

LEE COUNTY IOWA HEALTH DEPARTMENT



Facility Study

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Existing Facility Review Clarification of 2013 Study

An existing facility review was completed in 2013. Minor modifications to this review have been made to the current number of employees. The number of programs and employees have increased for the Lee County Health Department. The existing facility review still identifies many of the building deficiencies.

It is important to note that any renovations or modifications to the facility are to be paid by the Health Department as a part of the rental agreement. Some minor modifications have been made by the Kensington and Health Department but the review gives an accurate overview of the current conditions. Recently the only elevator in this section of the building has not been approved for use for public or cargo.

The basement was renovated prior to the study due to the necessity of more office and furnaces were installed to provide heating and cooling for the entire building. Even in 2013 it was determined that the Health Department had outgrown the space. Over 20 existing buildings were investigated to relocate the Health Department which either did not meet the necessary function for their programs or required extensive renovations. Renovations to the existing facility would not be feasible as there is not enough usable space in the current facility.

Lee County Health Department Facility Evaluation Introduction

The Lee County Health Department (LCHD) is currently housed at what used to be the Sacred Heart Hospital located on Avenue H in the City of Fort Madison. The Sacred Heart Hospital was originally constructed in 1912 with additions in 1927 and 1953. The LCHD was relocated here in 1990 and occupies the basement and first floor of the 1927 portion. The second, third and fourth floor of this portion of the building have not been approved for occupancy and is being used for storage by the owner.

Currently the LCHD occupies approximately 6100 square feet of useable space in the building. There are approximately 39 employees, contracted staff and volunteers working with over 20 Programs. In 1988 the number of employees was 22 working in only 6 Programs. The building layout, electrical and mechanical components have been modified extensively during the lifespan of the building to accommodate different operations occupying the building over the years.

MCC has been asked to evaluate the current facility and to determine the feasibility of the Lee County Health Department moving to a new facility in lieu of renting. In order to fully comprehend the needs of the LCHD we have included a list of services that are provided. To provide multiple services to the community distinct requirements are needed to accommodate public access, individual's privacy, HIPAA regulations, safety and security of staff and storage needs.



Lee County Health Department Services Provided

The Lee County Health Department (LCHD) provides a variety of public health services that are designed to assure a high standard of health, safety and quality of life for any individuals, families and communities in Lee County. Although Lee County is their primary service area, specific programs cover several other additional counties as listed in the services identified in the report. LCHD makes every effort to assure that services are easily accessible by offering services in convenient locations and times that reduce barriers to care for the populations served. These services include the following.

Home Health Care Services

Through the promotion of a healthy and safe home environment individuals can remain in their home while coping with an illness or injury and receive necessary care such as skilled nursing, personal cares, homemaking services, physical therapy, occupational therapy and speech language pathology in their homes. Services are offered 24/7 in Lee County.

Hospice Services

Provides palliative care to persons and their loved ones who have been diagnosed with a terminal illness by enhancing the person's quality of life through physical, emotional and spiritual support. Services can include nursing, Chaplain services, social services, volunteer services, massage therapy, home health services and bereavement support in the patient's home or in a location that the patient chooses such as long term care facilities, other family member's homes, friends, etc. Services are offered 24/7 in Lee, Des Moines, Henry, Van Buren counties in Iowa and Henderson and Hancock counties in Illinois.

Immunizations

Immunizations are offered to the public for childhood immunizations, adult immunizations on the 2nd and 4th Thursday of each month in South Lee County – Keokuk and in North Lee County – Ft. Madison. Influenza vaccines are also offered at additional clinic sites all throughout the county during the fall season such as senior health sites, congregate meal sites, and local businesses.

Childhood Lead Poisoning Prevention

Annual Lead screenings are encouraged on all children ages 6 months to 6 years old and are available at all scheduled immunization clinics and during six of Lee County WIC clinics located in North and South Lee County at convenient locations for families. Prevention education is provided to the public, homeowners, and promoted through the County Lead Coalition.

Senior Health

Provides monthly services to seniors to live a healthy lifestyle, including health education, health screenings, and foot care at 11 various locations and times in the community including congregate meal sites and senior living housing. Many Seniors may also receive monthly support calls from a LCHD staff members through the agency's Telephone Reassurance Program.

Maternal and Child Health Services

LCHD provides education, assistance with obtaining medical care, dental care, social services and other necessary community resources to pregnant women and children ages 0-21. Health Services provides Hawk-I outreach services to families whose children may qualify for low or no cost health care insurance. Services are offered through phone contacts, during WIC clinics and home visits. Staff flex their weekly schedules to include evening hours in order to reach more families. A written transportation plan allows LCHD care coordinators to arrange transportation for families who need to access medical and dental care and have transportation barriers. Services are provided to Lee, Des Moines, Van Buren, Jefferson and Davis counties.

Oral Health Services

LCHD provides many oral health programs that address barriers families have in accessing routine and preventive oral health care. These include prevention and educational services at several childcare sites, preschool sites, Early Head Start, Head Start programs, elementary and middle schools during the work day. Services are also offered at WIC Clinics. An I-Smile Coordinator is available to work with families accessing follow up care from local dentists.

HOPES / Healthy Families Iowa Services

LCHD provides long-term, in-home parent education and support services to expectant families, first time parents, and teen parents with children 0-5 years of age. HOPES is a nationally accredited Healthy America program model. Home visits are completed at regularly scheduled intervals according to the families' availability and are offered in the family's home. Transportation is provided to families who need to access essential medical and dental care in the community.

Communicable Disease Surveillance, Investigation, Follow-up and Education

LCHD offers low cost tuberculosis (TB) screenings and follow-up services, HIV/AIDS testing and education, communicable disease prevention education, and follow-up investigations for communicable reportable diseases. LCHD has an on-call system in place for responding to communicable disease emergencies and outbreaks after regular office hours.

Tobacco Prevention and Education

Encourages and promotes tobacco-free schools, work-sites, and communities through community education and activities sponsored through the Community Partnership and the Lee County Clean Air Coalition. Activities and education are offered at local health fairs, community events, through schools and worksites.

Wellness

LCHD works with local schools and a regional coalition to address childhood obesity, health and wellness initiatives in the county. Programs are in place that provide nutrition education and promotion of physical activities to students during their school day. Activities are also promoted during health fairs and other planned community events.

Child Care Nurse Consultant

Offers health and safety education and support for childcare providers and families with children enrolled in childcare in Lee and Van Buren counties through Children First Empowerment funds. The nurse makes visits and maintains on-going communications with interested sites throughout their service area during normal operational hours of these sites. Health and safety assessments are conducted along with consultations at childcare provider sites. CPR and First Aide classes are offered to Childcare providers at LCHD.

Environmental Services

Services include health and safety inspections for food establishments, hotels, tanning facilities, tattoo parlors, on-site sewer systems, private water wells, abandoned wells, pools and spas. Services also include radon education and testing, food safety courses, promotion and education for lead-free homes and education and instruction on lead-based home remediation. The inspectors are available for responding to environmental emergencies through the agency's 24/7 on-call system.

Public Health Emergency Preparedness & Response

Provides collaboration, planning, and training with other response agencies to address the County's preparedness for a public health emergency or bioterrorism event. The agency has a 24/7 call tree and notification system that is tested several times each year.

To provide these services the Lee County Health Department maintains a staff of 39 administrative professionals. It is important to note that success of many of these services is also due in part to a dedicated group of contract staff and volunteers. Finding space for volunteers to work has always been a challenge thus any available space has been filled with additional desks and tables.

Lee County Health Department Existing Facility Evaluation

Building Introduction

Sacred Heart Hospital was built in 1912 of brick construction. It is a four story building with a basement. Given the time and type of construction it can be anticipated that the components of the building are minimally insulated. The windows do not appear to be thermally broken and therefore offer minimal R value. The second, third and fourth floors of this structure have not been approved for occupancy. Heating and conditioning of these spaces above the LCHD occupied area is minimal and heat loss through the ceiling is anticipated. There is an old service elevator in the occupied space. The elevator does not meet today's standards and has been costly to keep certified for public use. It is clear that the area occupied by LCHD has been renovated numerous times over its storied 100 year history.

The Owner has made extensive efforts to provide for the needs of the LCHD. The County has installed an updated heating and air conditioning system. The HVAC system is made up of several forced air gas furnaces with condensing units zoned for areas of the facility. There are still some ceilings that are twelve foot but most of the ceilings have been lowered with a grid ceiling system. Acoustical tile and new light fixtures were installed in 1990 by the County. Some areas have received minimal modification to accommodate the operations. The LCHD has been forced to utilize every square foot of the facility to accommodate the services provided.

Due to the layout of the building, placing the staff and directors for the programs for proper flow and coordination was not possible. Location of staff was determined by room size and requirements to meet the administrative needs. The layout is inefficient for controlling public flow for services and managing staff. Identification of concerns is contained in the description of the individual areas of this report.

Main Entrance

The main entrance to the building faces to the north towards Avenue H. After entering through a small air lock to the landing there are stairs accessing the first floor and basement. This is the only clear entrance for the public to enter the LCHD section of the building. The entrance does not meet Americans with Disabilities Accessibility (ADA) requirements. Due to stairs immediately inside of the main entrance providing a ramp for accessibility to the front entrance would still not provide the required accessibility.



The landing inside the door is located where the public cannot be greeted or directed by the staff. Public with a disability cannot be assisted by the staff because the landing cannot be viewed. This creates confusion for the public and an inability for staff to control public access to administrative areas. The stairwell to the lower level is very narrow which creates problems with public flow and egress during high traffic times when services are being provided. There is some concern regarding egress in the case of a fire or event. The only other access out of the lower level would be through a storage area with stairs or through another tenant's portion of the building.



First Floor

Lobby

200 SF

After traversing the stairs to the first floor the public enters through a door immediately into the Lobby. The staff must enter the facility through the same Lobby to get to their offices. A portion of the Lobby must be considered corridor as access to the administrative offices is directly adjacent to each side. The actual waiting area consists of approximately 200 square feet. There is currently seating for four and due to the size it is difficult to display point of interest material and flyers. From the Lobby all administrative areas are accessible to the public making privacy and security an issue.

There is an old service elevator located adjacent to the Lobby. The elevator services the first floor and the basement. Due to the stairs leading to the first floor and basement, the elevator is only accessible from the lower level. The lower level must be accessed using the rear fire door which requires patrons to notify LCHD to be let in. The elevator has a sliding gate which is a pinch hazard and typically requires an escort for public use as well.



HOPES Office – Family Service Worker / Social Worker

81 SF

The HOPES office is located directly off the southeast corner of the Lobby. The Social Worker / Hopes program manager occupies this office. Responsibilities for the program manager include case management, private meetings with the Family Service Workers, Maternal Health and HOPES clients. Public will bring in their children for these meetings which means the children would remain in the room or staff would take them to another room to monitor. Staff must enter the office directly through the Lobby allowing for public interaction with the staff which could present a safety concern.

The office needs to accommodate the manager's workstation, several filing cabinets, resource material and small conference table for meetings with the staff. The size of the office is approximately 9' X 9' which is totally inadequate to accommodate the activities required of the manager. The staff being managed is located in the basement level which limits efficient coordination. Due to the location of the office directly off of the Lobby creates concerns regarding privacy, record storage security or conversations being overheard.



Administration / Reception

646 SF

The Administration / Reception is one large open office which accommodates five staff members, one workstation for Home Care Aides and two workstations for volunteers. There are two Administrative Assistants, the Finance / Operations Program Director, the Homecare & Hospice Service Coordinator, the Community Health / Operations Service Coordinator, Home Care Aides report workstation, Volunteers workstation, a workstation for imaging / electronic filing and record storage for all the services. The office is located directly adjacent to the Lobby.

There is a reception window at the northeast corner of the office off of the Lobby. The public access this area through a corridor that is actually in the administrative areas and across from some of the offices. The height of the counter does not allow for ADA accessibility. Beneficially this counter should be located directly off of the Lobby so the public did not have access to the administrative area unless they were escorted.



The administrative assistants have workstations located near the reception counter and have visibility of public requesting service or information. Their desks have to be located away from the counter to avoid exposure of any files that are on their desks. They also have pamphlets, filing cabinets, form racks and fax machines around their workstations. The area is very busy and cramped.

The administrative staff is the primary answering service for the phone tree system. Although each of them has specific responsibilities, services provided would include reception, information, notifying staff of appointment arrivals, Care for Kids data entry, processing of physicians orders, entering time sheets, billings for Home Health Care and issuance of temporary environmental permits.



The Community Health / Operations Service Coordinator's workstation is located just adjacent to the administrative assistants along with active record storage. Responsibilities include entering billings and time sheets for Home Care, Hospice Care, Title 19, Medicare private insurance, Maternal Health, entering specific immunization history into IRIS, pulling records and answering questions regarding immunizations and related data entry. The current coordinator is providing the Information Technology (IT) Technical support for the facility. Many of the records for these programs need to be kept permanently which requires a vast amount of record storage. When immunization clinics are held, this post would be vacated and the primary responsibility would be checking public into the clinics. Phone responsibilities would be passed down the phone tree system. The services provided are coordinated with the Program Director located at the west end of the administrative office.



The open environment of the administrative office leaves very little room for privacy or controlling noise levels during telephone communications. Although records are being electronically stored, there is a definite lack of space for dead record storage to maintain the permanent files. Providing the IT support for the facility would require additional storage for software and manuals.



The Volunteer's workstation is for imaging client records into electronic filing. This will be a constant position to complete imaging all the existing records to the electronic filing system. The workstation contains all the imaging equipment and computers. The workstation for the Home Care Aides is adjacent to the imaging workstation. Records are stored in other areas away from the workstation as there is no area for additional storage of records in the area.

There appears to be a lot of activity with the workstations so close and work surfaces for spreading out documents is limited. It would be beneficial and would increase efficiency to have workstations and imaging equipment in a record storage room so files could be easily accessed

The Home Care Aides have a small workstation for completing clinical record documentation, tracking services, picking up schedules and assignments and other administrative duties. There is approximately nine staff. Minimal work surface is available for processing clinical records and completing their tasks.

The Home Care Aides pick up their schedules, clinical records or directives for changes for plan of care and report to the Home Care and Hospice Service Coordinator once per week. The Registered Nurses who are the case managers are located remotely from this station. The RN offices and files could be closer to improve coordination and efficiency.

The Finance / Operations Program Director is located in the southwest corner of the administrative office. The director is responsible for overseeing all billings and supervising the administrative staff and Community Health / Operations Service Coordinator. Main responsibilities include preparing and monitoring budgets for all grants, cost reports and end of year reports for all grants, billings for grants, major medical insurance, Medicaid, Medicare and processing payroll from the reports received from the other departments. Duties also include cost reporting for Home Health Care, Maternal Health Care, Hospice, Title 19, Medicare / Medicaid and required filing with all State and Federal agencies. The director also provides IT Technical support.



Working surface and space is very limited for record storage and resource materials to complete daily tasks. This office space is located near the volunteers, Home Care Aides and Homecare & Hospice Service Coordinator which provides very little privacy and is extremely active. This should be a private office to provide privacy and security of records. Record storage needs to be in a location near and only accessible to the directors and administrator.

The Homecare and Hospice Service Coordinator is located directly across the room from the Finance / Operations Program Director. There is approximately four feet between the workstations. The coordinator's main responsibility is scheduling and overseeing daily activities for the Home Care Aides as well as assigned duties for public health emergency preparedness.



The Home Care and Hospice Program Director and nursing staff are located at the opposite end of the building which is inefficient for communication. The service coordinator's workstation is very congested with the other departments surrounding it and there is a lot of activity at the surrounding workstations. Files are located remotely as there is limited room for record storage. Privacy for meeting with the staff is a problem and could be disruptive to the other departments surrounding it.

It would appear that the Administrative Office layout and department location was developed out of necessity for space than for operational efficiency. The large room could accommodate placement of several workstations in the open room. The work environment is very challenging due to the number of activities occurring in an open atmosphere and can become distracting to other personnel. Some of the operations could remain in an open cubicle type space where other operations could become more efficient with location and spaces designed to accommodate the operations.



West Corridor

224 SF

The west corridor provides access to the Reception Counter, Computer Room, Break Room, Public Restroom, Administrative Office, Administrator's Office, and Community Health Program Director's Office. As can be seen, storage is at a premium and the corridor contains five double door storage cabinets and one four drawer filing cabinet. An additional workstation for volunteers as well as the main copier, fax and paper shredder needed to be located in the corridor. The utilization of the corridor is typical of the space limitations the LCHD is experiencing throughout the facility.

Limiting public access to the administrative offices is difficult with the open access from the Lobby and the Reception Counter located in the corridor. There are several workstations located throughout the facility in the corridors which are both congestive and inefficient to the personnel using them.



Computer Room

72 SF

At the end of the Corridor is a small room approximately 8' X 9'. This was once a stairwell and has been converted into a utility room. At this time it houses an HVAC unit that appears to service the west portion of the LCHD. The Server system has been installed in this area and connects to all areas of the LCHD. Additional supplies are also stored here and should have a separate designated storage area to eliminate the proximity to the HVAC system and IT equipment.

Typically a mechanical room would be a fire rated assembly and have a fire door to separate it from the corridor. Maintenance or general work on the equipment would be challenging given the size of the space.



Break Room

170 SF

The Break Room is located at the northwest corner of the upper level. It does not function well as a Break Room due to the multifunctional uses. This room is used by staff for collating, serves as a workstation for volunteers and is used for storage. There is no water, sink or cabinets available so it is difficult to make coffee or clean up. A small table houses a coffee maker, microwave and snacks.



Restroom

40 SF

The restroom walls have been modified several times into an “L” shape which does not meet ADA. It serves as a restroom for the staff as well as the public. There is no designated public restroom near the lobbies or public areas so public must be taken into the administrative spaces to utilize the small staff restrooms. A small existing lavatory is being utilized with a one gallon electric water heater sitting in a drain pan immediately below. The water heater location could pose an electrical hazard and would not meet current electrical codes. The toilet is not an ADA model, there are no grab bars or baby changing station. Taking public through administrative areas to access the restrooms in the facility would reflect poorly in the public’s view.



Administrator's Office

153 SF

The Administrator's office is located at the west end of the building near the Administrative Office. The Administrator is ultimately responsible for overseeing all departments and making sure all the contract obligations, activities, grant requirements and business and financial obligations are in compliance for all agency programs and services in accordance with Federal and State regulations. Work surfaces and filing is limited by the size of the room. There is not enough room for a small conference table for meeting with staff to discuss private issues, employee evaluations or planning sessions. One or two chairs could possibly be set up in the office for these meetings which is not effective due to the lack of work surfaces. Filing space for personnel records, contracts, cost reports and grant information is extremely limited and the Administrator has to access other areas to obtain records. Many of these records are confidential and need to be secured from other employees.

The location is satisfactory but the limited space of the room does not allow for completing duties efficiently. Typically a large work surface is required to review and process records, contracts and monitor business and financial affairs. The office is not sized sufficiently to facilitate an area for confidential records or does not provide the space needed to complete the duties of the Administrator including overseeing all departments.



Administrator's Storage

63 SF

Although labeled Administrator's storage, this area is another catch-all area that does provide some record security and privacy. The room walls have been modified several times which creates difficulty in setting up storage units. Currently there are six – four drawer filing cabinets, shelving units, fireproof safe, uniform storage and a small table to store files upon. This storage is directly off of the office and should be utilized by the Administrator only. This is the main storage for all the grant applications, reports, contracts and personnel records which need to be accessible to the Directors and Finance Director as well as the Administrator. They need to walk directly through the office to access the records which can be disruptive to the Administrator. Files containing employee records, evaluations and other critical records in this storage should only be accessible to the Administrator. The storage is completely filled due to the lack of storage in the facility.

There should be secured record storage for grant reports and documents that would be accessible to the Director's and Administrator as well as being able to secure confidential documents within the Administrator's office.



Community Health Program Director's Office

170 SF

The Community Health Program Director is responsible for overseeing the HOPES program, Maternal Child Health, Childhood Lead Poisoning Prevention, Immunization Program, Communicable Disease Program, Wellness Program, Tobacco Prevention, First Five and the Child Care Nurse Consultant. Because of the number of programs this position encompasses the director has a multitude of duties as well as coordinating activities with many of the department supervisors.



The Community Health Program director is responsible for writing the narrative for all the grants for these programs and coordinating the budgets with the Finance Program Director. Together they need to monitor activities, track costs, monitor reports and make sure the grant requirements are being met. The office should have sufficient space for resource material, record storage, storage for promotional resource material, a small conference table for activity reports by the coordinators and a large work surface for developing and assembling grant applications.

The wellness program also includes community meetings that require a larger conference room for the public as well as there should be accessibility to public restrooms. Some of the meetings are required to be held in other locations. Several of the programs include reporting and tracking of communicable diseases. This requires a secure office with a small conference table for public visits, follow up calls or reporting to physicians or individuals. Laboratory testing is coordinated with the nurses and an area for drawing blood or cultures should be accessible.

Scheduling of the Immunization Clinics, lead testing of children at clinics, coordinating lead testing with the Environmental Department and Maternal Child Health Care reporting are all responsibilities of the director.

The current office is too small to accommodate a small conference area for meetings and privacy with it's location across from the reception counter could be a concern. The work surface available is sufficient but the space required for storage for records, resource materials, pamphlets, flyers and small conference table is inadequate. There needs to be more room for record storage that would be accessible to the director only. Some of the records such as employee evaluations, communicable disease reports should be accessible by only the director and there is a need to have all resource material and records at hand to be effective.



East Corridor

308 SF

The east corridor is directly off of the Lobby and is the main corridor to reach all administrative offices at the east end of the building. There are no doors to control public access into the administrative offices. This corridor is being utilized for many functions. It accommodates form storage, confidential clinical records and nurse supplies. There are two volunteer workstations, a printer, a shredder and the HVAC unit servicing the east side of the building. The fire exit for the upper level is located at the east end of the corridor and leads to the fire escape on the exterior of the building.

As you first enter the corridor there is a volunteer workstation. It is an extremely small desk that does not have power or data outlets available. The space is approximately 8' X 8' and accommodates an upright two door filing cabinet and some storage. There is virtually no work surface available, the space is cramped and the distraction of public in the Lobby and staff walking through the corridor creates an extremely poor work environment. Public that needs to be taken back to the administrative offices walk right past this workstation which means that clinical records have to be removed from the desk whenever the person leaves the post.

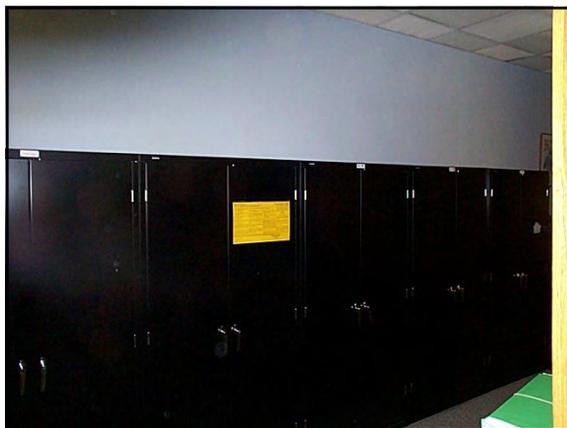


The second section of the corridor accommodates a workstation for a Home Care Aide. This individual also reviews and files the clinical records. It is an extremely small desk that does not have power or data outlets available. There are times when the public need to be brought through this area to access the environmental department and registered nurses for counseling or testing. The clinical records are confidential so they have to be secured prior to the individual leaving their post or public entering the other administrative departments.

With the additional departments located mainly at the east end of the building and the filing / nurse supplies they need to access located in the corridor, there is an extreme amount of traffic. The work surface is not sufficient for the Home Care Aide to complete the duties required.



This corridor is the main location for clinical record storage, nurse supplies and the form / report storage rack. There are five four drawer and six double door filing systems located in the corridor. Most of the departments located on the upper level need to access these files so there is a lot of activity in this corridor which can become congested.



The printer, fax and shredder that are accessed by the departments are located at the end of the corridor as well as the HVAC unit serving the east end of the building. The fire exit to the exterior fire escape is located at the end of the corridor. There are stairs to access the fire exit door which would not accommodate a disabled person. The noise from the HVAC unit being located in the open corridor and the activity surrounding the equipment add to the distraction of the administrative staff. Typically code requires HVAC equipment to be located in a fire rated assembly.



Conference Room

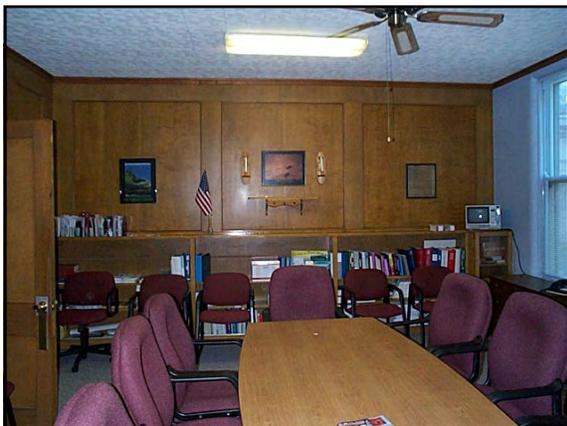
323 SF

The conference room is located on the east side of the building and is approximately 19' X 17'. The conference room is utilized to meet with public regarding environmental issues, communicable disease testing, meetings with public regarding services, collating and reviewing reports / grants and staff meetings. The room is decreased in usable space by the built-in book shelves located on the west side of the room and the fireplace located on the east. It will accommodate 14 to 16 people with room for approximately eight around the conference table.

Many times this is the main conference room to accommodate staff meetings as the conference room downstairs is used for community meetings, public training programs, immunization clinics, vaccine storage and other programs. The available space is not large enough to accommodate 34 staff or any formal presentations. Presentations are limited due to the available wall space and power for white boards, easels or other equipment. Multiple uses limit the availability for use as a conference room.

Often times the public requests a meeting to discuss environmental issues with an environmental specialist. Occasionally these people become agitated as the issue can affect the sale of properties or cause a financial hardship. The room cannot be easily monitored by the staff and there is no panic button in the case of an event. There have been times when the staff has heard raised voices and have positioned themselves at the volunteer's desk to monitor the meeting. An event can put the environmental specialist in a volatile position.

Testing and Nursing procedures currently lack a clinical environment to simplify infectious control procedures. Often time the Conference Room is the only space available for simple procedures.



Restroom

54 SF

The restroom can be accessed from the corridor, conference room and Home Care & Hospice Director's office through a small corridor that is not ADA Accessible. As with many areas of the facility this room serves as a sanitizing area for communicable disease testing, public restroom and restroom for approximately 15 staff.

This is the only room on the East upper level that has a sink and running water. There is a cabinet for disinfectants on the counter space. At this time this is the only room that can be used for general clean up for the majority of the facility.

The toilet and lavatory are located in the same room and can't be modified to meet ADA requirements. Public utilizing the restroom could possibly overhear conversations from the office or conference room that could be confidential. They also could accidentally walk into one of the administrative offices. To access the restroom the public would have to be taken through the administrative areas.

For sanitation purposes and public use the room requires the implementation of extra measures to maintain confidentiality.

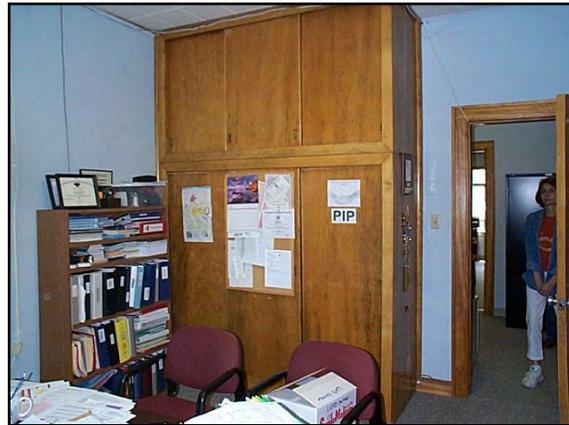


Home Care / Hospice Director's Office

201 SF

The Home Care / Hospice Director's office is located at the east end of the corridor. Ultimately it is the director's responsibility for overseeing the Registered Nurses, Home Care Aides, Senior Health program, and that all Home Care and Hospice Service obligations are being met. Sufficient work surface is required for reviewing RN daily reports and schedules, admissions, referrals, license verification, scheduling mandatory agency in service staff training and reviewing plans of care. Filing and storage is required for clinical records, resource manuals, employee evaluations, marketing supplies / brochures, nurse uniforms and supplies. Meetings with staff are held daily to discuss changes in plan of care, assign case loads to the Registered Nurses, discuss and file reports and determine policy implementation plans. Typically the meetings are with two to three staff at a time. The clinical records need to be accessible to the Director, RN's, Home Care Aides and Volunteer's completing the imaging while some of the records are confidential and access needs to be limited to the Director.

The office is accessible from the corridor and from the staff / public restroom. Extra measures have to be implemented to avoid confidentiality issues for cases being discussed. The closet for nurse uniforms, nurse supplies, resource material and minimal filing consume a portion of the usable area of the office. The clinical files that need to be accessed consistently are located in the corridor. The work surface available is minimal for review of documents, completing documentation of clinical files and review of reports. There is not enough area to accommodate a small conference table for the multiple meetings required to be held with staff or public.



South Corridor

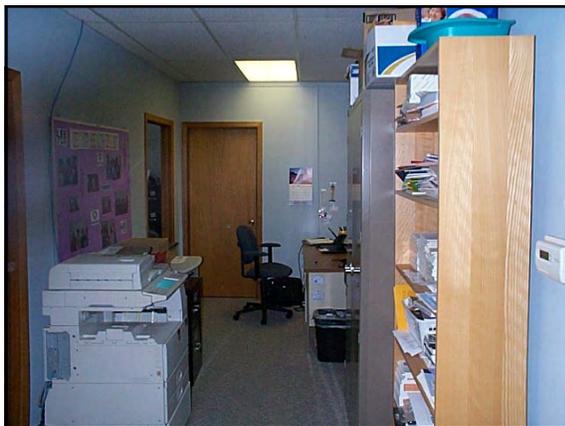
169 SF

The south corridor is located directly adjacent to the east corridor and accesses several offices. It is also the access to the southeast administrative departments. There is file storage, the Social Worker's workstation, refrigerator for storing vaccines and a copier station. As typical, most of the corridor is taken up with the storage.

The Social Worker responsibilities include coordination with the Maternal Child Care Health Coordinator, Support Services Coordinator, Care for Kids, Hospice, WIC clinics, social assessment of clients for the terminally ill, bereavement counseling, Title 19 and medical insurance. The workstation is located directly adjacent the staff restroom, is extremely limited in space and lacks power / data access. Lists of Title 19 contacts for five counties are received monthly that need to be contacted regarding services and reports to the state regarding services rendered that need to be completed.

The workstation in the corridor is extremely inefficient and there is no space for storage of the confidential records. The duties require confidential quarters, phone / data capabilities, confidential client record storage and sufficient work surfaces to complete the duties associated with this position.

There are occasions that the public need to be brought through this corridor to access the departments located at the east end of the building. Public access to the administrative areas should be controlled.



Restroom

25 SF

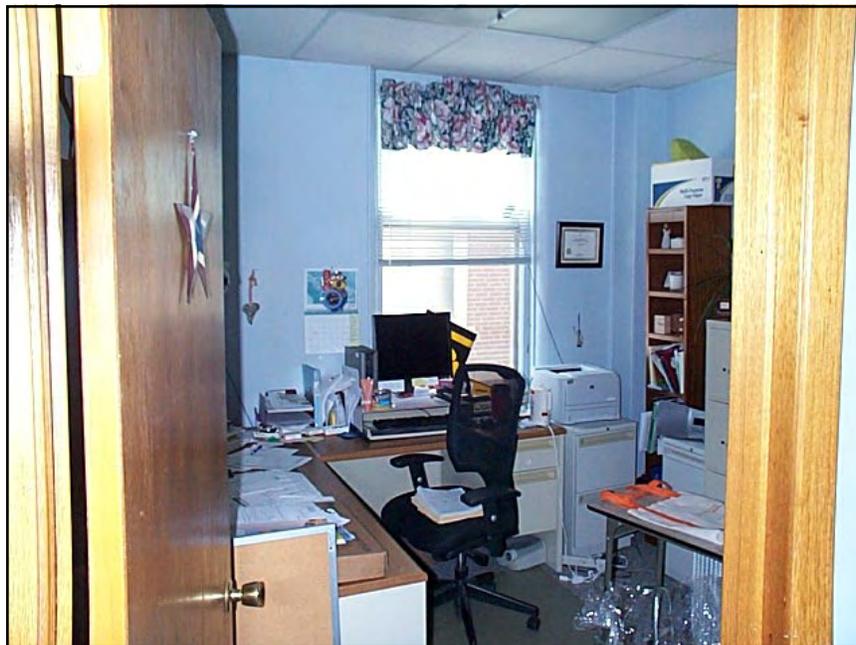
There is a small restroom for staff located at the west end of the south corridor directly adjacent to the Social Worker's workstation. Due to the size it will not meet ADA requirements.

Support Services Coordinator's Office

80 SF

The Support Services Coordinator manages the activities of the Social Workers, Volunteers, Care for Kids, WIC clinics, social assessment of clients for the terminally ill, bereavement counseling, Title 19, Hawk-I Outreach, medical insurance reporting and coordinates Maternal Child Health and Hospice activities. Support services are provided in the office as well as clients homes encompassing five counties. Responsibilities include monthly download of the new individuals eligible for Title 19 provided by the State, contacting and scheduling appointments for services, tracking and filing reports with the State of completion of services rendered. The duties require room for resource materials, informational pamphlets, computer station, printer, confidential record storage, a large work surface and should have room for a small conference table.

The office is extremely small and there is no way of performing any meetings with customers coming to the office for appointments. Even if there was room the client would need to be brought through the administrative space. Between the computer workstation, resource materials, filing and work surface there is approximately fifteen square feet of space in the office.



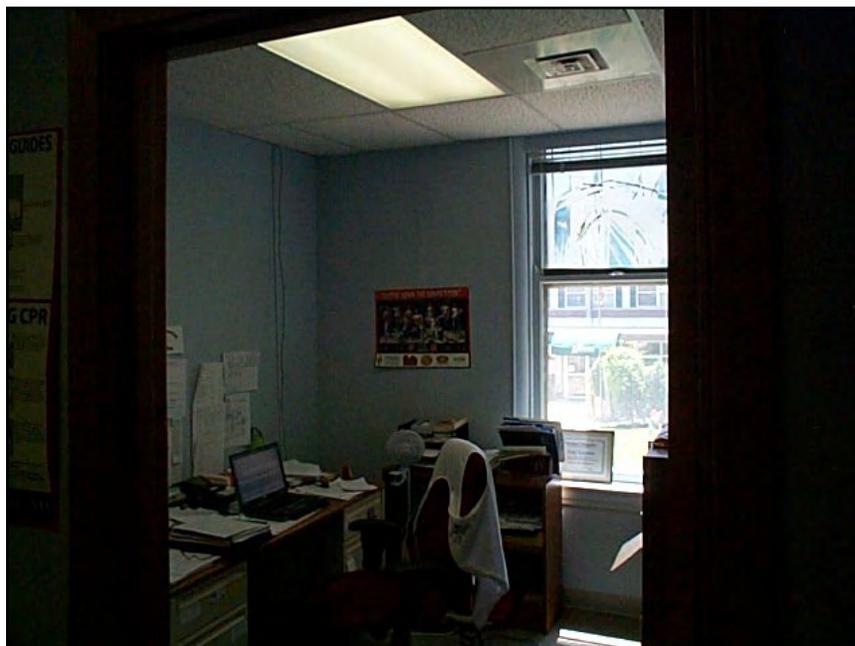
Home Care & Hospice RN Offices (2)

80 SF Each

There are two small RN offices located off of the south corridor. They are provided a case load and develop a schedule to implement the plans of care at the patients' homes or chosen location. They supervise the Home Care Aides in the Home Care and Hospice programs. The RN's duties include working with the Home Care & Hospice Director on admissions, contacting physicians regarding certification, implementation and changes in the plan of care, completing charting and developing reports regarding the patients' care. Along with the primary services, additional duties are community meetings promoting health, testing / screenings and counseling for TB, HIV and other communicable diseases, immunization clinics, biohazard response and family / patient counseling for bereavement.

The offices are extremely small to accommodate the duties. The RN's are forced to store some of the medical equipment in their offices adding to the lack of space. The conversations with physicians and patients require confidentiality which requires extra measures as well as there is no room in their offices to provide counseling. All the files or supplies they need are in several locations within the facility.

To perform the duties required all the registered nurses could be in a common area with access to a small conference room for counseling and an area to perform tests / screenings for communicable diseases.



Well Child Coordination / RN Office

180 SF

This is an open office at the east end of the building that accommodates three registered nurses . One nurse acts as the Maternal Child Health Coordinator. The RN's responsibilities have been identified in the nurse's office section. The Maternal Health Coordinator is also an RN that visits all maternal patients on a professional level.

There are four desks in this area. One of the desks accommodates an overflow for Volunteers. The area is cramped and requires additional measures to provide privacy for counseling at the nurse's workstations. Part of the room needs to be used as a corridor to access the Hospice and Environmental departments. On occasion, public needs to be taken through this office to the Environmental office.

As recommended previously, to perform the duties required all the registered nurses could be in a common area with access to a small conference room for counseling and an area to perform tests / screenings for communicable diseases.



Staff Office

185 SF

This is an open office east of the Wellness / RN office accommodating an LPN, Prevention / Wellness Coordinator and a Telephone Reassurance Home Care Aide. Their activities coordinate with the RN's, Maternal Child Care, Home Care, Hospice, Senior Health and Wellness programs.

The LPN duties include working with Home Health Care, Senior Health Care, school meetings implementing the CATCH (Coordinated Approach To Child Health) program and the immunization clinics. The CATCH program services are coordinated with schools to educate teachers regarding nutrition and physical activities to promote child health. Many of the services are provided on site. There also needs to be sufficient storage for promotional pamphlets and forms. The current office is small and lacks sufficient space for storage, filing and report entry.

The Prevention / Wellness Coordinator participates in school functions and other community meetings to educate the public on substance abuse and the use of tobacco. Information, resources for treatment and counseling are coordinated with all of the programs. Program data and quarterly reports must be filed with the State to substantiate the funding. The workstation needs to provide sufficient work surface for filing reports, secure filing for confidential records and storage for promotional materials. Accessibility to a private room for counseling would be advisable.

The Telephone Reassurance Home Care Aide contacts clients to discuss their current conditions and promote social interaction. These support services help to determine the patients emotional condition, encourage social activities, monitor progress of the implementation of care and to provide encouragement and support. Reports of the conversations are logged for future reference and tracking.

Part of the room needs to be used as a corridor to access the Environmental department. On occasion, public needs to be taken through this office to the Environmental office. The space is too small to allow for partitions for noise control during phone conversations or sufficient room for storage of records or promotional materials. These departments could be maintained in an open office atmosphere with the other Hospice services.



Environmental Office

196 SF

The Environmental office is the last office at the east end of the building and accommodates the Environmental Program Director and the Environmental Inspector. Responsibilities include issuance of permits and inspections of septic tank systems, health inspections for food service, tattoo parlors, tanning salons and lab testing for lead. Often times the public needs to be brought to their office which requires bringing the individual through the entire east administrative offices. The office requires space for resource materials, applications / forms, two workstations with two seats for meeting with the public, eight filing cabinets for record storage, testing kits and equipment. Services are provided both in the field and the office. Temporary permits are issued at times from the Administrative office that is remote from this area.

The office is remote from the other departments and is not large enough to accommodate the functions necessary for this department. It should be located to allow for exterior access to the building, sufficient storage space for records and testing equipment. Many times the public request a meeting to discuss environmental issues with an environmental specialist. Occasionally these people become agitated as the issue can affect the sale of properties or cause a financial hardship. The office can't be easily monitored by the staff and there is no panic button in the case of an event. An event can put the environmental specialist in a volatile position. There should be a public conference room that could be monitored by the Administrative office staff and also used for viewing of blueprints and plat maps with property owners.



Basement

Downstairs Corridor

290 SF

The corridor is accessed directly from the vestibule described in the upper level section. The basement does not have any ADA Accessibility. The service elevator from the upper level does access the corridor. This area is used as a corridor to access storage space for other tenants and fire exits that limits security. During heavy rains this area gets wet. The dampness and lack of security limits utilization by the LCHD. Primary uses are for supply storage, shredded recyclables, and access to the east office and storage areas.



West Storage

323 SF

This storage is located off the west side of the Lobby. There are several rooms utilized by different tenants so no confidential material is stored in this area. The room is approximately 19' X 17' which limits the wall space for rack type storage. There have been some leaks experienced in this west basement. The lack of air flow creates high humidity levels that are not conducive to storage for many of the supplies or equipment. This area has not been renovated so ceiling tiles are missing, plaster is delaminating and the floor tile appears to be suspect asbestos although it does not appear to be friable at this time.



The storage is used for health displays and equipment, medical equipment, seasonal decorations, dental supply storage, and miscellaneous supplies. The size of the room limits the ability for storage and the high humidity could lead to the development of mold or damage to the materials being stored.



Corridor / Waiting Area / Registration

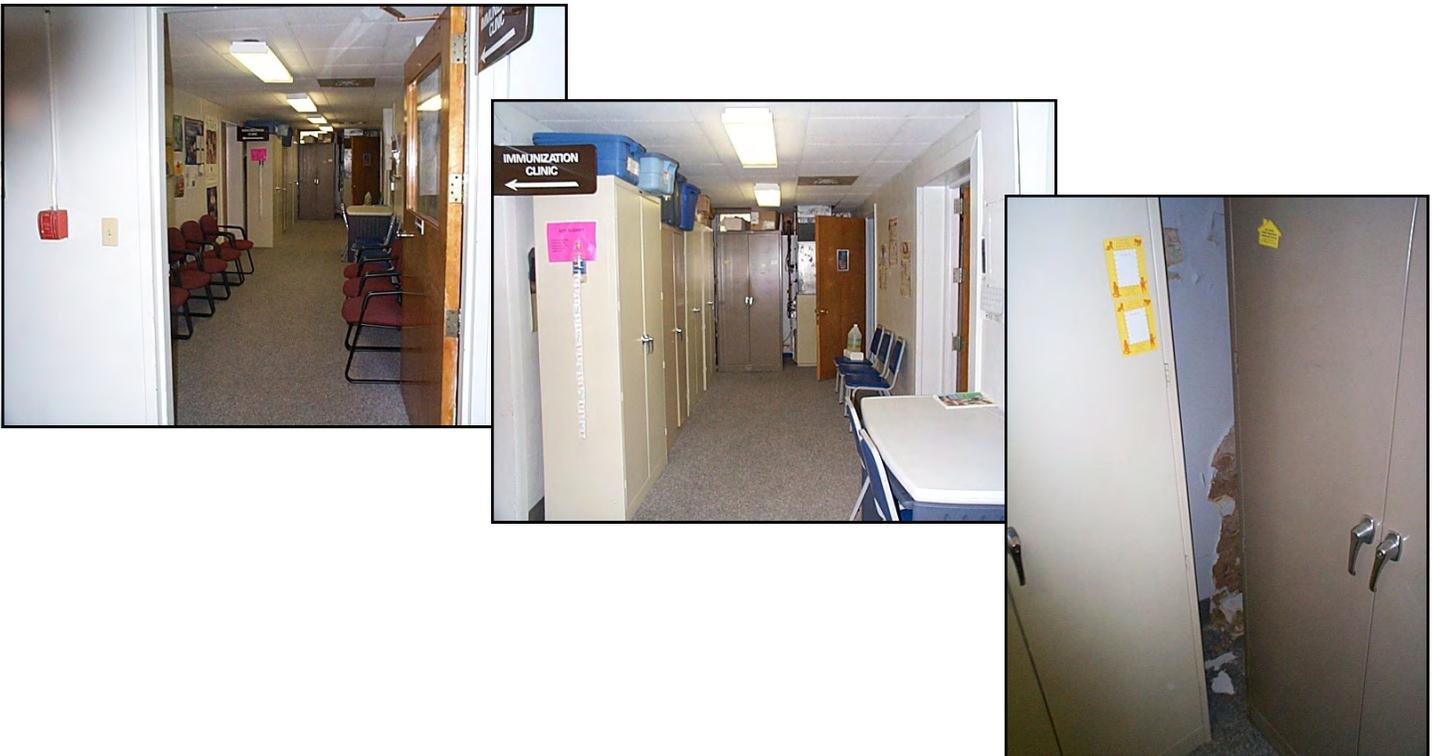
128 SF

You enter the immunization area and administrative offices through a door on the east side of the downstairs corridor. This door can be locked for security purposes. The corridor has 5 double door storage cabinets used for supply storage, access to the offices, immunization clinic / training / conference room, public restroom, main storage room and serves as waiting / registration for the immunization clinics.

During immunization clinics the corridor is used for registration and waiting. It will accommodate approximately twelve individuals and a small table for registration. Parents attending the clinic with their children can fill this area quickly and will overflow into the downstairs corridor. There is no play area to accommodate the children while they wait and processing the registration can get congested. Staff that occupy the offices on the south side of the corridor or accessing supplies or storage have to go through this corridor adding to the congestion and traffic.

Storage takes up a major portion of the corridor and the HVAC system serving the basement is located at the east end in the open. The unit adds noise to the area and should be enclosed in a fire rated room. There has been some water damage at the east end and some of the plaster walls are delaminating.

The lack of ADA Accessibility and the confined space limits the ability for flow and service.



Restroom

28 SF

The restroom is located at the east end of the Corridor / Waiting and is approximately 7' X 4' with exposed piping. This serves the staff as well as the public. The restroom does not meet ADA requirements due to the size and the cabinet style lavatory and there is not space available for a baby changing station. Parents coming in with their children would have a difficult time trying to assist the child because of the size. A public restroom needs to be considered.



Conference / Immunization / Training Room

646 SF

This room is used constantly and is the only space remotely large enough to serve many of the programs and functions. It is used as the immunization clinic, lead and communicable disease testing, vaccine storage, staff in services training, community meetings, conference room, sorting equipment and supplies, work space for volunteers / ancillary staff that don't have workstations, public / child care providers CPR training, audits for school records, audits for the State and Medicare grants, private consultations, break room and storage for equipment and supplies. Although the room appears to have sufficient square footage, it is long and narrow. This basically breaks the room into two sections limiting the area available for some of the program uses. The west side has video equipment, chair storage and conference tables. The east side has two refrigerators for vaccine storage, a six foot cabinetry section with sink, wheel chair storage, two small tables and five double door storage cabinets for medical supplies and equipment.

The room functions fairly well as an immunization clinic and for lead / communicable disease testing. The cabinetry and sink allow for storage of supplies and for sanitizing the area after testing or vaccinations. Storage of vaccines creates some issues being located in a room that is used for so many other functions including public meetings or training. Security is a priority so the refrigerators for the vaccines have been modified for a latch and lock. There is not any emergency backup power in the entire facility and many of the vaccines need to be refrigerated. In case of a loss of power, an alarm is triggered and someone has to come to the facility and take all the vaccines to a location with refrigeration. Transport and relocation could be a security issue and opportunity for damage of the vaccines.



Using the area for CPR training, community meetings and staff in services training has some advantages and disadvantages. If the entire room is utilized, 15 – 30 people can be seated at tables. The LCHD staff is alone is made up of 34 members not including ancillary staff. So the room for community / staff meetings or training fills the room quickly and public CPR training which is spread out for practicing procedures stretches it to the limit. When the whole room is used it locates people a long way from the front of the conference room making it difficult to use video or power point presentations. There is no projection screen and the power /data availability creates difficulties with the setting up or use of equipment. Having public in the room where the vaccines are stored does create concerns for security.

Preferably it would be advantageous to separate the immunization, lead and communicable disease testing from conference and meeting rooms used by the public. There is always a concern regarding sanitation or exposure to communicable disease. It would also be recommended that an area for performing testing for air borne or communicable diseases have an individual HVAC system with negative air pressure to avoid contaminants traveling back through the return air system to the rest of the facility. It would also be beneficial to have some of the facility on emergency generator back up. Vaccines that are costly would be protected as well as having a facility available during an emergency response event.

A conference room of approximately the same square footage that was dimensioned more efficiently would accommodate the meetings and training. Multiple power / data outlets would also allow for multiple computer use and could also be used as a command center in the event of a large emergency response event. Having multiple power and data outlets along with a projection screen would allow for power point presentations, video training and laptop use during training sessions.



Many times this room is not available for the other uses. Volunteer and Hospice training can be as long as six weeks and State Auditors utilize this area for three to five weeks a year. With so many functions depending on this room, having it tied up for this long can create operational problems.

Family Service Workers (FSW) / Child Care Consultant Office 336 SF

This office is one large space that utilizes demountable partitions to create workstations for three Family Service Workers and one Child Care Nurse Consultant.

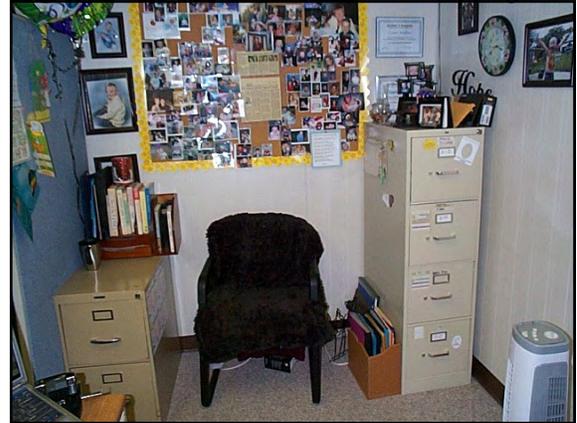
Most of the area is being utilized as a corridor to access the I-Smile Coordinator's office, the Emergency Response Staging Office and the Main Storage. This minimizes the available area for the workstations and creates traffic through the office.



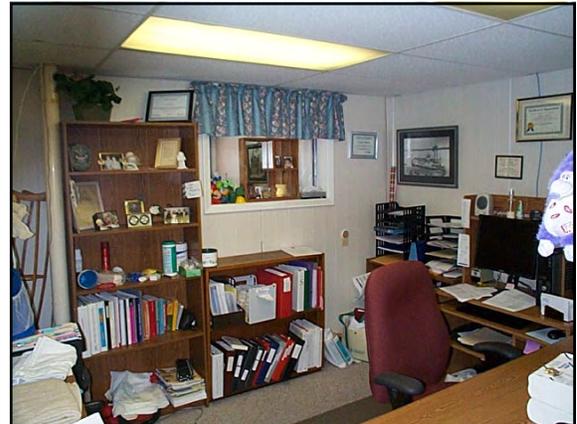
The Family Service Workers have a tremendous amount of resource materials and teaching aides. These along with the form racks, shredder, corridor and record storage utilizes approximately 40% of the office.



The Family Service Worker's cubicles have a small desk, filing cabinets, a chair for counseling and shelving for resource materials. Data wiring is being dropped out of the ceiling and available power is minimal. The work surface is not sufficient as the computer takes up most of the available surface. With the traffic and cubicle system private meetings for client's special needs are difficult and many times needs to be taken to a different room.



The Child Care Nurse Consultant provides health and safety consultation to preschools, daycare facilities and client's homes. The services overlap into Maternal Child Health clientele who are provided CPR, 1st Aid, Poison Control and other universal precautionary training. The Nurse also is responsible for filing the quarterly State reports and tracking the funding.



Overall the cubicles are too small for the services rendered. The offices lack privacy for providing counseling and are not ADA accessible. Additional work surface is required for filling out reports or reviewing case management records.



RDH / I-Smile Coordinator's Office

90 SF

The coordinator's office is just east of the Family Service Workers / Child Care Nurse office and must be accessed through this office. Approximately 33 SF of the office is utilized as corridor to enter the main storage.

Currently service for the I-Smile is being provided to over 5000 children and since this is funded by grants all the paper records must be retained. Most of the services are provided at WIC clinics and school or community sites. Meetings are held regularly with the Registered Dental Hygienists regarding referrals and case management. Audits and quarterly reports must be filed with the State.



The current work surface is totally inadequate and there is no room for a computer station. There are 5 filing cabinets along with a rack for forms. There is not any room to complete reports or to review files for risk assessment. Storage for promotional or resource materials and additional records are in several different locations due to the lack of space.



Emergency Preparedness Response Storage

54 SF

Adjacent to the I-Smile Coordinator's office is a small room being used for the emergency response kits. In the event of a bioterrorism, public health emergency or epidemic disaster, equipment kits and supplies are packed to send to remote large scale clinics to dispense antivirals or administer vaccines. Some equipment and supplies need to be kept in other locations because of the size of the space. It is difficult to organize the equipment and supplies to prepare for a quick response. It would be beneficial to have this area located to the exterior of the building.



Main Storage

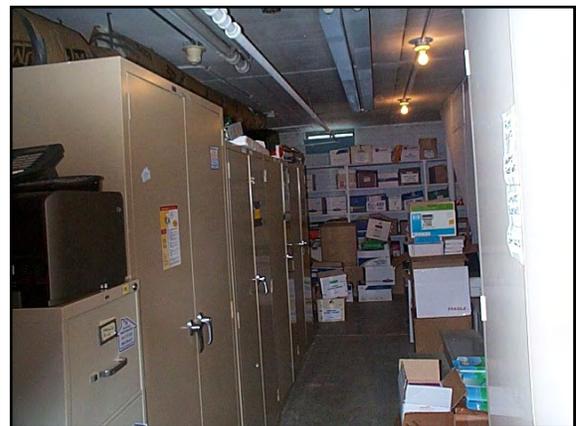
522 SF

This is the main storage for the entire Lee County Health Department. There is exposed water, gas, electric and ductwork running throughout the room. There does not appear to be any HVAC vents conditioning the space and there is minimal fire protection. The only way to access this area is through the lower level administrative offices.



There is a potential hazard of records or equipment being destroyed if one of the old water pipes were to develop a leak as well as a fire hazard with the exposed lighting.

There is a massive amount of equipment, supplies and records stored in this area. Old computers need to be stored until the hard drives are removed or destroyed due to the confidentiality of the records. Every square foot of the space including the closets is being utilized.



Realistically the facility should have a designated dead record storage for the imaging department to start electronic filing and an active record storage accessible to the appropriate department. It would appear with the confidentiality of the records that they should be kept in a common secure location. Supplies and equipment could be organized more efficiently if there was enough room to provide designated locations.

LCHD Evaluation Summary

Although the LCHD has made due with the available space it is clear that function has required changes to meet the space available. With the increasing role of the Health Department in public safety and in the well being of the Lee County Residents it is clear that the existing facility has been outgrown. The growth can also be seen in the increase in staff from 22 in 1988 to the current 39. The continued renovation and investment in an old and rented facility that will never be able to meet the current needs of the Health Department represents inefficient use of tax dollars.

A new facility would represent a move towards energy and space efficiency. Thus the long term costs for housing of the Health Department could actually be reduced through the investment into a new facility.

Existing Facilities Square Footage

| Health Department | Existing Sq. Ft. |
|------------------------------|-------------------------|
| Lobby | 200 |
| HOPES | 81 |
| Reception / Admin | 646 |
| West Corridor | 224 |
| Computer | 72 |
| Break Room | 170 |
| Restroom | 40 |
| Administrator's Office | 153 |
| Admin Storage | 63 |
| Community Health Dir. | 170 |
| East Corridor | 308 |
| Conference Room | 323 |
| Restroom | 54 |
| Home Care / Hospice Dir. | 201 |
| South Corridor | 169 |
| Restroom | 25 |
| Support Services Coord. | 80 |
| RN Office | 80 |
| RN Office | 80 |
| Well Child | 180 |
| Staff Office | 185 |
| Environmental | 196 |
| Downstairs | 290 |
| West Storage | 323 |
| Waiting Area | 128 |
| Restroom | 28 |
| Conference Room | 646 |
| FS / Child Care Offices | 336 |
| I-Smile Coordinator | 90 |
| Emergency Prep Storage | 54 |
| Main Storage | 522 |
| 10% Grossing Factor | 611 |
| Total Current Sq. Ft. | 6728 |



Projected Expense Introduction

It is important to note that any renovations or modifications to the facility are to be paid by the Health Department as a part of the rental agreement. The Board of Health felt it was important to provide a comparison of projected expenses for continuing to rent a building compared to the County owning the building.

The Health Department developed a cost projection in this section which identifies the past costs through 2016 and the projected 25 year expenses that could be anticipated. Projected costs on rent, maintenance and renovations are based on past experience with current costs and would be subject to increases that could be experienced in the future.

Renovations of the existing facility will not allow for the additional space required for office personnel as there is no expansion capability. Even operating under current conditions would require upgrades in electrical and plumbing at a minimum. If another building could be identified for rent, the costs could be substantially higher.

The review of the projected costs for renting versus the County owning the building would be comparable in costs or more expensive. The difference is that the County could own the building and any costs for renovations or upgrades to the existing facility would be lost.

The Lee County Health Department and Board has looked at over 20 facilities to either rent or purchase. The review of the facilities identified that the facilities did not meet the operational needs or would result in substantial costs for renovation. If the lease is not renewed by either party, this would result in the County searching for new rental space or considering a new building in the near future.

Lee County Health Department

Health Department Rent Expenses from start through 2016

| | |
|--|---------------------|
| Rent | \$399,700.00 |
| Remodel Kengsington | \$55,370.00 |
| Building Repairs and Updates | \$54,365.00 |
| Electrical/Furnace/Air Conditioning Maintenance | \$25,747.00 |
| Elevator Maintenance | \$27,759.00 |
| Plumbing | \$1,400.00 |
| Water (jugs for drinking due to undrinkable water) | \$14,634.00 |
| Services provided in lieu of rent(from 1989-1999) | \$325,000.00 |
| | \$903,975.00 |

Projected Rent for next twenty five years

factor \$300 increase every other year

Total Projected Rent **\$1,448,400.00**

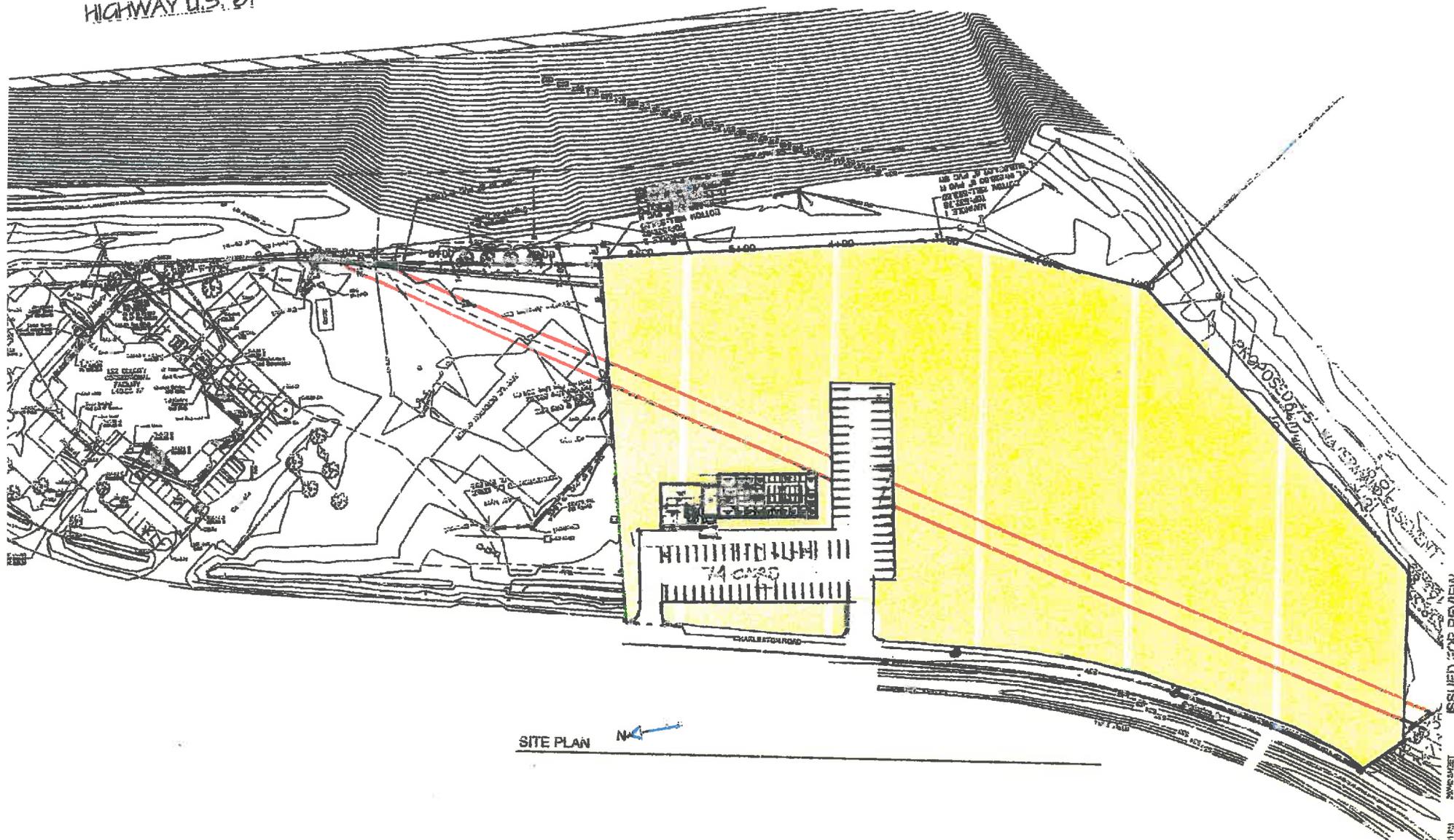
Projected repairs for next 25 years based on experience

| | |
|--|---------------------|
| Average per year times 25 years | \$312,750.00 |
| Approximate cost to get building handicap accessible | \$25,000.00 |
| Total Projected Repairs | \$337,750.00 |

Summary of Expenses

| | |
|--|-----------------------|
| Total expenses already paid | \$903,975.00 |
| Projected Rent for next 25 years | \$1,448,400.00 |
| Sub Total | \$2,352,375.00 |
| Plus Projected repairs for next 25 years | \$337,750.00 |
| Total expenses paid to date plus 25 year projection | \$2,690,125.00 |

HIGHWAY U.S. 61



SITE PLAN



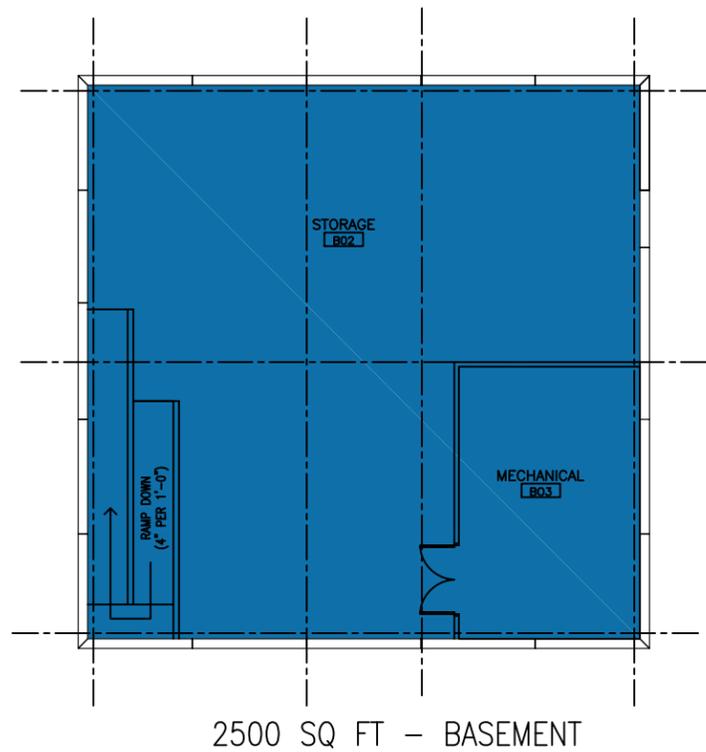
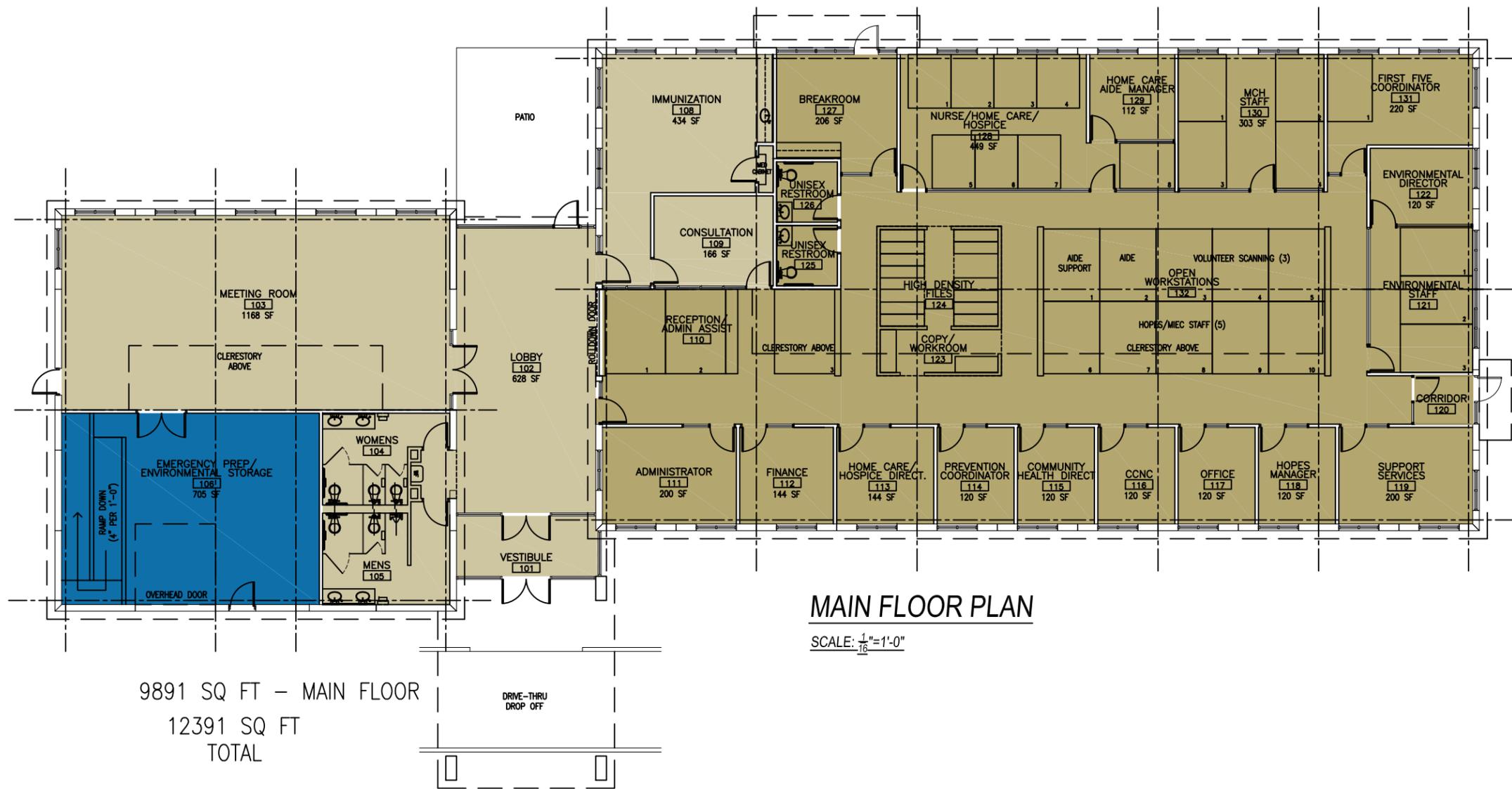
TOPO PROVIDED BY WARNER ENGINEERING ASSOCIATES

ISSUED FOR REVIEW

20/05/07

18/11

100% PROFESSIONAL LIABILITY INSURANCE





REAR ELEVATION

SCALE: $\frac{1}{16}''=1'-0''$



ENTRY ELEVATION

SCALE: $\frac{1}{16}''=1'-0''$



SIDE ELEVATION

SCALE: $\frac{1}{16}''=1'-0''$



SIDE ELEVATION

SCALE: $\frac{1}{16}''=1'-0''$

LEE COUNTY HEALTH DEPARTMENT

THE DESIGN PARTNERSHIP ARCHITECTS

12.22.2016

Lee County Health Department Conceptual Estimate 11/30/16

| | Projected Cost | Phase Total |
|--|----------------|--------------|
| Architect / Engineering Fee | | |
| - Base Fee (Adjusted per Estimate) | \$156,322 | |
| - Reimbursable (allowance) | \$3,500 | |
| | | \$ 159,822 |
| Construction Administration & Mgmt. Fee | | |
| - Base Fee (Fixed Fee) | \$75,527 | |
| - On-site Supervision Allowance | \$24,000 | |
| - Reimbursable Allowance | \$5,500 | |
| - Not Used | \$0 | |
| | | \$ 105,027 |
| Document Printing & Dist. | | |
| | \$5,500 | |
| | | \$ 5,500 |
| Owner Consultants | | |
| - Bonding Attorney - | \$6,000 | |
| - Bond Issuance Expense - | \$70,000 | |
| - Land Acquisition - County Property | \$0 | |
| - Geotechnical Services | | |
| - Lab Testing | | |
| | | \$ 76,000 |
| Site Engineering | | |
| - Boundary & Topographical Survey | \$1,100 | |
| - Soil Testing | \$3,500 | |
| | | \$ 4,600 |
| Civil Engineering | | |
| - Base Fee - By TDP | \$0 | |
| | | \$ - |
| Construction | | |
| - Component Estimate | \$2,157,641 | |
| | | \$ 2,157,641 |
| Project Expense Allowances | | |
| Trash Removal | \$2,500.00 | |
| Job Office - Set-up Only | \$0.00 | |
| Site Phone | \$0.00 | |
| Water Connection Fees | \$0.00 | |
| Gas Connection Fees | \$0.00 | |
| Temporary Electric | \$2,000.00 | |
| Temporary Heat | \$2,500.00 | |
| Laboratory Testing | \$4,000.00 | |
| Permits, Fees & Insurance | \$2,800.00 | |
| Furniture & Equipment Allowance | \$0.00 | |
| Seed / Landscaping Allowance | \$0.00 | |
| Phone / Data Wiring & Systems | \$0.00 | |
| Final Cleaning | \$0.00 | |
| Not Assigned | \$0.00 | |
| Credit - Interest | \$0.00 | |
| Credit - Not Assigned | \$0.00 | |
| | | \$ 13,800 |
| Recommended Contingency | | |
| - 5% | \$107,882 | |
| | | \$ 107,882 |
| Total Estimate of Probable Cost | | \$ 2,630,272 |

**Lee County, Iowa
Property Tax Impact Analysis**

| Assumptions | |
|----------------------|---------------|
| Par Amount of Bonds | \$2,570,000 |
| Bond Term | 20 |
| Est. Interest Rate | 3.231% |
| Est. Annual Payment | \$175,911 |
| Taxable Valuation | 1,293,254,373 |
| Tax Rate Per \$1,000 | \$0.13602 |

| Rollback Assumptions | |
|-----------------------------|----------|
| Residential | 55.6259% |
| Multi-Residential | 86.2500% |
| Commercial-Industrial | 90.0000% |
| Agricultural | 46.1068% |

| Type of Property | Assessed Value | Taxable Value (After Rollback) | Estimated Tax Increase |
|--------------------------------|-----------------|--------------------------------|------------------------|
| Residential | \$50,000 | 27,813 | \$3.78 |
| | 75,000 | 41,719 | \$5.67 |
| | 100,000 | 55,626 | \$7.57 |
| | 125,000 | 69,532 | \$9.46 |
| | 150,000 | 83,439 | \$11.35 |
| | 250,000 | 139,065 | \$18.92 |
| | 500,000 | 278,130 | \$37.83 |
| Multi-Residential | \$100,000 | 86,250 | \$11.73 |
| | 200,000 | 172,500 | \$23.46 |
| | 300,000 | 258,750 | \$35.20 |
| | 400,000 | 345,000 | \$46.93 |
| | 500,000 | 431,250 | \$58.66 |
| Commercial - Industrial | \$50,000 | 45,000 | \$6.12 |
| | 100,000 | 90,000 | \$12.24 |
| | 200,000 | 180,000 | \$24.48 |
| | 300,000 | 270,000 | \$36.73 |
| | 400,000 | 360,000 | \$48.97 |
| | 500,000 | 450,000 | \$61.21 |
| Agricultural | Number of Acres | Taxable Value (After Rollback) | Estimated Tax Increase |
| | 1 | 675 | \$0.09 |
| | 40 | 27,000 | \$3.67 |
| | 160 | 108,000 | \$14.69 |
| | 320 | 216,000 | \$29.38 |
| | 640 | 432,000 | \$58.76 |

Lee County, Iowa
Property Tax Impact Analysis

| Assumptions | |
|----------------------|---------------|
| Par Amount of Bonds | \$2,570,000 |
| Bond Term | 15 |
| Est. Interest Rate | 2.838% |
| Est. Annual Payment | \$212,433 |
| Taxable Valuation | 1,293,254,373 |
| Tax Rate Per \$1,000 | \$0.16426 |

| Rollback Assumptions | |
|-----------------------|----------|
| Residential | 55.6259% |
| Multi-Residential | 86.2500% |
| Commercial-Industrial | 90.0000% |
| Agricultural | 46.1068% |

| Type of Property | Assessed Value | Taxable Value (After Rollback) | Estimated Tax Increase |
|--------------------------------|-----------------|--------------------------------|------------------------|
| Residential | \$50,000 | 27,813 | \$4.57 |
| | 75,000 | 41,719 | \$6.85 |
| | 100,000 | 55,626 | \$9.14 |
| | 125,000 | 69,532 | \$11.42 |
| | 150,000 | 83,439 | \$13.71 |
| | 250,000 | 139,065 | \$22.84 |
| | 500,000 | 278,130 | 45.69 |
| Multi-Residential | \$100,000 | 86,250 | \$14.17 |
| | 200,000 | 172,500 | \$28.33 |
| | 300,000 | 258,750 | \$42.50 |
| | 400,000 | 345,000 | \$56.67 |
| | 500,000 | 431,250 | \$70.84 |
| Commercial - Industrial | \$50,000 | 45,000 | \$7.39 |
| | 100,000 | 90,000 | \$14.78 |
| | 200,000 | 180,000 | \$29.57 |
| | 300,000 | 270,000 | \$44.35 |
| | 400,000 | 360,000 | \$59.13 |
| | 500,000 | 450,000 | \$73.92 |
| Agricultural | Number of Acres | Taxable Value (After Rollback) | Estimated Tax Increase |
| | 1 | 675 | \$0.11 |
| | 40 | 27,000 | \$4.44 |
| | 160 | 108,000 | \$17.74 |
| | 320 | 216,000 | \$35.48 |
| | 640 | 432,000 | \$70.96 |

**Lee County, Iowa
Property Tax Impact Analysis**

| Assumptions | |
|----------------------|---------------|
| Par Amount of Bonds | \$2,560,000 |
| Bond Term | 10 |
| Est. Interest Rate | 2.414% |
| Est. Annual Payment | \$291,081 |
| Taxable Valuation | 1,293,254,373 |
| Tax Rate Per \$1,000 | \$0.22508 |

| Rollback Assumptions | |
|-----------------------|----------|
| Residential | 55.6259% |
| Multi-Residential | 86.2500% |
| Commercial-Industrial | 90.0000% |
| Agricultural | 46.1068% |

| Type of Property | Assessed Value | Taxable Value (After Rollback) | Estimated Tax Increase |
|--------------------------------|-----------------|--------------------------------|------------------------|
| Residential | \$50,000 | 27,813 | \$6.26 |
| | 75,000 | 41,719 | \$9.39 |
| | 100,000 | 55,626 | \$12.52 |
| | 125,000 | 69,532 | \$15.65 |
| | 150,000 | 83,439 | \$18.78 |
| | 250,000 | 139,065 | \$31.30 |
| | 500,000 | 278,130 | \$62.60 |
| Multi-Residential | \$100,000 | 86,250 | \$19.41 |
| | 200,000 | 172,500 | \$38.83 |
| | 300,000 | 258,750 | \$58.24 |
| | 400,000 | 345,000 | \$77.65 |
| | 500,000 | 431,250 | \$97.07 |
| Commercial - Industrial | \$50,000 | 45,000 | \$10.13 |
| | 100,000 | 90,000 | \$20.26 |
| | 200,000 | 180,000 | \$40.51 |
| | 300,000 | 270,000 | \$60.77 |
| | 400,000 | 360,000 | \$81.03 |
| | 500,000 | 450,000 | \$101.29 |
| Agricultural | Number of Acres | Taxable Value (After Rollback) | Estimated Tax Increase |
| | 1 | 675 | \$0.15 |
| | 40 | 27,000 | \$6.08 |
| | 160 | 108,000 | \$24.31 |
| | 320 | 216,000 | \$48.62 |
| | 640 | 432,000 | \$97.23 |

| Scenario 1: \$2,500,000 of Project Funds from Bonds - 20 year | | | | | |
|---|-----------|----------|----------------|--------------------|--------------------|
| Fiscal Year | Principal | Interest | Annual Payment | Estimated Tax Rate | Est. Interest Rate |
| 2018 | 100,000 | 74,468 | 174,468 | 0.13491 | 1.70% |
| 2019 | 105,000 | 72,768 | 177,768 | 0.13746 | 1.80% |
| 2020 | 105,000 | 70,878 | 175,878 | 0.13600 | 1.90% |
| 2021 | 105,000 | 68,883 | 173,883 | 0.13445 | 2.00% |
| 2022 | 110,000 | 66,783 | 176,783 | 0.13670 | 2.10% |
| 2023 | 110,000 | 64,473 | 174,473 | 0.13491 | 2.20% |
| 2024 | 115,000 | 62,053 | 177,053 | 0.13690 | 2.40% |
| 2025 | 115,000 | 59,293 | 174,293 | 0.13477 | 2.55% |
| 2026 | 120,000 | 56,360 | 176,360 | 0.13637 | 2.65% |
| 2027 | 125,000 | 53,180 | 178,180 | 0.13778 | 2.80% |
| 2028 | 125,000 | 49,680 | 174,680 | 0.13507 | 2.90% |
| 2029 | 130,000 | 46,055 | 176,055 | 0.13613 | 3.00% |
| 2030 | 135,000 | 42,155 | 177,155 | 0.13698 | 3.10% |
| 2031 | 140,000 | 37,970 | 177,970 | 0.13761 | 3.25% |
| 2032 | 140,000 | 33,420 | 173,420 | 0.13410 | 3.35% |
| 2033 | 145,000 | 28,730 | 173,730 | 0.13434 | 3.45% |
| 2034 | 150,000 | 23,728 | 173,728 | 0.13433 | 3.55% |
| 2035 | 160,000 | 18,403 | 178,403 | 0.13795 | 3.65% |
| 2036 | 165,000 | 12,563 | 177,563 | 0.13730 | 3.75% |
| 2037 | 170,000 | 6,375 | 176,375 | 0.13638 | 3.75% |
| Totals: | 2,570,000 | 948,213 | 3,518,213 | 0.13602 | |

| Sources of Funds: | |
|-----------------------------|---------------|
| Par Amount of Bonds: | 2,570,000 |
| County Cash: | 0 |
| Total: | 2,570,000 |
| Uses of Funds: | |
| Project Funds: | 2,500,000 |
| Issuance Costs: | 30,000 |
| Underwriting Costs: | 38,550 |
| Surplus: | 1,450 |
| Total: | 2,570,000 |
| Average Annual Payment: | 175,911 |
| Average Levy Rate / \$1000: | 0.13602 |
| Average Life of Bonds: | 11.418 |
| Average Rate: | 3.231% |
| 1/1/15 Taxable Valuation: | 1,293,254,373 |
| Spread to Current Rates: | 1.000% |

| Scenario 2: \$2,500,000 of Project Funds from Bonds - 15 Year | | | | | |
|---|-----------|----------|----------------|--------------------|--------------------|
| Fiscal Year | Principal | Interest | Annual Payment | Estimated Tax Rate | Est. Interest Rate |
| 2016 | 145,000 | 66,010 | 211,010 | 0.16316 | 1.70% |
| 2017 | 150,000 | 63,545 | 213,545 | 0.16512 | 1.80% |
| 2018 | 150,000 | 60,845 | 210,845 | 0.16303 | 1.90% |
| 2019 | 155,000 | 57,995 | 212,995 | 0.16470 | 2.00% |
| 2020 | 160,000 | 54,895 | 214,895 | 0.16617 | 2.10% |
| 2021 | 160,000 | 51,535 | 211,535 | 0.16357 | 2.20% |
| 2022 | 165,000 | 48,015 | 213,015 | 0.16471 | 2.40% |
| 2023 | 170,000 | 44,055 | 214,055 | 0.16552 | 2.55% |
| 2024 | 175,000 | 39,720 | 214,720 | 0.16603 | 2.65% |
| 2025 | 175,000 | 35,083 | 210,083 | 0.16244 | 2.80% |
| 2026 | 180,000 | 30,183 | 210,183 | 0.16252 | 2.90% |
| 2027 | 185,000 | 24,963 | 209,963 | 0.16235 | 3.00% |
| 2028 | 195,000 | 19,413 | 214,413 | 0.16579 | 3.10% |
| 2029 | 200,000 | 13,368 | 213,368 | 0.16498 | 3.25% |
| 2030 | 205,000 | 6,868 | 211,868 | 0.16383 | 3.35% |
| 2031 | | | | | |
| 2032 | | | | | |
| 2033 | | | | | |
| 2034 | | | | | |
| 2035 | | | | | |
| Totals: | 2,570,000 | 616,490 | 3,186,490 | 0.16426 | |

| Sources of Funds: | |
|-----------------------------|---------------|
| Par Amount of Bonds: | 2,570,000 |
| County Cash: | 0 |
| Total: | 2,570,000 |
| Uses of Funds: | |
| Project Funds: | 2,500,000 |
| Issuance Costs: | 30,000 |
| Underwriting Costs: | 38,550 |
| Surplus: | 1,450 |
| Total: | 2,570,000 |
| Average Annual Payment: | 212,433 |
| Average Levy Rate / \$1000: | 0.16426 |
| Average Life of Bonds: | 8.453 |
| Average Rate: | 2.838% |
| 1/1/15 Taxable Valuation: | 1,293,254,373 |
| Spread to Current Rates: | 1.000% |

| Scenario 3: \$2,500,000 of Project Funds from Bonds - 10 Year | | | | | |
|---|-----------|----------|----------------|--------------------|--------------------|
| Fiscal Year | Principal | Interest | Annual Payment | Estimated Tax Rate | Est. Interest Rate |
| 2016 | 235,000 | 57,148 | 292,148 | 0.22590 | 1.70% |
| 2017 | 240,000 | 53,153 | 293,153 | 0.22668 | 1.80% |
| 2018 | 240,000 | 48,833 | 288,833 | 0.22334 | 1.90% |
| 2019 | 245,000 | 44,273 | 289,273 | 0.22368 | 2.00% |
| 2020 | 250,000 | 39,373 | 289,373 | 0.22376 | 2.10% |
| 2021 | 255,000 | 34,123 | 289,123 | 0.22356 | 2.20% |
| 2022 | 265,000 | 28,513 | 293,513 | 0.22696 | 2.40% |
| 2023 | 270,000 | 22,153 | 292,153 | 0.22590 | 2.55% |
| 2024 | 275,000 | 15,268 | 290,268 | 0.22445 | 2.65% |
| 2025 | 285,000 | 7,980 | 292,980 | 0.22654 | 2.80% |
| 2026 | | | | | |
| 2027 | | | | | |
| 2028 | | | | | |
| 2029 | | | | | |
| 2030 | | | | | |
| 2031 | | | | | |
| 2032 | | | | | |
| 2033 | | | | | |
| 2034 | | | | | |
| 2035 | | | | | |
| Totals: | 2,560,000 | 350,813 | 2,910,813 | 0.22508 | |

| Sources of Funds: | |
|-----------------------------|---------------|
| Par Amount of Bonds: | 2,560,000 |
| County Cash: | 0 |
| Total: | 2,560,000 |
| Uses of Funds: | |
| Project Funds: | 2,500,000 |
| Issuance Costs: | 30,000 |
| Underwriting Costs: | 30,720 |
| Surplus: | -720 |
| Total: | 2,560,000 |
| Average Annual Payment: | 291,081 |
| Average Levy Rate / \$1000: | 0.22508 |
| Average Life of Bonds: | 5.678 |
| Average Rate: | 2.414% |
| 1/1/15 Taxable Valuation: | 1,293,254,373 |
| Spread to Current Rates: | 1.000% |