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

#1 COURT SQUARE, SUITE 203 PARKERSBURG, WV 26101

IN RE: MINUTES OF MEETING HELD

MONDAY, FEBRUARY 13, 2017

PRESENT: DAVID BLAIR COUCH, PRESIDENT

JAMES COLOMBO, COMMISSIONER

ABSENT: ROBERT K. TEBAY, COMMISSIONER

At 9:30 A.M., the County Commission of Wood County met in regular session. They signed purchase orders, invoices and other correspondence.

The County Commission, upon a motion duly made, seconded and passed, approved minutes of January 18, 23, 26 and 30, 2017.

#### AGENDA AND DISCUSSION ITEMS

At 9:45 A.M., the County Commission, upon a motion duly made, seconded and passed, awarded the bid for the second phase of the wood County Courthouse Paving Project to FPS Building & Development. (Order M/3594)

At 9:47 A.M., the County Commission, upon a motion a motion duly made, seconded and passed, appointed Steve Valentine and Roy Scheicher to the Wood County Planning Commission. (Order A/1720)

At 9:49 A.M., the County Commission, upon a motion duly made, seconded and passed, appointed Jeremy Bungard to the Wood County Historic Landmarks Commission. (Order A/1721)

### ORDERS APPROVED AND ATTACHED TO THESE MINUTES

A/1717, A/1718. A/1719, A/1720, A/1721, A/1722, A/1723, M/3590, M/3591, M/3592, M/3593, M/3594

Having no further scheduled appointments or business to attend to, the County Commission adjourned at 12:00 P.M.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Robert K. Tebay, Commissioner

James Colombo, Commissioner

To listen to this meeting, please refer to DVD labeled February 13, 2017.

# Wood County Commission Meeting Held February 13, 2017

# Please Print

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## Wood County Commission Agenda

## 2/13/2017 1 Court Square, Suite 203 Parkersburg, WV 26101

| 9:30 A.M.                  | Consider awarding bid for the Courthouse sidewalk project                                           |                                       |
|----------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------|
|                            | Consider appointing Steve Valentine and<br>Roy Schleicher to the Wood County<br>Planning Commission |                                       |
|                            | Consider appointing Jeremy Bungard to the Wood County Historic Landmarks Commission                 |                                       |
|                            | Administrator's Report                                                                              | Marty Seufer, County<br>Administrator |
| P                          | County Commission Reports                                                                           |                                       |
| 10:00 A.M. – 12:00<br>Noon | Board of Review Walk-ins                                                                            |                                       |

Discussion, Review and Approval of expenditures and disbursements identified on Exhibit 1, hereto attached

Correspondence for this meeting will be available for public review during regular office hours in Room 205 of the Wood County Courthouse two (2) days prior to the meeting

#### Exhibit 1

Discussion, Review and Approval of the following items may be included during this meeting and are available for public inspection in the Office of the County Administrator two days prior to this meeting.

**Budget revisions** 

Purchase orders and requisitions

Revisions, reimbursement requests, resolutions and correspondence for grants

Grant disbursements to other entities

Invoices for expenditures to be paid

Reimbursements for travel expenses

Bid specifications and procedures for bids previously authorized by the Commission

**Monthly Hotel Occupancy Tax Collection disbursements** 

Disbursements for previously approved Innovative Programming Grants

Tax refunds, exonerations, impropers and consolidations

Probate items, including settlements, petitions and Fiduciary Commissioner reports

General Fund disbursements to entities

Funding requests from local organizations by written form

Payroll modification as submitted by elected officials

### 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 \$3,146.00 WHICH REPRESENTS REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F17-HS-03-405D.

### 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 three thousand one hundred forty-six dollars and zero cents (\$3,146.00) which represents reimbursement to Wood County for expenses incurred during the month of December, 2016, in regard to the Governor's Highway Safety Program Grant Number F17-HS-03-405D. Receipt of the aforementioned check is pursuant to an ORDER appearing in Order Book 72, at Page 550 and bearing the date of January 12, 2017, 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

Robert K. Tebay, Commissioner

ames E. Colombo, Commissioner

A/1717

DEPT: DIVISION OF MOTOR VEHICLES TOTAL OF INVOICE(S): \$3,146.00

CHECK DESCRIPTION

WARKANT #: 1002448130 VENDOR CODE: 000000212365

W.AMT: \$3,146.UU DATE: 02/07/2017

NET AMOUNT

INVOICE

NUMBER

\$3,146.00

F17HS03405D20163

For additional information, log on to Vendor Self Service at www.wvoasis.gov. If you need additional payment details, Please contact JAMES JORDAN, 3049263805X0000.

Learn more about the launching of your new State-wide accounting system (wvOASIS), visit us at www.wvoasis.gov

STATE WARRANT #

02/07/2017

PAYEE

WOOD CO COMMISSION

WEST VIRGINIA TREASURY

STATE TREASURER

" 100 24 4B 130"

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Pages Recorded 2 Document Type CCO Date Recorded 02/13/2017 Instrument No 8757261 DOOD CONUEX TO: 25:51 HM

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 \$31,888.36 WHICH REPRESENTS REIMBURSEMENT IN REGARD TO THE WV DIVISION OF CRIMINAL JUSTICE SERVICES COMMUNITY CORRECTIONS GRANT 17-CC-26.

### 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 thirty-one thousand eight hundred eighty-eight dollars and thirty-six cents (\$31,888.36) which represents reimbursement to Wood County for expenses incurred during the month of November, 2016, in regard to the West Virginia Division of Criminal Justice Services Community Corrections Grant Number 17-CC-26. Receipt of the aforementioned check is pursuant to an Order appearing in Order Book 72, at Page 492 and bearing the date of December 29, 2016, 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 WVDCJS Community Corrections Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Robert K. Yebay, Commissioner

James E. Colombo, Commissioner

A/1718

DEPT: DIVISION OF JUSTICE AND COMMUNITY SERVICES TOTAL OF INVOICE(S): \$31,888.36

WARRAN VENDOR CODE: 000000212365

WARRANT #: 1002446003

W.AMT: \$31,888.36 DATE: 02/06/2017

CHECK DESCRIPTION INVOICE NUMBER NET

17-CC-26 11/1/16 11/30/16

1782620164

\$31,888.36

For additional information, log on to Vendor Self Service at www.wvoasis.gov. If you need additional payment details, Please contact JACK EPPERLY, 3045588814X0209.

Learn more about the launching of your new State-wide accounting system (wvOASIS), visit us at www.wvoasis.gov

REMOVE DOCUMENT ALONG THIS PERFORATION

CTL# 34697182

State of West Virginia

STATE WARRANT #1002446003

PAYEE

WOOD CO COMMISSION

02/06/2017

\*\*\*\*\*\*\*\*\*\$31.888.36\*\*

WEST VIRGINIA TREASURY

STATE TREASURER

STATE AUDITOR

# 100 2446003#

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Date Recorded 2
Instrument No 8737263
Mark Rhodes
Mark Rhodes

### 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 \$3,333.54 WHICH REPRESENTS REIMBURSEMENT IN REGARD TO THE GOVERNOR'S HIGHWAY SAFETY PROGRAM GRANT NUMBER F17-HS-03-402.

### 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 three thousand three hundred thirty-three dollars and fifty-four cents (\$3,333.54) which represents reimbursement to Wood County for expenses incurred during the month of December, 2016, in regard to the Governor's Highway Safety Program Grant Number F17-HS-03-402. Receipt of the aforementioned check is pursuant to an ORDER appearing in Order Book 72, at Page 552 and bearing the date of January 12, 2017, 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

Robert K. Tebay, Commissioner

James E. Colombo, Commissioner

A/1719

DEPT: DIVISION OF MOTOR VEHICLES TOTAL OF INVOICE(S): \$3,333.54

CHECK DESCRIPTION

WARRANT #: 1002448129 VENDOR CODE: 000000212365

W.AMT: \$3,333.54 DATE: 02/07/2017

NET

AMOUNT

F17HS0340220163

INVOICE

NUMBER

\$3,333.54

For additional information, log on to Vendor Self Service at www.wvoasis.gov. If you need additional payment details, Please contact JAMES JORDAN, 3049263805X0000.

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State of West Virginia

STATE WARRANT #1002448129

PAYEE

WOOD CO COMMISSION

02/07/2017

WEST VIRGINIA TREASURY

STATE TREASURER

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BOOK-P899 Pages Recorded 2 Document Type CCO Date Recorded 02/13/2017 Instrument No 8737264 MOOD COUNTY TO:57:59 AM Sadory XT6M

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION APPOINTED STEVE VALENTINE AND ROY SCHLEICHER TO THE WOOD COUNTY PLANNING COMMISSION.

### ORDER

On this date, the County Commission of Wood County, upon a motion made by David Blair Couch, seconded by James Colombo and passed, appointed Steve Valentine and Roy Schleicher to the Wood County Planning Commission. Said appointment is pursuant to an Order appearing in Order Book 51, at Page 433 and bearing the date of April 1, 1991, dealing with the procedure policy for appointments to Boards and Authorities. The new terms will expire December 31, 2019.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

James E. Colombo, Commissioner

A/1720

LIDOD County 10:50:57

LIDSTrument No 8737266

Date Recorded 02/13/2

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

IN RE: THE COUNTY COMMISSION APPOINTED JEREMY BUNGARD TO THE WOOD COUNTY HISTORIC LANDMARKS COMMISSION.

### ORDER

On this date, the County Commission of Wood County, upon a motion made by David Blair Couch, seconded by James Colombo and passed, appointed Jeremy Bungard to the Wood County Parks Historic Landmarks Commission. Said appointment is pursuant to an Order appearing in Order Book 51, at Page 433 and bearing the date of April 1, 1991, dealing with the procedure policy for appointments to Boards and Authorities. Mr. Bungard's term will expire December 13, 2021.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

James E. Colombo, Commissioner

A/1721

### 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 F17-HS-03-406. SAID REQUEST IS IN THE AMOUNT OF \$0.00

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James E. Colombo, seconded by Jimmy Colombo 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 F17-HS-03-406. The Request for Reimbursement is in the amount of zero dollars and zero cents (\$0.00) for the month of January, 2017. 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

Robert K. Tebay, Commissioner

James E. Colombo, Commissioner

A/1722

## **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) 926                                      | -3880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| REQUES                                                               | T FOR REIMB                                     | URSEMENT                                            | The second secon |
| (For GHSP Use Only)                                                  | Sub-<br>Grantee:                                | Wood County Cor                                     | nmission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                      | Address:                                        | One Court Square,                                   | Suite 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                                                      | P. O. Number                                    | LAST RECEIVED PROPERTY AND ARCHIVE AND ARCHIVE      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      | Grant Number                                    | : F17-HS                                            | -03-406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|                                                                      | Funds are hereby                                | requested to cover exp                              | penditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                      | For the period of:                              | 1/1/17 -                                            | 1/31/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| PROJECT CASH EXPENDITURES                                            | Accou                                           | nt Number                                           | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| available for inspection at the request of the BY: David Blair Couch | , President                                     | arety Program 2/13/2                                | 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Typed Name Ar<br>(Authorized Official or Grant F                    | 11                                              | (Signature)                                         | (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| GOVERNOR'S HIGH                                                      | ALTERNATION OF THE TAP PARTIES AND ALMOST COMME | THE WARMON COLLAND MANAGEMENT THE MANAGEMENT OF THE | NLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| This request is approved for the amount of:                          |                                                 |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      |                                                 | (Approved)                                          | (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Pursuant to the authority vested in r                                | me, I certify that this re                      | quest is correct and proper                         | for payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (Date)                                                               |                                                 | (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 F17-HS-03-405b. SAID REQUEST IS IN THE AMOUNT OF \$0.00.

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James E. Colombo 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 F17-HS-03-405b. The Request for Reimbursement is in the amount of zero dollars and zero cents (\$0.00) for the month of January, 2017. 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

Robert K. Tebay Commissione

James Z. Colombo, Commissioner

A/1723

## **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

### 5707 MacCorkle Avenue SE P. O. Box 17600

## Charleston, West Virginia 25317-0010

|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fax: (304) 926                                             |               |
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| REQUES                                                                                                  | ST FOR REIMBURSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MENT                                                       |               |
| (For GHSP Use Only)                                                                                     | Sub-<br>Grantee: Woo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d County Cor                                               | nmission      |
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|                                                                                                         | To a second seco | arkersburg, WV                                             |               |
|                                                                                                         | P. O. Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MV170                                                      | 3405b         |
|                                                                                                         | Grant Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F17HS-0                                                    | 03-405b       |
|                                                                                                         | FEIN Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 556 00                                                     |               |
|                                                                                                         | Funds are hereby reque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |               |
|                                                                                                         | For the period of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1/1/17 -                                                   | 1/31/17       |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |               |
| PROJECT CASH EXPENDITURES                                                                               | Account Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mber                                                       | Amount        |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | \$0.00        |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |               |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL                                                      | <b>#</b> 0.00 |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL                                                      | \$0.00        |
| available for inspection at the request of the BY: David Blair Couch                                    | 3.00 (A. M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rogram.<br>2/13/                                           |               |
| (Typed Name Ar                                                                                          | 17013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            | 2017          |
|                                                                                                         | nd little)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Signature)                                                | 2017 (Date)   |
| (Authorized Official of Grant F                                                                         | inancial Officer Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Signature)                                                |               |
|                                                                                                         | inancial Officer Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | (Date)        |
| GOVERNOR'S HIGH                                                                                         | inancial Officer Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | (Date)        |
| GOVERNOR'S HIGH                                                                                         | inancial Officer Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH                                                                                         | inancial Officer Only)  IWAY SAFETY PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH<br>ADM                                                                                  | inancial Officer Only)  IWAY SAFETY PRO  INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH<br>ADM                                                                                  | inancial Officer Only)  IWAY SAFETY PRO  INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH ADM This request is approved for the amount of:                                         | INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH<br>ADM                                                                                  | INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH ADM This request is approved for the amount of:                                         | INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH ADM This request is approved for the amount of:                                         | INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GRAM USE C                                                 | (Date)        |
| GOVERNOR'S HIGH ADM  This request is approved for the amount of:  Pursuant to the authority vested in r | INISTRATIVE APPROV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GRAM USE CAL  (Approved)  s correct and proper  (Director) | (Date)        |
| GOVERNOR'S HIGH ADM  This request is approved for the amount of:  Pursuant to the authority vested in r | INISTRATIVE APPROVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GRAM USE CAL  (Approved)  s correct and proper  (Director) | (Date)        |
| GOVERNOR'S HIGH ADM  This request is approved for the amount of:  Pursuant to the authority vested in r | INISTRATIVE APPROVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GRAM USE CAL  (Approved)  s correct and proper  (Director) | (Date)        |
| GOVERNOR'S HIGH ADM  This request is approved for the amount of:  Pursuant to the authority vested in r | INISTRATIVE APPROVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GRAM USE CAL  (Approved)  s correct and proper  (Director) | (Date)        |

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

IN RE: THE COUNTY COMMISSION AUTHORIZED DAVID BLAIR COUCH TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE VICTIMS OF CRIME ASSISTANCE GRANT NUMBER 15-VA-075. SAID REQUEST IS IN THE AMOUNT OF \$4,960.64

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James E. Colombo and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Victims of Crime Assistance Grant Number 15-VA-075. The Request for Reimbursement is in the amount of four thousand nine hundred sixty dollars and sixty-four cents (\$4,960.64) for the month of January, 2017. Along with the Request for Reimbursement Form; a Financial Recap Page; Project Financial Report; Daily Time Sheets for the Victims Advocate, Tiffany Kiger; Monthly Progress Reports and the Monthly Statistical 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 Victims of Crime Advocate Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Robert K. Tebay, Commissioner

James E. Colombo, Commissioner

M/3590

### **WEST VIRGINIA DIVISION OF JUSTICE AND COMMUNITY SERVICES**

# Request for Reimbursement

| RECEIVED            | Subgrantee:    | Wood County Commission              |
|---------------------|----------------|-------------------------------------|
| (For DJCS Use Only) | Address:       | One Court Square, Suite 203         |
|                     |                | Parkersburg, WV                     |
|                     |                | 26101                               |
|                     |                |                                     |
|                     | Project #:     | 15-VA-075                           |
|                     | FEIN#:         | 556 000 417                         |
|                     | Funds are here | eby requested to cover expenditures |
|                     | FROM: 1/1/     | 17 TO: 1/31/17                      |

### PROJECT CASH EXPENDITURES

| CATEGORY              | AMOUNT     |
|-----------------------|------------|
| Personnel/Contractual | \$4,960.64 |
| Travel/Training       | -0-        |
| Space                 |            |
| Other                 |            |
| TOTAL                 | \$4,960.64 |

**Program Accountant** 

### **CERTIFICATION:**

Date

I certify that this report presents actual receipts and expenditures of funds for the period covered and for the

| total grant budget to date, made in accordance with the approved budget for this grant.               |          |
|-------------------------------------------------------------------------------------------------------|----------|
| All documentation is available at our office.                                                         | <b>⊲</b> |
| BY: David Blair Couch, President                                                                      | 2/13/17  |
| TYPED NAME & TITLE                                                                                    | DATE     |
| (Authorized Official or Grant Financial Officer ONLY)  DJCS USE ONLY                                  |          |
| ADMINISTRATIVE APPROVAL:                                                                              |          |
| This request is approved in the amount of \$ Initials Date                                            |          |
| Pursuant to the authority vested in me. I certify that this request is correct and proper for payment |          |

### 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 F17-HS-03-402. SAID REQUEST IS IN THE AMOUNT OF \$3,802.22

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James Colombo 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 F17-HS-03-402. The Request for Reimbursement is in the amount of three thousand eight hundred two dollars and twenty-two cents (\$3,802.22) for the month of January, 2017. The Request for Reimbursement form, the Project Financial Report, time sheets for the Parkersburg 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

Robert K. Tebay, Commissioner

James Colombo, Commissioner

M/3591

## **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

#2 Hale Street, Suite 100 Charleston, West Virginia 25301

| reie                                                               | phone: (304) 558-60                                                                                                                                  | 80                                                                                                  | Fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ix: (304) 558                                                        | 3-6083                                             |
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|                                                                    | REQUES                                                                                                                                               | ST FOR RE                                                                                           | IMBURSEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ENT                                                                  |                                                    |
| (For                                                               | GHSP Use Only)                                                                                                                                       | Sub-<br>Grantee:                                                                                    | Wood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County Co                                                            | mmission                                           |
|                                                                    |                                                                                                                                                      | Address:                                                                                            | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | One Court So                                                         | quare                                              |
|                                                                    |                                                                                                                                                      |                                                                                                     | Parl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | kersburg, W\                                                         | / 26101                                            |
|                                                                    |                                                                                                                                                      | P. O. Nu                                                                                            | ımber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | 03402                                              |
|                                                                    |                                                                                                                                                      | Grant Nu                                                                                            | ımber:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | 5-03-402                                           |
|                                                                    |                                                                                                                                                      | FEIN Nu                                                                                             | Statement of Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | 00 417                                             |
|                                                                    |                                                                                                                                                      | Funds ar                                                                                            | e hearby requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ested to cov                                                         | er expenditures                                    |
| Date Posted                                                        | Initials                                                                                                                                             | FROM:                                                                                               | January 1, 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17 <b>TO</b> :                                                       | January 31, 2017                                   |
| PROJECT C                                                          | ASH EXPENDITURES                                                                                                                                     |                                                                                                     | Account Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | er                                                                   | Amount                                             |
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| CERTIFIC                                                           |                                                                                                                                                      | receipts and ex                                                                                     | openditures of fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                    |
| I certifiy that otal grant budget                                  | CATION: this report presents actual to date, made in accordar ection at the request of the                                                           | nce with the app                                                                                    | roved budget for t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ds for the period                                                    | covered and for the                                |
| I certifiy that otal grant budget                                  | this report presents actual to date, made in accordar                                                                                                | nce with the app<br>Governor's Hig                                                                  | roved budget for t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ds for the period<br>his grant. All do                               | covered and for the                                |
| I certifiy that otal grant budget available for inspe              | this report presents actual<br>t to date, made in accordar<br>ection at the request of the                                                           | nce with the app<br>Governor's Hig<br>h, President                                                  | roved budget for the hway Safety Programme Common C | ds for the period<br>his grant. All do                               | d covered and for the ocumentation is              |
| I certifiy that otal grant budget available for inspe              | this report presents actual<br>t to date, made in accordar<br>ection at the request of the<br>David Blair Couc                                       | nce with the app<br>Governor's Hig<br>h, President<br>nd Title)                                     | roved budget for the hway Safety Progr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ds for the period<br>his grant. All do<br>ram<br>2/13                | covered and for the ocumentation is                |
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(Date)

Hark Rhodes

+ WDOD County 10:41:21 AH

Instrument No 8737255

Date Perorded 02/13/2017

(Director)

### 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 F17-HS-03-405d. SAID REQUEST IS IN THE AMOUNT OF \$3,146.00

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James Colombo 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 F17-HS-03-405d. The Request for Reimbursement is in the amount of three thousand one hundred forty-six dollars and zero cents (\$3,146.00) for the month of January, 2017. The Request for Reimbursement form, the Project Financial Report, time sheets for the Parkersburg Police Department, the Jackson County Sheriff's Department, the Spencer Police Department, the Ritchie County Sheriff's Department, the Ravenswood 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

Robert K. Tebay, Commissione

James Colombo, Commissioner

M/3592

## **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

## 5707 MacCorkle Avenue SE P. O. Box 17600

Charleston, West Virginia 25317-0010

| ST FOR REIMBUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                |
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| Sub-<br>Grantee: W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ood County Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nmission                                                                                                                                                       |
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| nce with the approved budge<br>Governor's Highway Safet<br>n, President<br>and Title)<br>Financial Officer Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | et for this grant. All doc<br>y Program.<br>2/13/2<br>(Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | umentation is 017 (Date)                                                                                                                                       |
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| nce with the approved budge<br>Governor's Highway Safet<br>In, President<br>and Title)<br>Financial Officer Only)  HWAY SAFETY PE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | et for this grant. All doc<br>y Program.<br>2/13/2<br>(Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | umentation is 017 (Date)                                                                                                                                       |
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| nce with the approved budge Governor's Highway Safet on, President and Title) Financial Officer Only)  HWAY SAFETY PROMINISTRATIVE APPROVED  THE TIME APPROVED  THE T | et for this grant. All doc<br>y Program.<br>2/13/2<br>(Signature)<br>ROGRAM USE OF<br>OVAL  (Approved)  st is correct and proper f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Date)                                                                                                                                                         |
| nce with the approved budge<br>Governor's Highway Safet<br>In, President<br>Ind Title)<br>Financial Officer Only)  HWAY SAFETY PROMINISTRATIVE APPROVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | et for this grant. All doc<br>y Program.<br>2/13/2<br>(Signature)<br>ROGRAM USE OF<br>OVAL  (Approved)  st is correct and proper f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Date)                                                                                                                                                         |
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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 F17-HS-03-DOHDD. SAID REQUEST IS IN THE AMOUNT OF \$826.46

### ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James E. Colombo 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 F17-HS-03-DOHDD. The Request for Reimbursement is in the amount of eight hundred twenty-six dollars and forty-six cents (\$826.46) for the month of October, 2016. The Request for Reimbursement form, the Project Financial Report, time sheets for the Parkersburg 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

Robert K. Tebay, Commissioner

James E. Colombo, Commissioner

M/3593

## **GOVERNOR'S HIGHWAY SAFETY PROGRAM**

## 5707 MacCorkle Avenue SE P. O. Box 17600

## Charleston, West Virginia 25317-0010

| Telephone: (304) 926-25                                                | n, west virginia 255 i<br>19                  | ax: (304) 926-                                                   | 3880                                  |
|------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|---------------------------------------|
|                                                                        | ST FOR REIMBURSEM                             |                                                                  |                                       |
| (For GHSP Use Only)                                                    | Sub-<br>Grantee: Wood<br>Address: One C       | County Con<br>ourt Square, Stersburg, WV<br>MV1703E<br>F17-HS-03 | Suite 203<br>26101<br>OOHDD<br>-DOHDD |
|                                                                        | Funds are hereby requester For the period of: | 10.000                                                           | enditures                             |
| PROJECT CASH EXPENDITURES                                              | Account Numb                                  | er                                                               | Amount<br>\$826.46                    |
|                                                                        |                                               | TOTAL                                                            | \$826.46                              |
| BY: David Blair Coucl  (Typed Name Ar  (Authorized Official or Grant F | nd Title)                                     | 2/13/2<br>(Signature)                                            | 017<br>(Date)                         |
|                                                                        | WAY SAFETY PROGR                              | RAM USE O                                                        | NLY                                   |
| ADM                                                                    | INISTRATIVE APPROVAL                          |                                                                  |                                       |
| This request is approved for the amount of:                            |                                               | (Approved)                                                       | (Date)                                |
| Pursuant to the authority vested in                                    | me, I certify that this request is co         | rrect and proper f                                               | or payment.                           |
| (Date)                                                                 | -                                             | (Director)                                                       |                                       |
| Purchasii                                                              | ng/Accounts Payable Use                       | Only                                                             |                                       |
|                                                                        |                                               |                                                                  | Book-Page                             |

NullOD County 10:45:38 Instrument No 873729 Data Recorded 02/13/

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

IN RE: THE COUNTY COMMISSION AWARDED A BID FOR THE SECOND PHASE OF THE COURTHOUSE PAVING PROJECT.

### ORDER

On this date, upon a motion by David Blair Couch, seconded by James E. Colombo and passed, the County Commission of Wood County, did hereby AWARD a bid for the second phase of the Wood County Courthouse Paving Project. Said bid was awarded to the following:

FPS Building & Development, Inc. 1065 Ritter Drive Beaver, WV 25813 Bid price - \$54,800.00

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Robert K.

M/3594

| Check No<br>6739 | Vendor Id<br>CHAPMAN | Vendor Name<br>CHAPMAN PRINTING CO. INC | Type<br>REGULAR | Check Date 02/07/2017 | Check Amount<br>84.75 | Rec |
|------------------|----------------------|-----------------------------------------|-----------------|-----------------------|-----------------------|-----|
| 6740             | CINTAS               | CINTAS CORPORATION                      | REGULAR         | 02/07/2017            | 58.04                 |     |
| 6741             | DEAN'S               | DEAN'S SCREENS INK                      | REGULAR         | 02/07/2017            | 853.00                |     |
| 6742             | ENGLEFIELD           | ENGLEFIELD OIL COMPANY                  | REGULAR         | 02/07/2017            | 408.44                |     |
| 6743             | GEN CO FD            | GENERAL COUNTY FUNDS                    | REGULAR         | 02/07/2017            | 165,437.04            |     |
| 6744             | MILLER CO            | MILLER COMMUNICATIONS IN                | REGULAR         | 02/07/2017            | 1,436.25              |     |
| 6745             | OHIODAS              | TREASURER OF STATE                      | REGULAR         | 02/07/2017            | 36.00                 |     |
| 6746             | PUREWATER            | PURE WATER PARTNERS                     | REGULAR         | 02/07/2017            | 58.00                 |     |
| 6747             | T&S                  | T&S LAWN-LANDSCAPE INC                  | REGULAR         | 02/07/2017            | 800.00                |     |
| 6748             | TESSCO               | TESSCO TECHNOLOGIES                     | REGULAR         | 02/07/2017            | 171.29                |     |
| 6749             | WINANS               | WINANS SERVICES                         | REGULAR         | 02/07/2017            | 206.20                |     |
|                  |                      | E-911                                   | FUND Bank Id    | 107 Totals            | 169,549.01            |     |
|                  |                      |                                         | Re              | port Totals           | 169,549.01            |     |



| Check No<br>6481 | Vendor Id<br>CASEY | Vendor Name<br>CASEY'S LANDSCAPING, LLC | Type<br>REGULAR | Check Date 02/07/2017 | Check Amount<br>200,00 | Rec |
|------------------|--------------------|-----------------------------------------|-----------------|-----------------------|------------------------|-----|
| 6482             | CASTKARA           | CASTO KARAH L                           | REGULAR         | 02/07/2017            | 19.15                  |     |
| 6483             | ENGLEFIELD         | ENGLEFIELD OIL COMPANY                  | REGULAR         | 02/07/2017            | 132.48                 |     |
| 6484             | INTOXIMET          | INTOXIMETERS, INC                       | REGULAR         | 02/07/2017            | 773.00                 |     |
| 6485             | MONPOWER           | MON POWER                               | REGULAR         | 02/07/2017            | 932.89                 |     |
| 6486             | MOUNTAINEERG       | MOUNTAINEER GAS COMPANY                 | REGULAR         | 02/07/2017            | 203.82                 |     |
| 6487             | ODEPOT             | OFFICE DEPOT                            | REGULAR         | 02/07/2017            | 687.52                 |     |
| 6488             | PAXTHEAT           | PAXTON HEATHER L.                       | REGULAR         | 02/07/2017            | 65.38                  |     |
| 6489             | RICOH              | RICOH USA INC                           | REGULAR         | 02/07/2017            | 478.02                 |     |
| 6490             | TIANO              | TIANO-KNOPP ASSOC., INC.                | REGULAR         | 02/07/2017            | 417.00                 |     |
|                  |                    | COMM.CRIMINAL JUSTICE                   | FUND Bank Id    | 172 Totals            | 3,909.26               |     |
|                  |                    |                                         | Re              | port Totals           | 3,909.26               |     |

NEW ACTION OF THE PROPERTY OF

| Check No Vendor Id 5300 MOVDRC | Vendor Name<br>MID-OHIO VALLEY DAY<br>REPORT CENTER | Type<br>REGULAR | Check Date 02/07/2017 | Check Amount<br>15,00 | Rec |
|--------------------------------|-----------------------------------------------------|-----------------|-----------------------|-----------------------|-----|
|                                | TEEN DRUG                                           | COURT Bank I    | d 177 Totals          | 15.00                 |     |
|                                |                                                     | R               | eport Totals          | 15.00                 |     |

AND.

| Check No.<br>3339 |           | Vendor Name<br>ADVANCE AUTO PARTS   | Type<br>REGULAR | Check Date 02/07/2017 | Check Amount<br>16.55 | Rec |
|-------------------|-----------|-------------------------------------|-----------------|-----------------------|-----------------------|-----|
| 3340              | KESTERSON | KESTERSON CLEANERS                  | REGULAR         | 02/07/2017            | 10.53                 |     |
|                   |           | HOME CONFINEMENT Bank Id 108 Totals |                 |                       |                       |     |
|                   |           |                                     | 27.08           |                       |                       |     |

Will

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|                    |                  |                                |                 |                       | - 1/                     |     |
|--------------------|------------------|--------------------------------|-----------------|-----------------------|--------------------------|-----|
| Check No<br>162550 | Vendor Id<br>AAP | Vendor Name ADVANCE AUTO PARTS | Type<br>REGULAR | Check Date 02/07/2017 | Check Amount<br>1,046.76 | Rec |
| 162551             | ASTORGDODGE      | ASTORG DODGE CHRYSLER JEEP     | REGULAR         | 02/07/2017            | 202.49                   |     |
| 162552             | BROWN W          | WILLIAM M BROWN                | REGULAR         | 02/07/2017            | 700.00                   |     |
| 162553             | CRMALCOM         | CR MALCOM & ASSOCIATES         | REGULAR         | 02/07/2017            | 1,580.77                 |     |
| 162554             | CRUM G           | GWEN CRUM                      | REGULAR         | 02/07/2017            | 65.60                    |     |
| 162555             | CRYSTAL          | CRYSTAL SPRING WATER           | REGULAR         | 02/07/2017            | 26.00                    |     |
| 162556             | DOMINIONH        | DOMINION HOPE                  | REGULAR         | 02/07/2017            | 3,278.35                 |     |
| 162557             | ENGLEFIELD       | ENGLEFIELD OIL COMPANY         | REGULAR         | 02/07/2017            | 9,021.34                 |     |
| 162558             | FINLEY FI        | FINLEY FIRE EQUIPMENT          | REGULAR         | 02/07/2017            | 1,675.50                 |     |
| 162559             | GLACIER          | GLACIER MOUNTAIN               | REGULAR         | 02/07/2017            | 6.50                     |     |
| 162560             | HARLOW S         | STACY HARLOW                   | REGULAR         | 02/07/2017            | 196.00                   |     |
|                    | KESTERSON        | KESTERSON CLEANERS             | REGULAR         | 02/07/2017            | 465.95                   |     |
| 162562             | LAMP             | LAMP PESTPROOF                 | REGULAR         | 02/07/2017            | 140.00                   |     |
| 162563             | LEAVITT          | LEAVITT FUNERAL HOME           | REGULAR         | 02/07/2017            | 250.00                   | ^   |
| 162564             | LEXIS            | LEXIS NEXIS                    | REGULAR         | 02/07/2017            | 450.00                   | All |
| 162565             | MAHONE TI        | MAHONE TIRE CO                 | REGULAR         | 02/07/2017            | 3,444.00                 |     |
| 162566             | MID OHIO H       | MID OHIO VALLEY HEALTH         | REGULAR         | 02/07/2017            | 20,000.00                |     |
|                    | MYERSLAW         | MYERS LAW OFFICES              | REGULAR         | 02/07/2017            | 175.00                   | (A) |
|                    | NOLANS           | NOLAN'S SERVICES LLC           | REGULAR         | 02/07/2017            | 8,229.47                 |     |
|                    | RICOH            | RICOH USA INC                  | REGULAR         | 02/07/2017            | 485.78                   |     |
| 162570             | ROBERTSY         | YOLANDA ROBERTS                | REGULAR         | 02/07/2017            | 50.00                    |     |
|                    | SAFELITE         | SAFELITE FULFILLMENT INC       | REGULAR         | 02/07/2017            | 74.94                    |     |
| 162572             | SHAWLIND         | SHAWVER LINDSEY A              | REGULAR         | 02/07/2017            | 158.90                   |     |
|                    | SMITH JODI       | JODI SMITH                     | REGULAR         | 02/07/2017            | 214.51                   |     |
| 162574             | T&S              | T&S LAWN-LANDSCAPE INC         | REGULAR         | 02/07/2017            | 624.00                   |     |
|                    |                  |                                |                 |                       |                          |     |

Report Date/ Time: 2/7/2017 10:22:31AM

| Check No<br>162575 | Vendor Id<br>TIANO | Vendor Name TIANO-KNOPP ASSOC., INC. | Type<br>REGULAR | Check Date 02/07/2017 | Check Amount<br>3,110,00 | Rec    |
|--------------------|--------------------|--------------------------------------|-----------------|-----------------------|--------------------------|--------|
| 162576             | TIANO M            | TIANO-KNOPP ASSOC, INC.              | REGULAR         | 02/07/2017            | 109.14                   | Ter 19 |
| 162577             | TRADITIONS         | TRADITIONS AND HOPE                  | REGULAR         | 02/07/2017            | 1,500.00                 |        |
| 162578             | UNITED BANK        | UNITED BANKCARD CENTER               | REGULAR         | 02/07/2017            | 581.13                   |        |
| 162579             | USBANKEQUIP        | US BANK EQUIPMENT FINANCE            | REGULAR         | 02/07/2017            | 1,108.00                 |        |
| 162580             | VERIZONW           | VERIZON WIRELESS                     | REGULAR         | 02/07/2017            | 527.67                   |        |
| 162581             | WATERBOY           | WATERBOY LLC                         | REGULAR         | 02/07/2017            | 22.00                    |        |
| 162582             | WC BAR             | WOOD COUNTY BAR ASSOC.               | REGULAR         | 02/07/2017            | 450.00                   | n mass |
| 162583             | WINANS             | WINANS SERVICES                      | REGULAR         | 02/07/2017            | 99.09                    |        |
| 162584             | WV ASSOC           | WV ASSOC OF COUNTIES                 | REGULAR         | 02/07/2017            | 225.00                   |        |
| 1                  | *                  | GENERAL                              | FUND Bank Id    | 101 Totals            | 60,293.89                | 7      |
| * A I              |                    |                                      | Rep             | oort Totals           | 60,293.89                |        |

Page 2 of 2

| Check No<br>2214 | Vendor Id<br>WV RETIRE | Vendor Name WV PUBLIC EMP RETIREMENT              | Type<br>REGULAR | Check Date 02/03/2017 | Check Amount 87,860.78 | Rec |
|------------------|------------------------|---------------------------------------------------|-----------------|-----------------------|------------------------|-----|
| 2215             | DENTAL                 | RENAISSANCE                                       | REGULAR         | 02/03/2017            | 939,12                 |     |
| 162532           | HEALTH                 | HIGHMARK WEST VIRGINIA                            | REGULAR         | 02/03/2017            | 268,640.37             |     |
| 162533           | LIFE                   | DEARBORN NATIONAL                                 | REGULAR         | 02/03/2017            | 1,212.04               |     |
| 162534           | VISION                 | VISION SERVICE PLAN (WV)                          | REGULAR         | 02/03/2017            | 3,193.62               |     |
| 162535           | ACTOR                  | THE ACTORS GUILD OF                               | REGULAR         | 02/03/2017            | 325.16                 |     |
| 162536           | ARTSBRIDG              | PARKERSBURG<br>ARTSBRIDGE                         | REGULAR         | 02/03/2017            | 650.31                 |     |
| 162537           | BELL HOME              | BELLEVILLE HOMECOMING                             | REGULAR         | 02/03/2017            | 243.87                 |     |
| 162538           | BHFI                   | BLENNERHASSETT<br>HISTORICAL FOUNDATION INC       | REGULAR         | 02/03/2017            | 162.58                 |     |
| 162539           | JULIA-ANN              | JULIA-ANN SQUARE HISTORIC DISTRICT                | REGULAR         | 02/03/2017            | 325,16                 |     |
| 162540           | OIL                    | OIL AND GAS MUSEUM                                | REGULAR         | 02/03/2017            | 487.73                 |     |
| 162541           | P-ART                  | PARKERSBURG ART CENTER                            | REGULAR         | 02/03/2017            | 487.73                 | λŷ  |
| 162542           | P-HOMECOM              | PARKERSBURG HOMECOMING                            | REGULAR         | 02/03/2017            | 812.89                 | 1   |
| 162543           | P-WCVCB                | GREATER PARKERSBURG<br>CONVENTION & VISITORS      | REGULAR         | 02/03/2017            | 16,257.78              |     |
| 162544           | PMARATHON              | PARKERSBURG NEWS & SENTINEL                       | REGULAR         | 02/03/2017            | 162.58                 |     |
| 162545           | SMOOT                  | SMOOT THEATER                                     | REGULAR         | 02/03/2017            | 942.95                 |     |
| 162546           | VETERAN                | VETERANS MUSEUM OF MID<br>OHIO VALLEY             | REGULAR         | 02/03/2017            | 357.67                 |     |
| 162547           | WOOD CO H              | WOOD COUNTY HISTORICAL & PRESERVATION             | REGULAR         | 02/03/2017            | 162.58                 |     |
| 162548           | WOOD CO P              | WOOD COUNTY PARKS & REC.<br>COMM.(MOUNTWOOD PARK) | REGULAR         | 02/03/2017            | 5,852.80               |     |
| 162549           | WVIF&EXP               | WV INTERSTATE FAIR & EXP                          | REGULAR         | 02/03/2017            | 1,219.33               |     |
|                  |                        | GENERAL                                           | FUND Bank Id    | 101 Totals            | 390,297.05             |     |

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390,297.05

Report Totals

| Check No | Vendor Id<br>IRS-PAY | Vendor Name INTERNAL REVENUE SERVICE    | Type<br>REGULAR | Check Date 01/31/2017 | Check Amount<br>83,109.96 | Rec |
|----------|----------------------|-----------------------------------------|-----------------|-----------------------|---------------------------|-----|
|          | CHILD                | CHILD SUPPORT ENF DIV                   | REGULAR         | 01/31/2017            | 1,131.39                  |     |
| 2207     | FSA                  | TASC                                    | REGULAR         | 01/31/2017            | 2,625.00                  |     |
| 2208     | EMPOWER              | EMPOWER RETIREMENT                      | REGULAR         | 01/31/2017            | 45.00                     |     |
| 2209     | DENTAL               | RENAISSANCE                             | REGULAR         | 01/31/2017            | 2,318.73                  |     |
| 2210     | OH ST TX             | TREASURER OF STATE OF OHIO              | REGULAR         | 01/31/2017            | 697.22                    |     |
| 2211     | WV ST TX             | WV STATE TAX COMM-<br>INCOME            | REGULAR         | 01/31/2017            | 25,472.80                 |     |
| 2212     | WV DEPUTY            | WV DEPUTY SHERIFF'S<br>RETIREMENT       | REGULAR         | 01/31/2017            | 29,280,67                 |     |
| 162496   | AMERICAN             | AFLAC                                   | REGULAR         | 01/31/2017            | 184.30                    |     |
| 162497   | MOVUNITED            | UNITED WAY ALLIANCE OF THE MOV INC.     | REGULAR         | 01/31/2017            | 15.00                     |     |
| 162498   | NRS                  | NATIONWIDE RETIREMENT<br>SOLUTIONS      | REGULAR         | 01/31/2017            | 1,810.00                  |     |
| 162499   | PHEAA                | PHEAA                                   | REGULAR         | 01/31/2017            | 414.43                    | ,   |
| 162500   | PUBLIC DE            | ONE COMMUNITY FEDERAL CREDIT UNION      | REGULAR         | 01/31/2017            | 11,414.00                 | ,   |
| 162501   | WASHINGTONH          | WASHINGTON NATIONAL INSURANCE CO.       | REGULAR         | 01/31/2017            | 2,478.98                  | 4/  |
| 162502   | WESTERNSO            | WESTERN & SOUTHERN LIFE                 | REGULAR         | 01/31/2017            | 356.28                    | Sul |
| 162503   | WESTFIELD            | LINCOLN FINANCIAL GROUP                 | REGULAR         | 01/31/2017            | 29.00                     |     |
| 162504   | WVLOAN               | WV CONSOLIDATED PUBLIC RETIREMENT BOARD | REGULAR         | 01/31/2017            | 166.50                    |     |
| 162505   | AMERICANF            | AMERICAN FLAGS & POLES                  | REGULAR         | 01/31/2017            | 379.00                    |     |
| 162506   | BADGERLUM            | BADGER LUMBER                           | REGULAR         | 01/31/2017            | 45.90                     |     |
| 162507   | BREWER               | BREWER & CO. OF WV, INC.                | REGULAR         | 01/31/2017            | 1,309.00                  | N   |
| 162508   | CWS                  | CWS                                     | REGULAR         | 01/31/2017            | 8.90                      |     |
| 162509   | DISH                 | DISH NETWORK                            | REGULAR         | 01/31/2017            | 113.69                    |     |
| 162510   | DOMINIONH            | DOMINION HOPE                           | REGULAR         | 01/31/2017            | 55.51                     | V   |
| 162511   | EXXONMOBIL           | EXXONMOBIL                              | REGULAR         | 01/31/2017            | 60.27                     |     |
| 162512   | FEDERAL              | FEDERAL EXPRESS CORP                    | REGULAR         | 01/31/2017            | 30.02                     |     |

|        | Vendor Id<br>FORE TIMB | Vendor Name<br>FORE TIMBER COMPANY INC   | Type<br>REGULAR | Check Date 01/31/2017 | Check Amount | Rec  |
|--------|------------------------|------------------------------------------|-----------------|-----------------------|--------------|------|
| 162514 | GENERALSA              | GENERAL SALES CO.                        | REGULAR         | 01/31/2017            | 966.02       |      |
| 162515 | GLOBAL                 | GLOBAL GOV/ED SOLUTIONS INC              | REGULAR         | 01/31/2017            | 213.97       |      |
| 162516 | HEAVENLY HAM           | THE HONEY BAKED HAM COMPANY              | REGULAR         | 01/31/2017            | 190.58       | (* ° |
| 162517 | LOWES                  | LOWE'S COMPANIES, INC.                   | REGULAR         | 01/31/2017            | 416,02       |      |
| 162518 | MABC                   | MID-ATLANTIC BUSINESS COMMUNICATIONS     | REGULAR         | 01/31/2017            | 881.60       |      |
| 162519 | MILLER CO              | MILLER COMMUNICATIONS IN                 | REGULAR         | 01/31/2017            | 700.00       |      |
| 162520 | ODEPOT                 | OFFICE DEPOT                             | REGULAR         | 01/31/2017            | 227.54       |      |
| 162521 | PULLIN                 | PULLIN, FOWLER & FLANAGA<br>PLLC         | REGULAR         | 01/31/2017            | 2,771.00     |      |
| 162522 | REGIONALJ              | WV REGIONAL JAIL & CORRECTIONAL FACILITY | REGULAR         | 01/31/2017            | 213,787.50   |      |
| 162523 | SAMS CLUB              | SAM'S CLUB                               | REGULAR         | 01/31/2017            | 257.28       |      |
| 162524 | SIRCHIE                | SIRCHIE FINGERPRINT LAB                  | REGULAR         | 01/31/2017            | 141.84       |      |
| 162525 | TAYLOR'S               | TAYLOR'S TRASH REMOVAL                   | REGULAR         | 01/31/2017            | 232.98       |      |
| 162526 | TIANO                  | TIANO-KNOPP ASSOC., INC.                 | REGULAR         | 01/31/2017            | 500.00       |      |
| 162527 | UNION WIL              | UNION WILLIAMS PUBLIC SE                 | REGULAR         | 01/31/2017            | 14.28        |      |
| 162528 | USBANKEQUIP            | US BANK EQUIPMENT FINANCE                | REGULAR         | 01/31/2017            | 285.00       |      |
| 162529 | VALLEY SU              | VALLEY SUPPLY COMPANY                    | REGULAR         | 01/31/2017            | 129.23       |      |
| 162530 | VERIZONW               | VERIZON WIRELESS                         | REGULAR         | 01/31/2017            | 2,900.27     |      |
| 162531 | WVU                    | WEST VIRGINIA UNIVERSITY                 | REGULAR         | 01/31/2017            | 137.28       |      |
|        |                        |                                          |                 |                       |              |      |

**GENERAL FUND Bank Id 101 Totals** 

388,671.90

Report Totals

388,671.90

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Page 2 of 2

Report Date/ Time: 2/3/2017 9:02:37AM

| Check No Vendor Id 2214 WV RETIRE | Vendor Name<br>WV PUBLIC EMP RETIREMENT | Type<br>REGULAR | Check Date 02/03/2017 | Check Amount 87,860.78 | Rec |
|-----------------------------------|-----------------------------------------|-----------------|-----------------------|------------------------|-----|
|                                   | GENERAL                                 | FUND Bank Io    | d 101 Totals          | 87,860.78              |     |
|                                   |                                         | Re              | eport Totals =        | 87,860.78              |     |

