## Aitkin County Board of Commissioners Request for County Board Action/Agenda Item Cover Sheet



To: Chairperson, Aitkin County Board of Commissioners Date: 07-05-12

| From: Sheriff Scott Turner                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------|
| Title of Item: POSSE Donation                                                                                                    |
| Requested Meeting Date:07/10/2012 Est. Presentation Time:  Presenter: Sheriff Scott Turner                                       |
| Type of Action Requested (1) 1 (1)                                                                                               |
| Type of Action Requested (check all that apply)                                                                                  |
| For info only, no action requested Approve under Routine Business                                                                |
| For discussion only with possible future action Adopt Ordinance Revision                                                         |
| Let/Award Bid or Quote (attach copy of basic bid/quote specs or summary of complex specs, each bid/quote received & bid/quote    |
| comparison) Approve/adopt proposal by motion Approve/adopt proposal by resolution (attach draft resolution)                      |
| Authorize filling vacant staff position                                                                                          |
| Request to schedule public hearing or saleX_ Other (please list) Consent Agenda                                                  |
| Request by member of the public to be heard                                                                                      |
| Item should be addressed in closed session under MN Statute                                                                      |
| Fiscal Impact (check all that apply)                                                                                             |
| Is this item in the current approved budget? Yes No (attach explanation)                                                         |
| What type of expenditure is this? Other (attach explanation)                                                                     |
| Revenue line account # that funds this item is:                                                                                  |
| Expenditure line account # for this item is:                                                                                     |
|                                                                                                                                  |
| Staffing Impact (Any yes answer requires a review by Human Resources Manager before going to the board)                          |
| Duties of a department employee(s) may be materially affectedYesNo                                                               |
| Applicable job description(s) may require revisionYes No Item may impact a bargaining unit agreement or county work policyYes No |
| Item may change the department's authorized staffing level Yes No                                                                |
| Supporting Attachment(s)                                                                                                         |
| _X_ Memorandum Summary of Item                                                                                                   |
| Copy of applicable county policy and/or ordinance (excerpts acceptable)                                                          |
| Copy of applicable state/federal statute/regulation (excerpts acceptable)                                                        |
| Copy of applicable contract and/or agreement                                                                                     |
| Original bid spec or quote request (excluding complex construction projects)                                                     |
| Bids/quotes received (excluding complex construction projects, provide comparison worksheet)                                     |
| Bid/quote comparison worksheet                                                                                                   |
| Draft County Board resolution                                                                                                    |
| Plat approval check-list and supporting documents                                                                                |
| Copy of previous minutes related to this issue                                                                                   |
| Other supporting document(s) (please list)                                                                                       |

Provide eleven (11) copies of supporting documentation <u>NO LATER THAN Wednesday at 8:00am</u> to make the Board's agenda for the following Tuesday. Items <u>WILL NOT</u> be placed on the Board agenda unless complete documentation is provided for mailing in the Board packets. (see reverse side for details)

## SCOTT A. TURNER SHERIFF OF AITKIN COUNTY

217 Second Street NW, Room 185 Aitkin, MN 56431

218-927-7435 Emergency 911 Sheriff Fax 218-927-7359 / Dispatch Fax 218-927-6887 TOLL FREE 1-888-900-2138

## **MEMO**

TO:

Board of Commissioners

DATE:

June 26, 2012

FROM:

Sheriff Scott Turner

RE:

**POSSE Donation** 

The Persian Gulf Support Group has made a generous donation of \$50 to the Aitkin County Sheriff's POSSE.