



Town of Mount Desert  
Selectboard  
Agenda

Regular Meeting  
Monday, May 20, 2024

Location: Meeting Room, Town Hall, Northeast Harbor; Meetings will continue to be offered via Zoom see final page for connection details. **Per Maine CDC, COVID transmission rate is LOW; masks are not required.**

**The regular meeting will begin immediately following the Executive Session.**

- I. **Call to order at 6:00 p.m.**  
*Public please hold comments until the Selectboard Chairman opens the agenda items for public comment. When addressing the Board, state your FULL NAME (both in person and on Zoom). It is suggested that you enter your full name as your ID on Zoom.*
- II. **Executive Session**  
*Pursuant to 1 MRS§405(6)(A) Personnel Matters, concerning the Affordable Care Act.*
- III. **Public Hearing(s)**
  - A. *Maude Kusserow d/b/a The Salt Market, 141 Main Street, Northeast Harbor request for Liquor License*
- IV. **Post Public Hearing**
  - A. *Maude Kusserow d/b/a The Salt Market, 141 Main Street, Northeast Harbor request for Liquor License (action if necessary)*
- V. **Minutes**
  - A. *Approval of minutes from May 1, 2024 meeting*
  - B. *Approval of minutes from May 7, 2024 meeting*
- VI. **Appointments/Recognitions/Resignations**
  - A. *Annual Employee Appointments*
  - B. *Appointment of Seasonal Dock Hands and Boat Launch Operators presented in the Harbormaster's memo dated May 13, 2024*
  - C. *Appointment of Heidi Smallidge as Warden for the June 11, 2024 Primary and Special State Referendum Election*
  - D. *Confirm reappointment of Karol Hagberg, Chairwoman to the Mount Desert Housing Authority Board of Commissioners for a five-year term beginning March 01, 2024*
  - E. *Confirm reappointment of Patricia Dority, Tenant Commissioner to the Mount Desert Housing Authority Board of Commissioners for a four-year term beginning March 01, 2024*
  - F. *Confirm reappointment of George Nickerson, Tenant Commissioner to the Mount Desert Housing Authority Board of Commissioners for a five-year term beginning March 01, 2024*
- VII. **Consent Agenda** *(These items are considered routine, and therefore, may be passed by the Selectmen in one blanket motion. Board members may remove any item for discussion by requesting such action prior to consideration of that portion of the agenda.)*
  - A. *Department Reports: Highway, Buildings & Grounds, Solid Waste*
  - B. *Memorandum from the Fire Chief regarding rule changes that allow reimbursement for non-transport EMS services*
  - C. *Thank you, information letter, from Families First Community Center*
  - D. *Community Health Needs Assessment and Action Plan 2024; Mount Desert Island Hospital and Healthy Acadia*
  - E. *USDA Disaster Assistance – Emergency Forest Restoration Program (EFRP) The **deadline** to apply for this assistance is **May 24, 2024***

**VIII. Selectboard's Reports**

**IX. Unfinished Business**

- A. *Mount Desert Housing Authority Block Grant Submission*
- B. *Authorize Town Manager to sign contract with Spectrum Northeast LLC By: Charter Communications, its manager in the amount of \$271,834 to complete high speed broadband coverage in the Town of Mount Desert. Funding to be provided By Hancock County and Town of Mount Desert ARPA awards*

**X. New Business**

- A. *Resident Request for Seasonal Holding Tank; 24 County Road, Seal Harbor*
- B. *Public Space Special Event Application 5-2024 – Qigong Class for Seniors - Suminsby Park; Fridays, June through October 2024 9am – 10am; Susan Sassaman*
- C. *Public Space Special Event Application 8-2024 – Edith Mann; Celebration of Life - Suminsby Park; July 28,2024 12 pm – 4pm; Rodney Miller*
- D. *Maude Kusserow d/b/a The Salt Market, 141 Main Street, Northeast Harbor request for Liquor License*
- E. *Dawnland, LLC d/b/a Jordan Pond House 2928 Park Loop Rd, Seal Harbor request for Liquor License Renewal*
- F. *Winter Spring Inc. d/b/a Colonel's Restaurant 143 Main Street, Northeast Harbor request for Liquor License Renewal*
- G. *Scott Cole/14 Sea Street. LLC/DBA The Docksider 14 Sea Street, Northeast Harbor request for Liquor License Renewal*
- H. *Mandy Fontaine/DBA Abel's Lobster Pound (On The Shore, LLC) 13 Abels Lane Mount Desert request for Liquor License Renewal*
- I. *Request authorization to amend the public office hours for the clerks as presented in the Town Clerk's memo dated May 16, 2024*
- J. *Request authorization to pay MCM Electric \$5,870.00 for replacement of two power pedestals out of the Northeast Harbor Marina power Pedestals CIP # 6410100-24680 has a balance of \$76,860.64*
- K. *Request approval to pay MCM Electric \$2,200.00 for the for a temporary electrical hook up at the Seal Harbor Pier out of the Seal Harbor CIP reserve #6410200-24600 the account has a balance of \$78,960.82*
- L. *Review and approve authorizing Public Works Superintendent, Ben Jacobs to contract with Maine Equipment for the purchase and installation of a refuse packer body and equipment to outfit the recently purchased 2025 Western Star truck cab and chassis*
- M. *Review and approve estimate from MCM Electric to install electrical service to the Maintenance Garage at the Northeast Harbor Wastewater Treatment Plant in an amount not to exceed \$10,331.00*
- N. *Consider accepting a conditional monetary gift of \$21,000.00 from the Northeast Harbor Ambulance Service to the Mount Desert Fire Department for the purpose of purchasing a Lund University Cardiopulmonary Assist System (LUCAS)*
- O. *Consider authorizing the sale of the surplus equipment on behalf of the Fire Department by the competitive bid process, as described in Fire Chief's memo dated May 1, 2024*
- P. *Consider authorizing the Fire Chief to determine the acceptance or rejection of bids and disposal of items that do not sell on behalf of the Town, as described in Fire Chief's memo dated May 1, 2024*
- Q. *Consider authorizing the Fire Chief to enter into an agreement with Warren's Office Supplies to facilitate the purchase of office furniture for the Mount Desert fire station #1 project, in the amount not to exceed \$15,000.00. Funding for the purchase will come from the fire station project account*

Selectboard Meeting Agenda May 20, 2024

**XI. Other Business** *(Addendum items may be considered at the Selectboard's discretion via majority vote to do so under Other Business or out of order.)*

A. *Such other business as may be legally conducted*

**XII. Treasurer's Warrants**

A. *Approve & Sign Treasurer's Warrant as shown below:*

Town Invoices	AP#2471	02/21/2024	\$411,841.13
<b>Total</b>			<b>\$411,841.13</b>

B. *Approve Signed Treasurer's Payroll, State Fees, & PR Benefit Warrants as shown below:*

State Fees & PR Benefits	AP#2469	05/08/2024	\$56,569.19
	AP#2470	05/15/2024	\$6,319.74
Town Payroll	PR#2426	05/10/2024	\$158,930.38
<b>Total</b>			<b>\$221,819.31</b>

C. *Acknowledge Treasurer's Town Voided Disbursements & School Board AP/Payroll Warrants as shown below:*

School Invoices	AP#		
School Payroll	PR#23	05/10/2024	\$114,131.81
Voided Disbursements	V#2406	05/21/2024	(\$144.00)
<b>Total</b>			<b>\$113,987.81</b>

<b>Grand Total</b>				<b>\$747,648.25</b>
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**XIII. Adjournment**

The next regularly scheduled meeting is at 6:30 p.m., Monday, June 3, 2024 in the Meeting Room, Town Hall, Northeast Harbor

*The Town of Mount Desert is inviting you to a scheduled Zoom meeting. You can call in through any of the listed phone numbers or connect with a computer via the web link. You will need to enter the meeting ID to get access to the meeting.*

**Join Zoom Meeting**

<https://us02web.zoom.us/j/248566175?pwd=RmozZjBOVWhUTQrRXR5QzFEZEEyQT09>

Zoom security now requires a password on all zoom meetings, so the recurring Selectboard meeting now has a password.

**Meeting ID: 248 566 175**

**Password: 919872**

**One tap mobile**

+13126266799,,248566175#,,,0#,,919872# US (Chicago)  
 +16468769923,,248566175#,,,0#,,919872# US (New York)

**Dial by your location**

+1 312 626 6799 US (Chicago)	+1 408 638 0968 US (San Jose)
+1 646 876 9923 US (New York)	+1 669 900 6833 US (San Jose)
+1 301 715 8592 US (Germantown)	+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)	



# **PUBLIC HEARINGS**





4. Indicate the type of license applying for: (choose only one)

- Restaurant (Class I, II, III, IV)       Class A Restaurant/Lounge (Class XI)       Class A Lounge (Class X)
- Hotel (Class I, II, III, IV)       Hotel – Food Optional (Class I-A)       Bed & Breakfast (Class V)
- Golf Course (included optional licenses, please check if apply) (Class I, II, III, IV)       Auxiliary       Mobile Cart
- Tavern (Class IV)       Other: \_\_\_\_\_
- Qualified Caterer       Self-Sponsored Events (Qualified Caterers Only)

Refer to Section V for the License Fee Schedule on page 9

5. Business records are located at the following address:

\_\_\_\_\_

6. Is the licensee/applicant(s) citizens of the United States?       Yes       No

7. Is the licensee/applicant(s) a resident of the State of Maine?       Yes       No

**NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.**

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes       No      If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes       No

Not applicable – licensee/applicant(s) is a sole proprietor



**Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities**

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

*All Questions Must Be Answered Completely. Please print legibly.*

1. Exact legal name: Mande Kusserow
2. Doing Business As, if any: The Salt Market
3. Date of filing with Secretary of State: 4/12/24 State in which you are formed: ME
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:  
\_\_\_\_\_
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
Mande Kusserow	14 Lower Dunbar Rd Seal Harbor, ME 04875		owner	100%

(Ownership in non-publicly traded companies must add up to 100%.)

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes  No

If Yes, provide name of law enforcement officer and department where employed:

\_\_\_\_\_

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

16. Has the licensee/applicant(s) formerly held a Maine liquor license?  Yes  No

17. Does the licensee/applicant(s) own the premises?  Yes  No

If No, please provide the name and address of the owner:

college of the Atlantic - 105 Eden Street  
Bar Harbor, ME  
04609

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: \_\_\_\_\_

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

when you enter the space, the area on the left will be for alcohol consumption and the right will be for retail purposes. Separated by the register.

20. What is the distance from the premises to the nearest school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Name: Mount Desert Elementary School

Distance: 0.3 miles

**Section II: Signature of Applicant(s)**

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

Dated: 7/12/24

  
\_\_\_\_\_  
Signature of Duly Authorized Person

Mande Kusserow  
\_\_\_\_\_  
Printed Name Duly Authorized Person

\_\_\_\_\_  
Signature of Duly Authorized Person

\_\_\_\_\_  
Printed Name of Duly Authorized Person

**Section III: For use by Municipal Officers and County Commissioners only**

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: \_\_\_\_\_

Who is approving this application?  Municipal Officers of \_\_\_\_\_

County Commissioners of \_\_\_\_\_ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

**This Application will Expire 60 Days from the date of  
Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine's liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

**1. Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.

G. After September 1, 2010, server training, in a program certified by the bureau and required by local ordinance, has not been completed by individuals who serve alcoholic beverages.

**3. Appeal to bureau.** Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.

**A. Repealed**

**B.** If the decision appealed from is an application denial, the bureau may issue the license only if it finds by clear and convincing evidence that the decision was without justifiable cause.

**4. Repealed**

**5. Appeal to District Court.** Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receipt of the written decision of the bureau.

An applicant who files an appeal or who has an appeal pending shall pay the annual license fee the applicant would otherwise pay. Upon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee.

**Section IV: Terms and Conditions of Licensure as an Establishment that sells liquor for on-premises consumption in Maine**

- The licensee/applicant(s) agrees to be bound by and comply with the laws, rules and instructions promulgated by the Bureau.
- The licensee/applicant(s) agrees to maintain accurate records related to an on-premise license as required by the law, rules and instructions promulgated or issued by the Bureau if a license is issued as a result of this application.
  - The licensee/applicant(s) authorizes the Bureau to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also any books, records and returns during the year in which any liquor license is in effect.
- Any change in the licensee's/applicant's licensed premises as defined in this application must be approved by the Bureau in advance.
- All new applicants must apply to the Alcohol and Tobacco Tax and Trade Bureau (TTB) for its Retail Beverage Alcohol Dealers permit. See the TTB's website at <https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers> for more information.

**B.** The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located.

**C.** If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application.

**D.** If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant.

**2. Findings.** In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:

**A.** Conviction of the applicant of any Class A, Class B or Class C crime;

**B.** Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control;

**C.** Conditions of record such as waste disposal violations, health or safety violations or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner;

**D.** Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises;

**D-1.** Failure to obtain, or comply with the provisions of, a permit for music, dancing or entertainment required by a municipality or, in the case of an unincorporated place, the county commissioners;

**E.** A violation of any provision of this Title;

**F.** A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601; and

## Section V: Fee Schedule

**Filing fee required.** In addition to the license fees listed below, a filing fee of \$10.00 must be included with all applications.

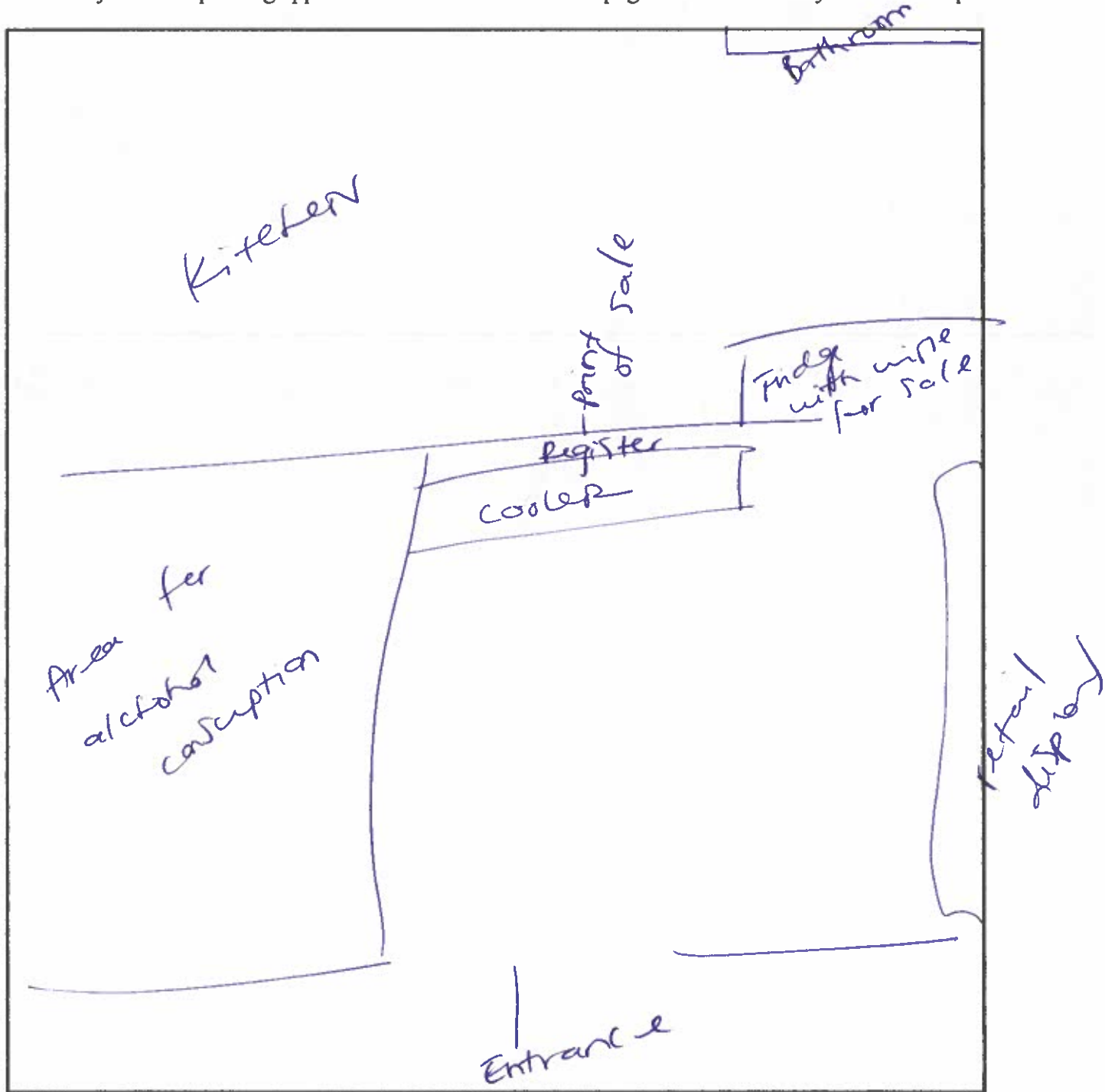
**Please note:** For Licensees/Applicants in unorganized territories in Maine, the \$10.00 filing fee must be paid directly to County Treasurer. All applications received by the Bureau from licensees/applicants in unorganized territories must submit proof of payment was made to the County Treasurer together with the application.

<u>Class of License</u>	<u>Type of liquor/Establishments included</u>	<u>Fee</u>
<b>Class I</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers	\$ 900.00
<b>Class I-A</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only hotels that do not serve three meals a day.	\$1,100.00
<b>Class II</b>	<b>For the Sale of Spirits Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; and Vessels.	\$ 550.00
<b>Class III</b>	<b>For the Sale of Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class IV</b>	<b>For the Sale of Malt Liquor Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class III and IV</b>	<b>For the Sale of Malt Liquor and Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 440.00
<b>Class V</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Club without catering privileges.	\$ 495.00
<b>Class X</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Class A Lounge	\$2,200.00
<b>Class XI</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Restaurant Lounge	\$1,500.00

**Section VI Premises Floor Plan**

In an effort to clearly define your license premise and the areas that consumption and storage of liquor authorized by your license type is allowed, the Bureau requires all applications to include a diagram of the premise to be licensed.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the following areas: entrances, office area, coolers, storage areas, display cases, shelves, restroom, point of sale area, area for on-premise consumption, dining rooms, event/function rooms, lounges, outside area/decks or any other areas on the premise that you are requesting approval. Attached an additional page as needed to fully describe the premise.





10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you own or have any interest in any another Maine Liquor License?  Yes  No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address
The Salt Market	RET-2022-14809	141 Main Street Northport Harbor, ME 04002

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Mande Kusserow	.	USA

Residence address on all the above for previous 5 years

Name Mande Kusserow	Address: 14 Lower Dunbar Rd Seal Harbor, ME 04075
Name	Address:
Name	Address:
Name	Address:

# **Town of MOUNT DESERT**

## **PUBLIC HEARING**

The Board of Selectmen will hold a Public Hearing at its regular meeting which begins at 6:30 p.m., Monday, May 20, 2024 in the Meeting Room, Town Hall, 21 Sea Street, Northeast Harbor for the consideration of:

**A new liquor license for Class I**

**(malt liquor, wine, and spirits – Qualified Caterers)**

**Maude Kusserow**

**D/B/A THE SALT MARKET,**

**141 Main Street, Northeast Harbor, ME**

# Public Notices

## MOUNT DESERT ISLAND

**Town of Bar Harbor PUBLIC NOTICE**

**PUBLIC HEARINGS ON TOWN MEETING BALLOT ARTICLES**

The Bar Harbor Town Council will hold public hearings on Tuesday, May 21, 2024 at 3:00 p.m. at the Municipal Building Council Chambers to receive public comment on the following ballot articles for the June 11, 2024 Annual Town Meeting vote:

- Article 1 - LAND USE ORDINANCE AMENDMENT - Employee Living Quarters
- Article 2 - LAND USE ORDINANCE AMENDMENT - Shared Accommodations
- Article 4 - LAND USE ORDINANCE AMENDMENT - Increased Housing Opportunities
- Article 5 - LAND USE ORDINANCE AMENDMENT - Driveway Review

The Notice of Public Hearing with the full articles and other election information is available on the town's website: [www.barharbortown.me](http://www.barharbortown.me), under Town Hall - Town Clerk - Elections - Info. Print copies are available at the clerk's office and at the Municipal Building ballot box. For more information call 207-283-4094.

### PUBLIC NOTICES Worth noticing



**Town of MOUNT DESERT PUBLIC HEARING**

The Board of Selectmen will hold a Public Hearing at its regular meeting which begins at 6:30 p.m. on Monday, May 20, 2024 at the Meeting Room, Town Hall, 21 Sea Street, Northeast Harbor for the consideration of:

A new liquor license for Class 1 (small liquor, wine, and spirits - Qualified Caterer) - **Shank's Kiosks**  
**DBA THE SALT MARKET**,  
 140 Main Street, Northeast Harbor, ME

**Town of MOUNT DESERT PLANNING BOARD MEETING**  
 Date: May 22, 2024

**IN-PERSON LOCATION:** Town Hall Meeting Room, 21 Sea Street, Northeast Harbor (MASKS Are Optional)

Meetings will continue to be offered via Zoom see below for connection details:

- Call to order 6:00 p.m.
- Approval of Minutes
- Approval and sign Statement of Findings and Conclusions for the Harold MacQuinn Inc. & Freshwater Stone & Brick work contract renewal.
- Conditional Use Approval Applications:
  - A Conditional Use Approval Application #001-2024 OWNERS: Astero Hospitality LLC AGENTS: Greg Johnson, G.F. Johnson and Associates LOCATION: 15 Peabody Drive, Northeast Harbor TAX MAP: 005 LOT: 014-021 ZONE(S): Village Residential 3, 250 Shoreland Zone Buffer Overlay & Shoreland Residential Two PURPOSE: Section 3-4 - Home/Hotel. The proposal is to construct 15 new guest rooms, 18 new guest rooms, an existing pool spa and terrace area. New driveway, parking area and walkways. SITE INSPECTION 5:00PM
  - Conditional Use Approval Application #004-2024 OWNERS: Astero Hospitality LLC AGENTS: Greg Johnson, G.F. Johnson, and Associates LOCATION: 15 Peabody Drive, Northeast Harbor TAX MAP: 005 LOT: 014-021 ZONE(S): Village Residential 3 & 250 Shoreland Zone Buffer Overlay PURPOSE: Section 3-4 - Home/Hotel. The proposal is to construct 15 new guest rooms, 18 new guest rooms, an existing pool spa and terrace area. New driveway, parking area and walkways. SITE INSPECTION 5:00PM
  - Conditional Use Approval Application #005-2024 OWNERS: Astero Hospitality LLC AGENTS: Greg Johnson, G.F. Johnson and Associates LOCATION: 15 Peabody Drive, Northeast Harbor TAX MAP: 005 LOT: 014-021 ZONE(S): Shoreland Residential Two PURPOSE: Section 3-4 - Home/Hotel. The proposal is to construct 15 new guest rooms, 18 new guest rooms, an existing pool spa and terrace area. New driveway, parking area and walkways. SITE INSPECTION 5:00PM
- Other
- Update from Land Use Zoning Ordinance Advisory Group
- Adjournment

The or at scheduled meetings/public hearings is in the Meeting Room, Town Hall, Sea Street, Northeast Harbor at 6:00 p.m., Wednesday, June 12, 2024.

The Town of Mount Desert is inviting you to a scheduled Zoom meeting. To join the meeting, click the link to the meeting, go to [www.mdesert.org](http://www.mdesert.org) and search Planning Board under Boards and Committees. You can call through any of the listed phone numbers or connect with a computer via the web link. You will need to enter the meeting ID to get access to the meeting.

**Join Zoom Meeting**  
<https://us02web.zoom.us/j/8285641734?pwd=azZkd0N0R0eShtSHhpaEhRbVZlZ0p>  
 Meeting ID: 828 5641 7334  
 Password: 819496

Or by phone:

- +1 301 715 8992 US (Germantown)
- +1 312 626 6799 US (Chicago)
- +1 646 876 9923 US (New York)
- +1 688 626 6968 US (San Jose)
- +1 646 960 6833 US (San Jose)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

**SEARCHING FOR A CAREER?**

Check out the Classifieds.

**LUZO Advisory Group & Planning Board Public Meeting**  
 DATE: Tuesday, May 21, 2024  
 TIME: 5:00 PM

**IN-PERSON LOCATION:** Town Hall Meeting Room, 21 Sea Street, Northeast Harbor. (Masks Optional)

Meetings will continue to be offered via Zoom see below for connection details.

**AGENDA**

- Review town meeting results
- Recap May 1st size discussion and next steps
- Discuss LUZO Section 6A - Compatibility
- Other items as needed

The Town of Mount Desert is inviting you to a scheduled Zoom meeting. You can call through any of the listed phone numbers or connect with a computer via the web link. You will need to enter the meeting ID to get access to the meeting.

**Join Zoom Meeting**  
<https://us02web.zoom.us/j/8846450951?pwd=MTNlYkVlbnRTRScwOEYlbnVlc0l1M0l1M0p>  
 Meeting ID: 884 6450 9511  
 Password: 388574

Or by phone:

- +1 312 626 6799 US (Chicago)
- +1 646 876 9923 US (New York)
- +1 301 715 8992 US (Germantown)
- +1 688 626 6968 US (San Jose)
- +1 646 960 6833 US (San Jose)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 646 636 9968 US (San Jose)

**NOTICE TO CONTRACTORS INVITATION FOR BIDS**

Bar Harbor School Department is conducting a competitive bid process for the construction of the new Connors Emerson School in Bar Harbor, Maine. Bids will be opened and read aloud at 2:00 p.m. on Thursday, June 13, 2024.

The detailed Notice to Contractors is on the Bureau of General Services website: <https://www.maine.gov/dot/bgs/business-opportunities>

State of Maine  
 Municipal County, ss 2024

To: David Austin, a Resident in the Town of Mount Desert

In the name of the State of Maine, you are hereby required to notify and warn the inhabitants within the Mount Desert Water District boundaries, located to wit: at Water District #10 as to the Municipal Office, Monday through Friday from 8:30 a.m. to 5:00 p.m., except holidays, for the purpose of the proposed new voters, and correcting names and addresses of voters already on the voting list.

Article 1 To elect a Moderator by written ballot  
 Article 2 To elect one trustee to the Mount Desert Water District Board for a term that will expire May 2027

The Registrar of Voters of the Town of Mount Desert hereby gives notice that she or he, designate, will be at the Municipal Office, Monday through Friday from 8:30 a.m. to 5:00 p.m., except holidays, for the purpose of the proposed new voters, and correcting names and addresses of voters already on the voting list.

Given under our hands at Mount Desert this 11th day of May, 2024, the Registrar of the Mount Desert Water District:

Alan C. Joseph  
 Registrar, Mendham  
 David Montegano  
 James Fabry  
 Stuart H. Burr

Attest: A true copy  
 Office Manager  
 Mount Desert Water District

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[www.mainstaymedia.com/newspapers-in-education/](http://www.mainstaymedia.com/newspapers-in-education/)

## KNOX COUNTY

**PUBLIC NOTICE TOWN OF SOUTH THOMASTON**

Notice is hereby given that the Municipal Offices and Planning Board of the Town of South Thomaston will hold a public hearing on May 29th at 6:00 p.m. at 125 Spruce Head Road in said town to hear public/written comments on the proposed amendments/additions to the Town of South Thomaston, Maine Land Use Ordinance.

Board of Selectmen  
 Planning Board

**TOWN OF ROCKPORT PUBLIC HEARING NOTICE**

The Town of Rockport Select Board will hold a Public Hearing on Monday, May 13, 2024, at 6:00 p.m. in the Geoffrey C. Parker Room at the Opera House to receive public comments on the Annual Town Meeting Warrant Articles that will be voted upon by referendum vote on June 11, 2024.

A copy of the proposed Annual Town Meeting Warrant may be viewed at the Rockport Town Office during normal business hours and can be viewed on the Town of Rockport website.

**PUBLIC NOTICE OF INTENT TO FILE**

Please take notice that Eurovia Atlantic Coast, LLC of 953 Odlin Rd., Bangor ME (207)945-0873 intends to file an Air Emission License Renewal with the Maine Department of Environmental Protection (DEP) pursuant to the provisions of 38 M.R.S.A., Section 590 on 05/10/24. The application is for 38 M.R.S.A., Section 590-A-173-71-M-1 at Washington HMA Plant, 837 Westboro Rd. Washington ME. According to Department regulations, interested parties must be publicly notified, written comments invited and if justified, an opportunity for public hearing given. A request for a public hearing or for the Board of Environmental Protection to assume jurisdiction must be received by the Department, in writing, no later than 20 days after the application is accepted by the Department as complete for processing.

The application and supporting documentation will be made available for review by contacting the Bureau of Air Quality (BAQ) DEP offices in Augusta, (207)287-7688, during normal working hours. A copy of the application and supporting documentation may also be available at the town office in Washington Maine. Written public comments may be sent to Jane Gilbert at the Bureau of Air Quality, State House Station #17, Augusta, Maine 04333.

May 09, 2024

**STATE OF MAINE PROBATE COURT KNOX, 14 DOCKET NO.: 2017-0122**

Estate of Carol Hooper  
**ORDER ON MOTION FOR SERVICE BY PUBLICATION**

This notice is directed to Cudy Hooper, whereabout unknown. The cause came to be heard on a Motion of the Petitioner whose address is c/o James L. Tuttle, Esq., 30 Danvers Street, Suite 103, Portland, ME 04101 for Service by Publication on Cudy Hooper.

This Motion has been submitted for the following reasons: Petitioner is unable to locate the whereabouts of Cudy Hooper.

Petitioner believes the newspaper in which public notice is most likely to reach Cudy Hooper is The Courier-Gazette for the following reasons: The Courier-Gazette is a newspaper of general circulation of Knox County, Maine, where the subject property is located and bears the county where Cudy Hooper was last known to reside.

It is hereby ORDERED that Cudy Hooper appear and defend the cause and serve a response to the Petition on or before June 20, 2024. Cudy Hooper is hereby notified that if he shall fail to do so, the petition for Carol Hooper will proceed without objection. His response shall also be filed with the Knox County Probate Court.

It is FURTHER ORDERED that this Order be published in the above-named newspaper of general circulation on or before May 11, 2024 once a week for two successive weeks.

Dated: April 17, 2024  
 Carol R. Egan  
 Judge of Probate

**LEGAL NOTICE TOWN OF CAMDEN PLANNING BOARD**

Notice is hereby given of a hearing to be held on Thursday, May 16, 2024, at 5:00 PM in person, by teleconference through Zoom at the following link: <https://us02web.zoom.us/j/34747494352>, and streamed at <https://www.youtube.com/TownofCamdenMaine>.

**CHAPTER 200 ZONING OF THE CAMDEN CODE: ARTICLE XII: SITE PLAN REVIEW: CHANGES to an APPROVED PLAN TRIGGERING FULL REVIEW**

Section 1 (6) Proposals to construct, enlarge, or extend pens, wharves, bulkheads, breakwaters, consolidated pens, causeways, marinas, bridges over 20 feet in length, and uses projecting into water bodies.

**APPLICANT:** Camden Properties, LLC/Lyman-Vorse  
**AGENT:** Will Gortley, Gortley & Dornley  
**PROPERTY ADDRESS:** 1 Wayfarer Dr., Map 124 Lot 984  
 Harbor Business District (B-H)

The applicant is seeking permission to install four (4) 8' x 30' floats that will extend beyond the current float system on the Tris of Liff into the Outer Harbor. All persons interested may be heard. Copies of supporting documents are available at the Codes and Planning Office, on the Town Website at [www.camdenmaine.gov](http://www.camdenmaine.gov) with a link on the Town Calendar, upon request to the Code Office by email to [SN@ty3-camden.com](mailto:SN@ty3-camden.com), or by phone to (207) 236-1351 X7121.

BY ORDER OF THE CAMDEN PLANNING BOARD  
 Edward Shan, Chair

**NOTICE OF SALE OF TIME-SHARE ESTATES UNDER TITLE 33, SECTION 595 OF THE MAINE REVISED STATUTES ANNOTATED**

By virtue of the project settlement of the Saranoc Resort Time-share Estates located on Warramont Street, Rockport, Maine and Title 33 section 595 establishing a lien for payment to pay assessments on the time-share estates held by the time-share owners listed below, the time-share estates will be sold as Public Auction at the Saranoc Resort, commencing at 10:00 a.m. Saturday, May 29th, 2024.

- Property of Deyna Reave of 2777 Manzanita St., Silverport, LA 71108, Time-share Estate Unit A10, Week 08, Building 11, Apartment Number 825, for deed reference see Knox County Registry of Deeds, Book 5200, Page 200
- Property of Allison Avila of 3824 West Beachwood Avenue, Fremont California 93711 Time-share Estate Unit A12, Week 11, Building 11, Apartment Number 714, for deed reference see Knox County Registry of Deeds Book 5201, Page 285.
- Property of Jerome T. Zinner & Celeste T. Zinner as co-tenants of the above T. Zinner & Celeste T. Zinner, Living Trust, Time-share Estate Unit A12, Week 26, Building 11, Apartment Number 714, for deed reference see Knox County Registry of Deeds, Book 4872, Page 5127
- Property of G. Stewart & Carol Baker & Transitory Lane Outcamps HB E2E 688 Canada, Time-share Estate Unit 15, Week 52, Building 11, Apartment Number 739, for deed reference see Knox County Registry of Deeds, Book 1305, Page 077
- Property of Estate of Reginald E. Burleigh of P.O. Box 429 Pringle Isle Me 04760 Time-share Estate Unit 803, Week 03, Building 11, Apartment Number 712, for deed reference see Knox County Registry of Deeds, Book 2857, Page 51.
- Property of Peter Edmunds & Sheila Clark Edmunds, & by Court Kannebank Ma 04043 Time-share Estate Unit 803, Week 11 & 12, Building 11, Apartment Number 617 & 609, for deed reference see Knox County Registry of Deeds, Book 5388, Page 325
- Property of Peter Edmunds & Sheila Clark Edmunds of 8 by Court Kannebank Ma 04043 Time-share Estate Unit 803, Week 4 & 5, Building 11, Apartment Number 617 & 609, for deed reference see Knox County Registry of Deeds, Book 5382, Page 133
- Property of Peter Edmunds & Sheila Clark Edmunds of 8 by Court Kannebank Ma 04043 Time-share Estate Unit AC22, Week 52, Building 1, Apartment Number 806, for deed reference see Knox County Registry of Deeds, Book 1930, Page 293
- Property of Florence Young & Christine Young of 19 Union Street Bedford Me 04048 Time-share Estate Unit A07, Week 04, Building 11, Apartment Number 712, for deed reference see Knox County Registry of Deeds, Book 3006, Page 335.
- Property of Brandon Priest, of 33 Brann Avenue, Augusta Me 04320, Time share Estate Unit 803, Week 16, Building 11, Apartment 803, for deed reference see Knox County Registry of Deeds, Book 5012, Page 188.

**TERMS OF SALE:**  
 This sale shall be by public auction with opening bidding, sale of each individual property to the highest bidder. The successful bidder must tender the full amount of the proceeds and in cash or by check from a State of Maine Bank to Saranoc Time-share Estates at the conclusion of the sale.

Signed: *Robert A. Crane*  
 Robert A. Crane  
 Managing Agent  
 Saranoc Resort Time-share Estates  
 Association of Unit Owners

**Knox County Public Notices Continued on Page 7**

Check us out every week!



# MINUTES



1 **Town of Mount Desert**  
2 **Selectboard Special Meeting Minutes**  
3 **May 1, 2024**

4  
5 **Selectboard members Present:** Wendy Littlefield, Geoff Wood, Chair John  
6 Macauley

7  
8 Members Martha Dudman and Rick Mooers were not in attendance.  
9

10 **Department Heads and Elected Officials Present:** Town Manager Durlin  
11 Lunt, Finance Director Mae Wyler, Tax Collector Lisa Young

12  
13 Members of the public were also present.  
14

15 **I. Call to order at 5:00 p.m.**

16 Chair Macauley called the meeting to order at 5:00 p.m.  
17

18 **II. New Business**

19 *A. Review and approve annual audit report for the fiscal year ended June 30,*  
20 *2023, prepared by James W. Wadman, C.P.A.*

21 Auditors James Wadman and Kelly Bowden present. They summarized the  
22 auditor's report given to the Town. Highlights included:  
23

- 24 - The Town received an unmodified opinion; the financial statements are a fair  
25 presentation of the Town's operating results for the year.
- 26 - The Town's governmental funds totaled 16,814,852.00. Of that amount  
27 3,773,701.00, representing approximately 17% of the funds, is General Unassigned  
28 balance. Comparisons to other Towns were also provided.
- 29 - A statement of net position shows a list of the Town's liquid and capital assets,  
30 including infrastructure such as roads and sidewalks.
- 31 - The Town increased their surplus by \$133,551.00.
- 32 - The Town spent \$112,866.00 of federal funds, expended by the school department.  
33 This amount is well below the level at which an additional compliance audit is  
34 required.
- 35 - The Town ended the year with \$20.4 million in debt. As a percentage of the Town's  
36 state valuation, it's .73%, well below the state statute limits.
- 37 - No management letter regarding any weaknesses found was required.

38 Mr. Wadman reported the superintendent's office has not been audited.  
39

40 Chair Macauley asked about the assets for the marina, and a line item noting other assets  
41 due the marina. Mr. Wadman believed it was an inter-fund receivable between the  
42 general operating fund and the marina. This is interaction within the Town and common.  
43 The marina does not have their own checking account, meaning the marina fund's cash is

1 in the Town's checking account. It's a management decision on how such funds are held.

2

3 MOTION: Ms. Littlefield moved, with Mr. Wood seconding, approval of the audit as  
4 presented from James Wadman.

5 Motion approved 3-0.

6

7 **III. Appointments**

8 A. *Correction of Ballot and Election Clerk appointments*

9 This Item was tabled.

10

11 **IV. Other Business**

12 A. *Such other business as may be legally conducted*

13 There was no Other Business.

14

15 **V. Adjournment**

16 MOTION: Mr. Wood moved, with Ms. Littlefield seconding, to adjourn the  
17 Meeting.

18 Motion approved 3-0.

19

20 The Meeting adjourned at 5:32 p.m.

21

22

23

24 Respectfully Submitted,

25

26

27

28 Geoffrey Wood



**Town of Mount Desert  
Selectboard Minutes  
TUESDAY, May 7, 2024**

***Following the conclusion of Annual Town Meeting***

Selectboard members Present: Wendy Littlefield, Geoff Wood, Chair John Macauley, and Martha Dudman

Member Rick Mooers was not in attendance.

Department Heads and Elected Officials Present: Town Manager Durlin Lunt, Finance Director Mae Wyler, Town Clerk Claire Woolfolk, Harbormaster John Lemoine, Police Chief Dave Kerns, Fire Chief Mike Bender

Members of the public were also present.

- I. Call to order immediately following Town Meeting**  
***Public please hold comments until the Selectboard Chairman opens the agenda items for public comment. When addressing the Board, state your FULL NAME.***
- II. Election of Officers**
  - A. Chair*
  - B. Vice Chair*
  - C. Secretary*

MOTION: Ms. Dudman moved, with Ms. Littlefield seconding, election of the officers as the same slate as last year.  
Motion approved 4-0.

- III. Minutes**
  - A. Approval of minutes from April 1, 2024 meeting*
  - B. Approval of minutes from April 16, 2024 meeting*

MOTION: Ms. Dudman moved, with Mr. Wood seconding, approval of the minutes as a slate.  
Motion approved 4-0.

- IV. Appointments/Recognitions/Resignations**
  - A. Appointment of Kevin Stradley as a part-time, seasonal employee in the Waste Management Division at an hourly rate of \$25.00 per hour effective June 10, 2024 ending on or before October 4, 2024*

MOTION: Ms. Dudman moved, with Ms. Littlefield seconding, the appointment of Kevin Stradley as a part-time, seasonal employee in the Waste Management Division at an hourly rate of \$25.00 per hour effective June 10, 2024 ending on or before October 4, 2024.  
Motion approved 4-0.

- V. **Consent Agenda** *(These items are considered routine, and therefore, may be passed by the Selectmen in one blanket motion. Board members may remove any item for discussion by requesting such action prior to consideration of that portion of the agenda.)*
- A. *Boston Cane appreciation email from resident*
  - B. *FEMA News Release: Beware of Fraud and Scams; April 15, 2024*
  - C. *FEMA News Release: To Qualify for Federal Assistance, You Must Apply with FEMA; May 1, 2024*
  - D. *FEMA Fact Sheet on Renters Assistance*

MOTION: Ms. Dudman moved, with Ms. Littlefield seconding, acceptance of the Consent Agenda as presented.  
Motion approved 4-0.

- VI. **Selectboard's Reports**  
None presented.

- VII. **Unfinished Business**  
None presented.

VIII. **New Business**

- A. *Selectboard Annual Policies:*
  - a. *Annual Policy on Treasurer's Disbursement Warrants for Employee Wages and Benefits*
  - b. *Annual Policy on Treasurer's Disbursement Warrants for State Fees*
  - c. *Annual Policy on Disbursement of Municipal Education Costs*
  - d. *Annual Policy on Application of Payments to Unpaid Taxes*
  - e. *Annual Policy on Reimbursement (Code Enforcement Officer Permits)*
  - f. *Annual Policy Authorizing Town Manager and his Designee to sign BYOB and Off-Premises Catering Liquor License Applications on behalf of the Municipal Officers*
  - g. *Annual Approval of Town Counsel*

MOTION: Mr. Wood moved, with Ms. Dudman seconding, approval of the annual policies (a-g) as a slate.  
Motion approved 4-0.

- B. *Public Space Special Event Application – MDIAA District 18 Community Cookout – Suminsby Park; May 27, 2024*

MOTION: Ms. Dudman moved, with Ms. Littlefield seconding, approval of the MDIAA District 18 public space event application as presented.  
Motion approved 4-0.

- C. *Public Space Special Event Application – Mount Desert Elementary School 8th Grade Promotion – June 6, 2024, Northeast Harbor Village Green*

MOTION: Ms. Dudman moved, with Mr. Wood seconding, approval of the Elementary School 8<sup>th</sup> Grade Promotion on the Northeast Harbor Village Green, June 6, 2024.  
Motion approved 4-0.

*D. Request Authorization to pay for repairs and realignment made to the Seal Harbor dock mooring chains by Alvah B. Barge Service LLC. for \$14,306.10 from the Seal Harbor Mooring/Floats CIP 6410200-24601 which has a balance of \$126,419.98*

MOTION: Mr. Wood moved, with Ms. Dudman seconding, approval to pay for repairs and realignment made to the Seal Harbor dock mooring chains by Alvah B. Barge Service LLC. for \$14,306.10 from the Seal Harbor Mooring/Floats CIP 6410200-24601. Motion approved 4-0.

*E. Consideration of Replacement of the Seal Harbor Pier comfort station with portable toilets*

MOTION: Ms. Dudman moved, with Mr. Wood seconding, approval to replace the Seal Harbor Pier comfort station with portable toilets.

Comment by Howie Montenko and other members of the Harbor Committee to amend the motion to indicate that the porta potties would be temporary and include an accessible porta potty.

MOTION AMENDED: Ms. Dudman moved, with Mr. Wood seconding, approval to replace the Seal Harbor Pier comfort station with temporary portable toilets, including and accessible unit, while an investigation for renovation and repairs can be made for a permanent solution. Motion approved 4-0.

MOTION: Ms. Dudman moved, with Ms. Littlefield seconding, to recommend that the Harbor Committee work with the Public Works Director Henkel for a solution to the repairs to the Seal Harbor Pier comfort station. Motion approved 4-0.

Harbormaster Lemoine indicated that he would need a temporary electrical hook up at the Seal Harbor Pier. He will investigate and present something for approval at the next meeting.

*F. Review and approve authorizing Public Works Superintendent, Ben Jacobs to purchase a Western Star cab and chassis from Freightliner of Maine in the amount not to exceed \$127,399.00*

MOTION: Ms. Dudman moved, with Ms. Littlefield seconding, to approve Public Works Superintendent, Ben Jacobs, to purchase a Western Star cab and chassis from Freightliner of Maine in the amount not to exceed \$127,399.00. Motion approved 4-0.

*G. Request authorization to release PD Capital Reserve funds not to exceed \$3,600.00 from PD Capital Reserve account #4040100-24405 for the purchase and installation of a new antenna for Station #3 coverage of the Mount Desert Fire frequency which*

*will be tied in the existing PA System; The current unencumbered balance of PD Capital Reserve account #4040100-24405 is \$112,768.99*

MOTION: Mr. Wood moved, with Ms. Dudman seconding, to authorize the release of PD Capital Reserve funds not to exceed \$3,600.00 from PD Capital Reserve account #4040100-24405 for the purchase and installation of a new antenna for Station #3 coverage of the Mount Desert Fire frequency.  
 Motion approved 4-0.

**IX. Other Business** *(Addendum items may be considered at the Selectboard's discretion via majority vote to do so under Other Business or out of order.)*  
 None presented.

**X. Treasurer's Warrants**  
*(Tabled from April 16, 2024)*

*A. Approve Signed Treasurer's Payroll, State Fees, & PR Benefit Warrants as shown below:  
 (Tabled from April 16, 2024)*

State Fees & PR Benefits	AP#2462	4/3/2024	\$5,762.45
	AP#2463	4/10/2024	\$78,458.90
Town Payroll	PR#2424	4/12/2024	\$163,201.06
<b>Total</b>			<b>\$247,422.41</b>

MOTION: Ms. Dudman moved, with Mr. Wood seconding, approval and signature of Treasurer's Warrant as shown above.  
 Motion approved 3-0-1 (Littlefield abstained).

*B. Acknowledge Treasurer's Town Voided Disbursements & School Board AP/Payroll Warrants as shown below:  
 (Tabled from April 16, 2024)*

School Invoices	AP#11	4/2/2024	\$61,969.66
School Payroll	PR#21	4/12/2024	\$101,055.45
Voided Disbursements	V#2405	4/11/2024	-\$891.00
<b>Total</b>			<b>\$162,134.11</b>

MOTION: Mr. Wood moved, with Ms. Littlefield seconding, acknowledgement of Treasurer's Town Voided Disbursements & School Board AP/Payroll Warrants as shown above.  
 Motion approved 3-0-1 (Littlefield abstained).

*C. Approve & Sign Treasurer's Warrant as shown below:*

Town Invoices	AP#2468	5/8/2024	\$821,255.55
<b>Total</b>			<b>\$821,255.55</b>

MOTION: Mr. Wood moved, with Ms. Dudman seconding, approval and signature of Treasurer's Warrant as shown above.

Motion approved 4-0.

*D. Approve Signed Treasurer’s Payroll, State Fees, & PR Benefit Warrants as shown below:*

State Fees & PR Benefits	AP#2465	4/17/2024	\$5,686.45
	AP#2466	4/24/2024	\$111,242.00
	AP#2467	5/1/2024	\$8,807.54
Town Payroll	PR#2425	4/26/2024	\$173,812.96
<b>Total</b>			<b>\$299,548.95</b>

MOTION: Mr. Wood moved, with Ms. Dudman seconding, approval of Signed Treasurer’s Payroll, State Fees, & PR Benefit Warrants as shown above.

Motion approved 3-0-1 (Littlefield abstained).

*E. Acknowledge Treasurer’s Town Voided Disbursements & School Board AP/Payroll Warrants as shown below:*

School Invoices	AP#12	5/1/2024	\$78,295.43
School Payroll	PR#22	4/26/2024	\$180,945.91
Voided Disbursements	N/A		\$0
<b>Total</b>			<b>\$259,241.34</b>

MOTION: Mr. Wood moved, with Ms. Dudman seconding, acknowledgement of Treasurer’s Town Voided Disbursements & School Board AP/Payroll Warrants as shown above.

Motion approved 4-0.

<b>Grand Total</b>		Includes tabled items from the 4/16/2024 agenda.	<b>\$1,789,602.36</b>
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**XI. Adjournment**

MOTION: Mr. Wood moved, with Ms. Littlefield seconding, to adjourn the Meeting.

Motion approved 4-0.

The Meeting adjourned at 9:45 p.m.

Respectfully Submitted,

Geoffrey Wood



**APPOINTMENTS**

**RECOGNITIONS**

**RESIGNATIONS**





## CERTIFICATE OF APPOINTMENT

Municipality of **MOUNT DESERT**

County of **HANCOCK**

State of **MAINE**

The Board of Selectmen of the Municipality of the Town of Mount Desert, in accordance with the provisions of the laws of the State of Maine, hereby appoints the following **employees** within and for the Municipality of Mount Desert for the positions and terms indicated:

<b>Name</b>	<b>Position</b>	<b>Term</b>
Kyle Avila	Assessor	June 1, 2024 - May 31, 2025
Kyle Avila	Addressing Officer	June 1, 2024 - May 31, 2025
Michael Bender	Fire Chief	June 1, 2024 - May 31, 2025
Michael Bender	Fire Warden	June 1, 2024 - May 31, 2025
Michael Bender	Emergency Management Dir	June 1, 2024 - May 31, 2025
Kevin Edgecomb	Shellfish Warden	June 1, 2024 - May 31, 2025
Leigh Guildford	Shellfish Warden	June 1, 2024 - May 31, 2025
Brian Henkel	Acting Town Manager	June 1, 2024 - May 31, 2025
Kimberly Keene	Code Enforcement Officer	June 1, 2024 - May 31, 2025
Kimberly Keene	Building Inspector	June 1, 2024 - May 31, 2025
Kimberly Keene	Local Plumbing Inspector	June 1, 2024 - May 31, 2025
Kimberly Keene	Deputy General Assistance	June 1, 2024 - May 31, 2025
David Kerns	Police Chief	June 1, 2024 - May 31, 2025
John Lemoine	Harbormaster	June 1, 2024 - May 31, 2025
Durlin E. Lunt, Jr.	Town Manager	June 1, 2024 - May 31, 2025
Durlin E. Lunt, Jr.	Overseer of the Poor	June 1, 2024 - May 31, 2025
Durlin E. Lunt, Jr.	Road Commissioner	June 1, 2024 - May 31, 2025
Durlin E. Lunt, Jr.	Public Access Officer	June 1, 2024 - May 31, 2025
Mount Desert Selectmen Board	General Assistance Fair Hearing Authority	June 1, 2024 - May 31, 2025
Scott Pinkham	Animal Control Officer	June 1, 2024 - May 31, 2025
Adam Thurston	Deputy Harbormaster	June 1, 2024 - May 31, 2025
Adam Thurston	Shellfish Warden	June 1, 2024 - May 31, 2025
Claire Woolfolk	Town Clerk	June 1, 2024 - May 31, 2025

Mae Wyler	Treasurer	June 1, 2024 - May 31, 2025
Elizabeth Yeo	Excise Tax Collector	June 1, 2024 - May 31, 2025
Elizabeth Yeo	BMV Excise Tax Collector	June 1, 2024 - May 31, 2025
Lisa Young	Tax Collector	June 1, 2024 - May 31, 2025
Lisa Young	Deputy Treasurer	June 1, 2024 - May 31, 2025

Given under our hands this 20th day of May 2024 at Mount Desert, Maine:

Martha T. Dudman –

Wendy H. Littlefield -

John B. Macauley –

James F. Mooers –

Geoffrey Wood –

A majority of the Municipal Officers of the Town of Mount Desert



## *Town of Mount Desert*

John Lemoine, Harbormaster  
40 Harbor Drive, P.O. Box 237  
Northeast Harbor, ME 04662-0248  
Telephone 207-276-5737 Fax 207-276-5741  
E-mail Address [harbormaster@mtdesert.org](mailto:harbormaster@mtdesert.org)  
Web Address [www.mtdesert.org](http://www.mtdesert.org)

## MEMO

To: Durlin Lunt, Town Manager and Board of Selectmen  
From: John Lemoine, Harbormaster  
Re: Summer Launch Captains  
Date: May 13, 2024

---

Durlin,

I would like to recommend the individuals listed below for seasonal employment at the Northeast Harbor Marina this summer. Could you please place this on the May 20, 2024, Board of Selectmen's agenda for their approval to work the 2024 season.

George Adams	@ \$23.00/hr Launch Captain
Jim Shafer	@ \$22.00/hr Launch Captain
Eric Roos	@ \$23.00/hr Launch Captain

Thank you,

John Lemoine  
Harbormaster



## ***Town of Mount Desert***

Claire Woolfolk, Town Clerk  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248

Telephone 207-276-5531 Fax 207-276-3232

E-mail [townclerk@mtdesert.org](mailto:townclerk@mtdesert.org) Web Address  
[www.mtdesert.org](http://www.mtdesert.org)

### MEMO

DATE: May 10, 2024  
TO: Board of Selectmen  
FROM: Claire Woolfolk, Town Clerk  
RE: June 11, 2024 State Primary Election

Pursuant to 21-A §501, I request that the Board of Selectmen, by recorded vote, approve the appointment made by the Town Clerk, of Heidi Smallidge as Warden for the June 11, 2024 State Primary Election.

Thank you.

# Mount Desert Island and Ellsworth Housing Authorities

Physical: 80 Mount Desert Street  
Mailing: PO Box 28, Bar Harbor, Maine 04609  
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770  
Executive Director Weston T. Brehm

May 9, 2024

The Honorable Town Selectpersons  
Honorable Durlin E. Lunt, Town Manager  
Town of Mount Desert  
21 Sea Street  
P.O. Box 248  
Northeast Harbor, ME 04662

Dear Sirs and Madams;

The Town of Mount Desert Housing Authority respectfully requests your consideration of the reappointment(s) of Commissioners:

**Karol Hagberg, Chairwoman - Five Year Term,**  
**Patricia Dority, Tenant Commissioner - Four Year Term,**  
**George Nickerson, Tenant Commissioner – Five Year Term,**

to the Mount Desert Housing Authority Board of Commissioners. To ensure continuity with *State Statute Title 30-A*, and Board processes, we're seeking to reestablish a staggered term limit Board structure.

All the aforementioned are amenable to reappointment. Each has been dedicated to supporting the mission and objectives of the Housing Authority, and the best interests of the Town of Mount Desert, and we feel they will continue to do so.

Your consideration of this reappointment is greatly appreciated by myself and the other Board members of the Mount Desert Housing Authority.

Sincerely,



Weston Brehm  
Executive Director,  
Mount Desert Island & Ellsworth Housing Authorities  
Treasurer & Secretary, Mount Desert Housing Authority  
1-207-288-4770, ext. 111  
[wbrehm@mdieha.org](mailto:wbrehm@mdieha.org)

WB/tlh



# **CONSENT AGENDA**





# *Town of Mount Desert*

21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248  
Telephone 207-276-5744 Fax 207-276-5142  
[www.mtidesert.org](http://www.mtidesert.org) [highway@mtidesert.org](mailto:highway@mtidesert.org)  
Otter Creek, Seal Harbor, Northeast Harbor, Somesville,  
Hall Quarry and Pretty Marsh



## **MEMO**

To: Brian Henkel, Public Works Director  
From: Benjamin Jacobs, P.W. Superintendent  
Re: March & April Monthly Reports  
Date: May 06, 2024

---

### Highway Crew

- Plowed and sanded roads during the snowstorms that we received.
- Completed our Bureau of Labor Standards inspections on, for example, fire extinguishers, secondary containment structures and eyewash stations.
- Removed plow gear from our trucks and equipment.
- Started sweeping sidewalks and roadways.
- Unposted our roads on April 12<sup>h</sup>.
- Cleaned the highway garage and bus garage.
- Put out benches, trash cans and picnic tables for the season.
- Performed maintenance and made repairs to our equipment and trucks in the public works department and other town departments.
- Cold patched potholes throughout the town's villages.
- Repaired washouts at the marina in Northeast Harbor.
- Repaired a section of sidewalk in Seal Harbor.
- Repaired washouts on Dead End Road and South Shore Road.
- Had a successful clean up week.
- Trimmed trees on a section of Sargeant Drive.
- Installed and repaired signs.

### Buildings & Grounds and Parks & Cemeteries

The crew:

- Cleaned the town office, dispatch area, police station and the public restrooms at the marina daily.
- Shoveled snow from walkways and salted walkways around the outside of town office, police department, highway garage, bathroom entrances to the public restrooms at the marina, and the main entrances to all three of the fire station buildings when it snowed.
- Cleaned the highway garage office areas and bathrooms as needed.
- Serviced lawn mowing equipment in preparation for the upcoming mowing season.

# *Town of Mount Desert*

21 Sea Street, P.O. Box 248

Northeast Harbor, ME 04662-0248

Telephone 207-276-5744 Fax 207-276-5142

[www.mtdesert.org](http://www.mtdesert.org) [highway@mtdesert.org](mailto:highway@mtdesert.org)

Otter Creek, Seal Harbor, Northeast Harbor, Somesville,  
Hall Quarry and Pretty Marsh



## Solid Waste

The crew:

- Continued to pick up trash on their daily routes.
- Continued to police the area around the dumpsters at the highway garage and recycling center before heading out to begin their daily collection. The area looks nice when they leave.
- Put out our seasonal dumpsters.

Cc. Claire Woolfolk, Town Clerk  
Durlin Lunt, Town Manager



## *Town of Mount Desert*

Michael Bender, Fire Chief  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248

Telephone 207-276-5111

Fax 207-276-5732

Web Address [www.mtdesert.org](http://www.mtdesert.org)

[firechief@mtdesert.org](mailto:firechief@mtdesert.org)

# Memo

To: Durlin Lunt, Town Manager

From: Mike Bender, Fire Chief

CC:

Date: May 1, 2024

Re: Request for a Consent Agenda Item

I would like to request that this memo be included in the next Select Board agenda, please. Probably should go into the consent agenda. The Select Board may or may not elect to discuss.

Deputy Chief John Lennon has brought to my attention that recent changes in State legislation now permit ambulance services to start billing for selected emergency calls that result in a non-transport to a healthcare facility. I do not have data on how many types of these calls we have a year, but I am confident it is a fairly low number. Additionally, most of the non-transports are likely either seasonal or year-round residents, and not visitors. Unfortunately, laws prohibit EMS services from billing a select demographic.

DC Lennon indicated that Bar Harbor has chosen not to bill for non-transport EMS calls. This was discussed between their Town Manager, Finance Director, Fire Chief and Deputy Fire Chief and the consensus was that local taxpayers should not be billed for these types of EMS calls as they already pay for this service. I believe Mount Desert should follow suit. Although we do bring in some revenue from EMS transport, most of the funding to provide EMS services to the Town is paid from local taxes. Plus, the added expense for the additional billing may not be offset with any increase in revenue. It was for these reasons that the decision was made not to bill for these types of calls at this time.

Thank you.



REC'D MAY 03 2024

Subject: Reconnecting with Our Valued Supporter: Your Vital Role in Empowering Families

Dear Friend,

As an integral part of the Families First Community Center family, we wanted to extend our sincerest gratitude for your past support and generosity. Your previous commitment to our mission has been invaluable, and we are immensely grateful for the positive impact you've helped us achieve.

We are thrilled to share some of the incredible achievements we've accomplished in the past year. In 2023, our outreach program reached out to and served 114 individuals, providing them with essential resources, guidance, and support. We are proud to report that we have seen remarkable progress and positive outcomes among those we have had the privilege to assist.

Furthermore, our residential program has also seen significant growth and success. Currently, we are serving five families, with two more families set to join our community soon. Each family is actively engaged in working towards their life goals, with the unwavering support and guidance of our dedicated FFCC staff.

**FFCC housed and provided individual support for 8 families in 2023 and served 114 families in the community.** FFCC works to make a tangible difference in the lives of the families we serve, particularly those enrolled in our residential program.

- One mother successfully secured a well-paying job, obtained stable housing, and ensured vital services were in place for her child, including access to childcare.
- Another young mom now has a support system that she didn't have before, and is able to thrive and take classes while her baby is safely being cared for in our onsite daycare.

- A mother-to-be was able to flee domestic violence and come to us at a time she needed us the most - when she was welcoming her baby into the world.
- 5 families successfully graduated from our program into stable and permanent housing
- FFCC currently houses and individually supports 7 families in our residential program, providing them with encouragement and a sense of community.
- Regular programming at FFCC is designed to support a family's journeys for increased independence, providing pathways to acquiring essential life skills, including financial literacy, parenting, and understanding landlord expectations.

One of the most heartening aspects of our residential program is the sense of community that has flourished within our households. Through our onsite programming and resident-led activities, we are fostering an environment where families can lean on one another for support, share experiences, and build lasting connections. From babysitting each other's children to organizing transportation and group outings, our residents are forming bonds that extend far beyond the walls of our center.

As we reflect on these achievements, we are filled with immense gratitude for your past role in making these things possible. Your past generosity was instrumental in creating positive change and empowering individuals and families to thrive.

Looking ahead, we are excited about the opportunities that lie before us. In 2024, our goal is to expand our reach even further and serve 180 individuals or more through our outreach program. With your continued support, we are confident that we can make this vision a reality and continue to make a meaningful difference in the lives of those we serve.

We understand that circumstances change, and we respect any decision you've made regarding your support. However, we would be honored to have you re-engage as one of our valued donors. Your contribution, no matter the size, will directly impact the lives of individuals and families in need within our community. Something that sets us apart from other organizations, is that we offer families a hand-up- not just a hand-out. We strive to break the cycle of homelessness by equipping families with self-sufficiency skills, instead of only providing shelter.

Thank you once again for your past support. Together, we can continue to create positive change and build a brighter future for all.

# **Community Health Needs Assessment and Action Plan**

# **2024**

**For the Mount Desert Island Region Local Service Area**

Including Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine,  
Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton

Prepared by Healthy Acadia and Mount Desert Island Hospital

Published May 1, 2024



Mount Desert  
Island Hospital



Healthy Acadia  
*Building vibrant communities*

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# Acknowledgements

We would like to acknowledge and thank all community members who contributed to this process whether through completing a survey, participating in discussions and meetings, providing input and data, and/or cheering us on.

The Community Health Needs Assessment Core Planning Team, Steering Committee, and Theme Working Group members are listed in Appendix A. Their commitment to the health of our communities is inspiring and profound, even more so as we faced an unprecedented global pandemic in the time since our last report was produced in June 2020. They truly are among our many unsung local heroes.

The over 400 generous residents who responded to our survey are not listed here out of respect for confidentiality. Their contributions for the health of our communities are greatly appreciated. This report would not be possible without their engagement and insights.

With sincere thanks,  
Community Health Needs Assessment Core Planning Team

# Executive Summary

This report follows the Community Health Needs Assessment (CHNA) published in 2020 by the Mount Desert Island Hospital and Healthy Acadia. In keeping with previous versions, our 2023-2024 CHNA process relied on the nationally-vetted Mobilizing for Action through Planning and Partnerships (MAPP) process and tools developed and published by the National Association of County and City Health Officers (NACCHO). MAPP outlines a four-step assessment process intended to take two years. We modified the process in accordance with the characteristics and small population size of our rural region and our six-month timeline.

To start, we convened a Steering Committee to help guide and advise the project. The Steering Committee was composed of leaders from organizations across the MDI region who reflect various perspectives and sectors. We drew heavily on, and greatly appreciate, their expertise and guidance.

As part of the four-step MAPP process, we developed and fielded two surveys:

1. Community Partner Survey
2. Community Health Survey

Over 60% of the 412 people who completed the Community Health Survey identified “safe and affordable housing” as a top concern in addressing community health, the highest rating of all issues. The next most highly rated concerns were “the cost of care and prescriptions” with 50% and “mental health challenges” with nearly 47%. “Substance use” was a separate category and appeared fourth with over 40% identifying it as a concern. Mental and behavioral health and substance use have been combined in this report based on current best practices and the reality of these topics’ interrelated nature. Recommended strategies address the continuum of prevention through recovery as well as support for family members and others affected.

We also conducted a review of relevant literature and existing data, such as those published by the U.S. Census Bureau and the Maine Center for Disease Control and Prevention. For example, we framed our work within the context of 2023 U.S. Census Bureau data showing Maine is the oldest state in the nation with an average age of 45.1 years compared to the national average of 39 years. Hancock County is the third oldest county in Maine with an average age of 49. In other words, Hancock is the third oldest county in the oldest state in the nation.

The combined process led to identifying six major themes and a working group was convened to address each of these themes. People with expertise in these areas as well as members of the general public were invited to join a working group to be sure the compositions included myriad perspectives and passions. The six themes are 1) Access to Care; 2) Aging in Place; 3) Basic Needs; 4) Community Connectedness; 5) Housing; and 6) Mental and Behavioral Health, including Substance Use.

**Over 60% of the 412 people who completed the Community Health Survey identified “safe and affordable housing” as a top concern in addressing community health, the highest rating of all issues. The next most highly rated concerns were “the cost of care and prescriptions” with 50% indicating it as a concern and “mental health challenges”.**

The working groups helped delineate strengths, challenges, goals and strategies within each theme.

A summary of key findings includes:

- Many valuable resources and programs exist that are not well understood by the public and not well coordinated.
- Unmet housing and transportation needs underlie addressing many other needs.
- Limited workforce exists for nearly all types of health professionals and the scarcity of healthcare workers and specialty providers has increased since the last report. Cost of living, particularly housing, creates a major barrier to recruiting and retaining health professionals.
- The COVID-19 pandemic era escalated the need for mental and behavioral health services.
- The national opioid epidemic has an outsized impact in this region.
- The region has a strong network of non-profit organizations delivering quality services and an unusually strong culture of collaboration and sharing resources.

A summary of key recommendations includes:

- Better publicizing of existing resources
- Improved coordination of existing resources
- Mounting multiple coordinated strategies to recruit and retain clinical providers
- Collaboration with leaders outside the health care sector to address the “housing crisis” as quickly as possible
- Collaboration with leaders outside the health care sector to address transportation needs
- Increased focus on expanding access to mental and behavioral health, including substance use, along the continuum of prevention through treatment and recovery programs and supports

This report’s recommendations are intended to be taken on by various stakeholders and with various timetables. Some recommendations can be implemented more quickly than others and by a single entity. Others, such as policy changes, require a much longer time frame and collaboration among multiple stakeholders. The recommendations intentionally are not prioritized, as that is the prerogative of the local entities who do this work.

This CHNA’s findings are consistent with the Town of Bar Harbor’s current draft of a two-year comprehensive planning process and report, notably that “housing” and “transportation” appear as major concerns. Despite the fact that our planning process was framed around community health, the same themes appeared as in the Town’s comprehensive plan. We saw alignment here and with other assessments, reports, and initiatives.

The region’s culture of collaboration greatly assisted this process and represents a tremendous strength and asset in implementing various pieces of the Action Plan and successfully meeting goals to achieve our shared vision: *Our area is home to vibrant communities where people thrive and healthful resources are easily accessible.*

# Introduction

The Community Health Needs Assessment (CHNA) and Action Plan for the Mount Desert Island Service Area serves as a framework and guide for Mount Desert Island Hospital (MDIH), Healthy Acadia (HA) and partner organizations in developing and strengthening our programming and services to fulfill community needs. Each organization prioritizes elements of the CHNA and Action Plan for implementation. We encourage local organizations and citizens to use this plan in supporting efforts to address and coordinate community health improvement.<sup>1</sup>

## The Partners

MDIH, a 501(c)(3) non-profit, state-of-the-art rural healthcare organization, serves the close-knit Mount Desert Island and surrounding communities. Formed in 1897, MDIH has grown into a premier rural healthcare organization with a retirement community and nine regional health centers, including a full-service behavioral health center and a dental clinic.

MDIH's mission is to provide compassionate care and strengthen the health of the community by embracing tomorrow's methods and respecting time-honored values. MDIH is committed to providing the continuum of care that community members need and expect close to their homes. MDIH fosters and appreciates opportunities to hear from their community through bi-annual community forums and through a community health needs assessment every three years.

HA is a 501(c)(3) non-profit organization dedicated to empowering people and organizations as they build healthy communities together. They serve Washington and Hancock counties, and provide additional community health support and leadership across Maine, with work across a broad range of collaborative community health initiatives within seven areas of focus: Strong Beginnings, Healthy Food for All, Active and Healthy Environments, Healthy Aging, Substance Prevention and Recovery, Health Promotion and Management, and Basic Needs. Healthy Acadia envisions vibrant communities where people thrive and healthful resources are easily accessible. HA prioritizes creative, collaborative efforts that respond directly to community health needs which arise as priorities in a variety of regularly convening community committees, and various community health needs assessments including this broader MDI region assessment in collaboration with MDIH.

This Plan focuses on the ten-town service area of MDIH. These towns include Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton. It is referred to in this report as the "Local Service Area" (LSA).

Healthy Acadia and Mount Desert Island Hospital worked from the Fall of 2023 through the Spring of 2024 to develop this CHNA and Action Plan for the service area. From start to finish, the entire CHNA Report and Action Plan process was conducted through collaborative efforts in partnership with dozens of local organizations and a broad base of community members. Their leadership, input, and advice supported this project from beginning to end, every step of the way.

---

<sup>1</sup>*Dissemination efforts include traditional and social media outreach conducted by both Mount Desert Island Hospital (MDIH) and Healthy Acadia, a presence on the websites of these and other Steering Committee member organizations, and dissemination to area municipalities, chambers of commerce, and nonprofit organizations.*

Throughout the CHNA process, partners largely followed the Mobilizing for Action through Planning and Partnerships (MAPP) process developed by the National Association of County and City Health Officers (NACCHO). MAPP is highly regarded as a nationally-vetted tool and framework for convening the broad organizations, groups, and individuals that comprise the local public health system. We used the most recent version of the tool, published in 2023, and adapted it for the realities of our service area and timeline to create and implement this community health action plan.

## Relevant County Demographics

In 2020, the population of Hancock County totaled 55,478, an increase of 2 percent or 1,060 since 2010, according to U.S. Census Bureau data. The population for the ten towns in the LSA was approximately 15,000 in 2023. The LSA includes three municipalities on unbridged islands: Cranberry Isles, Frenchboro, and Swans Island.

**Maine has the oldest population in the nation and Hancock is the third oldest county in Maine.**

Census Bureau 2020 data related to health status show Hancock County with demographics that suggest complex and high-usage health-related needs. For example, Maine has the oldest population in the United States and Hancock County has a greater than average number of older adults compared to the overall population in Maine. The County's median age is 48.9 years compared to 45.1 years for Maine. In other words, Maine has the oldest population in the nation and Hancock County is the third oldest county in Maine. The percentage of Hancock County adults over age 65 is 25.7% compared to 22.6% in Maine.

**Hancock County has one primary care provider per 950 residents, while Maine overall has one provider per 930 residents. The results for dentists are more dramatic with one dentist per 2030 residents in Hancock and one for every 1401 residents statewide.**

Adults in Hancock County without health coverage total 10.2% compared to the statewide average of 6.6%. Hancock County's poverty rate of 10.9% is slightly higher than for all of Maine at 10.8%. Household income parallels those comparisons with a median of \$64,149 in Hancock County and \$69,543 statewide.

Regarding access to services, 2020 Census data reveal limitations on access compared to other areas in Maine. For example, Hancock County has one primary care provider per 950 residents, while Maine overall has one provider per 930

residents. The results for dentists are more dramatic with one dentist per 2030 residents in Hancock County and one for every 1401 residents statewide.

According to the Maine Department of Labor, Hancock County unemployment levels are higher than the statewide average, 6% unemployment in Hancock County, compared to 4.5% statewide. Hancock County has the third highest unemployment rate in the State, just below Washington and Piscataquis counties. Seasonal fluctuations in employment are significant and complicate the County and local data because two of the most substantial portions of the economy are highly seasonal - tourism and the fishing industries.

# Community Vision

*Our area is home to vibrant communities where people thrive and healthful resources are easily accessible.*

During the needs assessment process of 2008-2009, committee members developed a vision statement to reflect an ideal future for the LSA’s broad-based community health. This statement was used in the 2015-2016 and 2019-2020 processes. At the onset of the 2023-2024 CHNA process, our Core Planning Team and Steering Committee reviewed this vision statement and agreed to continue using it for 2023-2024. We concluded that the statement remains relevant and accurate, and that continuing its use has longitudinal advantages.

# Work Plan and Timeline

The updated MAPP tools and framework published in 2023 assume an 18-24 month timeline and a population size of over 500,000, orders of magnitude well beyond our LSA. Most examples in the MAPP tool reference geographic areas with over one million residents. Our MDI region CHNA timeline was modified to six months and the work plan reflects our population size of approximately 15,000 and our rural nature.

<b>TASK</b>	<b>TIMELINE</b>
Form a CHNA Steering Committee and collectively define community	September 2023
Conduct interviews, group discussions, surveys (print and electronic) to identify key themes, community strengths and challenges	November 2023 - March 2024
Conduct Health Status Assessment by gathering, reviewing and analyzing existing data, such as Maine CDC CHNA reports and US Census data	October 2023 - March 2024
Conduct Forces of Change Assessment	February 2024
Organize community data into themes, summarizing strengths and challenges	February 2024
Hold Theme working group meetings	March 2024
Share drafts with Steering Committee and solicit feedback	March - April 2024
Core Planning Team/Steering Committee final review	April 2020

Complete and publish “2024 Community Health Assessment and Action Plan”	May 1, 2024
MDI Hospital and other organizations begin developing implementation plans	May 2024
Publication and dissemination of “Community Health Assessment and Action Plan”	May 2024

## Methodology - Our Assessment Process

Our 2023-2024 CHNA, based on the MAPP framework, includes completion of the four assessments prescribed by the most recent version published in 2023:

- Community Themes and Strengths Assessment<sup>2</sup>
- Community Health Status Assessment
- Community Partner Assessment
- Forces of Change Assessment

The processes for conducting these assessments are outlined below. Data from the Community Themes and Strengths, Community Health Status, Community Partner, and Forces of Change assessments<sup>3</sup> were aggregated into six key themes. We organized working groups to delve into those issues. The process for conducting the Theme Working Groups is also outlined below.

### *Community Themes and Strengths Assessment*

The Community Themes and Strengths Assessment provides quantitative and qualitative data about current community health strengths, challenges, unmet needs, and opportunities. For this assessment, CHNA coordinators created a “Community Health Survey” and spent two months collecting broad input through electronic and paper surveys available in both English and Spanish. Thousands of community members were invited to answer questions and share their personal perceptions about the health of the community. Dozens of community partners, including Steering Committee members helped publicize and disseminate the survey widely in the region through various modalities, including social media sites, organization’s electronic and print newsletters, and posters with a QR code and phone number to request a paper survey at locations including town offices, libraries, gyms, community centers and faith organizations. The survey instrument and results appear in Appendices B and C.

**We received 412 completed surveys from community members living, working, playing, and/or receiving services in the LSA.**

We received 412 completed surveys from community members living, working, playing, and/or receiving

<sup>2</sup> This is formally titled “Community Context Assessment” within the 2023 MAPP framework. We opted to use language familiar from previous MDI region CHNA processes.

<sup>3</sup> All data available upon request by contacting [info@healthvacadia.org](mailto:info@healthvacadia.org).

services in the LSA. The resulting data were analyzed, organized, and used to identify and frame our six themes.

Through the survey process, significant efforts were made to ensure that respondents matched the LSA population and recognized data collection norms. This was fulfilled through a diverse survey dissemination effort and frequent evaluation of respondent demographics. Data on town, gender, age, race and ethnicity, household income, and healthcare payment methods were collected. In response to recommendations in the 2020 CHNA report, special considerations and strategic outreach was focused to ensure participation among community members who are traditionally underrepresented in these types of surveys, including people who have low incomes, identify as Black, Indigenous, and people of color (BIPOC), identify as lesbian, gay, bisexual, pansexual, transgender, genderqueer, queer, intersexed, agender, asexual (LGBTQIA+), disabled or having disabilities, essential workers, unemployed and underemployed individuals, and seasonal residents.

In response to recommendations in the 2020 CHNA Report, we added features to the demographic data collection: (1) income data; (2) actual name of the town rather than zip code for greater specificity; and (3) expansion of the question “*How do you pay for healthcare?*” to clarify data on employer-provided, personally purchased, and various types of government-sponsored insurance.

A high number of survey responses is always desirable, of course. CHNA Coordinators and Steering Committee Members are pleased that with a population of 15,000 in our LSA, we heard from a large and representative group of community members with varied interests and opinions regarding the health of their communities, where strengths and challenges exist, and what priorities they would like addressed.

### ***Community Health Status Assessment***

The Community Health Status assessment included review of existing data, both quantitative and qualitative, such as demographics and health indicators, that are significant in assessing the current landscape as well as well-met and unmet community health needs. These data were used in several ways, such as helping to draft the “Community Health Survey” described above and comparing our results to published county, state, and national data, and were shared with the Steering Committee and Theme Working Groups as context for our local focus.

References on page 39 detail the full list of sources used for this analytic portion of our assessment. Key resources included the Maine Center for Disease Control and Prevention, specifically data from the past and the most recent *Hancock County Health Profile* and the *Maine Shared Community Health Needs Assessment*. Other State and Federal data used include the U.S. Census Bureau as well as the Maine Departments of Education, Health and Human Services, and Labor. We also relied heavily on the most recent and past versions of the *Maine Kids Count Data Book* published by the Maine Children’s Alliance.

### ***Forces of Change Assessment***

As the MAPP tool notes, “Forces of Change” (events, trends, and factors in the broader environment) occur or might occur that affect the community's health. These forces are beyond local control, yet may require awareness and response. Our Forces of Change Assessment explored relevant externalities and possible threats or opportunities since publication of the 2020 CHNA report.

This assessment was completed by the Steering Committee through group discussion. These forces, as well as their associated threats and opportunities, were shared with the Theme Working groups to inform



their preparation and thinking in developing a cadre of strengths, challenges, goals, and strategies, and contribute to the final content of this report. Not surprisingly, the results of this exercise closely parallel issues and priorities that surfaced in the other assessments. See Appendix E for the Forces of Change Assessment summary.

### ***Community Partner Assessment***

This portion of the CHNA process was designed to help identify the organizations involved in supporting the health and well-being of our community, whom they serve, what they do, and their capacities and skills in building community health. The primary goal of this assessment was to better understand how

**Myriad entities are vital to and contribute to our community’s local public health system, even if they are outside the traditional public health or healthcare sectors.**

various organizations contribute to our local public health system and to achieve a clearer picture of how to improve our community’s health collaboratively. The Community Partner Assessment was initiated with the underlying philosophy that myriad entities are vital to and contribute to our community’s local public health system, even if they are outside the traditional public health or healthcare sectors. To complete the Community Partner Assessment, Steering Committee members received an online survey to gather information about their organization’s mission, focus, type of work, range of services, populations served, strengths, resources, assets, challenges, and wishes for the future. They were also asked what type of data their organization uses and

collects, their ability to share those data, how their organization might contribute to the 2023-2024 CHNA overall, including follow-up planning and implementation. Broad input was sought to understand the collective strengths and opportunities as context for the current health ecosystem.

The introduction to the survey explained our philosophy that public health is more than healthcare and that health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community. For example, organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, or workforce development impact the public’s health.

The data from this survey were used initially to help frame the “Community Health Survey” described above. Later, the findings were added to the information gathered through the other three assessments to design the process and composition for the Theme Working Group meetings described below.

### ***Theme Working Groups***

Through the combined findings of the four assessments outlined above, six key themes were identified: Access to Care, Aging in Place, Basic Needs, Community Connectedness, Housing, and Mental and Behavioral Health, including Substance Use.

Working groups were convened to discuss these six themes through a selection process that included invitations to Steering Committee members, leaders in the community with expertise on the given topics, and survey respondents who indicated interest in involvement in the broader assessment. Steering Committee members were able to self-select the working group(s) they wanted to join. Others were invited to participate in specific themes related to their expertise and interest, as well as to keep the groups

balanced in size and relevant demographics, as recommended in the 2020 report.

Working group meetings were ninety minutes each and held virtually to maximize convenience and participation, and to avoid potential winter weather travel complications. In preparation for the meetings, participants received background information about the project, a copy of the 2020 CHNA report, a detailed meeting agenda, and highlights drawn from qualitative and quantitative data.

After the six initial working group meetings, CHNA staff conducted follow-on phone calls and an additional group meeting to capture specific diverse and important perspectives on key issues that arose and warranted further exploration.

## Findings: Strengths, Challenges, Goals and Strategies

The four assessments and Theme Working Groups provide a detailed picture of the current community health landscape. The cumulative results were critical in identifying the six themes. Those assessments framed the foundation of the 2023-2024 CHNA processes outlined above, led to the six themes, and constitute the findings and recommendations for action outlined below.

Over 60% of respondents to the Community Health Survey ranked “safe and affordable housing” as a top concern in addressing community health, the highest rating of all issues. The next most highly rated concerns were “the cost of care and prescriptions” with 50% and “mental health challenges” with nearly 47%. “Substance use” appeared

fourth with over 40%.

Cost of

care (or affordability) is an important component of access to care and is addressed within that theme. With the overlap in addressing mental health and substance use, we combined those to be addressed in the same theme.

All six themes reflect analyses of the data we collected and referenced: Access to Care, Aging in Place, Basic Needs, Community Connectedness, Housing, and Mental and Behavioral Health.

Many survey respondents added compelling open-text comments to expand on their multiple choice answers. We were struck by the emotion and intensity of these additions. Sample quotes that provide an indication of what we learned include (note these are direct, unedited quotes transcribed from survey responses):

**Over 60% of respondents to the Community Health Survey ranked “safe and affordable housing” as a top concern in addressing community health, the highest rating of all issues.**

**The next most highly rated concerns were “the cost of care and prescriptions” with 50% and “mental health challenges” with nearly 47%. “Substance use” was a separate category and appeared fourth with over 40%.**

### Theme Areas:

**Access to Care**

**Aging in Place**

**Basic Needs**

**Community Connectedness**

**Housing**

**Mental and Behavioral Health**

*“So much is done by neighbors helping neighbors and non-profit organizations.”*

*“In general, the healthcare offered in the MDI area is pretty impressive considering our area's rural nature, but it is far too difficult to find and receive good dental care. Lots of dental offices book half a year in advance or are not accepting new patients.”*

*“It feels like there aren't enough providers here. The wait times for some providers are very long and it can be discouraging to seek treatment/help and then not be able to get an appointment for many months.”*

*“We have a large disparity between the have and have nots. Unless one has a job with good insurance coverage, most are going to go without healthcare. It comes down to a choice of am I going to eat, stay warm, have lights, buy my meds? What can I manage to go without for a while? Affordable housing would be a plus. I have a good job with awesome benefits, yet must live with a family member since I bring home \$1500 a month.”*

*“Home health care! Sadly lacking and very needed by many.”*

*“If you don't drive or have family available, it is hard to get to appointments and activities.”*

*“There are likely a lot of programs available, but I don't know about them.”*

*“There is no nursing home or rehabilitation facility on MDI anymore except Birch Bay, which is great but only for the well-off.”*

*“Having a child in daycare, paying \$200/week for health insurance, and living costs keep us living paycheck to paycheck despite having well-paying jobs and not living above our means.”*

*“Obviously, safe and affordable housing is one of the main issues in the area and something many people are working on, but it's still something that affects many and makes living a healthy and happy life extremely difficult.”*

*“We are fortunate to live in a close knit small community. Good people are everywhere. We help each other when tragedy strikes. When locals who have lived here a long for generations are being driven off island because they cannot afford the real estate taxes or their family homestead, there is a problem.”*

## **Strengths and Challenges**

Both the Community Health Survey and Theme Working Group meetings asked participants to identify the top “strengths” and “challenges” related to health in our region. We found great consensus on what were viewed as the LSA’s strengths and challenges. Many of the same strengths and challenges were mentioned regardless of which theme was being discussed. Rather than repeat those findings under each theme heading, the more universal topics are listed here. Interestingly, some issues were considered both a “strength” and a “challenge” using slightly different language and framing.

### Commonly Mentioned Challenges:

- Housings costs, availability, and quality of rentals
- Lack of coordination among available resources
- Limited public awareness of available resources
- Transportation, including increased price of the ferry to the unbridged islands
- Many impacts of COVID-19, especially on finances, mental health, loneliness, youth, and complex issues related to in-migration
- Limited clinical providers of all types
- Competing for clinical staff with for-profits and others who are not reliant on Medicare and Medicaid reimbursement limits
- No nursing home in Hancock County
- Stigma of asking for and/or receiving help
- Impact of isolation and loneliness on physical and mental health, particularly for older people and families with young children, exacerbated by the COVID-19 pandemic
- Access and availability of health and social services for unbridged island residents
- Seasonal fluctuations in population size, composition, and needs
- Many services concentrated in Bar Harbor, with more limitations in other towns in the region
- Limited winter time social activities
- Limited after-school options for children
- Seasonal economy
- High proportion of people who are uninsured, underinsured , and/or have high deductibles and copays
- Northern Light Healthcare's decreased home-based services in the LSA
- Lack of awareness of available financial assistance programs and other resources and supports
- Difficulty in applying for or enrolling in available programs, such as MaineCare and low income heating assistance
- Inadequate rehabilitation and long-term care options for both at-home and residential services
- Access challenges cause long waits and/or require travel to Bangor and beyond for specialty healthcare services
- Limited employment and economic opportunities in the LSA
- High cost of nutritious food
- Limited year-round affordable physical and social activity opportunities
- Cost of childcare and elder care
- Bimodal nature of Hancock County income and other data limits the ability to fully understand the needs and solutions for our LSA

### Commonly Mentioned Strengths:

- Natural beauty of the area
- Access to the outdoors, Acadia National Park and other green spaces that promote physical and mental health and wellness
- Caring community culture
- Strong sense of place and community connectedness
- Lots of high quality non-profit organizations
- Lots of free or low-cost services and resources throughout the region, such as community meals, food pantries, and social clubs
- MDIH, an independent, non-profit community hospital providing a wide variety of high-quality programs, services, and care, with clinical sites throughout the region

- Maine Seacoast Mission’s work to support and provide access to unbridged island residents
- Strong culture of philanthropy, civic participation, and volunteerism
- First responders and criminal justice professionals who are community minded and eager to collaborate with the health sector
- Wellness and prevention programs offered through many area organizations
- Telemedicine services became more prevalent during the pandemic, particularly helpful to connect with residents of the outer islands, help address transportation and mobility challenges, and expand access in general
- Low or no cost transportation services, including the Island Explorer, Downeast Transportation, Island Connections, and Friends in Action
- Health education and health resources in the public schools

## Goals and Strategies

Similar to what we learned while investigating challenges and strengths, in working group meetings when asked to identify goals and strategies to address that specific theme, many ideas and recommendations were mentioned consistently across the themes. For brevity, common goals and strategies are listed below and will not be repeated under each theme.

Our findings from this CHNA focused on health, yielded very consistent results to those in a two-year comprehensive planning process underway by the Town of Bar Harbor. Both identified “housing” and “transportation” as top concerns. While the CHNA work covers a broader geographic area than Bar Harbor, the consistent themes are noteworthy. Moreover, solutions identified by this CHNA and the comprehensive plan will involve many of the same actions and actors, particularly because the health sector cannot address major issues, primarily housing and transportation needs, without many other partners.

**The hope and expectation is that various community members, and non-profit, for-profit, and municipal organizations will contribute to and collaborate on implementation of these goals and strategies.**

The Town of Bar Harbor’s final report is scheduled to be published in summer 2024. A February 2024 draft of that report identifies major “Themes and Actions” with “Housing Solutions” as the first theme. Four broad “solutions” are listed followed by dozens of specific recommended strategies. The third theme is “People-Centered Transportation” with seven broad “solutions” followed by dozens of recommended strategies and actions. This is one of a number of local area improvement reports. We strongly support and recommend considering proposed strategies and working together on next steps in regional implementation.

In keeping with our philosophy that many and various entities are vital to and contribute to our community’s local public health system, our hope and expectation is that various community members, and non-profit, for-profit, and municipal organizations will contribute to and collaborate on implementation of the goals and strategies included below and throughout this report.

## Five Overarching Goals

Across the six themes, multiple goals and strategies arose that are relevant in all areas:

Goal 1: Improve knowledge of and communication about existing resources and services

Strategies:

- Connect with local websites and social media platforms such as the local Facebook group Bar Harbor Barter & Swap
- Conduct public talks and/or community forums
- Use traditional and social media, including newspapers, newsletters, flyers, television, radio, podcasts, Facebook, Twitter, and Instagram to increase awareness
- Leverage or create community bulletin boards at locations frequented by many people in regular travels, such as food shops, banks and restaurants, post offices, libraries, schools, banks, laundromats, and gyms
- Coordinate with 211 to maximize the effectiveness of that tool for finding services in the LSA
- Promote use of 211 as a resource
- Explore the “Bundle” smart phone app that Heart of Maine United Way developed for Piscataquis County as a model

Goal 2: Offer free support to access and enroll in existing services and programs

Strategies:

- Expand and better coordinate navigator programs
- Design programs and recruit volunteers to help people understand and apply for existing programs
- Coordinate to promote and publicize existing programs and services
- Engage those outside the health and social services sectors, such as the business community, schools, faith-based organizations, libraries, and first-responders, to help publicize options and where to find help in accessing services
- Expand online and social media avenues for learning about and accessing services

Goal 3: Improve coordination of existing services

Strategies:

- Hold monthly breakfasts or informal meetings for non-profit staff and other interested parties to network, share information, and plan ways of coordinating activities and improving ability to refer people to other options
- Create systems for a “warm hand-off” between services, both clinical and social
- Leverage town office staff and connect with town select boards and comprehensive planning efforts to promote LSA-wide ongoing communication and joint planning
- Explore Washington County’s “The Connection Initiative” sponsored by the Community Caring Collaborative

Goal 4: Improve wireless and telecommunication services and expand broadband capacity in ways that will support telehealth, help attract and retain employees, and foster overall economic growth and remote work opportunities in the LSA

Strategies:

- Investigate opportunities through Connectivity Maine
- Engage the business community in solutions
- Research state, federal, and philanthropic grant opportunities
- Leverage the services offered by libraries and schools
- Design systems and options for affordable access for low and limited income residents
- Collaborate with libraries and other community centers to offer computer literacy programs and trainings

Goal 5: Improve transportation options

Strategies:

- Focus on connectivity and coordination with services and social/community engagement opportunities
- Promote and publicize existing public transportation services, such as Island Connections, the Island Explorer, and transportation resources through MDIH and insurance designed to access health care
- Encourage existing transportation resources to collaborate to promote easy access, such as publicity and coordinating their trip schedules
- Prioritize needs of people without access to a motor vehicle, including older residents, low-income residents, and children
- Explore creating a “water taxi” program to the unbridged islands as a lower cost alternative to the ferries; perhaps identify someone willing to donate a used lobster boat that can be retrofitted for passenger seating as the vehicle
- Improve pedestrian and bicycle lanes for transportation and physical activity options
- Encourage car-pooling and other alternative modes of transportation
- Leverage the opening of the new Acadia Gateway Center for proactive work that will increase public transportation, rideshare, and parking options

## Theme Overviews and Goals and Strategies

### **Theme One: Access to Care**

**Strategic Question:** *What can we do to maximize the likelihood that all community members have access to quality affordable health care, including primary, specialty, and dental care?*

**Key Data and Findings:** Numerous strengths and challenges impact access to high quality, affordable healthcare for community members in the LSA, including wait times, affordability, and range of services. Significant challenges impede ideal staffing levels for most, if not all, types of clinical providers.

One example of extremely limited access to health care providers - 2020 U.S. Census data reveal that Hancock County has one primary care provider per 950 residents, while Maine overall has one provider per 930 residents. The results for dentists are more dramatic with one dentist per 2030 residents in Hancock County and one for every 1401 residents statewide.

**Related Survey Respondent Quotes:**

*In general, the healthcare offered in the MDI area is pretty impressive considering our area's rural*

*nature, but it is far too difficult to find and receive good dental care. Lots of dental offices book half a year in advance or are not accepting new patients.*

*As with every industry right now there needs to be more staff. The infrastructure of the healthcare system cannot keep up with the influx of people who have moved to MDI.*

*More easily accessible meetings/phone communication/appointments*

*I have no health insurance so I don't get services unless I can afford them which I cannot.*

*More urgent care services. It takes forever to be seen in the ER, and urgent care is sorely needed as an alternative.*

*Access to dentists, mental health and PCP providers. The waiting lists are extremely long.*

*It feels like there aren't enough providers here. The wait times for some providers are very long and it can be discouraging to seek treatment/help and then not be able to get an appointment for many months.*

*I did not seek health care treatment due to the high cost of deductibles.*

*We don't have an open pharmacy on the weekend, so we sometimes go without medication until Monday!*

***“Access to dentists,  
mental health and  
PCP providers.  
The waiting lists are  
extremely long.”***

Challenges in our community in this theme area:

- “Crisis situation” for dental services; no capacity to accept new patients; at one practice 200-250 people per week were turned away in 2023
- Long waiting times for most appointments
- Wait times experienced even for acute needs
- Very limited specialty care
- Months of waiting to access referrals from primary care providers
- MDIH does not have influence or control over when/how specialty referrals are completed
- Shortage of mental health providers, especially for children
- Neurology services are particularly acutely limited, and cannot be done by telehealth
- No weekend retail pharmacy
- Most dentists do not take MaineCare and reimbursement rates are significantly too low
- Open positions extremely difficult to fill at the behavioral health center
- Lack of insurance for many in the LSA
- Housing is a major obstacle in recruiting providers and other staff
- Cannot compete with salaries offered by local franchises of national for-profit entities
- Loss of providers during COVID-19 who have not returned to field in this region
- Cost of getting from islands to mainland, especially with ferry rate increase (now \$70 roundtrip for an adult to Swans or the Cranberry Islands without a car)
- Older patients often require lengthy appointments (and LSA has an unusually high proportion of older residents)



- Long wait times increase intensity and acuity of services, especially for mental and behavioral health, including Substance Use Disorder (SUD)
- Long wait times suggest to patients they do not matter
- Wait times and lack of providers means more people go to ER and/or into crisis
- Limited choice of providers
- Limited access creates anxiety about services being available when needed
- Travel distances, especially for specialty care or when multiple days/appointments are needed
- Complicated reimbursement for telehealth services
- No skilled nursing facilities in the area
- Staffing for nursing homes and other settings is a big challenge related to salaries and vaccine requirements

Strengths in our community in this theme area:

- MDIH screens for social determinants of health (for in-patient and out-patient care) and follows up actively
- Warm hand-offs and connecting to resources (both specialty services and appointments generally)
- Many MDIH leaders have leadership positions at the Maine Hospital Association, positioning MDIH to help with advocacy and prioritizing acute needs
- MDIH is an independent community access hospital, which allows them to be nimble and patient-centered
- The MDIH care management team, including coaches and diabetic educators, has a collaborative spirit and preventive focus, including special supports for the most vulnerable community members
- Maine Seacoast Mission visits to unbridged islands; with telehealth and vaccines on islands
- Continuity of care at MDIH is exceptional
- Caring providers, with a welcoming and personal feel
- MDIH patient portal
- Resources and programs are available to help overcome obstacles of cost-related access
- Area philanthropy supports health related needs
- Multiple centers located in smaller communities promotes decentralized local access
- Patients can reach a real person, not just a consolidated call center
- Long tenure of MDIH staff
- Carroll Drug store services and advice, such as prescription delivery service
- Increased use and availability of telehealth
- Local providers participate and invest in health professional education, hosting students and trainees on clinical rotations with an eye toward recruiting staff

Goal 1: Increase the number of health care providers to expand range and timely access to services.

Strategies:

- Send an alarm that dental service access is in crisis to policymakers and others who can help create immediate solutions
- Expand use of telehealth for specialty services, including behavioral health
- Coordinate and increase advocacy efforts at State level to increase MaineCare rates generally, especially for dental services
- Identify ways to expand reimbursement for dental and other services
- Re-negotiate contracts with insurance companies to more realistically reflect living wages and costs of delivering services

- Investigate licensure, reimbursement and liability insurance issues to be able to recruit out-of-state providers to work remotely using telehealth
- Collaborate with Maine Seacoast Mission to expand and coordinate services for unbridged islands, including transportation obstacles
- Pursue philanthropic support to help bridge gaps between costs of delivering services and reimbursement
- Explore telehealth options that only require a cell phone, not a computer, for accessing services
- Explore transitional care models to improve aging in place to prevent needs requiring acute services and hospitalization
- Coordinate and expand community efforts with partners such as employers and the chambers of commerce to create financial incentives and other programs to help recruit and retain providers
- Expand and focus advocacy at the State level for creative solutions around licensure (e.g. inter-state licenses, licenses for foreign grads, retirees and others willing to volunteer)
- Engage federal representatives to address visa issues that hinder employment mobility and options
- Advocate to create “dental assistant” category of professional, as exists in 42 other states
- Work with community colleges to expand various health professional training programs
- Work with realtors, schools, chambers, etc. to create “welcome” program for people who come to area for clinical rotations as well as peer and social supports for new providers
- Organize outreach to retired providers for re-engagement on a part-time and perhaps volunteer basis
- Work to better understand how to reduce staff turnover and increase staff efficiency
- Explore strategies and regulation modifications implemented during pandemic to see if they can be reimplemented or expanded

Goal 2: Continue to emphasize patient-centered care.

Strategies:

- Continue improving communication with patients to better explain specialist referral process and timeline and related access and timing processes
- Expand retail pharmacy hours and access on MDI
- Continue focus on seamless transitions between various levels of care and needs for people through case management and other personalized supports
- Develop flexibility in schedule to facilitate timely follow up appointments
- Increase the number of available swing beds
- Offer support for home-based and family caregivers,
- Design health education and social services materials and tools with a focus on level of health literacy
- Continue to collaborate with the school system to promote and provide care in school settings
- Coordinate with College of the Atlantic to improve access to counseling on campus and referrals for higher level needs
- Continue to educate providers to appropriately support patients who identify as LGBTQ+
- Work with employers to understand and address health needs of seasonal workforce

Goal 3: Expand health supports outside of traditional healthcare settings.

Strategies:

- Offer more community-based support groups for specific issues and needs (e.g. new parents, children of elderly parents, caregivers, nutrition counseling, exercise groups)
- Help people with managing expenses of care by applying for available programs
- Bring federal and state representatives to the LSA for multi-site visits to better understand issues and needs, and the impact of health care issues on the economy and community overall
- Expand and coordinate, multi-prong advocacy work at local, state, and national levels
- Increase education and awareness about what to expect and what resources exist related to major life transitions (graduations, new parenthood, aging, etc.)

## Theme Two: Aging in Place

**Strategic Question:** What can we do to maximize the likelihood that all community members have the necessary physical, social, and health supports to promote aging in place?

**Key Data and Findings:** Fewer than half of survey respondents agreed with the statement, “This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for the elderly living alone, meals on wheels, etc.)”. More people agreed with the statement, “This community is a good, safe place to raise children (considering schools, child care options, community activities and resources, housing, and employment opportunities, etc.)”.

According to 2023 U.S. Census Bureau data, Maine is the oldest state in the nation with an average age of 45.1 years compared to the national average of 39 years. Hancock County is the third oldest county in Maine with an average age of 49. In other words, Hancock is the third oldest county in the oldest state in the nation.

### **Related Survey Respondent Quote:**

*We're losing, or never had enough, services for our aging population. There are not enough places or people to help for all the different needs. AND what there is, is hard to access, has a long waiting list or isn't all that helpful in real life.*

### **Challenges in our community in this theme area:**

- All nursing homes in Hancock County have closed
- Group housing needs for aging residents, especially those with mental health concerns are limited
- Loneliness - people are eager for company and conversation
- Needs are increasing as Northern Light has curtailed services in the LSA
- Limited hospice capacity
- Lack of coordination/consolidation among organizations “each doing a small piece”
- Not enough respite care beds or home-based respite care staff
- Lack of support for people (through professionals, volunteers, and family) who want to be able to die at home
- Staffing challenges for home health care and hospice care
- Fewer volunteers since COVID-19, as many volunteers were older residents
- Unique needs and issues exist for unbridged island residents, who also tend to be older

- Caregiver support is needed
- Long-term care insurance is too expensive and benefits are limited
- Shortage of ways to engage people mentally and physically in the community as they age

Strengths in our community in this theme area:

- Many year-round and seasonal retirees with great skills, passion, and interest in volunteering
- Hospice program, albeit with limited capacity to meet need
- Strong and active faith-based community, although also with limited capacity
- Lots of organizations involved and wanting to help
- Strong, caring and committed community spirit and culture
- Lots of people and organizations have expertise and already working in this arena in this region
- Intense and broad awareness of issues and unmet needs
- Pockets of affluence
- AARP programs and supports
- Eastern Agency on Aging programs and supports

Goal 1: Older people will thrive, live comfortably and safely age in place in our LSA.

Strategies:

- Engage older people in community to help maintain mental and emotional wellbeing
- Assure immediate access for older residents to address acute symptoms, both physical and mental health needs
- Connect people with home delivery services such as through Walmart, Hannaford, and Walgreens, and support their ability to complete orders online for items including groceries, prescriptions, and household and medical care products
- Restart the Hancock County Healthy Aging Network or a similar model of inter-organization coordination
- Develop or build on the Downeast Community Partner program to retrofit and remodel homes to make them safer and more accessible for people who are older or disabled
- Contact the Eastern Agency on Aging for additional information about respite care and other support programs
- Create coordinated focus to help families and caregivers support loved ones as they age, especially when recovering after acute events
- Build on partnerships that exist through Island Connections for transportation to community events
- Explore and potentially expand “At Home” services through Downeast Community Partners
- Train and coordinate volunteers to help older people confidently use telehealth
- Explore resources or ideas available through AARP
- Consider replication of Downeast Community Partner’s Friendship Cottage for adult day care
- Coordinate with first responders and law enforcement to help create strategies to address and triage non-criminal emergencies involving physical safety
- Explore Friends in Action services that could be promoted or replicated in the LSA
- Coordinate and promote ways for youth and young adults to help older neighbors, perhaps through the high school’s community service program, Rotary, or Eagle Scouts
- Increase and promote multigenerational interactions and activities
- Increase awareness of opportunities for volunteerism and civic engagement, with a special focus on engaging retirees
- Promote wellness checks by police

- Encourage more community outreach to isolated seniors.

### Theme Three: Basic Needs

**Strategic Question:** *What can we do to maximize the likelihood that all community members have their basic needs met?*

**Key Data and Findings:** Numerous strengths and challenges exist in the LSA that impact positive social, economic, and environmental conditions that encourage health and general well-being for all. Many “social determinants of health” pose significant challenges in the region, largely stemming from economic conditions. For example, fewer than three-quarters of survey respondents said “yes” when asked, “Do you feel as though every community member has equal access to high-quality health-promoting services and supports?”.

***“Having a child in daycare, paying \$200/week for health insurance, and living costs keep us living paycheck to paycheck despite having well-paying jobs and not living above our means.”***

Adults in Hancock County without health coverage total 10.2% compared to the statewide average of 6.6%. Hancock County’s poverty rate of 10.9% is slightly higher than for all of Maine at 10.8%. Household income parallels those comparisons with a median rate of \$64,149 in Hancock County and \$69,543 statewide.

***Related Survey Respondent Quotes:***

*We have a large disparity between the have and have nots.*

*Unless one has a job with good insurance coverage, most are going to go without healthcare. It comes down to a choice of am I going to eat, stay warm, have lights, buy my meds? What can I manage to go without for a while? Affordable housing would be a plus. I have a good job with awesome benefits, yet must live with a family member since I bring home \$1500 a month.*

*Jobs don't pay enough to afford a family and to house and feed them.*

*I have to move in March. Housing insecurity and food insecurity annually are a problem*

*I did not seek health care treatment due to the high cost of deductibles.*

*There are likely a lot of programs available, but I don't know about them.*

*We have a lot of services considering the size of the community.*

*Having a child in daycare, paying \$200/week for health insurance, and living costs keep us living paycheck to paycheck despite having well-paying jobs and not living above our means.*

*We have great resources for food insecurity in our area, between the food pantry and Open Table.*

*Transportation, especially from outer islands, is challenging for families. Childcare is a challenge, and families would benefit from access to resources, services and spaces outside of work day hours in order to*

*not miss work.*

Challenges in our community in this theme area:

- Highly seasonal economy
- People need the help of staff or volunteers to complete applications
- “Paperwork” and burden of applying, as well as knowing where and how to apply for programs
- Maine Care denials
- Learning and medical disabilities, and literacy issues
- No warming center in LSA
- More resource navigators needed
- Limited transportation
- Low paying jobs and the high cost of living
- Community support systems are changing as the population ages and young people move away
- Elimination of Raising Readers program will disproportionately impact young families, particularly those with limited incomes

Strengths in our community in this theme area:

- Low crime
- Collaborative nonprofits and social service agencies
- Food pantries
- Strong culture of community involvement, philanthropy, and volunteering
- Bar Harbor Barter & Swap
- Some flex funds exist, including through YMCA, Shaw Fund for Mariners, and Healthy Acadia
- Pockets of great affluence
- Local farms
- Law enforcement's awareness and help with de-escalation and mental health
- Mount Desert Nursing Association, which provides in-home services and assessments
- Schools working to address mental health needs of youth
- Supportive and closer-knit communities (especially year-round)
- Willingness of community and groups to talk about and address challenges

Goal 1: All persons in our community will have their basic needs met.

Strategies:

- Add and coordinate ways to help people access the resources that they are entitled to and do not know about, such as through Facebook spotlights, bulletin boards, and in-person connections where people naturally go, such as community centers, laundromats and libraries
- Increase the number of patient care navigator and others who can help people learn about and apply for available programs
- Coordinate advocacy to increase public and philanthropic funding
- Define and highlight the role of resource coordinators and case managers
- Involve houses of worship more fully in outreach and creating solutions
- Increase communication and knowledge among health providers regarding available resources
- Expand INSPIRE center and/or replicate model on MDI
- Expand mobile services, e.g. dentist going to outer islands - bring services to people in their community

- Incentivize and support worksite wellness programs and practices
- Continue to develop and promote food recovery efforts such as gleaning
- Prioritize monitoring of and efforts to directly address health disparities
- Prioritize including diverse perspectives in strategic brainstorming, planning, and evaluation projects
- Look into bringing Dolly Parton’s or another reading program for your children to the LSA; identify and coordinate with other non-profits in Hancock County who have done so already

## **Theme Four: Community Connectedness**

**Strategic Question:** *What can we do to maximize the likelihood that all community members have age-appropriate access to positive social environments that facilitate a sense of connectedness and well-being?*

**Key Data and Findings:** Numerous strengths and challenges exist in the LSA that impact positive social environments to facilitate a sense of connectedness for all. The messages here are complicated and mixed. For example, many survey respondents voluntarily added free-text comments related to loneliness and fractured social connections resulting from the COVID-19 pandemic that persist to date. Nonetheless, the strength of community connection both to the place and to other people was evident in the data. Nearly 70 percent of respondents agreed or strongly agreed with the statement, “I am satisfied with the quality of life in our community (considering my sense of well-being and safety).” And when asked to identify the “most significant health strengths in our community,” 49 percent of respondents listed “close knit community,” second only to the number of respondents choosing the natural beauty of the area.

### **Related Survey Respondent Quotes:**

*[We need a] community center with social activities, exercise classes, meeting spaces.*

*Community outreach to families with young children for consistent support, social opportunities and parenting education.*

*[We need] things to engage winter community*

*There are many groups here that are closely knit, but finding them or joining them can be a difficult effort.*

*We are fortunate to live in a close knit small community. Good people are everywhere. We help each other when tragedy strikes. When locals who have lived here a long for generations are being driven off island because they cannot afford the real estate taxes or their family homestead, there is a problem.*

***“We are fortunate to live in a close knit small community. Good people are everywhere. We help each other when tragedy strikes. When locals who have lived here a long for generations are being driven off island because they cannot afford the real estate taxes or their family homestead, there is a problem.”***

*Love the small town mentality and the truth of neighbors helping neighbors, particularly in the off season when the tourists disappear. I moved here after years of coming as one of those tourists. And I am happy that the off season is EXACTLY what I hoped it would be.*

*So much is done by neighbors helping neighbors and non-profit organizations.*

*Our environment is our greatest asset here as are the close knit communities*

*Living on MDI is a dream, Acadia National Park on the island offers unique opportunities to explore nature, there are many volunteers that help run this island.*

Challenges in our community in this theme area:

- Expensive to live here and taxes are high
- Employment opportunities are limited
- Shortage of year-round gathering places, e.g. coffee shops, that are convenient, welcoming and affordable to meet
- Digital divide - some generational differences
- Aging community
- Seasonal economy
- Transportation shortages
- Shortage of assisted and long-term living and support as people age
- Loneliness
- Since COVID-19 people are not gathering/meeting through places of worship in same way as in the past
- Phone use and social media use, especially amongst teens
- Limited safe and healthy social opportunities for youth

Strengths in our community in this theme area:

- Community meals, such as Neighborhood House community cafes, Common Good, and Open Table MDI
- Faith-based community
- Business community is involved in community meals and aware of these needs
- Libraries
- Schools
- Hospital “walk and talks” (e.g. former “walk with doc” and organized Acadia walks)
- YMCA programs that involved talks, exercise, and time to meet/socialize
- Bar Harbor Barter & Swap as community platform

Goal 1: Increase access to safe, positive social opportunities, engagement and spaces for all ages in all regions of the LSA.

Strategies:

- Increase social check-ins with elders who live alone
- Create opportunities for people to connect with each other, in both organized and loosely organized ways
- Reestablish mentoring programs for kids, such as Big Brothers Big Sisters
- Leverage and create partnerships between non-profit organizations, businesses, and faith organizations
- Identify ways to reach people who do not use social media or other digital platforms to ensure that they can learn about resources and options



- Conduct a survey to identify what programs/needs are most needed by different populations. e.g. older people, families with preschool aged children, school children, young/middle-aged single people etc
- Create multi-generational interactions and bridges, regardless of family status
- Expand the Neighborhood House community cafe model to other areas of the LSAs
- Create a platform like Bar Harbor Barter & Swap specifically for volunteer needs and activities
- Engage libraries to help with publicizing activities and resources, especially for those not comfortable with digital options and/or with limited access
- Engage health providers to help identify community members experiencing loneliness who might benefit from services or support
- Build on the follow-up call program for patients discharged from MDIH or who have MDIH primary care providers
- Ask towns to send information about community services and engagement with tax bills to be sure everyone receives it, regardless of computer access
- Expand the Mount Desert 365 model for available jobs
- Create a pen pal program
- Coordinate with the police department to understand and expand their daily wellness check program to involve more people and perhaps longer conversations
- Establish play groups, perhaps using the La Leche model, for parents of newborns to gather weekly
- Identify ways to reproduce community activities and events (like the Lions Club ice fest or cross country ski race) that were discontinued with climate shifts and the pandemic, perhaps with hiking or rock climbing
- Engage Acadia Senior College in identifying and offering socialization opportunities
- Look into models for safe intergenerational cohousing
- Build or coordinate with visiting nurses and/or transportation programs to expand options for in home visiting
- Increase and promote multigenerational interactions and activities
- Increase awareness of opportunities for volunteerism and civic engagement, with a special focus on engaging retirees to bring their time, energy, and expertise to building community health
- Increase opportunities for afterschool and summer activities for children and youth, and for evening and weekend events for working parents
- Increase physical activity opportunities for working community members, including through daytime worksite wellness programs
- Prioritize community spaces for indoor activities in the winter
- Engage retirees and seasonal residents to contribute their time, energy, and expertise as volunteers
- Coordinate activities to promote and facilitate volunteerism throughout the area, such as through volunteer days or fairs, fundraising for volunteer programs, and resource sharing
- Increase access to programming that helps community members to prepare for aging and end of life transitions
- Increase and promote multigenerational interactions and activities
- Increase opportunities for afterschool and summer activities for youth, for evening and weekend events for working parents, and seniors
- Promote public spaces designed for and accessible to individuals with physical disabilities

## Theme Five: Housing

**Strategic Question:** *What can we do to maximize the likelihood that all community members can secure safe, affordable housing in our region?*

**Key Data and Findings:** Safe and affordable housing was cited by 60 percent of survey respondents as the top concern related to community health and wellness in our LSA, more than two-thirds more mentions than the next two most highly ranked concerns: (1) access to care and (2) mental and behavioral health, including substance use. Additionally, every Theme Working Group focused on housing as a critical factor contributing to challenges in the majority of other topic areas.

### **Related Survey Respondent Quotes:**

*Obviously, safe and affordable housing is one of the main issues in the area and something many people are working on, but it's still something that affects many and makes living a healthy and happy life extremely difficult.*

***“Affordable housing is our biggest challenge to keep a year round community sustainable.”***

*housing housing housing!*

*Affordable and safe housing for those at all income levels.*

*A safe way to find housing year round for people who live here. It would make the community feel safer and more welcoming.*

*Affordable housing is our biggest challenge to keep a year round community sustainable.*

*Housing availability for both our seasonal workers and year around workers.*

*I have had housing struggles, and at points been worried that I would have to sacrifice food for rent. I would never have been able to afford housing without external help which had an impact on my mental health.*

*There is such a need for affordable, year-round housing. I know some kids are pulled out of MDI schools and transferred to off-island schools mid-spring because their parents are unable to afford year-round housing. Complex challenges that need to be addressed.*

*People who work to ensure our communities economic success live in housing you wouldn't dream of living in.*

### **Challenges in our community in this theme area:**

- Weekly rentals/Airbnb taking year-round housing off the market
- Stigma around unhoused community members
- Town ordinances that limit solutions
- Seasonal rentals driving up costs and limiting year-round rental stock
- Thinking about property/houses as “commodity” or income producer rather than community resource or “home”
- High taxes and property maintenance costs

- Difficulty of finding the balance between tourism as an income generator for the economy and having an affordable cost of living for year-round community members
- Limited governmental infrastructure for economic and community development
- Lack of safe, affordable housing is a cost to the whole community and increases stress, mental health challenges, and ability to access other basic needs
- Many landlords are not inclined or incentivized to accept housing vouchers
- Rental prices outpace housing vouchers
- In many instances, the quality of housing is poor and landlords do not know how to manage their rentals
- Solutions can pit neighbors against each other, especially summer versus year-round residents
- Financing to develop workforce housing
- Children needing to shift schools at the end of the school year due to transitioning housing

Strengths in our community in this theme area:

- People are trying to come up with creative solutions
- Local housing solutions committee and coordinated initiative exists
- MDI/Ellsworth has a Housing Authority with units in good shape
- Towns aware of these challenges and trying to come up with solutions
- People who provide year-round rentals and ensure that their rentals are good, safe, and affordable
- YWCA's newly purchased 27 acres of land at Hamilton Station and their plans to develop 50 units with a focus on housing for middle-income, year-round workforce
- Area banks sometimes willing to work with creative financing to help get people housed and make projects happen
- Collaborative work of nonprofits
- Jackson Laboratory's model of employee housing
- Housing and Wellbeing Survey underway through the Downeast Housing Collaborative survey could be a good tool to help understand issues
- This is a beautiful place to live
- Many people would not want to live anywhere else
- Cranberry Island Housing Trust

Goal 1: Increase access to affordable housing.

Strategies:

- Create, increase, and/or publicize incentives for landlords to accept housing vouchers
- Identify or create housing for MDIH employees, who need to be within 25 minutes of MDIH
- Advocate to expand government-owned public housing
- Create housing for rental or purchase with a stipulation that the person must work on the island and demonstrate income threshold, such as through the Island Housing Trust model
- Encourage employers and the business community to participate in housing solutions, increasing strategies for employee housing
- Develop affordable senior housing that enables people to stay in the community while aging
- Identify ways to connect people for shared rentals such as through year-round group houses or by renting rooms
- Design incentives for landlords for year-round rentals and for homeowners to sell to year-round buyers
- Create a web-based rental unit availability site, perhaps in collaboration with local chambers of commerce or rotary organizations

- Allowing non-profit organizations to use their endowments as equity/collateral for creative financing in developing workforce housing
- Look at how the State collects and uses real estate taxes to help address housing needs and costs
- Increase work with area banks for creative financing solutions
- Involve philanthropy in creative financing solutions
- Contact the Musson Group in Southwest Harbor, which has been doing a lot of work with realtors, builders, towns, on housing solutions
- Increase independent living options and area aging in place solutions
- Expand access to free and subsidized aging in place home assessments and modifications
- Organize and advocate for the passage of public policy at the state and federal levels to increase access to affordable housing
- Bring local, state, and federal officials to the region to educate them about the severe needs
- Work to obtain grants for affordable assisted-living and long-term care

Goal 2: Encourage and support area towns to prioritize and incentivize affordable housing, and preserve, protect, and expand both year-round and seasonal housing options.

Strategies:

- Work with towns and others on incentives or standards to prevent further current year-round housing from being converted to seasonal or short-term
- Work with the MDI League of Towns to take a housing assessment as a regional approach and reach out to the Maine Department of Economic and Community Development for eligibility and project development of housing units, using Community Development Block Grants funds
- Work with the towns to incentivize year-round rentals
- Identify ways to use tourism dollars and attraction to support housing
- Identify “right number” of year-round houses, perhaps by town

Goal 3: Identify and research existing successful models.

Strategies:

- Identify models and partners to work toward pathways to homeownership
- Research the “Housing First” model
- Consider the model in Philadelphia of providing cash instead of housing vouchers
- Support expansion of Habitat for Humanity activity
- Research “rent to buy” programs for first time home owners (such as Mano en Mano’s program) to update old buildings, rebuild communities, and house people
- Increase use of Mount Desert 365 model of purchasing homes
- Expand Island Housing Trust’s purchase assistance program with financing to support expansion

Goal 4: Increase access to safe housing.

Strategies:

- Work toward measurable objectives outlined in 2030 Healthy People
  1. Increase the proportion of homes that have an entrance without steps
  2. Reduce blood lead levels in children aged 1 to 5 years
  3. Increase % of people whose water systems have recommended amount of fluoride

- 4. Increase the proportion of smoke-free homes
  - Work with the MaineCDC to increase awareness of potential home health hazards including lead, arsenic, radon, pesticides, and mold; promote and expand existing testing and mitigation methods

The Town of Bar Harbor’s Comprehensive Plan has very detailed goals and strategies around housing, as well as the authority and resources to take significant action. The most important recommendation within this theme area is to collaborate with the towns and other entities in the LSA who can advance housing solutions more effectively than the public health community and the non-profit sector are able to accomplish independently. Some of the recommendations included in The Town of Bar Harbor’s Comprehensive Plan’s interim findings are:

- Work with the Acadia Region partners to develop a region-wide approach to identify, assess, and develop solutions to housing, transportation, workforce development, economic diversity, and sustainable visitation/tourism. This should include representatives of the Acadia Region (Mount Desert, Southwest Harbor, Tremont, Trenton, Ellsworth, and Lamoine), Hancock County Planning Commission, Mount Desert Island & Ellsworth Housing Authority, Island Housing Trust, Maine Coast Heritage Trust, Downeast Partners, and others.
- Create a housing webpage so the public can easily access information on the town’s housing efforts along with other housing related information.
- Promote and expand existing programs and uses to encourage businesses to build new units for their seasonal workforce rather than buying year-round dwelling units.
- Work with businesses and institutions to create seasonal and year-round housing. This may require expanding existing programs, developing new programs, and promoting housing opportunities to businesses (new uses, ordinance amendments, etc.). Major employers and developers will benefit from easy access to relevant information, targeted incentives, and local funding resources tailored to meet community needs.
- Encourage the creation of year-round rental units through regulatory and non-regulatory approaches.
- Educate the public on home sharing opportunities and programs.
- Create a land acquisition fund that could acquire properties, deed restrict them, and sell or turn them over to a non-profit, housing trust, or private developer to operate and manage. Potentially partner with the Housing Authority, Island Housing Trust, or a private developer to manage these new units.
- Take a leadership role in the development of the Acadia National Park (ANP) Town Hill parcel.
- Assist the YWCA with the development of the Hamilton Station parcel.
- Identify ways to stimulate the creation of housing on vacant, underutilized, and town-owned parcels.
- Establish a local tax on hotel rooms/short term rentals to be dedicated to an affordable housing trust.

## **Theme Six: Mental and Behavioral Health, Including Substance Use**

**Strategic Question:** *What can we do to maximize the likelihood that all community members have age-appropriate access to quality mental and behavioral health services and resources, including supports related to substance misuse prevention, treatment, and recovery?*

**Key Data and Findings:** Numerous strengths and challenges exist in the LSA to reduce stigma and promote and increase access to quality mental health, behavioral health, and substance use prevention, treatment, and recovery resources. Youth mental health is of particular concern. The Maine Department of Education reported that in 2023, 17 percent of Hancock County high school students responded “yes” to the question, “During the past 12 months did you ever seriously consider attempting suicide?”. In 2023, 36.9 percent of high school students in Hancock County reported they had felt “sad or hopeless almost every day for the past two weeks,” compared to 36.2 percent of students statewide, and increased from 35.9 percent in Hancock County in 2019.

**Related Survey Respondent Quotes:**

*More and better access to all kinds of mental health services, and a system that allows patients to see service providers more quickly.*

*It should be less stigmatized and more accessible.*

*Mental health help is extremely hard to get. There are not enough people to take care of issues like counseling and medication management for people who are either struggling or are newly diagnosed.*

*For a small critical care hospital there are a lot of options provided to keep you healthy or that the community has access to but the behavioral health department needs to double if not triple in size to ensure that the demographic of this island has access to it when they need it before it becomes an emergent situation.*

*In MDI a drop in center for people with mental health challenges/illnesses; a clubhouse model, possibly like INSPIRE in Ellsworth.*

*More support for substance abuse, especially alcohol.*

*Mental Health for the younger generation; lots of anxiety, suicide.*

*Mental health services, the waiting is too long for those in crisis.*

**Strengths in our community in this theme area:**

- MDIH Behavioral Health Center
- Recovery coaches
- INSPIRE Center
- Possibility of state dollars through Governor’s focused initiatives
- Hancock County Drug Treatment Court
- Great advocacy and support from the State
- Community support from donors and private philanthropy
- Outdoor access (Acadia National Park and other natural areas) helps with mental health
- Medical detox care in MDIH emergency department
- Strong partner consortium
- Hub & spoke model at AMHC for treating SUD

***“For a small critical care hospital there are a lot of options provided to keep you healthy or that the community has access to but the behavioral health department needs to double if not triple in size.”***

- Decentralized provision of Medication Assisted Treatment (MAT)
- Supportive school system with social workers to support students and teachers
- Involvement and training of law enforcement and first responders to help with mental health calls
- Less stigma and efforts to decriminalize SUD
- MDI Opiate Task Force
- Warm line and crisis lines
- Acadia Family Center
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings available daily
- Maine Alliance for Recovery Coaching
- Maine Seacoast Mission facilitates Substance Use Disorder services and other behavioral health counseling appointments on outer islands through telemedicine
- Many tobacco-free community locations
- Numerous prevention and education activities and resources are available through the schools
- Political will and availability of public funding
- Private counselors
- Wide recognition of and willingness to talk about opioid epidemic
- Bar Harbor and Mount Desert Police Departments now have every squad car equipped with Narcan
- Strong, active, and tight-knit recovery community

Challenges in our community in this theme area:

- Scarce resources across all types of providers
- Long wait lists
- Community members experience chronic stress and chronic pain, as well as related depression, anxiety, Substance Use Disorders
- A natural resource based economy and lots of outdoor activity leads to high rates of injuries and complicated pain management needs
- Despite the strength and size of the recovery community, those in recovery can feel very isolated from the community at large
- Obstacles such as transportation, cost, awareness, stigma, low health literacy, and others exist for community members to access resources
- Involvement of police in mental health responses is complicated
- Recovery supports in jails are increasing, but access is still limited
- Some community members are not ready to seek treatment
- Culture of independence and resistance to accepting help
- Work related injuries and economic instability related to seasonal employment contribute to substance use
- Legalized recreational marijuana
- A limited number of inpatient beds for substance treatment services
- Reimbursement for mental health services is lower than for physical health services
- Stigma for mental health generally, particularly Substance Use Disorder
- Co-occurring diagnoses and needs
- People end up in crises because of wait times and limited access to services
- Limited aging-related services puts added pressure on families and can lead to mental health challenges

Goal 1: Make all types of mental and behavioral healthcare more easily accessible and affordable.

Strategies:

- Continue to embed mental health services in primary care settings
- Support primary care providers in activities to provide appropriate mental health services, such as MAT
- Continue to support collaboration and coordination of resources and knowledge, such as the monthly Downeast Substance Use Network for providers
- Increase use of telemedicine or phone appointments to expand timely and convenient access to mental healthcare
- Advocate for more inpatient access for mental and behavioral health treatment throughout the state
- Increase availability of case management and home visiting services
- Raise awareness of alcoholism and misuse
- Address fear and stigma by sharing promotional materials in trusted locations and promoting public discussion, such as articles in the local news about prevention and available services
- Promote better understanding and support for people with high Adverse Childhood Experience (ACE) scores
- Build resources for acute mental and behavioral health to address lack of pediatric beds, crisis beds, and residential care and treatment
- Address gap that exists with closure of Augusta and other state mental health inpatient beds
- Involve police/first responders in promoting trauma therapy and other resources after a crisis event, such as the New Hampshire and Washington County “rapid response” programs
- Involve the Bar Harbor Police Department's social worker/health liaison in solutions
- Utilize trained community members to offer conversation and general support, such as 7 Angels model in Sorrento
- Explore Big Brother-Big Sister and/or Foster Grandparent programs to offer low impact and low cost support
- Celebrate the great work already happening; publicize and explain its value
- Build ways to effectively engage the seasonal community in strategies, especially to raise awareness

Goal 2: Achieve an “instant response” - no wrong door, no wrong time - to access services and supports

Strategies:

- Develop a walk-in clinic
- Continue to increase mental health services and supports in the schools, including social/emotional education programming
- Expand and promote evening and weekend hours of mental health services
- Explore potential for additional mobile mental health opportunities
- Recruit more mental health specialists and providers to the area
- Streamline mental health services between schools and other service providers
- Increase school-based mental and behavioral health appointments
- Promote recovery coaches more broadly
- Expand “recovery coaches” beyond SUD, for example resource brokering support, etc.
- Expand low-barrier spaces for people with behavioral health needs, such as INSPIRE in Ellsworth, to support a variety of needs; support Acadia Family Center’s efforts to replicate Inspire Center model
- Better integrate mental and physical health services and handoffs



- Advocate for co-located care, including physical, dental, behavioral and mental health, and lab work
- Expand availability of medical detox services beyond the emergency department
- Engage clergy and faith community to expand access to supports
- Replicate “mental health court” model that exists in Washington County
- Involve ArtWaves and others to offer art therapy
- Increase resource navigation services
- Increase access to barrier removal funds, such as You’ve Got a Friend Fund through HA
- Conduct an inventory or survey of who is doing what to identify and address specific unmet needs and improve coordination

Goal 3: Create or identify group or individual housing options with support for people with mental/behavioral health diagnoses

Strategies:

- Explore existing models, such as:
  - CHOM model: <https://www.chomhousing.org>
  - Families First in Ellsworth
  - Safe Harbor in Machias
  - Freedom Place in Portland
  - Friendship Cottage in Blue Hill (adult day care)
- With lack of nursing homes, find ways to connect patients and families who require geri-psychiatric support
- Expand domestic violence shelter options
- Create intentional multi-generational housing options
- Establish a recovery residence in the LSA
- Establish mental health respite housing

## Conclusions and Reflections

Our process and findings emphasize the impressive breadth and depth of assets in the LSA. The strong culture of civic-mindedness, collaboration, and caring for others and for this place strongly stood out as what residents love, contribute to, and rely on as part of the daily experience as well as in times of need. The COVID-19 pandemic shone a light on the fragility of the health and social service systems nationwide. Despite the many challenges, the impact of the pandemic with the many economic and social implications also highlighted the strength and resilience of the region.

Differences between the 2020 CHNA findings and this cycle are palpable, much more stress around housing, mental health, and unmet workforce needs, for example. Yet our findings also surfaced creative, hard work to understand and address the community's needs and wishes.

### *Theme-Related*

Among the most-commonly cited themes were the number of organizations and programs offering high-quality and much needed services. Nonetheless, awareness of and access to those resources appears to be very complicated for many residents. Particularly in a rural area, communications and coordination solutions will leverage existing assets and strengths, as well as cost-efficient solutions. This LSA has an unusually strong and broad culture of collaboration and sharing information and resources, two critical success factors to achieve improved communications and inter-organizational coordination. This infrastructure of existing community connectedness and a spirit of collaboration positions the LSA well to work together on implementation and achieve their shared goals.

**This LSA has an unusually strong and broad culture of collaboration and sharing information and resources, two critical success factors to achieve improved communications and inter-organizational coordination.**

Among the strongest signals we heard:

- Housing is at a crisis point and complicates solutions to many other community health issues, particularly staffing to expand access to care and to decrease wait times. Without housing solutions, access to care will continue to be challenged by the ability to recruit and retain staff.
- COVID-19 has had an outsized impact on mental health, particularly for youth.
- Substance use, including alcohol, are major concerns and more options are needed for timely access to various types of support for individuals and families.
- No nursing home in Hancock County is a major concern.
- Employers play an important role in community health, particularly related to providing health insurance and living wages. It would be useful to identify ways to coordinate opportunities to include their voice and collaboration in implementation of strategies and other action plans.

- Many of the issues and potential solutions will require policy change at the local, state, and federal levels. Some solutions will require legislative action, others will require regulatory change. Coordinated advocacy efforts focused by issue as well as place-based will strengthen and potentially accelerate attention and action.

### ***Process-Related***

We appreciated and learned from suggestions included in the 2020 report in approaching our work for this CHNA process. In that spirit we note some ideas that might be considered in future CHNA efforts:

- We strove to include first responders and criminal justice perspectives but were not as successful as we hoped. In the future, it might be helpful at the outset to identify a specific process to include members of those communities.
- Having the public survey available online and in paper was important. Offering a QR code was very helpful in increasing awareness and responses.
- Offering a shorter version of the Community Health survey might further increase the response rate, particularly for completion by older community members and those with limited online access.
- As our timeline overlapped with residual COVID-19 concerns and the winter months, we met by Zoom exclusively. This had great advantages for convenience and increased participation. That said, organizing some in-person focus groups might be considered in the future. In person meetings could be open to all community members or by invitation (to focus on select cohorts or perspectives) at locations convenient for those groups, such as assisted living homes, community meals or food pantries, laundromats, schools, or first responder work sites.
- Including more detailed demographic questions on the “Community Health Survey” was helpful, especially related to income, insurance status, and age. In future versions, it might be helpful to add questions about respondents’ housing situation, for example rent, own, full or part-time resident, and number of people in the household.
- It was very useful for the Theme Working Groups to include a combination of Steering Committee members, people who volunteered through the Community Health survey, and specific invitations to community leaders with content expertise.

## **A Final Note**

Community health is multifaceted, hard to measure, dynamic, and ever changing. This 2023-2024 MDI region CHNA and Action plan is a snapshot of the LSA and provides a framework for Mount Desert Island Hospital, Healthy Acadia, and partners to collectively address health concerns and bring to life our vision statement, an area that is “...home to vibrant communities where people thrive and healthful resources are easily accessible.” It is the sincere hope of the CHNA Coordinators and Steering Committee members that this tool is used in many creative ways to better the community. We welcome you, the reader, to use this tool in the way it aligns best with your individual or organizational goals, needs, and resources. We also welcome you to contact Healthy Acadia at [info@healthyacadia.org](mailto:info@healthyacadia.org) or by calling 207-667-7171 to schedule a presentation on this report, request further information, or to learn how to get involved. We invite you to join in efforts to build healthy communities together. Thank you for all you contribute to our communities.

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## Appendices

- Appendix A - List of Core Planning Team, Steering Committee and Working Group members
- Appendix B - Community Themes and Strengths Survey instrument (“Community Health Survey”)
- Appendix C - Community Themes and Strengths / Community Health Survey data summary
- Appendix D - Community Partner Assessment Survey instrument
- Appendix E - Forces of Change summary

## **Appendix A - A List of Core Planning Team, Steering Committee and Working Group members**

### **Core Planning Team**

Healthy Acadia: Caroline Bloss, Maria Donahue, Elsie Flemings, Leslie Goode, Shoshona Smith

MDI Hospital: Morgan Mackenzie, Chrissi Maguire, Michelle Smith

### **Steering Committee Members**

Caroline Bloss, Recovery Projects Director, Healthy Acadia

Mariah Cormier, Public Affairs Officer, MDI Hospital

Barbara Conry, Director of Student Support and Wellness, College of the Atlantic

Maria Donahue, Community Health & Prevention Director, Healthy Acadia

Elsie Flemings, Executive Director, Healthy Acadia

Sam Foss, VP, Nursing Services, MDI Hospital

Leslie Goode, MDI CHNA Program Manager, Healthy Acadia

Rob Hemenway, Executive Director, Birch Bay Retirement Village

Oka Hutchins, Director of Advancement, MDI Hospital

Rota Knott, Executive Director, Acadia Family Center

John Lindquist, Executive Director, Friends in Action

Morgan Mackenzie, MDI Hospital

Christina Maguire, President and CEO, MDI Hospital

Mike McKernan, Director of Government & Community Relations, Jackson Laboratory

Amy McVety, Executive Director, Mount Desert Nursing Association

Kathleen Miller, Executive Director, Mount Desert 365

Tom Reeve, Executive Director, Bar Harbor Food Pantry

Megan Rilkoﬀ, Development and Communications, Mount Desert Nursing Association

Tracy Shaffer, Board President, Loaves and Fishes

Michelle Smith, CFO, MDI Hospital

Shoshona Smith, Development Director, Healthy Acadia

Margaret Snell, Maine Seacoast Mission

Wendy Todd, Mount Desert Chamber of Commerce

Charlotte Winger, Director of Patient Services, MDI Hospital

### **Working Group Theme Members (in addition than those on the Steering Committee)**

Dr. Margaret Beaulac, Retired physician and community activist

Allie Bodge, MDI Housing Authority

Everal Eaton, Bar Harbor Chamber of Commerce

Dr. Julian Kuffler, MDIH

Paige Johnston, Healthy Acadia

Linda Lunt, MDI YWCA

Linda Napier, AMHC

Marla O'Byrne, Island Heritage Trust

Dr. Timothy Oh, Caring Hands of Maine Dental Center

Jennica Pieuch, MDIH Behavioral Health Center

Donna Wiegler, Retired, Swans Island health center

### **Report Coordinators and Writing Team**

Leslie Goode, Caroline Bloss and Shoshona Smith

## Appendix B - Community Themes and Strengths Survey instrument

### 2023 Community Health Survey Introduction

Do you live, work, go to school, or otherwise spend time in Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton?

Mount Desert Island Hospital (MDIH) and Healthy Acadia are conducting a Community Health Needs Assessment. Your feedback is important! Completing this survey means your thoughts, experiences, and ideas will be included as we work to meet the health needs of our area.



The survey should only take about 10 minutes to complete. It is also available online - simply scan the QR code to the right - or via in-person or phone interviews by contacting Leslie Goode at [leslie.goode@healthyacadia.org](mailto:leslie.goode@healthyacadia.org) or by calling 460-3050.

We hope to hear from as many people as possible so that what we learn represents the ideas, interests, and needs of everyone. Please help us understand our strengths, what needs to be improved, and important issues. With your feedback and others in the community, we will develop goals and strategies for a healthy, strong, community.

Our 2020 Community Health Needs Assessment and Action Plan is available on the MDI Hospital website. A report including the results of this survey will be available in May 2024.

For more information or to be part of this Community Health Needs Assessment in other ways, please write your contact information on the last page or send an email to [leslie.goode@healthyacadia.org](mailto:leslie.goode@healthyacadia.org) or call 460-3050.

***Si gusta obtener una copia del cuestionario en español, por favor comuníquese con Katia McClellan en [katia.mcclellan@healthyacadia.org](mailto:katia.mcclellan@healthyacadia.org). Si prefiere hacer el cuestionario vía llamada telefónica, por favor marque al +52 222 802 0489 por Whatsapp.***

**Please return your completed survey to:** the location where you received the survey or mail to: Leslie Goode, Healthy Acadia, PO Box 1710, Ellsworth, ME 04605.

Thank you for sharing your valuable ideas!





## 2023 MDI Community Health Survey

Mount Desert Island Hospital and Healthy Acadia want your input to assess area health needs. The information will be used to create a community health plan to improve our overall health.

**1. How healthy would you rate our community? Circle a number from 1-5.**

<i>Very Unhealthy</i>	<i>Somewhat Unhealthy</i>	<i>Neutral</i>	<i>Somewhat Healthy</i>	<i>Very Healthy</i>
1	2	3	4	5

**2. I am satisfied with the quality of life in our community (considering my sense of well-being and safety). Circle a number from 1-5.**

<i>Very Unsatisfied</i>	<i>Somewhat Unsatisfied</i>	<i>Neutral</i>	<i>Somewhat Satisfied</i>	<i>Very Satisfied</i>
1	2	3	4	5

**3. I am satisfied with the health care system in our community (considering organizations and providers offering physical, mental and dental health services). Circle a number from 1-5.**

<i>Very Unsatisfied</i>	<i>Somewhat Unsatisfied</i>	<i>Neutral</i>	<i>Somewhat Satisfied</i>	<i>Very Satisfied</i>
1	2	3	4	5

**4. What additional services, supports, and/or spaces could our community use to better ensure health for all?**

**5a. Do you feel as though every community member has equal access to high-quality health services, supports, and resources? (circle one)**

Yes                  No                  Unsure

**5b. If you answered "No", who do you think faces the most significant challenges?**

**6. This community is a good, safe place to raise children (considering schools, child care, community activities and resources, housing, and employment opportunities, etc.). Circle a number from 1-5.**

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Neutral</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

**7. This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for people living alone, meals on wheels, etc.). Circle a number from 1-5.**

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Neutral</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
1	2	3	4	5

**8a. What do you see as the most important "health concerns" in our community? Please write in if unlisted, otherwise circle no more than five (5).**

Acute or chronic health (allergies, asthma, cancer, diabetes, heart disease, high blood pressure, gastrointestinal disorders, etc.)

Bullying (in-person or online)

Chronic pain

Costs of care and/or prescriptions

Childhood trauma

Aging challenges

COVID-19

Bias, discrimination, and other factors leading to health inequities

Dental health/mouth pain

Domestic violence

Economic instability/limited employment and opportunities for growth

Environmental health concerns (mold, other toxins, clean air and water, etc.)

Health insurance accessibility/coverage

Infectious diseases (including Lyme and excluding COVID-19)

Lack of awareness of existing health services

LGBTQ health challenges

Limited access to healthy foods

Limited access to physical activity/ opportunities for recreation

Mental health challenges (including anxiety and/or depression)

Motor vehicle crash injuries

Obesity

Rape/sexual assault

Reproductive, maternal, newborn, and/or child health concerns

Safe and affordable housing

Sexual health concerns

Substance use (e.g. alcohol, opioids, tobacco)

Suicide

Transportation difficulties

**8b. Comment on your responses above:**

**9. What health issues do you feel are not being adequately addressed or you would like to see more public discussion, education, and action around?**

**10a. What do you think are the most significant “health strengths” in our community? Circle no more than five (5).**

Access to healthy foods (including farm stands, farmers markets, and gardens)

Awareness and/or accessibility of existing health services

Close-knit communities

Dental services

Education offerings for all ages

Employment and growth opportunities

Food pantries and meal sites

Health care services and providers (including outer island health care services)

Health education in schools and through community groups

Housing - safe and affordable

Mental health services and providers

Natural beauty and outdoor sites (Acadia National Park, other parks and open space)  
Police and emergency services

Prevention programming

Recreation in schools and the community

Spiritual and religious community

Substance prevention, treatment and recovery supports

Sustainability and energy-efficiency initiatives

Third-spaces (a safe space that is not work/school or home)

Tobacco-free public areas

Volunteerism and civic engagement

Worksite wellness programs

**10b. Comment on your response:**

**11. What programs or projects could make us a healthier community?**

**12. What were one or two major impacts of the COVID-19 pandemic on you and your family?**

**Please tell us a bit about yourself. It will be used for demographic purposes only. You will not be identified by your answers in any way.**

**13. What area(s) where you live, work, go to school, or think of as your "community"? (please check all that apply)**

- Bar Harbor
- Cranberry Isles
- Frenchboro
- Hancock
- Lamoine
- Mount Desert
- Northeast Harbor
- Southwest Harbor
- Swan's Island
- Tremont
- Trenton
- Other, please specify

**14. Do you identify as: (please circle one)**

Female                  Male                  non-binary

**15. Age: (please circle one)**

Under 18    18-25                  26-40                  41-55                  56-70                  71-85                  Over 85

**16. Race/Ethnicity:**

- White
- Asian
- American Indian or Alaskan Native
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Other

**17. How do you pay for health care?**

- Cash
- MaineCare (Medicaid)
- Private health insurance through employer, school or other established group plan
- Private health insurance purchased directly (individual or family plan)
- Medicare
- Department of Defense
- Veterans Administration
- Indian Health Services
- Other, please specify

**18a. Annual household income in 2023:**

- Under \$15,000
- \$15,000-45,000
- \$45,001-\$75,000
- \$75,001-\$100,000
- \$100,001-\$150,001
- above \$150,001

**18b. If you or your household faced difficulty paying for basic needs (such as housing, food, or health care) in the past 3 years, please tell us about that. How did you address those needs? How did it affect your health?**

**19. Is there any other information or input you would like to share?**

**Thank you!**

**Yes! I would like to be a part of this Community Health Needs Assessment in other ways. If so, please share your name and preferred contact information. You may tear off and separately submit this section from the survey you just completed for privacy reasons.**

Name:

Town:

Email or phone number:

# Appendix C - Community Themes and Strengths data summary

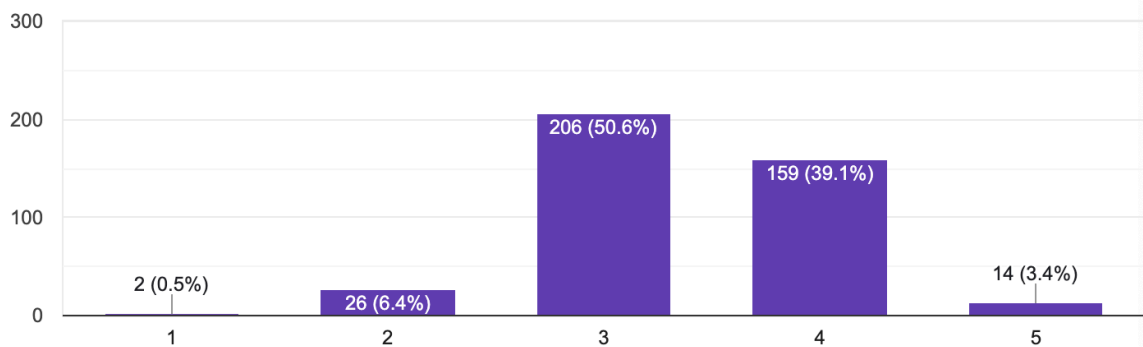
## 2023/24 MDI Region Community Health Survey Quantitative Data Summary

### Survey Questions

1. How healthy would you rate our community?

 Copy

407 responses

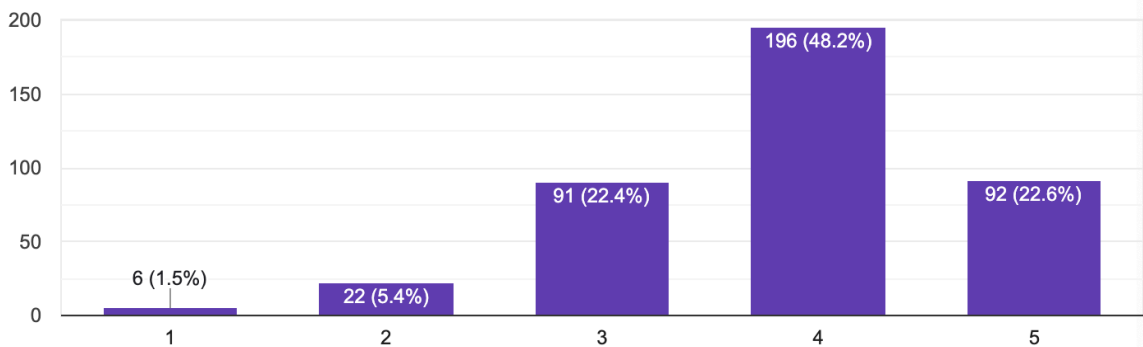


1=Very unhealthy  
5= Very healthy

2. I am satisfied with the quality of life in our community (considering my sense of well-being and safety).

 Copy

407 responses



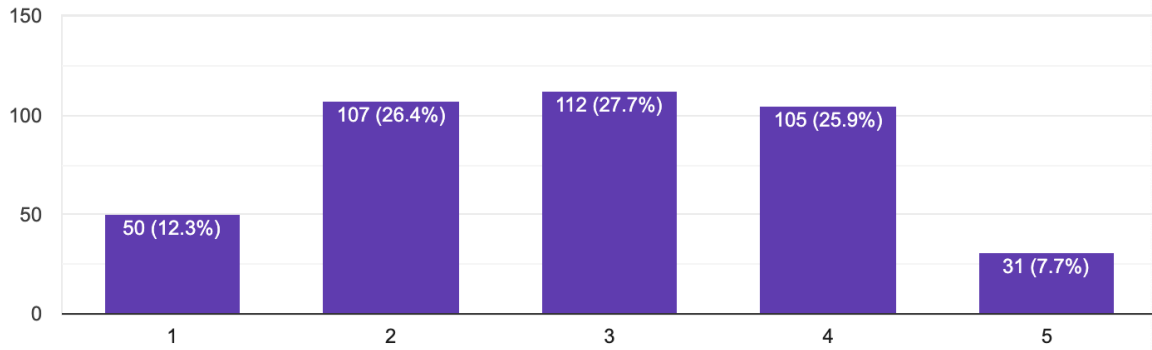
1= Very unsatisfied  
5=Very satisfied



3. I am satisfied with the health care system in our community (considering organizations/providers offering physical, mental and dental health services).

 Copy

405 responses



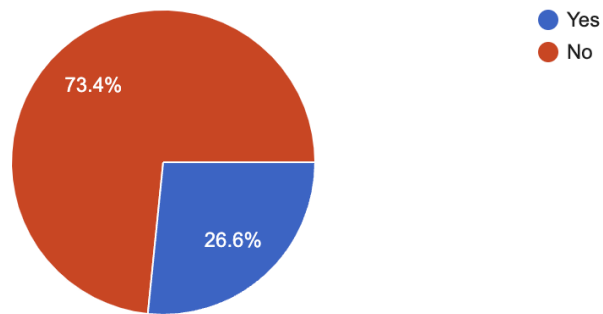
1= Very unsatisfied

5= Very satisfied

5a. Do you feel as though every community member has equal access to high-quality health-promoting services, supports, and spaces?

 Copy

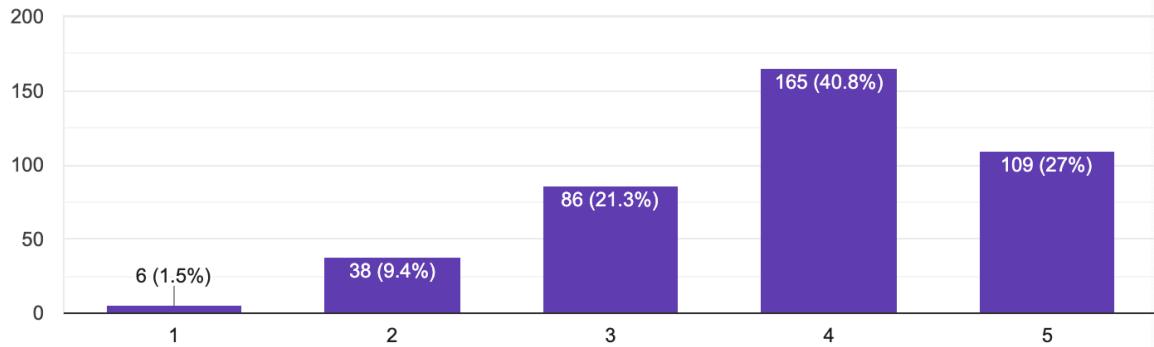
387 responses



6. This community is a good, safe place to raise children (considering schools, child care options, community activities and resources, housing, and employment opportunities, etc.).



404 responses



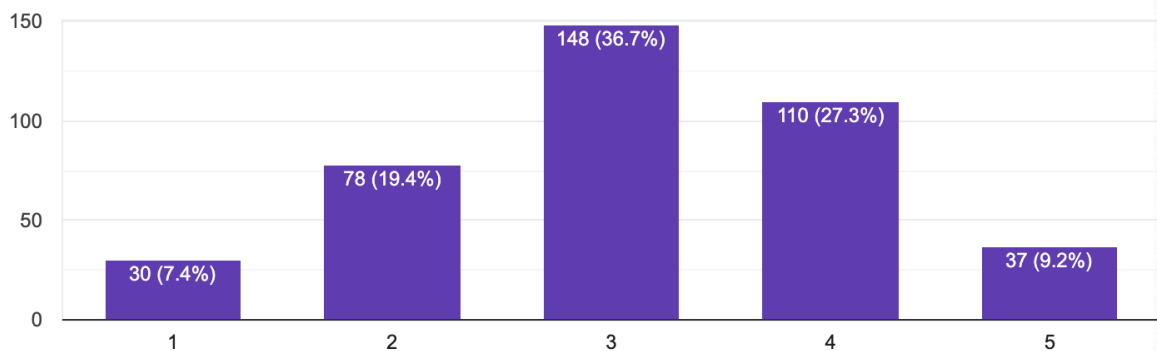
1=Strongly disagree

5= Strongly agree

7. This community is a good place to grow old (considering elder-friendly housing, transportation, shopping, elder day care, community activities, social supports for the elderly living alone, meals on wheels, etc.).



403 responses



1= Strongly disagree

5= Strongly agree

8a. What do you see as the most important “health concerns” in our community? Please write in if unlisted, otherwise check no more than five (5).

408 responses

Top 3 are highlighted in yellow; categories related to top 3 are highlighted in red

Acute or chronic health concerns (e.g. allergies, asthma, cancer, diabetes, heart disease, high blood pressure, gastrointestinal disorders, etc.)	115	28.2%
<b>Costs of care and/or prescriptions</b>	<b>205</b>	<b>50.2%</b>
Aging challenges	158	38.7%
Bias, discrimination, and other factors contributing to health inequity	44	10.8%
Bullying	15	3.7%
Chronic pain	43	10.5%
Childhood trauma	36	8.8%
Covid 19	30	7.4%
Dental challenges	112	27.5%
Domestic violence	50	12.3%
Economic instability / limited employment and opportunities for growth	150	36.8%
Environmental health concerns (mold and other toxins, air and water pollutants, etc.)	33	8.1%
Health insurance accessibility and coverage	152	37.3%
Infectious diseases (including Lyme Disease & excluding Covid-19)	53	13.0%
Lack of awareness of existing health services	80	19.6%
LGBTQ health challenges	21	5.1%
Limited access to health food	41	10.0%
Limited access to physical activity/opportunities for recreation	30	7.4%
<b>Mental health challenges</b>	<b>191</b>	<b>46.8%</b>
Motor vehicle crash injuries	15	3.7%
Obesity	94	23.0%
Rape/sexual assault	15	3.7%
Reproductive, maternal, newborn and/or child health concerns	21	5.1%

Safe and affordable housing	247	60.5%
Sexual health concerns	4	1.0%
Substance use (e.g. alcohol, opioids, tobacco, etc.)	165	40.4%
Suicide	29	7.1%
Transportation difficulties	114	27.9%

10a. What do you think are the most significant “health strengths” in our community?  
Check no more than five (5).

396 responses

Top 3 are highlighted

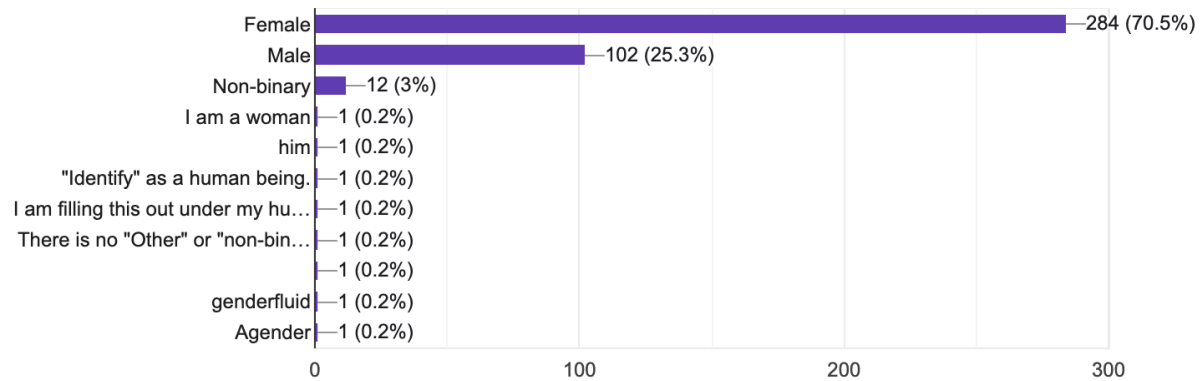
Access to healthy foods (including from farm stands, farmers markets, and community gardens)	192	48.50%
Awareness and/or accessibility of existing health services	33	8.30%
Close-knit communities	194	49%
Dental services	11	2.80%
Education offerings for all ages	71	17.90%
Employment and growth opportunities	37	9.30%
Food pantries and meal sites	181	45.70%
Health care services and providers (including outer island health care services)	52	13.10%
Health education in schools and through community groups	10	2.50%
Housing - safe and affordable	11	2.80%
Mental health services and providers	12	3%
Natural beauty and sites (Acadia National Park, town parks, and green spaces)	302	76.30%
Police and emergency services	99	25%
Prevention programming	13	3.30%
Recreation opportunities in schools and community locations	112	28.30%

Spiritual and religious community	62	15.70%
Substance prevention, treatment and recovery	16	4%
Sustainability and energy-efficiency initiatives	49	12.40%
Third-spaces (a safe space that is not work/school or home)	17	4.30%
Tobacco-free public areas	78	19.70%
Volunteerism and civic engagement	135	34.10%
Worksite wellness programs	25	6.30%

#### 14. Do you identify as:

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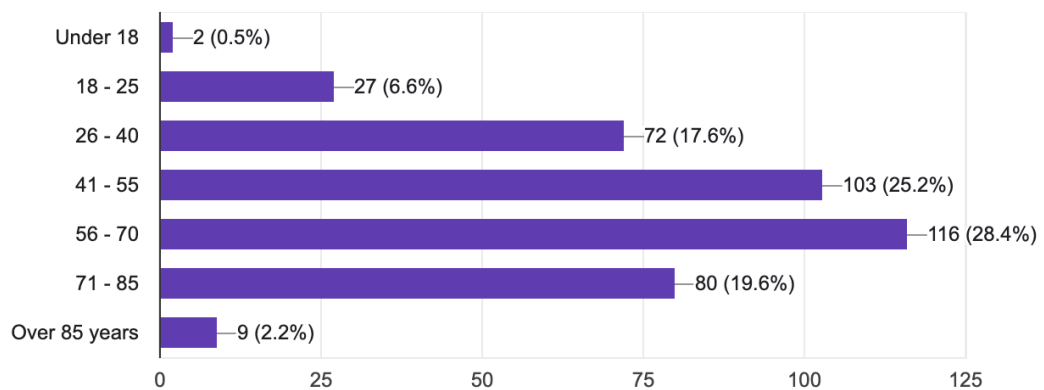
403 responses



#### 15. Age:

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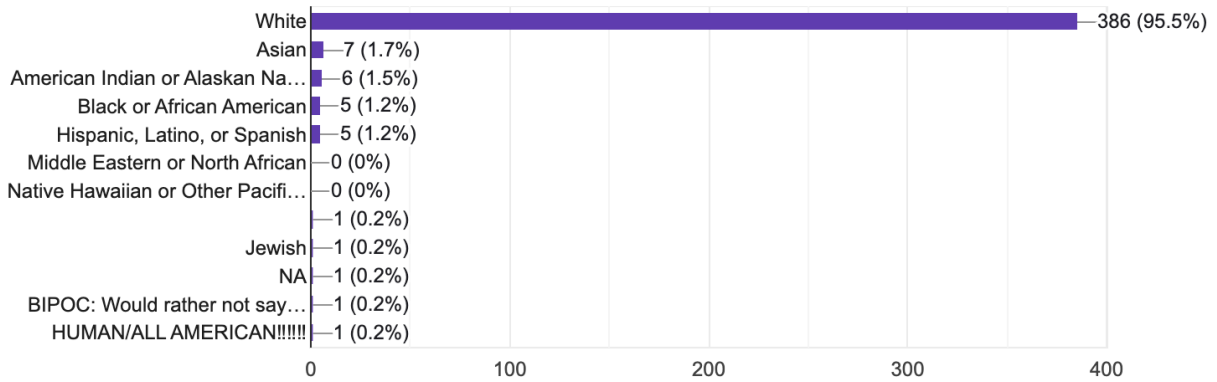
409 responses



## 16. Race/Ethnicity:

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404 responses



## 17. How do you pay for health care?

407 responses

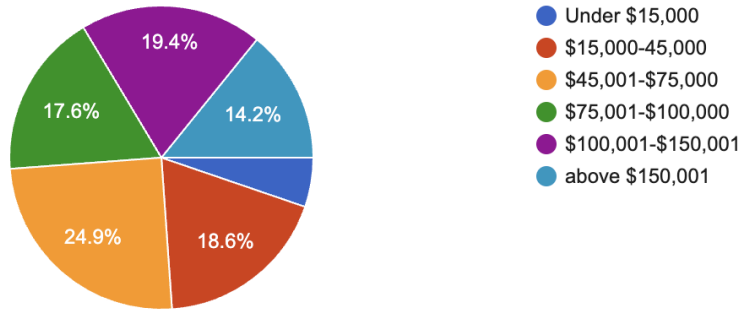
Top 3 are highlighted

Cash	34	8.40%
MaineCare (Medicaid)	29	7.10%
Private health insurance through employer, school or other established group plan	233	57.20%
Private health insurance purchased directly (individual or family plan)	54	13.30%
Medicare	122	30%
Department of Defense	5	1.20%
Veterans Health Administration	1	0.2%
Indian Health Services	0	0%

18a. Annual household income in 2023:

381 responses

 Copy



# Community Partner Survey- 2023/2024

## Community Health Needs Assessment

Mount Desert Island Hospital and Healthy Acadia are seeking input from our **organizational partners** Bar Harbor, Cranberry Isles, Frenchboro, Hancock, Lamoine, Mount Desert, Southwest Harbor, Swan's Island, Tremont, and Trenton to assess community health needs and assets. The information from this survey will be added to the information we gather through the survey we are fielding to individuals. The overall process and combined data will be used to identify how to improve our community's health together.

**Note: Please submit only one completed survey per organization.**

This survey should only take about 15 minutes to complete.

Questions or technical issues with this survey? Please contact Leslie Goode at [leslie.goode@healthyacadia.org](mailto:leslie.goode@healthyacadia.org) or by calling 460-3050.

### **Community Partner Survey Introduction**

Thanks for taking our Community Partner Survey.

**Your organization—and you—are vital to our community's local public health system, even if you do not work directly in public health or healthcare. Public health is more than healthcare.** Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our Community Partner Assessment, which helps us identify the organizations involved in supporting the health and well-being of our community, whom they serve, what they do, and their capacities and skills in building community health. Your input helps us name collective strengths and opportunities for greater impact.

The responses to this survey will be used to inform a Community Health Needs Assessment and Action Plan, which will be shared in May 2024.

Things to Know...

- This survey should take about 15 minutes.
- Your responses will not be used to publicly identify you or your organization. They will be combined and summarized with all other responses in the report.
- Submit only one completed survey per organization.



## This Section Asks General Questions About Your Organization

1. What is the full name of your organization and where are you located?

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2. What is your organization's service area?

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3. What best describes your role in the organization?

*Check all that apply.*

- a. Administrative staff
- b. Front line staff
- c. Supervisor (not senior management)
- d. Senior management level/unit or program lead
- e. Leadership team
- f. Community member
- g. Community leader
- Other: \_\_\_\_\_

4. Which of the following best describe(s) your organization? (Check all that apply.)

*Check all that apply.*

- a. State health department
- b. Tribal health department
- c. Other city government agency
- d. Other county government agency
- e. Other state government agency
- f. Other Tribal government agency
- g. Private hospital
- h. Public hospital
- i. Private clinic
- j. Public clinic
- k. Emergency response
- l. Schools/education (PK-12)
- m. College/university
- n. Library
- o. Non-profit organization
- p. Grassroots community organizing group/organization
- q. Tenants' association
- r. Social service provider
- s. Housing provider
- t. Mental health provider
- u. Neighborhood association
- v. Foundation/philanthropy
- w. For-profit organization/private business
- x. Faith-based organization
- aa. Center for Independent Living
- Other: \_\_\_\_\_

would like us and community members to know about and assure are well used?

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6. Who or how would you characterize the primary populations your organization serves?

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7. What racial/ethnic populations does your organization work with or serve? (check all that apply)

*Check all that apply.*

- a. Black/African American
- b. African
- c. Native American/Indigenous/Alaska Native
- d. Latinx/Hispanic
- e. Asian
- f. Asian American
- g. Pacific Islander/Native Hawaiian
- h. Middle Eastern/North African
- i. White/European
- Other: \_\_\_\_\_

8. Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

*Mark only one oval.*

- a. Yes—we provide services specifically for the LGBTQIA+ community
- b. Somewhat—we provide general services and LGBTQIA+ individuals could use those services
- c. No—we do not have unique accommodations for LGBTQIA+ populations
- d. Unsure

9. Does your organization offer services specifically for people with disabilities?

*Mark only one oval.*

- a. Yes—we provide services specifically for people with disabilities
- b. Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not specifically designed to serve people with disabilities
- c. No—our organization is not specifically designed to serve people with disabilities
- d. Unsure

10. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?

*Mark only one oval.*

- a. Yes
- b. No
- c. Unsure

10a. If your organization works with immigrants, refugees, asylum seekers, and other populations who speak English as a second language or do not speak English, do you offer translation or interpretation services?

*Mark only one oval.*

- a. Yes
- b. No
- c. Unsure
- d. Not applicable

10b. If yes, list what languages are offered?

---

11. What distinct groups does your organization serve? For example, women, youth, elders, people with disabilities, people who have unstable housing, veterans, people with specific religious practices, seasonal workers or residents, and/or people involved in the criminal legal system.

---

12. What do you do to reach/engage/work with your clientele or community? (Check all that apply.)

*Check all that apply.*

- a. We hire staff from specific groups that mirror the populations we serve
- b. We hire staff/interpreters who speak the language/s of the populations we serve
- c. We support leadership development in the populations we serve
- d. Our organization is physically located in neighborhood/s of the populations we serve
- e. We receive many referrals from the populations we serve
- f. We work closely with community organizations that support the populations we serve
- g. We have done extensive outreach to the populations we serve
- Other: \_\_\_\_\_

13. Which of these topics is part of your organization's focus? (Check all that apply.)

*Check all that apply.*

- a. Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.
- b. Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.
- c. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
- d. Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.
- e. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.
- Other: \_\_\_\_\_

14. Which of the following categories does your organization work on/with? (Check all that apply.)

*Check all that apply.*

- a. Arts and culture
- b. Businesses and for-profit organizations
- c. Criminal legal system
- d. Disability/independent living
- e. Early childhood development/childcare
- f. Education
- g. Community economic development
- h. Economic security
- i. Environmental justice/climate change
- j. Faith communities
- k. Family well-being
- l. Financial institutions (e.g., banks, credit unions)
- m. Food access and affordability (e.g., food bank)
- n. Food service/restaurants
- o. Gender discrimination/equity
- p. Government accountability
- q. Healthcare access/utilization
- r. Housing
- s. Human services
- t. Immigration
- u. Jobs/labor conditions/wages and income
- v. Land use planning/development
- w. LGBTQIA+ discrimination/equity
- x. Parks, recreation, and open space
- y. Public health
- z. Public safety/violence
- aa. Racial justice
- ab. Seniors/elder care
- ac. Transportation
- ad. Utilities
- ae. Veterans' issues
- af. Violence
- ag. Youth development and leadership
- Other: \_\_\_\_\_

15. Which of the following health topics does your organization work on? (check all that apply)

*Check all that apply.*

- a. Cancer
- b. Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- c. Family/maternal health
- d. Immunizations and screenings
- e. Infectious diseases, other than COVID
- f. COVID-19
- g. Injury and violence prevention
- h. HIV/STD prevention
- i. Healthcare access/utilization
- j. Health equity
- k. Health insurance/Medicare/Medicaid/MaineCare
- l. Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- m. Physical activity
- n. Tobacco and substance use and prevention
- o. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- o. None of the above/Not applicable
- Option 16
- Other: \_\_\_\_\_

## Organization's Capacities

A goal of this assessment is to better understand how partner organizations contribute to our local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare. Public health is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community. Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions impact the public's health.

One way to understand, assess, and improve our local public health system is to capture how your organization's capacities and activities align with essential services (activities identified as "essential public health services" by the CDC).



16. Please indicate whether your organization regularly does the following activities. (Check all that apply.)

*Check all that apply.*

- a. Assessment: My organization conducts assessments of living and working conditions and community needs and assets.
- b. Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- c. Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- d. Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- e. Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- f. Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- g. Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- h. Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.
- i. Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- j. Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.

17. Please list any additional strengths of your organization that are not included above.

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18. Of the activities and strengths listed above (including any you added in 17), which do you identify as your organization's top 1–3 strengths?

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19a. Does your organization have sufficient capacity to meet the needs of your clients/members/service population? For example, do you have enough staff/funding/support to do your work?

*Mark only one oval.*

- a. Yes
- b. No
- c. Unsure

19b. Please elaborate or add comments to your answer to question 19a.

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20a. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

*Mark only one oval.*

- Yes
- No
- Not sure

20b. If yes, please describe what you assess and whether you are able to share the assessments you describe.

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21a. What data does your organization collect? (Check all that apply.)

*Check all that apply.*

- a. Demographic information about clients or members
- b. Access and utilization data about services provided and to whom
- c. Evaluation, performance management, or quality improvement information about services and programs offered
- d. Data about health status
- e. Data about health behaviors
- f. Data about conditions and social determinants of health (e.g., housing, education, or other)
- g. Data about systems of power, privilege, and oppression
- h. We don't collect data
- Other: \_\_\_\_\_

21b. Can you share any of that data for purposes of this Community Health Needs Assessment?

Mark only one oval.

- a. Yes, can share
- b. No
- c. Unsure
- Other: \_\_\_\_\_

22. (Optional) Please comment about how your organization might contribute to this Community Health Needs Assessment and follow-on planning and implementation. *Examples include but are not limited to: Helping to distribute surveys to individual community members to learn about their health and community health perspectives; participating in a phone call or meeting to share your expertise on community health needs and opportunities; and using the Community Health Needs Assessment and Action Plan final report to help inform your work/being part of a network of organizations partnering on implementation.*

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23. Please add any questions, comments, or suggestions about our process and/or how we might work together to improve community health.

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## Thank You for Completing our Survey!

Your responses will be analyzed along with other data we collect and existing data we access. All of this information will be used to develop a Community Health Needs Assessment and Action Plan report aimed at collectively strengthening the health of our community. That report will be shared directly with Steering Committee members and be available publicly on the MDI Hospital website.

Thank you for your assistance!

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This content is neither created nor endorsed by Google.

Google Forms

## **Appendix E - Forces of Change summary**

### **2024 Community Health Needs Assessment FORCES OF CHANGE**

#### **Definitions**

- “Trends” are patterns over time, such as migration in and out of a community or changes in technology access.
- “Factors” are discrete elements, such as a community’s large ethnic population, a rural setting, or proximity to a major waterway.
- “Events” are one-time occurrences, such as a hospital closure, a natural disaster, or passage of new legislation.

#### **Discussion Questions**

##### **1. What trends, factors, and/or events exist that may affect our community?**

- Respiratory diseases, including COVID-19
- Workforce shortages, including primary care and specialist physicians
- Long wait times for appointments
- Environmental health issues including well water testing (arsenic), radon in indoor air and water, mold exposures, PFAS
- Substance Use Disorders, including overdose
- Mental/Behavioral health
- Big weather events, including flooding
- Social disconnection
- Climate adaptations
- Housing shortages
- Persistent inflation and high cost of living
- Oral health care access
- Chronic disease rates, specifically diabetes, cancer, and Alzheimer's disease/dementia
- Seasonality of our community
- Influx of seasonal visitors and workforce (affects access to care)
- SNAP benefits do not keep pace with inflation
- Benefit levels more limited and inadequate since expiration of COVID supplemental funds
- Access to affordable prescription medication

- Rural nature of our area, including (especially) the remote islands
- Uninsured (and underinsured) people (e.g. fishermen, seasonal workers)
- Transportation difficulties
- Lack of activities, third places, and things to do in general and especially youth
- MaineCare eligibility criteria changes
- Northern Light discontinuing home health services on MDI
- Closure of the last long term nursing facility; no nursing home in Hancock County
- Only limited assisted living or respite care

**2. What populations may be disproportionately impacted (harmed or benefit) by these forces of change?**

- Transient and self-employed workforce
- Middle of the road group that makes too much money to receive assistance, but isn't keeping up with inflation
- Adults age 60 and over and living alone
- Vulnerable populations, including unhoused, insecurely housed (priced out of affordable housing in the area)
- Speakers of other languages (ESL and ASL – American Sign Language)
- Non-lobster fisherman (clammers, wormers, other); people who rely on working waterfront
- Working parents, requiring daycare, after school care
- Caregivers
- Young people (youth and young adults)
- People who have been receiving MaineCare benefits
- Aging population (and their caregivers)

**3. What resources or strengths do we have to adapt to these changes?**

- Mental Health and behavioral health services, including MDIH Behavioral Health Center
- Strong sense of community and goodwill to support one another
- School district and embedded school nurses, social workers, and counselors at each site
- Transportation - Downeast bus is underutilized and has more potential
- Picasso - Telehealth capabilities to provide access to specialists with a provider at an appointment
- Oral health prevention is being expanded to all school sites with funding for it.
- Youth support examples- Neighborhood House doing cooking classes, libraries, Volta, YMCA
- MDIH is working with Northern Light to take over home health patients and to eliminate gaps
- High philanthropic assets in our community
- Unusually high concentration of nonprofits in our area

- Relationship with schools, universities, community colleges, and medical institutes to train nurses, medical providers, and interns (MDIH Medical Education Center)
- Decrease in stigma around SUD and increasing awareness of narcan and how to administer it
- Downeast Treatment Center, Healthy Acadia, AMHC, Groups, State of Maine Opiate Task Force (with Gerdon Smith), and MDI Opioid Task Force (with John Lennon and others)
- Public health education from research perspective: MDI Biological Lab and Jackson Lab
- Employers trying to address the workforce housing shortage

**4. How can what we've learned through this exercise shape some final recommendations for community health improvement?**

- Need to find ways to get faster throughput to primary care (e.g. through telehealth services)
- Identify ways to build and strengthen collaborations efficiently without duplicating resources





# DISASTER ASSISTANCE

## Emergency Forest Restoration Program (EFRP)

### Overview

The Emergency Forest Restoration Program (EFRP), administered by the U.S. Department of Agriculture (USDA) Farm Service Agency (FSA), provides payments to eligible owners of nonindustrial private forest (NIPF) land in order to carry out emergency measures to restore land damaged by a natural disaster.

### How to Apply

EFRP enrollment is administered by FSA state and county committees and county offices. Producers should inquire with their local FSA county office regarding EFRP enrollment periods and eligibility.

### How it Works

FSA county committees determine land eligibility using on-site damage inspections that assess the type and extent of damage.

To be eligible for EFRP, NIPF land must:

- Have existing tree cover (or had tree cover immediately before the natural disaster occurred and is suitable for growing trees); and
- Be owned by any nonindustrial private individual, group, association, corporation, or other private legal entity.

### Cost-Share Payments

Cost-share payments are:

- Up to 75 percent of the cost to implement approved restoration practices; and
- Limited to \$500,000 per person or legal entity per disaster.

### Eligible Forest Restoration Practices

To restore NIPF, EFRP participants may implement emergency forest restoration practices, such as:

- Debris removal, such as down or damaged trees, in order to establish a new stand or provide for natural regeneration;
- Site preparation, planting materials, and labor to replant forest stand;
- Restoration of forestland roads, fire lanes, fuel breaks, or erosion control structures;
- Fencing, tree shelters, and tree tubes to protect trees from wildlife damage; and
- Wildlife enhancement to provide cover openings and wildlife habitat.



### For More Information

This fact sheet is for informational purposes only; other restrictions may apply. For more information about FSA disaster programs, visit <http://disaster.fsa.usda.gov> or contact your local FSA office. To find your local FSA office, visit <http://offices.usda.gov>.



## Key Terms and Definitions



- **Non-Industrial Private Forestland (NIPF)** means rural forest lands with existing tree cover, or which are suitable for growing trees, that are owned by a private non-industrial forest landowner as defined in this section.
- **Forestland** means land that is at least 120 feet wide and 1 acre in size and at least 10 percent covered by live trees of any size.

**UNFINISHED BUSINESS**



**Community Development Block Grant  
Housing Assistance Grant Program**

## Cover Sheet and Certifications

**A. Applicant Identification**

<b>Applicant:</b>	Town of Mount Desert
<b>Address:</b>	21 Sea St., PO Box 248
<b>Town/City/County:</b>	Northeast Harbor, ME
<b>Zip Code:</b>	04662
<b>Chief Executive Officer:</b>	Town Manager, Mr. Durlin Lunt
<b>Phone Number:</b>	207-276-5531
<b>E-Mail:</b>	<a href="mailto:manager@mtdesert.org">manager@mtdesert.org</a>
<b>Contact Person:</b>	Town Manager, Mr. Durlin Lunt
<b>Phone Number:</b>	207-276-5531
<b>E-Mail:</b>	<a href="mailto:manager@mtdesert.org">manager@mtdesert.org</a>
Census Tract(s) Where Proposed HA Activities will occur: Northeast Harbor, ME Census Tract 9660	
Applicant UEI #: C4M5JGZMSNK9	
<b>(Visit <a href="http://www.sam.gov">www.sam.gov</a> if applicant needs to obtain a Unique Entity Identifier)</b>	

**B. CERTIFICATION BY AUTHORIZED OFFICIAL OF MUNICIPALITY AND SUB-GRANTEE (if applicable):**

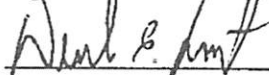
**1. State Certifications**

- a. To the best of my knowledge and belief, the information in this Application is true and correct.
- b. the governing body of the applicant has duly endorsed the document.
- c. the proposed project has been reviewed and it complies with the Community's comprehensive plan and/or applicable state and local land use requirements.
- d. will work with the Office of Community Development to develop a detailed project if it receives a conditional award; and
- e. will comply with all applicable State laws and regulations.

**2. Federal Certifications**

- a. will take actions to affirmatively further fair housing and implement CDBG activities in compliance with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968.
- b. will not attempt to recover capital costs for the construction of public improvements, assisted in whole or in part with CDBG funds, by charging special assessments or fees against properties owned and occupied by persons of low and moderate income, including any fee, charge or assessment made as a condition of obtaining access to such public improvements, unless:
  - (i) CDBG funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than CDBG funds; or
  - (ii) for purposes of assessing any amount against properties owned and occupied by persons of low and moderate income who are not persons of very low income, and the applicant certifies that it lacks sufficient CDBG funds to comply with the requirements of clause (i) above.
- c. prior to expenditure of CDBG funds, it will establish a local community development plan that identifies the Community's housing and community development needs, including the needs of low and moderate income, and the activities to be undertaken to meet them.
- d. will provide in a timely manner for citizen participation, public hearings, and access to information with respect to the Maine CDBG Program and the proposed local CDBG project/program. Indicate in public notices and at public hearings that the State program is competitive, the maximum grant amount that can be requested, and the general type of activities contained in the proposed local program. Also announce in public notices the availability of the local program plan/application, describe the Community's previous CDBG performance (if any), and how the Community will collect, consider, and maintain all oral and written comments received on the proposal.
- e. will adopt and follow a residential anti-displacement and relocation assistance plan which complies with Section 104 (d) of the Housing and Community Development Act of 1974, as amended, that at a minimum provides for the replacement of all low/moderate income dwelling units that are demolished or converted to a non-LMI housing use as a direct result of CDBG assistance, and a relocation assistance component.
- f. is not listed on U. S. Department of Labor's Debarred and Suspended Contractor's List and will not employ contractors or subcontractors on this list.
- g. will comply with the requirements of Section 319 of Public Law 101-121 regarding government-wide restrictions on lobbying; and
- h. with the exception of administrative or personnel costs, it will verify that no person who is an employee, agent, consultant, officer, or elected official or appointed official of state or local government or of any designated public agencies, or sub-recipients which are receiving CDBG funding may obtain a financial interest or benefit, have an interest in or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect to CDBG activities, per 24 CFR Part 570.611.
- i. Jobs created/retained must be in the community applying for the EDP award, new jobs to that community and not associated with any other branches of the assisted business located in another community.
- j. Transfer positions cannot be counted toward the job creation/retention requirements.
- k. All projects must document that at a minimum, 51% of all jobs created or retained as a result of the funded activity must be taken/held by persons of low and moderate income as defined by HUD.
- l. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protect Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington DC 20580.

Signature of Chief Executive Officer



Name of Community

Mount Desert

Date: 5/14/24

# Community Development Block Grant Housing Assistance Grant Program Project Information Sheet

1. **Applicant:** Town of Mount Desert, ME 04662
2. **Multi-Jurisdictional:** \_\_\_\_ Yes       No
3. **If yes, list all participating communities:** N/A
4. **Name of Developer:** Mount Desert Housing Authority
5. **Non-Profit:**  Yes      \_\_\_\_ No
6. **If developer is a non-profit, please explain status:** Non-profit Public Housing Authority located in Northeast Harbor (part of the Town of Mount Desert.)
7. **Briefly summarize project activities:** The Town of Mount Desert is requesting the consideration of a CDBG award on behalf of:

The Mount Desert Housing Authority  
24 Maple Lane  
Northeast Harbor, Maine 04662

Grant funds would be used specifically for Fire Safety Upgrades at the Maple Lane Apartments, (as described in Part Two of the Required Responses, Development Strategy / Summary of Activities.) Maple Lane is a Public Housing Authority that is home to low-income, elderly, and disabled individuals and couples.

8. **HA Request:** \$238,000.00    **Total Project Cost:** \$371,000.00
9. **Number of housing units to be created/assisted:** Maple Lane has 18, 1-bedroom apartments, an onsite laundry room, a community kitchen and living room, a janitorial closet, a Board or meeting room, a boiler room and a game room. On the grounds there is a small communal gardening shed.

# Mount Desert Island and Ellsworth Housing Authorities

Physical: 80 Mount Desert Street  
Mailing: PO Box 28, Bar Harbor, Maine 04609  
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770  
Executive Director Weston T. Brehm

May 10, 2024

State of Maine Office of Community Development

RE: Community Development Block Grant / Housing Assistance Grant Program Application  
Project: Fire Safety Upgrades, Mount Desert Housing Authority (MDHA), 24 Maple Lane,  
Northeast Harbor ME 04662

## Required Responses, Part One: Impact Statement

The Maple Lane Public Housing Authority apartment complex, built in 1974 and consisting of 18 units, houses low-income elderly and disabled residents. The waiting list has never been closed; such is the need for affordable housing for seniors & the disabled on MDI. The MDHA at Maple Lane is in immediate need of fire safety upgrades, including a sprinkler system and a fire panel.

Fire safety upgrades would, first and foremost, increase the peace of mind of the residential population in the event of a fire emergency. The installation of a fire system would help to ensure their safety, aid first responders, and help to ensure the continued structural integrity of the building. At the time Maple Lane was constructed, fire systems were not building requirements; however, having a viable fire system is an absolute necessity. Historically, annual Capital funding through HUD has been the only financial resource available to the MDHA and, historically, as Public Housing Authorities are never fully funded by Congressional appropriation, it is never enough. Projects of this magnitude tend to utilize most of the Capital Funding allocation, leaving little with which to address issues like routine maintenance, issues specific to aging infrastructure, or other, unforeseen, urgent needs. To that end, the MDHA explores funding options, such as grants, to supplement The Capital Fund. The intention was to start the Fire Safety Upgrade project as soon as Congressionally Directed Spending Request (CDS) funding was available (please see Matching Funds Table.) However, the CDS grant award will still be insufficient to cover the entire cost, even with a contribution from MDHA's Capital Fund.

The residents and Board of Commissioners of the MDHA at Maple Lane, and The Town of Mount Desert, genuinely appreciate the OCD Review Team's consideration of this application, and of The Maple Lane Apartments need for fire safety upgrades.

Sincerely,

Durin Lunt, Mount Desert Town Manager, [manager@mt.desert.org](mailto:manager@mt.desert.org) 207-276-5531



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Weston Brehm, Exec. Director MDI&EHA, [wbrehm@mdieha.org](mailto:wbrehm@mdieha.org) 207-288-4770, ext. 111



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# Mount Desert Island and Ellsworth Housing Authorities

80 Mount Desert Street  
PO Box 28  
Bar Harbor, Maine 04609  
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770  
Executive Director Weston Brehm

May 10, 2024

State of Maine Office of Community Development  
RE: Community Development Block Grant / Housing Assistance Grant Program Application  
Project: Fire Safety Upgrades, Mount Desert Housing Authority (MDHA), 24 Maple Lane,  
Northeast Harbor ME 04662

## **Required Responses, Part Two: Development Strategy / Summary of Activities**

*The following information is based on both inspection by Mount Desert Housing Authority staff, review by MDHA's Capital Consultant, and Mount Desert Housing Authority First Responders, all of whom deem fire safety upgrade to be a critical need.*

Fire Safety Upgrades will include (but may not be limited to):

- design & solicitation of the project,
- construction management and oversight,
- site prep/excavation,
- water hookup at street and,
- finish street work (paving, etc.),
- sprinkler system installation,
- fire rated wall separations,
- fire panel,
- designing to meet NFPA 13 in common and 13R in residential areas.

All upgrades will increase the safety capacity of residents, aid first responders\*, and help to ensure the continued structural integrity of the building. Any CDBG funding awarded would go specifically toward the aforementioned upgrades listed above.

NB: \*Fire Chief Michael Bender, of the Mount Desert Fire Department wrote a Letter of Support in 2022, when the MDHA initially applied for a Congressionally Directed Funding Request for FY2023. (CDS funding was approved, but the application is still under review.) His letter can be supplied upon request.

*Please refer to attached Project Time Line and Cost Estimates.*

# Mount Desert Island and Ellsworth Housing Authorities

Physical: 80 Mount Desert Street  
Mailing: PO Box 28, Bar Harbor, Maine 04609  
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770  
Executive Director Weston T. Brehm

May 10 2024

State of Maine Office of Community Development  
RE: Community Development Block Grant / Housing Assistance Grant Program Application  
Project: Fire Safety Upgrades, Mount Desert Housing Authority (MDHA), 24 Maple Lane,  
Northeast Harbor ME 04662

## **Required Responses Part Three: Citizenship Participation**

The MDHA, in conjunction with the Town of Mount Desert, in recognition of the need for fire safety upgrade to an elderly and disabled living facility, solicited community and citizen participation in the CDBG application process via the following:

a) The Mount Desert Housing Authority Board were informed, as, subsequently, was the residential population of Maple Lane (via Tenant Commissioners), b) The Mount Desert Selectboard posted the Public Notice on its website to invite public commentary from the citizens of the Town of Mount Desert, which was received, c) Public Hearing\*\*.

The Town of Mount Desert, via meeting and vote of The Selectperson's Board, authorized the submission of the CDBG grant application on behalf of the MDHA, and subsequently posted the Public Notice to their website. The Board of Commissioners of the Mount Desert Housing Authority, including Tenant Commissioners, were duly informed of the Housing Authority's intent to apply for an FY 2023 CDBG for fire safety upgrades at The Mount Desert Housing Authority's property on 24 Maple Lane in Northeast Harbor ME, 04609. All were supportive of the MDHA's intent to apply. Mount Desert Fire Chief Michael Bender is fully supportive of the intent to install fire safety upgrades at MDHA and supplied a letter when MDHA applied for a Congressionally Directed Spending Request grant in 2023. (Please see Impact Statement.)

### **\*\*Public Hearing Minutes**

*The meeting took place at the main office of the Mount Desert Housing Authority. The topic of discussion was specific to the Town of Mount Desert's CDBG application on behalf of the MDHA, re: fire safety upgrades to the Maple Lane Apartment building. Kathleen Miller, from Mount Desert 360, Executive Director of the Mount Desert Island and Ellsworth Housing Authorities, Weston Brehm, and Theresa Hodgdon, Admin. Asst. at the Mount Desert Island and Ellsworth Housing Authorities were present in person. Citizens expressed support via email: George Nickerson, MDHA Commissioner & Purvis Smith, both representing residents of Maple Lane, and Wendy Littlefield of the Selectpersons Board. All reside within the Town of Mount Desert. (T. Hodgdon, Correct Records Attest.)*

*Copies of the respondents' comments included, per instruction within the text of the Public Hearing template provided by ME OCD.*

page 3



## **Letter of Commitment, Congressionally Directed Spending Request Grant**

**From:** CPF Grants <CPFGrants@hud.gov>

**Sent:** Thursday, March 2, 2023 2:13 PM (Sent to previous Exec.Director, since retired.)

**Subject:** HUD FY 2023 Community Project Funding - Grant Award Package: B-23-CP-ME-0751 (Mount Desert Housing Authority, \$100,000.00.)

Dear Community Project Funding Recipients:

Congratulations on your HUD Fiscal Year 2023 Economic Development Initiative - Community Project Funding (CPF) grant! HUD's Office of Economic Development is excited to provide you with this Grant Award Package that includes:

1. FY2023 CPF Grant Award Letter;
2. FY2023 Community Project Funding Grant Guide;
3. FY2023 CPF Grant Agreement; and
4. HUD 1044 Form Assistance/Award Amendment.

The attached FY2023 CPF Grant Award Letter and FY2023 CPF Grant Guide provide details to initiate your grant award, including contact information for your HUD CPF Grant Officer (also cc'd on this email) and your regional environmental review specialist.

HUD will host a series of webinars and "office hours" starting the week of March 6, 2023, to review the requirements and further support grantees through the grant award process and beyond. HUD will send reminder emails prior to each session with the link to register. The first webinar, FY2023 Community Project Funding Overview Webinar, will be on Wednesday, March 8 from 1:00-2:15pm ET. Please register [here](#) to receive a join link for the event.

For additional information and resources please visit the [Community Project Funding Grants web page](#).

If you have questions or need technical assistance, please reply to this email or contact us at CPFGrants@hud.gov. Please include your grant information including grant number in the email subject line.

We look forward to working with you on this important project!

Sincerely,

**Robin Keegan**

Deputy Assistant Secretary for Economic Development  
Office of Community Planning and Development  
U.S. Department of Housing and Urban Development  
Cell: (202) 264-9401



# Mount Desert Island and Ellsworth Housing Authorities

Physical: 80 Mount Desert Street  
Mailing: PO Box 28, Bar Harbor, Maine 04609  
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770  
Executive Director Weston T. Brehm

## Letter of Commitment, Capital Fund Grant for The Mount Desert Housing Authority

May 13, 2024

State of Maine Office of Community Development  
RE: Community Development Block Grant / Housing Assistance Grant Program Application  
Project: Fire Safety Upgrades, Mount Desert Housing Authority (MDHA), 24 Maple Lane,  
Northeast Harbor ME 04662

To Whom it May Concern:

As of May 13, 2024, Capital Fund Grant balances for The Mount Desert Housing Authority are as follows:

ME01P024501-21 - 1,825  
ME01P024501-22 – 5,033  
ME01P024501-23 – 41,251

and sufficient to cover part of the costs (\$33,000.00) associated with the Fire Safety Upgrade project at the Maple Lane Apartments.

Please let me know if you have any questions or concerns.

Thank you,



Dwayne Shields  
Finance Director  
207 288 4770 ext 123  
dwayne.shields@emdiha.org



# Community Development Block Grant Housing Assistance Grant Program Budget Summary

Cost Category	Column 1 CDBG	Column 2 Local	Column 3 State	Column 4 Utility	Column 5 Non-CDBG Federal**	Column 6 Other	Column 7 Cost Category Total
Land Acquisition							
Legal Expenses							
Appraisals							
Relocation							
Demolition					7,000.00		
Site Work	83,000.00				13,500.00		
Architectural					21,000.00		
Engineering					6,500.00		
Construction	155,000.00				75,000.00		
Materials							
Equipment							
Inspection							
Down Payments							
Administration					10,000.00		
Rehab Administration							
Other (List)							
1.							
2.							
3.							
<b>TOTAL COSTS</b>	<b>238,000.00</b>				<b>133,000.00</b>		<b>371,000.00</b>

\*\*The figures in the Non-CDBG Federal column refer to a Congressionally Directed Spending Request Grant award (as yet not received, but committed) of \$100,000.00, and MDHA Capital Fund Program money in the amount of \$33,000.00.

## Directions for Completing Budget Summary

1. For each applicable cost (cash and in-kind) in the Cost Category column, list the projected dollar amount for all applicable funding sources in columns 1-6.
2. List the total dollar amount for each cost category in column 7, Cost Category Total
3. Enter the total of all Cost Category amounts in column 7 in the TOTAL COSTS box directly under column 7.
4. Submit a copy of this Summary with the application.

# Public Hearing Notice to Comply with Title VI Requirements

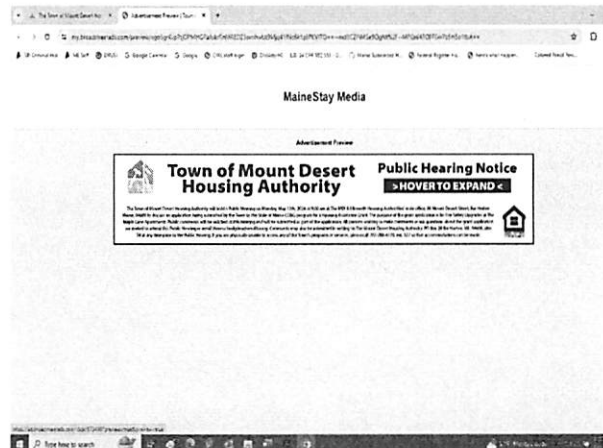
## Public Hearing Notice The Town of Mount Desert Housing Authority

The Town of Mount Desert Housing Authority will hold a Public Hearing on Monday, May 13<sup>th</sup>, 2024 at 9:00 am at The MDI & Ellsworth Housing Authorities' main office, 80 Mount Desert Street, Bar Harbor, Maine, 04609 to discuss an application being submitted to the State of Maine CDBG program for a Housing Assistance Grant. The purpose of the grant application is for Fire Safety Upgrades at Maple Lane Apartments. Public comments will be solicited at this Hearing and will be submitted as part of the application. All persons wishing to make comments or ask questions about the grant application are invited to attend this Public Hearing, or to email [theresa.hodgdon@emdiha.org](mailto:theresa.hodgdon@emdiha.org). Comments may also be submitted in writing to: The Mount Desert Housing Authority, PO Box 28, Bar Harbor, ME 04609, any time prior to the Public Hearing. TDD/TTY users may call 207-288-4770. If you are physically unable to access any of the Town's programs or services, please call 207-288-4770, ext. 127 so that accommodations can be made.



***Any applicant submitting a non-compliant public hearing notice will have five points deducted from their final application score.***

\*\*Please note that this **PUBLIC NOTICE** was posted on the Town of Mount Desert's website (left) & the local papers' (The Mount Desert Islander & The Ellsworth American) online portal, and hardcopy editions (right.) It was also discussed at both Town and Housing Authority Board Meetings.



## **PUBLIC COMMENTS from Citizens of Mount Desert Maine**

**From: Wendy Littlefield <[wlittlefield@mdirss.org](mailto:wlittlefield@mdirss.org)>**

**Subject: CDBG**

Good afternoon;

Thank you for filing the Community Development Block Grant for the Mount Desert Public Housing Authority for upgrades to the Maple Lane Apartments in Northeast Harbor, Maine. As a registered voter, tax payer and a member of the Town of Mount Desert Selectboard I highly support this grant proposal. The Maple Lane Apartments are certainly an asset to our community. Being sure those residents are protected and safe is very important and these funds will certainly go a long way to be sure that happens.

Sincerely,

Wendy H Littlefield

Town of Mount Desert

Board of Selectmen

**From: Purvis Smith <[smithpurvis@yahoo.com](mailto:smithpurvis@yahoo.com)>**

**Subject: CDBG Grant**

I'm a resident and I support the installation of a water sprinklers system at Maple Lane Apartments, 24 Maple Lane, Northeast Harbor ME.

Purvis Smith

**From: george nickerson <[nickersongeorge26@gmail.com](mailto:nickersongeorge26@gmail.com)>**

**Subject: Re: CDNG Grant for Fire Safety Upgrades to Maple Lane**

My wife and I are residents of 24 maple lane and I have talked with other residents about a fire suppression system and they all agree we need one. We have second floor apartment and it could be a life saver.

Thank you

George Nickerson

**From: Kathy Miller <[kmiller@mountdesert365.org](mailto:kmiller@mountdesert365.org)>**

**Subject: Re: Mount Desert Housing Authority**

Thank you for welcoming me to the public hearing held Monday morning. It was good to get more information from you about this application and the process as a whole. I would strongly support this application. Safety of our residents is always a serious concern, and even more so for any vulnerable population. The fire system upgrades are certainly a worthy project, and I applaud your efforts trying to secure the funding to make it possible. Thank you for all the efforts of the Housing Authority.

Best regards, Executive Director

Mount Desert 365

Northeast Harbor, Maine 04662

207-276-0555

[kmiller@mountdesert365.org](mailto:kmiller@mountdesert365.org)



**Mandatory Attachment 1 Cost Estimates**

<b>Cost Estimates for Fire Safety Upgrade</b>	<b>Total Budget Amount</b>
<b>Budget work items</b>	
<b>Design and Engineering</b>	
Design and solicitation of project	27,500.00
Construction management and oversight	10,000.00
<b>Phase I</b>	
<b>Site Prep/Excavation/water hookup</b>	
Site Prep/Excavation, Water hookup at street and Finish street work (paving, etc.)	103,500.00
<b>Phase II</b>	
<b>Fire Sprinkler System install</b>	
Fire Sprinkler System install; to include fire rated wall separations, fire panel installation, designing to meet NFPA 13 in common and	230,000.00
<b>Contingency</b>	
<b>Total</b>	<b>371,000.00</b>

# Mount Desert Island and Ellsworth Housing Authorities

80 Mount Desert Street  
PO Box 28  
Bar Harbor, Maine 04609  
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770  
Executive Director Weston Brehm

## Mandatory Attachment 2, Project Timeline

May 10, 2024

State of Maine Office of Community Development  
RE: Community Development Block Grant / Housing Assistance Grant Program Application  
Project: Fire Safety Upgrades, Mount Desert Housing Authority (MDHA), 24 Maple Lane,  
Northeast Harbor ME 04662

### Projected Timeline

NB: The Town of Mount Desert and the Mount Desert Housing Authority ask for your consideration of the fact that a fully accurate timeline cannot be provided as the project is entirely contingent upon the receipt of grant funding to both start and finish the work. The following timeline is what the Town and the MDHA would expect it to be, should funding be secured. The intent would be to start and complete the work before mid-winter.

From bid to project completion an approximate time line for the project could take six to eight months, ideally beginning as soon as weather in eastern Maine permits, and as contractors are available. (Please see attached Cost Estimates.)

#### Phase 1:

- Bidding and bid award,
- site prep,
- street work / excavation,
- water hook up,
- finish work at street level, (i.e., paving etc.)

#### Phase 2:

- Fire system sprinkler installation;
- to include fire rated wall separation,
- panel installation,
- designing to meet NFPA codes & standards,  
13 in common and 13R in residential areas.



## ***Town of Mount Desert***

Durlin E. Lunt, Town Manager  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248

Telephone 207-276-5531 Fax 207-276-3232

Web Address [www.mtidesert.org](http://www.mtidesert.org)  
[manager@mtidesert.org](mailto:manager@mtidesert.org)

**To:** Selectboard

**From:** Durlin E. Lunt

**Date:** May 20, 2024

**Subject:** Authorize Town Manager to sign contract Spectrum Northeast LLC By: Charter Communications., its manager in the amount of \$271,834.

This contract allows for the buildouts as outlined in Exhibit A (attached). The scope of Work is to provide a high-speed broadband network capable of providing at least 100x20 Mbps speeds and designed to be scalable to at least 100x100 Mbps speeds to the project area.

The funding for this project will be provided by:

1. A grant from Hancock County in the amount of \$140,834 from its ARPA funds.
2. Appropriation in the amount of \$131,000 from the Town of Mount Desert ARPA funds from GL account 1000-51902

**Exhibit A  
Scope of Work**

The following project description will define the scope of work to be completed in accordance with the Agreement. Grantee will install a high-speed broadband network capable of providing at least 100x20 Mbps speeds, and designed to be scalable to at least 100x100 Mbps speeds to the following Project Area:

Town of Mt. Desert Project – Indian Point Rd/Eagle Lane – 4 passings FTTH

HOUSE_NUMBER	STREET_NAME
32	Eagle Ridge Lane
40	Eagle Ridge Lane
673	Indian Point Road
685	Indian Point Road

Town of Mt. Desert Project – Remainder of Roads – 23 passings HFC

HOUSE_NUMBER	STREET_NAME
12	Prays Meadow Road
207	Pretty Marsh Road
6	Wildberry Way
15	Wildberry Way
29	Dodge Point Road
45	Northwood Lane
46	Northwood Lane
48	Northwood Lane
195	Beech Hill Road
241	Beech Hill Road
279	Beech Hill Road
268	Peabody Drive
21	Aspen Way
66	Whitney Farm Road
234	Sargeant Drive
236	Sargeant Drive
279	Sargeant Drive
281	Sargeant Drive
282	Sargeant Drive
44	W I Pojereno Road
46	W I Pojereno Road
48	W I Pojereno Road
52	W I Pojereno Road

FUNDING:

Grantor shall be obligated to pay a total of \$271,834 per the Milestone Payment Schedule. Grantee shall not be obligated to construct and install the Broadband Project within the Project Area until it receives payment.

<b>MILESTONE PAYMENT SCHEDULE</b>		
<b>Milestone</b>	<b>Percentage (%)</b>	<b>Amount</b>
Contract Execution	50%	\$ 135,917
Within thirty (30) business days from the date of Written Notice by Grantee of Activation of the Project Area	50%	\$ 135,917
<b>Total Grantor Payment</b>	<b>100%</b>	<b>\$ 271,834</b>

The term "Activation" as used herein is defined as the capability of an address to receive broadband service from the Resulting Network.

The Parties further agree to promptly meet and discuss in good faith appropriate modifications to this Scope of Work upon the request of either Party.

PAYMENT INSTRUCTIONS:

**To transfer funds:**

Bank Address for ACH  
US Bank  
7<sup>th</sup> and Washington  
St. Louis, MO 63101

Account Title: Charter Communications Operations LLC  
Account Number: 152319781067  
Routing Number: 081000210  
SWIFT: USBKUS44STL

**To send a check, mail to:**

Attn: Sundry Billing, Grants  
Charter Communications  
12405 Powerscourt Drive  
St. Louis, MO 63131

## **BROADBAND INFRASTRUCTURE GRANT AGREEMENT**

This Broadband Infrastructure Grant Agreement is entered into by and between the Town of Mt. Desert, Maine, situated in the County of Hancock (hereinafter referred to as the “Grantor”) and Spectrum Northeast, LLC, its Manager, Charter Communications, Inc. (hereinafter referred to as “Grantee”) on April \_\_\_\_\_, 2024 (“Effective Date”).

WHEREAS, the Grantor asserts that it has the requisite funding and authority to enter into and carry out its obligations under this Agreement with Grantee; and

WHEREAS, Grantor has determined that the broadband infrastructure buildout project described in the Scope of Work provided in Exhibit A of this Agreement (“Broadband Project”) is in the public interest; and

WHEREAS, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

- 1) **PURPOSE.** The purpose of this Broadband Infrastructure Grant Agreement (“Agreement”) is to expand the broadband infrastructure to provide access to service to all currently unserved locations within the Town of Mount Desert outside the boundary of the National Park described in the Scope of Work at Exhibit A.
- 2) **TERM.** This Agreement shall automatically expire ninety days after Grantee receives Final Payment per the Milestone Payment Schedule in Exhibit A. No provision of this Agreement shall survive the termination of this Agreement unless expressly stated herein.
- 3) **FUNDING.** The Grantor agrees it will remit a total payment of \$271,834 to Grantee to fund the Broadband Project, subject to the payment schedule, terms and conditions provided in Exhibit A. Grantor represents that the Broadband Project falls within an appropriate use of state or federal funding (as may be applicable) and bears any and all risks associated with that determination.
- 4) **PROJECT DURATION.** Grantee shall commence performance of this Agreement as soon as practicable with the goal of completing the project no later than one (1) year from the last approved pole permit necessary to complete the entire Project Area, subject to Excusable Delay. Excusable Delay means a delay to the construction of the project that affects completion and is directly caused by (1) make-ready work that is not received by Spectrum within 45 days of Spectrum’s submission of a completed application for utility pole attachments; or (2) any delay in receiving governmental, regulatory and third party permits, licenses and approvals, despite Spectrum’s good faith efforts to secure timely approvals, or (3) pursuant to Section 12 (“Force Majeure”).

- 5) **PROGRESS REPORTS.** No later than thirty (30) calendar days after the last calendar day of each quarter prior to completion of the Broadband Project, Grantee shall provide Grantor with a report subject to reasonable confidentiality protections reflecting Grantee's assessment of the Broadband Project's progress during the prior quarter and its current status.
- 6) **OWNERSHIP OF PROJECT INFRASTRUCTURE AND PRICING.** Grantee shall retain all ownership interests and rights in the network, materials, equipment, supplies and facilities constructed and deployed in connection with the Scope of Work. Grantee reserves the right to modify the terms and conditions, data usage, speeds and pricing for any of Grantee's services, provided nevertheless that the terms and conditions of service shall be the same as those applicable to Grantee's customers in other areas of the Town of Mount Desert.
- 7) **DESIGN AUTHORITY.** Grantee, in its sole discretion, shall determine the optimal network design and configuration for the Resulting Network, as well as how to build it so as to fulfill its obligations under this Agreement.
- 8) **NOTICE OF VIOLATION OR DEFAULT.**
  - a) In the event the Grantor believes that the Grantee has not complied with the material terms of the Agreement, it shall notify the Grantee in writing with specific details regarding the exact nature of the alleged noncompliance or default.
  - b) **Grantee's Right to Cure or Respond.** The Grantee shall have forty-five (45) days from the receipt of the Grantor's written notice: (A) to respond to the Grantor, contesting the assertion of noncompliance or default; or (B) to cure such default; or (C) in the event that, by nature of the default, such default cannot be cured within the forty-five (45) day period, initiate reasonable steps to remedy such default and notify the Grantor of the steps being taken and the projected date that the cure will be completed.
- 9) **INDEMNIFICATION.** Unless prohibited under applicable law, the Grantor and the Grantee agree to defend, indemnify and hold each other, and each other's lenders, parent companies, affiliates, officers, directors, agents and employees, harmless from and against any and all claims, losses, damages and liabilities (including, but not limited to, reasonable attorneys' fees and court costs) on account of any claim by a third party for bodily injury or property damage against the indemnified party to the extent caused by the negligent act or omission, or willful misconduct of, or breach of this Agreement by, the indemnifying party or the indemnifying party's employees, contractors, subcontractors or agents, in connection with the performance of their respective obligations under this Agreement. In connection with its indemnification obligations under this Section 9, the Grantee agrees to waive any claim of immunity under Maine Workers Compensation laws.

- 10) ENTIRE AGREEMENT. This Agreement, and any attachments hereto, embodies the entire understanding and agreement of the Grantor and the Grantee with respect to the subject matter hereof and supersedes all prior understandings, agreements and communications, whether written or oral.
- 11) COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS. In its operations under this Agreement, Grantor and Grantee shall comply with all applicable municipal, tribal, state and federal laws.
- 12) FORCE MAJEURE. Neither Grantor nor Grantee shall be liable to the other or be deemed to be in breach of this Agreement for any failure or delay in rendering performance arising out of causes beyond its reasonable control. Such causes may include, but are not limited to, acts of God or of a public enemy, fires, floods, epidemics, quarantine restrictions, material shortages, pandemics, strikes, freight embargoes, or unusually severe weather.
- 13) LIMITATION OF LIABILITY. SUBJECT TO THE FOLLOWING SENTENCE, NEITHER GRANTEE NOR GRANTOR SHALL BE LIABLE TO THE OTHER FOR ANY INDIRECT, CONSEQUENTIAL, EXEMPLARY, SPECIAL, INCIDENTAL OR PUNITIVE DAMAGES, INCLUDING LOSS OF USE OR LOST BUSINESS, REVENUE, PROFITS, OR GOODWILL, ARISING IN CONNECTION WITH THIS AGREEMENT, EVEN IF THE PARTY KNEW OR SHOULD HAVE KNOWN OF THE POSSIBILITY OF SUCH DAMAGES. THIS SECTION DOES NOT APPLY TO AND SHALL NOT LIMIT: (a) EITHER PARTY'S INDEMNIFICATION OBLIGATIONS UNDER SECTION 9, OR (b) DAMAGES ATTRIBUTABLE TO CRIMINAL MISCONDUCT, WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF A PARTY.
- 14) NO THIRD-PARTY BENEFICIARIES. This Agreement is intended for the benefit of the Parties only and nothing contained herein will be deemed to give any third party any intended or incidental claim or right of action that does not otherwise exist without regard to this Agreement, against either Party.
- 15) INDEPENDENT CONTRACTOR. The Grantee and its officers, employees, members and agents, for all purposes hereunder, shall be deemed independent contractors and not employees of the Grantor.
- 16) GOVERNING LAW. This Agreement shall be governed by, and construed in accordance with, the internal laws of the State of Maine, without regard to the rules of conflict of laws thereof. The Parties agree that any dispute involving this Agreement shall be heard only in the Maine Superior Court sitting in Hancock County or the Federal District Court for the District of Maine.



- 17) NOTICE. Any notice required under this Agreement shall be provided via US Priority Mail or by nationally recognized courier with confirmation of delivery to the following addresses:

**GRANTEE:**

Charter Communications, Inc.  
Attn: Government Affairs  
400 Old County Road  
Rockland, ME 04841

and

Charter Communications  
Attn: Paul Woelk, SVP Cable Ops Finance  
400 Washington Blvd  
Stamford, CT 06902

**GRANTOR:**

Town of Mt. Desert  
Durlin Lunt, Town Manager  
21 Sea Street, PO Box 248  
Northeast Harbor, ME 04662

- 18) SEVERABILITY. If any section, subsection, sentence, clause, phrase, or other portion of this Agreement is, for any reason, declared invalid, in whole or in part, by any court, agency, commission, legislative body, or other authority of competent jurisdiction, such portion shall be deemed a separate, distinct, and independent portion. Such declaration shall not affect the validity of the remaining portions hereof, which other portions shall continue in full force and effect.
- 19) MODIFICATION. No provision of this Agreement shall be amended or otherwise modified, in whole or in part, except by an instrument, in writing, duly executed by the Grantor and the Grantee, which amendment shall be authorized on behalf of the Grantor through the adoption of an appropriate resolution or order by the Grantor, as required by applicable law.
- 20) TERMINATION. Grantor may terminate this Agreement for material breach by Grantee that Grantee fails to cure within thirty (30) days of receipt of notice of such breach from the Grantor. Grantee may terminate this Agreement upon thirty (30) days written notice to Grantor. Upon termination by Grantee, Grantee shall remit the pro rata amount of funding for the portion of the Project Area not yet built to Grantor through the date of Termination.
- 21) NO WAIVER OF RIGHTS. Nothing in this Agreement shall be construed as a waiver of any rights, substantive or procedural, Grantor or Grantee may have under federal or state law unless such waiver is expressly stated herein. Notwithstanding anything to the contrary in any provision of this Agreement, nothing contained herein shall be deemed to waive, impair or modify any

immunity from suit or judgment, including statutory limitations on damages, that may exist with respect to the Grantor or its or municipal officers, agents and employees under the Maine Tort Claims Act, 14 MRSA §§ 8101 *et seq.*, as may be amended or replaced, or other provisions of law.

IN WITNESS WHEREOF, this Broadband Infrastructure Agreement has been executed by the duly authorized representatives of the parties as set forth below, as of the date set forth below:

For Grantor:  
Durlin Lunt, Town Manager  
Town of Mt. Desert, ME

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Durlin Lunt, Town Manager

Date: \_\_\_\_\_

For Grantee:  
Paul Woelk, SVP Cable Ops Finance  
Spectrum Northeast, LLC  
By: Charter Communications, Inc., its Manager

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Paul Woelk, SVP, Cable Ops Finance

Date: \_\_\_\_\_

**NEW BUSINESS**



Atlantic Resource Co, LLC  
PO Box 76  
Bass Harbor, ME 04653  
Tel 207.944.7288  
[roger@arc-env.com](mailto:roger@arc-env.com)  
[www.arc-env.com](http://www.arc-env.com)



APRIL 30, 2024

Town of Mount Desert Select Board  
21 Sea Street  
Northeast Harbor, Maine 04662

**RE: Passage West, LLC: Request for Seasonal Holding Tank at 24 County Road, Seal Harbor**

Dear Members of the Board,

On behalf of Passage West, LLC, we respectfully request the Select Board review and approve this application for a seasonal holding tank to be used at 24 New County Road, Seal Harbor. The proposed holding tank will be for winter use only, from November to April, to replace the existing above ground sewer line during periods of freezing when the system is nonfunctioning. This application was submitted to the town CEO and the State Site evaluator as a replacement system under the Maine Subsurface Wastewater Rules to correct an existing public health hazard caused by freezing pipes in the winter. Because the residence is served by municipal sewer, the design was reviewed with the Mount Desert Public Works Director.

The proposed holding tank use has been approved subject to the following conditions which we request be included as part of the Select board approval:

- 1. Winter use Required: Use of the holding tank for all wastewater flows will be required from November 1st until April 15<sup>th</sup> (Winter Use Period).**
- 2. During the Winter Use Period, the holding tank will be pumped out by a licensed septage hauler on an as needed basis. At the end of each Winter Use Period, and prior to switching back to the above ground, wastewater line, the holding tank will be cleaned and pumped out a final time by a licensed hauler. No holding tank effluent shall be emptied into the public sanitary sewer system.**
- 3. The holding tank will have a high-water alarm. The alarm should be set up such that it would call into a pager or cell phone held by the owner's representative such as a caretaker, or the owner's local plumbing company.**
- 4. The holding tank will not have an overflow system either to the land surface or to the above ground wastewater line.**
- 5. The final pump out at the end of the Winter Use Period and switchover to the above ground, wastewater line will be documented in writing to the code enforcement officer each year by the property owner or their representative.**



Sincerely,

A handwritten signature in blue ink, appearing to read "R. St. Amand", is written over the word "Sincerely,".

**Roger St. Amand, CSS, LSE, LPF, CPESC**

***Principal, Atlantic Resource Co, LLC***



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

**GENERAL INFORMATION** Town of Mount Desert

Property Owner's Name: Passage West, LLC C/O Kathryn Davis Tel. No.: \_\_\_\_\_

System's Location: 24 New County Road, Seal Harbor, ME 04675

Property Owner's Address: 34 E 74th St. New York, New York Zip Code 10021-2735

e-mail address: \_\_\_\_\_

The subsurface wastewater disposal system design for the subject property requires a  replacement system variance  first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires  local approval  local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>Installation of holding tank for limited winter use</u>	<u>Section 7</u>
2. _____	_____
3. _____	_____

**SITE EVALUATOR**

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

A seasonal use holding tank is the most practical solution for the needs of this property at this time. Property is currently connected via private sewer to municipal system, however this private sewer is not capable of operation in the winter months. Site does not have suitable soils for onsite subsurface disposal. Town does not have a holding tank ordinance.

I, Roger St. Amand, S.E., certify that a variance to the Rules is <sup>practical</sup> ~~necessary~~ <sup>cost effective system</sup> since a ~~system~~ cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; ~~enhances the potential of the site for subsurface wastewater disposal~~; and that the system should function properly.

*[Signature]*

SIGNATURE OF SITE EVALUATOR

2023-01-05

DATE

rev 2/10/2024 to Replacement System

**PROPERTY OWNER**

I, Kerit Higgins, am the  owner  agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

*[Signature]*

SIGNATURE OF OWNER  
 AGENT FOR THE OWNER

3/15/23

DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) approve the requested variance. I (  will  will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (  does  does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65





Paul R. LePage, Governor Mary C. Mayhew, Commissioner
Tel. (207) 287-2070

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215
Fax (207) 287-4172

Subsurface Wastewater Team

APPLICATION/AGREEMENT for HOLDING TANK INSTALLATION

PROPERTY OWNER INFORMATION

Name Passage West, LLC C/O Kathryn Davis
Mailing Address 34 E 74th St.
City/Town New York State NY Zip 10021 - 2735
Daytime telephone number

PROPERTY LOCATION

Street, Road, Route 24 New County Road
City/Town Mount Desert, Village of Seal Harbor Zip 04675 -

APPLICATION FOR (check one)

- First Time Installation (If this is checked, give Town's Ordinance adoption date Town has not adopted an ordinance
First Time Installation, non-residential only, less than 100 gpd or 500 gal/week
Replacing an existing overboard discharge, surface wastewater discharge or malfunctioning subsurface wastewater system

CONDITIONS FOR APPROVAL See Notes on Variance

- The installation of a conventional disposal system is not possible due to unacceptable site and/or soil conditions, lot configuration, or other constraints
Public sewer is not available.
All existing or proposed plumbing fixtures shall be installed or modified for water conservation and all water closets shall meet the Federal standard of 1.6 gallons per flush.

REQUIREMENTS FOR APPROVAL

- A Completed Application shall consist of:
This form (HHE-233) completed with all signatures.
A completed Subsurface Wastewater Disposal System Application (HHE-200) prepared by a Licensed Site Evaluator.
Holding Tank Deeds Covenant Form, HHE-300 3/97
Replacement System Variance Request Form, as necessary.

PROPERTY OWNER INFORMATION AND REQUIREMENTS

I (we), Passage West, LLC own the property described in this Application/Agreement.

- Holding tanks require regular pumping by a licensed pumper. The owner must pay this service.
The holding tank will be pumped at least once a year by the pumper listed on this application. Another pumper may be used if the listed pumper is notified and the LPI approves the change. The new pumper will then be listed on an attachment to this agreement.
A water meter shall be installed at the owner's expense if required by the LPI.
All records of pumping and water use (if required) must be kept for at least three years and shall be made available to the LPI or other official if requested.
A holding tank for new construction can only be replaced by a system meeting first time system requirements.
Once approved this form must be recorded at the Registry of Deeds, cross referenced to the owner's deed.
I/We agree to comply with any additional requirements of the Town.

I/We state that all the information presented with this application is true and accurate, I/we acknowledge the foregoing items and agree to comply with all the requirements.

Property Owner(s) Signature Kate Davis Date 3/21/23

Property Owner(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**SITE EVALUATION STATEMENT**

I, Roger St. Amand, state that I have evaluated the subject property and found that a subsurface wastewater disposal system is not practical. Secondly, I have completed a *Subsurface Wastewater Disposal System Application* (HHE-200) proposing a holding tank installation for the property's wastewater disposal.

Site Evaluator's Signature [Signature] Date 2023-01-05

rev 2/10/2024

**HOLDING TANK PUMPER INFORMATION**

Business owner's name James Norwood License # \_\_\_\_\_  
Business name Royal Flush Septic, LLC  
Mailing address 51 Marshall Brook Road  
City Southwest Harbor State Maine Zip 04679  
Business telephone 207 - 244 - 3787  
Max. truck hauling capacity \_\_\_\_\_ gallons  
Can pump: \_\_\_\_\_ seasonally \_\_\_\_\_ year round  
DEP licensed disposal site location \_\_\_\_\_ Site # \_\_\_\_\_

**HOLDING TANK PUMPER STATEMENT**

I, James Norwood, own and operate a septage pumping business named in this Application/Agreement, and have contracted with the property owner(s) to pump and properly dispose of the tank's waste. I further state that the tank, and that the wastewater will be disposed of at a Department of Environmental Protection licensed disposal location.

Holding Tank Pumper's Signature [Signature] Date 3-15-23

**Municipal Officers Statement**

- I (we) have reviewed the information submitted in support of this application.
- I (we) find that the installation of the holding tank will not violate any local ordinances.
- I (we) will authorize the LPI to enforce the requirements of this agreement, the Subsurface Wastewater Disposal Rules and any local ordinances, including record-keeping and required pumping.
- I (we) recommend that the LPI issue the necessary permits for the installation of the holding tank.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Local Plumbing Inspector's Statement**

I have reviewed this application and find that the issuance of a permit for the holding tank complies with the Subsurface Wastewater Disposal Rules and all pertinent local ordinances.

Additional Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Paul R. LePage, Governor  
Tel. (207) 287-2070

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel. (207) 287-8016  
Fax (207) 287-9058; TTY (800) 606-0215  
Fax (207) 287-4172

Subsurface Wastewater Team

**HOLDING TANK DEED COVENANT FORM**

**Property Owner:** Complete and record this form with your County Registry of Deeds. Then forward a copy of the recorded deed covenant to the your municipality's Local Plumbing Inspector.

**County Registrar:** Please cross-reference this document with book and page no.

**Property Owner Statement:** I(we), Passage West, LLC are the

owner(s) of the property located at 24 New County Road (street)  
Village of Seal Harbor, Mount Desert ME (town).

The property's deed is recorded in book no. 6980, page no. 60.

We state that the holding tank installation for the aforementioned property received approval by the town of  
Mount Desert and its officials.

**Stipulations of Covenant:**

The holding tank shall be installed and maintained in accordance with the following conditions:  
*(Conditions to be specified by the approving authority.)*

**Municipal Approval Conditions:** This approval has been granted subject to the implementation of the above conditions and said approval will become null and void if the required and stated conditions of approval are violated.

Property Owner signature(s) Kate Davis

State of Maine

County \_\_\_\_\_, ss

Date \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_ (and)

\_\_\_\_\_ and (severally) acknowledged the foregoing instrument to be his (or their) free act and deed.

Before me \_\_\_\_\_  
Justice of the Peace or Notary Public

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5872 Fax: (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	MOUNT DESERT	Town/City _____	Permit # _____
Street or Road	24 NEW COUNTY ROAD	Date Permit issued ____/____/____	Fees: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	Map 30 Lot 47	Local Plumbing Inspector Signature _____ L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	PASSAGE WEST, LLC	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	34 E 74th STREET NEW YORK, NEW YORK 10021		
Daytime Tel. #			
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.  <i>Kate Davis</i> Signature of Owner or Applicant _____ Date _____		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  _____ Local Plumbing Inspector Signature (1st) date approved _____  _____ Local Plumbing Inspector Signature (2nd) date approved _____	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: PRIVATE MUNI. SEWER WINTER USE ONLY Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input checked="" type="checkbox"/> 5. Holding Tank, <u>2,000</u> gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped
<b>SIZE OF PROPERTY</b> 0.4 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES			
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>TYPE OF WATER SUPPLY</b>			
<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input checked="" type="checkbox"/> 3. Other: <u>HOLDING TANK</u> CAPACITY: <u>2,000</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input checked="" type="checkbox"/> 4. Other: <u>N/A</u> SIZE: _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS _____ for other facilities <b>3 BR WINTER USE ONLY</b> SERVED BY PRIVATE SEWER CONNECTION APRIL-DEC. <input type="checkbox"/> 3. Section 4G (meter readings) <b>ATTACH WATER METER DATA</b> LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>17</u> m <u>46</u> s Lon. <u>-68</u> d <u>14</u> m <u>13</u> s if g.p.s. state margin of error: _____
<b>SOIL DATA</b> PROFILE <u>N/A</u> CONDITION <u>N/A</u> at Observation Hole # <u>N/A</u> Depth <u>N/A</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>12/30/2022</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">                       Site Evaluator Signature                 </div> <div style="text-align: center;"> <u>360</u>                      SE #                 </div> <div style="text-align: center;"> <u>2023-01-05</u>                      Date                 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>Roger St. Amand</u>                      Site Evaluator Name Printed                 </div> <div style="text-align: center;"> <u>(207) 944-7288</u>                      Telephone Number                 </div> <div style="text-align: center;"> <u>rstamand@wrcmaine.com</u>                      Email Address                 </div> </div>		
rev 2/10/24		

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
**MOUNT DESERT**

Street, Road, Subdivision  
**24 NEW COUNTY ROAD**

Owner or Applicant Name  
**PASSAGE WEST, LLC**

**SITE PLAN** Scale 1" = \_\_\_\_\_ ft.

**SITE LOCATION PLAN**

**NOTE:**

EXISTING RESIDENCE SERVED BY PRIVATE ABOVE-GROUND SEWER CONNECTION TO MUNICIPAL SEWER SYSTEM. PRIVATE SEWER TO REMAIN FOR NON-WINTER USE. FIRST TIME VARIANCE AND DEED COVENANTS REQUIRED BY STATE DEH

**HOLDING TANK CONDITIONS:**

HOLDING TANK TO BE USED NO EARLIER THAN NOVEMBER 1ST AND NO LATER THAN APRIL 1ST ANNUALLY. TANK TO HAVE HIGH WATER ALARM. ALARM TO BE SET TO NOTIFY OWNER OR OWNER'S REPRESENTATIVE VIA TELEMETRY. HOLDING TANK TO BE PUMPED OUT AND CLEANED ANNUALLY IF USED, NO LATER THAN APRIL 1TH OF EACH YEAR. SEWER CONNECTION SWITCH AND HOLDING TANK INSPECTION TO BE PERFORMED ANUALLY NO LATER THAN APRIL 15TH TO DOCUMENT COMPLIANCE. INSPECTION TO BE COMPLETED BY A LICENSED PLUMBER OR LICENSED SITE EVALUATOR

**\*\*AND OTHER CONDITIONS AS REQUIRED BY STATE DIVISION OF ENVIRONMENTAL HEALTH**



SEE ATTACHED PLAN

SEE ATTACHED PLAN

**SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**

Observation Hole # \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			

N/A

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
--------------	--------------------------	---------------	-----------------------	--------------------------------------	--	----------------------------------

Observation Hole # \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			

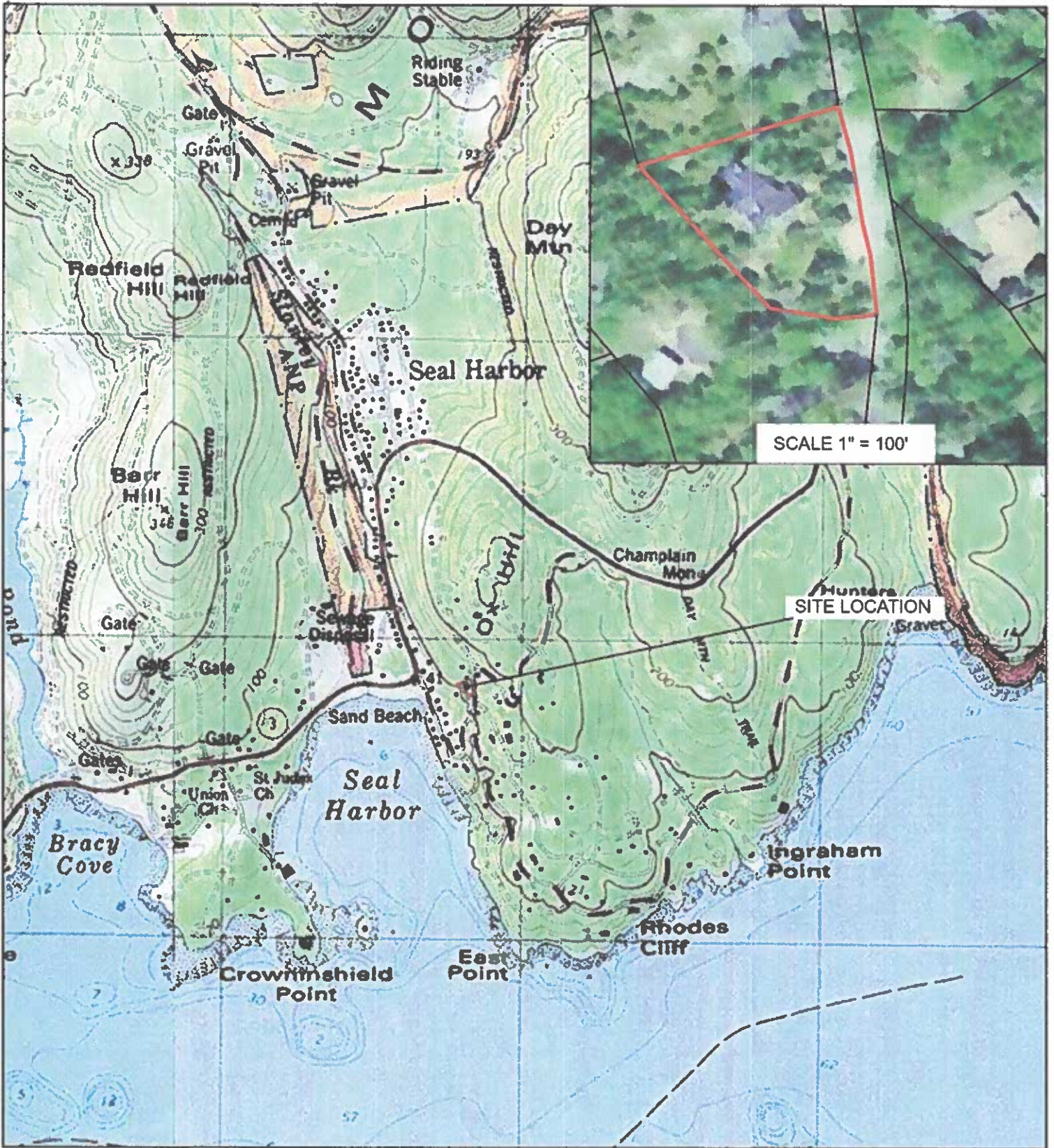
N/A

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
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*Roger St. Amant*  
 Site Evaluator Signature

360  
 SE #

2023-01-05  
 Date



SCALE 1" = 100'

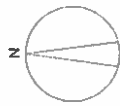
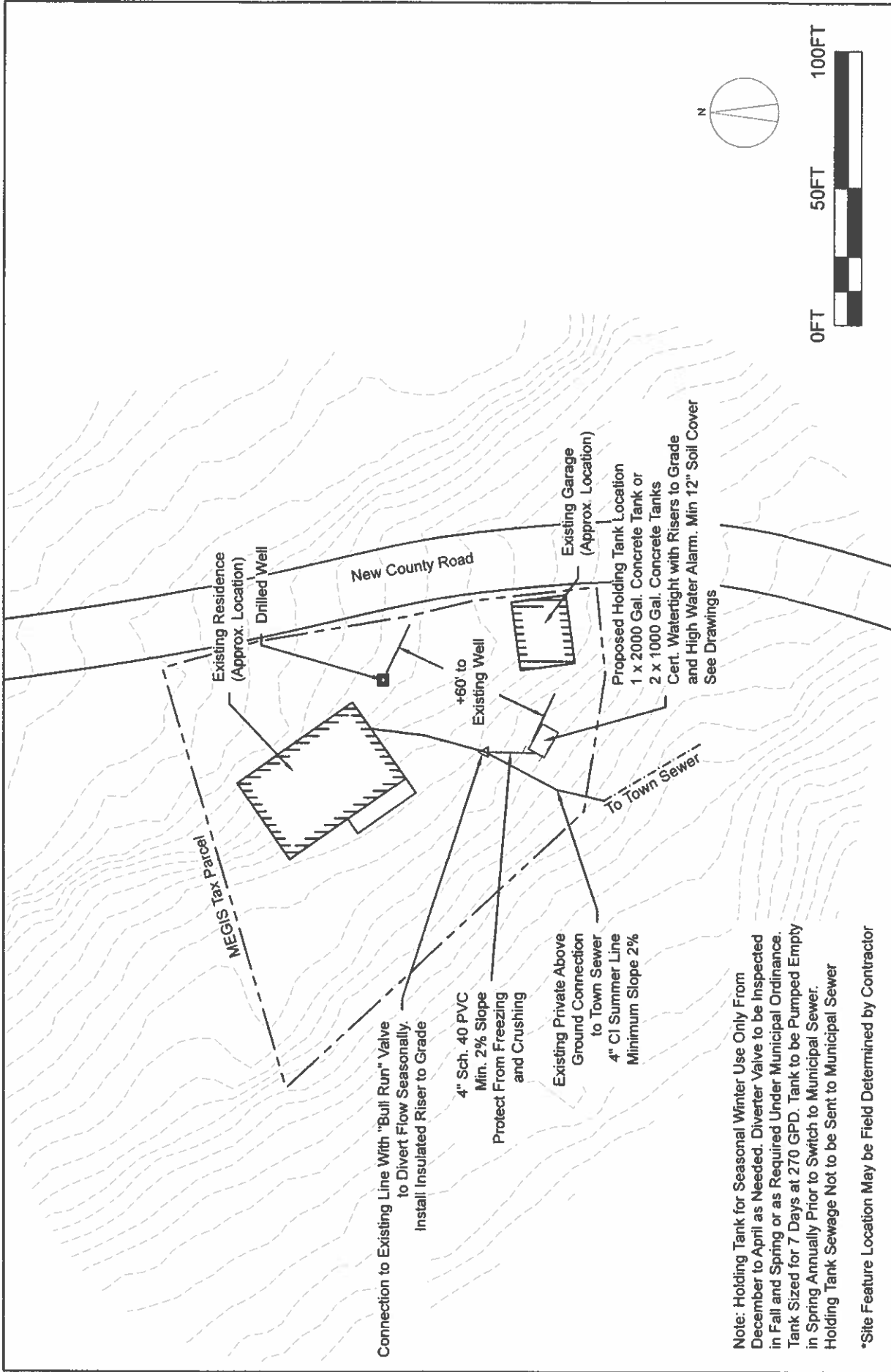
HHE-200 SITE LOCATION



0 1,000 2,000 Feet

SCALE 1" = 2000'

HHE-200 SITE LOCATION MAP  
 PASSAGE WEST, LLC  
 NEW COUNTY ROAD  
 MOUNT DESERT, MAINE



Connection to Existing Line With "Bull Run" Valve to Divert Flow Seasonally. Install Insulated Riser to Grade

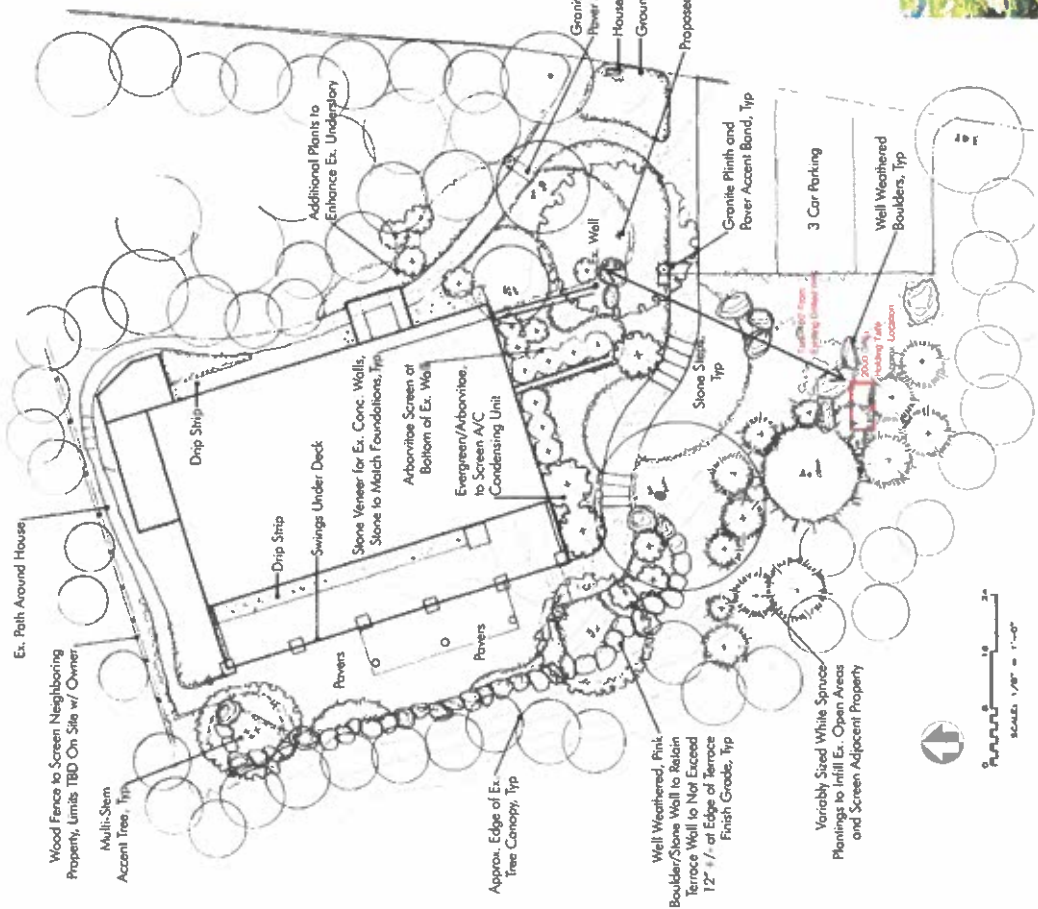
4" Sch. 40 PVC  
Min. 2% Slope  
Protect From Freezing and Crushing

Existing Private Above Ground Connection to Town Sewer  
4" CI Summer Line  
Minimum Slope 2%

Note: Holding Tank for Seasonal Winter Use Only From December to April as Needed. Diverter Valve to be Inspected in Fall and Spring or as Required Under Municipal Ordinance. Tank Sized for 7 Days at 270 GPD. Tank to be Pumped Empty in Spring Annually Prior to Switch to Municipal Sewer. Holding Tank Sewage Not to be Sent to Municipal Sewer

\*Site Feature Location May be Field Determined by Contractor

<b>PASSAGE WEST, LLC</b> <b>HHE-200 DISPOSAL SYSTEM PLAN</b> <b>24 NEW COUNTY ROAD</b> <b>MOUNT DESERT, MAINE</b>		BY: RST	Watershed Resource Consultants, LLC WWW.WRCMAINE.COM 207-944-7288
		DATE: 2023-01-05	
SCALE: 1"= 50'		PROJECT: 21115	



Davis Residence  
**Landscape Concept A**  
 3-15-21







Stone Entry Seat Wall Option



Boulder Entry Wall Option



Decorative Planter Pot



Tumbled Unit Pavers  
Patio Option



Stone Tile  
Patio Option



"Bluestone" Textured Unit Pavers  
Patio Option



Red Japanese Maple Accent Tree



Screen Fence Option



Screen Fence Option



Screen Fence Option



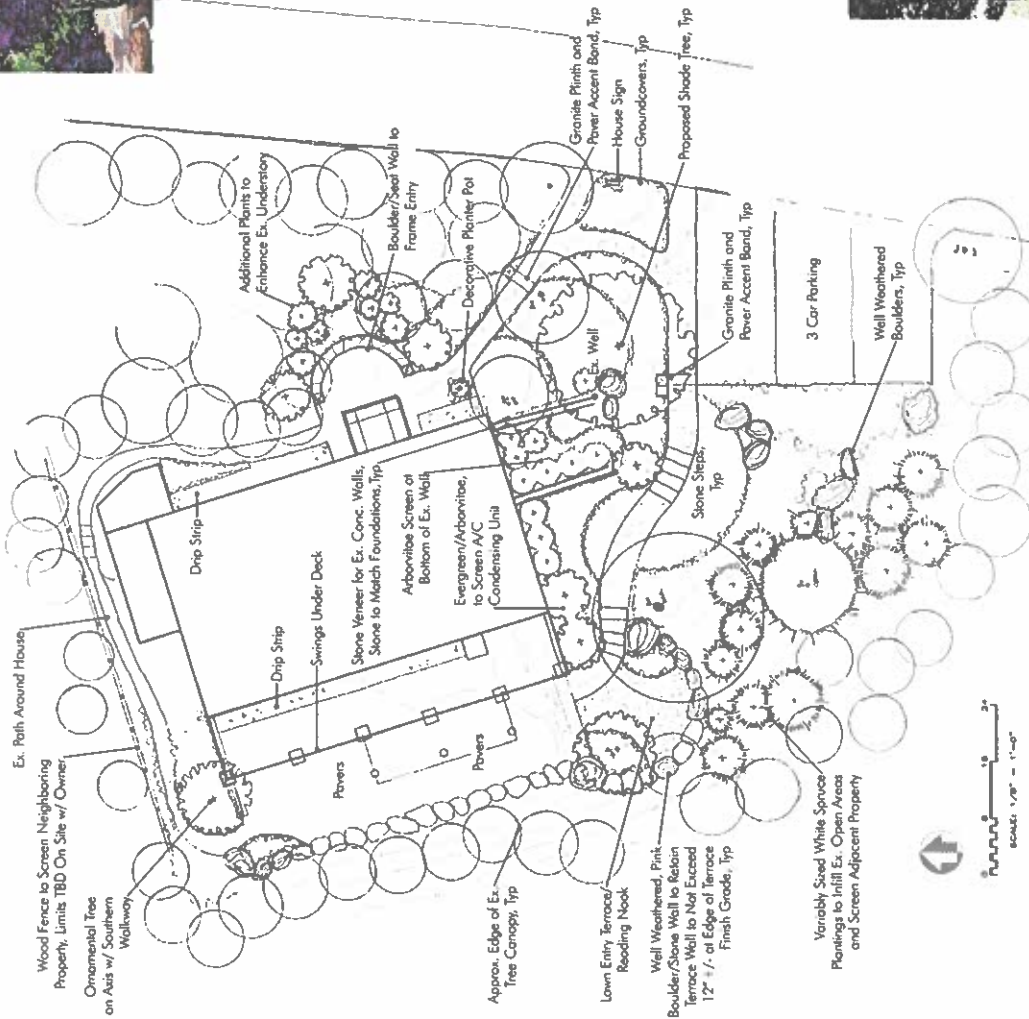
Stone Dust Patio Surface  
(Epoxy Binder, Optional)



Reading Nook



Reading Nook



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Division of Health Engineering, Station 10  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
**MOUNT DESERT**

Street, Road, Subdivision  
**24 NEW COUNTY ROAD**

Owner or Applicant Name  
**PASSAGE WEST, LLC**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = \_\_\_\_ ft

N/A

**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Backfill (upslope)   N/A    
 Depth of Backfill (downslope)   N/A  

Finished Grade Elevation (at Edge of Stone)  
 Top of Stone Bed   N/A    
 Top of Perforated Pipe   N/A    
 Bottom of Stone   N/A  

Location & Description:   N/A    
 Reference Elevation:   N/A  

**DISPOSAL FIELD CROSS SECTION**

Scales:  
 Vertical: 1" = \_\_\_\_  
 Horizontal: 1" = \_\_\_\_

N/A

  
 Site Evaluator Signature

360  
 SE #

2023-01-05  
 Date

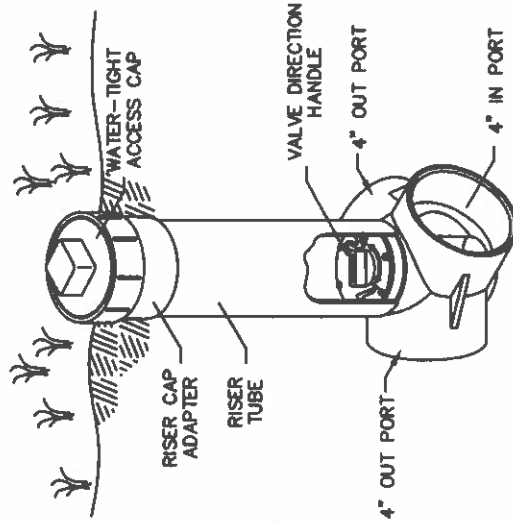
Page 3 of 3  
 HHE-200 Rev. 10/02

ADAPTABLE TO VARIOUS PIPES  
EACH VALVE PORT CONNECTION IS A 4" SCHEDULE 40 FEMALE SLIP  
CONNECTION. THE RISER TUBE CONNECTION IS A 4" SCHEDULE 40  
MALE SLIP CONNECTION. USE AMPLE PVC. GLUE TO FORM A  
WATER-TIGHT JOINT.

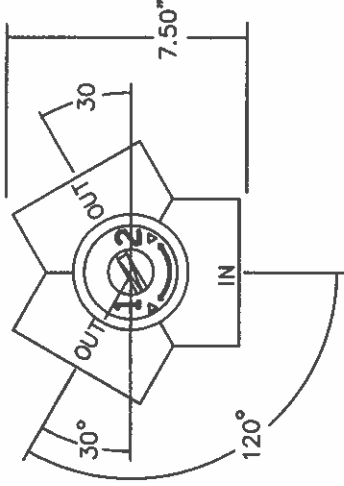
THE BULL RUN VALVE IS AVAILABLE IN 4" SCH 40 PVC AND  
IS SUITABLE WHEREVER SEPTIC DISPOSAL SYSTEMS  
ARE USED - IN COMMERCIAL, INDUSTRIAL, AND  
RESIDENTIAL APPLICATION.

OPERATING THE VALVE  
THE DIRECTION CONTROL HANDLE SHOULD BE  
ROTATED PERIODICALLY TO DIRECT EFFLUENT TO  
ONE OR THE OTHER OF TWO SEPTIC FIELDS. AFTER  
REMOVING THE SCREW CAP AT THE TOP OF THE  
RISER TUBE, THE VALVE HANDLE CAN BE TURNED  
WITH THE VALVE KEY FURNISHED.

## BULL RUN VALVE



## BULL RUN VALVE



### AMERICAN MANUFACTURING CO.

5517 WELINGTON ROAD, GAINESVILLE VA22065 PHONE : 703-754-0077

DRAFTER:	DATE: 03/20/06
CHECKED:	DATE
APPROVED:	DATE
TITLE :	

COMPONENT DETAILS

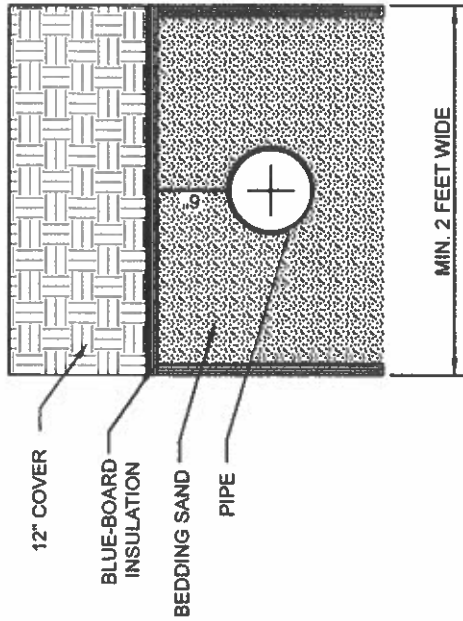
SCALE : NTS SHEET : 3 OF 3

**PASSAGE WEST, LLC**  
**DETAIL 1: BULL RUN DIVERTER**  
**24 NEW COUNTY ROAD**  
**MOUNT DESERT, MAINE**

BY: RST  
DATE: 2023-01-05  
PROJECT: 21115

SCALE  
N.T.S.

Watershed Resource Consultants, LLC  
WWW.WRCMAINE.COM  
207-944-7288



TYPICAL TRENCH PIPE DETAIL

N.T.S.

NOTES:

1. SEWER PIPE TO BE SCH.40 OR EQUIV. AND INSULATED WITH MIN. 2" RIGID INSULATION IF EARTHEN COVER IS LESS THAN 5'-0". WHERE EARTHEN COVER IS LESS THAN 3'-0" INSULATE TRENCH WALLS TO BOTTOM OF TRENCH.
2. INSULATION SHALL BE BLUE BOARD BY DOW CO. SM. EXTRUDED POLYSTYRENE, OR APPROVED EQUAL.
3. INSULATE PIPE TO EQUAL 5' OF COVER. 2" BLUE BOARD INSULATION EQUALS APPROXIMATELY 1'-6" OF EARTH COVER.
4. MAINTAIN A MINIMUM OF 12" SOIL COVER OVER INSULATION. LOAM AND SEED AS NECESSARY TO PREVENT EROSION.

**PASSAGE WEST, LLC**  
**DETAIL 2: TRENCHED PIPE**  
**24 NEW COUNTY ROAD**  
**MOUNT DESERT, MAINE**

BY:	RST
DATE:	2023-01-05
PROJECT:	21115
SCALE:	N.T.S.

Watershed Resource Consultants, LLC  
 WWW.WRCMAINE.COM  
 207-944-7288



# American Concrete Industries

2000 Gallon Holding Tank New Style

Catalog Section:

Layout Name:

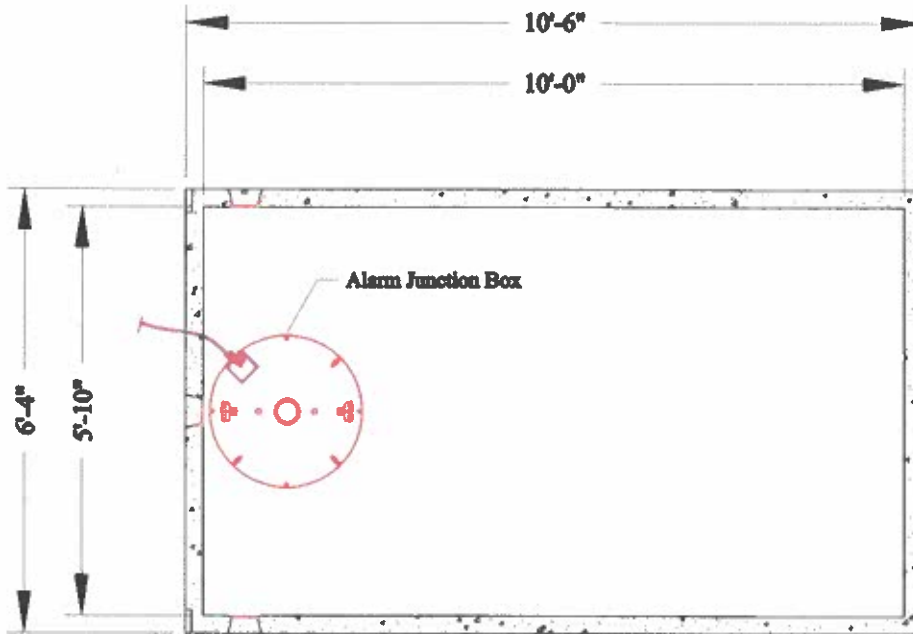
## General Notes

### Concrete Specifications:

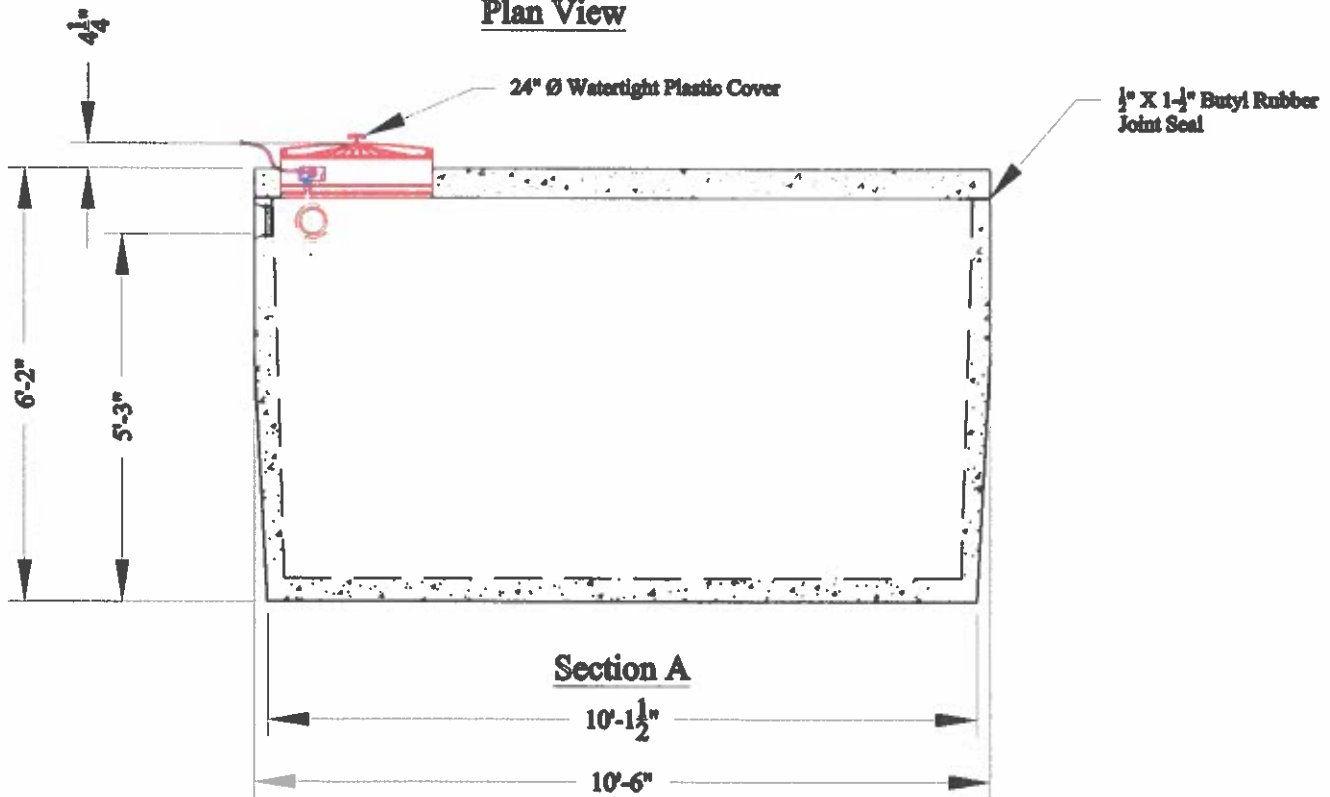
- 4000 psi after 28 days
- 4%-6% entrained air
- Reinforcing is grade 60
- Tank penetrations are integrally cast
- Designed for HSS-10 wheel loading

### Holding Tank Information:

- Tank comes with 30' cord.
- Access cover should have risers to facilitate pumping of tank.
- Tank comes with high water alarm.
- Contact tank pumper when alarm sounds.



## Plan View



## 2000 Gallon Top Seam Septic Tank

Weight: 16,200 lbs.

## INSTALLATION AND MAINTENANCE GUIDELINES FOR ON-SITE WASTEWATER TREATMENT SYSTEMS

### OVERVIEW

This disposal system design (HHE-200) is intended to only represent facts pertinent to State of Maine subsurface wastewater disposal rules, Chapter 241 (Rules). The current version of the Rules is incorporated and made part of this HHE200 design and shall be consulted by the owner or owner's agent if additional information is needed. It shall be the responsibility of the owner or owner's agent to confirm all relevant setbacks and compliance with other applicable Federal, State and municipal rules. All information shown on HHE 200 forms relating to property lines and structures, such as; but not limited to; wells, cellar drains, cesspools, waterlines, septic tanks, utility lines, easements, etc., are based solely on information provided by the owner/owner's agent and should be confirmed prior to construction. These features are noted or not included based on whether or not they affect the disposal system design. It is the responsibility of the owner or owner's agent to confirm before construction begins the information as shown on the design that may affect the installation or operation of the disposal system as designed. If any deviation from design is encountered, contact designer immediately and cease all construction activities. The owner/applicant must investigate whether or not any additional requirements are needed (zoning, minimum lots sizes, municipal setbacks, etc.). It is the applicant's responsibility to obtain any local, State or Federal permits required for installation of the system.

To obtain a permit, take three copies of the HHE-200 form and supporting paperwork to the local plumbing inspector. It is recommended that you keep a back-up copy of your permit. If your application requires a variance, this must be submitted and approved before a permit can be issued.

#### 1. General Installation Notes (unless otherwise specified)

- a. System must be installed according to the Maine Subsurface Wastewater Rules: 144A CMR 241 (Rules).
- b. Install erosion control measures prior to construction (see Section 4)
- c. Install all proprietary devices in accordance with manufacturer's recommendations.
- d. Contact designer if any deviation from design is encountered.
- e. Only install systems during suitable weather and moisture conditions.
- f. Do not install during wet weather or below freezing temperatures.
- g. Remove all vegetation and organic matter within system and fill extension area, leaving as much original topsoil as possible.
- h. Remove all trees within 10 feet of system and fill extension area.
- i. Divert any surface water from disposal system area.
- j. Fertilize, seed, and mulch all disturbed soils with (quantities per/1000 SF) 90 Lbs. Lime, 30 Lbs. of 10-10-10 fertilizer (or equivalent manure); seed with 3 Lbs. conservation mix or equivalent, mulch with 1.5 bales hay or straw. Alternatively use minimum of 6 inches of wood bark mulch and landscape as needed.

#### 2. Holding Tank Installation

- a. Use precast concrete watertight tank unless otherwise specified.
- b. Building sewer lines to slope ¼ inch per foot minimum.
- c. Seal all holes and pipe openings to create watertight tank.
- d. Bed septic tank in 6 inches of clean gravel, unless otherwise noted on plans.
- e. Provide anti flotation in areas of high water table or with plastic tanks
- f. Install Risers to grade to assist in maintenance/inspection.
- g. Record location of covers with swing ties.
- h. Provide Audible/& visual highwater alarm in holding tank.

#### 3. Pump Systems

- a. Prepackaged pump stations where available:
  - i. Pump: contractor to size pump according to lift and run if not otherwise specified; and
  - ii. Install check valve and high water alarms in accordance w/ manufacturer's recommendations
- b. Insulate effluent line and D box with 2" high density rigid polystyrene insulation if cover is less than 5 feet. 2" foam has insulation value of approximately 18 "of earth cover. Maintain a minimum of 12" of cover over effluent line.
- c. Install velocity reducer or "Tee" fitting on effluent line outlet in D-Box.

**4. Erosion Control Notes**

- a. All sedimentation and erosion control measures shall be in accordance with the current edition of the MDEP Maine Erosion and Sediment Control BMPs.
- b. Silt fence will be inspected, replaced, and/or repaired immediately following any significant rainfall or snow melt or loss of serviceability due to sediment accumulation. At a minimum, all erosion control devices will be observed weekly.
- c. During the construction phase, intercepted sediment will be returned to the site and regraded onto open areas.
- d. Sediment control devices shall remain in place and be maintained by the contractor until upslope areas are stabilized by a suitable growth of grass. Once a suitable growth has been obtained, all temporary erosion control items shall be removed. Any sediment deposits remaining in place after they are removed shall be dressed to conform to the existing grade; prepared, seeded, and mulched immediately.
- e. All disturbed areas will be seeded and mulched.

**5. Care and Maintenance Recommendations**

- a. Avoid any traffic or snow removal over pipes and disposal system unless specifically allowed in the system design.
- b. Pump out and inspect holding tank annually.
- c. Minimize water use through low flow fixtures.
- d. Use of garbage disposal devices is not recommended.
- e. Maintain vegetative cover over system and avoid compaction of topsoil.
- f. Restricting laundry use.

From: Kathryn Davis [daviskathrynp@gmail.com](mailto:daviskathrynp@gmail.com)  
Subject: Re: Passage West holding tank  
Date: Feb 24, 2023 at 2:37:54 PM  
To: Keith Higgins [eastholm.maine@gmail.com](mailto:eastholm.maine@gmail.com)

Thank you Keith

I authorize you to be my representative to submit the design.

Thank you

Kate

On 2/24/23, 9:46 AM, "Keith Higgins"  
<[eastholm.maine@gmail.com](mailto:eastholm.maine@gmail.com)>  
<<mailto:eastholm.maine@gmail.com>>> wrote:

Kate ,

I have a completed septic holding tank design for Passage West  
@(24 New County Rd )

Could you reply to this message

Authorizing me to be your "representative" to submit the design  
for review and permitting?

The town Code Enforcement Officer will review the design and  
determine if it is permissible. If approved, we'd then need to apply  
for a permit to perform the work .

Keith Higgins



TOWN OF MOUNT DESERT  
PUBLIC SPACE SPECIAL EVENT APPLICATION

Application Fee - \$10.00

NOTE - Applications are due 60 days prior for major events and  
30 days prior to event for minor events.

PERMIT #: S-2024 DATE OF EVENT: once a week on Fri. June-Oct. TIME: 9am-10am

DATE APPLICATION RECEIVED: 4-29-2024 # Expected to attend @ 12

PUBLIC SPACE REQUESTED: Please check: Northeast Harbor Marina Green \_\_\_\_\_  
Seal Harbor Village Green \_\_\_\_\_ Suminsby Park  Otter Creek Playground \_\_\_\_\_  
Hall Quarry Park \_\_\_\_\_ Pond's End \_\_\_\_\_

TYPE OF EVENT - MAJOR OR MINOR (SEE POLICY FOR DEFINITIONS)  
(circle one)

APPLICANT: Susan Sassaman Susan Sassaman  
(Print) (Signature)

MAILING ADDRESS: 9 Strawberry Hill Road Bar Harbor 04609

PHONE: 207-801-8477  
(Home) (Business) (cellular)

OTHER CONTACT INFO: susan.sassaman@proton.me  
(Email) (fax)

AGENT: \_\_\_\_\_  
(Print) (Signature)

AGENT MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
(Agent home) (Agent business) (Agent cellular)

OTHER CONTACT INFO: \_\_\_\_\_  
(Agent email) (Agent fax)

What is the tax status of the applicant? (Non-profit) Non-profit

Does the applicant propose that amplified sound be used for event? Yes \_\_\_\_\_ No   
If yes, include description:

USE REQUESTED (Applicant, review the Public Space Use Policy, then explain what you want to do)  
Free class of Qigong for Seniors. Sponsored by Ellsworth  
MDI Housing Authority. These traditional Chinese "Health  
Exercises" often are done outdoors. We were at Suminsby  
last summer and hope to return this year.

It should be noted that it is a public space and your event will not preclude other people from using the space;  
however once approved, no other special events will be permitted at that location while your event is taking place.

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by a majority of the Board of Scieecimen:

TOWN OF MOUNT DESERT  
PUBLIC SPACE SPECIAL EVENT APPLICATION

REC'D MAY 10 2024

Application Fee - \$10.00

NOTE - Applications are due 60 days prior for major events and  
30 days prior to event for minor events.

PERMIT #: 8-2024 DATE OF EVENT: 7-28-24 TIME: 12:00 - 4:00 PM

DATE APPLICATION RECEIVED: 5-10-2024 # Expected to attend \_\_\_\_\_

PUBLIC SPACE REQUESTED: Please check: Northeast Harbor Marina Green \_\_\_\_\_  
Seal Harbor Village Green \_\_\_\_\_ Suminsby Park  Otter Creek Playground \_\_\_\_\_  
Hall Quarry Park \_\_\_\_\_ Pond's End \_\_\_\_\_

TYPE OF EVENT - MAJOR OR MINOR (SEE POLICY FOR DEFINITIONS)  
(circle one)

APPLICANT: RODNEY E. MILLER Rodney E. Miller  
(Print) (Signature)

MAILING ADDRESS: 16 MACKENZIE BERNARD ME. 04612

PHONE: 207 241-7450 \_\_\_\_\_ 207-479-6669  
(Home) (Business) (cellular)

OTHER CONTACT INFO: ISLAND FINISHES @ ROADRUNNER.COM  
(Email) (fax)

AGENT: SOME AS ABOVE  
(Print) (Signature)

AGENT MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
(Agent home) (Agent business) (Agent cellular)

OTHER CONTACT INFO: \_\_\_\_\_  
(Agent email) (Agent fax)

What is the tax status of the applicant? (Non-profit) \_\_\_\_\_

Does the applicant propose that amplified sound be used for event? Yes \_\_\_\_\_ No

If yes, include description:  
MEMORIAL FOR EDITH S. MAULL

USE REQUESTED (Applicant, review the Public Space Use Policy, then explain what you want to do)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*It should be noted that it is a public space and your event will not preclude other people from using the space; however once approved, no other special events will be permitted at that location while your event is taking place.*

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by a majority of the Board of Selectmen:

\_\_\_\_\_  
\_\_\_\_\_



4. Indicate the type of license applying for: (choose only one)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Restaurant<br>(Class I, II, III, IV)   | <input type="checkbox"/> Class A Restaurant/Lounge<br>(Class XI)         | <input type="checkbox"/> Class A Lounge<br>(Class X)  |
| <input type="checkbox"/> Hotel<br>(Class I, II, III, IV)   | <input type="checkbox"/> Hotel – Food Optional<br>(Class I-A)            | <input type="checkbox"/> Bed & Breakfast<br>(Class V) |
| <input type="checkbox"/> Golf Course (included optional licenses, please check if apply)<br>(Class I, II, III, IV) | <input type="checkbox"/> Auxiliary                                       | <input type="checkbox"/> Mobile Cart                  |
| <input type="checkbox"/> Tavern<br>(Class IV)  | <input type="checkbox"/> Other: _____                                    |   |
| <input type="checkbox"/> Qualified Caterer   | <input type="checkbox"/> Self-Sponsored Events (Qualified Caterers Only) |   |

*Refer to Section V for the License Fee Schedule on page 9*

5. Business records are located at the following address:

6720 W. 121st St. Suite 200, Overland Park, KS 66209

---

6. Is the licensee/applicant(s) citizens of the United States?  Yes  No

7. Is the licensee/applicant(s) a resident of the State of Maine?  Yes  No

**NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.**

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes  No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes  No

Not applicable – licensee/applicant(s) is a sole proprietor

10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you own or have any interest in any another Maine Liquor License?  Yes  No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Jonathan Ipe - General Manager		Akron, OH

Residence address on all the above for previous 5 years

Name Address:  
 Jonathan Ipe - 2150 U.S. Hwy 1, Sullivan ME 04664

Name Address:  
 Jonathan Ipe - 25 Arrowhead Dr SE, Rome, GA 30161

Name Address:  
 Jonathan Ipe - 212 Station Way, Adaisville, GA 30103

Name Address:

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes  No

If Yes, provide name of law enforcement officer and department where employed:

\_\_\_\_\_

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

16. Has the licensee/applicant(s) formerly held a Maine liquor license?  Yes  No

17. Does the licensee/applicant(s) own the premises?  Yes  No

If No, please provide the name and address of the owner:

National Park Service  
\_\_\_\_\_

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: \_\_\_\_\_

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

Restaurant is indoor and table service only - no seated bar. Alcoholic beverages will be also served on the lawn with tables for patrons adjacent to the indoor restaurant. There is a barrier and fencing with signage stating "No Alcohol Beyond This Point."

20. What is the distance from the premises to the **nearest** school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Name: Seaside United Church of Christ

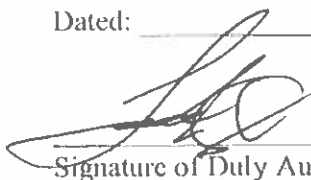
Distance: 1.80

**Section II: Signature of Applicant(s)**

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

Dated: 4/15/24

  
\_\_\_\_\_  
Signature of Duly Authorized Person

Frank Pikus, CEO  
\_\_\_\_\_  
Printed Name Duly Authorized Person

\_\_\_\_\_  
Signature of Duly Authorized Person

\_\_\_\_\_  
Printed Name of Duly Authorized Person

**Section III: For use by Municipal Officers and County Commissioners only**

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: \_\_\_\_\_

Who is approving this application?  Municipal Officers of \_\_\_\_\_

County Commissioners of \_\_\_\_\_ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

**This Application will Expire 60 Days from the date of Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

**1. Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.



**B.** The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located.

**C.** If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application.

**D.** If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant.

**2. Findings.** In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:

**A.** Conviction of the applicant of any Class A, Class B or Class C crime;

**B.** Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control;

**C.** Conditions of record such as waste disposal violations, health or safety violations or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner;

**D.** Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises;

**D-1.** Failure to obtain, or comply with the provisions of, a permit for music, dancing or entertainment required by a municipality or, in the case of an unincorporated place, the county commissioners;

**E.** A violation of any provision of this Title;

**F.** A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601; and

G. After September 1, 2010, server training, in a program certified by the bureau and required by local ordinance, has not been completed by individuals who serve alcoholic beverages.

**3. Appeal to bureau.** Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.

A. Repealed

B. If the decision appealed from is an application denial, the bureau may issue the license only if it finds by clear and convincing evidence that the decision was without justifiable cause.

4. Repealed

**5. Appeal to District Court.** Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receipt of the written decision of the bureau.

An applicant who files an appeal or who has an appeal pending shall pay the annual license fee the applicant would otherwise pay. Upon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee.

#### **Section IV: Terms and Conditions of Licensure as an Establishment that sells liquor for on-premises consumption in Maine**

- The licensee/applicant(s) agrees to be bound by and comply with the laws, rules and instructions promulgated by the Bureau.
- The licensee/applicant(s) agrees to maintain accurate records related to an on-premise license as required by the law, rules and instructions promulgated or issued by the Bureau if a license is issued as a result of this application.
  - The licensee/applicant(s) authorizes the Bureau to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also any books, records and returns during the year in which any liquor license is in effect.
- Any change in the licensee's/applicant's licensed premises as defined in this application must be approved by the Bureau in advance.
- All new applicants must apply to the Alcohol and Tobacco Tax and Trade Bureau (TTB) for its Retail Beverage Alcohol Dealers permit. See the TTB's website at <https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers> for more information.

## Section V: Fee Schedule

**Filing fee required.** In addition to the license fees listed below, a filing fee of \$10.00 must be included with all applications.

**Please note:** For Licensees/Applicants in unorganized territories in Maine, the \$10.00 filing fee must be paid directly to County Treasurer. All applications received by the Bureau from licensees/applicants in unorganized territories must submit proof of payment was made to the County Treasurer together with the application.

<b>Class of License</b>	<b>Type of liquor/Establishments included</b>	<b>Fee</b>
<b>Class I</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers	\$ 900.00
<b>Class I-A</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only hotels that do not serve three meals a day.	\$1,100.00
<b>Class II</b>	<b>For the Sale of Spirits Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; and Vessels.	\$ 550.00
<b>Class III</b>	<b>For the Sale of Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class IV</b>	<b>For the Sale of Malt Liquor Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class III and IV</b>	<b>For the Sale of Malt Liquor and Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 440.00
<b>Class V</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Club without catering privileges.	\$ 495.00
<b>Class X</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Class A Lounge	\$2,200.00
<b>Class XI</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Restaurant Lounge	\$1,500.00

## Section VI Premises Floor Plan

In an effort to clearly define your license premise and the areas that consumption and storage of liquor authorized by your license type is allowed, the Bureau requires all applications to include a diagram of the premise to be licensed.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the following areas: entrances, office area, coolers, storage areas, display cases, shelves, restroom, point of sale area, area for on-premise consumption, dining rooms, event/function rooms, lounges, outside area/decks or any other areas on the premise that you are requesting approval. Attached an additional page as needed to fully describe the premise.

see attached

**Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities**

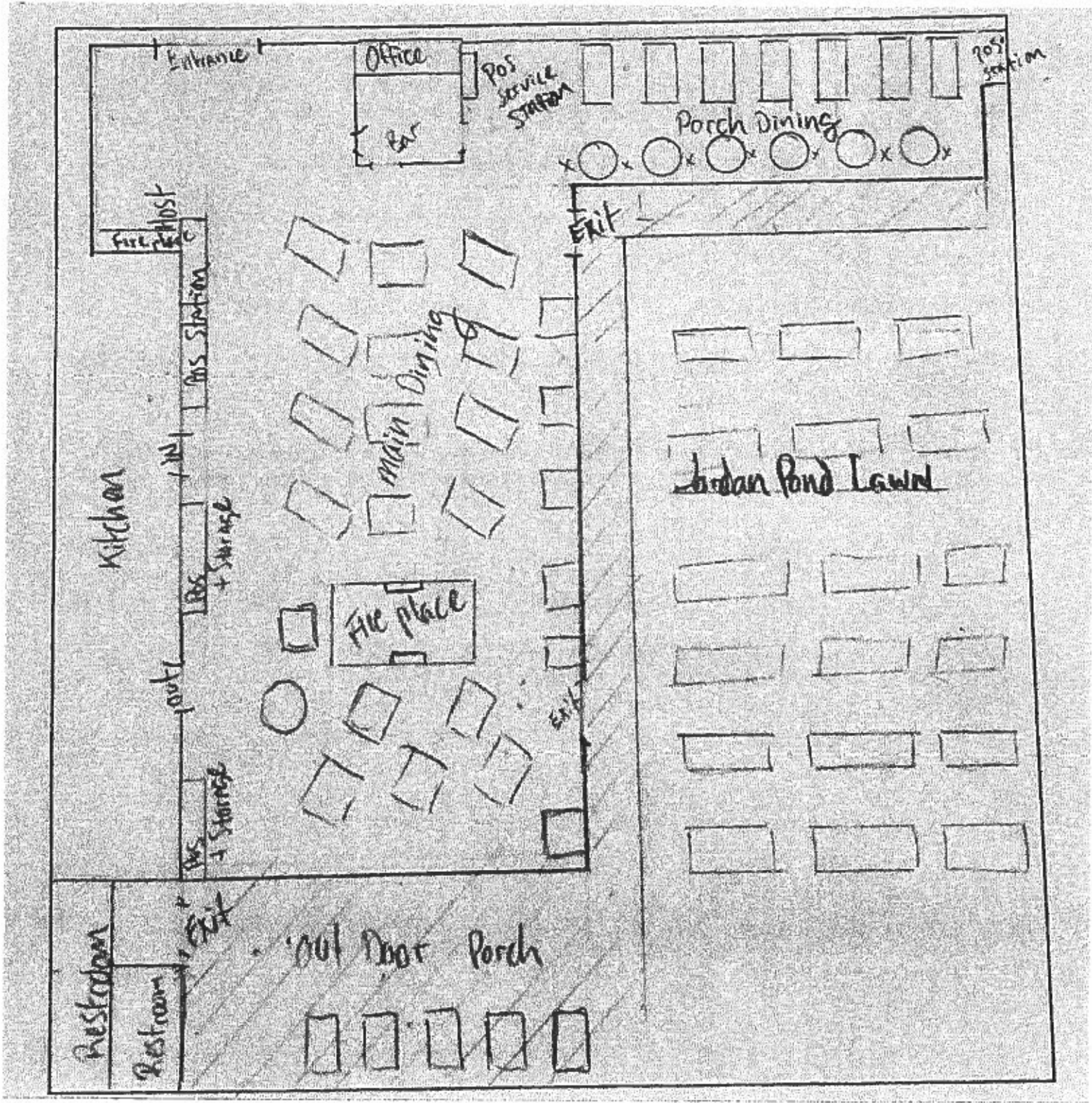
Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State’s office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State’s office at (207) 624-7752.

*All Questions Must Be Answered Completely. Please print legibly.*

1. Exact legal name: Dawnland, LLC
2. Doing Business As, if any: Jordan Pond House
3. Date of filing with Secretary of State: 12/18/2019 State in which you are formed: DE
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: 12/18/2019
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
Peter Nolan	338 Pier Ave, Hermosa Beach, CA		Member	100
Frank Pikus	10815 W 153rd Overland Park, KS		CEO	0.0000

(Ownership in non-publicly traded companies must add up to 100%.)





4. Indicate the type of license applying for: (choose only one)

- Restaurant (Class I, II, III, IV)       Class A Restaurant/Lounge (Class XI)       Class A Lounge (Class X)
- Hotel (Class I, II, III, IV)       Hotel – Food Optional (Class I-A)       Bed & Breakfast (Class V)
- Golf Course (included optional licenses, please check if apply) (Class I, II, III, IV)       Auxiliary       Mobile Cart
- Tavern (Class IV)       Other: \_\_\_\_\_
- Qualified Caterer       Self-Sponsored Events (Qualified Caterers Only)

*Refer to Section V for the License Fee Schedule on page 9*

5. Business records are located at the following address:

\_\_\_\_\_

6. Is the licensee/applicant(s) citizens of the United States?       Yes       No
7. Is the licensee/applicant(s) a resident of the State of Maine?       Yes       No

**NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.**

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes       No      If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes       No

Not applicable – licensee/applicant(s) is a sole proprietor



10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you own or have any interest in any another Maine Liquor License?  Yes  No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Mark Reece		Skowhegan, ME
Stephanie Kelley-Reece		Warner-Robbins, GA

Residence address on all the above for previous 5 years

Name Address:  
 Mark Reece 25 Hall Quarry RD, Mount Desert, ME 04662

Name Address:  
 Stephanie Kelley-Reece Same

Name Address:

Name Address:

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes  No

If Yes, provide name of law enforcement officer and department where employed:

\_\_\_\_\_

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

16. Has the licensee/applicant(s) formerly held a Maine liquor license?  Yes  No

17. Does the licensee/applicant(s) own the premises?  Yes  No

If No, please provide the name and address of the owner:

Terry Reece 25 Sandy Lane Bar Harbor, ME 04609

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: \_\_\_\_\_

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

Full service restaurant and bar. Full bakery and takeout with front door on main street.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What is the distance from the premises to the **nearest** school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Name: Church

Distance: 200.00

**Section II: Signature of Applicant(s)**

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

*Please sign and date in blue ink.*

Dated: 04/29/2024

  
\_\_\_\_\_  
Signature of Duly Authorized Person

Mark Reece  
\_\_\_\_\_  
Printed Name Duly Authorized Person

\_\_\_\_\_  
Signature of Duly Authorized Person

\_\_\_\_\_  
Printed Name of Duly Authorized Person

**Section III: For use by Municipal Officers and County Commissioners only**

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: \_\_\_\_\_

Who is approving this application?  Municipal Officers of \_\_\_\_\_

County Commissioners of \_\_\_\_\_ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

**This Application will Expire 60 Days from the date of  
Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

**1. Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.

**B.** The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located.

**C.** If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application.

**D.** If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant.

**2. Findings.** In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:

**A.** Conviction of the applicant of any Class A, Class B or Class C crime;

**B.** Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control;

**C.** Conditions of record such as waste disposal violations, health or safety violations or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner;

**D.** Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises;

**D-1.** Failure to obtain, or comply with the provisions of, a permit for music, dancing or entertainment required by a municipality or, in the case of an unincorporated place, the county commissioners;

**E.** A violation of any provision of this Title;

**F.** A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601; and

G. After September 1, 2010, server training, in a program certified by the bureau and required by local ordinance, has not been completed by individuals who serve alcoholic beverages.

**3. Appeal to bureau.** Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.

**A. Repealed**

**B.** If the decision appealed from is an application denial, the bureau may issue the license only if it finds by clear and convincing evidence that the decision was without justifiable cause.

**4. Repealed**

**5. Appeal to District Court.** Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receipt of the written decision of the bureau.

An applicant who files an appeal or who has an appeal pending shall pay the annual license fee the applicant would otherwise pay. Upon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee.

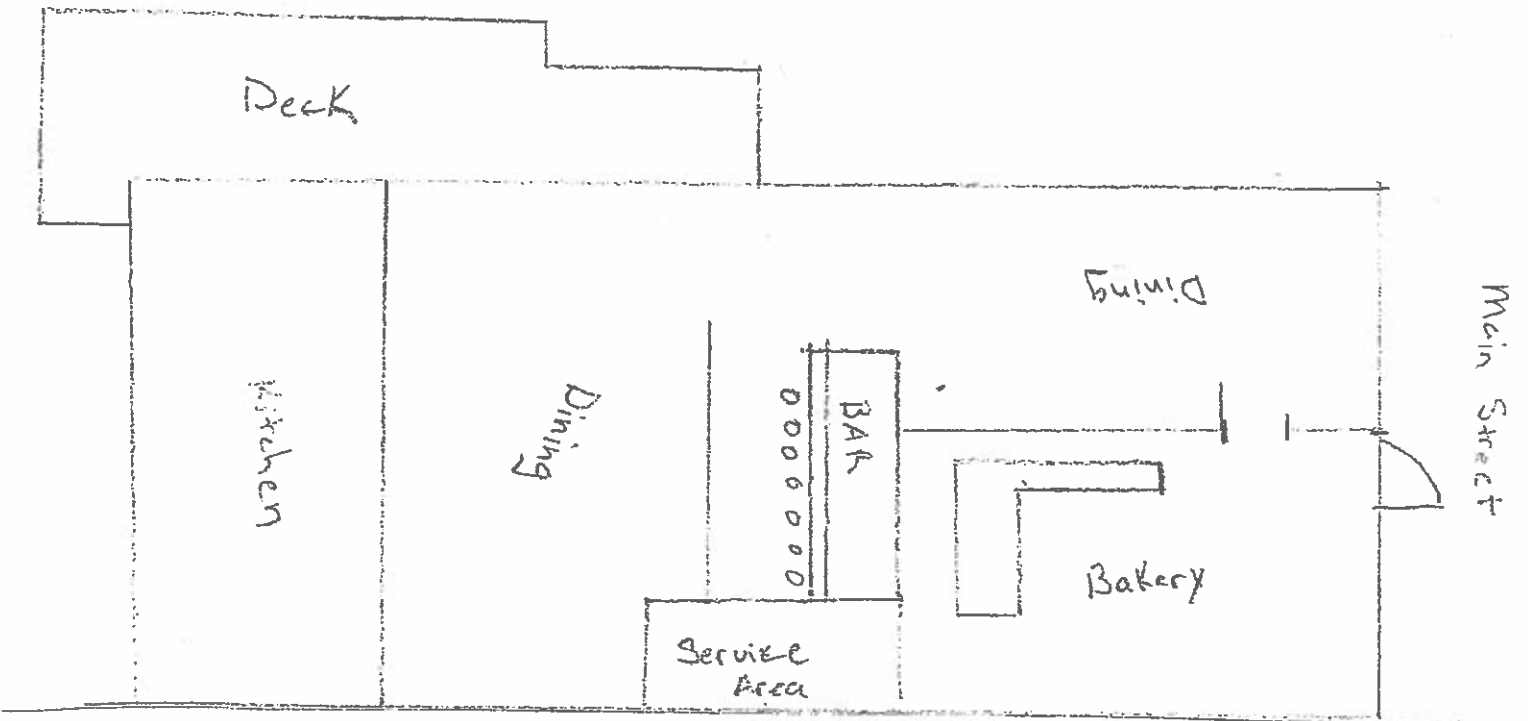
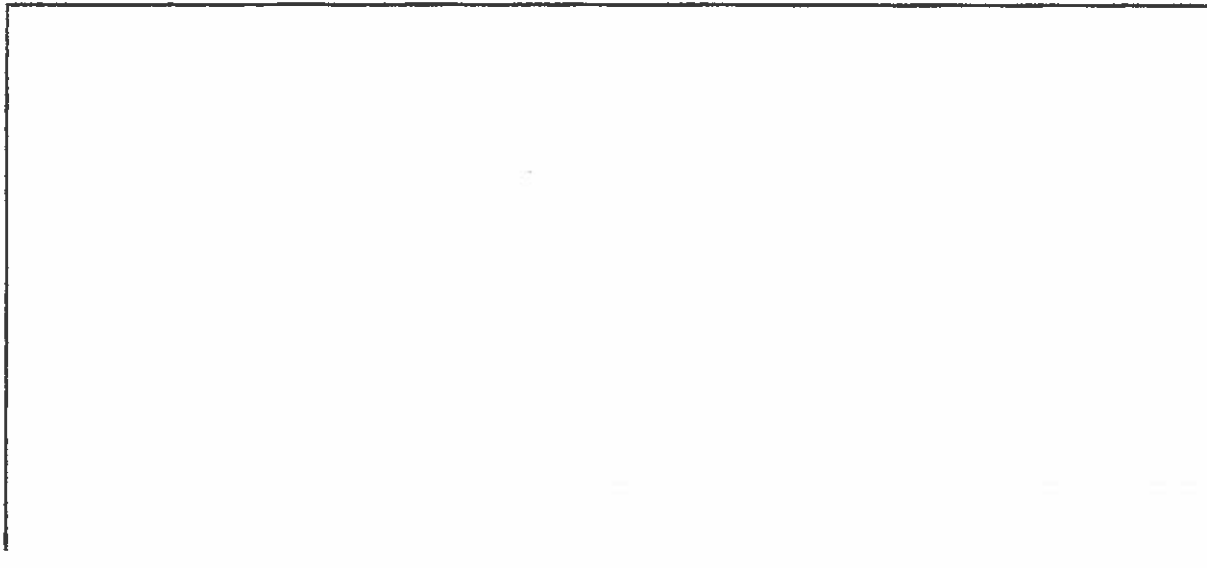
**Section IV: Terms and Conditions of Licensure as an Establishment that sells liquor for on-premises consumption in Maine**

- The licensee/applicant(s) agrees to be bound by and comply with the laws, rules and instructions promulgated by the Bureau.
- The licensee/applicant(s) agrees to maintain accurate records related to an on-premise license as required by the law, rules and instructions promulgated or issued by the Bureau if a license is issued as a result of this application.
  - The licensee/applicant(s) authorizes the Bureau to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also any books, records and returns during the year in which any liquor license is in effect.
- Any change in the licensee's/applicant's licensed premises as defined in this application must be approved by the Bureau in advance.
- All new applicants must apply to the Alcohol and Tobacco Tax and Trade Bureau (TTB) for its Retail Beverage Alcohol Dealers permit. See the TTB's website at <https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers> for more information.

## Section VI Premises Floor Plan

In an effort to clearly define your license premise and the areas that consumption and storage of liquor authorized by your license type is allowed, the Bureau requires all applications to include a diagram of the premise to be licensed.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the following areas: entrances, office area, coolers, storage areas, display cases, shelves, restroom, point of sale area, area for on-premise consumption, dining rooms, event/function rooms, lounges, outside area/decks or any other areas on the premise that you are requesting approval. Attached an additional page as needed to fully describe the premise.



**Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities**

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

*All Questions Must Be Answered Completely. Please print legibly.*

1. Exact legal name: WinterSpring Inc
2. Doing Business As, if any: The Colonels Restaurant
3. Date of filing with Secretary of State: 03/08/2004 State in which you are formed: Maine
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:  
\_\_\_\_\_
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
Mark Reece	25 Hall Quarry, ME 04662		President	50.0000
Stephanie Kelley-Reece	SAME		Treasurer	50.0000

(Ownership in non-publicly traded companies must add up to 100%.)





4. Indicate the type of license applying for: (choose only one)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Restaurant<br>(Class I, II, III, IV)   | <input type="checkbox"/> Class A Restaurant/Lounge<br>(Class XI)         | <input type="checkbox"/> Class A Lounge<br>(Class X)  |
| <input type="checkbox"/> Hotel<br>(Class I, II, III, IV)   | <input type="checkbox"/> Hotel – Food Optional<br>(Class I-A)            | <input type="checkbox"/> Bed & Breakfast<br>(Class V) |
| <input type="checkbox"/> Golf Course (included optional licenses, please check if apply)<br>(Class I, II, III, IV) | <input type="checkbox"/> Auxiliary                                       | <input type="checkbox"/> Mobile Cart                  |
| <input type="checkbox"/> Tavern<br>(Class IV)  | <input type="checkbox"/> Other: _____                                    |   |
| <input type="checkbox"/> Qualified Caterer   | <input type="checkbox"/> Self-Sponsored Events (Qualified Caterers Only) |   |

Refer to Section V for the License Fee Schedule on page 9

5. Business records are located at the following address:

14 Sew St. Northeast Harbor, Me 04662

6. Is the licensee/applicant(s) citizens of the United States?  Yes  No

7. Is the licensee/applicant(s) a resident of the State of Maine?  Yes  No

**NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.**

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes  No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes  No

Not applicable – licensee/applicant(s) is a sole proprietor

10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you own or have any interest in any another Maine Liquor License?  Yes  No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Scott Cole		Berlin, Vermont

Residence address on all the above for previous 5 years

Name	Address:
Scott Cole	19 Fern Meadow Drive, Ber Harbor, Me. 04609
Name	Address:
Name	Address:
Name	Address:

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes  No

If Yes, provide name of law enforcement officer and department where employed:

\_\_\_\_\_

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

16. Has the licensee/applicant(s) formerly held a Maine liquor license?  Yes  No

17. Does the licensee/applicant(s) own the premises?  Yes  No

If No, please provide the name and address of the owner:

\_\_\_\_\_

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: \_\_\_\_\_

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

50 seat dining room with a 25 seat outdoor  
patio connected

20. What is the distance from the premises to the nearest school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Name: Mount Desert Elementary School

Distance: .3 miles

**Section II: Signature of Applicant(s)**

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Please sign and date in blue ink.

Dated: 4/30/24

  
Signature of Duly Authorized Person

Scott Cole  
Printed Name Duly Authorized Person

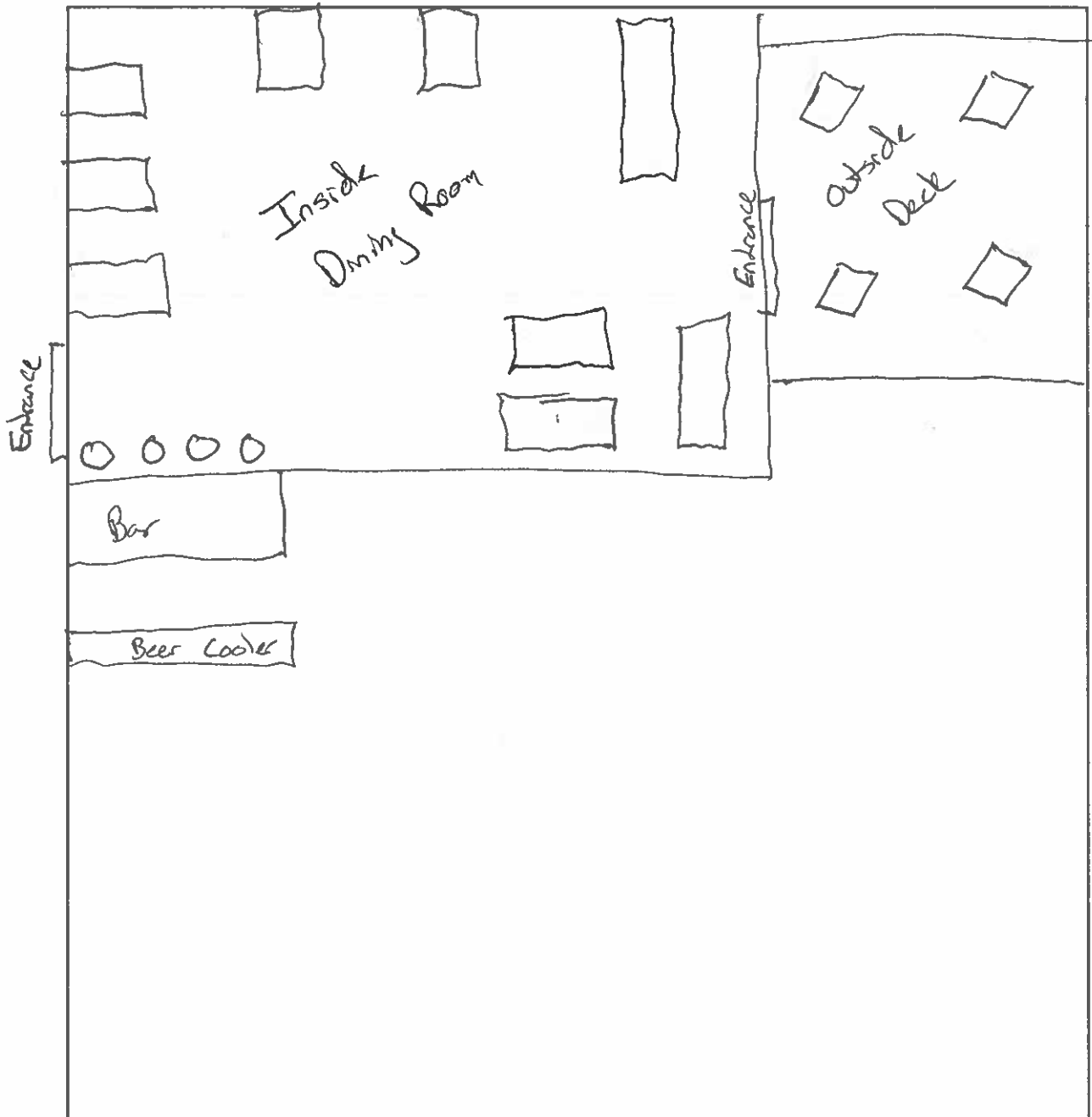
\_\_\_\_\_  
Signature of Duly Authorized Person

\_\_\_\_\_  
Printed Name of Duly Authorized Person

## Section VI Premises Floor Plan

In an effort to clearly define your license premise and the areas that consumption and storage of liquor authorized by your license type is allowed, the Bureau requires all applications to include a diagram of the premise to be licensed.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the following areas: entrances, office area, coolers, storage areas, display cases, shelves, restroom, point of sale area, area for on-premise consumption, dining rooms, event/function rooms, lounges, outside area/decks or any other areas on the premise that you are requesting approval. Attached an additional page as needed to fully describe the premise.



**Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities**

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

*All Questions Must Be Answered Completely. Please print legibly.*

1. Exact legal name: 14 Sea Street LLC
2. Doing Business As, if any: The Dockside
3. Date of filing with Secretary of State: 2/1/2022 State in which you are formed: Me
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:  
\_\_\_\_\_
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
Scott Cole	19 Fern Meadow Drive Bir Harbor, Me. 04608		Owner	100%

(Ownership in non-publicly traded companies must add up to 100%.)

**Section III: For use by Municipal Officers and County Commissioners only**

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: \_\_\_\_\_

Who is approving this application?  Municipal Officers of \_\_\_\_\_

County Commissioners of \_\_\_\_\_ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

**This Application will Expire 60 Days from the date of Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

**1. Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

A. The bureau shall prepare and supply application forms.



**B.** The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located.

**C.** If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application.

**D.** If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant.

**2. Findings.** In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:

**A.** Conviction of the applicant of any Class A, Class B or Class C crime;

**B.** Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control;

**C.** Conditions of record such as waste disposal violations, health or safety violations or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner;

**D.** Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises;

**D-1.** Failure to obtain, or comply with the provisions of, a permit for music, dancing or entertainment required by a municipality or, in the case of an unincorporated place, the county commissioners;

**E.** A violation of any provision of this Title;

**F.** A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601; and

G. After September 1, 2010, server training, in a program certified by the bureau and required by local ordinance, has not been completed by individuals who serve alcoholic beverages.

**3. Appeal to bureau.** Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.

**A. Repealed**

**B.** If the decision appealed from is an application denial, the bureau may issue the license only if it finds by clear and convincing evidence that the decision was without justifiable cause.

**4. Repealed**

**5. Appeal to District Court.** Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receipt of the written decision of the bureau.

An applicant who files an appeal or who has an appeal pending shall pay the annual license fee the applicant would otherwise pay. Upon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee.

#### **Section IV: Terms and Conditions of Licensure as an Establishment that sells liquor for on-premises consumption in Maine**

- The licensee/applicant(s) agrees to be bound by and comply with the laws, rules and instructions promulgated by the Bureau.
- The licensee/applicant(s) agrees to maintain accurate records related to an on-premise license as required by the law, rules and instructions promulgated or issued by the Bureau if a license is issued as a result of this application.
  - The licensee/applicant(s) authorizes the Bureau to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also any books, records and returns during the year in which any liquor license is in effect.
- Any change in the licensee's/applicant's licensed premises as defined in this application must be approved by the Bureau in advance.
- All new applicants must apply to the Alcohol and Tobacco Tax and Trade Bureau (TTB) for its [Retail Beverage Alcohol Dealers](https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers) permit. See the TTB's website at <https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers> for more information.

## Section V: Fee Schedule

**Filing fee required.** In addition to the license fees listed below, a filing fee of \$10.00 must be included with all applications.

**Please note:** For Licensees/Applicants in unorganized territories in Maine, the \$10.00 filing fee must be paid directly to County Treasurer. All applications received by the Bureau from licensees/applicants in unorganized territories must submit proof of payment was made to the County Treasurer together with the application.

<b>Class of License</b>	<b>Type of liquor/Establishments included</b>	<b>Fee</b>
<b>Class I</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers	\$ 900.00
<b>Class I-A</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only hotels that do not serve three meals a day.	\$1,100.00
<b>Class II</b>	<b>For the Sale of Spirits Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; and Vessels.	\$ 550.00
<b>Class III</b>	<b>For the Sale of Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class IV</b>	<b>For the Sale of Malt Liquor Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class III and IV</b>	<b>For the Sale of Malt Liquor and Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 440.00
<b>Class V</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Club without catering privileges.	\$ 495.00
<b>Class X</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Class A Lounge	\$2,200.00
<b>Class XI</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Restaurant Lounge	\$1,500.00



4. Indicate the type of license applying for: (choose only one)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Restaurant<br>(Class I, II, III, IV)   | <input type="checkbox"/> Class A Restaurant/Lounge<br>(Class XI)         | <input type="checkbox"/> Class A Lounge<br>(Class X)  |
| <input type="checkbox"/> Hotel<br>(Class I, II, III, IV)   | <input type="checkbox"/> Hotel – Food Optional<br>(Class I-A)            | <input type="checkbox"/> Bed & Breakfast<br>(Class V) |
| <input type="checkbox"/> Golf Course (included optional licenses, please check if apply)<br>(Class I, II, III, IV) | <input type="checkbox"/> Auxiliary                                       | <input type="checkbox"/> Mobile Cart                  |
| <input type="checkbox"/> Tavern<br>(Class IV)  | <input type="checkbox"/> Other: _____                                    |   |
| <input type="checkbox"/> Qualified Caterer   | <input type="checkbox"/> Self-Sponsored Events (Qualified Caterers Only) |   |

*Refer to Section V for the License Fee Schedule on page 9*

5. Business records are located at the following address:

367 State Highway 3, Bar Harbor, Maine 04609

6. Is the licensee/applicant(s) citizens of the United States?  Yes  No

7. Is the licensee/applicant(s) a resident of the State of Maine?  Yes  No

**NOTE: Applicants that are not citizens of the United States are required to file for the license as a business entity.**

8. Is licensee/applicant(s) a business entity like a corporation or limited liability company?

Yes  No If Yes, complete Section VII at the end of this application

9. For a licensee/applicant who is a business entity as noted in Section I, does any officer, director, member, manager, shareholder or partner have in any way an interest, directly or indirectly, in their capacity in any other business entity which is a holder of a wholesaler license granted by the State of Maine?

Yes  No

Not applicable – licensee/applicant(s) is a sole proprietor

10. Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.

Yes  No

If yes, please provide details: \_\_\_\_\_

11. Do you own or have any interest in any another Maine Liquor License?  Yes  No

If yes, please list license number, business name, and complete physical location address: (attach additional pages as needed using the same format)

Name of Business	License Number	Complete Physical Address
Bar Harbor Catering Company	Qcs-2013-5170	367 State Highway 3, BH, Maine 04609

12. List name, date of birth, place of birth for all applicants including any manager(s) employed by the licensee/applicant. Provide maiden name, if married. (attach additional pages as needed using the same format)

Full Name	DOB	Place of Birth
Mandy Fontaine		Ellsworth

Residence address on all the above for previous 5 years

Name Mandy Fontaine	Address: 154 woodland dr. Trenton, Maine 04605
Name Mandy Fontaine	Address: 45 Pine Heath Road, BH, Maine 04609
Name Mandy Fontaine	Address: 882 State Highway 3, BH, Maine 04609
Name	Address:

13. Will any law enforcement officer directly benefit financially from this license, if issued?

Yes  No

If Yes, provide name of law enforcement officer and department where employed:

\_\_\_\_\_

14. Has the licensee/applicant(s) ever been convicted of any violation of the liquor laws in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

15. Has the licensee/applicant(s) ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?  Yes  No

If Yes, please provide the following information and attach additional pages as needed using the same format.

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

16. Has the licensee/applicant(s) formerly held a Maine liquor license?  Yes  No

17. Does the licensee/applicant(s) own the premises?  Yes  No

If No, please provide the name and address of the owner:

William Stewart 28 Sargeant Drive, Northeast Harbor, 04662

18. If you are applying for a liquor license for a Hotel or Bed & Breakfast, please provide the number of guest rooms available: 0

19. Please describe in detail the area(s) within the premises to be licensed. This description is in addition to the diagram in Section VI. (Use additional pages as needed)

Inside restaurant style table seating, inside bar stool seating and outside picnic table seating.

Seasonal Lobster pound and restaurant.

20. What is the distance from the premises to the **nearest** school, school dormitory, church, chapel or parish house, measured from the main entrance of the premises to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel?

Name: Somesville Union Meeting House

Distance: 2.5 Miles

**Section II: Signature of Applicant(s)**

By signing this application, the licensee/applicant understands that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

*Please sign and date in blue ink.*

Dated: 4/15/2024



Signature of Duly Authorized Person

Signature of Duly Authorized Person

Mandy Fontaine

Printed Name Duly Authorized Person

Printed Name of Duly Authorized Person



**Section III: For use by Municipal Officers and County Commissioners only**

The undersigned hereby certifies that we have complied with the process outlined in 28-A M.R.S. §653 and approve this on-premises liquor license application.

Dated: \_\_\_\_\_

Who is approving this application?  Municipal Officers of \_\_\_\_\_

County Commissioners of \_\_\_\_\_ County

- Please Note:** The Municipal Officers or County Commissioners must confirm that the records of Local Option Votes have been verified that allows this type of establishment to be licensed by the Bureau for the type of alcohol to be sold for the appropriate days of the week. Please check this box to indicate this verification was completed.

Signature of Officials	Printed Name and Title

**This Application will Expire 60 Days from the date of Municipal or County Approval unless submitted to the Bureau**

Included below is the section of Maine’s liquor laws regarding the approval process by the municipalities or the county commissioners. This is provided as a courtesy only and may not reflect the law in effect at the time of application. Please see <http://www.mainelegislature.org/legis/statutes/28-A/title28-Asec653.html>

§653. Hearings; bureau review; appeal

**1. Hearings.** The municipal officers or, in the case of unincorporated places, the county commissioners of the county in which the unincorporated place is located, may hold a public hearing for the consideration of applications for new on-premises licenses and applications for transfer of location of existing on-premises licenses. The municipal officers or county commissioners may hold a public hearing for the consideration of requests for renewal of licenses, except that when an applicant has held a license for the prior 5 years and a complaint has not been filed against the applicant within that time, the applicant may request a waiver of the hearing.

**A.** The bureau shall prepare and supply application forms.

**B.** The municipal officers or the county commissioners, as the case may be, shall provide public notice of any hearing held under this section by causing a notice, at the applicant's prepaid expense, stating the name and place of hearing, to appear on at least 3 consecutive days before the date of hearing in a daily newspaper having general circulation in the municipality where the premises are located or one week before the date of the hearing in a weekly newspaper having general circulation in the municipality where the premises are located.

**C.** If the municipal officers or the county commissioners, as the case may be, fail to take final action on an application for a new on-premises license or transfer of the location of an existing on-premises license within 60 days of the filing of an application, the application is deemed approved and ready for action by the bureau. For purposes of this paragraph, the date of filing of the application is the date the application is received by the municipal officers or county commissioners. This paragraph applies to all applications pending before municipal officers or county commissioners as of the effective date of this paragraph as well as all applications filed on or after the effective date of this paragraph. This paragraph applies to an existing on-premises license that has been extended pending renewal. The municipal officers or the county commissioners shall take final action on an on-premises license that has been extended pending renewal within 120 days of the filing of the application.

**D.** If an application is approved by the municipal officers or the county commissioners but the bureau finds, after inspection of the premises and the records of the applicant, that the applicant does not qualify for the class of license applied for, the bureau shall notify the applicant of that fact in writing. The bureau shall give the applicant 30 days to file an amended application for the appropriate class of license, accompanied by any additional license fee, with the municipal officers or county commissioners, as the case may be. If the applicant fails to file an amended application within 30 days, the original application must be denied by the bureau. The bureau shall notify the applicant in writing of its decision to deny the application including the reasons for the denial and the rights of appeal of the applicant.

**2. Findings.** In granting or denying an application, the municipal officers or the county commissioners shall indicate the reasons for their decision and provide a copy to the applicant. A license may be denied on one or more of the following grounds:

**A.** Conviction of the applicant of any Class A, Class B or Class C crime;

**B.** Noncompliance of the licensed premises or its use with any local zoning ordinance or other land use ordinance not directly related to liquor control;

**C.** Conditions of record such as waste disposal violations, health or safety violations or repeated parking or traffic violations on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises or other such conditions caused by persons patronizing or employed by the licensed premises that unreasonably disturb, interfere with or affect the ability of persons or businesses residing or located in the vicinity of the licensed premises to use their property in a reasonable manner;

**D.** Repeated incidents of record of breaches of the peace, disorderly conduct, vandalism or other violations of law on or in the vicinity of the licensed premises and caused by persons patronizing or employed by the licensed premises;

**D-1.** Failure to obtain, or comply with the provisions of, a permit for music, dancing or entertainment required by a municipality or, in the case of an unincorporated place, the county commissioners;

**E.** A violation of any provision of this Title;

**F.** A determination by the municipal officers or county commissioners that the purpose of the application is to circumvent the provisions of section 601; and

G. After September 1, 2010, server training, in a program certified by the bureau and required by local ordinance, has not been completed by individuals who serve alcoholic beverages.

**3. Appeal to bureau.** Any applicant aggrieved by the decision of the municipal officers or county commissioners under this section may appeal to the bureau within 15 days of the receipt of the written decision of the municipal officers or county commissioners. The bureau shall hold a public hearing in the city, town or unincorporated place where the premises are situated. In acting on such an appeal, the bureau may consider all licensure requirements and findings referred to in subsection 2.

A. Repealed

B. If the decision appealed from is an application denial, the bureau may issue the license only if it finds by clear and convincing evidence that the decision was without justifiable cause.

4. Repealed

**5. Appeal to District Court.** Any person or governmental entity aggrieved by a bureau decision under this section may appeal the decision to the District Court within 30 days of receipt of the written decision of the bureau.

An applicant who files an appeal or who has an appeal pending shall pay the annual license fee the applicant would otherwise pay. Upon resolution of the appeal, if an applicant's license renewal is denied, the bureau shall refund the applicant the prorated amount of the unused license fee.

#### **Section IV: Terms and Conditions of Licensure as an Establishment that sells liquor for on-premises consumption in Maine**

- The licensee/applicant(s) agrees to be bound by and comply with the laws, rules and instructions promulgated by the Bureau.
- The licensee/applicant(s) agrees to maintain accurate records related to an on-premise license as required by the law, rules and instructions promulgated or issued by the Bureau if a license is issued as a result of this application.
  - The licensee/applicant(s) authorizes the Bureau to obtain and examine all books, records and tax returns pertaining to the business, for which this liquor license is requested, and also any books, records and returns during the year in which any liquor license is in effect.
- Any change in the licensee's/applicant's licensed premises as defined in this application must be approved by the Bureau in advance.
- All new applicants must apply to the Alcohol and Tobacco Tax and Trade Bureau (TTB) for its [Retail Beverage Alcohol Dealers](https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers) permit. See the TTB's website at <https://www.ttb.gov/nrc/retail-beverage-alcohol-dealers> for more information.

**Section V: Fee Schedule**

**Filing fee required.** In addition to the license fees listed below, a filing fee of \$10.00 must be included with all applications.

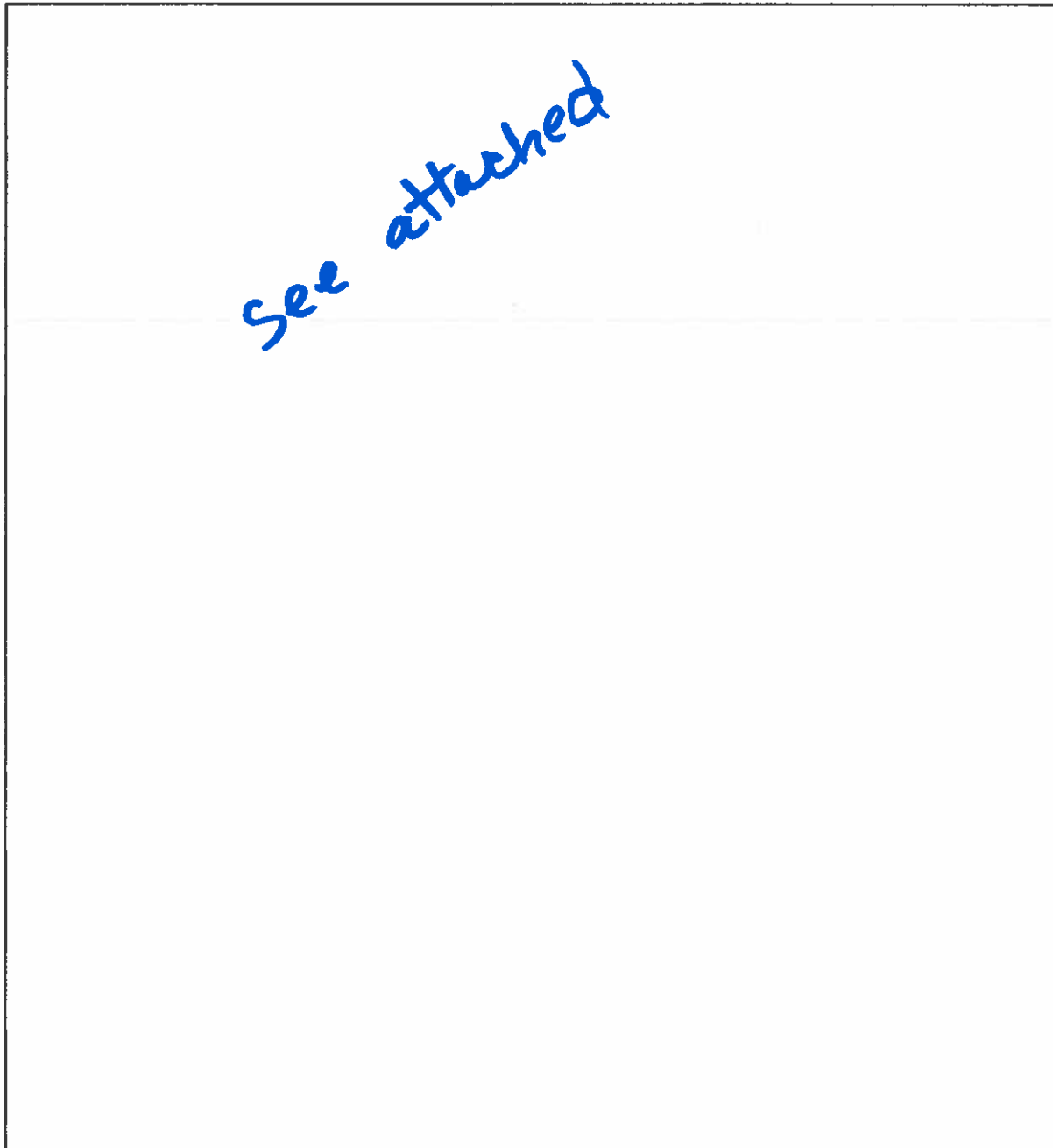
**Please note:** For Licensees/Applicants in unorganized territories in Maine, the \$10.00 filing fee must be paid directly to County Treasurer. All applications received by the Bureau from licensees/applicants in unorganized territories must submit proof of payment was made to the County Treasurer together with the application.

<b>Class of License</b>	<b>Type of liquor/Establishments included</b>	<b>Fee</b>
<b>Class I</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Vessels; Qualified Caterers	\$ 900.00
<b>Class I-A</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only hotels that do not serve three meals a day.	\$1,100.00
<b>Class II</b>	<b>For the Sale of Spirits Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; and Vessels.	\$ 550.00
<b>Class III</b>	<b>For the Sale of Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class IV</b>	<b>For the Sale of Malt Liquor Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Taverns; Pool Halls; and Bed and Breakfasts.	\$ 220.00
<b>Class III and IV</b>	<b>For the Sale of Malt Liquor and Wine Only</b> This class includes: Airlines; Civic Auditoriums; Class A Restaurants; Clubs with catering privileges; Dining Cars; Golf Courses; Hotels; Indoor Ice-Skating Clubs; Indoor Tennis Clubs; Restaurants; Vessels; Pool Halls; and Bed and Breakfasts.	\$ 440.00
<b>Class V</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Club without catering privileges.	\$ 495.00
<b>Class X</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Class A Lounge	\$2,200.00
<b>Class XI</b>	<b>For the sale of liquor (malt liquor, wine and spirits)</b> This class includes only a Restaurant Lounge	\$1,500.00

**Section VI Premises Floor Plan**

In an effort to clearly define your license premise and the areas that consumption and storage of liquor authorized by your license type is allowed, the Bureau requires all applications to include a diagram of the premise to be licensed.

Diagrams should be submitted on this form and should be as accurate as possible. Be sure to label the following areas: entrances, office area, coolers, storage areas, display cases, shelves, restroom, point of sale area, area for on-premise consumption, dining rooms, event/function rooms, lounges, outside area/decks or any other areas on the premise that you are requesting approval. Attached an additional page as needed to fully describe the premise.



**Section VII: Required Additional Information for a Licensee/Applicant for an On-Premises Liquor License Who are Legal Business Entities**

Questions 1 to 4 of this part of the application must match information in Section I of the application above and match the information on file with the Maine Secretary of State's office. If you have questions regarding your legal entity name or DBA, please call the Secretary of State's office at (207) 624-7752.

*All Questions Must Be Answered Completely. Please print legibly.*

1. Exact legal name: On the Shore, LLC
2. Doing Business As, if any: Abel's Lobster
3. Date of filing with Secretary of State: 2019 State in which you are formed: ME
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:  
\_\_\_\_\_
5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors, managers, members or partners and the percentage ownership any person listed: (attached additional pages as needed)

Name	Address (5 Years)	Date of Birth	Title	Percentage of Ownership
MARY FOUNTAINE	154 Woodland Dr. Trenton, ME 04605	.	owner	100

(Ownership in non-publicly traded companies must add up to 100%.)

Wobster

Shack

Shack  
cooler

outside  
waiting

← Parking  
↓

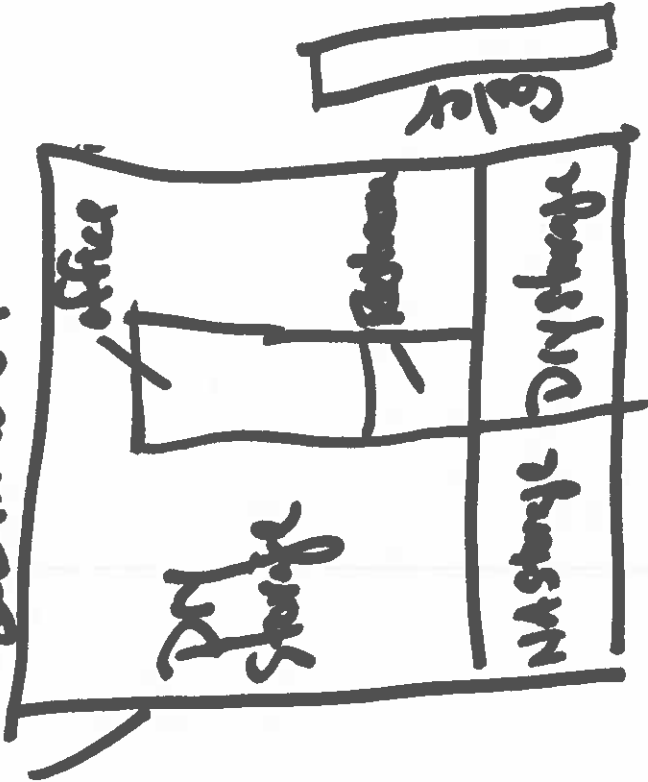
X X

Picnic  
Tables X

X

WALKWAY

Basement



WALK IN

Restrooms

Kitchen

Bar

Dairy  
Room



# Town of Mount Desert

Claire Woolfolk, Town Clerk  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248

Telephone 207-276-5531 Fax 207-276-3232  
E-mail [townclerk@mtdesert.org](mailto:townclerk@mtdesert.org) Web Address [www.mtdesert.org](http://www.mtdesert.org)

## MEMO

DATE: May 16, 2024  
TO: Durlin Lunt, Town Manager, Selectboard  
FROM: Claire Woolfolk, Town Clerk  
RE: Clerk's Office Hours

As you know, traveling on and off the island is getting increasingly difficult and stressful for our employees. In an effort to improve the work/life balance of our employees without compromising the services to our community, I am proposing the change of our office hours. The following schedule allows for extended times for public access M – Th and also provides for services on Friday mornings. The facetime for the public does not change (37.5 hours each week, excepting holidays and elections).

	Open	Close	Public Hours	Empl Hours	Arrive	Leave
M	8:30 AM	5:30 PM	9	9.5	8:15 AM	5:45 PM
Tu	8:30 AM	4:30 PM	8	8.5	8:15 AM	4:45 PM
W	8:30 AM	4:30 PM	8	8.5	8:15 AM	4:45 PM
Th	8:30 AM	5:30 PM	9	9.5	8:15 AM	5:45 PM
F	8:30 AM	12:00 PM	3.5	4	8:15 AM	12:15 PM
			37.50	40		

As such, I request authorization to amend the public office hours for the clerk's to:

Monday 8:30am – 5:30pm  
Tuesday 8:30am – 4:30pm  
Wednesday 8:30am – 4:30pm  
Thursday 8:30am – 5:30pm  
Friday 8:30am – 12 noon

Claire Woolfolk  
Town Clerk





## ***Town of Mount Desert***

John Lemoine, Harbormaster  
40 Harbor Drive, P.O. Box 237  
Northeast Harbor, ME 04662-0248  
Telephone 207-276-5737 Fax 207-276-5741  
E-mail Address [harbormaster@mtdesert.org](mailto:harbormaster@mtdesert.org)  
Web Address [www.mtdesert.org](http://www.mtdesert.org)

May 8, 2024

## **MEMO**

To: Durlin Lunt-Town Manager, Board of Selectmen  
From: John Lemoine-Harbormaster  
Ref: Marina power pedestal replacement

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I am asking for authorization to pay MCM Electric \$5,870.00 for replacement of two power pedestals out of the Northeast Harbor Marina power Pedestals CIP # 6410100-24680 has a balance of \$76,860.64 This is to keep the infrastructure up to date and in good working order. I will be available for questions.

John Lemoine  
Harbormaster

## MCM Electric, Inc.

49 Hall Quarry Road  
Mt. Desert, ME 04660  
Tel: (207) 244-7454  
Fax: (207) 244-0241  
e-Mail: Mike@mcmelectric.com

# PROPOSAL

Send via:	<input type="checkbox"/> U.S. Mail	<input checked="" type="checkbox"/> e-Mail	<input type="checkbox"/> Fax
Date	5/8/2024		
Proposal Number	2024-104		
Job Name / Location	NEH Marina		
Job Phone	276-5531	Customer Fax	276-3232

TO
Attn: John LeMoine Town of Mount Desert PO Box 248 Northeast Harbor, ME 04662

WE hereby submit specifications and estimates for:

Item	Description	Total
	Proposal: #2024-104 - (2) Shore power pedestals including installation	5,870.00
	NOT INCLUDED: wire	

### OFFER OF PROPOSAL

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon delays beyond our control. Owner to carry fire and other necessary insurance. Our workers are fully covered by required insurance.

Authorized  
Signature \_\_\_\_\_

NOTE: This proposal may be withdrawn by us if not accepted within **30** days.

### ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be as outlined above.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_



## *Town of Mount Desert*

John Lemoine, Harbormaster  
40 Harbor Drive, P.O. Box 237  
Northeast Harbor, ME 04662-0248  
Telephone 207-276-5737 Fax 207-276-5741  
E-mail Address [harbormaster@mtdesert.org](mailto:harbormaster@mtdesert.org)  
Web Address [www.mtdesert.org](http://www.mtdesert.org)

May 8, 2024

## **MEMO**

To: Durlin Lunt-Town Manager, Board of Selectmen  
From: John Lemoine-Harbormaster  
Ref: Seal Harbor temporary electrical hook up

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I am asking for authorization to pay for a temporary electrical hook up at the Seal Harbor Pier. I received verbal approval from Durl Lunt to award the job to MCM Electric so we could get on their schedule. I am asking for your approval to pay MCM Electric \$2,200.00 for the work out of the Seal Harbor CIP reserve #6410200-24600 the account has a balance of \$78,960.82. I will be available for questions.

John Lemoine  
Harbormaster

# MCM Electric, Inc.

49 Hall Quarry Road  
 Mt. Desert, ME 04660  
 Tel: (207) 244-7454  
 Fax: (207) 244-0241  
 e-Mail: Mike@mcmelectric.com

# PROPOSAL

Send via:	<input type="checkbox"/> U.S. Mail	<input checked="" type="checkbox"/> e-Mail	<input type="checkbox"/> Fax
Date	Proposal Number		
5/8/2024	2024-103		
Job Name / Location			
Seal Harbor Dock			
Job Phone	Customer Fax		
276-5531	276-3232		

TO

Attn: John LeMoine  
 Town of Mount Desert  
 PO Box 248  
 Northeast Harbor, ME 04662

WE hereby submit specifications and estimates for:		
Item	Description	Total
A:	Install temp service, rerun winch and light power	
B:	State permit	
	Proposal: #2024-103 - Install temp service, rerun winch & light power *****	2,200.00
	NOTE: Town to provide protection of equipment i.e. granite block, jersey barrier.....	

**OFFER OF PROPOSAL**

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon delays beyond our control. Owner to carry fire and other necessary insurance. Our workers are fully covered by required insurance.

Authorized Signature \_\_\_\_\_

NOTE: This proposal may be withdrawn by us if not accepted within **30** days.

**ACCEPTANCE OF PROPOSAL**

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be as outlined above.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_



## ***Town of Mount Desert***

21 Sea Street, P.O. Box 248

Northeast Harbor, ME 04662-0248

Telephone 207-276-5744 Fax 207-276-5142

[www.mtdesert.org](http://www.mtdesert.org) [highway@mtdesert.org](mailto:highway@mtdesert.org)

## **MEMO**

To: Brian Henkel., Public Works Director  
From: Ben Jacobs, Public Works Superintendent  
Re: Heil Refuse Packer Body & Equipment Recommendation  
Date: May 14, 2024

---

As authorized by the Selectboard at their April 16, 2024, regular meeting, we recently solicited bids for a new Heil Refuse Packer Body and equipment to be installed on our new 2025 Western Star refuse truck cab and chassis that we have ordered.

Refuse Packer Body & Equipment: We solicited pricing for a Refuse Packer Body and equipment which is to be installed on our new 2025 Western Star truck cab and chassis from three different sales companies, receiving one responsive bid from Maine Equipment from Hermon Maine. H.P Fairfield from Skowhegan Maine and Viking Cives from Lewiston Maine did not bid. The bid we received for the Refuse Packer Body & equipment met our required specifications.

**Recommendation**: Based on the information presented above, I recommend we purchase:

- A new Heil Refuse Packer Body & Equipment to be installed on our new 2025 Western Star cab & chassis from Maine Equipment located in Hermon Maine at their bid price of \$113,218.00.

As is typical for such purchases, I recommend we use funds from the Waste Management Truck Reserve account number 4051500-24581 with a current balance of \$134,842.70. (After we purchase The Western Star Cab & Chassis) There will be \$21,642.70 remaining in the account after we purchase the Heil Refuse Packer Body and equipment. Thank you for considering my recommendation.

Cc. Claire Woolfolk, Town Clerk; Mae Wyler, Finance Director



## **Memorandum**

Date: May 14, 2024  
To: Selectboard  
From: Brian Henkel, Public Works Director  
Re: Bid for Services from MCM Electric

Public Works solicited a bid for electrical work at the Northeast Harbor Wastewater Treatment Plant (WWTP) for connecting the Maintenance Garage to the primary electrical supply. Currently the Maintenance Garage has an independent, dedicated service and an 8 KW, independent, backup generator. The rest of the WWTP is connected to the primary service with backup by a 250 KW generator. The primary backup generator has more than enough power to also backup the Maintenance Garage. When the WWTP was upgraded in 2014, it was anticipated that the Maintenance Garage would be connected into the primary service and accommodations including service box and conduits were installed. The connection was not fully completed during the upgrade project as it was expected that it would be more economical to complete the work with an independent contractor outside of the project. The final connection has remained incomplete, requiring the additional mechanical systems and maintenance of an extra generator. Additionally, that extra generator could be repurposed to provide backup power to the Sargeant Drive Pump Station.

Public Works recommends that Public Works Director, Brian Henkel be authorized to accept the proposal from MCM Electric to run service to the Maintenance Garage, remove the old service, and disconnect the backup generator.

Cc: Durlin Lunt, Town Manager  
Claire Wolfolk, Town Clerk  
Ed Montague, Wastewater Superintendent

Enclosures:  
Estimate 2024108 MCM Electric Inc.

## MCM Electric, Inc.

49 Hall Quarry Road  
Mt. Desert, ME 04660  
Tel: (207) 244-7454  
Fax: (207) 244-0241  
e-Mail: Mike@mcmelectric.com

# PROPOSAL

Send via:	<input type="checkbox"/> U.S. Mail	<input checked="" type="checkbox"/> e-Mail	<input type="checkbox"/> Fax
Date	5/13/2024	Proposal Number	2024-108
Job Name / Location			
Wastewater Dept.			
Job Phone	276-5531	Customer Fax	276-3232

TO
Attn: Brian Henkel Town of Mount Desert PO Box 248 Northeast Harbor, ME 04662

### WE hereby submit specifications and estimates for:

Item	Description	Total
A:	Run service to garage from plant - \$9,571.00	
B:	Remove old service and disconnect generator - \$760.00	
	Proposal: #2024-108	10,331.00

### OFFER OF PROPOSAL

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon delays beyond our control. Owner to carry fire and other necessary insurance. Our workers are fully covered by required insurance.

Authorized  
Signature \_\_\_\_\_

NOTE: This proposal may be withdrawn by us if not accepted within **30** days.

### ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be as outlined above.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date of Acceptance \_\_\_\_\_



## ***Town of Mount Desert***

Michael Bender, Fire Chief  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248

Telephone 207-276-5111

Fax 207-276-5732

Web Address [www.mtdesert.org](http://www.mtdesert.org)

[firechief@mtdesert.org](mailto:firechief@mtdesert.org)

# Memo

To: Durlin Lunt, Town Manager

From: Mike Bender, Fire Chief

CC: Tom Wallace, DC John Lennon

Date: May 1, 2023

Re: Acceptance of Gift from the NEHAS

I would like to make a request that the Board of Selectman consider accepting a conditional gift from the Northeast Harbor Ambulance Service to the Mount Desert Fire Department in the way of a cash donation to use towards the purchase of Lund University Cardiopulmonary Assist System (LUCAS), with an approximate value of \$21,000.00.

A LUCAS chest compression system is a portable, mechanical device designed to assist first responders in administering automated chest compressions. The fire department currently has one LUCAS in service, which is normally kept at station #3 in Somesville. A second one will enable us to keep one on each of our two ambulances, located at the Somesville and Northeast Harbor stations. Sudden cardiac arrest is a medical emergency that demands immediate action and the importance of high-quality CPR within the first few minutes cannot be overstated. Having two of these devices in each of the described locations will allow for reduced response times for these types of calls.

There will be routine maintenance or service costs associated with this gift, and I intend to purchase an extended warranty when the original one-year warranty expires. I will also be adding the replacement costs of this to the fire department's CIP. Expected service life is approximately 7 years.

We are grateful to the Northeast Harbor Ambulance Service for their continued support towards our EMS operations.

Thank you.





## *Mount Desert Fire Department*

Michael Bender, Fire Chief  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248

Telephone 207-276-5111 Fax 207-276-5732

Web Address [www.mtdesert.org](http://www.mtdesert.org)

[firechief@mtdesert.org](mailto:firechief@mtdesert.org)

# Memo

To: Durlin Lunt, Town Manager

From: Mike Bender, Fire Chief

CC:

Date: May 1, 2024

Re: Sale of Surplus Equipment

I would like to request authorization to sell some surplus equipment belonging to the Mount Desert Fire Department. The sale will be by the competitive bid process as described below. Items to be sold will be on an as-is, where-is, buyer picks up the item basis. I also request authorization to accept or reject the bids and dispose of the items that are not sold on behalf of the Town.

The vehicle is the one that was recently replaced with the purchase and delivery of our 2024 GMC Sierra pick-up. The air compressor was used to fill our breathing cylinders. It was purchased in 2002 and was replaced by the new compressor that was bought as part of the Northeast Harbor fire station expansion. The large air cylinders were also part of the compressor replacement. All of these should be considered surplus equipment.

Newspaper Ad:

### **Town of Mount Desert: Surplus Equipment for Sale**

The Town of Mount Desert has the following surplus equipment for sale by competitive bid on an as-is, where-is, buyer picks up the item, basis. Written bids in sealed

envelopes must be received at the Town's Municipal Office, no later than 1:00P.M.; Monday, June 10, 2024; bids will be opened at that time. Faxed and/or e-mailed bids will not be accepted. The sealed envelopes must have "Surplus FD Equipment Bid" clearly written on the outside of the envelope. Items being bid upon must be identified by the item number and description from below; multiple items can be included in the same envelope. The Town's mailing address is P.O. Box 248, Northeast Harbor, Maine 04662; the physical address is 21 Sea Street, Northeast Harbor. Successful bidders are to make payment by check payable to the Town of Mount Desert by July 14, 2023. If payment is not made by this date, the item(s) will be disposed determined best by the Fire Chief. Site visits to see the items or questions about them can be directed to the Fire Chief. The Town reserves the right to reject any or all bids and to again invite bids; to negotiate with any bidder it so desires; to waive such formalities or informalities as do not affect or alter the substantive provisions thereof; to reissue a request for bids and/or to accept any bid deemed advantageous to the Town.

The items are as follows:

1. One (1) 2011 Ford F-350 Super Duty Crew Cab w/ 6.7 Turbo Diesel, approximately 143,800 miles
2. Two (2) 2007 Bauer 6000 PSIG Breathing Air Storage Bottles
3. One (1) 2001 Bauer Hydraulic Breathing Air Compressor with 704 hours of operation

Thank you



***Town of Mount Desert***  
Michael Bender, Fire Chief, Emergency  
Management Director  
21 Sea Street, P.O. Box 248  
Northeast Harbor, ME 04662-0248  
Telephone 207-276-5111 Fax 207-276-5732  
Web Address [www.mtdesert.org](http://www.mtdesert.org)  
[firechief@mtdesert.org](mailto:firechief@mtdesert.org)

## Memo

To: Durlin Lunt, Town Manager

From: Mike Bender, Fire Chief

CC:

Date: May 15, 2024

Re: Contract Authorization for Office Furniture Purchase

Requesting that the Select Board consider authorizing the Fire Chief to enter into contract with Warren's Office Supplies to purchase and install office furniture at the new Northeast Harbor fire station. The contract total is \$14,805.95 and I will request an amount not to exceed \$15,000.00. This will include delivery and setup. Funding for this purchase will be from the fire station project account. I originally budgeted \$20,757.00 for office furnishings.

To comply with our Purchase Policy, I have provided 2 additional cost proposals. It was difficult to locate area vendors who offered the same brands as Warren's did, So, to be able to compare "apples to apples" I have put together a cost comparison of two other vendors selling the same product. One is purchasing direct from the manufacturer, and one is a national office supply chain. On a side note, I have enrolled the Town with Equalis Group, a cooperative purchasing organization that works with Warren's Office Supplies in order to offer deeper discounts.

This request includes tables and chairs for the department's meeting room, 2 computer workstations for the meeting room, a lectern for the meeting room, 2 office desks for the day watch room, a small desk for the officer's bunk room, several office chairs and filing cabinets.

Below is a breakdown of office furniture quotes:

<b>Warren's Office Supplies</b>	<b>Office to Go</b>	<b>Staples</b>
\$14,805.96	\$25,155.00	\$18,208.77

Thank you.



# Proposal Revision 1

## Town of Mount Desert Fire Department

We propose to furnish materials per attached specifications and summarized below.

Description	Amount
*Daywatch Room 1, 2, 3	\$2,118.64
*Chief's Office 4	\$312.53
*Officer's Bunkroom 5, 6	\$711.56
*Meeting Room 7, 9	\$8,224.42
Meeting Room 8	\$675.00
Daywatch Room	\$2,763.80
<b>Total</b>	<b>\$14,805.95</b>

\*Equalis Contract EQ-052920-01F

Equalis Member ID # EG-0040575

Above price includes materials, delivery, installation and removal of all rubbish and packing materials.  
This proposal good for 30 days.

### **Special Order**

The above items are a special order. Special orders are not returnable and cannot be cancelled. These items are not stocked by our distributors or manufacturers. Therefore, our customary return policy does not apply. We will immediately place this order with our vendor upon receipt of this signed proposal. Normal lead time will be about 3 weeks.

### **Installation**

Installation includes receiving materials, delivery and assembly during normal working hours. The area must be free and ready for installation. Removal/moving of existing furniture or equipment is not included in this proposal unless specified in writing. Additional charges will apply if we are required to do this work.

### **Storage**

Installation is normally scheduled and completed about a week after receipt of materials from the manufacturer. Storage fees will be assessed if customer is not ready to accept delivery 15 days after receipt from the manufacturer.

### **Payment Terms**

A down payment of (waived) is due upon the signing of this agreement. The balance of \$14,805.95 is due upon completion of the installation or within 30 days of our receipt of the materials from the manufacturer.

Thank you – We appreciate your business.

**Warren's Office Supplies**

**Customer Signature**

Warren Roberts

\_\_\_\_\_

4/25/24

Date

\_\_\_\_\_

Date



# Town of Mount Desert Fire Department

Daywatch room 1, 2, 3,

4/25/2024

Quantity	Manufacturer	Item Number	Description	Color	List Price	Your Price	Extended Price
3	OTG	SL22BBF	Box/Box/File Pedestals	TBD	\$490.00	\$213.15	\$639.45
3	OTG	SL7124CS	24 x 72 credenza shell	TBD	\$426.00	\$185.31	\$555.93
3	OTG	SL12G	1/2 leg for credenza shell	TBD	\$61.00	\$26.54	\$79.61
3	OTG	10701/10700	Soft wheel casters	N/A	\$60.00	\$26.10	\$78.30
1	OTG	11950B	Multi function chair	Black	\$550.00	\$239.25	\$239.25
1	OTG	10700	Soft wheel casters for 11950B chair	N/A	\$60.00	\$26.10	\$26.10
Sub Total							\$1,618.64
Installation & Assembly							\$500.00
<b>Total</b>							<b>\$2,118.64</b>

Pricing based on Equalis contract

Submitted by: *Leann Johnson*

Date: 4/25/24

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



Town of Mount Desert  
Fire Department  
Chief's Office 4

4/25/2024

Quantity	Manufacturer	Item Number	Description	Color	List Price	Your Price	Extended Price
1	OTG	11769B	Mesh back multifunction chair	Black	\$555.00	\$241.43	\$241.43
1	OTG	10700	Soft wheel casters for 11769B chair	N/A	\$60.00	\$26.10	\$26.10
Sub Total							\$267.53
Installation & Assembly							\$45.00
<b>Total</b>							<b>\$312.53</b>

Pricing based on Equalis contract

Submitted by: Warren Roberts  
Date: 4/25/24

Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_



Town of Mount Desert  
 Fire Department  
 Officer's Bunkroom 5, 6

4/25/2024

Quantity	Manufacturer	Item Number	Description	Color	List Price	Your Price	Extended Price
1	OTG	SL22HBF	Hanging drawer pedestal	TBD	\$349.00	\$151.82	\$151.82
1	OTG	SL4824DS	24 x 48 Desk shell	TBD	\$347.00	\$150.95	\$150.95
1	OTG	11320B	Mesh task chair	Black	\$420.00	\$182.70	\$182.70
1	OTG	10700	Soft wheel casters for 11950B chair	N/A	\$60.00	\$26.10	\$26.10
Sub Total							\$511.56
Installation & Assembly							\$200.00
<b>Total</b>							<b>\$711.56</b>

Pricing based on Equalis contract

Submitted by: Warren Roberts  
 Date: 4/25/24

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



# Town of Mount Desert Fire Department

Meeting Room 7, 9  
Revision 2

4/25/2024

Quantity	Manufacturer	Item Number	Description	Color	List Price	Your Price	Extended Price
1	OTG	SL7124CS	24 x 72 credenza shell	TBD	\$426.00	\$185.31	\$185.31
2	OTG	11320B	Mesh task chair	Black	\$420.00	\$182.70	\$365.40
2	OTG	10700	Soft wheel casters for 11320B chair	N/A	\$60.00	\$26.10	\$52.20
9	OTG	FTBASE71	Flip top training table base	TBD	\$493.00	\$214.46	\$1,930.10
9	OTG	SL7124TOP	Training table top 24 x 72	TBD	\$198.00	\$86.13	\$775.17
30	GLOBAL	6711CH-BLK	Popcorn stack chair	TBD	\$228.00	\$110.58	\$3,317.40
2	GLOBAL	6714	Popcorn stack chair dolly	N/A	\$772.00	\$374.42	\$748.84
Sub Total							\$7,374.42
Installation & Assembly							\$850.00
<b>Total</b>							<b>\$8,224.42</b>

Pricing based on Equalis contract

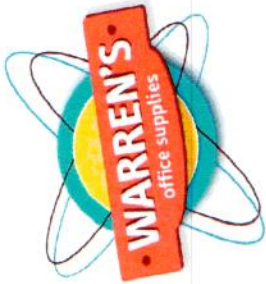
Submitted by: Warren's

Date: 5/10/24

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_





Town of Mount Desert  
Fire Department  
Meeting Room 8

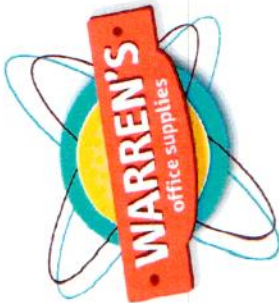
4/25/2024

Quantity	Manufacturer	Item Number	Description	Color	List Price	Your Price	Extended Price
1	OFS	PI216	Mobile lectern	TBD	\$946.00	\$675.00	\$675.00
				<b>Total</b>			<b>\$675.00</b>

Includes delivery & assembly

**Submitted by:** Warren Roberts  
**Date:** 4/25/24

**Approved by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_



Town of Mount Desert  
Fire Department  
Daywatch room 10

4/25/2024

Quantity	Manufacturer	Item Number	Description	Color	List Price	Your Price	Extended Price
4	HON	314PP	Vertical File	Black	\$1,063.00	\$690.95	\$2,763.80
				<b>Total</b>			<b>\$2,763.80</b>

Includes delivery & assembly

**Submitted by:** Juliana Roberts  
**Date:** 4/25/24

**Approved by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

# **TREASURER'S WARRANTS**



Warrants for BOS Agenda:

BOS Agenda:

5/20/2024

	Description	#	Date	Amount
<b>A. Warrants to be Approved and Signed:</b>				
	<b>Town Invoices</b>			
		AP#2471	05/21/24	411,841.13
				<b>\$ 411,841.13</b>
<b>B. Authorized Warrants to be Signed: (Wendy needs to abstain)</b>				
(Prior Electronic or Manual Authorization )				
	<b>Town State Fees &amp; P/R Benefits</b>			
		AP#2469	05/08/24	56,569.19
		AP#2470	05/15/24	6,319.74
	<b>Town Payroll</b>			
		PR#2426	05/10/24	\$ 158,930.38
				<b>\$ 221,819.31</b>
<b>C. Warrants to be Acknowledged:</b>				
	<b>School Invoices</b>			
	<b>School Payroll</b>			
		PR#23	05/10/24	\$ 114,131.81
	<b>Town Voids</b>			
		V2406	05/21/24	\$ (144.00)
				<b>\$ 113,987.81</b>
<b>TOTAL WARRANTS FOR BOS MEETING</b>				<b>\$ 747,648.25</b>

# Town of Mount Desert



## YEAR-TO-DATE BUDGET REPORT

FOR 2024 13

ACCOUNTS FOR:	ORIGINAL APPROP	TRANSFRS/ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
100 General Fund							
200 Governing Body	36,770	0	36,770	14,515.53	.00	22,254.47	39.5%
201 Municipal Management	432,064	0	432,064	402,099.31	.00	29,964.69	93.1%
202 Town Clerk	139,940	10,321	150,261	115,200.69	.00	35,060.39	76.7%
203 Elections	17,000	0	17,000	7,904.84	.00	9,095.16	46.5%
204 Planning Board	52,263	35,677	87,940	114,939.70	.00	-26,999.70	130.7%
205 Finance	314,851	0	314,851	268,894.32	.00	45,956.68	85.4%
206 Assessing	143,212	0	143,212	121,925.65	.00	21,286.35	85.1%
207 Code Enforcement	212,484	0	212,484	177,640.11	.00	34,843.89	83.6%
208 Unallocated	113,000	0	113,000	59,773.91	.00	53,226.09	52.9%
209 Human Resources	55,400	0	55,400	3,844.74	.00	51,555.26	6.9%
210 Technology	220,887	0	220,887	209,308.09	.00	11,580.91	94.8%
211 Contracted Mun & Comm-Oriented	143,000	0	143,000	143,000.00	.00	.00	100.0%
300 General Assistance	5,000	0	5,000	4,909.78	.00	90.22	98.2%
350 Rural Wastewater Support	222,066	0	222,066	203,589.00	.00	18,477.00	91.7%
401 Police	1,166,478	636	1,167,114	576,666.80	.00	590,446.75	49.4%
403 Fire	2,267,334	0	2,267,334	1,992,593.09	.00	274,740.91	87.9%
404 Hydrants	273,500	0	273,500	273,500.00	.00	.00	100.0%
405 Shellfish Conservation	3,403	0	3,403	.00	.00	3,403.00	.0%
406 Street Lights	11,250	0	11,250	8,327.69	.00	2,922.31	74.0%
407 Animal Control	4,980	0	4,980	.00	.00	4,980.00	.0%
408 Communication	456,295	0	456,295	358,167.07	.00	98,127.93	78.5%
409 Emergency Management	1,000	0	1,000	.00	.00	1,000.00	.0%
501 Highways	2,004,068	0	2,004,068	1,821,478.18	.00	182,589.82	90.9%
505 Wastewater Operations	745,157	0	745,157	611,866.49	.00	133,290.51	82.1%
506 Waste Water Treatment	464,608	0	464,608	365,105.99	.00	99,502.01	78.6%
515 Waste Management	743,619	0	743,619	634,781.97	.00	108,837.03	85.4%
520 Buildings & Grounds	278,510	1,519	280,029	228,707.08	.00	51,322.06	81.7%
525 Parks & Cemeteries	60,202	0	60,202	55,639.17	.00	4,562.83	92.4%
530 Environmental Sustainability	35,750	0	35,750	40,832.97	.00	-5,082.97	114.2%
605 Recreation	5,900	0	5,900	4,764.71	.00	1,135.29	80.8%
701 Community Development	10,000	0	10,000	1,950.00	.00	8,050.00	19.5%
801 General Obligation	2,203,989	0	2,203,989	2,204,898.27	.00	-909.27	100.0%
851 3rd Party Request Agencies	202,437	0	202,437	202,437.00	.00	.00	100.0%
991 Operating Transfers	1,084,314	0	1,084,314	1,084,314.00	.00	.00	100.0%
TOTAL General Fund	14,130,731	48,153	14,178,884	12,313,574.15	.00	1,865,309.62	86.8%

# Town of Mount Desert



## YEAR-TO-DATE BUDGET REPORT

FOR 2024 13

ACCOUNTS FOR:	ORIGINAL APPROP	TRANSFRS/ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
600 Marina							
101 Northeast Harbor Marina	664,321	0	664,321	588,502.95	.00	75,818.05	88.6%
102 Seal Harbor Marina	12,800	0	12,800	6,184.29	.00	6,615.71	48.3%
103 Bartlett Marina	4,800	0	4,800	734.64	.00	4,065.36	15.3%
104 Somes Marina	4,750	0	4,750	487.50	.00	262.50	65.0%
801 General Obligation	32,032	0	32,032	32,010.06	.00	21.94	99.9%
991 Operating Transfers	137,377	0	137,377	63,108.00	.00	74,269.00	45.9%
TOTAL Marina	852,080	0	852,080	691,027.44	.00	161,052.56	81.1%

# Town of Mount Desert

## YEAR-TO-DATE BUDGET REPORT



FOR 2024 13

	ORIGINAL APPROP	TRANSFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
GRAND TOTAL	14,982,811	48,153	15,030,964	13,004,601.59	.00	2,026,362.18	86.5%

\*\* END OF REPORT - Generated by Lisa Young \*\*



TOWN OF MOUNT DESERT  
ACCOUNTS PAYABLE WARRANT

WARRANT AP# 2471

CHECK DATE: May 21, 2024

CHECK NUMBER: <u>320521</u>	through	<u>320569</u>	\$ <u>264,884.38</u>	Check payments
CHECK NUMBER: <u>N/A</u>	and	<u>N/A</u>	\$ <u>-</u>	Electronic payments
EFT NUMBER: <u>3338</u>	through	<u>3373</u>	\$ <u>146,956.75</u>	ACH Payments
EFT or CK NUMBER: <u>N/A</u>	and	<u>N/A</u>	\$ <u>-</u>	Voided Checks

TOTAL DISBURSEMENTS: \$ 411,841.13

This is to certify that there is due and chargeable to the appropriations listed above  
the sum set against each name and you are directed to pay unto the parties  
named in this schedule.

Selectmen:

John B Macauley, Chairman

Martha T Dudman

Wendy H Littlefield, Vice Chairman

Geoffrey V Wood, Secretary

James F Mooers



05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

|P 2  
|apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE	PO	WARRANT	NET
3344 TOTAL: 2,253.46			
05/01/2024	AP2471		3,358.12
05/09/2024	AP2471		133.62
3345 TOTAL: 3,491.74			
05/06/2024	AP2471		567.59
05/10/2024	AP2471		137.03
3346 TOTAL: 704.62			
05/06/2024	AP2471		128.00
05/06/2024	AP2471		255.50
05/06/2024	AP2471		427.00
05/06/2024	AP2471		1,024.00
05/06/2024	AP2471		1,368.00
05/06/2024	AP2471		2,240.00
05/06/2024	AP2471		3,498.12
05/06/2024	AP2471		9,847.50
3347 TOTAL: 18,788.12			
04/30/2024	AP2471		48,861.73
3348 TOTAL: 48,861.73			
03/21/2024	AP2471		235.96
3349 TOTAL: 235.96			
05/10/2024	AP2471		896.00
05/10/2024	AP2471		781.80

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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 3  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE	PO	WARRANT	NET
3350 TOTAL: 1,677.80			
05/03/2024	AP2471		10.75
04/29/2024	AP2471		91.80
	3351 TOTAL:		102.55
05/07/2024	AP2471		4,033.08
	3352 TOTAL:		4,033.08
04/30/2024	AP2471		638.37
04/30/2024	AP2471		926.59
04/30/2024	AP2471		198.38
04/30/2024	AP2471		180.50
	3353 TOTAL:		1,943.84
04/29/2024	AP2471		1,085.05
	3354 TOTAL:		1,085.05
05/07/2024	AP2471		9,112.46
	3355 TOTAL:		9,112.46
05/02/2024	AP2471		1,710.73
	3356 TOTAL:		1,710.73
05/07/2024	AP2471		874.93
	3357 TOTAL:		874.93
05/01/2024	AP2471		359.98
	3358 TOTAL:		359.98

3351 05/21/2024 EFT 2592 HAMMOND LUMBER COMPANY  
HAMMOND LUMBER COMPANY

3352 05/21/2024 EFT 287 HEDEFINE ENGINEERING & DESIGN INC

3353 05/21/2024 EFT 1043 MAIN STREET VARIETY  
MAIN STREET VARIETY  
MAIN STREET VARIETY  
MAIN STREET VARIETY

3354 05/21/2024 EFT 2605 NO FRILLS OILS COMPANY ACCT #941950

3355 05/21/2024 EFT 2607 NO FRILLS OIL COMPANY ACCT #304481

3356 05/21/2024 EFT 1131 NORTHEAST EMERGENCY APPARATUS LLC

3357 05/21/2024 EFT 1715 PORTLAND GLASS

3358 05/21/2024 EFT 1693 CHARTER COMMUNICATIONS

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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL  
10100 Ckg-BH General Fund 8066  
CASH ACCOUNT: 100  
CHECK NO CHK DATE TYPE VENDOR NAME

P 4  
apcshdsb

CHK NO	CHK DATE	TYPE	VENDOR NAME	INV DATE	PO	WARRANT	NET
3359	05/21/2024	EFT	2831 CHARTER COMMUNICATIONS	05/01/2024		AP2471	1.99
					CHECK	3359 TOTAL:	1.99
3360	05/21/2024	EFT	1737 CHARTER COMMUNICATIONS	05/01/2024		AP2471	359.98
					CHECK	3360 TOTAL:	359.98
3361	05/21/2024	EFT	1616 CHARTER COMMUNICATIONS	05/01/2024		AP2471	448.38
					CHECK	3361 TOTAL:	448.38
3362	05/21/2024	EFT	2832 CHARTER COMMUNICATIONS	04/01/2024		AP2471	509.96
					CHECK	3362 TOTAL:	509.96
3363	05/21/2024	EFT	1773 CHARTER COMMUNICATIONS	05/01/2024		AP2471	159.98
					CHECK	3363 TOTAL:	159.98
3364	05/21/2024	EFT	1370 CHARTER COMMUNICATIONS	05/01/2024		AP2471	10.99
					CHECK	3364 TOTAL:	10.99
3365	05/21/2024	EFT	2510 CHARTER COMMUNICATIONS	05/01/2024		AP2471	65.00
					CHECK	3365 TOTAL:	65.00
3366	05/21/2024	EFT	2511 CHARTER COMMUNICATIONS	05/01/2024		AP2471	30.00
					CHECK	3366 TOTAL:	30.00
3367	05/21/2024	EFT	2512 CHARTER COMMUNICATIONS	03/21/2024		AP2471	80.00
			CHARTER COMMUNICATIONS	04/21/2024		AP2471	80.00
					CHECK	3367 TOTAL:	160.00
3368	05/21/2024	EFT	1770 CHARTER COMMUNICATIONS	05/01/2024		AP2471	2,193.52

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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 5  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE PO WARRANT NET

CHECK 3368 TOTAL: 2,193.52

3369 05/21/2024 EFT 1553 ULINE, INC 04/24/2024 AP2471 2,222.16  
ULINE, INC 04/25/2024 AP2471 430.57  
ULINE, INC 04/24/2024 AP2471 784.67  
CHECK 3369 TOTAL: 3,437.40

3370 05/21/2024 EFT 737 UNIFIRST CORP 05/08/2024 AP2471 75.55  
UNIFIRST CORP 05/08/2024 AP2471 142.97  
UNIFIRST CORP 05/15/2024 AP2471 142.97  
UNIFIRST CORP 05/15/2024 AP2471 75.55  
UNIFIRST CORP 05/09/2024 AP2471 213.20  
CHECK 3370 TOTAL: 650.24

3371 05/21/2024 EFT 1842 VERSANT POWER 04/30/2024 AP2471 204.11  
VERSANT POWER 04/24/2024 AP2471 26.98  
VERSANT POWER 05/06/2024 AP2471 72.98  
VERSANT POWER 05/02/2024 AP2471 250.45  
VERSANT POWER 05/06/2024 AP2471 893.79  
VERSANT POWER 05/01/2024 AP2471 1,908.06  
VERSANT POWER 05/02/2024 AP2471 3,963.33  
VERSANT POWER 05/06/2024 AP2471 6,011.52  
VERSANT POWER 05/03/2024 AP2471 42.67  
VERSANT POWER 05/03/2024 AP2471 56.74  
VERSANT POWER 05/03/2024 AP2471 1,809.70  
VERSANT POWER 05/03/2024 AP2471 2,654.35  
VERSANT POWER 05/03/2024 AP2471 482.42  
VERSANT POWER 05/03/2024 AP2471 1,262.65

05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

6  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE PO WARRANT NET

19,639.75

3372 05/21/2024 EFT 1745 WAGEMWORKS INC 3371 TOTAL: 19,639.75

02/23/2024 AP2471 80.00

WAGEMWORKS INC

80.00

03/25/2024 AP2471 80.00

WAGEMWORKS INC

80.00

04/24/2024 AP2471 80.00

WAGEMWORKS INC

80.00

CHECK 3372 TOTAL: 240.00

05/01/2024 AP2471 28.81

1420 CLAIRE WOOLFOLK

28.81

CHECK 3373 TOTAL: 28.81

05/01/2024 AP2471 600.00

2733 5 STAR YACHT SERVICES LLC

600.00

CHECK 320521 TOTAL: 600.00

05/02/2024 AP2471 2,700.00

2550 BEN C WORCESTER, III

2,700.00

CHECK 320522 TOTAL: 2,700.00

05/06/2024 AP2471 225.00

2772 ALVAH B. BARGE SERVICE, LLC

225.00

04/17/2024 AP2471 14,306.10

ALVAH B. BARGE SERVICE, LLC

14,306.10

CHECK 320523 TOTAL: 14,531.10

04/25/2024 AP2471 704.00

2879 THE F.A. BARTLETT TREE EXPERT COMPA

704.00

05/06/2024 AP2471 600.00

THE F.A. BARTLETT TREE EXPERT COMPA

600.00

CHECK 320524 TOTAL: 1,304.00

05/08/2024 AP2471 379.44

2553 BLYTHE CONSTRUCTION INC

379.44

05/07/2024 AP2471 389.67

BLYTHE CONSTRUCTION INC

389.67

CHECK 320525 TOTAL: 769.11

04/23/2024 AP2471 5.72

75 F T BROWN CO

5.72

04/08/2024 AP2471 74.25

F T BROWN CO

74.25

05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 7  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

CHK NO	CHK DATE	TYPE	VENDOR NAME	INVT DATE	PO	WARRANT	NET
F T			BROWN CO	04/17/2024		AP2471	125.99
F T			BROWN CO	04/25/2024		AP2471	253.41
F T			BROWN CO	04/05/2024		AP2471	15.28
F T			BROWN CO	04/09/2024		AP2471	33.28
F T			BROWN CO	04/09/2024		AP2471	24.29
F T			BROWN CO	04/11/2024		AP2471	512.51
F T			BROWN CO	04/22/2024		AP2471	43.17
F T			BROWN CO	04/29/2024		AP2471	97.16
F T			BROWN CO	04/30/2024		AP2471	33.27
F T			BROWN CO	04/30/2024		AP2471	9.99
F T			BROWN CO	04/11/2024		AP2471	113.37
F T			BROWN CO	04/12/2024		AP2471	16.18
F T			BROWN CO	04/01/2024		AP2471	75.31
F T			BROWN CO	04/05/2024		AP2471	26.25
F T			BROWN CO	04/08/2024		AP2471	20.32
F T			BROWN CO	04/06/2024		AP2471	33.11
F T			BROWN CO	04/16/2024		AP2471	10.79
F T			BROWN CO	04/23/2024		AP2471	8.99
F T			BROWN CO	04/27/2024		AP2471	37.96
F T			BROWN CO	04/11/2024		AP2471	422.91
				CHECK		320526 TOTAL:	1,993.51
320527	05/21/2024	PRTD	1792 CONSOLIDATED COMMUNICATIONS INC	05/03/2024		AP2471	61.17
				CHECK		320527 TOTAL:	61.17
320528	05/21/2024	PRTD	1794 CONSOLIDATED COMMUNICATIONS	04/27/2024		AP2471	61.17



05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 8  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE PO WARRANT NET

CHECK 320528 TOTAL: 61.17

320529 05/21/2024 PRTD 1796 CONSOLIDATED COMMUNICATIONS INC

129.52

04/27/2024 AP2471

129.52

320530 05/21/2024 PRTD 1797 CONSOLIDATED COMMUNICATIONS1

773.60

04/27/2024 AP2471

773.60

320531 05/21/2024 PRTD 1801 CONSOLIDATED COMMUNICATIONS INC

103.18

05/03/2024 AP2471

103.18

320532 05/21/2024 PRTD 819 DARLINGS

221.52

DARLINGS

05/02/2024 AP2471

221.52

05/02/2024 AP2471

537.47

320533 05/21/2024 PRTD 250 DOUG GOTT & SONS INC

758.99

05/08/2024 AP2471

128.00

320534 05/21/2024 PRTD 2504 EA ACQUISITION INC

1,359.20

04/30/2024 AP2471

1,359.20

320535 05/21/2024 PRTD 197 ELLSWORTH CHAINSAW INC

697.42

05/13/2024 AP2471

697.42

320536 05/21/2024 PRTD 1175 ERA

294.94

ERA

04/19/2024 AP2471

294.94

ERA

07/01/2023 AP2471

134.76

ERA

07/01/2023 AP2471

862.22

CHECK 320536 TOTAL:

1,291.92

320537 05/21/2024 PRTD 1982 FIRSTNET

96.50

04/22/2024 AP2471

96.50

05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 9  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE PO WARRANT NET

CHECK 320537 TOTAL: 96.50

320538 05/21/2024 PRTD 2669 FIRSTNET- HOTSPOTS 04/22/2024 AP2471 196.15

CHECK 320538 TOTAL: 196.15

320539 05/21/2024 PRTD 1985 FIRSTNET-NON PUBLIC SAFETY 04/22/2024 AP2471 23.14

CHECK 320539 TOTAL: 23.14

320540 05/21/2024 PRTD 222 R H FOSTER ENERGY LLC 04/30/2024 AP2471 3,087.78

CHECK 320540 TOTAL: 3,087.78

320541 05/21/2024 PRTD 2110 GONETSPEED 05/10/2024 AP2471 600.35

CHECK 320541 TOTAL: 600.35

320542 05/21/2024 PRTD 3001 J&L SAUNDERS INC 05/14/2024 AP2471 176.00

J&L SAUNDERS INC 05/14/2024 AP2471 198.00

J&L SAUNDERS INC 05/14/2024 AP2471 440.00

CHECK 320542 TOTAL: 814.00

320543 05/21/2024 PRTD 296 HOME DEPOT CREDIT SERVICES 05/02/2024 AP2471 9.98

HOME DEPOT CREDIT SERVICES 05/13/2024 AP2471 147.88

CHECK 320543 TOTAL: 157.86

320544 05/21/2024 PRTD 3007 IMAGETREND, LLC 10/26/2023 AP2471 175.00

CHECK 320544 TOTAL: 175.00

320545 05/21/2024 PRTD 1417 R F JORDAN & SONS CONSTRUCTION INC 10/24/2023 AP2471 172,335.02

CHECK 320545 TOTAL: 172,335.02

320546 05/21/2024 PRTD 2998 ALISION KIEFFER 05/14/2024 AP2471 925.00

05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 10  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE PO WARRANT NET

CHECK 320546 TOTAL: 925.00

320547 05/21/2024 PRTD 414 HAROLD MACQUINN INC 05/14/2024 AP2471 3,348.42

CHECK 320547 TOTAL: 3,348.42

320548 05/21/2024 PRTD 1710 MAINE FIRE SERVICE INSTITUTE 05/07/2024 AP2471 50.00

CHECK 320548 TOTAL: 50.00

320549 05/21/2024 PRTD 413 M C M ELECTRIC INC 03/08/2024 AP2471 3,972.48

M C M ELECTRIC INC 05/03/2024 AP2471 854.10

M C M ELECTRIC INC 05/13/2024 AP2471 1,267.77

CHECK 320549 TOTAL: 6,094.35

320550 05/21/2024 PRTD 824 MISSION SQUARE RETIREMENT 04/23/2024 AP2471 250.00

CHECK 320550 TOTAL: 250.00

320551 05/21/2024 PRTD 1533 MOTION INDUSTRIES 05/01/2024 AP2471 564.03

CHECK 320551 TOTAL: 564.03

320552 05/21/2024 PRTD 468 MOUNT DESERT ISLAND HOSPITAL & HEAL 03/23/2024 AP2471 92.50

CHECK 320552 TOTAL: 92.50

320553 05/21/2024 PRTD 2955 MUNICIPAL WASTE SOLUTIONS, LLC 05/02/2024 AP2471 10,334.23

CHECK 320553 TOTAL: 10,334.23

320554 05/21/2024 PRTD 2160 COASTAL AUTO PARTS 05/02/2024 AP2471 65.19

COASTAL AUTO PARTS 05/02/2024 AP2471 88.24

COASTAL AUTO PARTS 05/03/2024 AP2471 -778.01

COASTAL AUTO PARTS 05/06/2024 AP2471 122.88

COASTAL AUTO PARTS 05/09/2024 AP2471 281.36

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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 11  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

CHK NO	CHK DATE	TYPE	VENDOR NAME	INVT DATE	PO	WARRANT	NET
			COASTAL AUTO PARTS	05/01/2024		AP2471	16.36
			COASTAL AUTO PARTS	05/06/2024		AP2471	6.68
			COASTAL AUTO PARTS	05/07/2024		AP2471	29.95
			COASTAL AUTO PARTS	05/07/2024		AP2471	38.93
			COASTAL AUTO PARTS	05/07/2024		AP2471	253.98
			COASTAL AUTO PARTS	05/06/2024		AP2471	1,422.10
			COASTAL AUTO PARTS	05/09/2024		AP2471	741.79
			COASTAL AUTO PARTS	05/07/2024		AP2471	103.02
					CHECK	320554 TOTAL:	2,392.47
320555	05/21/2024	PRTD	543 NORWOOD, DELAITRE & SONS INC	05/09/2024		AP2471	2,100.00
					CHECK	320555 TOTAL:	2,100.00
320556	05/21/2024	PRTD	547 ODP BUSINESS SOLUTIONS LLC	04/24/2024		AP2471	8.99
			ODP BUSINESS SOLUTIONS LLC	04/24/2024		AP2471	48.78
			ODP BUSINESS SOLUTIONS LLC	04/24/2024		AP2471	157.89
					CHECK	320556 TOTAL:	215.66
320557	05/21/2024	PRTD	794 OLVER ASSOCIATES, INC	05/07/2024		AP2471	1,550.00
					CHECK	320557 TOTAL:	1,550.00
320558	05/21/2024	PRTD	2597 ON-THE-LINE, INC	05/08/2024		AP2471	8,900.00
					CHECK	320558 TOTAL:	8,900.00
320559	05/21/2024	PRTD	1706 ONLINE MOORING, LLC	04/30/2024		AP2471	1,190.00
					CHECK	320559 TOTAL:	1,190.00
320560	05/21/2024	PRTD	553 OVERHEAD DOOR COMPANY OF BANGOR	04/22/2024		AP2471	481.42

05/16/2024 15:57  
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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 12  
apcshdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE	PO	WARRANT	NET
CHECK 320560 TOTAL: 481.42			
04/30/2024	AP2471		249.50
05/03/2024	AP2471		251.85
CHECK 320561 TOTAL: 501.35			
03/31/2024	AP2471		1,862.33
CHECK 320562 TOTAL: 1,862.33			
05/03/2024	AP2471		93.00
CHECK 320563 TOTAL: 93.00			
05/07/2024	AP2471		362.73
CHECK 320564 TOTAL: 362.73			
04/30/2024	AP2471		6,530.21
CHECK 320565 TOTAL: 6,530.21			
05/11/2024	AP2471		40.00
CHECK 320566 TOTAL: 40.00			
05/01/2024	AP2471		462.00
CHECK 320567 TOTAL: 462.00			
05/09/2024	AP2471		136.49
CHECK 320568 TOTAL: 136.49			
05/03/2024	AP2471		11,660.50
CHECK 320569 TOTAL: 11,660.50			

NUMBER OF CHECKS 85 \*\*\* CASH ACCOUNT TOTAL \*\*\* 411,841.13

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	49	264,884.38
TOTAL EFT'S	36	146,956.75

\*\*\* GRAND TOTAL \*\*\* 411,841.13

05/16/2024 15:57  
 69051you  
 CLERK: 69051you

Town of Mount Desert  
 A/P CASH DISBURSEMENTS JOURNAL  
 JOURNAL ENTRIES TO BE CREATED

P 14  
 apcshdsb

YEAR PER SRC ACCOUNT	JNL EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T OB	DEBIT	CREDIT
APP 100-20000	05/21/2024	AP2471	AP2471			Accounts Payable		203,426.95	
APP 100-10100	05/21/2024	AP2471	AP2471			AP CASH DISBURSEMENTS JOURNAL Ckg-BH General Fund 8066			411,841.13
APP 400-20000	05/21/2024	AP2471	AP2471			Accounts Payable		3,060.40	
APP 600-20000	05/21/2024	AP2471	AP2471			AP CASH DISBURSEMENTS JOURNAL Accounts Payable		26,653.88	
APP 300-20000	05/21/2024	AP2471	AP2471			AP CASH DISBURSEMENTS JOURNAL Accounts Payable		178,699.90	
						GENERAL LEDGER TOTAL		411,841.13	411,841.13
APP 100-35040	05/21/2024	AP2471	AP2471			DT-TRUST		3,060.40	
APP 400-35010	05/21/2024	AP2471	AP2471			DT Gen fund			3,060.40
APP 100-35060	05/21/2024	AP2471	AP2471			DT-MARINA		26,653.88	
APP 600-35010	05/21/2024	AP2471	AP2471			DT Gen fund			26,653.88
APP 100-35030	05/21/2024	AP2471	AP2471			DTF-CAP IMP		178,699.90	
APP 300-35010	05/21/2024	AP2471	AP2471			DT Gen fund			178,699.90
						SYSTEM GENERATED ENTRIES TOTAL		208,414.18	208,414.18
						JOURNAL 2024/11/54 TOTAL		620,255.31	620,255.31

JOURNAL ENTRIES TO BE CREATED

FUND	ACCOUNT	YEAR PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
100	General Fund	2024 11	54	05/21/2024			
	100-10100				Ckg-BH General Fund 8066		411,841.13
	100-20000				Accounts Payable	203,426.95	
	100-35030				DTF-CAP IMP	178,699.90	
	100-35040				DT-TRUST	3,060.40	
	100-35060				DT-MARINA	26,653.88	
					FUND TOTAL	411,841.13	411,841.13
300	Capital Projects	2024 11	54	05/21/2024			
	300-20000				Accounts Payable	178,699.90	
	300-35010				DT Gen fund		178,699.90
					FUND TOTAL	178,699.90	178,699.90
400	Investment Trusts-Reserves	2024 11	54	05/21/2024			
	400-20000				Accounts Payable	3,060.40	
	400-35010				DT Gen fund		3,060.40
					FUND TOTAL	3,060.40	3,060.40
600	Marina	2024 11	54	05/21/2024			
	600-20000				Accounts Payable	26,653.88	
	600-35010				DT Gen fund		26,653.88
					FUND TOTAL	26,653.88	26,653.88



05/16/2024 15:57  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL  
JOURNAL ENTRIES TO BE CREATED

P 16  
apcsbdsb

FUND	DUE TO	DUE FR
100 General Fund	208,414.18	
300 Capital Projects		178,699.90
400 Investment Trusts-Reserves		3,060.40
600 Marina		26,653.88
TOTAL	208,414.18	208,414.18

\*\* END OF REPORT - Generated by Lisa Young \*\*

**TOWN OF MOUNT DESERT  
BMV, STATE & PR ACCOUNTS PAYABLE WARRANT**

**WARRANT AP# 2469**

CHECK DATE: May 8, 2024

CHECK NUMBER:	<u>320516</u>	through	<u>320518</u>	\$ <u>11,395.43</u>	Check payments
CHECK NUMBER:	<u>59786</u>	and	<u>59787</u>	\$ <u>45,173.76</u>	Electronic payments
EFT NUMBER:	<u>N/A</u>	through	<u>N/A</u>	\$ -	ACH Payments
EFT or CK NUMBER:	<u>N/A</u>	and	<u>N/A</u>	\$ -	Voided Checks

TOTAL DISBURSEMENTS: \$ 56,569.19

This is to certify that there is due and chargeable to the appropriations listed above the sum set against each name and you are directed to pay unto the parties named in this schedule.

Selectmen:

John B Macauley, Chairman

Martha T Dudman

James F Mooers

Geoffrey V Wood, Secretary

**From:** [John Macauley](#)  
**To:** [Lisa Young](#)  
**Subject:** Re: Warrant AP#2469 State Fees/Payroll Benefits  
**Date:** Monday, May 6, 2024 6:52:08 PM

---

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Yes, I approve.

On Mon, May 6, 2024 at 4:02 PM Lisa Young <[financeclerk@mtdesert.org](mailto:financeclerk@mtdesert.org)> wrote:

Greetings,

Attached is Accounts Payable Warrant #2469 (for Payroll and/or State Fees) in the amount of \$56,569.19 for your approval.

Please indicate your authorization to release the funds for this warrant by approving or rejecting.

**I will “reply to all” when the first approval comes in so that you know that we have the one required email approval.**

Thank you!

Lisa Young,

Deputy Treasurer, Tax Collector

Town of Mount Desert

(207) 276-5531 (T) (207) 276-3232 (F)

-----FOIA NOTICE-----

Under Maine's Freedom of Access ("Right to Know") law, all e-mail and e-mail attachments received or prepared for use in matters concerning Town business or containing information relating to Town business are likely to be regarded as public records which may be inspected by any person upon request, unless otherwise made confidential by law.

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**TOWN OF MOUNT DESERT  
BMV, STATE & PR ACCOUNTS PAYABLE WARRANT**

**WARRANT AP# 2470**

CHECK DATE: May 15, 2024

CHECK NUMBER:	<u>320519</u>	through	<u>320520</u>	\$ <u>6,319.74</u>	Check payments
CHECK NUMBER:	<u>N/A</u>	and	<u>N/A</u>	\$ -	Electronic payments
EFT NUMBER:	<u>N/A</u>	through	<u>N/A</u>	\$ -	ACH Payments
EFT or CK NUMBER:	<u>N/A</u>	and	<u>N/A</u>	\$ -	Voided Checks

TOTAL DISBURSEMENTS: \$ 6,319.74

This is to certify that there is due and chargeable to the appropriations listed above the sum set against each name and you are directed to pay unto the parties named in this schedule.

Selectmen:

John B Macauley, Chairman

Martha T Dudman

James F Mooers

Geoffrey V Wood, Secretary

**From:** [Rick Mooers](#)  
**To:** [Lisa Young](#)  
**Subject:** Re: Warrant AP#2470 State Fees/Payroll Benefits  
**Date:** Thursday, May 16, 2024 4:30:18 AM

---

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Approved  
Sent from my iPhone

On May 15, 2024, at 1:07 PM, Lisa Young <[financeclerk@mtdesert.org](mailto:financeclerk@mtdesert.org)> wrote:

Greetings,

Attached is Accounts Payable Warrant #2470 (for Payroll and/or State Fees) in the amount of \$6,319.74 for your approval.

Please indicate your authorization to release the funds for this warrant by approving or rejecting.

**I will “reply to all” when the first approval comes in so that you know that we have the one required email approval.**

Thank you!

Lisa Young,  
Deputy Treasurer, Tax Collector  
Town of Mount Desert  
(207) 276-5531 (T) (207) 276-3232 (F)

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<4- AP2470.pdf>

TOWN OF MOUNT DESERT  
PAYROLL WARRANT

WARRANT PR# 2426

CHECK DATE: May 10, 2024

ADVICE NUMBERS: 16672 through 16726

CHECK NUMBERS: 66520 through 66532

TOTAL DISBURSEMENTS: \$ 158,930.38

This is to certify that there is due and chargeable to the appropriations listed above  
the sum set against each name and you are directed to pay unto the parties  
named in this schedule.

Selectmen:

John B Maccauley, Chairman

Martha T Dudman

James F Mooers

Geoffrey V Wood, Secretary

**From:** [Mae Wyler](#)  
**To:** [Lisa Young](#)  
**Subject:** FW: Warrant PR#2426 Approval Request  
**Date:** Thursday, May 16, 2024 4:23:06 PM

---

**From:** Rick Mooers <rickmooers@gmail.com>  
**Sent:** Thursday, May 9, 2024 7:09 PM  
**To:** Mae Wyler <financedirector@mtdesert.org>  
**Subject:** Re: Warrant PR#2426 Approval Request

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Approved  
Sent from my iPhone

On May 9, 2024, at 9:25 AM, Mae Wyler <[financedirector@mtdesert.org](mailto:financedirector@mtdesert.org)> wrote:

Good morning!

Attached are the following warrants for approval:

Payroll #2426 total of \$158,930.38

Please indicate your authorization to release the funds for these warrants by approving or rejecting.

I will "will reply to all" when the first approval comes in so that you know that we have the one required email approval.

Thank you!

Mae Wyler

Finance Director  
Town of Mount Desert, ME  
207-276-5531 ext. 115  
[financedirector@mtdesert.org](mailto:financedirector@mtdesert.org)

<11. PR2426.pdf>



# Mount Desert School Department PAYROLL WARRANT REGISTER

Report # 18502

Include Authorization Codes: Yes  
Batch: 11295  
Check Dates: (Earliest) - (Latest)  
Cash Account Number:  
Minimum Check Amount: \$0.00  
Sorted By: Check Number

Check #	Check Date	Code	Name	Chk Grp	Gross Pay	Net Pay	Direct Deposit	Check Amt	Void
	05/10/2024	IRS	INTERNAL REVENUE SERVICE		15,955.11	15,955.11	0.00	0.00	
	05/10/2024	STAT	TREASURER, STATE OF MAINE		4,793.00	4,793.00	0.00	0.00	
51340	05/10/2024	31	SUSAN M. DAMON	1	375.00	340.87	0.00	340.87	
51341	05/10/2024	659	GREGORY A. DOW	1	203.60	188.03	0.00	188.03	
51342	05/10/2024	624	KATELYN M. OSBORNE	1	125.00	115.44	0.00	115.44	
51343	05/10/2024	655	ASHLEY D. PAGE	1	280.00	254.52	0.00	254.52	
51344	05/10/2024	654	JAMES B. SAWYER	1	250.00	246.37	0.00	246.37	
51345	05/10/2024	657	HEATHER SPURLING	1	125.00	115.44	0.00	115.44	
51346	05/10/2024	653	CASSANDRA M. CASEY	1	1,429.58	1,097.11	0.00	1,097.11	
51347	05/10/2024	626	HEATHER E. DORR	1	4,500.00	3,001.62	3,001.62	0.00	
51348	05/10/2024	491	SANDRA G. BOYCE	1	2,226.90	1,311.75	1,311.75	0.00	
51349	05/10/2024	645	MIRANDA S. CLOUGH	1	1,964.38	1,355.10	1,355.10	0.00	
51350	05/10/2024	149	MARIAH D. BAKER	1	2,384.92	1,877.55	1,877.55	0.00	
51351	05/10/2024	43	SARAH R. DUNBAR	1	1,966.80	1,355.70	1,355.70	0.00	
51352	05/10/2024	63	HEATHER M. GRAVES	1	6,071.79	4,804.78	4,804.78	0.00	
51353	05/10/2024	65	GAYLE M. GRAY	1	3,496.67	2,524.34	2,524.34	0.00	
51354	05/10/2024	293	Amy L. James	1	3,235.19	2,216.71	2,216.71	0.00	
51355	05/10/2024	90	REBECCA A. JARVIS	1	2,849.57	1,929.57	1,929.57	0.00	
51356	05/10/2024	487	BENJAMIN MACKO	1	3,385.19	2,592.88	2,592.88	0.00	
51357	05/10/2024	237	JUSTIN B. NORWOOD	1	10,126.19	6,978.32	6,978.32	0.00	
51358	05/10/2024	508	CATHY T. OEHMKE	1	3,083.26	2,286.71	2,286.71	0.00	
51359	05/10/2024	120	KAREN L. SHARPE	1	3,662.61	2,507.68	2,507.68	0.00	
51360	05/10/2024	502	MARIA E. SIMPSON	1	5,662.23	4,739.28	4,739.28	0.00	
51361	05/10/2024	404	KERRY L. TAYLOR	1	3,346.19	2,140.32	2,140.32	0.00	
51362	05/10/2024	459	SHANNON L. WESTPHAL	1	2,346.46	1,786.19	1,786.19	0.00	
51363	05/10/2024	630	KRISTEN J. BRAUN	1	3,404.50	2,430.39	2,430.39	0.00	
51364	05/10/2024	91	JUDITH CULLEN	1	2,614.11	1,928.01	1,928.01	0.00	
51365	05/10/2024	146	CECILIA R. GARRITY	1	2,157.26	1,414.75	1,414.75	0.00	
51366	05/10/2024	92	ABIGAIL A. HARMON	1	1,926.84	1,410.11	1,410.11	0.00	
51367	05/10/2024	603	ABBIE PAPPAS	1	2,157.26	1,704.03	1,704.03	0.00	
51368	05/10/2024	504	CRISTINA DEVORA	1	1,924.26	1,389.39	1,389.39	0.00	
51369	05/10/2024	627	CONTESSA L. BROPHY	1	2,899.76	2,025.36	2,025.36	0.00	
51370	05/10/2024	611	DANIELLE EMMONS	1	3,091.22	2,358.50	2,358.50	0.00	
51371	05/10/2024	238	WENDELL L. OPPEWALL	1	1,707.15	799.44	799.44	0.00	
51372	05/10/2024	52	WANDA J. FERNALD	1	2,919.80	2,061.88	2,061.88	0.00	
51373	05/10/2024	642	MELISSA L. HINERMAN	1	1,414.38	1,026.70	1,026.70	0.00	
51374	05/10/2024	291	PATRICIA A. KELLEY	1	1,739.94	1,167.43	1,167.43	0.00	
51375	05/10/2024	240	JEANNE C. OTT	1	2,325.00	1,971.31	1,971.31	0.00	
51376	05/10/2024	631	MALLORY WATKINS	1	500.00	461.75	461.75	0.00	
51377	05/10/2024	628	CAMERON FROTHINGHAM	1	1,877.80	1,193.66	1,193.66	0.00	
51378	05/10/2024	295	Robyn H. Hanson	1	524.53	466.47	466.47	0.00	
51379	05/10/2024	648	SARA B. HATHAWAY	1	1,857.83	1,286.73	1,286.73	0.00	
51380	05/10/2024	337	AMBER G. CHARRON	1	2,385.34	1,797.52	1,797.52	0.00	
51381	05/10/2024	150	LYNDA J. KANE	1	2,842.88	1,933.44	1,933.44	0.00	
51382	05/10/2024	644	CAROLINE P. MOORE	1	306.30	278.22	278.22	0.00	
51383	05/10/2024	633	SUSAN E. CARROLL	1	957.09	773.08	773.08	0.00	
51384	05/10/2024	649	CLORA T. CULVER	1	1,137.83	961.55	961.55	0.00	
51385	05/10/2024	608	EMMA JONES	1	1,432.86	1,109.28	1,109.28	0.00	
51386	05/10/2024	490	ANNA D. MONTE	1	1,275.18	729.11	729.11	0.00	
51387	05/10/2024	647	JAKE MORRILL	1	1,544.68	1,208.76	1,208.76	0.00	
51388	05/10/2024	634	TRICIA L. POPE	1	982.22	826.52	826.52	0.00	
51389	05/10/2024	350	ANNA E. SILVER	1	1,510.85	1,192.75	1,192.75	0.00	
51390	05/10/2024	507	DANIELLE A. STANLEY	1	1,451.34	1,319.27	1,319.27	0.00	
51391	05/10/2024	331	RUSSELL W. GRAY	1	1,592.24	1,339.51	1,339.51	0.00	

# Mount Desert School Department PAYROLL WARRANT REGISTER

Report # 18502

Check #	Check Date	Code	Name	Chk Grp	Gross Pay	Net Pay	Direct Deposit	Check Amt	Void
51392	05/10/2024	501	MICHAEL J. TINKER	1	2,058.61	1,245.47	1,245.47	0.00	
51393	05/10/2024	463	RENE L. BECKER	1	1,858.40	1,417.19	1,417.19	0.00	
51394	05/10/2024	499	BOBBIE JO DAY	1	1,269.52	952.78	952.78	0.00	
51395	05/10/2024	74	LEON E. SARGENT	1	3,191.38	2,225.78	2,225.78	0.00	
51396	05/10/2024	476	BRUCE L. TRIPP	1	1,010.51	891.21	891.21	0.00	
51397	05/10/2024	18	JANICE P. CARROLL	1	1,522.95	1,082.22	1,082.22	0.00	
51398	05/10/2024	485	TASHA L. HIGGINS	1	1,813.45	1,237.85	1,237.85	0.00	
					<b>149,029.91</b>	<b>114,131.81</b> ✓	<b>91,025.92</b>	<b>2,357.78</b>	

<b>Check Authorization Summary</b>			
Type	Description	Count	Amount
Employee	Checks	7	2,357.78
	Voided Checks	0	0.00
	Direct Deposits (Fully Distributed)	52	91,025.92
	ACH Employee Credits	52	91,025.92
	ACH Employee Debits (Voids)	0	0.00
Deduction	Checks	0	0.00
	Voided Checks	0	0.00
	ACH Vendor Credits	0	0.00
	ACH VendorDebits (Voids)	0	0.00
	ACH Online Payments	0	0.00
Taxes	EFTPS Payment - Debit	2	20,748.11

# Mount Desert School Department PAYROLL WARRANT REGISTER

Check #	Check Date	Code	Name	Chk Grp	Gross Pay	Net Pay	Direct Deposit	Check Amt	Void
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WARRANT # 23

DATE: PAID MAY 10 2024  
*[Handwritten Signature]*

SUPERINTENDENT

FINANCE OFFICER

FINANCE OFFICER

FINANCE OFFICER

FINANCE OFFICER

FINANCE OFFICER

FINANCE OFFICER

FINANCE OFFICER

TOWN OF MOUNT DESERT  
VOIDS

WARRANT V# 2406

CHECK DATE: May 21, 2024

CHECK NUMBER: <u>320506</u>	and	<u>320506</u>	\$ <u>(144.00)</u>	Check payments
EFT NUMBER: <u>N/A</u>	through	<u>N/A</u>	\$ <u>-</u>	ACH Payments

TOTAL DISBURSEMENTS: \$ (144.00)

Voided disbursements to be acknowledged described above

05/16/2024 14:49  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

P 1  
apcsbdsb

CASH ACCOUNT: 100 10100 Ckg-BH General Fund 8066  
CHECK NO CHK DATE TYPE VENDOR NAME

INV DATE PO WARRANT NET

320506 05/08/2024 VOID 856 TREASURER, STATE OF MAINE 04/11/2024 -144.00

CHECK 320506 TOTAL: -144.00

NUMBER OF CHECKS 1 \*\*\* CASH ACCOUNT TOTAL \*\*\* -144.00

TOTAL VOIDED CHECKS  
COUNT 1  
AMOUNT 144.00

\*\*\* GRAND TOTAL \*\*\* -144.00

05/16/2024 14:49  
69051you

Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

2  
P  
apcshdsb

CLERK: 69051you

JOURNAL ENTRIES TO BE CREATED

YEAR PER	JNL	JNL	DESC	REF 1	REF 2	REF 3	ACCOUNT	DESC	T	OB	DEBIT	CREDIT
SRC	ACCOUNT	EFF	DATE				LINE	DESC				
2024	11		53									
APP	600-20000	05/21/2024	320506	V2406				Accounts Payable				144.00
APP	100-10100	05/21/2024	320506	V2406				AP CASH DISBURSEMENTS JOURNAL			144.00	
								Ckg-BH General Fund 8066				
								AP CASH DISBURSEMENTS JOURNAL				
								GENERAL LEDGER TOTAL			144.00	144.00
APP	100-35060	05/21/2024	AP2468	V2406				DT-MARINA				144.00
APP	600-35010	05/21/2024	AP2468	V2406				DT Gen fund			144.00	
								SYSTEM GENERATED ENTRIES TOTAL			144.00	144.00
								JOURNAL 2024/11/53			288.00	288.00
								TOTAL			288.00	288.00

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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL

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JOURNAL ENTRIES TO BE CREATED

FUND	ACCOUNT	YEAR PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
100	General Fund 100-10100 100-35060	2024 11	53	05/21/2024	Ckg-BH General Fund 8066 DT-MARINA	144.00	144.00
					FUND TOTAL	144.00	144.00
600	Marina 600-20000 600-35010	2024 11	53	05/21/2024	Accounts Payable DT Gen fund	144.00	144.00
					FUND TOTAL	144.00	144.00

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Town of Mount Desert  
A/P CASH DISBURSEMENTS JOURNAL  
JOURNAL ENTRIES TO BE CREATED

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apcsbdsb

FUND	DUE TO	DUE FR
100 General Fund	144.00	
600 Marina		144.00
TOTAL	144.00	144.00

\*\* END OF REPORT - Generated by Lisa Young \*\*