



**Stevensville Special Town Council Meeting
Agenda for
THURSDAY, JUNE 04, 2026
6:30 PM
206 Buck Street, Town Hall**

1. Call to Order and Roll Call
2. Pledge of Allegiance
3. Public Comments (Public comment from citizens on items that are not on the agenda)
4. New Business
 - a. Discussion/Decision: Re-Appointment of Judge Maureen M. O'Connor
 - b. Discussion/Decision: Resolution No. 510A a Resolution Setting a Fee for the Stevensville City Court Judge
 - c. Discussion/Decision: Resolution No. 588 a Resolution Approving and Adopting the Montana Municipal Interlocal Authority (MMIA) Employee Benefits Program Fiscal Year 2026-2027
 - d. Discussion/Decision: Volunteer Fire Capacity Grant Application
 - e. Discussion/Decision: Unmetered Water & Interlocal Agreement Between Outback Firefighting & the Town of Stevensville
5. Adjournment

Welcome to Stevensville Town Council Chambers

We consider it a privilege to present, and listen to, diverse views.

It is essential that we treat each other with respect.

We expect that participants will:

- ✓ Engage in active listening
- ✓ Make concise statements
- ✓ Observe any applicable time limit

We further expect that participants will refrain from disrespectful displays:

- ✗ Profanity
- ✗ Personal Attacks
- ✗ Signs
- ✗ Heckling and applause

Guidelines for Public Comment

Public Comment ensures an opportunity for citizens to meaningfully participate in the decisions of its elected officials. It is one of several ways your voice is heard by your local government. During public comment we ask that all participants respect the right of others to make their comment uninterrupted. The council's goal is to receive as much comment as time reasonably allows. All public comment should be directed to the chair (Mayor or designee). Comment made to the audience or individual council members may be ruled out of order. Public comment must remain on topic, and free from abusive language or unsupported allegations.

During any council meeting you have two opportunities to comment:

1. During the public comment period near the beginning of a meeting.
2. Before any decision-making vote of the council on an agenda item.

Comment made outside of these times may not be allowed.

Citizens wishing to speak during any public comment period should come forward to the podium and state their name and address for the record. Comment may be time limited, as determined by the chair, to allow as many people as possible to comment. Comment prior to a decision-making vote must remain on the motion before the council.

Thank you for observing these guidelines.

File Attachments for Item:

a. Discussion/Decision: Re-Appointment of Judge Maureen M. O'Connor



Stevensville Town Council Meeting

Agenda Item Request

To be submitted BEFORE Noon on the Wednesday immediately preceding the Thursday agenda publishing deadline (8-days ahead of the meeting).

Agenda Item Type:	New Business
Person Submitting the Agenda Item:	James Crews
Second Person Submitting the Agenda Item:	
Submitter Title:	Mayor
Submitter Phone:	
Submitter Email:	
Requested Council Meeting Date for Item:	06/03/2026
Agenda Topic:	Discussion/Decision: Re-Appointment of Judge Maureen M. O'Connor
Backup Documents Attached?	Choose an item.
If no, why not?	
Approved/Disapproved?	Approved
If Approved, Meeting Date for Consideration:	06/03/2026
Notes:	Mayor James Crews is requesting the re-appointment of Judge Maureen M. O'Connor as the Stevensville City Court Judge. Judge O'Connor will be at the end of a four-year term on June 13, 2026. This re-appointment will be for another 4 years and will be set by Resolution No. 510A. (the following agenda item)

File Attachments for Item:

b. Discussion/Decision: Resolution No. 510A a Resolution Setting a Fee for the Stevensville City Court Judge



Stevensville Town Council Meeting

Agenda Item Request

To be submitted BEFORE Noon on the Wednesday immediately preceding the Thursday agenda publishing deadline (8-days ahead of the meeting).

Agenda Item Type:	New Business
Person Submitting the Agenda Item:	James Crews
Second Person Submitting the Agenda Item:	
Submitter Title:	Mayor
Submitter Phone:	
Submitter Email:	
Requested Council Meeting Date for Item:	06/03/2026
Agenda Topic:	Discussion/Decision: Resolution No. 510A a Resolution Setting a Fee for the Stevensville City Court Judge
Backup Documents Attached?	Yes
If no, why not?	
Approved/Disapproved?	Approved
If Approved, Meeting Date for Consideration:	06/03/2026
Notes:	Resolution No. 510 was adopted by the Stevensville Town Council on September 22, 2022, establishing a rate of pay and term of four years.

RESOLUTION NO. 510A
A RESOLUTION SETTING A FEE FOR THE
STEVENSVILLE CITY COURT JUDGE

WHEREAS, the Mayor for the Town of Stevensville has re-appointed Maureen M. O'Connor to the position of the City Court Judge,

WHEREAS, MCA 3-11-202 (2) requires the annual fee for the City Court Judge be fixed by ordinance or resolution,

WHEREAS, the annual fee for City Court Judge according to the Montana State Constitution under Article III, Section 7 states that "all justices and judges shall be paid as provided by law, but salaries shall not be diminished during terms of office"

WHEREAS, the term of City Judge Maureen M. O'Connor shall be for a four-year term ending June 3, 2030.

NOW, THEREFORE, BE IT RESOLVED that the annual fee for four years for City Court Judge Maureen M. O'Connor shall be \$36,000 per year.

Passed and adopted by the Town Council of the Town of Stevensville, Montana this 3rd day of June 2026.

APPROVE:

ATTEST:

James Crews, Mayor

Jenelle S. Berthoud, Town Clerk

Town of STEVENSVILLE
PO Box 30
Stevensville, MT
59870

RESOLUTION NO. 510

**A RESOLUTION SETTING A FEE FOR THE
STEVENSVILLE CITY COURT JUDGE**

WHEREAS, the Mayor for the Town of Stevensville has re-appointed Maureen M. O'Connor to the position of the City Court Judge,

WHEREAS, MCA 3-11-202 (2) requires the annual fee for the City Court Judge be fixed by ordinance or resolution,

WHEREAS, the annual fee for City Court Judge according to the Montana State Constitution under Article III, Section 7 states that "all justices and judges shall be paid as provided by law, but salaries shall not be diminished during terms of office"

WHEREAS, the term of City Judge O'Connor shall be for a four year term ending June 13, 2026.

NOW, THEREFORE, BE IT RESOLVED that the annual fee for four years for City Court Judge O'Connor shall be \$36,000 per year.

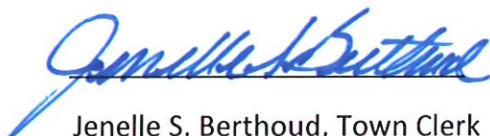
Passed and adopted by the Town Council of the Town of Stevensville, Montana this 22nd day of September 2022.

APPROVE:

ATTEST:



Steve Gibson, Mayor



Jenelle S. Berthoud, Town Clerk

File Attachments for Item:

c. Discussion/Decision: Resolution No. 588 a Resolution Approving and Adopting the Montana Municipal Interlocal Authority (MMIA) Employee Benefits Program Fiscal Year 2026-2027



Stevensville Town Council Meeting

Agenda Item Request

To be submitted BEFORE Noon on the Wednesday immediately preceding the Thursday agenda publishing deadline (8-days ahead of the meeting).

Agenda Item Type:	New Business
Person Submitting the Agenda Item:	James Crews
Second Person Submitting the Agenda Item:	
Submitter Title:	Mayor
Submitter Phone:	
Submitter Email:	
Requested Council Meeting Date for Item:	06/04/2026
Agenda Topic:	Discussion/Decision: Resolution No. 588 a Resolution Approving and Adopting the Montana Municipal Interlocal Authority (MMIA) Employee Benefits Program Fiscal Year 2026-2027
Backup Documents Attached?	Yes
If no, why not?	
Approved/Disapproved?	Approved
If Approved, Meeting Date for Consideration:	06/04/2026
Notes:	

RESOLUTION NO. 588

**RESOLUTION APPROVING AND ADOPTING THE MONTANA MUNICIPAL
INTERLOCAL AUTHORITY (MMIA) EMPLOYEE BENEFITS PROGRAM**

FISCAL YEAR 2026-2027

WHEREAS, the Town of Stevensville is duly organized under the laws of the State of Montana; and

WHEREAS, Article XI, Section 7 of the Montana Constitution provides that a political subdivision may (a) cooperate in the exercise of any function, power or responsibility with, (b) share the services of any officer or facilities with, and (c) transfer or delegate any function, power responsibility, or duty of any officer to one or more other local government units, the state or the United States;

WHEREAS, Montana Code Annotated Title 7, Chapter 11, Part 1, (the Interlocal Cooperation Act) authorizes political subdivisions to create interlocal agreements to jointly perform any undertaking that each such political subdivision unit is authorized by law to perform;

WHEREAS, Montana Code Annotated 2-18-702, authorizes cities and towns to enter into group hospitalization, medical, health, including long-term disability, accident or group life insurance contracts or plans for the benefit of their officers and employees and their dependents;

WHEREAS, Montana Code Annotated 2-18-711, permits the establishment of group programs by local government entities to provide employee group benefits;

WHEREAS, the MMIA is a joint exercise of powers entity established pursuant to an Interlocal Cooperation Agreement in accordance with the provisions of the Interlocal Cooperation Act for the purpose of providing pooled risk coverage programs for the Member Entity and other political subdivisions executing the Interlocal Agreement; and

WHEREAS, the Authority is authorized to exercise necessary powers to implement the purposes of the Authority as established by the Interlocal Agreement;

WHEREAS, by executing this Program Agreement, the Member Entity signatory hereto has heretofore determined and does hereby confirm that the Assessments and other charges required by the Employee Benefits Program have been and are just and reasonable and advantageous to the public benefit of the citizens of such Member Entity; and (Exhibit A)

NOW THEREFORE, BE IT RESOLVED THAT the Town of Stevensville hereby approves and adopts this Employee Benefits Program Agreement (Exhibit A) and the Town of Stevensville Benefits Selection Form FY26-27 (Exhibit B).

PASSED AND ADOPTED by the Town Council of the Town of Stevensville this 4th day of June 2016.

APPROVED:

ATTEST:

James Crews, Mayor

Jenelle S. Berthoud, Town Clerk



Employee Benefits - Standard Plan Summaries

Effective 7/1/26 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at mmlaeb.net and must be referenced for details of all coverages.

	Bridger	Madison	Pintler	High Deductible (HSA Qualified)
Deductible (Individual/Family) January 1 - December 31	\$750 / \$1,500	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$7,000
Benefit Percentage (what the plan pays if the Deductible is waived or after the Deductible is met)				
All Montana and Non-Montana Cigna Providers	80%	70%	70%	80%
Non-Montana, Non-Cigna Providers	60%	50%	50%	60%
Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year) Individual/Family	\$2,500 / \$5,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$7,000 / \$14,000

Medical Services

Preventive care as recommended by the US Preventive Services Task Force, CDC, and Health Resources & Services Administration at www.healthcare.gov

100% Plan-paid

Accidental Injury Benefit

100% up to \$300, then standard benefits apply

Deductible applies

Diabetic Education

100% Plan-paid

Hospice Care

Professional Provider Services

Alternative Medicine Benefit - up to \$500

Chiropractic - up to \$400, plus \$100 x-ray benefit

Deductible waived (Plan pays Benefit %)

Deductible applies

Home Health Care

Newborn Initial Care

Nutritional Counseling - up to 10 visits per year

Facility Provider Services

Emergency Room Care

Deductible applies

Obesity Surgery - one per lifetime, up to \$30,000

Prescription Drug Benefit

Generic

\$4 Retail (30 day) / \$8 Mail Order (90 day)

Deductible applies

Brand Formulary

\$20 Retail (30 day) / \$40 Mail Order (90 day)

Brand Non-Formulary

\$50 Retail (30 day) / \$100 Mail Order (90 day)

Total Cost per Month	Bridger	Madison	Pintler	HDHP
Employee Only (P00)	\$ 992	\$ 926	\$ 854	\$ 741
Employee & Spouse (F00)	\$ 1,984	\$ 1,852	\$ 1,708	\$ 1,482
Employee & Child(ren) (P99)	\$ 1,736	\$ 1,621	\$ 1,495	\$ 1,297
Employee, Spouse & Child(ren) (F99)	\$ 2,728	\$ 2,547	\$ 2,349	\$ 2,038

Retirees or spouses of retirees aged 65+ are not eligible for medical coverage.



Employee Benefits - Dental and Vision Plan Summaries
 Effective 7/1/26 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at mmlaeb.net and must be referenced for details of all

Dental Plans

Benefit Period (January 1 - December 31)

	In-Network	Orthodontic Enhancement
Deductible (Individual/Family)	\$25 / \$50	
*Calendar Year Maximum Benefit	\$2,000 / Individual	\$2,000 Lifetime Benefit/Individual
Dental Services		
Diagnostic & Preventive (cleanings and screenings)	Plan pays 100% Deductible waived Does not apply to Calendar Year Maximum Benefit	Plan pays 50% after Deductible
Basic Restorations	Plan pays 80% after Deductible	
Major Restorations and Implants	Plan pays 50% after Deductible	

*Calendar Year Maximum Benefit is the most the Plan will pay for covered services in a plan year

Dental Plan Cost	Basic	With Ortho Enhancement
Employee Only (P00)	\$33.00	\$34.00
Employee & Spouse (F00)	\$66.00	\$68.00
Employee & Child(ren) (P99)	\$58.00	\$66.00
Employee, Spouse & Child(ren) (F99)	\$92.00	\$104.00

Vision Plan

Benefit Period (July 1 - June 30)

Benefits Every 12 Months	In-Network	Out-of-Network
Well Vision Exam	\$20 Copay (No more than \$39 copay for retinal screening as an enhancement to an exam)	Up to \$50
Frames	\$165 allowance at Costco, Walmart, and retail 20% saving after allowance	Up to \$70
Lenses (Included with exam copay)	Single vision, lined bifocal, and trifocal lenses Polycarbonate for children Standard progressive: \$0 copay Premium progressive: \$80-\$90 copay Custom progressive: \$120-\$160 copay	Single vision - Up to \$50 Lined bifocal - Up to \$75 Lined trifocal - up to \$100
Lens Enhancements	\$150 allowance for contact lenses	
Contacts (Instead of glasses)	Up to \$60 for contact lens exam (fitting and evaluation)	Up to \$105

Laser Vision Correction Discount *Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities*

Vision Plan Cost

Employee Only (P00)	\$8.60
Employee & Spouse (F00)	\$13.80
Employee & Child(ren) (P99)	\$14.00
Employee, Spouse & Child(ren) (F99)	\$22.20

BASIC GROUP LIFE AND AD&D

The MMIA is pleased to offer very competitive rates for a group term life insurance product for our membership. Mutual of Omaha Life Insurance Company has rates specifically for members of the MMIA Employee Benefit program that may generate savings for your city/town.

Basic Life and AD&D Plan Description

Eligibility: Each active full-time employee working the minimum hours required per your city or town, and no less than 20 hours, is eligible to participate in the MMIA Life Insurance program.

Participation: 100% of eligible employees.

Employer Contribution: 100% of premium cost.

Benefit Amount and Cost: The cost per \$1,000 Basic Life and AD&D is \$0.27. Listed in the table below are varying levels of insurance coverage and the applicable monthly cost per employee.

Life and AD&D Benefit	Monthly Cost per Employee
\$10,000	\$2.70
\$15,000	\$4.05
\$20,000	\$5.40
\$25,000	\$6.75
\$50,000	\$13.50
\$100,000	\$27.00

Each employee within the group or bargaining unit must have the same benefit level.

Benefit Descriptions:

Guarantee Issue:	\$100,000
AD&D	Included
Waiver of Premium	Included
Conversion of Benefits	Available
Travel Assistance	Included

Age Reduction: The principal sum of the life insurance coverage will be reduced by 50% at age 70.

Accidental Death and Dismemberment: In the event of death, loss of limbs, loss of eyesight, loss of speech or hearing due to an accidental injury, additional benefits, based on the selected life insurance amount, will be paid based on the selected life insurance amount. Additional benefits include:

Seat Belt Benefit	Pays up to additional \$25,000
Airbag Benefit	Pays up to additional \$5,000
Common Carrier Benefit	Included
Child Care Benefit	Included
Spouse & Child Education	Included
Paralysis Benefit	Included
Accelerated Benefits	75% to \$500,000
Living Care Benefit	75% to \$500,000

These benefits is paid in addition to any other benefits provided by the Plan, subject to the terms and conditions contained in the Group Insurance Policy.

Dependent Group Life Insurance is also available at \$1.50 per month for \$5,000 of benefit, if the employer chooses to provide it.

Dependent Benefit Amount	Monthly Unit Cost per Employee with Dependents
\$5,000	\$1.50

Each employee with dependents (spouse or children) must have the same dependent benefit level. The monthly unit cost covers all of the employee's eligible dependents. Eligible children must be less than 26 years of age.

VOLUNTARY TERM LIFE AND AD&D

The MMIA Employee Benefits Program offers competitively priced Voluntary Term Life and AD&D program for our membership. The carrier is the same as the Basic Group Term Life and AD&D, Mutual of Omaha Life Insurance Company. Voluntary Term Life can be offered without providing Basic Life. Each employee can select the amount of life insurance benefits that best fit their circumstances and needs. Rates are based on the age of the covered person.

Employer Contribution: None; this program requires the premium to be paid 100% by the employee.

Coverage Amount: The maximum amount an employee can apply for is 5x their salary up to the maximum of \$500,000. Employees may purchase benefits increments of \$5,000. Spouses may receive coverage, up to 100% of the employee amount, not to exceed \$500,000.

Guarantee Issue Amount: Up to \$350,000 for employees; \$50,000 for spouse upon initial eligibility. Amounts greater than the Guarantee Issue Amount or enrolling after the initial eligibility will require a health statement, called an Evidence of Insurability (EOI) form, subject to approval.

Changes at Open Enrollment: During Open Enrollment, an EOI is required if the employee's coverage increases by more than \$25,000, if their coverage exceeds \$350,000, if their spouse's coverage increases by any amount, and/or if the individual does not have Voluntary Term Life and requests coverage.

Monthly Premium Rates: Rates are age-banded for voluntary life and are shown below. Volumes can be selected separately for voluntary life and AD&D coverage.

Age Category	Voluntary Life Rate per Thousand Dollars	AD&D Rates per Thousand Dollars <small>(must be enrolled in Voluntary Life to be eligible)</small>
15-34	\$0.08	\$0.05 (rates are per thousand for all ages)
35-39	\$0.11	
40-44	\$0.15	
45-49	\$0.26	
50-54	\$0.47	
55-59	\$0.72	
60-64	\$1.37	
65-69	\$2.17	
70 +	\$3.82	

Benefit Reduction: The principal sum of the life insurance coverage will be reduced by 50% at age 70.

Dependent Child Benefit: Employees can cover their child(ren) in increments of \$1,000, minimum of \$2,000 up to a maximum of \$10,000. The cost is the same for one child or multiple children. The rate is \$0.12 per \$1,000 of coverage. Employee coverage is required. AD&D coverage is not available for children. *Eligible children must be less than 26 years of age.*

Benefit Descriptions:

Waiver of Premium	Included
Portability	Included
Accelerated Benefits	Included

Benefits are paid subject to the terms and conditions contained in the Group Insurance Policy.

Please share this information with your employees whether they are covered by our group health benefits. All employees may participate in this program if minimum eligibility requirements are met.

For additional information or enrollment forms, contact the MMIA Employee Benefits Department at 1-800-635-3089 option 4.



Employer Name

Town of Stevensville

PO Box 30

Stevensville, MT, 59870

_____		_____	
Employee Name		Date	
_____		_____	
Employee Address		State	Zip
_____		_____	
Social Security Number	FY 26-27 Benefit Year	Birthdate	

Current Benefit Selection

This form is to reflect your selection of benefits with the Town of Stevensville for FY 26-27.

- If you choose to keep your current coverage, please mark an X beside the Plan and coverage.
- If you would like to change your benefits, please mark X by the Plan you would like to change to and type of coverage

FY 26-27 Employer Offered Plan & Coverage

I am electing to keep my current coverage from FY 25-26:

Bridger___ Madison___ HDHP___ Dental___ VIS___ Life Ins___ AD&D___
 Employee Only___
 Employee & Spouse___ Employee & Children___ Employee, Spouse & Children___

I am changing my current coverage to:

Bridger___ Madison___ Pintler___ Dental___ VIS___ Life Ins___ AD&D___
 Employee Only___
 Employee & Spouse___ Employee & Children___ Employee, Spouse & Children___

Current Benefit Selection

I understand that it is my responsibility to review and elect my health benefit coverage during the applicable enrollment period. By signing this form, I acknowledge that I have been provided the opportunity to enroll in available benefits and that the selections or waivers indicated on this form are my own voluntary decisions. I further acknowledge that I am responsible for ensuring my elections are



accurate and complete. *I understand that it is my responsibility to contact MMIA directly at 800.635.3089 Opt #4 regarding any additions, changes, or updates to my benefit elections, including but not limited to adding or removing dependents, changing coverage selections, or reporting qualifying life events within the required timeframes.*

Waiver/Cash in Lieu of Group Health Benefits

If you elect to waive the Town of Stevensville’s employer-sponsored health insurance coverage, you may receive an in-lieu amount set by the Town of Stevensville annually. The Town’s in-lieu of contributions for health insurance is not intended as an increase in base salary. However, in-lieu payments will be added to the employee’s earnings and are subject to all taxation and deductions.

For fiscal year 2026-2027, the Town will provide a cash-in-lieu payment of \$660.00 per month. Payments will be issued in two installments of \$330.00 and included in the first and second payrolls of each month. Total cash-in-lieu payments shall not exceed \$660.00 per month.

Employees electing cash-in-lieu benefits must provide proof of other qualifying health insurance coverage, and a copy of that coverage must be kept on file with the Town. Employees are required to notify the Town of Stevensville within thirty (30) days of any change, termination, or loss of their alternative insurance coverage.

Payments in-lieu of coverage will be paid only during months where the employee is eligible to be insured under the Town’s employer-sponsored health insurance plan, and in-lieu payments will not be paid retroactively.

Important Information: Completion of the Waiver/Cash In Lieu of Medical form affirms your waiver of medical benefits for the current year. Provided you are eligible for cash in lieu of benefits, this form will also serve as an election to your entitled payout.

I AM WAIVING COVERAGE FOR THE FOLLOWING DUE TO:

Medical Coverage **Dental Coverage** **Vision coverage**

- Coverage Under my Spouse’s/Domestic Partner’s Plan
- Other Coverage
- My Preference to Not Have Coverage

IF SELECTING OTHER COVERAGE, COVERAGE IS:

- Spouse’s Employer-Sponsored Group Plan
- Parent’s Employer-Sponsored Group Plan
- Medicare/Medicaid



- COBRA
- Retirement Plan
- Other: _____

WAIVER/CASH IN LIEU OF GROUP HEALTH BENEFITS

SPECIAL ENROLLMENT NOTICE AND CERTIFICATION: Please review and sign below if you wish to waive coverage.

ACKNOWLEDGEMENT OF WAIVER:

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that by waiving group coverage that I *may not* have another opportunity to enroll in coverage until the next open enrollment period. I understand that, if I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing towards my, or my eligible dependents', other coverage).

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next annual open enrollment period.

SPECIAL ENROLLMENT RIGHTS:

I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after marriage, birth, adoption, or placement for adoption.

I understand that to request special enrollment or obtain more information, I should contact my group administrator MMIA 800-635-3089 or PO BOX 6669 Helena, MT 59604-6669, or mmiaeb.net.

CASH-IN-LIEU PAYMENTS:

Completion of the Waiver of Group Health Benefits form confirms your waiver of medical and other applicable benefits for the current year.

I am (check one) opting into [] or waiving [] the cash in-lieu benefit.

If you are eligible for cash-in-lieu of benefits, this form also allows you to elect cash-in-lieu. If you decide to elect cash-in-lieu, please review the following language:



I understand that I am declining enrollment in employer-sponsored coverage for myself and my tax dependents for this benefit year. I also certify that I have other acceptable minimum essential coverage through a non-individual group health plan such as employer-sponsored coverage through a family member. I understand that the cash in-lieu benefit is not intended as an increase in base salary. However, in-lieu payments will be considered taxable cash income and may impact my total earnings and are subject to all taxation and deductions.

I agree that by signing this document I have read and understood the information contained in this waiver along with the consequences that may stem from waiving this offer of group health benefits.

Please complete and return this waiver form to finance@townofstevensville.gov or fax to 406-777-4284. To receive cash-in-lieu by waiving coverage, you must complete and submit this form during the first week of hire, or Open Enrollment, or within 30 days of your qualifying event.

Employee Signature

Date

Finance & HR Director Signature

Date

File Attachments for Item:

d. Discussion/Decision: Volunteer Fire Capacity Grant Application



Stevensville Town Council Meeting

Agenda Item Request

To be submitted BEFORE Noon on the Wednesday immediately preceding the Thursday agenda publishing deadline (8-days ahead of the meeting).

Agenda Item Type:	New Business
Person Submitting the Agenda Item:	Jeff Motley, Fire Chief
Second Person Submitting the Agenda Item:	
Submitter Title:	Department Head
Submitter Phone:	
Submitter Email:	
Requested Council Meeting Date for Item:	06/04/2026
Agenda Topic:	Discussion/Decision: Volunteer Fire Capacity Grant Application
Backup Documents Attached?	Yes
If no, why not?	
Approved/Disapproved?	Approved
If Approved, Meeting Date for Consideration:	06/04/2026
Notes:	<p>This is an annual grant from DNRC that is for firefighting gear. The Stevensville Fire Department is requesting \$5,049.00 with a 90/10 split. Backup documentation is provided with additional information about this grant opportunity.</p> <p>Last year, 2025 the Stevensville Fire Department received this same grant and purchased wildland protective gear and fire hoses.</p>

For DNRC Use
Date Received _____



Volunteer Fire Capacity Grant Application

Montana Department of Natural Resources
and Conservation
Fire Protection Bureau
Application Period April 1, 2026 – June 1, 2026



This application shall be completed by the County Fire Warden, Chairperson of the Rural Fire Council or Rural Fire Department, Authorized Representative. All responses subject to verification

Organization Information					
What is the OFFICIAL Name of the Organization Town of Stevensville Fire Department					
Address 206 Buck Street			Required Tax ID # 81-6001313	Required Active UEI # YMASY7FJDA35	
City Stevensville	State MT	Zip 59870	County Ravalli	Website townofstevensville.com/fire	
Project Manager - Name Jeff Motley			Project Manager - Title Fire Chief		
Project Manager - Phone 406-777-5271 x 202			Secondary Phone 406-531-6355		
Project Manager - Email Address firechief@townofstevensville.gov					
Authorized Representative					
The Authorized Representative is the person who has legal authority to enter into an agreement with DNRC and will sign any agreement documents.					
DNRC utilizes the DocuSign electronic signature service for agreement execution. The Authorized Representative will receive any agreement for signature at the email address provided.					
Authorized Representative - Name Jim Crews			Authorized Representative - Title Mayor		
Authorized Representative - Phone 406-777-5271			Secondary Phone		
Authorized Representative Address 206 Buck Street, Stevensville MT 59870			Authorized Representative - Email mayor@townofstevensville.gov		
Name of Person Completing Application Jessica Cochrell			Title Fire Clerk		
Primary Phone 406-777-5271 x 201			Secondary Phone		
Email Address jessica@townofstevensville.gov					

Volunteer Fire Capacity Grant Application

Appendix A

Application Period April 1, 2026 – June 1, 2026

To be completed by any organization requesting VFC funds and attached to main application.

Due to the USDA Forest Service purchase requirements and five-year monitoring process, the cost of a single item may not exceed \$9,999.00 total.

Fire Department Name Town of Stevensville Fire Department

Contact Name Jeff Motley/Jessica Cochrell

Phone 406-777-5271 ext. 201

Email FireChief@townofstevensville.gov or jessica@townofstevensville.gov

Category	Eligible Cost-Share Item	Quantity	Unit Cost	Total Cost
Fire Equipment and Hand Tools	<i>(Please clearly circle items to be purchased)</i>			
	5 gal. Backpack Bladder Bags			
	Fire Rake / Collapsible Fire Rake			
	Fire Swatter / Fire Broom	2	\$71.00	\$142.00
	(Hand tool) Shovel / McLeod/ Pulaski Tool	3	\$111.00	\$333.00
	Chain Saws and Basic Saw Accessories			
	Fire Belt Weather Kit / Kestrel Weather Meters			
	Fusees / Drip Torch			
	GPS Units	1	\$150.00	\$150.00
	Other (Fill in Item)			
Total \$				\$625.00
Wildland Personal Protective Equipment	<i>(Please clearly circle items to be purchased)</i>			
	Nomex Shirts	5	\$130.00	\$650.00
	Nomex Pants	5	\$300.00	\$1,500.00
	Nomex Coveralls / Brush Coats			
	Nomex Neck Shrouds			
	Goggles / Safety Glasses (wildland fire safe)			
	Gloves (wildland fire safe)	5	\$36.00	\$180.00
	Helmets: (wildland fire safe)	5	\$70.00	\$350.00
	Headlamps (wildland fire safe)			
	Safety Equipment / Safety Vest / Earplugs			
	Chain Saw Chaps			
	Fire Packs / Web Gear			
	Radio Harness			
	New Generation Fire Shelters			
	Training Shelters			
Gear Bags				
Other (Fill in Item)				
Total \$				\$2,680.00
Communications Equipment	Base Radios <i>(Must be P25 Compliant)</i>			
	Handheld/Programmable Radios <i>(Must be P25 Compliant)</i>			
	Mobile Radios <i>(Must be P25 Compliant)</i>			
	Pagers			
	Batteries (for radios)			
	Other <i>(Must be P25 Compliant)</i> (Fill in Item)			
Total \$				0.00

Appendix A

Category	Eligible Cost-Share Item	Quantity	Unit Cost	Total Cost
Water Handling Equipment	Slide-In Fire Units			
	Foam Units, Foam Mixers and/or Foam			
	Portable Tanks			
	Portable Pumps	1	\$1,200.00	\$1,200.00
	Hoses, Not to Exceed 3" Diameter			
	Hose Reel			
	Nozzles and Fittings	2	\$272.00	\$544.00
	Other (Fill in Item)			
Total \$				\$1,744.00
Fire Training				
Total \$				0.00
Organization and Planning				
Total \$				0.00
Community Preparedness	Community Education and Outreach			
	Fuels Mitigation Equipment			
Total \$				0.00
Totals	In-Kind Donation/Match (Time/Labor Calculated at \$32.15/hour)			
Total Project Cost \$				\$5,049.00

Grant Request Narrative

Briefly describe the need for VFC grant assistance and how it will benefit this department:

The Volunteer Fire Department relies on grants and donations to meet their needs and the needs of the community they serve and protect everyday. These funds allow the department to purchase the necessities, such as proper/current PPE, that allows them to be prepared and safe while protecting the community, their surroundings, property and belongings, etc. It will also help protect those volunteers themselves who devote their time and energy each day to protecting this community.

Volunteer Fire Capacity Grant Application

Appendix B

Application Period April 1, 2026 – June 1, 2026

To be completed by any organization requesting VFC Funds and attached to main application---All responses subject to verification.

Fire Department Information						
Fire Dept. ID (FDID) 13003	Fire Department Name Stevensville Fire Department					
Fire Department Mailing Address 206 Buck Street						
City Stevensville	State MT	Zip 59870	FD Phone 406-777-5271x201	FD Website townofstevensville.com		
Fire Chief Name Jeff Motley		Primary Phone 406-531-6355		Secondary Phone 406-777-5271 x202		
Email firechief@townofstevensville.gov						
Name of Person Completing Application Jessica Cochrell			Primary Phone 406-777-5271 x201		Secondary Phone	
Email jessica@townofstevensville.gov						
Population Served 2500	Annual Operating Budget \$113,052.00	Funding Mechanisms <i>Tax / Fee / Donation / Other</i>		Number of Stations 2	ISO Rating 4	
Fire Response Information						
<i>Please list response statistics from the previous calendar year</i>						
# of Wildland Fires 31	# of Structure Fires 29	EMS Calls 530		Other 130	Mutual Aid Responses 38	
Does the Fire Department report all fires to the National Fire Incident Reporting System (NFIRS) as required by Administrative Rule of Montana (ARM 23.12.402)?						
<input checked="" type="checkbox"/> Yes						
<input type="checkbox"/> No						
Is the Fire Department reporting all wildland fires to their County Firewarden and/or local DNRC Office?						
<input checked="" type="checkbox"/> Yes						
<input type="checkbox"/> No						
Department Personnel Information						
Total Department Personnel 24	Paid Staff 1	Part Paid/Combo Staff 1		Volunteer Staff 23	Auxiliary/Other Staff 0	
Is the Fire Department National Incident Management System (NIMS) Compliant?						
<input checked="" type="checkbox"/> Yes						
<input type="checkbox"/> No						
Department Equipment Information						
Wildland Engines 2	Structure Apparatus 3	Water Tenders 0	Command/Utility 1	Other 1	Mobile (Vehicle) Radios 8	Portable Radios 21

Continued the following page.

By signing this application, I acknowledge the following:

- I have reviewed this application in its entirety, and the answers are accurate to the best of my knowledge.
- I have completed a detailed description and price quotes for the funds being requested.
- All fire organizations requesting funding have completed an **Appendix A** and **Appendix B** form and it has been included in this application package.
- The VFC grant is reimbursable. This means the fire department must pay the entire invoice for items purchased before submitting paperwork for reimbursement. Federal guidelines prohibit payment to the fire department without proof of the fire department expending funds on awarded items.
- I understand the deadline for reimbursement is **June 30, 2027**.
- If there is a change in leadership, all criteria and deadlines remain in place.
- Purchases must match the application request, Appendix A, otherwise the department will not be reimbursed.
- I understand that I cannot put in for items to be reimbursed unless the purchase date is after the date on the award letter.
- **Funding is conditional upon available allocations to this program.**

SIGNATURES I hereby authorize the proposal for funding submitted for this Volunteer Fire Capacity Grant. I certify that, based on my personal knowledge, the information provided is accurate and true.

Project Manager

Signature: _____

Date: _____

Print Name: Jeff Motley

Title: Fire Chief

Email: firechief@townofstevensville.gov

Authorized Representative

The Authorized Representative is the person who has legal authority to enter into an agreement with DNRC and will sign any agreement documents. DNRC utilizes the DocuSign electronic signature service for agreement execution. The Authorized Representative will receive any agreement for signature at the email address provided.

Signature: _____

Date: _____

Print Name: Jim Crews

Title: Mayor

Email: mayor@townofstevensville.gov

File Attachments for Item:

e. Discussion/Decision: Unmetered Water & Interlocal Agreement Between Outback Firefighting & the Town of Stevensville



Stevensville Town Council Meeting

Agenda Item Request

To be submitted BEFORE Noon on the Wednesday immediately preceding the Thursday agenda publishing deadline (8-days ahead of the meeting).

Agenda Item Type:	New Business
Person Submitting the Agenda Item:	Jim Crews
Second Person Submitting the Agenda Item:	EnterName
Submitter Title:	Mayor
Submitter Phone:	406-777-5271
Submitter Email:	mayor@townofstevensville.gov
Requested Council Meeting Date for Item:	Jun 4, 2026
Agenda Topic:	Unmetered Water and Inter-Local Agreement
Backup Documents Attached?	Yes
If no, why not?	
Approved/Disapproved?	Approved
If Approved, Meeting Date for Consideration:	June 4 th , 2026
Notes:	See attached Resolution 458a and proposed agreement between Outback Firefighting. All Agreements/contracts require council approval before the mayor may sign.

**Unmetered Water and Inter-Local Agreement for the use of Town of Stevensville Municipal Water
Obtained from the Municipal Fire Hydrants**

This Inter Local Agreement is made this 4th day of JUNE, 2026 by and between OUTBACK FIREFIGHTING (and/assigns) to be referred to hereafter as the "Contractor" and the Town of Stevensville to be referred to hereafter as the "town" for the exclusive purpose of obtaining Town of Stevensville municipal water from a hydrant designated by the "Town" for the purpose of:
POTABLE WATER

Terms

1. "Contractor" shall pay a \$100.00 yearly user fee before use of the hydrant.
2. "Contractor" shall obtain water from a fire hydrant located at CORNER OF 3RD & BUCK
3. Fire hydrants shall be operated in the full open positions at all times. The Hydrant Value shall be operated by slowly turning the first 8-10 turns and likewise closed slowly in the same manner to prevent potential water hammer damage.
4. Flushing hydrants shall be operated similar to a fire hydrant but will require fewer turns. The flushing hydrant may be operated partially open.
5. "Contractor" shall have a backflow device/vacuum breaker installed on the hose/tank prior to obtaining water.
6. "Contractor" shall turn the fire hydrant or flushing hydrant to the full off position, securing the hydrant caps and applicable locking mechanisms after obtaining water.
7. "Contractor" shall then be responsible to report daily usage:
In Person: 206 Buck Street
By Phone: 406.777.5271 ext. 104
E-mail: deputyclerk@townofstevensville.com
8. This Agreement is good for one calendar year and shall expire JUNE 4th, 2027
9. A new agreement must be obtained each new calendar year prior to use of the Town of Stevensville's water.
10. This agreement may be revoked/suspended by either party with written notice to the other party.
11. Town of Stevensville shall keep a running record of all obtained water each month, charges and payments received.

Contractor Information:

Name: OUTBACK FIREFIGHTING
Address: 40045 US HWY 93 N, STEVENSVILLE, MT 59870
Phone: 406-540-1886
Contact: MILISSA MCCOY - OFFICE MANAGER

Signature:

Contractor: M McCoy Date: 05/27/2026
Town: _____ Date: _____

Town of Stevensville
PO Box 30
Stevensville, MT 59870



STATE OF MONTANA RAVALLI COUNTY Page: 1 of 1

DOCUMENT: 799379 MUNICIPAL RESOLUTIONS

RECORDED: 9/24/2024 8:33:25 AM

Regina Plettenberg, CLERK AND RECORDER

Fee \$0.00 By

Sarah Miller

Deputy

RESOLUTION NO. 548a

**A RESOLUTION ADOPTING A USER FEE
FOR BULK UNMETERED WATER BY
THE TOWN OF STEVENSVILLE**

WHEREAS, MCA 7-1-4123(7) authorizes local governments to charge reasonable fees for the provision of services; and

WHEREAS, the Stevensville Municipal Code provides that usage rates, service charges, and license and permit fees be appropriately set by resolution of the Town Council; and

WHEREAS, the Town Council periodically sets fees and charges for various services provided by the Town.

WHEREAS, bulk unmetered water rates are set by the current water rate charges, and sold per number of gallons (48,000) and a set water rate charge per 1,000 gallons after that,

WHEREAS, bulk unmetered water yearly user fee for use of the hydrant is set at \$100.00 per year.

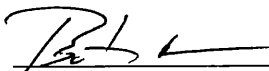
NOW THEREFORE, BE IT RESOLVED, by the Town Council of the Town of Stevensville, hereby adopts the user fees for bulk unmetered water.

BE IT FURTHER RESOLVED THAT the adoption of this resolution changes the wording from bulk water to unmetered water.

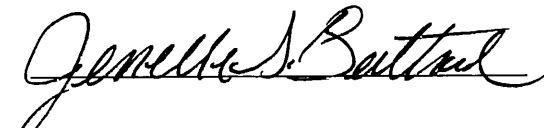
PASSED AND ADOPTED, dated this 12th day of September 2024, after motion and second at a regular meeting of the Stevensville Town Council.

Approved:

Attest:



Bob Michalson, Mayor


Jenelle S. Berthoud, Town Clerk

**Unmetered Water and Inter-Local Agreement for the use of Town of Stevensville Municipal Water
Obtained from the Municipal Fire Hydrants**

This Inter Local Agreement is made this ___ day of _____, 20___ by and between _____ (and/assigns) to be referred to hereafter as the "Contractor" and the Town of Stevensville to be referred to hereafter as the "town" for the exclusive purpose of obtaining Town of Stevensville municipal water from a hydrant designated by the "Town" for the purpose of:

Terms

1. "Contractor" shall pay a \$100.00 yearly user fee before use of the hydrant.
2. "Contractor" shall obtain water from a fire hydrant located at _____.
3. Fire hydrants shall be operated in the full open positions at all times. The Hydrant Value shall be operated by slowly turning the first 8-10 turns and likewise closed slowly in the same manner to prevent potential water hammer damage.
4. Flushing hydrants shall be operated similar to a fire hydrant but will require fewer turns. The flushing hydrant may be operated partially open.
5. "Contractor" shall have a backflow device/vacuum breaker installed on the hose/tank prior to obtaining water.
6. "Contractor" shall turn the fire hydrant or flushing hydrant to the full off position, securing the hydrant caps and applicable locking mechanisms after obtaining water.
7. "Contractor" shall then be responsible to report daily usage:
 In Person: 206 Buck Street
 By Phone: 406.777.5271 ext. 104
 E-mail: deputyclerk@townofstevensville.com
8. This Agreement is good for one calendar year and shall expire _____
9. A new agreement must be obtained each new calendar year prior to use of the Town of Stevensville's water.
10. This agreement may be revoked/suspended by either party with written notice to the other party.
11. Town of Stevensville shall keep a running record of all obtained water each month, charges and payments received.

Contractor Information:

Name: _____
Address: _____
Phone: _____
Contact: _____

Signature:

Contractor: _____ Date: _____
Town: _____ Date: _____