		kburrows

SFY2027 State Formula Survey

General Information

Your feedback is very important and will be used to inform statewide public health systems efforts and assist in identification of needs. KDHE has partnered with multiple organizations in the creation of this survey in an attempt to consolidate questions and reduce the number of surveys administered to local health departments throughout the year. Completion of all survey questions is required in order for your health department to be eligible for a State Formula award. All responses which include a dollar amount should be rounded to the nearest whole dollar.

If you have any questions about this survey, please contact Cristi Cain at 785-231-4504 or cristi.cain@ks.gov or Vicki Collie-Akers at 785-550-7367 or vcollieakers@kumc.edu. Thank you for your participation!

Administrative

* 1. Name of person completing application

Teresa Fisher

* 2. E-mail address of person completing application

teresa.fisher@snco.us

* 3. County

Shawnee

4. In addition to the county, is your health department affiliated with any of the following? Check all that apply.

- City government
- Emergency medical services (EMS)
- Federally qualified health center (FQHC)
- Hospital
- Multi-jurisdictional
- Other (please specify)

NONE OF THE ABOVE - Other than the county, our health department has no affiliations

SFY2027 State Formula Survey

Staff Turnover

5. Approximately how many individual staff members left their positions at your health department between July 1, 2024 and June 30, 2025? This question is about individuals and not positions, so if you had someone leave a position, hired a new person to fill the position, and then the new person left the position, that would count as 2. (Do include those leaving part-time positions. Do NOT include those leaving temporary positions.)

14

6. What positions (if any) are difficult to fill or keep filled?

RN, RD

7. Please include any additional information you would like to share about turnover (e.g., What factors contribute to turnover?).

Competitive wages remain a challenge in our community for both of these positions. RDs are difficult to fill because of the limited number of those graduating each year.

SFY2027 State Formula Survey

Operations

Staffing

* 8. How many unduplicated individuals does your health department employ? (Exclude those whose work is entirely dedicated to home health/home care business.)

64

* 9. How many unduplicated individuals who are entirely dedicated to home health/home care business does your health department employ?

0

* 10. How many full time equivalents [FTEs] does your health department employ? [Note: FTE represents hours worked, not individuals. One [1.0] FTE equals a full-time 40 hour/week position. 0.50 FTE equates to a half-time workload or 20 hours/week.]

59

* 11. Please list how many of the following professionals your health department employs. Use decimals for personnel who serve more than one professional role. For example, if you have someone who serves as a preparedness coordinator half time and a health educator half time, enter 0.50 in each box. If you have someone who works full time as a RN, you would

enter 1 in the box (not 100). A person may not have the exact job title listed, but may be completing job duties that would be associated with that type of position. Please include those individuals in your estimates for those positions. Enter 0 for any position you do not have at your health department. (Note: The sum of all numbers provided here should add up to approximately the same number provided in the previous question regarding FTE.)

Accreditation Coordinator	0.5
Administrator/Director	1
Analyst	0
APRN	1
Breastfeeding Peer Counselor	1
Care Resource Coordinator/Navigator	0
Case Investigator/Contact Tracer	0
Child Care Licensing Surveyor	4
Communications/Public Information Officer	0.5
Community Health Analyst/Planner	0
Community Health Worker	0
Dietitian	6
Epidemiologist	1
Facilities/Maintenance	1
Health Educator	2
Home Visitor - Prenatal/Newborn	0
Home Visitor - General	1
Interpreter	2
Informatician (information system specialist)	0
IT	0
Laboratorian	0
LPN	1
Nurse Aide/Medical Assistant	0
Office Professionals (finance, HR, biller, bookkeeper)	13.25
Pharmacy Consultant	0
Physician	0

Physician Assistant	0
Policy Analyst	0
Preparedness Coordinator	2
Quality Improvement Coordinator/Other QI Position	0.25
RN	13.5
Sanitarian/Environmental	0
Social Worker	2
WIC Coordinator/Staff	6
Workforce Development Professional	0

12. If other professionals/positions, please specify here.

0.5 FTE - Community Health Outreach and Planning Division Manager

* 13. Do you use contract staff and/or a temp agency to cover any positions at your health department ?

- Yes
- No

14. If YES, for what positions do you use contract staff and/or a temp agency?

n/a

* 15. How many new long-term positions did your health department add between July 1, 2024 and June 30, 2025? (A long-term position is a position your health department plans to keep for at least one year. Do NOT include temporary staff positions in this number.)

0

* 16. How many long-term positions did your health department eliminate between July 1, 2024 and June 30, 2025? (Do NOT include temporary staff positions in this number.)

1 - Community Health Planner

17. Please include any additional information you would like to share about positions added/eliminated.

n/a

Operations

Budgets & Funding

* 18. List the amounts your health department received for SFY2025 (July 1, 2024-June 30, 2025) from each of the following funding sources. This should add up to represent your department's total budgeted revenues for the year. Enter 0 for sources from which you have no funding, and round to whole dollar amounts.

Total Aid to Local (ATL) funds (enter total amount of all Aid to Local grants)

Other federal funds NOT included on the ATL list of grant awards (funding originating from the federal government, e.g., WIC)

Other state funds NOT included on the ATL list of grants (funding originating from the state)

Local city/county (you may have to ask your county clerk for this information)

Fees for service

Private foundations

Donations/gifts

Other

19. If Other, please specify here.

* 20. Since SFY2021, the State Formula allocation from the Kansas Legislature has increased from \$2.2 million to \$4.8 million. As a result, every local health department has seen an increase in their State Formula funding. How has your health department been able to use these additional funds?

We have been able to cover membership dues that benefit our Department while relieving some of the burden that our Departmental budget has had to carry. It has also helped to cover additional salary portions of various staff that don't have grant funding to cover the entirety of their salaries.

Services

* 21. Please indicate which services your local health department (LHD) provides:
(Refer to the program and services examples on the State Formula homepage in KGMS for additional detail if needed.)

	Performed by LHD directly	Contracted out to another LHD	Contracted out to another organization	Provided by another organization	Not available in community/I don't know
Animal control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood lead testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breastfeeding support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care coordination for children with special health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare provider licensing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic disease prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community coalition coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental preventive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diabetes education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease investigation/follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Detection Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental (water testing, nuisance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

inspections, etc.)

Family planning/women's health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KanBe Healthy screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other developmental screenings (such as ASQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Long-acting reversible contraception (LARC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal depression screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health First Aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid misuse prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer support (for behavioral health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Perinatal group education (e.g., Becoming a Mom)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/post-natal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health policy development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening, Brief Intervention, and Referral to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Treatment (SBIRT)

Senior services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual assault nursing exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STI testing/counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder (SUD) prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telehealth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. If Other, please specify here.

n/a

* 23. If you stopped offering a service in SFY2025, please explain what service and why you no longer offer the service. Enter N/A if you have nothing to include here.

n/a

SFY2027 State Formula Survey

Services in Jails and/or Services Provided to Individuals Who Are Incarcerated

24. Which of the following services (if any) does your health department provide to individuals who are incarcerated?

- Community gardens
- Community Health Workers
- Nursing/health care services
- Public health services to help with re-entry
- Tobacco cessation and/or other chronic disease risk reduction (CDRR)
- Other (please specify)

Work for Success programing

SFY2027 State Formula Survey

Oral Health

* 25. Which of the following dental services are provided at your location? Check all that apply.

- Dental education
- Dental screenings
- Fluoride varnish application
- Preventive dental services (prophy, sealants, exams)
- Restorative dental services (fillings, extractions)
- The Brush, Book, Bed program
- The Cavity Free by Three program
- Other (please specify)
- NONE OF THE ABOVE - No dental services are provided at our location

SFY2027 State Formula Survey

Kansas Statewide Farmworker Health Program (KSFHP)

26. Does your health department identify migratory and seasonal agricultural workers (MSAWs)?

- Yes
- No
- No, but we are interested in more information

27. Does your health department contract with the Kansas Statewide Farmworker Health Program (KSFHP)?

- Yes
- No
- No, but we are interested in more information

28. If you answered no above, please provide information about why your health department does not contract with KSFHP.

We do not have enough information about this program in our community, nor does our LHD provide primary care services.

29. Approximately what percentage of your total clients/patients speak a primary language other than English?

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

30. How does your health department deal with the need for interpretation/translation?

Please select all that apply.

- Bilingual provider
- Interpreter on staff
- Contract with an interpreter
- Bilingual staff pulled from normal position
- Phone/video line interpretation service
- Patient needs to bring his/her own interpreter
- A program provides interpretation (such as Kansas Statewide Farmworker Health Program)
- Non-bilingual staff use dictionaries and/or hand signals
- We have no need for interpretation/translation

SFY2027 State Formula Survey

K-State Research and Extension and Partnerships with Colleges/Universities

* 31. Has your health department worked with your local K-State Research and Extension office in the last year?

- Yes
- No
- I don't know

32. If so, in which of the following areas did you work with your Extension office? Check all that apply.

- Adult Development and Aging
- Agriculture
- Community Development
- Family and Child Development
- Family Resource Management
- Nutrition, Food Safety, and Health
- Youth Development
- Other (please specify)

food resources

33. Please include any additional information you would like to share about your work with the Extension office here.

n/a

* 34. Has your health department worked with a college/university partner in the last three years?

- Yes, we have worked with a college/university partner.
- No, we have not worked with a college/university partner but we are interested in partnering.
- No, we have not worked with a college/university partner and we are not interested in partnering.
- I don't know if we have worked with a college/university partner.

35. If your health department has worked with a college/university partner, what is the nature of that partnership? Check all that apply.

- We have an Academic Health Department with a signed MOU/MOA.
- We collaborate with college/university partners on projects but do not have a signed MOU/MOA.
- We contract with college/university partners for assistance with strategic planning and/or CHA/CHIP activities.
- We contract with college/university partners for assistance with other health department functions, services, and/or activities.
- We host student internships.
- We host nursing and/or other clinical students for practicum experiences.
- We provide guest speakers and/or adjunct faculty for college/university courses.
- Other (please specify)

36. Please include any additional information you would like to share about your work including which universities/colleges you partner with.

We partner with Washburn University (both nursing students and Bonner students), Baker University (nursing students), Washburn Tech (nursing students), Rasmussen University (nursing students), Benedictine College (nursing students), Grand Canyon University (nursing students).

SFY2027 State Formula Survey

Communications

* 37. What methods of public communication does your local health department (LHD) regularly utilize?

	Use regularly	Use as needed (e.g., for emergencies or irregular activities)	Do not use
Physical signage (e.g., bank signs, street/highway signs)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Physical signage located at the health department	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print media - newspaper	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Print media - flyers or handouts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
LHD website	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broadcast media (television/radio)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
E-mail	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text messaging	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automated phone calls	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Blogs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Podcasts	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Online videos	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Facebook	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
X (formerly Twitter)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Instagram	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
TikTok	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
LinkedIn	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Other (please specify)

n/a

38. Would your LHD like technical assistance on any of the above communication methods (e.g., ready to post information for social media)? If so, please list your technical assistance needs here.

We would like technical assistance for the following: YouTube, Online Videos or Facebook Videos.

* 39. Which of the following best describes the level of control your LHD has over communications?

- The LHD has control over all communications
- The LHD has control over most communications with the county having control over some communications
- The LHD and the county equally share control over communications
- The county has control over most communications with the LHD having control over some communications
- The county has control over all communications

40. If there is anything additional you would like to say about communications, feel free to add that here.

n/a

SFY2027 State Formula Survey

Community Engagement and Positive and Adverse Childhood Experiences (PACEs)

Community Engagement

* 41. What type of community engagement practices does your health department do the most often?

- Inform: Provide the community with relevant information
- Consult: Gather input from the community
- Involve: Ensure community needs and assets are integrated into process and inform planning
- Collaborate: Ensure community capacity to play a leadership role in implementation of decisions
- Defer to: Foster democratic participation and equity through community-driven decision-making. Bridge divide between community and governance.
- Other (please specify)

- Not sure

* 42. When your health department hosts community meetings, which of the following do you regularly offer? Check all that apply.

- Stipends or gift cards for participation
- Interpretation/translation for those who speak languages other than English (also including sign language)
- Food/snacks
- Transportation vouchers if needed
- Childcare if needed
- Visual materials for low literacy populations
- Virtual ways to participate
- Other (please describe)

free meeting rooms with A/V capabilities

- None of the above/not applicable

Positive and Adverse Childhood Experiences (PACEs)

* 43. Which strategies are you implementing to address PACEs (Positive and Adverse Childhood Experiences)/TISC (Trauma Informed Systems of Care)? Select all that apply.

- Training for community partners
- Training for LHD staff
- School partnerships
- Implementing a TISC policy internally
- Working with partners to implement initiatives
- Implementing PACEs screening
- Developing community resilience
- None at this time
- Other (please describe)

SFY2027 State Formula Survey

Kansas Information for Communities (KIC)

* 44. How often do you use the Kansas Information for Communities (KIC) website?

- Frequently [6+ times per year]
- Occasionally [3-5 times per year]
- Rarely [1-2 times per year]
- Not at all
- Never heard of KIC

45. When you use KIC, which statistics do you access? Select all that apply.

- Birth Statistics
- Death Statistics
- Cancer Statistics
- Population Statistics
- Hospital Discharge - Diagnosis Statistics
- Hospital Discharge - Procedure Statistics
- Emergency Department Diagnosis Statistics
- Pregnancy Statistics
- Fast Stats
- Other (please specify)

- N/A - I do not use KIC

46. How do you use KIC data? Select all that apply.

- CHA/CHNA/CHIP processes
- Grant applications and/or reports
- Program management
- Other (please specify)

- NOT APPLICABLE - I do not use KIC

* 47. How can KDHE better serve you with KIC? Select all that apply.

- Unsure/I don't know
- Provide county-level statistics once per year
- Provide training on how to use the site
- Provide training on basic public health statistics
- Provide training on how this informs our CHA/CHIP
- Other (please specify)

Billing and Record Keeping

* 48. To what sources of revenue do you bill for services (within the limitations of the payer/service)? Select all that apply.

- Private insurance
- Medicare
- Medicaid/CHIP/KanCare
- Workers' compensation
- Self pay
- Other (please specify)

* 49. Does your health department currently use KIPHS?

- Yes
- No
- I don't know

* 50. What is your current situation regarding the use of an Electronic Health Record (EHR)?
(Note: Do not include EHRs used exclusively for home health.)

- We currently have an EHR.
- We have an EHR but we are/will be actively looking for a new one.
- We have selected an EHR and are working toward implementation.
- We do not have an EHR but we are interested in implementing one.
- We would like an EHR but do not have a way to fund it.
- We would like an EHR but we cannot decide which one is best for us.
- An EHR is not in our plans at this time.

51. If you indicated you have an EHR, please indicate which EHR you currently use:

- Athena
- CDP/ezEMRx
- Cerner
- CureMD
- IMS Meditab
- Nightingale Notes/Champ
- Patagonia
- Other (please specify)

52. If you are implementing a new EHR, please indicate which EHR you will be implementing:

- Athena
- CDP/ezEMRx
- Cerner
- CureMD
- IMS Meditab
- Nightingale Notes/Champ
- Patagonia
- Other (please specify)

We expect to go out for RFP for a new one in 2026.

53. Which state platforms are you interested in having integrated with/connected to your EHR?

	This system is already integrated with/connected to our EHR	We would like this system integrated/connected	Not interested/Does not matter
DAISEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epitrax eCR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KHEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KSWebIZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

54. Which health information exchanges (HIEs) are you interested in having integrated with/connected to your EHR?

	This system is already integrated with/connected to our EHR	We would like this system integrated/connected	Not interested/Does not matter
KHIN/Konza	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LACIE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	<input type="text" value="n/a"/>		

SFY2027 State Formula Survey

Academy of Sciences

* 55. Did your LHD sign up to participate in the KALHD/Academy of Sciences partnership that gives you access to the survey tool Alchemer?

- Yes
- No
- I don't know

* 56. How familiar are you with the KALHD/Academy of Sciences partnership that LHDs may participate in?

- Not at all familiar
- A little familiar
- Moderately familiar
- Very familiar

57. How often do you or other staff at your health department use Alchemer?

- Frequently [6+ times per year]
- Occasionally [3-5 times per year]
- Rarely [1-2 times per year]
- Not at all
- Never heard of Alchemer

58. What are the challenges in using Alchemer? Select all that apply.

- No time
- Not interested in statistics
- No staff to delegate this to
- Don't plan to do CHA/CHIP
- I need more education on what to do with the data
- I don't understand how Alchemer works
- Other (please specify)

n/a

SFY2027 State Formula Survey

Board of Health/County Commission

* 59. How often do you meet with/update in-person (or virtually) your board of health/county commission?

- At every commission meeting
- Monthly
- Bi-monthly
- Quarterly
- Less than quarterly
- Only when necessary or requested

* 60. How often do you update your board of health/county commission through other means (via e-mail, etc.)?

- Weekly
- Bi-weekly
- Monthly
- Bi-monthly
- Quarterly
- Less than quarterly
- Only when necessary or requested

* 61. How often do you meet with/update in-person (or virtually) your local health officer?

- N/A - I am the local health officer
- Weekly
- Monthly
- Bi-monthly
- Quarterly
- Less than quarterly
- Only when necessary or requested

* 62. How confident are you that your board of health/county commission supports the work of your health department?

- Very confident
- Somewhat confident
- Not at all confident

* 63. How often do you update/meet with your county manager/county administrator?

- Weekly
- Bi-weekly
- Monthly
- Bi-monthly
- Quarterly
- Less than quarterly
- Only when necessary or requested
- N/A - We do not have a county manager/county administrator.

SFY2027 State Formula Survey

LHD & Community Level Activities

Assessment and Accreditation

* 64. Many non-profit hospitals are on a 3-year cycle for conducting a Community Health Needs Assessment. Is your local hospital making plans to conduct an assessment in 2026?

- Yes, the hospital is planning to conduct an assessment in the coming year and they have invited us to participate.
- Yes, the hospital is planning to conduct an assessment but they have not invited us to participate.
- Assessment completed in a previous year (health department participated).
- Assessment completed in a previous year (health department did not participate).
- There is a non-profit hospital in my community but they do not have plans to conduct a community health needs assessment.
- There is a non-profit hospital in my community but we are not aware of any discussion about a community health assessment.
- There is no non-profit hospital in my community but we still conducted a community health assessment in our community.
- There is no non-profit hospital in my community and no community health assessment was conducted.
- Other (please specify)

SFY2027 State Formula Survey

Current Activities

* 65. Have you developed the following plans and processes? If not, please indicate if technical assistance and training would be helpful.

	Yes, in 2025	Yes, between 2021 and 2024	No	In process	Need technical assistance/training to complete
Community health assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workforce development plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance management system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Branding strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 66. In which area[s] do you have the greatest gaps and/or the greatest need for technical assistance? Select your top two.

- | | |
|--|---|
| <input type="checkbox"/> Assessment and Surveillance | <input checked="" type="checkbox"/> Policy Development and Support |
| <input type="checkbox"/> Community Partnership Development | <input checked="" type="checkbox"/> Accountability and Performance Management |
| <input type="checkbox"/> Fairness and Justice | <input type="checkbox"/> Emergency Preparedness and Response |
| <input type="checkbox"/> Organizational Infrastructure (i.e., leadership, IT, workforce, finance, legal) | <input type="checkbox"/> Communications |

67. Aside from KDHE-supported programs (e.g., PHEP, MCH, FP, WIC), do you partner with other local health departments within your region or with neighboring counties?

- Yes
 No

SFY2027 State Formula Survey

CHA/CHIP

* 68. If you have completed/participated in a Community Health Assessment (CHA) or local Community Health Needs Assessment (CHNA) in the past 1-3 years, what were the top needs/priorities identified? You may select up to 5.

- N/A - Did not complete/participate in a CHA or CHNA in the past 1-3 years
- Access to Care
- Aging Health
- Alcohol & Other Drug Misuse/Substance Use
- Bike Paths & Sidewalks
- Childcare
- Chronic Disease Prevention & Management
- Community Resiliency
- Diet & Exercise
- Food Insecurity
- Economy
- Housing
- Mental/Behavioral Health
- Provider Collaboration & Service Coordination
- Public Safety
- Quality of Care
- Tobacco Use
- Transit
- Youth/Teen Issues
- Other (please specify)

Neighborhood Safety and Housing, Healthy Eating Options, Health Equity (r/t STI and infant mortality)

69. If you would like to upload a copy of your most recent CHA/CHNA for inclusion as a shared resource for health departments, you can do that here.

Choose File

Choose File

No file chosen

70. If you would prefer to include a link to your most recent CHA/CHNA, please insert it here.

* 71. If you have completed/participated in a Community Health Improvement Plan (CHIP) in the past 1-3 years, what were the top priorities/activities identified? You may select up to 5.

- N/A - Did not complete/participate in a CHIP in the past 1-3 years
- Access to Care
- Aging Health
- Alcohol & Other Drug Misuse/Substance Use
- Bike Paths & Sidewalks
- Childcare
- Chronic Disease Prevention & Management
- Community Resiliency
- Diet & Exercise
- Food Insecurity
- Economy
- Housing
- Mental/Behavioral Health
- Provider Collaboration & Service Coordination
- Public Safety
- Quality of Care
- Tobacco Use
- Transit
- Youth/Teen Issues
- Other (please specify)

Neighborhood Safety and Housing, Healthy Food Access, Health Equity (Maternal and Infant Health, Obesity, STIs)

72. If you would like to upload a copy of your most recent CHIP for inclusion as a shared resource for health departments, you can do that here.

No file chosen

73. If you would prefer to include a link to your most recent CHIP, please insert it here.

SFY2027 State Formula Survey

Mental Health First Aid

74. How many of your staff have been trained in adult Mental Health First Aid?

- None
- 1-5
- 6-10
- More than 10

75. Are there trainers in your community who can provide adult Mental Health First Aid training?

- Yes
- No
- Unsure

76. Are there trainers in your community who can provide youth Mental Health First Aid training?

- Yes
- No
- Unsure

77. Please share any additional information and/or needs regarding Mental Health First Aid in your community:

Our Emergency Preparedness Staff are both trained to provide Adult MHFA; one of them is also trained to provide Youth MHFA.

SFY2027 State Formula Survey

Closing Questions

* 78. In the next year, what do you think is the most pressing issue for your health department?

Funding, staff retention

* 79. Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” In the next year, what do you think are the most pressing issues in the Kansas public health system?

funding cuts at the federal level, access to care/insurance, services available, funding to focus on CHNA/CHIP priorities in your own community

80. What activity, event, partnership, and/or intervention organized or coordinated by your LHD are you most proud of from the past year? Examples may include something new you tried or something innovative/creative.

National Public Health Week open house, creation of Dad Zone classes, new bilingual health navigator, finalized STI standing order protocols, selected for Syphilis POCT implementation project with CTC-SRH

* 81. What types of training and/or technical assistance are needed by your LHD?

business development skills for staff, 340B training

When you click "Done" your responses will be recorded and you will receive a message confirming the application has been submitted. Thank you!

Shawnee County Health Department
2600 SW East Circle Drive
Topeka, Kansas 66606-2447

Grant: Universal Home Visiting
Grant Period: ATL2027

GRANT APPLICATION
County : Shawnee
Form Name: UHV ATL2027

KGMS Administrator(s)
Teresa Fisher

KGMS Fiscal Officer(s)
Amanda Nioce, Kathleen Burrows

Application Heading

State Fiscal Year (SFY) 2027 Universal Home Visiting Application

Section A-Program Overview

Section A-Program Overview

About Kansas Universal Home Visiting (UHV):

-The Kansas UHV program is funded by the Kansas Children's Cabinet and Trust Fund on an annual basis. The purpose of the funding is to provide education, screening, and connection to community resources and longer-term support services for pregnant and postpartum people and infants.

-The nature of UHV services is short-term, 1-2 visits prenatally and 1-2 visits postpartum. The total number of visits will depend on the needs identified through validated screenings or conversations with the family. The goal is to celebrate the caregiver's strengths and address areas of need by connecting them to community resources and longer-term services as soon as possible so more people can be reached with short-term UHV services.

UHV Goals and Progress Indicators:

-Goal 1: Provide "light-touch" Universal Home Visiting (UHV) services that cover screening, education and referral based on needs identified during the initial visit.

Indicator 1: Number of home visits completed

Indicator 2: Number of prenatal caregivers served

Indicator 3: Number of postpartum caregivers served

Indicator 4: Number of infants served

Indicator 5: Number of families (unique households across prenatal/postnatal visits) served

-Goal 2: All Universal Home Visiting clients receive consistent screening, education and referrals related to critical health issues.

Indicator 1: Percentage of initial prenatal home visits that completed the core prenatal education

Indicator 2: Percentage of initial postpartum home visits that completed the core postpartum education

Indicator 3: Percentage of initial home visits that completed the required screenings

-Goal 3: Ensure Universal Home Visiting data quality so that program value can be accurately demonstrated. Service delivery data will be entered into DAISEY in a timely and accurate manner. UHV programs are required to enter home visit service data into DAISEY within three days of the visit.

Indicator 1: 90% data completion, not to exceed 10% missing (DAISEY, IRIS, or referral tool)

-Goal 4: Families that participate in UHV will be connected to needed services and resources. Referrals will be documented to demonstrate the value and efficacy of UHV.

Indicator 1: Percentage of UHV families that receive a referral

Scope of UHV Activities:

-Core components of Kansas Universal Home Visiting will be implemented consistently among all programs in the state. The core components are described below.

Location of Visits: The term "home visit" is a widely used, generic term to describe services delivered outside of a clinical setting and centered on meeting families where they are. While meeting in the caregiver's home can help the home visitor better understand the family, visits may be completed in a clinic, in the community, or other setting determined by the caregiver.

Number of Visits: Home visitors should aim to complete at least one prenatal and one postpartum visit with every enrolled caregiver. Subsequent visits should only occur if follow up is needed to ensure completion of referrals. UHV is focused on supporting the health and well-being of the caregiver and infant. Thus, the infant should be present at any and all postpartum visits.

Duration of Visits: The first prenatal and first postpartum visits will be the longest. The goal of the first prenatal and first postpartum visit is to get to know how the caregiver and family are doing, provide education, screen for strengths and needs and refer to community resources and longer-term services as screenings indicate. The first visits may take up to 90 minutes. Subsequent visits (other than the first prenatal and first postpartum visits) are provided only if follow up on the status of referrals is needed. Subsequent visits will likely be shorter than the first prenatal and first postpartum visits.

Content of Visits: To ensure caregivers and their infants receive consistent screening, education and referrals related to critical health issues, the following topics are required to be covered during universal home visits.

- * Education: Importance of Having a Medical Home
- * Education: Importance and Timing of Prenatal Care Visits
- * Education: Intimate Partner Violence
- * Education: Importance and Timing of Infant Immunizations
- * Education: Benefits of Breastfeeding and How to Access Support
- * Education: Post-Birth Warning Signs and How to Respond
- * Education: Importance and Timing of Well Infant/Child Visits
- * Education: Developmental Milestones
- * Screening for Social Strengths and Needs
 - +Referral and follow up required if screener indicates needs for food, housing, job training, personal safety or bill paying resource
- * Screening for Substance Use
 - +Referral and follow up required if screener indicates need for further assessment and treatment for substance use.
- * Screening for Maternal Mental Health
 - +Referral and follow up required if screener indicates need for further assessment and treatment

Reporting Requirements:

-Every home visit, and the activities (e.g. education, screening and referral) completed during the visit, will be reported in DAISEY within three days of the visit.

-Progress on UHV activities and estimated service numbers will be reported on a semi-annual basis for the periods of July-December and January-June. Progress will be reviewed by KS UHV staff.

-Program expenditures will be reported on a quarterly basis. Expenditures will be reviewed and approved by KS UHV staff.

-Participation in evaluation activities is required when requested. KS UHV partners with the University of Kansas Center for Public Partnerships and Research (<https://cpr.ku.edu/>) to assess program and service delivery for continuous quality improvement.

Program Oversight:

-KS UHV staff provide oversight of the program by review of quarterly expenditures, written semiannual progress reports, monthly check-in meetings, and onsite visits which may include review of the awardees files and observation of home visits.

-KS UHV provides an annual report on expenditures and program progress and evaluation to the Kansas Children's Cabinet and Trust Fund.

Eligibility and Award Criteria:

-The total amount of funding available is approximately \$1,400,000.

-This is a competitive grant. Funds are not guaranteed to the same awardees each year. Currently funded programs should be working toward program sustainability and can reach out to KDHE staff for assistance.

-Applicants are encouraged to collaborate. Those that plan to apply for less than .25 FTE should consider partnering with other programs to create a .25 or greater UHV FTE for their region.

-If there is already an existing UHV program in the county or community, other organizations interested in providing UHV services should collaborate with the existing program to submit one application for the county/community. Contact Holly Frye (holly.m.frye@ks.gov) if you are unsure if UHV services are currently available in your community.

Section B-Personnel

Section B-Personnel

Section C-Service Area

Section C-Service Area

1. Select the counties your program will provide universal home visiting services for. Only select multiple counties if your program meets one or more of the following criteria.

- a. Your organization has a multi-county service area.
- b. Your organization does not generally have a multi-county service area, but:
 - i. Your organization will visit families in their county of residence, if the family prefers to meet in the home.
 - ii. Your organization has a written agreement with one or more organizations in the outlying counties you'll serve, describe how families residing in those counties, will consistently be connected to the home visiting services provided by your organization.

1. Attach all agreements to your application

<input type="checkbox"/> Allen	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Dickinson	<input type="checkbox"/> Geary	<input type="checkbox"/> Haskell	<input type="checkbox"/> Lane	<input type="checkbox"/> Miami	<input type="checkbox"/> Osborne	<input type="checkbox"/> Riley	<input type="checkbox"/> Sherman
<input type="checkbox"/> Anderson	<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Doniphan	<input type="checkbox"/> Gove	<input type="checkbox"/> Hodgeman	<input type="checkbox"/> Leavenworth	<input type="checkbox"/> Mitchell	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Rooks	<input type="checkbox"/> Smith
<input type="checkbox"/> Atchison	<input type="checkbox"/> Clark	<input type="checkbox"/> Douglas	<input type="checkbox"/> Graham	<input type="checkbox"/> Jackson	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Rush	<input type="checkbox"/> Stafford
<input type="checkbox"/> Barber	<input type="checkbox"/> Clay	<input type="checkbox"/> Edwards	<input type="checkbox"/> Grant	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Linn	<input type="checkbox"/> Morris	<input type="checkbox"/> Phillips	<input type="checkbox"/> Russell	<input type="checkbox"/> Stanton
<input type="checkbox"/> Barton	<input type="checkbox"/> Cloud	<input type="checkbox"/> Elk	<input type="checkbox"/> Gray	<input type="checkbox"/> Jewell	<input type="checkbox"/> Logan	<input type="checkbox"/> Morton	<input type="checkbox"/> Pottawatomie	<input type="checkbox"/> Saline	<input type="checkbox"/> Stevens
<input type="checkbox"/> Bourbon	<input type="checkbox"/> Coffey	<input type="checkbox"/> Ellis	<input type="checkbox"/> Greeley	<input type="checkbox"/> Johnson	<input type="checkbox"/> Lyon	<input type="checkbox"/> Nemaha	<input type="checkbox"/> Pratt	<input type="checkbox"/> Scott	<input type="checkbox"/> Sumner
<input type="checkbox"/> Brown	<input type="checkbox"/> Comanche	<input type="checkbox"/> Ellsworth	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Kearny	<input type="checkbox"/> Marion	<input type="checkbox"/> Neosho	<input type="checkbox"/> Rawlins	<input type="checkbox"/> Sedgwick	<input type="checkbox"/> Thomas
<input type="checkbox"/> Butler	<input type="checkbox"/> Cowley	<input type="checkbox"/> Finney	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Kingman	<input type="checkbox"/> Marshall	<input type="checkbox"/> Ness	<input type="checkbox"/> Reno	<input type="checkbox"/> Seward	<input type="checkbox"/> Trego
<input type="checkbox"/> Chase	<input type="checkbox"/> Crawford	<input type="checkbox"/> Ford	<input type="checkbox"/> Harper	<input type="checkbox"/> Kiowa	<input type="checkbox"/> McPherson	<input type="checkbox"/> Norton	<input type="checkbox"/> Republic	<input checked="" type="checkbox"/> Shawnee	<input type="checkbox"/> Wabaunsee
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Decatur	<input type="checkbox"/> Franklin	<input type="checkbox"/> Harvey	<input type="checkbox"/> Labette	<input type="checkbox"/> Meade	<input type="checkbox"/> Osage	<input type="checkbox"/> Rice	<input type="checkbox"/> Sheridan	<input type="checkbox"/> Wallace

2. Only respond to this question if you selected more than one county in the previous question. In the County column, list each county you'll provide services for. In the Nature of Partnership column, indicate the nature of your organization's relationship with the corresponding county. Indicate the Nature of Partnership using the following options.

- a. Applying organization has a facility in the county.
- b. No facility in the county but home visitors can travel there to conduct home visits.
- c. No facility in the county and home visitors can't travel there, but services will be provided in our facility according to a written referral in place with organizations in the partnering county, demonstrating a consistent way of connecting out-of-county families to the organization applying for the grant.

Section D-Goals and Indicators

Section D-Goals and Indicators

-Goal 1: Provide "light-touch" Universal Home Visiting (UHV) services that cover screening, education and referral based on needs identified during the initial visit.

The UHV model serves those who are pregnant through one year postpartum, and infants.

Universal home visiting typically includes 2-4 visits, giving families early support and helping them access longer-term services if needed. The number of universal home visits a family receives will depend on the family's needs and availability longer-term services in the community.

UHV Program Service Indicators:

- *Number of home visits completed
- *Number of families (caregivers) served
- *Number of infants served

3. List the community outreach activities you'll complete to recruit families to UHV.

Our Bilingual Family Health Navigator will continue her efforts with connecting to churches to inform about our services. We will attend our local hospital's "Baby Jubilee" by having a table there and staff to educate and schedule home visits with

clients attending this event. Continue to have staff attend Community Collaboratives such as Early Childhood Collation, LiveWell Shawnee County Healthy Babies Impact Team, Homeless Taskforce, Drug Endangered Children, Safe-Kids Coalition meetings and Car Seat check lanes. Staff also participate in the Parents as Teachers Read 'n Roll Event, Boo at the Zoo, Zeta Phi Beta (SENT) Community Baby Shower, and other opportunities and events as they arise in the community.

4. How many referrals do you receive into your UHV program annually? How are you tracking the number of referrals that come in and where they come from?

490 that are tracked using our internal Family Health Log that was created for this purpose. It has information for who referral was from, date received, date and staff member assigned to, due date, if PG, referral result and many other options for staff to gather data from.

5. What support do you anticipate needing with participant recruitment?

Information to share with the public to normalize home visiting for the PG and PP period.

-Goal 2: All Universal Home Visiting clients receive consistent screening, education and referrals related to critical health issues.

Universal Home Visiting models must provide screening, education and referral for the topics listed in the table, using KDH approved tools and resources.

UHV Program Service Indicators:

- *Percentage of home visits that completed the core prenatal education
- *Percentage of home visits that completed the core postnatal education
- *Percentage of home visits that completed the required screenings

Required Screening Topics and Tools

- Screening for social determinants of health using the MCH social determinants of health screening tool provided by KDHE
- Screening for intimate partner violence using the MCH social determinants of health screening tool
- Screening for substance use using the UNCOPE screening tool
- Screening for maternal mental health using the Edinburgh Postnatal Depression Scale
- Education on the importance of having a medical home and assistance with access, using resources from the American Academy of Pediatrics
- Education on the importance and timing of prenatal care visits using resources from the Office on Women's Health
- Education on intimate partner violence using resources from Health Partners on IPV+E
- Education on the benefits of breastfeeding and how to access support using resources from Kansas Breastfeeding Coalition
- Education on the importance and timing of well infant/child visits using Bright Futures anticipatory guidance and toolkit
- Education on post-birth warning signs using resources from the Association of Women's Health, Obstetric and Neonatal Nurses
- Education on developmental milestones using Centers for Disease Control and Prevention and Help Me Grow Kansas resources
- Education on safe sleep practices using resources from the KIDS Network

6. Describe how your universal home visiting program currently uses the listed screeners and educational resources. If you aren't currently using an item, please describe how you plan to incorporate it upon award.

All clients participating in home visiting services are repeatedly screened throughout their involvement with SCHD UHV services. Based on the results of those screens, the home visitor has a conversation with the client to determine what plan of action fits them and their family best. Regardless of what plan is made, all clients are educated about local and national services related to those results (KanQuit for smoking cessation; YWCA, loveisrespect.org for IPV, local providers and group therapy options as well as 988 for positive depression screening results; etc.). MCH team leader stays up-to-date on new and emerging screeners and has staff attend trainings as appropriate to implement them into program services.

Education, screening and referrals related to community-level caregiver and infant health needs may be provided in addition to the required education, screening and referrals listed above.

-Goal 3: Ensure Universal Home Visiting data quality so that program value can be accurately demonstrated.

Service delivery data will be entered into DAISEY in a timely and accurate manner.

UHV programs are required to enter home visit service data into DAISEY within three days of the visit.

UHV Program Service Indicator:

*90% data completion, not to exceed 10% missing (DAISEY, IRIS, or referral tool)

9. Who will enter UHV service data into DAISEY for your organization? Who will monitor data quality reports in DAISEY and ensure corrections are made if needed?

Our Staff enter the information into our EMR which then transfers into our DAISEY system. Our Team Leader and Division Manager will monitor DAISEY for errors and corrections needed.

-Goal 4: Families that participate in UHV will be connected to needed services and resources. Referrals will be documented to demonstrate the value and efficacy of UHV

UHV Program Service Indicator:

*Percentage of UHV families that receive a referral

10. Describe who in your organization will enter UHV outgoing referral data, where referrals will be entered and tracked (DAISEY or IRIS), and who will monitor referrals for completion and follow up if needed?

Information regarding referral data will be reported in DAISEY and followed-up by the staff member making the referral. Team lead will monitor for completion monthly.

11. Estimate how many referrals your program will make to long-term home visiting programs annually.

200

Budget

Section E - Budget

Budget Section

Salary

Description	Request	Other Funding Sources	Total (Request + Other Funding Sources)
Stacey Cook	\$2,395.44	\$0.00	\$2,395.44
Angelli Martinez Hernandez	\$37,815.12	\$0.00	\$37,815.12
Melisa Middendorf	\$3,217.97	\$0.00	\$3,217.97
Brittany Rambo	\$14,472.00	\$0.00	\$14,472.00
Amanda Ross	\$27,185.76	\$0.00	\$27,185.76
Total	\$85,086.29	\$0.00	\$85,086.29

Benefits

Description	Request	Other Funding Sources	Total (Request + Other Funding Sources)
(50130) Health Insurance - \$11,592 per FTE	\$11,360.00	\$0.00	\$11,360.00
(50171) Life Insurance - \$46.41 per FTE	\$45.50	\$0.00	\$45.50
(50166) FICA 8.03%	\$6,834.56	\$0.00	\$6,834.56
(50167) KPERS 11.12%	\$6,438.00	\$0.00	\$6,438.00
(50175) Unemployment 0.11%	\$89.34	\$0.00	\$89.34
(50176) Workers Compensation 1.31%	\$1,117.00	\$0.00	\$1,117.00
Total	\$25,884.40	\$0.00	\$25,884.40

Training/Travel

Description	Request	Other Funding Sources	Total (Request + Other Funding Sources)
(50251) Mileage	\$3,948.00	\$0.00	\$3,948.00
(50252) Travel Expenses - Hotel, 300*2 FTE & Per Diem 2 FTE at 2 travel days each (\$51/day) + 2 FTE at 1 full day (\$68/day)	\$1,076.00	\$0.00	\$1,076.00
(50261) Training - Registration for GPHC 2 FTE @ \$300 each	\$600.00	\$0.00	\$600.00
(50362) Gasoline for SCHD Vehicle	\$200.00	\$0.00	\$200.00
Total	\$5,824.00	\$0.00	\$5,824.00

Supplies/Communication

Description	Request	Other Funding Sources	Total (Request + Other Funding Sources)
(50346) Program Supplies & Materials	\$3,412.00	\$0.00	\$3,412.00
Total	\$3,412.00	\$0.00	\$3,412.00

Contractual

Description	Request	Other Funding Sources	Total (Request + Other Funding Sources)
(50290) Insurance Premium - Professional Liability for Certified, Union Staff only, 2 FTE @ \$522 each	\$1,044.00	\$0.00	\$1,044.00
Total	\$1,044.00	\$0.00	\$1,044.00

Other

Description	Request	Other Funding Sources	Total (Request + Other Funding Sources)
(50284) Telephone - Cell Phone (RN 50% of 558.60/yr) + (BFHN 50% of 558.60/yr) + (MCH TL 50% of 558.60/yr)	\$838.00	\$0.00	\$838.00
(50374) Computer Software <\$5,000 - EMR - RN & BFHN (50% of 1514.04*2 FTE)	\$1,514.00	\$0.00	\$1,514.00
(50381) Equipment Lease - Copier 20% of \$1033.58/yr	\$207.00	\$0.00	\$207.00
Total	\$2,559.00	\$0.00	\$2,559.00

Request	Other Funding Sources	Grand Total
\$123,809.69	\$0.00	\$123,809.69

Budget Narrative/Justification

Section F-Budget Narrative/Justification

UHV Salaries

Details on each position funded by the grant. Provide each position title with description of work.

Bilingual Family Health Navigator- provide Prenatal and postpartum home visits to connect families to resources, community partners who can provide services needed, referrals as needed to long term home visitation services. Meet with families in community settings, attend outreach events/activities to recruit for UHV services. RN- will visit families postpartum to offer the New Born Home Visit, that will provide a more comprehensive nurse visit for more high risk families or those who report to Bilingual Health Navigator that they also want a RN home visit for new baby and family. MCH/UHV Team Leader- supervise the two UHV's, provide referrals, keep track of data in order to track progress for the grant and be able to determine needs for this program in our county. Family Health Division Manager- manage the grant, budget and DAISEY reports. Interpreter- for Spanish-speaking home visits that are not completed by our Bilingual Home Navigator

Benefits

What fringe benefits do you provide? Select all that apply:

- FICA
- Health Insurance
- Retirement
- Workers Comp

Training/Travel

Describe the purpose for all training and travel and how costs were determined. Detail all cost associated with training and travel including registration fees, mileage, lodging, per diem, etc.

\$1,676- Governor's Public Health Conference for 2 staff- annual training that provides education on this population served. Costs to include: registration- lodging to include 2 nights hotel, per diem \$3,948- Mileage- reimbursed to staff, currently \$0.70 per mile with average of 235 miles/month \$200- Gas- when using company vehicle

Supplies/Communication

Describe need and detail all costs associated with program supplies and other consumables.

\$3,412- Cost per client for 2025 universal home visits to give incentives (\$68.24) for 50 clients. To include: paper, printing, ink, brochures, diapers, wipes, safe sleep sacks, thermometers, home safety supplies, What to Do When Your Child Gets Sick books, infant hygiene items, breastfeeding and pumping supplies, oral care, age-appropriate developmental items, age-appropriate feeding supplies.

Contractual

Costs associated with professional services rendered by legally binding contracts

\$838-Verizon Cell Phone Service-Smart phones @\$50.00 each. 2- Used to contact clients for home visits, and other community contacts for program coordination. \$1,514-Computer Software- ezEMRx- used for billing and medical records for 2 staff \$207- Copier Lease (20% of 1033.58/yr) \$1044- to pay a portion of staff Liability insurance

Other

Describe need and provide justification for all other expenses necessary to achieve program outcomes not covered in any other budget category.

N/A

Thank you

Thank You-See the KGMS Application User Guide to complete all steps for submission.

Notes:

No Notes Created

Grant Application History:

Date Entry	Process Name	Details	User Name
2/19/2026 10:07:28 AM	Return To Queue		brambo
2/18/2026 3:21:33 PM	Return To Queue		mmiddendorf
2/16/2026 4:55:00 PM	Return To Queue		mmiddendorf
2/16/2026 4:40:19 PM	Return To Queue		mmiddendorf
2/16/2026 4:23:09 PM	Return To Queue		brambo
2/13/2026 11:46:43 AM	Return To Queue		mmiddendorf
2/12/2026 4:12:56 PM	Return To Queue		mmiddendorf
2/12/2026 3:03:49 PM	Return To Queue		mmiddendorf
2/12/2026 2:18:57 PM	Return To Queue		mmiddendorf
2/10/2026 1:56:06 PM	Return To Queue		mmiddendorf
2/10/2026 1:23:02 PM	Return To Queue		mmiddendorf
1/27/2026 1:56:43 PM	Return To Queue		mmiddendorf
1/27/2026 1:48:38 PM	Grant Created		mmiddendorf



Weed Department

Weed Department

John Landon, Director

2044 SW Western Ave

Topeka, Kansas 66604

Ph. 785.251.6931

Email: John.Landon@snco.us

Website: www.snco.us

Memorandum

Date: February 24, 2026

To: Board of County Commissioners

From: John Landon 
Director, Shawnee County Weed Department

Re: Request for approval, authorization and execution of the 2026 Noxious Weed Control Contracts

The Shawnee County Weed Department (SCWD) is requesting approval of the 2026 yearly Noxious Weed Control Contracts with the following entities:

Auburn Township

Grove Township

Menoken Township

Mission Township

Monmouth Township

Rossville Township

Silver Lake Township

Soldier Township

Tecumseh Township

Topeka Township

Williamsport Township

KDOT (Kansas Dept of Transportation)

City of Topeka Storm Water Control

Tri-County Drainage District

Wakarusa Watershed

Attached for your authorization and approval are fifteen contracts with the above listed entities covering noxious weed treatments throughout calendar year 2026. The SCWD will invoice the contracting entities based on the applicable rates specified in each contract for spraying services.

These contracts are an essential component of the Weed Department's function in controlling the size of infestations and the spread of noxious weeds within Shawnee County, and complying with the Kansas Noxious Weed Law (K.S.A. 2-1313a et seq.).

Thank you for your consideration of this request.

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Auburn Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

AUBURN TOWNSHIP BOARD

Sandra L Mitchell
Sandra L Mitchell
 Auburn Township Trustee

BOARD OF COMMISSIONERS
 SHAWNEE COUNTY, KANSAS

 _____, Chair

ATTEST:

 _____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026069

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: Sandra J Mitchell
 Title: Auburn Township Trustee
 Date: 1-21-26

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026070

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20____, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Grove Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

GROVE TOWNSHIP BOARD



 _____,
 Grove Township Trustee

BOARD OF COMMISSIONERS
 SHAWNEE COUNTY, KANSAS

 _____, Chair

ATTEST:

 _____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026070

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By:

Title:

Date:

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Menoken Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

MENOKEN TOWNSHIP BOARD

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS



 Steven Porubsky,
 Menoken Township Trustee)

 _____, Chair

ATTEST:

 _____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026071

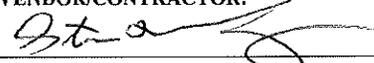
CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:



By:

Trustee

Title:

12-10-25

Date:

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026072

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20____, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Mission Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

MISSION TOWNSHIP BOARD



Mission Township Trustee

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

_____, Chair

ATTEST:

_____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026072

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: 

Title: Contractor

Date: 1/2/2026

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026073

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Monmouth Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

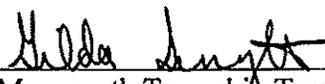
Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

MONMOUTH TOWNSHIP BOARD

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS


 _____,
 Monmouth Township Trustee

 _____, Chair

ATTEST:

 _____, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026074

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as "County," and the **Rossville Township Board**, hereinafter referred to as "Township."

WHEREAS, Shawnee County Weed Department hereinafter referred to as the "Department" shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be "Noxious Weeds" pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County's rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the "Official Regulations" issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

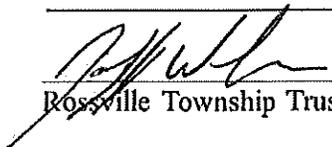
10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck
 Labor Rate: \$34.50 per Hour
 Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

ROSSVILLE TOWNSHIP BOARD

BOARD OF COMMISSIONERS
 SHAWNEE COUNTY, KANSAS


 _____,
 Rossville Township Trustee

 _____, Chair

ATTEST:

 _____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026074

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: 
 Title: Township Trustee
 Date: 1-30-26

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

 William D. Riphahn, Chair
 Date: _____

ATTEST:

 Lisa Schnmitt, Shawnee County Clerk

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Silver Lake Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

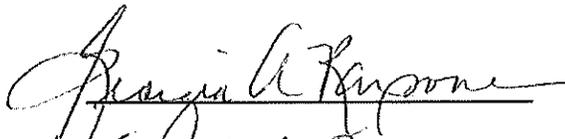
Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

SILVER LAKE TOWNSHIP BOARD



 Georgia A. Ransome,
 Silver Lake Township Trustee

BOARD OF COMMISSIONERS
 SHAWNEE COUNTY, KANSAS

 _____, Chair

ATTEST:

 _____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C. 2026075

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: Rob K. Hegh

Title: Treasurer

Date: 2-3-2026

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026076

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Soldier Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

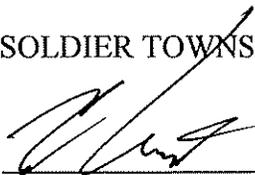
Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

SOLDIER TOWNSHIP BOARD



Chad Gerhardt,
Soldier Township Trustee

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

_____, Chair

ATTEST:

_____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026076

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By:

Chad Gerhardt, Trustee

Title:

12/9/2025

Date:

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026077

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Tecumseh Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

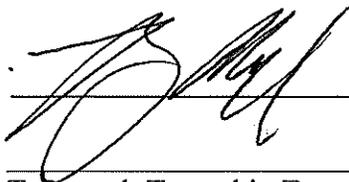
Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

TECUMSEH TOWNSHIP BOARD



Tecumseh Township Trustee

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

_____, Chair

ATTEST:

_____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026077

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: 
Title: TOWNSHIP TRUSTEE

Date:

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026078

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as "County," and the **Topeka Township Board**, hereinafter referred to as "Township."

WHEREAS, Shawnee County Weed Department hereinafter referred to as the "Department" shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be "Noxious Weeds" pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County's rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the "Official Regulations" issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.
8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.
9. The Township shall pay the County upon receipt of itemized invoices.
10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

TOPEKA TOWNSHIP BOARD



_____,
Topeka Township Trustee

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

_____, Chair

ATTEST:

_____, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026078

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: _____

Title: _____

Date: _____

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date: _____

ATTEST:

Lisa Schmitt, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026079

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Williamsport Township Board**, hereinafter referred to as “Township.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas, and the Township is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the Township agree as follows:

1. The Township shall supply the Department with maps, keys (if necessary) and access to all Township property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on Township property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means.
3. The Department shall spot treat all noxious weed infestations on Township property throughout the growing season.
4. Upon Township request the Department may treat existing brush and other invasive weeds on Township property at the County’s rates for labor (including benefits), equipment (based on FEMA hourly rates), and chemicals (including dyes and adjuvants).
5. The County shall invoice the Township on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record road segments and types of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three-year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the Township upon the Township's request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The Township shall pay the County upon receipt of itemized invoices.

10. The cost for services shall remain in effect for the 2026 contract year.

Equipment Rate: \$42.00 per Hour Truck

Labor Rate: \$34.50 per Hour

Material Cost: Billed by the Ounce Used

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

WILLIAMSPORT TOWNSHIP BOARD



Williamsport Township Trustee

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

, Chair

ATTEST:

, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026079

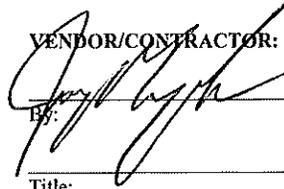
CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:


By: _____

Title: _____

Date: _____

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date: _____

ATTEST:

Lisa Schmitt, Shawnee County Clerk

**KANSAS DEPARTMENT OF TRANSPORTATION
BUREAU OF MAINTENANCE**

COUNTY AGREEMENT TO TREAT NOXIOUS WEEDS

This agreement made and entered into this _____ day of _____, 20____, by and between the Board of County Commissioners of _____ County, hereinafter referred to as County, and the Kansas Secretary of Transportation, hereinafter referred to as Secretary. The Kansas Department of Transportation hereinafter is referred to as KDOT.

WHEREAS, The Kansas Legislature has declared certain weeds to be Noxious Weeds (see Kansas Noxious Weed Law), and

WHEREAS, The County desires to treat noxious weed infested areas on State Highway Rights-of-Way within said County and the KDOT desires to retain the County to spray and treat such areas, and

WHEREAS, The Secretary and County agree to enter into a performance agreement, where in the County shall treat all noxious weeds on State Highway rights-of-way in the County. A condition of the fulfillment of the agreement requires that treatment by the County will provide a satisfactory control of the noxious weeds. Satisfactory performance is defined as preventing the production of viable seed and/or destroying the plant's ability to reproduce by vegetative means.

NOW, THEREFORE, in consideration of the premises, the parties hereto agree as follows:

1. The county will notify the KDOT District Engineer or the authorized representative, prior to each treatment on highway right-of-way, of the scheduled time and location of such treatment.
2. The County spraying operation may include a dye in the chemical mixture to allow easy identification of areas treated.
3. A representative of the KDOT shall make periodic field inspections to check treated areas. A field log and record will be maintained by the KDOT indicating dates treated and inspected, location and size of areas, type of noxious weeds, apparent affect of treatment and other pertinent comments. Approval by the KDOT representative shall be required before the County will be paid for treatment.
4. Schedule of Cost: The County shall provide all chemicals (includes herbicides, surfactants and drift control materials as required), dye, labor and equipment to treat noxious weeds. Chemicals and dye are to be provided at the County's cost. Labor and equipment costs are as follows:

LABOR COST	COST	*EQUIPMENT RENTAL TYPH AND SIZE
<p>\$ <u>34.50</u> /hr. operator per operator</p>	<p>\$ <u>42.00</u> /hr.</p>	<p>Truck w/spray Equipment or equivalent</p>
<p>\$ <u>34.50</u> /hr. operator per operator</p>	<p>\$ <u>42.00</u> /hr.</p>	<p>UTV w/spray Equipment Plus Truck and Trailer or Equivalent</p>

*Spraying equipment will have cab mounted flashing (or rotating) safety lights

5. Billing and Payment: The County shall submit to the KDOT District Engineer an itemized bill for wholesale cost of chemicals and dye furnished, plus actual cost of treating noxious weeds based on equipment rental and labor costs for areas of satisfactory performance. Upon receipt of proper billing and final approval, payment for treating noxious weeds will be made to the County by the KDOT.
6. Record of Work: The County representative doing the work shall:
 - Record size, location and type of noxious weed areas treated.
 - Record amount and kind of chemicals applied on each area.
 - Record dates chemicals were applied.
 - Maintain Report of Noxious Weed Treatment DOT FORM NO. 322-A, which shall be submitted to the KDOT within 1 to 2 weeks after treatment.
 - Maintain records until all claims are paid, but in no case less than the three year statutory time.
 - Make all records available for KDOT audit, when so requested by KDOT.

7. Chemicals, approved for use on highway right-of-way are listed below.

<u>CHEMICAL</u>	<u>TRADE NAME</u>	<u>RATE OF APPLICATION (metric)</u>
2, 4-D (amino or ester) (a)	numerous	1 to 2 lb. Equiv./acre (1.1 to 2.2 kg/ha)
Glyphosate (b)	numerous	1 1/2 lb. Equiv./acre (1.7 kg/ha)
MSMA	numerous	3 to 5 lb. Equiv./acre (3.8 to 5.6 kg/ha)
Sulfometuron (c)	Oust	3 to 6 ounces/acre (.21 to .42 kg/ha)
Picloram	Tordon	rate depends upon weed species
Chlorsulfuron	Telar	1/2 to 1 oz./acre (0.035 to 0.070 kg/ha)
Imazapyr	Arsenal/Habitat	1/4 lb. Active/acre (0.28 kg/ha)
Metsulfuron Methyl	Escort	rate depends upon weed species
Triclopyr (d)	Garlon	1/4 to 1/2 lb./acre (0.28 to 0.56 kg/ha)
Fluzafop P butyl + Fenoxlprop	Fusion	7 to 9 fl. oz. per acre (83.8 to 107.75 ml/ha)
Imazapic (e)	Plateau	rate depends upon weed species
Quinclorac (f)	Paramount/Drive	rate depends upon weed species and desirable grass species
Sulfosulfuron (g)	Outrider	rate depends upon desirable grass species
Aminopyralid (h)	Milestone	rate depends upon weed species
	Vista XRT	
Fluroxypyr		follow the product label recommendations

- (a) May be used alone or in combination with other herbicides
- (b) (Round-up)
- (c) Spot treatment only
- (d) Sericea lespedeza
- (e) Do not use where cool season grasses are the desired species
- (f) Fall bindweed control
- (g) Do not use for more than 3 consecutive seasons
- (h) Musk, bull and Canada thistle

There may be other trade names for the herbicides listed.

8. Chemicals shall be mixed and applied as recommended by the manufacturer and in accordance with approved methods contained in the "Official Regulations" issued by the Kansas Department of Agriculture.
9. The County agrees to provide this service in a workmanlike manner, to be in strict conformance with the instructions for handling and applying noxious weed chemicals and to be responsible for any negligent acts or omissions that may occur in the performance thereof.
10. The County's spraying equipment shall be equipped with cab mounted amber high-intensity rotating, flashing, oscillating, or strobe light. Safety lights shall be visible from all directions and not obstructed from view by tanks and equipment mounted to or towed behind the spraying equipment. If a safety concern has been raised, and at the direction of KDOT personnel, the County will be responsible for supplying and placing of traffic control signs for a mobile operation per Chapter I of the KDOT Highway Sign Manual. All workers shall wear approved safety vests according to 23 CFR 634, "Worker Visibility".
11. This agreement shall terminate December 31st of this year, except records shall be maintained in accordance with Section Six above. Termination may be sooner by a ten day written notice from either party to the other. It is agreed further that this contract can be renewed for three consecutive years at the option of the Secretary upon a 30-day written notice to the contractor prior to December 31st of the current year. The contractor and the Secretary agree that all terms of the renewal will remain the same unless either party determines that the price of the chemicals should be re-negotiated.

This agreement is officially adopted by the Board of County Commissioners and recorded in the official records of the proceedings of said Board.

In witness whereof the parties have caused this Agreement to be executed by their duly authorized officers or representatives.

SECRETARY OF TRANSPORTATION

THE BOARD OF COUNTY COMMISSIONERS

BY

Mark Funder 1/21/26
 District Engineer
 DISTRICT MAINT. ENGINEER

BY

Title:

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026080

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the 21 day of January, 2026

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

Mark Barden
By:

DISTRICT MAINT - ENGINEER
Title:

1/21/26
Date:

BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS

William D. Riphahn, Chair

Date:

ATTEST:

Lisa Schmitt, Shawnee County Clerk



SHAWNEE COUNTY CONTRACT NO. 53410

NOXIOUS WEED TREATMENT AGREEMENT

This contract is entered into on this 20th day of January, 2026, by and between the Board of County Commissioners of the County of Shawnee, Kansas, hereinafter referred to as the "County", and the City of Topeka, hereinafter referred to as the "City".

WHEREAS, Shawnee County Weed Department hereinafter referred to as the "Department" shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be "Noxious Weeds" pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas; and

WHEREAS, the City (Utilities Department) desires to have the County treat drainage ways at various locations within the City of Topeka, and portions of its property known to occasionally have undesirable vegetation and noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and The City agree as follows:

CITY AGREES TO:

1. Supply the County with maps, keys (if necessary) and access to City property wherein the County shall treat noxious weeds.
2. Pay the County upon receipt of itemized invoices for chemicals (including dyes and adjuvants), labor (including benefits), plus equipment (based on FEMA hourly rates) for the actual cost of inspecting for and treating noxious weeds.

COUNTY AGREES TO:

1. Treat noxious weeds on City property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means. Said spraying may include a dye in the chemical mixture to allow for easy identification of treated areas.
2. Treat brush and other invasive weeds on City property as per City request; at the County rate for chemicals, labor, and equipment.
3. Treat areas to provide total vegetation control as per City request.
4. Mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the "Official Regulations" issued by the Kansas Department of Agriculture.
5. Perform all services pursuant to this contract in a workmanlike manner.
6. Department's representative performing the services shall:
 - a. Record locations and types of noxious weed areas treated.
 - b. Record amount and type of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three year period statutorily required.
 - f. Make all records of work performed pursuant to this contract available for audit by the City upon request.
7. The County shall invoice the City on a treatment basis pursuant to an itemized invoice detailing chemicals (including dyes and adjuvants), plus the actual cost of inspecting for and treating noxious weeds based on equipment and labor costs as stated here:
 - a. LABOR (equipment operator) \$34.50 per hour
 - b. LABOR (second person) \$34.50 per hour
 - c. EQUIPMENT (truck with spraying unit) \$42.00 per hour
 - d. EQUIPMENT (UTV with spraying unit) \$42.00 per hour
 - e. EQUIPMENT (UAV Drone with trailer) \$175.00 per hour

8. Invoices shall be mailed to:

Water Pollution Control Division
1115 Poplar St.
Topeka, KS 66616
Email: accountspayable@Topeka.org

9. Notify the City if and when the costs of its services and materials have reached Fifty Thousand Dollars and No/100 (\$50,000.00). The County shall inquire as to whether the City desires to have additional services performed if applicable. The total costs incurred by City shall not exceed Fifty Thousand Dollars and No/100 (\$50,000.00) during the term of this contract unless the City authorizes in writing additional expenditures for services by the County.

TERM. This contract shall be effective from the date above until December 31, 2026. Either party may terminate this contract by providing 30 days advance written notice to the other party.

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

, Chair

CITY OF TOPEKA, KANSAS

Robert M. Perez 1/20/2026
Robert M. Perez, Ph. D., City Manager

ATTEST:

, Shawnee County Clerk

APPROVED AS TO FORM AND LEGALITY:

1/15/2026 *Melissa Mullen*

C&P DIRECTOR:

Laul



ATTEST:

Brenda Younger
Brenda Younger, City Clerk

Rev. 01/2025

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C. 2026081

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20_____.

- 1. TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
- 2. AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
- 3. TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
- 4. DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
- 5. ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

- 6. ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
- 7. ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
- 8. REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
- 9. RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
- 10. INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
- 11. AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

**CITY OF TOPEKA:
VENDOR/CONTRACTOR:**

Robert M. Perez
By:
Robert M. Perez, Ph. D., City Manager
Title:
1/20/2026

Date:
**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date:
ATTEST:

Lisa Schmitt, Shawnee County Clerk

ATTEST:

Brenda Younger
Brenda Younger, City Clerk



APPROVED AS
TO FORM AND
LEGALITY:

1/15/2026

DIRECTOR OF C&P

Lull

SHAWNEE COUNTY CONTRACT NO. C2026082

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20____, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Tri-County Drainage District**, hereinafter referred to as “District.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas and the District is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the District agree as follows:

1. The District shall supply the Department with maps, keys (if necessary) and access to all District property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on District property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means. Said spraying may include a dye in the chemical mixture to allow for easy identification of treated areas.
3. The Department shall spot treat noxious weed infestations on District property throughout the growing season.
4. Upon District request the County may treat existing brush and other invasive weeds on District property.
5. The County shall invoice the District on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.
6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the “Official Regulations” issued by the Kansas State Board of Agriculture.
7. The Department representative performing the work shall:

- a. Record location and type of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the District upon request.
8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.
9. The total costs incurred by the District shall not exceed Nine Thousand Dollars and No/100 (\$9,000.00) during the term of this agreement, unless the District's Board of Supervisors authorizes in writing additional expenditures for services.
10. The District shall pay the County upon receipt of itemized invoices.
11. The County shall invoice the Tri-County Drainage District on a treatment basis pursuant to an itemized invoice detailing chemicals (including dyes and adjuvants), plus the actual cost of inspecting for and treating noxious weeds based on equipment and labor costs as stated here:
- a. LABOR (equipment operator) \$34.50. per hour
 - b. LABOR (second person) \$34.50 per hour
 - c. EQUIPMENT (truck with spraying unit) \$42.00 per hour
 - d. EQUIPMENT (UTV with spraying unit) \$42.00 per hour
 - e. EQUIPMENT (UAV Drone with trailer) \$175.00 per hour

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

TRI-COUNTY DRAINAGE DISTRICT

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

Howard J. Pan Chair
Board of Supervisors

, Chair

ATTEST:

, Shawnee County Clerk

SHAWNEE COUNTY CONTRACT NO. C2026083

NOXIOUS WEED TREATMENT AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____, 20___, by and between **The Board of County Commissioners of the County of Shawnee, Kansas**, hereinafter referred to as “County,” and the **Wakarusa Watershed Joint District #35**, hereinafter referred to as “District.”

WHEREAS, Shawnee County Weed Department hereinafter referred to as the “Department” shall be the County department accountable for performing said duties on behalf of the County; and

WHEREAS, the Kansas legislature has declared certain weeds to be “Noxious Weeds” pursuant to K.S.A. 2-1314 et seq.; and

WHEREAS, the County has the means and capability to treat noxious weed infested areas and the District is desirous of having the County treat those portions of its property known to occasionally have noxious weed infestations; and

NOW, THEREFORE, in consideration of the mutual considerations indicated, the County and the District agree as follows:

1. The District shall supply the Department with maps, keys (if necessary) and access to all District property wherein the County is to treat noxious weeds.
2. The Department shall treat noxious weeds on District property by preventing the production of viable seed and/or destroying the ability of plants to reproduce by vegetative means. Said spraying may include a dye in the chemical mixture to allow for easy identification of treated areas.
3. The Department shall spot treat noxious weed infestations on District property throughout the growing season. For the purposes of this contract, District property is defined as those District areas contained within the boundaries of Shawnee and Osage counties, and Douglas County west of E 200 Rd. (Two sections east of the SN/DG County line).
4. Upon District request the County may treat existing brush and other invasive weeds on District property.
5. The County shall invoice the District on a monthly basis pursuant to an itemized statement detailing chemicals (herbicides, dye and adjuvants) applied, and actual labor (including overhead) and equipment (based on FEMA hourly rates) costs of inspecting for and treating noxious weeds.

6. In carrying out its services pursuant to this agreement, the Department shall mix and apply all chemicals as recommended by the manufacturer and in accordance with approved methods contained in the "Official Regulations" issued by the Kansas State Board of Agriculture.

7. The Department representative performing the work shall:
 - a. Record location and type of noxious weeds treated.
 - b. Record amount and kind of chemical applied on each area.
 - c. Record date(s) chemicals were applied.
 - d. Record labor and equipment time spent on each area.
 - e. Maintain records no less than the three year period statutorily required.
 - f. Make all records of work performed pursuant to this agreement available for audit by the District upon request.

8. The Department shall perform all services pursuant to this agreement in a workmanlike manner.

9. The total costs incurred by the District shall not exceed Eight Thousand Dollars and No/100 (\$8,000.00) during the term of this agreement, unless the District's Board of Directors authorizes in writing additional expenditures for services.

10. The District shall pay the County upon receipt of itemized invoices. The County shall invoice the Wakarusa Watershed on a treatment basis pursuant to an itemized invoice detailing chemicals (including dyes and adjuvants), plus the actual cost of inspecting for and treating noxious weeds based on equipment and labor costs as stated here:

a. LABOR (equipment operator)	\$34.50 per hour
b. LABOR (second person)	\$34.50 per hour
c. EQUIPMENT (truck with spraying unit)	\$42.00 per hour
d. EQUIPMENT (UTV with spraying unit)	\$42.00 per hour
e. EQUIPMENT (UAV Drone with trailer)	\$175.00 per hour

TERM. This Agreement shall be effective from the date above until December 31, 2026. Either party may terminate this agreement sooner by providing 30 days advance written notice to the other party.

WAKARUSA WATERSHED DISTRICT

BOARD OF COMMISSIONERS
SHAWNEE COUNTY, KANSAS

Jay Butel

Larry Butel, Chair
Board of Directors

, Chair

ATTEST:

, Shawnee County Clerk

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C 2026083

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION & DAMAGES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: Larry Butel

Title: President

Date: _____

Date: _____

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date: _____

ATTEST:

Lisa Schmitt, Shawnee County Clerk



Weed Department

Weed Department
John Landon, Director
2044 SW Western Ave
Topeka, Kansas 66604
Ph. 785.251.6931
Email: John.Landon@snco.us
Website: www.snco.us

Memorandum

Date: February 24, 2026

To: Board of County Commissioners

From: John Landon 
Weed Director

Re: Approval to award bid for Weed Management Chemicals

The Shawnee County Weed Department (SCWD) received commission approval to solicit herbicide bids for the 2026 season. Bids were sent out by Audit Finance, with six vendors responding.

The Shawnee County Weed Department has reviewed the bid documents, label specifications, and information collected through the formal bid process. After review, the SCWD is seeking approval to award the bid to Van Diest Supply Company who was the lowest overall bidder.

Thank you for your consideration of this request.

Description Herbicide and Adjuvants

RFP Item	Reinders, Inc.	SiteOne Landscape Supply LLC	ORION SOLUTIONS LLC	MFA Inc.	Nutrien Solutions	Van Diest Supply Co.
1 Tordon	No Bid	No Bid	\$ 31.50	\$ 50.47	\$ 45.00	\$ 37.94
2 Remedy	No Bid	\$ 51.90	\$ 42.00	\$ 57.31	\$ 42.44	\$ 42.59
3 Glyphosate	\$ 45.25	\$ 50.91	\$ 35.00	\$ 30.25	\$ 31.70	\$ 32.225
4 2, 4-d amine	No Bid	\$ 61.86	\$ 42.50	\$ 42.38	\$ 39.17	\$ 41.35
5 Imazapyr	\$ -	No Bid	No Bid	\$ 85.50	\$ 70.00	\$ 81.90
7 Metsulfuron-methyl	\$ -	\$ 18.15	\$ 12.96	\$ 17.04	\$ 11.36	\$ 11.92
8 Adjuvant	\$ -	\$ 19.65	\$ 7.85	\$ 9.50	\$ 18.00	\$ 9.99
9 Dye	No Bid	\$ 28.37	\$ 22.00	\$ 29.00	\$ 49.81	\$ 23.44
10 2, 4-dichlorophenoxyacetic	No Bid	No Bid	\$ 87.50	\$ 87.50	\$ 87.50	\$ 87.50
11 Adjuvant	\$ 50.00	\$ 72.57	\$ 20.00	\$ 75.35	\$ 47.50	\$ 46.225
12 Roundup Quick Pro Dry Pks	\$ 60.00	\$ 55.95	No Bid	\$ 130.00	\$ 76.50	\$ 76.05
13 Bayer Planview SC	No Bid	No Bid	\$ 739.20	\$ 750.00	\$ 739.20	\$ 739.20



SHAWNEE COUNTY

REQUEST FOR PROPOSAL (RFP)

Quotation Number: 003-26 Vendor Name: _____
Date Issued: 01-27-2026 Address: _____
Closing Date: 02-17-2026, 2:00pm Phone Number: _____

THIS IS NOT AN ORDER

1. In communications, always refer to the above quotation number.
2. All prices and conditions must be shown. Additions or conditions not shown on this bid will not be allowed.
3. Shawnee County reserves the right to accept or reject any part of, or all of, any bid or proposal.
4. All prices quoted are to be less Federal Excise Tax and Kansas Sales Tax.
5. **Prices quoted shall remain in effect for the remainder of the 2026 calendar year, except in the event of a manufacturer increase or decrease.**

SHAWNEE COUNTY HAS AN ELECTRONIC BID SYSTEM

All vendors are *required* to create an online portal account (www.snco.us/purchasing) in order to receive or submit bid requests.

ITEM AND DESCRIPTION

Shawnee County is soliciting sealed bids for Herbicides and Adjuvants for the 2026 calendar year per the specifications listed in Attachment 1.

GENERAL INFORMATION

- This bid may be awarded to multiple vendors.
- You are not required to bid on all items listed, only items you can provide.
- Quantities listed in **Attachment 1** are minimum quantities, Shawnee County reserves the right to purchase quantities in excess to those specified.
- The bid price shall remain in effect for the remainder of the 2026 calendar year, except in the event of a manufacturer increase/decrease.
- Questions regarding the bid should be submitted through the bid portal.

PLEASE SUBMIT ATTACHMENT 1 AS THE FIRST PAGE OF YOUR BID

BID RESPONSE

Document Information: The bid portal will only allow one PDF document uploaded for a response. It is your responsibility to make sure the uploaded file is the correct, complete and contains all required information and signatures. The document file name should only contain spaces and letters or numbers, please do not use special characters or dashes. The file can be changed until the bid close time.

Closing Date: Bids will be received until 2:00 p.m. CDT on the scheduled closing date. The online bid portal will not accept any new bids after this time.

Signature of Bids: Each bid must show in the space provided the complete business or mailing address of the bidder and must be signed by him/her with his/her usual signature.

Withdrawal of Bids: Bids already submitted may be withdrawn on the Electronic Bid System or upon proper identification of bidder and provided request is received prior to time of closing. Negligence on the part of the bidder in preparing the bid confers no right for the withdrawal after the time set for closing of bids.

Submitting Multiple Bids: The online bid portal will only allow one file to be uploaded per bid, per company. If you are submitting multiple bids, please complete the Multiple Bids Cover Page and attach as the first page of your bid upload. The document can be found under Purchasing in the bid portal.

Register Your Company: For a *mandatory* pre bid meeting, you *must* be registered in our bid portal for us to record you as an attendee. If you are not marked as attended, the system will not allow you to upload a bid response. To receive automatic updates on RFP subscribe to the bid types. If a RFP has a mandatory pre bid meeting it will be clearly marked on the RFP and in the bid portal.

Please Submit Your Bids Early: In case you have problems getting your bid to upload and need assistance, we suggest you submit before 1:30 pm. Please contact us at once if you have issues uploading. Our system will not allow any bids to be uploaded after 2:00 pm. If your pricing changes, you can replace your bid in the system any time before the 2:00 closing.

Bid Openings: All bids submitted before the specified bid closing time shall be opened and properly recorded on the bid tabulation sheet. Subsequent to the bid opening, all bids shall be thoroughly evaluated and a determination made as to their compliance with applicable specifications. The appropriate County department head shall make this determination. Upon completion of the above determination, an analysis of all bids submitted shall be prepared and formally presented to the Board of County Commissioners for acceptance and approval of the lowest and/or best bid. The Board of County Commissioners reserves the right to accept or reject any and/or all bids and to waive any irregularities or informalities therein.

Notice to Successful Bidders: The successful bidder will be notified by email or telephone as soon as possible after bids have been opened, tabulated, and analyzed.

Notice to Unsuccessful Bidders: Unsuccessful bidders will not be notified.

Disclosure of Proposal Content and Proprietary Information: All proposals become the property of the Shawnee County. The Open Records Act (K.S.A. 45-215 et seq) of the State of Kansas requires public information be placed in the public domain at the conclusion of the selection process, and be available for examination by all interested parties. No proposals shall be disclosed until after a contract award has been issued. Shawnee County reserves the right to destroy all proposals if the RFP is withdrawn, a contract award is withdrawn, or in accordance with Kansas law. The online bid portal will not accept late proposals.

How to include Proprietary Information in your proposal: Trade secrets or proprietary information legally recognized as such and protected by law may be requested to be withheld if clearly labeled "Proprietary" on each individual page and provided in a clearly marked and separated with the Proprietary Divider page, section within the pdf file uploaded to the online bid portal. Only one file is allowed to be uploaded to the bid portal. Pricing information is not considered proprietary and the bidder's entire proposal response package will not be considered proprietary.

Proprietary Divider Page: This document is available to be downloaded in the bid portal underneath the Purchasing section.

All information requested to be handled as "Proprietary" shall be submitted in the separate section from the main proposal and clearly labeled and section off by the divider page. The bidder shall provide detailed written documentation justifying why this material should be considered "Proprietary". Shawnee County reserves the right to accept, amend or deny such requests for maintaining information as proprietary in accordance with Kansas law.

Shawnee County does not guarantee protection of any information which is not submitted as required.

DEMANDSTAR POSTINGS

Demandstar Website: Shawnee County open projects are posted on Demandstar as a secondary posting. Demandstar tracks broadcast and plan holder data. Bids must be submitted through the Shawnee County Bid Portal.

Shawnee County Bid Portal: When an open project is posted, Shawnee County is not able to track who downloads project information off the bid portal website. Bids must be submitted through the Shawnee County Bid Portal to be considered. All projects are posted on the County website, not all projects are posted on the Demandstar website. Registration is free.

TERMS AND CONDITIONS

In the event that goods or services delivered by the vendor are unsatisfactory and remain unsatisfactory after a notice and an opportunity to correct the deficiencies, the County reserves the right to purchase substitute goods or services from the other bidders.

Shawnee County reserves the right to negotiate separately with any vendor after the opening of this RFP when such action is considered in its best interest. Subsequent negotiations may be conducted, but such negotiations will not constitute acceptance, rejection or a counteroffer on the part of the County.

Shawnee County interprets the term "lowest responsible and best bidder" as requiring Shawnee County to:

- A. Choose between the kinds of materials, goods, wares, or services subject to the proposal, and
- B. Determine which proposal is most suitable for its intended use or purpose. Shawnee County can consider among other factors such things as labor cost, service and parts availability and maintenance costs of items upon which proposals are received. Shawnee County can determine any differences or variations in the quality or character of the material, goods, wares or services performed or provided by the respective vendors.

Shawnee County will award the bid. If the successful vendor refuses or fails to make deliveries of the materials/services within the times specified in the RFP, purchase order or contractual agreement, Shawnee County may by written notice, terminate the contract OR purchase order. The successful vendor will certify and warrant that goods, personal property, chattels, and equipment sold and delivered are free and clear of any and all liens, or claims of liens, for materials or services arising under, and by virtue of the provisions of K.S.A. 58-201, et seq., and any other lien, right, or claim of any nature or kind whatsoever.

The vendor hereby certifies that he or she has carefully examined all of the documents for the project, has carefully and thoroughly reviewed this RFP, understands the nature and scope of the work to be done; and that this proposal is based upon the terms, specifications, requirements and conditions of the RFP, and documents. The vendor further agrees that the performance time specified is a reasonable time, having carefully considered the nature and scope for the project as aforesaid.

Shawnee County reserves the right to enter into agreements subject to the provisions of the Cash Basis Law (K.S.A. 10-1112 and 10-1113), the Budget Law (K.S.A.79-2935). Agreements shall be construed and interpreted so as to ensure that the County shall at all times stay in conformity with such laws, and as a condition of agreements the County reserves the right to unilaterally sever, modify, or terminate agreement at any time if, in the opinion of its legal counsel, the Agreement may be deemed to violate the terms of such law.

The vendor certifies that this proposal is submitted without collusion fraud, or misrepresentation as to other vendors, so that all proposals for the project will result from free, open, and competitive proposing among all vendors.

This RFP, responses thereto and any contract documents will be governed by the law of the State of Kansas. Any dispute arising out of the same will be litigated only within the courts of the State of Kansas.

Vendor agrees that all data, documents, and information, regardless of form that is generated as a result of this RFP are the property of Shawnee County. The County shall not be liable to reimburse any vendor for the costs of creating, compiling or delivering the same to the County.

By submission of a response, the proposer agrees that at the time of submittal, it: 1) has no interest (including financial benefit, commission, finder's fee, or any other remuneration) and will not acquire any interest, either direct or indirect, that would conflict in any manner or degree with the performance of proposer's services, or 2) benefit from an award resulting in a "Conflict of Interest." A "Conflict of Interest" will include holding or retaining membership, or employment, on a board, elected office, department, division, or bureau, or committee sanctioned by and/or governed by the Board of Shawnee County Commissioners of the County of Shawnee, Kansas. Proposers will identify any interests, and the individuals involved, on separate paper with the response and will understand that the County may reject their proposal at its sole discretion.

No gifts or gratuities of any kind shall be offered to any County employee at any time.

The Proposer certifies that this proposal is submitted without collusion, fraud, or misrepresentation as to other Proposers, so that all proposals for the project will result from free, open, and competitive proposing.

The County is exempt from the payment of Federal and excise taxes and from Kansas sales tax.

Vendor credit agreements are prohibited. Unless otherwise stated in this document, payment will be made from vendor-submitted invoice(s) via ACH (automated clearinghouse network) transfer or credit card, net 30 days. Shawnee County will not complete any credit application or agree to credit terms supplied by vendor. Shawnee County prefers to pay its vendor invoices via electronic fund transfers through ACH. To initiate payment of invoices vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement which will be provided upon being awarded the RFP.

Attached is Shawnee County CPA (Contractual Provisions Agreement) which all vendors must be agree to upon awarded contract.

Nondiscrimination: Shawnee County is committed to the concept of equal employment opportunity. All bidders and contractors are expected to comply with the provisions of K.S.A. 44-1030 and 44-1031, copies of which are attached and shall be a part of this contract and other applicable Federal and Kansas laws governing equal employment opportunity.

In accordance with K.S.A 44-1030, vendor hereby agrees to the following:

- A. He or she will observe the provision of the Kansas Commission on Human Rights and will not discriminate against any person in the performance of work under the present contract because of race, religion, color, sex, national origin, ancestry, or physical disability.
- B. In all solicitations or advertisements for employees, he or she will include the phrase, "Equal Opportunity Employer", or a similar phrase to be approved by the Kansas Commission on Human Rights.
- C. If he or she fails to comply with the manner in which he or she will be deemed to have breached the present contract, and it may be canceled, terminated, or suspended, in whole or in part, by Shawnee County, Kansas.
- D. If he or she is found guilty of a violation of the Kansas Act Against Human Rights under a decision, or order of the Kansas Commission on Human Rights which has become final, he or she will be deemed to have breached the present contract, and it may be canceled, terminated, or suspended, in whole or in part, by Shawnee County, Kansas; and,
- E. He or she will include the provisions of subsections (a) through (d) inclusively of this paragraph in every subcontract or purchase order so that such provision will be binding upon such subcontractor of vendor.

Provisions of K.S.A. 44-1030 Statute:

Mandatory provisions applicable to contracts of the state and other political subdivisions; cancellation, when; application to subcontract; non-application to certain contract. (a) Except as provided by subsection (c) of this session, every contract for or on behalf of the state or any county or municipality or other political subdivision of the state or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

1. The contractor shall observe the provisions of the Kansas act against discrimination and shall not discriminate against any person in the performance of work under the present contract because of race, religion, color, sex physical handicap unrelated to such person's ability to engage in the particular work, national origin or ancestry.
2. In all solicitations or advertisements for employees, the contractor shall include the phrase, "equal opportunity employer," or a similar phrase to be approved by the commission.
3. If the contractor fails to comply with the manner in which the contractor reports to the commission in accordance with the provisions of K.S.A. 44-1032, the contractor shall be deemed to have breached the present contract and it may be cancelled, terminated or suspended, whole or in part, by the contracting agency.
4. If the contractor is found guilty of a violation of the Kansas act against discrimination under a decision or order of the commission which has become final, the contractor shall be deemed to have breached the present contract and it may be cancelled, terminated or suspended, in whole or in part, by the contracting agency.
5. The contractor shall include the provisions of paragraphs one (1) through four (4) inclusively of this subsection (a) in every subcontract or purchase order so that such provisions will be binding upon such subcontractor or vendor. (b) The Kansas commission on civil rights shall not be prevented hereby from requiring reports of contractors found to be not in compliance with the Kansas act against discrimination. (c) The provisions of this section shall not apply to a contract entered into by a contractor: (1) Who employs fewer than four (4) employees during the term of such contract; or (2) Whose contracts with the governmental entity letting such contract cumulatively total five thousand dollars (\$5,000) or less during the fiscal year of such governmental entity.

Provisions of K.S.A. 44-1031 Statute:

Same; personnel to be used in performing contracts; reports; non-application to certain contractors. Every person, as defined in subsection (a) of K.S.A. 44-1002, who wishes to enter into a contract which is covered by the provisions of K.S.A. 44-1030 shall upon request of the commission, inform the commission in writing of the manner in which such person shall recruit and screen personnel to be used in performing the contract. The report shall be made on forms to be supplied by the commission. The provisions of K.S.A. 44-1030 and of this section shall not apply to any contractor who has already complied with the provisions of such sections by reason of holding a contract with the federal government or a contract involving federal funds.

ATTACHMENT 1

Quotation Number: 003-26
Date Issued: 01-27-2026
Closing Date: 02-17-2026, 2:00pm

Vendor Name: _____
Address: _____

PRICING

Item 1. Tordon 22 k, picloram, 24.4% active ingredient, or approved equal with range, pasture, & non-cropland label.

192 gallons in 1-gallon containers* Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 2. Remedy, triclopyr, 60.45% active ingredient or approved equal with grazing, rangeland, & non-cropland label.

576 gallons in 1-gallon containers* Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 3. Glyphosate, 41% active ingredient, fully loaded product with crop, & non-cropland label, or approved equal.

1,980 gallons in 2.5-gallon containers* Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 4. 2, 4-d amine, 4 lbs. Active ingredient, or approved equal with pasture, rangeland, ornamental turf, lawn, right-of-way, non-cropland & aquatic label.

1,800 gallons in 2.5-gallon containers* Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 5. Imazapyr 7.78%, diuron 62.22%, active ingredient, or approved equal.

1,500 pounds in 10-pound containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 7. Metsulfuron-methyl, 60% active ingredient or approved equal with rangeland & non-cropland label.

3,200 ounces in 8-ounce containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 8. Adjuvant. 90/10 nonionic, low foam, wetter/spreader.

192 gallons in 1-gallon containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 9. Dye. Hi-light dye blue

192 gallons in 1-gallon containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 10. 2,4-dichlorophenoxyacetic acid, choline salt 56.3%

Freelexx or approved equal with pasture, rangeland, ornamental turf, non-cropland & aquatic label.

180 gallons in 2.5-gallon containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 11. Adjuvant, high quality all in one drift control, water conditioner & de-foamer.

100 gallons in 2.5 gallon containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 12. Roundup quick pro dry packs (73.3% glyphosate glycine in the form of its ammonium salt)

6 boxes to a case 5- 1.5ounce packages per box.

35 Cases (1,575 ounces)

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

Item 13. (BAYER)Plainview SC (Indaziflam 2.00%, Potassium salt of aminocyclopyrachlor:6-amino-5-chloro-2-cyclopropyl-4-pyrimidinecarboxylic acid 6.00% Isopropylamine salt of imazapyr2-4,5-dihydro-4-methyl-4-1-methylethy-5-oxo-1h-imidazol-2-yl-3-pyridinecarboxylic acid 20.43% Other Ingredients 71.02%)

100 Gallons in 2.5 gallon containers*

Price per container _____

Trade name _____

Web Site Address to Access Product Label/MSDS _____

NO SUBSTITUTIONS

NOTES

*Multiple orders throughout the year due to storage limitations.

1. Sample labels/MSDS can be submitted in lieu of website addresses.
2. Quantities listed above are minimum quantities, Shawnee County reserves the right to purchase quantities in excess to those specified at contract price.
3. The bid price shall remain in effect for the remainder of the 2026 calendar year, except in the event of a manufacturer increase/decrease.

DELIVERY

1. DELIVERY SHALL BE MADE F.O.B. to 2044 SW Western Ave, Topeka, KS 66604.
2. Prices quoted shall be F.O.B. Shawnee County Noxious Weed Department at the address shown above.
3. Seller agrees to contact designated County personnel a minimum of three (3) working days prior to delivery.
4. Bidder shall state, as a condition of the bid, the period of time required between issuance of purchase order (PO), and the start of delivery. Invoice the Noxious Weed Department at the address shown above.

PERIOD OF TIME BETWEEN P.O. AND START OF DELIVERY _____

ORDER CONTACT INFORMATION

Best way to order: _____

Contact Person: _____

Contact Information: _____

COMPANY or FIRM NAME

BY: _____
Date: _____

Please email auditfinance@snco.us if you are experiencing trouble with fillable forms and would like an alternate form.

ATTACHMENT TO
SHAWNEE COUNTY CONTRACT C _____

CONTRACTUAL PROVISIONS ATTACHMENT

The undersigned parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being dated the _____ day of _____, 20____.

1. **TERMS HEREIN CONTROLLING PROVISIONS.** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated.
2. **AGREEMENT WITH KANSAS LAW.** It is agreed by and between the undersigned that all disputes and matters whatsoever arising under, in connection with or incident to this contract shall be litigated, if at all, in and before a Court located in the State of Kansas, U.S.A., to the exclusion of the Courts of any other states or country. All contractual agreements shall be subject to, governed by, and construed according to the laws of the State of Kansas.
3. **TERMINATION DUE TO LACK OF FUNDING APPROPRIATION.** Shawnee County is subject to the Kansas Cash Basis Law, K.S.A. 10-1101 *et seq.* If, in the judgment of the Financial Administrator, Audit-Finance Office, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, County may terminate this agreement at the end of its current fiscal year. County agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year. In the event this agreement is terminated pursuant to this paragraph, County will pay to the contractor all regular contractual payments incurred through the end of such fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the County or the contractor.
4. **DISCLAIMER OF LIABILITY.** Neither the County of Shawnee nor any department thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
5. **ANTI-DISCRIMINATION CLAUSE.** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act, (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 *et seq.*) [ADA] and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission of access to or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out in K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract; (f) if the contracting agency determines that the contractor has violated applicable provisions of ADA, that violation shall constitute a breach of contract; (g) if (e) or (f) occurs, the contract may be cancelled, terminated or suspended in whole or in part by the County. Parties to this contract understand that subsections (b) through (e) of this paragraph number 5 are not applicable to a contractor who employs fewer than four employees or whose contract with the County totals \$5,000 or less during this fiscal year.

6. **ACCEPTANCE OF CONTRACT.** This contract shall not be considered accepted, approved or otherwise effective until the required approvals and certifications have been given and this is signed by the Board of County Commissioners of the County of Shawnee, Kansas.
7. **ARBITRATION, DAMAGES, WARRANTIES.** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Further, the County shall not agree to pay attorney fees and late payment charges; and no provisions will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
8. **REPRESENTATIVE'S AUTHORITY TO CONTRACT.** By signing this document, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this document on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **RESPONSIBILITY FOR TAXES.** To the extent that the County is exempt from any federal, state or local taxes, the contractor will not invoice for such expenses. Any taxes which may be imposed or levied upon the subject matter of this contract will be invoiced by the contractor and payable by the county.
10. **INSURANCE.** The County shall not be required to purchase, any insurance against loss or damage to any personal property to which this contract relates, nor shall this contract require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), the vendor or lessor shall bear the risk of any loss or damage to any personal property to which vendor or lessor holds title.
11. **AUTOMATED CLEARING HOUSE (ACH).** Shawnee County prefers to pay its vendor invoices via electronic funds transfers through the automated clearing house (ACH) network. Shawnee County may require vendors to accept payments via ACH. To initiate payment of invoices, vendors shall execute the County's standard ACH Vendor Payment Authorization Agreement. Upon verification of the data provided, the Payment Authorization Agreement will authorize the County to deposit payment for services rendered or goods provided directly into vendor accounts with financial institutions. All payments shall be made in United States currency.

VENDOR/CONTRACTOR:

By: _____

Title: _____

Date: _____

**BOARD OF COUNTY COMMISSIONERS
SHAWNEE COUNTY, KANSAS**

William D. Riphahn, Chair

Date: _____

ATTEST:

Lisa Schmitt, Shawnee County Clerk



Date: March 3, 2026

To: Board of County Commissioners
Shawnee County

From: Tim L. Laurent, Director
Parks and Recreation

TL

RE: Award Bid #002-26: Campground Cabins – Shirley Construction

Purpose: Board of County Commissioners approval is requested to award the bid for RFP #002-26 to Shirley Construction for the construction of two (2) cabins at Lake Shawnee Campgrounds at a cost of \$402,000.00. Pending approval, Parks + Recreation will work with Shirley Construction on a contract for approval. Funding for this project will be provided for through a Kansas Department of Wildlife and Parks LWCF Grant, the Campground Revolving Fund, and the Department’s Building Maintenance Fund.

Background: On February 19, 2026, Shawnee County Parks and Recreation closed RFP No. 002-26 seeking qualified construction firms for the construction of two (2) rentable cabins at Lake Shawnee Campground. The RFP received four (4) bid responses as shown below. Proposals were reviewed and Shirley Construction was determined to be the lowest most responsive bidder to perform the scope of services. The cabins are expected to bring additional revenue to the campground and fulfills one of the top three desired campsites Shawnee County constituents requested during the public outreach for the Campground Masterplan coming in just behind basic and full utility sites.

Funding for the project will be allocated as follows:

- \$148,989.50 – KDWP LWCF Grant
- \$230,000 – SCP+R Campground Revolving Fund (user funded)
- \$23,010.50 – SCPR Building Maintenance Fund

Total: \$402,000.00

Description Construction of Campground Cabins

	BandT Construction	Coal Creek Construction	Senne and Company, Inc.	Shirley Construction
Base Scope Construction	\$ 597,456.00	\$ 454,000.00	\$ 498,731.00	\$ 402,000.00
Alternate 1:	\$ 9,682.00	\$ 22,500.00	\$ 37,150.00	\$ 44,022.00

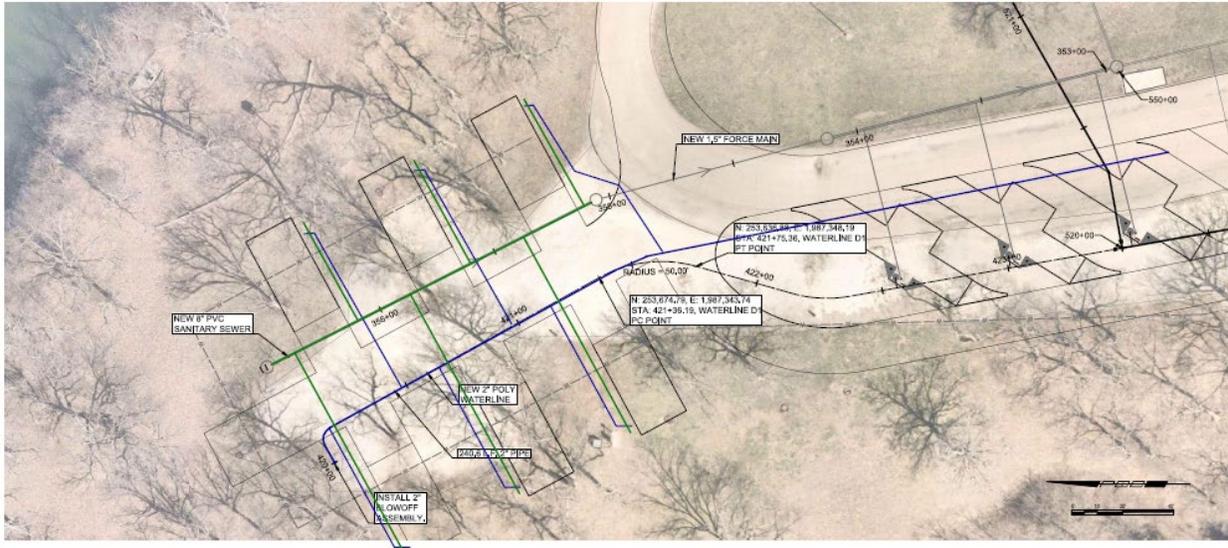


TLL/dlt

parks.snco.us



Site Information:



ACTUAL BUILDING AREA:

LOFTED CABIN - LOWER LEVEL (ABOVE GRADE PLANE): 553 SF
 LOFTED CABIN - MEZZANINE LEVEL: 202 SF

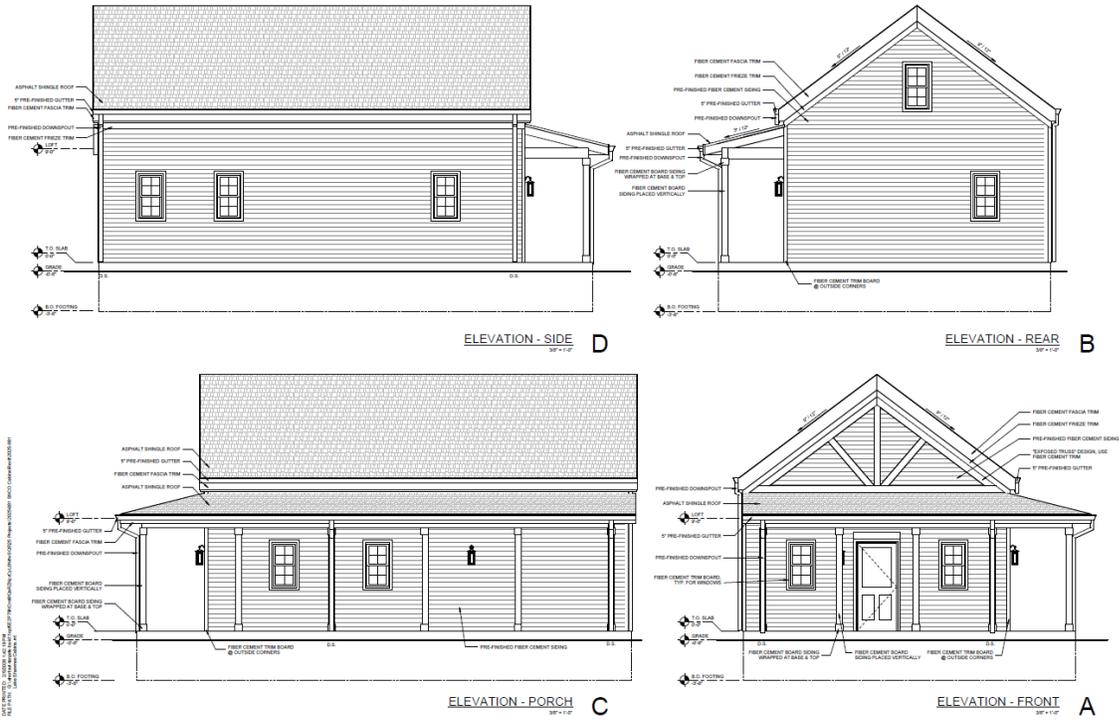
LOFTED CABIN - TOTAL BUILDING AREA: **755 SF**

ACCESSIBLE CABIN - LOWER LEVEL (ABOVE GRADE PLANE): 590 SF

ACCESSIBLE CABIN - TOTAL BUILDING AREA: **590 SF**



Cabin Information:



BID SET
 DATE: 01-13-2021
 2021-001

NO OTHER WORK SHALL BE PERMITTED ON THIS PROJECT WITHOUT THE WRITTEN APPROVAL OF THE ARCHITECT. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE PROJECT MANUAL.

LAKE SHAWNEE CABINS
 3435 SE EAST EDGE RD., TOPEKA, KS 66605

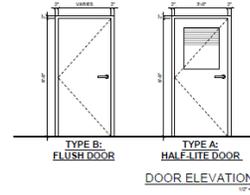
DESIGNED BY: FALK ARCHITECTS
 DRAWN BY: A202
 CHECKED BY: FALK ARCHITECTS
 DATE: 01-13-2021

ELEVATIONS - LOFTED
 FALK ARCHITECTS INC.



DOOR & FRAME SCHEDULE - ADA									
NO.	DOOR			FRAME					
	TYPE	FIN.	HT.	TYPE	FIN.	HT.	HT.	HT.	HT.
101	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"
102	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"
103	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"
104	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"	1 1/2"	1 1/2"	8' 0"

DOOR HARDWARE SCHEDULE:	
ENTRY	1 HINGE, ADA DOOR LEVER, CYLINDER LOCKSET, THRESHOLD SWP
PRIVATE	1 HINGE, ADA DOOR LEVER, PRIVATE LOCKSET
STORAGE	1 HINGE, ADA DOOR LEVER, KEYS LOCKSET



WALL PARTITION SCHEDULE:

- TYPE A (1) LAZER TONGUE & GROOVE PLANE ON SHAWNEE TONGUE & GROOVE BRANDING ON BOTTOM OF JOIST
- TYPE B (1) LAZER 1/2" SPINDLE WALLBOARD ON SHAWNEE TONGUE & GROOVE BRANDING ON BOTTOM OF JOIST
- TYPE C (1) LAZER TONGUE & GROOVE WOOD PLANE ON SHAWNEE TONGUE & GROOVE BRANDING ON BOTTOM OF JOIST
- TYPE D (1) LAZER 1/2" SPINDLE WALLBOARD ON SHAWNEE TONGUE & GROOVE BRANDING ON BOTTOM OF JOIST

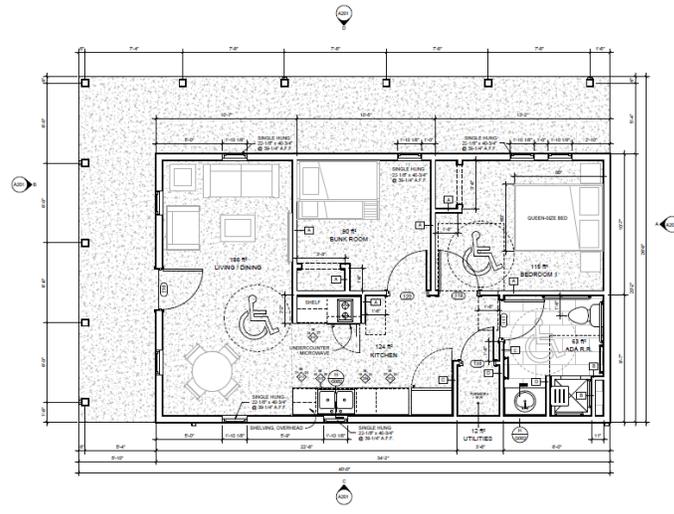
CASEWORK LEGEND:

REFER TO ARCHITECTURAL DIMENSIONS AND NOTES



PLAN NOTES:

NOTE: FURNITURE DIMENS FOR REFERENCE. NOT ALLOWED TO CONFLICT. COORDINATE WITH OWNER FOR FURNITURE SELECTIONS.



BID SET
 DATE: 05/20/20
 305-00

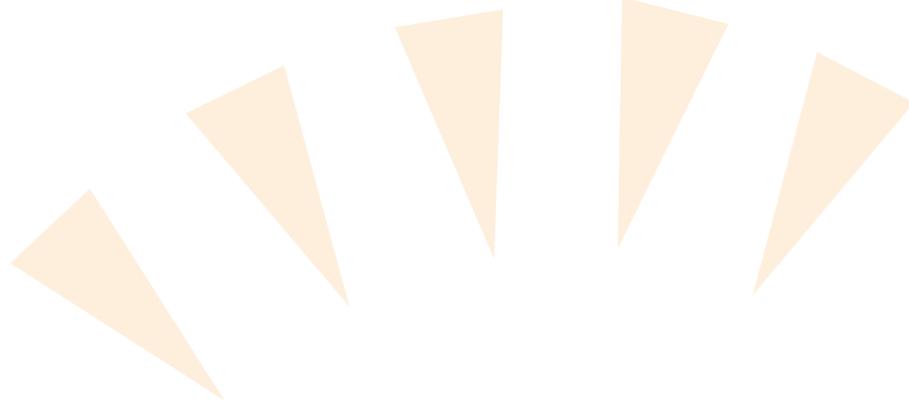
REVISION 1 - 05/20/20
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 REVISION 7 - 05/20/20
 REVISION 8 - 05/20/20
 REVISION 9 - 05/20/20
 REVISION 10 - 05/20/20

LAKE SHAWNEE CABINS
 3435 SE EAST EDGE RD, TOPEKA, KS 66605

ORDER BY: [Signature]
 CHECKED BY: [Signature]

FALK ARCHITECTS
 A101
 CABIN - ACCESSIBLE
 FALK ARCHITECTS INC.





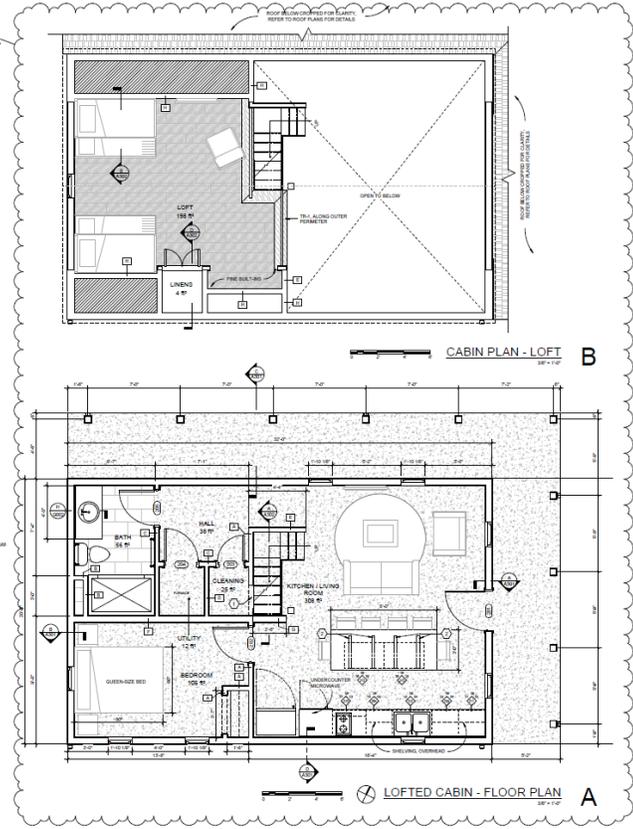
**TYPE B:
FLUSH DOOR**

**TYPE A:
HALF-LITE DOOR**

DOOR ELEVATIONS
1/4" = 1'-0"

DOOR & FRAME SCHEDULE - LOFTED									
NO.	SYMBOL	TYPE	FINISH	GLASS	SWITCH	HANDLE	FRAME	FINISH	MARKING
001	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
002	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
003	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3
004	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4
005	1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5

DOOR HARDWARE SCHEDULE:	
001	1 HINGE, ADA DOOR LEVER, PRIVACY LOCKSET, THRESHOLD DRIP
002	1 HINGE, ADA DOOR LEVER, PRIVACY LOCKSET
003	1 HINGE, ADA DOOR LEVER, KEYS LOCKSET



BD SET
DATE: 2020-06
01-15-2024

REVISIONS - CHECK FOR PRODUCTION PLANTING AND ALL THE WAY TO ADDITIONAL LOTS FOR FLOORING DETAIL

LAKE SHAWNEE CABINS
3435 SE EAST EDGE RD., TOPEKA, KS 66605

DESIGNED BY: [Signature]
CHECKED BY: [Signature]

FALK ARCHITECTS
A102

CABIN - FLOOR PLAN
FALK ARCHITECTS INC.

WALL PARTITION SCHEDULE:

TYPE A (1) LAYER TONGUE & GROOVE PLANK ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE B (1) LAYER OF OSB OR GYPSUM BOARD ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE C (1) LAYER TONGUE & GROOVE PLANK ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE D (1) LAYER OF OSB OR GYPSUM BOARD ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE E (1) LAYER TONGUE & GROOVE PLANK ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE F (1) LAYER TONGUE & GROOVE PLANK ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE G (1) LAYER TONGUE & GROOVE PLANK ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

TYPE H (1) LAYER TONGUE & GROOVE PLANK ON 2x4 WOOD STUDS @ 16" O.C. BRACING ON BOTTOM OF LOFT

CASEWORK LEGEND:

REFER TO ARCHITECTURAL WORKBOOK RESTITUTE JWS

STYLE NUMBER PER AREA

WIDTH DEPTH HEIGHT

PLAN NOTES:

1. FRAME OUT SPACE UNDER STAIRS & OTHER OPENINGS IN WALLS

2. FINISH: CLAY TILE, 12" x 12" x 1/2"

3. FINISH: CLAY TILE, 12" x 12" x 1/2"

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5. FINISH: CLAY TILE, 12" x 12" x 1/2"

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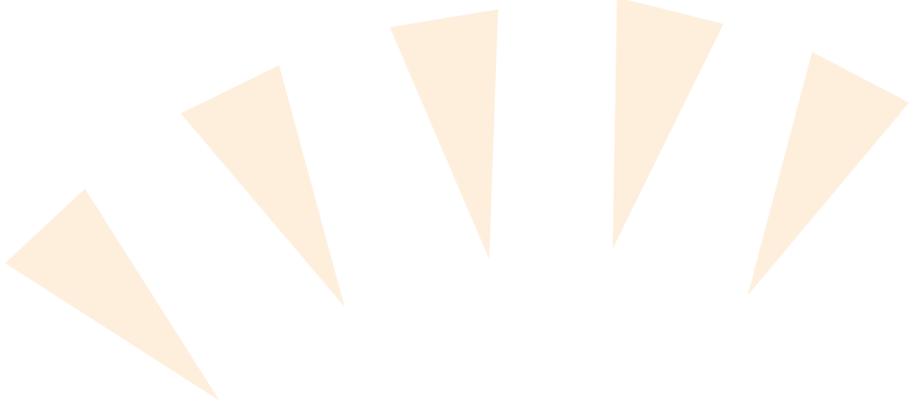
97. FINISH: CLAY TILE, 12" x 12" x 1/2"

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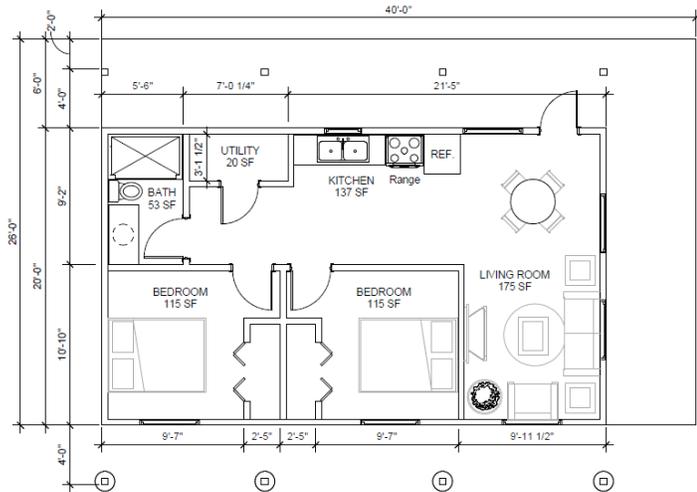




DIAGRAMMATIC RENDERING - OPTION A



DIAGRAMMATIC RENDERING - OPTION B



LAKE SHAWNEE CABINS
CABIN OPTION 2 3/16" = 1'-0"



FALK
 ARCHITECTS



parks.snco.us



Shawnee County Sheriff's Office
Sheriff Brian C. Hill
320 S. Kansas Avenue, Suite 200
Topeka, Kansas 66603
Phone: 785.251.2200
Website: www.shawneesheriff.org

MEMORANDUM

March 6, 2026

To: Board of Shawnee County Commissioners

From: Sheriff Brian C. Hill

Re: Free State Security Guard Services, LLC

The Sheriff's Office has updated their agreement with Free State Security Guard Services to provide security for the courthouse. The agreement is from January 1, 2026 through December 31, 2029 and will be paid for out of yearly budgeted funds.

Please place this on March 12, 2026 Consent Agenda

If you have any questions, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Brian C Hill".

Brian C. Hill, Sheriff
Shawnee County

INDEPENDENT CONTRACTOR AGREEMENT FOR SECURITY SERVICES

This Agreement is between the Board of County Commissioners of Shawnee County, Kansas ("County"), for the Shawnee County Sheriff's Office ("SNSO"), and Free State Security Guard Services, LLC ("Contractor").

1. SERVICES AND TERM

- **Scope:** Contractor shall provide security guard services at the Shawnee County Courthouse (business and after-hours) as scheduled by the SNSO Operations Sergeant (or designee). Contractor shall ensure continuous coverage during scheduled hours and shall provide a qualified replacement if a guard is absent or removed. Guards shall be unarmed unless otherwise authorized in writing by SNSO.
- **Incident Reporting:** Contractor shall report all security incidents to SNSO promptly and provide written incident reports upon request.
- **Term:** This Agreement runs from January 1, 2026, through December 31, 2029.
- **Personnel Standards:** Contractor warrants that all guards assigned to the Courthouse are properly licensed, have passed criminal background checks (no felony convictions), have passed pre-assignment drug screens, and are trained in Courthouse emergency procedures prior to assignment. Contractor shall provide proof of these standards upon SNSO request.

2. PAYMENT

- **Rate:** County shall pay \$21.50 per hour, per officer. County will pay only for hours actually worked and approved.
- **Annual Increase:** Rate increases by 3.5% annually on January 1st.
- **Billing:** Contractor shall submit monthly invoices with timesheets to SNSO. Timesheets must be approved by the SNSO Operations Sergeant (or designee) prior to invoicing. Payment is net 30 days. County may audit time records related to this Agreement upon request.

3. INDEPENDENT CONTRACTOR STATUS

Contractor is an independent contractor. Contractor has sole control over the means, manner, and supervision of its personnel. Contractor is responsible for all payroll taxes and Workers' Compensation insurance for its employees. Neither Contractor nor its staff are eligible for County benefits.

4. CONFIDENTIALITY

(a) Nonpublic Information: Contractor staff may encounter sensitive info (court records, PII, security codes, or law-enforcement operations like warrant service). This is "Nonpublic Information." **(b)** Staff shall use this info ONLY to do their jobs. No sharing with third parties. No unauthorized photos or recordings of security-sensitive areas. **(c)** Contractor must ensure all staff understand these rules and sign an internal acknowledgment. **(d)** SNSO may demand the immediate removal of any guard who violates these rules or presents a security risk. This is a security measure, not an act of employment discipline. **(e) Media/KORA:** Refer all media or records requests (KORA) immediately to the SNSO.

5. INSURANCE & INDEMNITY

- **Insurance:** Contractor shall carry: (i) General Liability (\$1M/\$2M); (ii) Workers' Comp (Statutory); and (iii) Auto Liability (\$1M). County/SNSO shall be named as Additional Insured for ongoing and completed operations. Contractor shall provide certificates of insurance prior to commencing services and upon renewal, and shall provide immediate notice to SNSO of cancellation or material reduction in coverage.
- **Indemnity:** Contractor shall defend, indemnify, and hold the County harmless (including reasonable attorney fees) from claims arising out of or related to Contractor's acts or omissions to the extent caused by Contractor or its personnel under this Agreement.

6. TERMINATION

- **Convenience:** Either party may terminate with 7 days' written notice. Contractor shall cooperate in an orderly transition upon notice of termination.
- **Cause:** County may terminate immediately for security/confidentiality breaches.
- **Cash Basis:** Per K.S.A. 10-1101, County may terminate if funds are not appropriated for future years. County's obligations are contingent upon annual appropriation by the BOCC.

7. GENERAL

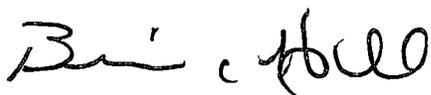
- This is the entire agreement. Any changes must be in writing.
- Contractor shall not assign this Agreement or subcontract services without prior written consent of the County/SNSO.
- This Agreement is governed by Kansas law. Venue shall lie in Shawnee County, Kansas.
- Confidentiality, Audit, and Indemnity obligations survive the end of the contract.

IN WITNESS WHEREOF:

COUNTY: _____

William D. Riphahn, Chair

Acknowledgment: Shawnee County Sheriff's Office



Brian C. Hill, Sheriff – Shawnee County

CONTRACTOR: Free State Security Guard Services, LLC



Rusty Burton, President Address: PO Box 746, Baldwin City, KS 66006

County Counselor's Office

(Approved as to Legality and Form)

