IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA #1 COURT SQUARE, SUITE 203 PARKERSBURG WV 26101

IN RE: MINUTES OF MEETING HELD MONDAY, MAY 14, 2012

PRESENT: DAVID BLAIR COUCH, PRESIDENT
WAYNE DUNN, COMMISSIONER
STEPHEN GAINER, COMMISSIONER

#### **AGENDA AND DISCUSSION ITEMS**

At 9:00 A.M., the County Commission of Wood County met in Special Session, sitting Ex-Officio as a Board of Canvassers. Said session is pursuant to Chapter 3, Article 7, Section 17 of the West Virginia Code of 1931, as amended, and is for the purpose of canvassing and ascertaining the results of the Primary Election held on May 8, 2012. Those participating in the canvass were David Blair Couch, Stephen Gainer and Wayne Dunn, Commissioners; Jamie Six, Clerk of Wood County; Mark Rhodes, Tom Blondin and Elizabeth Beary from the County Clerk's Office; Ron Jones, and Ronnie Bibbee, Wood County Maintenance; and Angi Graham, Wood County Commission Office. Those observing were Pam Brust, The Parkersburg News and Sentinel and Tandra Mays, candidate for City Council, District 3. In accordance with Chapter 3, Article 4A, Section 28 of the West Virginia Code, as amended, Precincts 44, 46, 50 and 51 were chosen at random to be counted manually during the Canvass. Commissioner Gainer drew the precincts.

At 10:00 A.M., the County Commission held a hearing on the fourth floor where the canvass was being held, at this time they adjourned as the Board of Canvassers. Said public hearing was in regard to the Ordinance extending the Cable Franchise Agreement with Suddenlink. Michael

Kelleman from Cebridge/Suddenlink was present for said hearing. Hearing no protests to said extension, the County Commission approved the Execution of said Ordinance. (Order M/1952)

After said hearing they convened sitting Ex-Officio as the Board of Canvassers.

At 10:30 A.M., the County Commission adjourned as Board of Canvassers to hold two estate hearings in their Courtroom on second floor.

At this time, they held a hearing in regard to the Nora L. Carson estate. Steve Carson, Executor of said estate, by his counsel, Robert Fluharty, presented a Motion to Approve Preliminary and Final Report, to Close the Insolvent Estate and Discharge him from further duty as the Executor. After testimony, the County Commission found that the estate in insolvent; should be closed without payment; the Final Report should be filed and processed and the Executor is discharged from further duty. Information in regard to this hearing is on file in the Probate Office. (Probate Order is attached to these minutes.)

At 10:45 A.M., the County Commission held a hearing in regard to the Samuel L. Fox estate. Faith Beha, Executrix, was present and asked that claims be disallowed. After testimony and review of the estate, the County Commission Ordered that claims be disallowed and that if additional funds come into the estate, the estate will need to be reopened. Information in regard to this hearing is on file in the Probate Office. (Probate Order is attached to these minutes.)

After said hearings, the County Commission adjourned to sit Ex-Officio as the Board of Canvassers and returned to the fourth floor of the Courthouse.

At 3:20 P.M., Precinct 50 was found to be free from error within the one percent (1%) difference of the tabulation count, held on election night, May 8, 2012 and meets all requirements as required by West Virginia Code, Chapter 3, Article 4A, Section 28. Said Precinct was counted by Betty Carpenter – Republican; Jennifer Orocchi – Republican; Darlene Cook-Thorn – Democrat and Carol Powell – Democrat. Others participating in the hand count were: Kay Williams, LaDawn Joy, Helen

Reed, Andrea Weaver, Sheila Brown, Crystal Cumpston, Carol Carder, Cheryl Baxter, Ashley Craft,

Joanne Jumper, Cynthia Villesenor and Louise Harris. (Order A/first day of canvass 2012)

During today's meeting, the County Commission of Wood County signed purchase orders, invoices,
orders and other correspondence.

An Order was prepared regarding the May 12, 2012 auction of vehicles and miscellaneous items. (Order M/1953)

At 4:30 P.M., the County Commission of Wood County, upon a motion made by David Blair Couch, seconded by Stephen Gainer and made unanimous by Wayne Dunn, did hereby ORDER that the Board of Canvassers do now adjourn until 9:00 A.M. on Tuesday, May 15, 2012 when they will meet in Special Session to continue said canvass. An Order was prepared regarding this matter. (Order A/first day of canvass 2012 and Order M/1942)

#### ORDERS APPROVED AND ATTACHED TO THESE MINUTES

M/1935, M/1936, M/1937, M/1938, M/1939, M/1940, M/1941, M/1942, M/1943, M/1944, M/1945, M/1946, M/1947, M/1948, M/1949, M/1952, M/1953, A/first day of canvass 2012 and two probate orders

Having no further scheduled appointments or business to attend to, the County Commission adjourned.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

To listen to this meeting, please refer to DVD labeled May 14, 2012.

# Wood County Commission Meeting Held May 14, 2012

# **Please Print**

| 1. Stew Larsa               |
|-----------------------------|
| 2. Margaret F. Carson       |
| 3. 1/2 fort 5. / (101 (ANE) |
| 4. Faith Belia              |
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# Wood County Commission

5/14/2012 1 Court Square, Suite 203 Parkersburg, WV 26101

| 9:00 AM                     | CANVASS OF MAY 8, 2012 ELECTION                                                                                                                                     |                                          |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 9:30 AM                     | APPROVE AND SIGN MINUTES, ORDERS, PURCHASE ORDERS, INVOICES, NEW ROAD NAMES AND ANY OTHER ADMINISTRATIVE DUTIES                                                     | MARTY SEUFER,<br>COUNTY<br>ADMINISTRATOR |
| 10:00 AM                    | PUBLIC HEARING – PROPOSAL OF CEBRIDGE<br>ACQUISITION, LLC DBA SUDDENLINK<br>COMMUNICATIONS FOR EXTENSION OF ITS<br>FRANCHISE FOR THE OPERATION OF A<br>CABLE SYSTEM |                                          |
| 10:30 AM                    | NORA L. CARSON ESTATE – ASKING CLAIMS<br>BE DISALLOWED                                                                                                              | ROBERT FLUHARTY,<br>ATTORNEY             |
| 10:45 AM                    | SAMUEL L. FOX ESTATE – ASKING CLAIMS<br>BE DISALLOWED                                                                                                               | FAITH BEHA                               |
| Other items for discussion: | Discuss vacancies on Parks and Recreati     County Travel Regulations                                                                                               | on (Mountwood Park) Board                |

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK FROM THE STATE OF WEST VIRGINIA IN THE AMOUNT OF \$243,094.00 WHICH REPRESENTS REIMBURSEMENT IN REGARD TO THE HAPPY VALLEY FLOOD MITIGATION PHASE 4 GRANT.

# ORDER

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of two hundred forty-three thousand ninety-four dollars and zero cents (\$243,094.00) which represents reimbursement to Wood County for Drawdown Number Two (2) for the Happy Valley Flood Mitigation Phase Four (IV) Grant. Receipt of the aforementioned check is pursuant to an Order appearing in Order Book 70, at Page 55 and bearing the date of April 12, 2012 at which time David Blair Couch, in his official capacity as President, and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the Happy Valley Flood Mitigation Phase III is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

AGENCY: HOMELAND SECURITY & EMERGENCY MANAGEMENT TOTAL: \$243,094.00

WARRANT #: DATE: 1011207570 05/07/12

TRANSACTION ID

RR Donnelley ©2010. All rights reserved.

INVOICE NUMBER PAYEE REFERENCE PURCHASE ORDER

AMOUNT

I013346791 WOODCODR1893REQ4, DR1893 REQ#4

\$243,094.00

5/14/12

If you have questions concerning the above, please call 304-558-5380.

REMOVE DOCUMENT ALONG THIS PERFORATION

CTL#29366498

THIS WARRANT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD AND COUNTERFEITING VOID UNLESS PRESENTED FOR PAYMENT WITHIN SIX MONTHS

State of West Virginia

Important remittance information on top panel Remitter: HOMELAND SECURITY & EMERGENCY MANAGEMENT Questions? Contact: LISA SPECIALE at 304-558-5380

STATE WARRANT # 1011207570

MAY 07, 2012

PAYEE WOOD CO COMMISSION

\*\*\*\*\*\*\*\*\$243,094.00\*\*

1011207570

WEST VIRGINIA TREASURY

John D. Perdue STATE TREASURER

Elen B. Hainer III.

" 10 1 1 20 7 5 7 O II

1:0519023221

00052705378221

DETACH THIS STUB AT PERFORATION BEFORE CASHING CHECK

249366498

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

WEST VIRGINIA STATE TREASURY CAPITOL COMPLEX BUILDING 1, ROOM WB-12 CHARLESTON, WV 25305 1011207570

H HOMELAND SECURITY & EMERGENCY MANAGEMENT

RETURN SERVICE REQUESTED

URGENT - FIRST - CLASS

WOOD CO COMMISSION 1 COURT SQ PARKERSBURG, WV 26101-7500

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK FROM THE STATE OF WV IN THE AMOUNT OF \$172.54 WHICH REPRESENTS REIMBURSEMENT IN REGARD TO THE ENFORCING THE HOMELAND SECURITY GRANT #10-SHS-14.

# ORDER

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of one hundred seventy-two dollars and fifty-four cents (\$172.54) which represents reimbursement to Wood County for expenses incurred during the months of February and March, 2012, in regard to the Homeland Security Grant Number 10-SHS-14. Receipt of the aforementioned check is pursuant to an Order appearing in Order Book 70, at Page 56 and bearing the date of April 12, 2012 at which time David Blair Couch, in his official capacity as President, and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the Homeland Security Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY APPROVE A DONATION A BROWN LEATHER BOOK TO CONGRESSMAN MCKINLEY.

# ORDER

On this date, the County Commission of Wood County, upon a motion made by David Blair Couch seconded by Stephen Gainer and made unanimous by Wayne Dunn, did hereby APPROVE a donation of a brown leather book "A River To Cross, The Bicentennial History of Wood County" to Congressman Dave McKinley.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne bunn, Commissioner

Stephen Gainer, Commissioner

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK FROM THE STATE OF WV IN THE AMOUNT OF \$8,071.22 OF WHICH \$60.00 REPRESENTS REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-2011.

## <u>ORDER</u>

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of eight thousand seventy-one dollars and twenty-two cents (\$8,071.22) of which sixty dollars and zero cents (\$60.00) represents reimbursement to Wood County for expenses incurred during the month of February, 2012, in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-2011. Receipt of the aforementioned check is pursuant to an ORDER appearing in Order Book 70, at Page 39 and bearing the date of March 15, 2012 at which time David Blair Couch, in his official capacity as President and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK FROM THE STATE OF WV IN THE AMOUNT OF \$8,071.22 OF WHICH \$400.82 REPRESENTS REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-410.

# ORDER

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of eight thousand seventy-one dollars and twenty-two cents (\$8,071.22) of which four hundred dollars and eighty-two cents (\$400.82) represents reimbursement to Wood County for expenses incurred during the month of February, 2012, in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-2011. Receipt of the aforementioned check is pursuant to an ORDER appearing in Order Book 70, at Page 41 and bearing the date of March 19, 2012 at which time David Blair Couch, in his official capacity as President and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK FROM THE STATE OF WV IN THE AMOUNT OF \$8,071.22 OF WHICH \$1,670.05 REPRESENTS REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-154.

# ORDER

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of eight thousand seventy-one dollars and twenty-two cents (\$8,071.22) of which one thousand six hundred seventy dollars and five cents (\$1,670.05) represents reimbursement to Wood County for expenses incurred during the month of February, 2012, in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-154. Receipt of the aforementioned check is pursuant to an ORDER appearing in Order Book 70, at Page 41 and bearing the date of March 19, 2012 at which time David Blair Couch, in his official capacity as President and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

for les

Stephen Gainer, Commissioner

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK FROM THE STATE OF WV IN THE AMOUNT OF \$8,071.22 OF WHICH \$5,940.35 REPRESENTS REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03.

# ORDER

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of eight thousand seventy-one dollars and twenty-two cents (\$8,071.22) of which five thousand nine hundred forty dollars and thirty-five cents (\$5,940.35) represents reimbursement to Wood County for expenses incurred during the month of February, 2012, in regard to the Governor's Highway Safety Program Grant Number F12-HS-03. Receipt of the aforementioned check is pursuant to an ORDER appearing in Order Book 70, at Page 44 and bearing the date of March 22, 2012 at which time David Blair Couch, in his official capacity as President and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE MEETING OF THE COUNTY COMMISSIONERS, SITTING AS THE BOARD OF CANVASSERS ON MONDAY, MAY 14, 2012 AT 09:00 A.M. IN REGARD TO THE PRIMARY ELECTION HELD ON MAY 8, 2012 HAS BEEN CONTINUED TO 09:00 A.M. ON TUESDAY, MAY 15, 2012.

# ORDER

On this date, the County Commission, upon a motion made by David Blair Couch, seconded by Wayne Dunn and made unanimous by Stephen Gainer, sitting Ex-Officio as a Board of Canvassers on Monday, May 14, 2012 at 09:00 A.M., continued this meeting to 09:00 A.M. on Tuesday, May 15, 2012 for the purpose of certifying the election results of the Primary Election held on May 8, 2012.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-406 SAID REQUEST IS IN THE AMOUNT OF \$46.38.

# ORDER

On this date, the County Commission of Wood County, upon a motion made by Wayne Dunn, seconded by David Blair Couch and made unanimous by Stephen Gainer, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-406. The Request for Reimbursement is in the amount of forty-six dollars and thirty-eight cents (\$46.38) for the month of April, 2012. The Request for Reimbursement form, the Project Financial Report and the Monthly Progress Report have been submitted.

A copy of the Request for Reimbursement is attached to this Order and should be made a part thereof.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

# 5707 MacCorkle Avenue SE P. O. Box 17600

Charleston, West Virginia 25317-0010

| Telephone: (304) 926-250                                                                                                                                                                                    | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Fax: (304) 926                   | -3880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| (For GHSP Use Only)                                                                                                                                                                                         | Sub-<br>Grantee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ood County Cor                   | nmission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| PROJECT CASH EXPENDITURES                                                                                                                                                                                   | Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Number                           | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PROJECT CACITEX ENDITORES                                                                                                                                                                                   | 9007-2012-0802-099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | \$46.38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| CERTIFICATION:  I certify that this report represents actual total grant budget to date, made in accordance available for inspection at the request of the OBY:  David Blair Couch, Preside  (Typed Name An | e with the approved budg<br>Governor's Highway Safet<br>nt, Wood Cty. Com. (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | et for this grant. All doc       | cumentation is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| GOVERNOR'S HIGH                                                                                                                                                                                             | WAY SAFETY PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ROGRAM USE C                     | NLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| This request is approved for the amount of                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Pursuant to the authority vested in n                                                                                                                                                                       | ne, I certify that this reque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | st is correct and proper         | for payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (Date)                                                                                                                                                                                                      | U THE STATE OF THE | (Director)                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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# IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-2011 SAID REQUEST IS IN THE AMOUNT OF \$1,727.40.

# ORDER

On this date, the County Commission of Wood County, upon a motion made by Wayne Dunn, seconded by David Blair Couch and made unanimous by Stephen Gainer, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-406. The Request for Reimbursement is in the amount of one thousand seven hundred twenty-seven dollars and forty cents (\$1,727.40) for the month of April, 2012. The Request for Reimbursement form, the Project Financial Report and the Monthly Progress Report have been submitted.

A copy of the Request for Reimbursement is attached to this Order and should be made a part thereof.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

# 5707 MacCorkle Avenue SE

P. O. Box 17600

| Charlestor                                                                                                                                                                                | n, west virginia 🛚                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25317-0010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |
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| Telephone: (304) 926-250                                                                                                                                                                  | <b>19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fax: (304) 926                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | j-388 <u>0</u> |  |
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| PROJECT CASH EXPENDITURES                                                                                                                                                                 | Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No. of Control of Cont | Amount         |  |
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| CERTIFICATION: I certify that this report represents actual total grant budget to date, made in accordance available for inspection at the request of the OBY:  David Blair Couch, Presid | ce with the approved budg<br>Governor's Highway Safet<br>Ient, Wood Cty. Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | get for this grant. All do<br>ty Program. 5/14/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /2012          |  |
|                                                                                                                                                                                           | (Typed Name And Title) (Signature) (Date)  (Authorized Official or Grant Financial Officer Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |
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| This request is approved for the amount of:                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Approved)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Date)         |  |
| Pursuant to the authority vested in n                                                                                                                                                     | ne, I certify that this reque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | est is correct and proper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for payment.   |  |
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Purchasing/Accounts Payable Use Only

5/14/12

1:

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE WV DIVISION OF CRIMINAL JUSTICE SERVICES GRANT NO. 09-VAWR-11. SAID REOUEST IS IN THE AMOUNT OF \$2,109.80

# ORDER

On this date, the County Commission of Wood County, upon a motion made by Wayne Dunn, seconded by Stephen Gainer and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission to sign the Request for Reimbursement in regard to the West Virginia Division of Criminal Justice Services Grant No. 09-VAWR-11. Said request is in the amount of two thousand one hundred nine dollars and eighty cents (\$2,109.80) for the month of March, 2012. Along with the Request for Reimbursement Form; a Financial Recap Page; the Project Financial Reports; time sheets for Megan Underwood and the Monthly Progress Report have been submitted.

A copy of the Request for Reimbursement is attached to this ORDER and should be made a part thereof.

Documentation pertaining to the Division of Criminal Justice Services Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# **WEST VIRGINIA**

# Division of Justice and Community Services

Date

# Request for Reimbursement

5/14/12

|                                                                                                                                                                                                                                                                              |                            | W. 10 ( 0                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| RECEIVED                                                                                                                                                                                                                                                                     | Subgrantee:                | Wood County Cor                                                    | nmission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| (For DJCS Use Only)                                                                                                                                                                                                                                                          | Address:                   | One Court Square                                                   | , Suite 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |
|                                                                                                                                                                                                                                                                              |                            | Parkersburg, WV 261                                                | 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
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|                                                                                                                                                                                                                                                                              | Project #:                 | 09-VAWR-11                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                              | FEIN#:                     | 556 000 417                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                              | Funds are here             | eby requested to cover e                                           | CONTRACT OF THE PARTY OF THE PA |                                         |
|                                                                                                                                                                                                                                                                              | FROM: 4/1/                 | /12 TC                                                             | D: 4/30/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                              |                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| PROJECT CASH EXPENDITURES                                                                                                                                                                                                                                                    | Accou                      | nt#                                                                | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |
| TROUEST SASITEM ENDITORIES                                                                                                                                                                                                                                                   | 09-VAWR-11/Prose           |                                                                    | \$2,109.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
|                                                                                                                                                                                                                                                                              | 09-VAWR-11/Law             |                                                                    | \$-0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|                                                                                                                                                                                                                                                                              | - Francisco                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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|                                                                                                                                                                                                                                                                              |                            | TOTAL                                                              | \$2,109.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| CERTIFICATION:  I certify that this report presents actual retotal grant budget to date, made in accordant documentation is available at our office.  David Blair Couch, President  BY: Wood County Commission  TYPED NAME & TITLE  (Authorized Official or Grant Financial) | ice.                       | es of funds for the perio<br>ed budget for this grant<br>SIGNATURE | d covered and for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e<br><u>5/14/12</u><br>DATE             |
|                                                                                                                                                                                                                                                                              | DJCS USE ONI               | L <b>Y</b>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ADMINISTRATIVE APPROVAL:                                                                                                                                                                                                                                                     |                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| This request is approved in the amoun                                                                                                                                                                                                                                        | t of \$                    | itials                                                             | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
| Pursuant to the authority vested in me.                                                                                                                                                                                                                                      | I certify that this reques | st is correct and proper                                           | for payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - |

**Program Accountant** 

5/14/12

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO JUSTICE ASSISTANCE GRANT NUMBER 11-JAG-09. SAID REQUEST IS IN THE AMOUNT OF \$2,239.20

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Wayne Dunn, seconded by Stephen Gainer and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Justice Assistance Grant Number 11-JAG-09. The Request for Reimbursement is in the amount of two thousand two hundred thirty-nine dollars and twenty cents (\$2,239.20) for the month of April, 2012. The Request for Reimbursement form, the Financial Recap Report, the Project Financial Report, the time sheets for Deputy Leland Jefferson, the Grant Progress Report and PRO Monthly Reporting Form have been submitted.

A copy of the Request for Reimbursement is attached to this Order and should be made a part thereof.

Documentation pertaining to the Justice Assistance Grant is on file in the Office of the County

Administrator

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne bunn, Commissioner

Stephen Gainer, Commissioner

# **WEST VIRGINIA**

# Division of Justice and Community Services

# Request for Reimbursement



|                                                                                          |                                                | Wood County Cor                                    | nmission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECEIVED (For DJCS Use Only)                                                             | Subgrantee:                                    | One Court Square                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (For DJCS Use Only)                                                                      | Address:                                       | Parkersburg, WV                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                          |                                                | Faikersburg, VVV                                   | 20101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                          | Project #:                                     | 11-JAG-09                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                          | FEIN#:                                         | 556 000 417                                        | - Control Cont |
|                                                                                          |                                                | eby requested to cover                             | expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                          | FROM: 4/1                                      | /12 TC                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                          |                                                | 4/3<br>/12                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| PROJECT CASH EXPENDITURES                                                                | Accou                                          | int #                                              | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TROUGHT GREEN EAST ENDINGENEE                                                            | 11-JA                                          |                                                    | \$2,239.20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| -                                                                                        |                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                                                                                        |                                                | TOTAL                                              | \$2,239.20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| CERTIFICATION:                                                                           |                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I certify that this report presents actual rectotal grant budget to date, made in accord | ceipts and expenditur<br>lance with the approv | es of funds for the perioned budget for this grant | d covered and for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| All documentation is available at our office                                             | Э.                                             | 1/1                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                          |                                                | ( V/m/l                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BY: David Blair Couch, President, Wood TYPED NAME & TITLE                                | County Commission                              | SIGNATURE                                          | 5/14/12<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Authorized Official or Grant Financial Of                                               | ficer ONLY)                                    | // // // // // // // // // // // // //             | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                          | DJCS USE ON                                    | LY.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ADMINISTRATIVE APPROVAL:                                                                 |                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| This request is approved in the amount o                                                 | or \$<br>Init                                  | ials D                                             | ate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                          |                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pursuant to the authority vested in me, I                                                | certify that this reque                        | st is correct and proper                           | for payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Date                                                                                     | P                                              | rogram Accountant                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-154. SAID REQUEST IS IN THE AMOUNT OF \$7,783.99.

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Wayne Dunn, seconded by Stephen Gainer and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-154. The Request for Reimbursement is in the amount of seven thousand seven hundred eighty-three dollars and ninety-nine cents (\$7,783.99) for the month of April, 2012. The Request for Reimbursement form, the Program Activity Report, the Project Financial Report, the time sheets for Tiano-Knopp Associates, the Parkersburg Police Department, the Grantsville Police Department, the Roane County Sheriff's Department, the Spencer Police Department and the Monthly Progress Report have been submitted.

A copy of the Request for Reimbursement is attached to this Order and should be made a part thereof.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

5707 MacCorkle Avenue SE P. O. Box 17600

|                                                              | n, west virginia i            |                           |                       |
|--------------------------------------------------------------|-------------------------------|---------------------------|-----------------------|
| Telephone: (304) 926-250                                     |                               | Fax: (304) 926            | -3880                 |
| REQUES                                                       | T FOR REIMBUR                 | RSEMENT                   |                       |
| (For GHSP Use Only)                                          | Sub-                          | lood County Co            | mmiceion              |
|                                                              | Grantee:                      |                           |                       |
| !                                                            | Address: (                    | One Court Square,         |                       |
| !                                                            |                               | Parkersburg, WV           |                       |
| !                                                            | P. O. Number                  | MV1                       |                       |
| !                                                            | Grant Number:                 | F12-HS                    |                       |
| !                                                            | FEIN Number:                  | 556 00                    |                       |
| !                                                            | Funds are hereby red          |                           |                       |
|                                                              | For the period of:            | 4/1/12 -                  | 4/30/12               |
|                                                              |                               | ** 1                      | A                     |
| PROJECT CASH EXPENDITURES                                    | Account                       |                           | Amount                |
| !                                                            | 9007-2012-0802-099            | 9-128                     | \$7,783.99            |
| !                                                            |                               |                           |                       |
| !                                                            |                               | TOTAL                     | \$ 7,783.99           |
| !                                                            |                               | IUIAL                     | \$ 17109.99           |
|                                                              |                               |                           |                       |
|                                                              |                               |                           |                       |
| OFFICIATION.                                                 | vá                            | 10                        |                       |
| CERTIFICATION:  I certify that this report represents actual | reseints and expenditure      | of funds for the perior   | d covered and for the |
| total grant budget to date, made in accordance               | e with the approved budg      | et for this grant. All do | cumentation is        |
| available for inspection at the request of the G             | Sovernor's Highway Safe       | y Program.                |                       |
| BY: David Blair Couch,                                       | , President                   | 5/14/2                    | 2012                  |
| (Typed Name And                                              | ///4                          | (Signature)               | (Date)                |
| (Authorized Official or Grant Fir                            |                               | ***                       | 3 <b>3</b> 8          |
|                                                              |                               |                           |                       |
| GOVERNOR'S HIGH                                              | WAY SĂFETY PR                 | ROGRAM USE C              | NLY                   |
| ADMI                                                         | INISTRATIVE APPRO             | OVAL                      |                       |
| 0                                                            |                               | Т                         |                       |
| This request is approved for the amount of:                  |                               |                           |                       |
| Tillo roquottio appretes tel see see see                     |                               | (Approved)                | (Date)                |
| Pursuant to the authority vested in m                        | Loortify that this reque      | act is correct and proper | for navment           |
| Pursuant to the authority vested in h                        | le, I certify that this requo | St is correct and proper  | ioi paymon.           |
|                                                              |                               |                           |                       |
| (Date)                                                       |                               | (Director)                |                       |
| Purchasing/Accounts Payable Use Only                         |                               |                           |                       |
|                                                              |                               |                           |                       |
|                                                              |                               |                           |                       |

# IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-410. SAID REQUEST IS IN THE AMOUNT OF \$6,223.79.

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Stephen Gainer, seconded by Wayne Dunn and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-402. The Request for Reimbursement is in the amount of six thousand two hundred twenty-three dollars and seventy-nine cents (\$6,223.79) for the month of April, 2012. The Request for Reimbursement form, the Program Activity Report, the Project Financial Report, the time sheets for Tiano-Knopp Associates, the Vienna Police Department, the Parkersburg Police Department, the Wood County Sheriff's Department, and the Monthly Progress Report have been submitted.

A copy of the Request for Reimbursement is attached to this Order and should be made a part thereof.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:
THE COUNTY COMMISSION OF WOOD CO

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

# **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

# 5707 MacCorkle Avenue SE

P. O. Box 17600

# Charleston, West Virginia 25317-0010

| Telephone: (304) 926-250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 09 Fax: (304) 92                                                                                                                                 | 6-3880                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| REQUES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ST FOR REIMBURSEMENT                                                                                                                             |                                           |
| (For GHSP Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sub-<br>Grantee: Wood County Co                                                                                                                  | mmission                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address: One Court Square<br>Parkersburg, W                                                                                                      |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  | 1203                                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEIN Number: 556 0                                                                                                                               | 000 417                                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Funds are hereby requested to cover ex                                                                                                           |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For the period of: 4/1/12                                                                                                                        | - 4/30/12                                 |
| N 400 00 000 000 000 00 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                  | T                                         |
| PROJECT CASH EXPENDITURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Account Number                                                                                                                                   | Amount                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9007-2012-0802-099-128                                                                                                                           | \$6,223.79                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL                                                                                                                                            | . \$ 6,223.79                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  | ·   • • • • • • • • • • • • • • • • • •   |
| CERTIFICATION:  I certify that this report represents actual total grant budget to date, made in accordance available for inspection at the request of the Company of the C | al receipts and expenditures of funds for the period<br>ce with the approved budget for this grant. All do<br>Governor's Highway Safety Program. | od covered and for the<br>ocumentation is |
| BY: David Blair Couch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                  | /2012                                     |
| (Typed Name An<br>(Authorized Official or Grant Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | //                                                                                                                                               | (Date)                                    |
| GOVERNOR'S HIGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IWAY SAFÉTY PROGRAM USE (                                                                                                                        | ONLY                                      |
| ADM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INISTRATIVE APPROVAL                                                                                                                             |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T T                                                                                                                                              | T                                         |
| This request is approved for the amount of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Approved)                                                                                                                                       | (Date)                                    |
| Pursuant to the authority vested in me, I certify that this request is correct and proper for payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  |                                           |
| (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Director)                                                                                                                                       |                                           |
| Purchasir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ng/Accounts Payable Use Only                                                                                                                     |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (*)                                                                                                                                              |                                           |

5/14/12

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F12-HS-03-402. SAID REQUEST IS IN THE AMOUNT OF \$11,115.11.

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Stephen Gainer, seconded by Wayne Dunn and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Governor's Highway Safety Program Grant Number F12-HS-03-402. The Request for Reimbursement is in the amount of eleven thousand one hundred fifteen dollars and eleven cents (\$11,115.11) for the month of April, 2012. The Request for Reimbursement form, the Program Activity Report, the Project Financial Report, the time sheets for Tiano-Knopp Associates, the Vienna Police Department, the Parkersburg Police Department, the Roane County Sheriff's Department, and the Monthly Progress Report have been submitted.

A copy of the Request for Reimbursement is attached to this Order and should be made a part thereof.

Documentation pertaining to the Governor's Highway Safety Program Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

Mayor 1

David Blair Couch, Presiden

Stephen Gainer, Commissioner

# **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

# 5/14/12

# 5707 MacCorkle Avenue SE

P. O. Box 17600

# Charleston, West Virginia 25317-0010

| Telephone: (304) 926-250                                                                        | 9                            | Fax: (304) 926             | 3880                  |
|-------------------------------------------------------------------------------------------------|------------------------------|----------------------------|-----------------------|
| REQUES                                                                                          | T FOR REIMBUR                | RSEMENT                    |                       |
| (For GHSP Use Only)                                                                             | Sub-<br>Grantee:             | lood County Co             | mmission              |
|                                                                                                 | Address:                     | One Court Square,          | Suite 203             |
|                                                                                                 |                              | Parkersburg, W\            |                       |
|                                                                                                 | P. O. Number                 | 200000 17 00               | 1203                  |
|                                                                                                 | Grant Number:                | BEST SMARKS ASSISTANCE     | -03-402               |
|                                                                                                 | FEIN Number:                 |                            | 00 417                |
|                                                                                                 |                              | equested to cover ex       | penditures<br>4/30/12 |
|                                                                                                 | For the period of:           | 4/1/12 -                   | 4/30/12               |
| PROJECT CASH EXPENDITURES                                                                       | Account                      | Number                     | Amount                |
| PROJECT CASH EXPENDITORES                                                                       | 9007-2012-0802-09            |                            | \$11,115.11           |
|                                                                                                 | 0007 2012 0002 00            | .0 120                     | ŢII,III               |
|                                                                                                 |                              |                            |                       |
|                                                                                                 |                              | TOTAL                      | \$ 11,115.11          |
| J                                                                                               |                              | - Independent              |                       |
|                                                                                                 |                              | 1                          |                       |
| CERTIFICATION:                                                                                  |                              | 1//                        |                       |
| I certify that this report represents actual                                                    | receipts and expenditur      | es of funds for the period | d covered and for the |
| total grant budget to date, made in accordance available for inspection at the request of the G | e with the approved bud      | get for this grant. All do |                       |
| BY: David Blair Couch                                                                           | , President 🛭 /ww/           | 5/14/                      | 2012                  |
| (Typed Name And                                                                                 | -/                           | (Signature)                | (Date)                |
| (Authorized Official or Grant Fir                                                               | nancial Officer Only)        |                            |                       |
| GOVERNOR'S HIGH                                                                                 | WAY SAFFTY P                 | ROGRAM USE C               | NI Y                  |
|                                                                                                 | NISTRATIVE APPR              |                            | AGE                   |
| ADIVI                                                                                           | NISTRATIVE AFFI              | OVAL                       |                       |
|                                                                                                 |                              |                            |                       |
| This request is approved for the amount of:                                                     |                              | (Approved)                 | (Date)                |
|                                                                                                 |                              |                            |                       |
| Pursuant to the authority vested in m                                                           | ie, I certify that this requ | est is correct and proper  | for payment.          |
|                                                                                                 |                              |                            |                       |
| (Date)                                                                                          |                              | (Director)                 |                       |
| Purchasin                                                                                       | g/Accounts Payabl            | e Use Only                 |                       |
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|                                                                                                 |                              |                            |                       |
|                                                                                                 |                              |                            |                       |

1 5/14/12

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO EXECUTE AN ORDINANCE EXTENDING THE CABLE FRANCHISE AGREEMENT WITH SUDDENLINK.

# ORDER

On this date, the County Commission of Wood County, upon a motion made by David Blair Couch, seconded by Stephen Gainer, and made unanimous by Wayne Dunn, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to EXECUTE an Ordinance extending the Cable Television Franchise Agreement with Cebridge Acquisitions, LLC dba Suddenlink Communications.

A copy of said Ordinance is attached to this Order and should be made a part thereof.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dann, Commissioner

Stephen Gainer, Commissioner

# AN ORDINANCE EXTENDING THE CABLE TELEVISION FRANCHISE AGREEMENT GRANTED TO CEBRIDGE ACQUISITION, LLC

WHEREAS, the County Commission of Wood County, West Virginia ("the County"), and Cebridge Acquisition, LLC d/b/a Suddenlink Communications ("Suddenlink"), executed a Franchise Agreement effective March 8, 2007, for the provision of cable service within the County (the "Franchise Agreement"); and,

WHEREAS, by Amendment adopted by the County on the 15th day of May, 2008 (the "Amended Agreement"), the provisions of the Franchise Agreement were amended upon certain terms and conditions as specifically set forth verbatim in the Amendment so adopted; and,

WHEREAS, the County and Suddenlink mutually agree to extend the Franchise Agreement and Amended Agreement through the 6th day of June, 2015.

NOW, THEREFORE, be it ORDAINED by the County that the Franchise Agreement executed by the County and Suddenlink effective March 8, 2007, and the Amended Agreement adopted on May 15, 2008, shall remain in full force and effect and are hereby extended upon the until the

| e 6 <sup>th</sup> day of June, 2015, subject to pr | evailing Federal, state and local law.                       |
|----------------------------------------------------|--------------------------------------------------------------|
| ADOPTED this 14th day of May, 20                   | 012.                                                         |
|                                                    | COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA              |
|                                                    | By //www.                                                    |
|                                                    | It's President                                               |
| ACCEPTED this 14th day of May, 2                   | 2012.                                                        |
|                                                    | CEBRIDGE ACQUISITION LLC, d/b/a<br>SUDDENLINK COMMUNICATIONS |
|                                                    | Ву                                                           |
|                                                    | Its                                                          |
|                                                    |                                                              |

### IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION HELD A PUBLIC AUCTION OF USED VEHICLES AND MISCELLANEOUS ITEMS.

### ORDER

At 09:00 A.M., on May 12, 2012, the County Commission of Wood County held a public auction for the purpose of selling used vehicles and miscellaneous items. This auction was held pursuant to a legal Notice being published in The Parkersburg News and Sentinel on April 30, 2012 and May 7, 2012.

The auction was held at the Wood County Sheriff's Department/Maintenance Department with the auctioneer being Rocky Peck. The amount of eleven thousand nine hundred thirty-seven dollars and zero cents (\$11,937.00) was taken in on May 12, 2012 for the vehicles and miscellaneous items and will be placed in the General County Fund budget. The amount of seven hundred sixteen dollars and sixty cents (\$716.60) was taken in after the auction for miscellaneous items that did not sell and were taken to R J Recycling, LLC and will be placed in the General County Fund budget.

Five hundred fifty dollars and zero cents (\$550.00) of the \$11,937.00 will go to the Wood County Sheriff's Department for the sale of a 2003 Mitsubishi Eclipse.

One thousand one hundred seventy five dollars and zero cents (\$1,175.00) of the \$11,937.00 will go to the Parkersburg Narcotics Task Force for the sale of a 1999 Honda Passport and a 1997 Cadillac.

Four hundred dollars and zero cents (\$400.00) of the \$11,937.00 will go to the Wood County Airport Authority for the sale of a 1992 Honda Accord.

Documentation pertaining to said auction is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blan Couch, President

Wayne Dum, Commissioner

Stephen Gainer, Commissioner

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION MET AS THE BOARD OF CANVASSERS FOR THE PURPOSE OF CANVASSING AND ASCERTAINING THE RESULTS OF THE PRIMARY ELECTION HELD ON MAY 8, 2012.

## ORDER

At 9:00 A.M., the County Commission of Wood County met in Special Session, sitting Ex-Officio as a Board of Canvassers. Said session is pursuant to Chapter 3, Article 7, Section 17 of the West Virginia Code of 1931, as amended, and is for the purpose of canvassing and ascertaining the results of the Primary Election held on May 8, 2012.

Those participating in the canvass were David Blair Couch, Stephen Gainer and Wayne Dunn, Commissioners; Jamie Six, Clerk of Wood County; Mark Rhodes, Tom Blondin and Elizabeth Beary from the County Clerk's Office; Ron Jones, and Ronnie Bibbee, Wood County Maintenance; and Angi Graham, Wood County Commission Office. Those observing were Pam Brust, The Parkersburg News and Sentinel and Tandra Mays, candidate for City Council, District 3.

In accordance with Chapter 3, Article 4A, Section 28 of the West Virginia Code, as amended, Precincts 44, 46, 50 and 51 were chosen at random to be counted manually during the Canvass. Commissioner Gainer drew the precincts.

At 3:20 P.M., Precinct 50 was found to be free from error within the one percent (1%) difference of the tabulation count, held on election night, May 8, 2012 and meets all requirements as required by West Virginia Code, Chapter 3, Article 4A, Section 28. Said Precinct was counted by Betty Carpenter – Republican; Jennifer Orocchi – Republican; Darlene Cook-Thorn – Democrat and Carol Powell – Democrat.

Others participating in the hand count were: Kay Williams, LaDawn Joy, Helen Reed, Andrea Weaver, Sheila Brown, Crystal Cumpston, Carol Carder, Cheryl Baxter, Ashley Craft, Joanne Jumper, Cynthia Villesenor and Louise Harris.

At 4:30 P.M., the County Commission of Wood County, upon a motion made by David Blair Couch, seconded by Stephen Gainer and made unanimous by Wayne Dunn, did hereby ORDER that the Board of Canvassers do now adjourn until 9:00 A.M. on Tuesday, May 15, 2012 when they will meet in Special Session to continue said canvass.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Wayne Dunn, Commissioner

Stephen Gainer, Commissioner

A/first day of canvass 2012

At a Regular Session of the County Commission, continued and held for the County of Wood at the Courthouse thereof, Monday, May 14, 2012, and sitting Ex-Officio as a Board of Canvassers, Monday, May 14, 2012, at 9:00 o'clock A. M., Present, David Blair Couch, President of said Commission, and Wayne Dunn and Stephen Gainer, Commissioners.

The orders and proceedings of the previous sessions of this Commission, held on Thursday, May 10, 2012, were read before the County Commission, approved and ordered signed.

IN RE: ESTATE OF SAMUEL LEROY FOX, DECEASED. (ORDER COUNTY COMMISSION-DISALLOW CLAIMS)
This day came FAITH DARLENE WILLIAMS BEHA, EXECUTRIX of the Estate of SAMUEL LEROY FOX, deceased,
before the County Commission, in a hearing asking that claims be disallowed in said Estate. The County Commission after
reviewing said estate, ruled that claims be disallowed. The County Commission ordered if additional funds come into estate, that the
estate will need to be reopened.

There appearing no further business to claim the attention of this Commission, it is hereby ordered that this Commission, do now adjourn to meet in Regular Session, Thursday, May 17,2012, at 9:30 o'clock A. M., and sitting in Special Session, Tuesday, May 15, 2012, as a Board of Canvassers for canvassing the Primary Election held Tuesday, May 8, 2012.

President

| I, JAMIE SIX. | do hereby CERTIFY that |
|---------------|------------------------|
| true i        |                        |
| recons        | X                      |
| Book          |                        |
| Date/         |                        |
|               | guity Cler             |
| JAMIE SIX, W  | OOD COUNTY CLERK       |

At a Regular Session of the County Commission, continued and held for the County of Wood at the Courthouse thereof, Monday, May 14, 2012, and sitting Ex-Officio as a Board of Canvassers, Monday, May 14, 2012, at 9:00 o'clock A. M., Present, David Blair Couch, President of said Commission, and Wayne Dunn and Stephen Gainer, Commissioners.

The orders and proceedings of the previous sessions of this Commission, held on Thursday, May 10, 2012, were read before the County Commission, approved and ordered signed.

# IN RE: ESTATE OF NORA LORA CARSON, DECEASED. (ORDER COUNTY COMMISSION-DISALLOW CLAIMS) ORDER

This 14th day of May, 2012, came Steve L. Carson, Executor of the Last Will and Testament of Nora Lora Carson, Deceased, and presented his Motion to Approve Preliminary and Final Report, to Close the Insolvent Estate and Discharge him from further

Appearing on behalf of movant was his attorney, Robert S. Fluharty, Jr.

Findings of Fact

From the records and evidence at hearing the County Commission finds the following facts to be true:

1. The probate estate of Nora Lora Carson, Deceased, consisted solely of the net proceeds of the sale of tangible personal property, and the decedent's final pension payment, with a sum of \$1,532.88;

2. The costs of administration, which are a Class One priority, of said estate exceeded \$1,532.88. The Executor, Son of the decedent, advanced from his separate funds the amount necessary to pay costs of administration and reasonable funeral expenses.

3. Creditors' Proofs of Claims in sum of \$17,199.77 were filed by the following Claimants who were notified by Certified Mail, Return Receipt Requested, at their proper addresses, of the hearing upon Executor's Motion.

a. Camden Clark Memorial Hospital, co-payment \$100.00 Proof of Claim filed 08/31/2009

b. United Bank (Bankcard) Proof of Claim filed 05/05/2009

\$6,185.23

United Bank (Auto Loan) Proof of Claim filed

\$10,914.54

4. The Preliminary and Final Report of Steven L. Carson, Executor of the Estate of Nora Lora Carson, deceased, the Motion to approve such Final Report, and the Notice of the hearing thereon was served upon the beneficiaries of her estate, namely Linda Carson, Norma Chidester, Betty Thompson, William C. Carson, Harold Carson, Mary Carson, Judy Carson, Connie Carson, Steve L. Carson, Margaret Carson and Lowdell Methodist Church, on the 23<sup>rd</sup> day of February 2012, as required by law.

Conclusions of Law

The Commission makes the following Conclusions of Law:

1. This estate is insolvent.

This estate should be closed without payment or release of filed Proofs of Claims because there are no assets in the probate estate from which to pay said claims.

The Final Report of the Executor should be filed and processed according to law.

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commission does hereby grant the relief sought in the Motion of the Executor and it is ORDERED that:

1. The Final Report of Steve L. Carson, Executor of the Last Will and Testament of Nora Lora Carson, Deceased, be approved;

Those claims listed in the Findings of Fact above, should be abated;

The Estate of Nora Lora Carson, Deceased, be closed; and,

The Executor be discharged from further duty.

ENTER this 14th day of May, 2012.

David Blair Couch

Commissioner

Wayne Dunn

Commissioner

Stephen E. Gainer

Commissioner

I, JAMES CON HO bereby CERTIFY that s al beville quick

STEVE L. CARSON, Executor of the Estate of Nora L. Carson, Deceased

By Counsel

Robert S. Fluharty, Jr. ROBERT S. FLUHARTY, JR.

WV STATE BAR NO. 1229

Fluharty & Townsend

417 Grand Park Drive, Suite 101

Parkersburg, WV 26105

There appearing no further business to claim the attention of this Commission, it is hereby ordered that this Commission, do now adjourn to meet in Regular Session, Thursday, May 17,2012, at 9:30 o'clock A. M., and sitting in Special Session, Tuesday, May 15, 2012, as a Board of Canvassers for canvassing the Primary Election held Tuesday, May 8, 2012.