

## County of El Dorado T.O.T. Committee Meeting Minutes

**Veteran Affairs Commission** 

Todd Smith, District I – Alternate John Poimiroo
Chris Cockrell, District II – Alternate Roger Reynolds
Kurt Raffetto, District III – Alternate Vacant
Ken Welch, District IV – Alternate Tim Thompson
Daniel Browne, Jr., District V – Alternate Phillip Houseworth
Terry Thomas, VSO, Secretary Ex-Officio

Department of Veteran Services 130 Placerville Drive, Suite B Placerville CA 95667 ww.edcgov.us/veterans Telephone: 530-621-5892 Fax: 530-621-2218

Lauren Odell, Recording Clerk of Veteran Affairs Commission

# Thursday, January 13, 2022 @ 1130 hours Veterans Memorial Building 130 Placerville Drive Placerville. CA 95667

Veteran Affairs TOT Committee Agendas and Minutes are available online:

https://www.edcgov.us/Government/Veterans/Pages/transient\_occupancy\_tax\_(tot)\_committee.a\_spx

#### I. CALL TO ORDER

Meeting called to order at 11:30am.

#### II. APPROVAL OF AGENDA

Request to add a discussion topic under New Business made by Dan Browne. Motion to approve made by Roger Reynolds. Second by Phil Houseworth. Motion passed 4-0.

#### III. APPROVAL OF MINUTES

Request to change the minutes from December to change the use of the term "Perpetual" to "Annual" in the discussion of the TOT Grants that were approved. Motion to approve made by Roger Reynolds. Second by Phil Houseworth. Motion passed 4-0.

## IV. COMMITTEE MEMBERS

Kurt Raffetto
Phillip Houseworth
Roger Reynolds
Dan Browne

Request made to move the Committee Members under Call To Order and remove this section from the agenda.

#### V. DISCUSSION/ACTION ITEMS

None

#### VI. OLD BUSINESS

None

## VII. NEW BUSINESS

A. Discuss the El Dorado Community Foundation process for mini-grant accountability Kurt Rafetto has been working with the El Dorado Community Foundation to determine the best practices for addressing Mini-Grant Contracts with special requirements. Samples of forms were provided to the committee for review (see attached). Committee members will be responsible for reviewing the documentation returned by the grant recipients for reimbursement to ensure funds should be provided based on the original restrictions to payment.

#### **B.** Limitations of Public Comment

Dan Browne proposed that Public Comment be limited to only topics that appear on the agenda. Cannot limit public comment, per John Poimiroo.

## VIII. PUBLIC COMMENT

None

#### IX. ADJOURNMENT

Meeting adjourned at 11:50am.



This Agreement for Funding, entered into between El Dorado Community Foundation on behalf of the County of El Dorado Veterans Affairs Commission and Hearts Landing Ranch, is subject to the following terms & conditions:

- 1. The Grant period is January 1, 2022 December 31, 2022 for the amount of \$5000.
- 2. Grant funds will only be used for the "Veterans Equine Psychotherapy Program" program described in your application submitted in September 2021.
- 3. Grant funds not expended by December 31, 2022 will be forfeited to El Dorado Community Foundation.
- 4. The inability to deliver to the objectives outlined in the application may result in the recall of funding.
- 5. Hearts Landing Ranch agrees to maintain records of receipts and expenditures and submit **quarterly reimbursement requests** to EDC Veterans Affairs Commission, which apon approval will be paid by El Dorado Community Foundation to Hearts Landing Ranch.
- 6. Hearts Landing Ranch agrees to submit a Final Report no later than January 31, 2023. El Dorado Community Foundation will email the Final Report template in early January 2023.

Your signature indicates acceptance of these terms. We appreciate the opportunity to assist you in your support of Veterans and look forward to learning of your progress!

Da	ted:	Hearts Landing Rance	h
	Ву:		
	Print Name: _		
	Title:		
Dated:	El Dorado C	community Foundation	
	Ву:	, Ex William J. Roby	ecutive Director
Address to send check:	Organization:	- TODY	
	Attention:		
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EXPENSE REIMBURSEMENT REQUEST			El Dorado Community Foundation			
COMMITTEE FUND:						
Payee Name Payee Address Payee City,8tate,Zip Authorized By		Date Requested* Payee Email Payee Phone # Total Reimbursement	\$0.00			
Date	Description	GL Expense Code	Receipt Attached (Y/N)	Amont		
				\$0.00		