RESOLUTION NO. 289-93

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On the 11th day of February, 1993, the Mitchell County Board of Supervisors met in regular session and the following resolution was moved and seconded:

WHEREAS, the Mitchell County Home Health Care Agency has been named as a beneficiary in the Estate of Florence Jones; and

WHEREAS, the Agency receives from time to time donations, contributions, memorials and inheritances; and

WHEREAS, in recognition that the generosity of its benefactors is not motivated by the intent to supplement or replace other funding; and

WHEREAS, the Board has determined that it is in the best interests of the County and the Agency to segregate said funds and to dedicate the same for a particular use;

NOW THEREFORE, in accordance with authority granted in Section 331.431, The Code of Iowa, be it resolved that there be created the Mitchell County Home Health Care Improvement Fund and that all donations, contributions, inheritances, bequests, and memorials to the Mitchell County Home Health Agency be separately held and accounted for in said fund. That the Mitchell County Home Health Care Improvement Fund shall be a "sinking fund" in accordance with Section 453.7 and 453.9.

BE IT FURTHER RESOLVED that the fund be administered and criteria for use be established as follows:

County Fund Name: Mitchell County Home Health Care Improvement Fund

Any monies donated, contributed, in memoriam, inherited or given as a gift (excluding Elderbridge Agency or Aging donations) shall be deposted in this fund.

The monies from this fund shall not:

1. Be used for day to day operations.
2. Supplement or replace funding from other sources (County, State, Federal, private sources, misc. grants).

The monies from this fund shall be used for:

1. Office equipment.
2. Nursing/HHHA equipment.
3. Client services when no other funding source is available.
   Client shall be identified as in dire need and/or in crisis.

Service shall be short term only.

4. Client supplies/equipment when no other sources are available. Client shall be identified as in dire need and/or crisis.
   Supplies/equipment shall be for short term only.
5. Employee/client/community education materials and equipment.

Criteria for use:

The RN Administrator, with consideration given to staff input, shall determine need and approve the use of this fund. A ledger shall be maintained and all use shall be reported to the Board of Health at their regular quarterly meetings. Any expenditure in excess of $500.00 shall require the prior approval of the Mitchell County Board of Health.

WHEREUPON, the question was called and passed.

Robert Lincoln, Chair

ATTEST:

Sandra Heckstein
County Auditor

RESOLUTION NO. _____

On the 29 day of January, 1993, the Mitchell County Board of Health met in special session and the following resolution was moved and seconded:

BE IT RESOLVED that the foregoing criteria for administration and use of the Mitchell County Home Health Care Improvement Fund be approved.

WHEREUPON the question was called and passed.

Dorothy Janzow, Chair

ATTEST:

Neil Wubben, Secretary