

**MASTER CONTRACT NUMBER HHS-PHSD-0000507
TASK ORDER NUMBER 24-07-1-01-116-0**

**TO THE MASTER CONTRACT
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND CARBON COUNTY**

COMMUNITY HEALTH IMPROVEMENT PLAN

SECTION 1. PARTIES

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Carbon County ("Contractor"), Federal ID Number 81-6001339, UEI SB27NJFF6XT9, and 10 S. Oakes, Red Lodge, MT 59068.

THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:

SECTION 2. PURPOSE

The purpose of this Task Order is to fund a Community Health Improvement Plan for Carbon County.

SECTION 3. TERM OF TASK ORDER

- A. The term of this Task Order for the purpose of delivery of services is from January 1, 2024 through December 31, 2024.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

- A. The Contractor agrees to provide the following services:
 - 1. Community Health Improvement Plan:
 - a. Assemble a diverse stakeholder group for the community health improvement process and have regular meetings. Contractors must submit a membership list of partners participating in the community health improvement process, meeting agendas, and meeting minutes. The stakeholders must include any local healthcare providers, clinics, or hospitals, and prevention specialists, behavioral health providers, counselors, etc. Other stakeholders could include but are not limited to academic institutions, local schools, other departments of government, community non-profits, Tribal health departments, and the state health department. Your local board of health must be engaged in the process. Provide

- meeting agendas, attendance lists, minutes and/or key issues or finding that developed from the meeting; submit with activity reports.
- b. Provide information from the community health assessment to the stakeholders during the community health improvement process. Contractor must submit information provided to the Department.
- c. With stakeholders, identify health issues and themes, community assets, and priority community health issues.
- d. Produce a community health improvement plan that includes:
 - i. community health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets
 - ii. policy changes needed to accomplish health objectives
 - iii. individuals and organizations that have accepted responsibility for implementing the strategies
 - iv. measurable health outcomes or indicators to monitor progress, and
 - v. alignment with the state health improvement plan.
- 2. Participate in a telephone call with the Public Health System Support Unit at least once during the grant period (specific to date/time to be agreed upon by the parties).
- 3. Complete a post grant survey detailing lessons learned and processes that could be replicated across Montana.
- 4. Share the results of the community health improvement plan with Department of Public Health and Human Services due December 31, 2024.

B. The Department agrees to do the following:

- 1. Provide allocation of funds based on the Task Order deliverables.
- 2. Provide templates and resources to assist the Contractor in completing task order deliverables.
- 3. Provide technical assistance in community health improvement planning.
- 4. Communicate regularly with the Contractor through phone and e-mail as necessary to enable the Contractor to complete task order requirements.

SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS

- A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$10,000 as follows:
 - 1. The first payment in the amount of \$5,000 will be made upon signing and returning the task order for start-up funds.
 - 2. The second payment of \$2,500 will be made after six months upon review and approval of the activity report and work plan (due June 1, 2024).
 - 3. The final payment of \$2,500 will be made upon review and approval of the task order deliverables (due on December 31, 2024).
- B. All invoices must be received by the Department no later than 30 days following the Task Order end date of December 31, 2024. Invoices received after 60 days will not be paid by the Department.
- C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.

SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS

The sources of the funding for this Task Order are \$10,000 from CDC Strengthening Public Health Infrastructure, Workforce and Data Systems ALN 93.967.

SECTION 7. CFR 200 REQUIREMENTS

The following information may be required pursuant to 2 CFR 200:

1. Sub recipient name: Carbon County
2. Sub recipient Unique Entity Identifier: SB27NJFF6XT9
3. FAIN number: NE110E000073
4. Federal award date: to be provided at a later date
5. Federal award start and end date: 1/1/2024 to 12/31/2024
6. Total amount of funds obligated with this action: \$10,000
7. Amount of funds obligated to sub recipient: \$10,000
8. Total amount of the federal award: \$10,000
9. Project description: Strengthening Public Health Infrastructure, Workforce, and Data Systems in Montana
10. Awarding agency/pass-through entity/contact info: CDC/DPHHS PHSIO/Kerry Pride 406-600-1594
11. CFDA/ALN number/name: 93.967 /CDC's Collaboration with Academia to Strengthen Public Health
12. Research and Development: No
13. Indirect cost rate: Not applicable

SECTION 8. TERMINATION

Either party may terminate this Task Order in accordance with the Master Contract.

SECTION 9. LIAISON AND SERVICE OF NOTICES

- A. Kerry Pride, or their successor, will be the liaison for the Department. Contact information is as follows:

Kerry Pride
DPHHS PHSIO
PO Box 202951
Helena, MT 59620-2951
Phone Number (406) 444-5980
Fax Number (406) 444-6943
kpride@mt.gov

Erin Cross, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Erin Cross
Carbon County Health Department
10 S. Oakes
Red Lodge, MT 59068
Phone Number (406) 446-9941

Fax Number (406) 446-1274
ecross@co.carbon.mt.us

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

SECTION 10. FEDERAL REQUIREMENTS

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

SECTION 11. DEPARTMENT GUIDANCE

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

SECTION 12. INFORMAL DISPUTE RESOLUTION PROCEDURES

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Deputy Director David Gerard, Phone Number (406) 444-3654, Fax Number (406) 444-1970, David.Gerard@mt.gov with a copy to Director Charles T. Brereton, Phone Number (406) 444-5623, Fax Number (406) 444-1970, Charles.brereton@mt.gov.

SECTION 13. PUBLIC INFORMATION AND DISCLAIMERS

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;
 2. with the permission of the persons or entities from whom the information is to be obtained; and
 3. with the review and approval by the Department prior to use, publication or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.

C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”

E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication and release.

“This project is funded in whole by grant number(s) NE11OE000073-01-00 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”

F. Before the Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

SECTION 14. SCOPE OF TASK ORDER

This Task Order consists of 6 numbered pages.

All of the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

SECTION 15. AUTHORITY TO EXECUTE

All other Terms and Conditions of Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

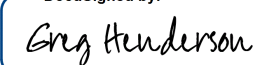
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____ Date: _____
Todd Harwell, Division Administrator

BY: _____ Date: _____
David Gerard, Deputy Director

BY: _____ Date: _____
Charles T. Brereton, Director

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, OFFICE OF LEGAL AFFAIRS

BY: ^{DocuSigned by:}
 _____ Date: 12/12/2023
_{9DE326420CF64FE...}
Greg Henderson, Attorney

CONTRACTOR, CARBON COUNTY

BY: _____ Date: _____
Scott Miller, Carbon County Commissioner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 100101011 Seitz Insurance Agency 114 Second Avenue SE Sidney, MT 59270	CONTACT NAME: David Seitz PHONE (A/C, No, Ext): (406) 433-1411 FAX (A/C, No): (406) 433-3603 E-MAIL ADDRESS: david@seitzinsure.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Montana State Fund	NAIC # 15819
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED Carbon County PO Box 887 Red Lodge, MT 59068	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			034898718	7/1/2023	7/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Montana Weed Control Association PO Box 225 Judith Gap, MT 59453	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Carbon County Asphalt Inventory / Maintenance Plan

ROAD NAME	BEGIN	END	LENGTH (FT)	ACTION / COMPLETED MAINTINANCE	DIST.	COST	BUDGET YR	PRIORITY
BRIDGER-FROMBERG ROAD	EAST BRIDGER ROAD	EAST RIVER ROAD	32,640	CRACK SEAL, ISOLATED PATCHING/LEVELING, CHIP-SEAL	1			
CEMETERY ROAD	END PAVEMENT	U.S. 310	3,835	PATCHING / LEVELING (W/ U.S. 310), CHIP SEAL	1			
CHANCE ROAD	END PAVEMENT	S.R. 72	2,415	CRACK SEAL	1			
COW CREEK ROAD	U.S. 212	END PAVEMENT	2,905	CRACK SEAL, CHIP SEAL	1			
DUTCH LANE	S.R. 72	SOUTH SILVERTIP ROAD	10,780	CRACK SEAL, CHIP SEAL	1			
EAST BRIDGER ROAD	BRIDGER TOWN LIMIT	BRIDGER-FROMBERG RD	8,085	CRACK SEAL, ISOLATED PATCHING / LEVELING, CHIP SEAL	1			
EAST RIVER ROAD	U.S. 310	BRIDGER-FROMBERG RD	6,375	CRACK SEAL, CHIP SEAL	1			
OLD MINE ROAD	CEMETERY ROAD	END PAVEMENT	195	PATCHING / LEVELING, CHIP SEAL	1			
PRYOR MOUNTAIN ROAD	U.S. 310	END PAVEMENT	10,640	PATCHING / LEVELING, CHIP SEAL OR RECLAMATION, CHIP SEAL	1			
SILVERTIP ROAD	END PAVEMENT	END PAVEMENT	765	CRACK SEAL, PATCHING / LEVELING, CHIP SEAL	1			
VET LANE	EAST BRIDGE ROAD	CORRAL PARKING LOT	985	MINOR PATCHING / LEVELING, CHIP SEAL	1			
SOUTH RIVER ROAD	EAST BRIDGER ROAD	1 MILE SOUTH		NEW PAVEMENT, CHIP SEAL	1	\$ 70,000.00	2021-2022	2
			79,620					

Carbon County Asphalt Inventory / Maintenance Plan

ROAD NAME	BEGIN	END	LENGTH (FT)	ACTION / COMPLETED MAINTINANCE	DIST.	COST	BUDGET YR	PRIORITY
BOYD-COONEY ROAD	END PAVEMENT	U.S. 212	41,540	CHIP SEALED IN 2016	2			7
CARBONADO ROAD	U.S. 212	COW CREEK ROAD	2,830	(???) RECLAMATION, CHIP SEAL OR RECLAMATION & REVERSION (???)	2			
CARBONADO ROAD	JOLIET-FROMBERG ROAD	END OF PAVEMENT	469	MILLINGS PLACED 2018	2			
COLE CREEK ROAD	END PAVEMENT	U.S. 212	955	PATCHING / LEVELING, CHIP SEAL	2			
COTTONWOOD ROAD	U.S. 212	END PAVEMENT	4,538	O.12 ACP OVERLAY; 3,303ft millings added	2			
EAST PRYOR ROAD	U.S. 310	EDGAR FROMBERG ROAD	7,623	CRACK SEAL, CHIP SEAL	2			
FAREWELL ROAD	U.S. 212	END OF STATE APPROACH PAVEMENT	6,500	NEW PAVEMENT, CHIP SEAL	2	\$ 100,000.00	2019 & 2020	COMPL
GRANITE ROAD	JOLIET-FROMBERG ROAD	MONTAQUA ROAD	17,495	MILLINGS PLACED 2018; 5,475ft millings added	2			
JOLIET FROMBERG HILL	JOLIET BRIDGE	TOP OF HILL	1,724	MILLINGS PLACED 2018	2			
JOLIET-FROMBERG ROAD	JOLIET TOWN LIMIT	END PAVEMENT	7,325	PATCHING / LEVELING, 0.17 ACP OVERLAY OR RECLAMATION, CHIP SEAL	2			
MONAHAN ROAD	END PAVEMENT	S.R. 421	2,370	CHIP SEAL	2			
MONTAQUA ROAD	U.S. 212	END OF PAVEMENT	8,733	MILLINGS PLACED 2018	2			
SELMS ROAD	U.S. 212	END PAVEMENT	1,040	CRACK SEAL, ISOLATED PATCHING / LEVELING, CHIP SEAL	2			
SELMS ROAD	END PAVEMENT	BRIDGER TOWN LIMIT	9,510	CRACK SEAL, CHIP SEAL	2			
WEST PRYOR ROAD	MONTAQUA ROAD	U.S. 310	10,120	RECLAMATION, CHIP SEAL	2			
WHITEHORSE ROAD NORTH	WHITEHORSE RD SOUTH	WHITEHOUSE RD NORTH	6,075	RECLAMATION, CHIP SEAL	2			
WHITEHORSE ROAD NORTH	WHITEHORSE RD NORTH	U.S. 212	6,800	RECLAMATION, CHIP SEAL	2	\$ 170,000.00	22-23	3
WHITEHORSE ROAD SOUTH	WHITEHORSE RD NORTH	U.S. 212	4,280	CRACK SEAL, ISOLATED PATCHING / LEVELING, CHIP SEAL	2			
			139,927					

Carbon County Asphalt Inventory / Maintenance Plan

ROAD NAME	BEGIN	END	LENGTH (FT)	ACTION / COMPLETED MAINTINANCE	DIST.	COST	BUDGET YR	PRIORITY
CARBON AVENUE	NORTH 1 ST STREET	END PAVEMENT	2,590	RECLAMATION, CHIP SEAL	3			
CARBON AVENUE	END PAVEMENT	CLEAR CREEK ROAD	345	RECLAMATION, CHIP SEAL	3			
CLEAR CREEK ROAD	CHERRY SPRINGS ROAD	U.S. 212	10,115	CHIP-SEAL	3		2023-2024	4
COONEY ROAD	U.S. 212	END PAVEMENT	11,035	RECLAMATION, CHIP SEAL	3			
EAST ROSEBUD ROAD	END PAVEMENT	S.R. 78	13,520	CRACK SEAL, ISOLATED PATCHING / LEVELING, CHIP SEAL	3			
FOX EAST BENCH ROAD	U.S. 212	CLEAR CREEK ROAD	2,500	PATCHING / LEVELING, CHIP SEAL	3			
FOX ROAD	END PAVEMENT	S.R. 78	5,180	CRACK SEAL, CHIP SEAL	3			6
MEETEETSE TRAIL ROAD	END PAVEMENT	U.S. 212	2,515	CHIP SEAL	3			
PALLISADES CAMPGROUND RD	END PAVEMENT	WEST FORK ROAD	6,535	CHIP SEAL	3			
SKI RUN ROAD	END PAVEMENT	WEST FORK ROAD	2,800	FOG SEALED IN 2016; CHIP SEAL	3			
TWO MILE BRIDGE ROAD	U.S. 212	END PAVEMENT	9,530	CRACK SEAL, CHIP SEAL	3			
UPPER LUTHER ROAD	END PAVEMENT	U.S. 78	8,205	CRACK SEAL, ISOLATED PATCHING / LEVELING, CHIP SEAL	3			
WEST BENCH ROAD	END PAVEMENT	U.S. 212	2,950	RECLAMATION, CHIP SEAL	3			5
WEST FORK ROAD	END PAVEMENT	U.S. 212		RECONSTRUCTED IN 2016	3			
			77,820					