



## BOARD OF COMMISSIONERS REVISED MEETING AGENDA

July 13, 2020, 5:30 PM

304 E. Grand River Avenue, Board Chambers, Howell, MI

Zoom Virtual Meeting ID: 399-700-0062 / Password: LCBOC

<https://zoom.us/j/3997000062?pwd=SUdLYVFFcmozWnFxbm0vcHRjWkVIZz09>

*"The mission of Livingston County is to be an effective and efficient steward in delivering services within the constraints of sound fiscal policy. Our priority is to provide mandated services which may be enhanced and supplemented to improve the quality of life for all who work, reside and recreate in Livingston County."*

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  - b. Eaton County Resolution 20-6-65 to Declare Racism a Public Health Crisis
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**Page 3: Minutes of the Arenac County Board of Commissioners' Meeting of June 23, 2020:**

**Enbridge Resolution Continued:**

WHEREAS, Consequences to energy supply, local producers, regional airports and refineries, jobs, local economies and the pocketbook of Michiganders across the entire state are too great for Line 5 to be shut down before the tunnel replacement can be completed.

WHEREAS, Issues have been raised by several concerned parties regarding the possibility and impact of a breach in Line 5 into the Straits of Mackinac. These concerns have resulted in the State of Michigan and Enbridge negotiating an "agreement" for a 5-year \$500 million project, to construct a tunnel 100 feet below bedrock to encase Line 5, the entire length of the Straits, in one-foot-thick concrete walls in order to mitigate chances of any leaks of product into the Great Lakes.

Whereas, the recently elected Michigan Attorney General, Dana Nessel has subsequently opposed the negotiated "agreement" and filed a law-suit in Ingham County Circuit Court to close down Line 5 immediately effectively cancelling all efforts to begin construction of the tunnel; and

WHEREAS, this action may very well provide unintended consequences for all parties as the litigation to close down Line 5 may take years to be resolved in the courts with no assurance of the outcome; and

WHEREAS, the time to resolve the litigation may simply result in the delay of the start of the construction of the tunnel thereby leaving the existing Line 5 in place unnecessarily for several additional years.

WHEREAS, Enbridge has demonstrated a willingness to work with the state to both protect the Great Lakes and ensure the continued safe delivery of energy we all rely on.

NOW, THEREFORE BE IT RESOLVED that the Arenac County Board of Commissioners hereby joins with other Michigan Counties in extending its support for Enbridge's proposed tunnel replacement project and urges the State of Michigan to work with Enbridge to complete the tunnel project as quickly as possible and not disrupt Line 5 service before the tunnel can be completed.

AND BE IT FURTHER RESOLVED that Arenac County sends this resolution to all counties of Michigan as an invitation to join in expressing support for increasing the safety of our current energy infrastructure as our society simultaneously seeks energy efficiencies and energy alternatives that will continue to reduce negative impacts and risks to our environment.

Roll Call Vote: Yes: Salgat, Burke, Mrozinski, & Woolhiser. No: None. Absent: Kroczaleski.

Resolution carried by a four (4) yes to zero (0) no and one (1) absent vote. Chair directed that the County Clerk distribute as directed.

**Motion 8: Authorization of Budget Line Item Transfer:**

Moved by Ms. Burke & 2<sup>nd</sup> by Ms. Salgat to authorize the Budget & Finance Committee to prepare a Budget Adjustment of up to \$7,000 to the Building Department Budget to pay for required National Flood Insurance Program required inspections of about 40 homeowners affected properties by the May 18-19, 2020 Flood. Motion carried.

Committee will prepare a proposed Budget Adjustment and transfer of funds into the Arenac County Building Department Budget Inspection Line Item from an appropriation adjustment.





**EATON COUNTY BOARD OF COMMISSIONERS**

**JUNE 17, 2020**

**RESOLUTION TO DECLARE RACISM AS A PUBLIC HEALTH CRISIS**

**Introduced by Commissioner Joseph Brehler**

Commissioner Brehler moved for the approval of the following resolution. Seconded by Commissioner Haskell.

**WHEREAS**, race is a social construction with no biologic basis, a social system with multiple dimensions, including individual racism, which is internalized or interpersonal; and

**WHEREAS**, systemic racism is institutional or structural, a system of structuring opportunity and assigning value based on the social interpretation of how one looks that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and depletes the strength of the whole society through the waste of human resources; and

**WHEREAS**, racism is rooted in the foundation of America for more than 400 years. From the time chattel slavery began in the 1600s, to the Jim Crow era, to the declaration of the war on drugs that which has led to the mass incarceration of Black people, racism has remained a presence in American society while subjecting Black people to hardships and disadvantages in every aspect of life; and

**WHEREAS**, racism, including unconscious and conscious bias, causes persistent racial discrimination in Criminal Justice, Social Capital, Voter Suppression, Education, Transportation, Employment, Food Access, Mental Health and Health Behaviors, Socioeconomic Status, Environmental Exposure, Access to Health Services, and Public Safety; and

**WHEREAS**, historical racism in Michigan has impacted Black Michiganders including Black Eaton County residents. Discriminatory housing practices in the 20<sup>th</sup> century, known as redlining, and discriminatory housing covenants contributed to the segregation of the Black community. Black citizens across the state of Michigan have been limited to areas with restricted access to healthy foods, lack of clean water, and other essential resources, leading to a variety of health issues, including reduced life expectancy, higher rates of infant and maternal mortality, and higher rates of lead poisoning; and

**WHEREAS**, older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19, Black people have higher incidence of chronic illnesses than other races causing them to die from COVID-19 at 3.8 times the rate of white people; and

**WHEREAS**, Black people are disproportionately suffering in-part due to these long standing, unaddressed health disparities as a result of systemic racism and other socioeconomic inequities. Indicators of health disparities include Black infant mortality, which is 12.9 percent compared to White infant mortality at 6.4 percent; prevalence of diabetes, which is 17.5 percent for Blacks

compared to 7.7 percent for Whites; and 20 percent of Black residents state that they lack access to health care; and

**WHEREAS**, there is clear data to illustrate that racism negatively impacts the lives of Black people in Eaton County and the privileges that other Americans experience inhibit them from fully understanding how racism impacts Black people in America – for example the performance of simple tasks like driving while Black, walking/running in neighborhoods, wearing a hoodie, going to the store, or just going to a park all come with certain risk not experienced by others. Concerned parents prepare their Black youth at an early age by having “The Talk” with their children in order to attempt to protect them; and

**WHEREAS**, the American Public Health Association, National Association of County and City Health Officials, and the American Academy of Pediatrics have declared racism as a public health crisis, this Board believes that now is the time to do the same. The disparities caused by racism that we have outlined in this resolution represent a public health crisis which affects us all; and

**WHEREAS**, we as a governmental body have a responsibility to ensure an optimal quality of life for all of our Black Eaton County residents.

**NOW, THEREFORE, BE IT RESOLVED**, that the Eaton County Board of Commissioners hereby declares racism as a public health crisis that affects all members of our society on a local (urban and rural), state, and national level and demands action from all levels of government and society.

**BE IT FURTHER RESOLVED**, that the Eaton County Board of Commissioners advocates for relevant policies that improve health in the Black community, and support local, state, and federal initiatives that advance social justice.

**BE IT FURTHER RESOLVED**, that Eaton County will assess its local ordinances, health regulations and internal policies and procedures to ensure racial equity and promote diversity as core elements in all organizational decision-making.

**BE IT FURTHER RESOLVED**, that the Eaton County Board of Commissioners calls upon all members of the community to come together to work toward achieving community-oriented solutions to address the legacy of racial injustices faced by Black communities.

**BE IT FURTHER RESOLVED**, that this Board of Commissioners urges other governmental bodies to declare racism as a public health crisis and to immediately take steps to intentionally address and support methods that will strategically reduce the long-term impact of systemic racism.

**BE IT FURTHER RESOLVED**, that the Board of Commissioners requests that the County Clerk forward copies of this resolution to the Governor of the State of Michigan, Eaton County’s State Legislative delegation, the Michigan Association of Counties, Barry-Eaton District Health Department, the Michigan Association of Local Public Health, Community Mental Health Authority – Clinton, Eaton and Ingham Counties, the Community Mental Health Association of Michigan and local units of government within Eaton County. Carried.

STATE OF MICHIGAN

COUNTY OF EATON

I certify that the foregoing is a true and accurate copy of the resolutions adopted by the Eaton County Board of Commissioners, that such resolutions were duly adopted at a regular meeting held on June 17, 2020, and that notice of such meeting was given as required by law.

A handwritten signature in black ink, reading "Diana Bosworth". The signature is written in a cursive style with a horizontal line underneath the name.

Diana Bosworth, Clerk of the Eaton  
County Board of Commissioners

[SEAL]

*"Menominee County – Where the Best of Michigan Begins"*

## MENOMINEE COUNTY BOARD OF COMMISSIONERS

*Menominee County Courthouse  
839 10<sup>th</sup> Avenue  
Menominee, MI 49858  
www.menomineecounty.com*

*Jason Carviou – County Administrator  
Sherry DuPont – Administrative Assistant  
Telephone: (906) 863-7779 or 863-9648  
Fax: (906) 863-8839*

### **RESOLUTION – 2020-21**

#### ***Resolution in Support of the 2020 Upper Peninsula State Fair***

**WHEREAS**, the Upper Peninsula State Fair has provided a place for folks from across the nation to experience and celebrate the unique culture and heritage of Michigan's Upper Peninsula since 1928; and

**WHEREAS**, fairgoers to the Upper Peninsula State Fair positively impact the regional economy by spending more than \$5 million annually at area hotels, restaurants, retail stores, and small businesses; and

**WHEREAS**, in response to the COVID-19 Pandemic, the Upper Peninsula State Fair Authority has created a risk mitigation plan to reduce the spread of COVID-19 and to ensure the health & safety of fairgoers to the 2020 Upper Peninsula State Fair; and

**WHEREAS**, the Menominee County Board of Commissioners supports the Upper Peninsula State Fair Authority's desire to host the Upper Peninsula State Fair this August 17 – 23, 2020.

**NOW THEREFORE, IT IS RESOLVED** that the Menominee County Board of Commissioners asks Governor Whitmer to approve the risk mitigation plan presented by the Upper Peninsula State Fair Authority; and

**BE IT FURTHER RESOLVED** that the Menominee County Board of Commissioners asks Governor Whitmer to make any changes necessary to existing Executive Orders or to provide any other guidance necessary that allows the 2020 Upper Peninsula State Fair to take place as planned; and

**BE IT FURTHER RESOLVED** that a copy of Resolution 2020-21 be sent to Governor Gretchen Whitmer, Senator Ed McBroom, Representative Beau LaFave, Representative Sara Cambensy, Representative Gregory Markkanen, Representative Lee Chatfield, the Upper Peninsula State Fair Authority, and to every County Clerk in the State of Michigan.

Roll call vote: AYES: 9 NAYS: 0

**RESOLUTION DECLARED ADOPTED.**

  
\_\_\_\_\_  
Gerald Piche, Chairman

6/23/2020  
Date

STATE OF MICHIGAN                    )  
                                                  ) ss.  
COUNTY OF MENOMINEE            )

I hereby certify that the foregoing is a true and complete copy of **Resolution 2020-21** adopted by the County Board of Commissioners at a special meeting held on **June 23, 2020**, and I further certify that the public notice of such meeting was given as provided by law.

  
\_\_\_\_\_  
Marc Kleiman, Menominee County Clerk



# **TUSCOLA COUNTY BOARD OF COMMISSIONERS**

125 W. Lincoln Street  
Suite 500  
Caro, MI 48723

Telephone: 989-672-3700  
Fax: 989-672-4011

## **TUSCOLA COUNTY RESOLUTION 2020-05**

### **RESOLUTION IN SUPPORT OF LINE 5**

**WHEREAS**, Enbridge's Line 5 has been operating safely and reliably in Michigan for more than 65 years; and

**WHEREAS**, Enbridge's Line 5, a light crude and natural gas liquids pipeline, helps to safely meet Michigan's energy needs by fulfilling more than half of the propane needs of the state; and

**WHEREAS**, the products delivered to regional refineries provide jobs and ultimately fuel our lives; and

**WHEREAS**, multiple and extensive inspections and safety tests over the last several years have confirmed the integrity of Line 5 at the Straits of Mackinac as fit for service; and

**WHEREAS**, Enbridge has proposed to invest \$500 million to make a safe pipeline safer by placing a tunnel with one-foot-thick concrete walls 100 feet underground and make the chances of a leak into the Straits virtually zero; and

**WHEREAS**, consequences to energy supply, local producers, regional airports and refineries, jobs, local economies and the pocketbook of Michiganders across the U.P. and the state are too great for Line 5 to be shut down before the tunnel replacement can be completed; and

**WHEREAS**, Enbridge has demonstrated a willingness to work with the state to both protect the Great Lakes and ensure the continued safe delivery of energy we all rely on.

**NOW, THEREFORE, BE IT RESOLVED** that the Tuscola County Board of Commissioners extends its support for Enbridge's proposed tunnel replacement project and urges the State of Michigan to work with Enbridge to complete the tunnel project as quickly as possible and not disrupt Line 5 service before the tunnel can be completed.

Motion by Commissioner Young, seconded by Commissioner Grimshaw to adopt Resolution 2020-05. A roll call vote was taken. Motion carried with:


Yeas: Grimshaw, Young, Vaughan, Jensen, Bardwell

Nays: None

Absent: None

**RESOLUTION DECLARED ADOPTED.**

Date June 25, 2020



Thomas Bardwell, Chairperson  
Tuscola County Board of Commissioners

I, Jodi Fetting, Tuscola County Clerk, do hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Tuscola County Board of Commissioners at its meeting on June 25, 2020.

Date June 25, 2020



Jodi Fetting  
Tuscola County Clerk

## LIVINGSTON COUNTY BOARD OF COMMISSIONERS

### MEETING MINUTES

June 22, 2020, 4:30 p.m.

Zoom Virtual Meeting Room

Meeting ID: 399-700-0062 / Password: LCBOC

<https://zoom.us/j/3997000062?pwd=SUdLYVFFcmozWnFxbm0vcHRjWkVIZz09>

Members Present: Carol Griffith, Kate Lawrence, William Green, Wes Nakagiri, Douglas Helzerman, Robert Bezotte, Gary Childs, and Jay Gross

#### 1. CALL MEETING TO ORDER

The meeting was called to order by Chairwoman Carol Griffith at 4:30 p.m.

#### 2. MOMENT OF SILENT REFLECTION

#### 3. PLEDGE OF ALLEGIANCE TO THE FLAG

All rose for the Pledge of Allegiance to the Flag of the United States of America.

#### 4. ROLL CALL

Roll call by the Clerk indicated the presence of a quorum.

District 5 Commissioner seat is vacant.

#### 5. CORRESPONDENCE

a. Ingham County Resolution to Declare Racism a Public Health Crisis in the County of Ingham

b. Muskegon County Resolution "Love Lives Here"

Motion to receive and place on file the correspondence.

It was moved by W. Green

Seconded by K. Lawrence

Roll Call Vote: Yes (8): W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, C. Griffith, K. Lawrence, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

#### 6. CALL TO THE PUBLIC

None.

#### 7. APPROVAL OF MINUTES

a. Minutes of Work Session Dated: June 8, 2020

b. Minutes of Meeting Dated: June 8, 2020

c. Minutes of Meeting Dated: June 17, 2020

Motion to approve the minutes as presented.

It was moved by K. Lawrence

Seconded by J. Gross

Roll Call Vote: Yes (8): K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, C. Griffith, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

**8. TABLED ITEMS FROM PREVIOUS MEETINGS**

None.

**9. APPROVAL OF AGENDA**

Motion to approve the Agenda as presented.

It was moved by G. Childs

Seconded by R. Bezotte

Roll Call Vote: Yes (8): G. Childs, C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

**10. REPORTS**

Commissioner Nakagiri stated that Dianne McCormick, Director Public Health, will provide an update regarding COVID-19 deaths at the next Livingston County General Government meeting on July 6, 2020.

**11. APPROVAL OF CONSENT AGENDA ITEMS**

Resolutions 2020-06-155 through 2020-06-162

Motion to approve the resolutions on the Consent Agenda.

It was moved by W. Green

Seconded by R. Bezotte

Roll Call Vote: Yes (8): W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, J. Gross, C. Griffith, and K. Lawrence; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

**11.a 2020-06-155**

Resolution to Accept the 2019 Livingston County Financial Audit – Board of Commissioners

**11.b 2020-06-156**

Resolution Authorizing a Budget Amendment for Carryover of Substance Abuse and Mental Health Services Administration Grant Funds for Adult Drug Court to the Fiscal Year 2020 Budget – Central Court Services

**11.c 2020-06-157**

Resolution Authorizing Specialty Courts and Programs to Apply for State Court Administrative Office Grant Funding For FY 2021 – Court Central Services

**11.d 2020-06-158**

Resolution Authorizing an Intergovernmental Agreement to Provide Building Department Services to the City of Williamston – Building Department

**11.e 2020-06-159**

Resolution to Adopt the Revised Final E911 Service Plan – Central Dispatch

**11.f 2020-06-160**

Resolution Authorizing Contract with Huron River Watershed Council for Watershed Planning Services Associated with Phase II Storm Water Permit Regulations – Drain Commissioner

**11.g 2020-06-161**

Resolution Authorizing Purchase of Upgraded Recording System and Equipment for Sheriff's Office Interview Rooms - Sheriff

**11.h 2020-06-162**

Resolution Authorizing the Replacement of Radios for Sheriff's Office Vehicles - Sheriff

**12. RESOLUTIONS FOR CONSIDERATION**

Resolutions 2020-06-163 and 2020-06-165

**12.a 2020-06-163**

Resolution to Amend the Animal Control Ordinance – Sheriff / Animal Control

Motion to adopt the Resolution.

It was moved by D. Helzerman  
Seconded by G. Childs

Roll Call Vote: Yes (8): D. Helzerman, R. Bezotte, G. Childs, C. Griffith, K. Lawrence, W. Green, W. Nakagiri, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

**12.b 2020-06-164**

Resolution Authorizing the Sheriff Department and the County of Livingston to Apply for and Enter Into Contract with the State of Michigan for Fiscal Year 2020 Coronavirus Emergency Supplemental Funding - Sheriff

Motion to adopt the Resolution.

It was moved by K. Lawrence  
Seconded by W. Green

Discussion.

Roll Call Vote: Yes (8): K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, C. Griffith, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

**12.c 2020-06-165**

Resolution Authorizing the Prosecutor's Office and the County of Livingston to Apply for and Enter Into Contract with the State of Michigan for Fiscal Year 2020 Coronavirus Emergency Supplemental Funding - Prosecutor

Motion to adopt the Resolution.

It was moved by R. Bezotte  
Seconded by J. Gross

Discussion.

Roll Call Vote: Yes (8): R. Bezotte, G. Childs, C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

**13. CALL TO THE PUBLIC**

None.

**14. ADJOURNMENT**

Motion to adjourn the meeting at 4:48 p.m.

It was moved by K. Lawrence

Seconded by D. Helzerman

Roll Call Vote: Yes (8): K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, C. Griffith, and J. Gross; No (0): None; Absent (0): None

**MOTION Carried (8-0-0)**

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Elizabeth Hundley, Livingston County Clerk



# LIVINGSTON COUNTY BOARD OF COMMISSIONERS

## MEETING MINUTES

July 8, 2020

IMMEDIATELY FOLLOWING THE FINANCE COMMITTEE

Zoom Virtual Meeting Room

Meeting ID: 399-700-0062 / Password: LCBOC

<https://zoom.us/j/3997000062?pwd=SUdLYVFFcmozWnFxbm0vcHRjWkVIZz09>

Members Present Carol Griffith, Kate Lawrence, William Green, Wes Nakagiri, Douglas Helzerman, and Jay Gross

Members Absent Robert Bezotte and Gary Childs

### 1. CALL MEETING TO ORDER

The meeting was called to order by Chairwoman Carol Griffith at 10:24 a.m.

### 2. PLEDGE OF ALLEGIANCE TO THE FLAG

All rose for the Pledge of Allegiance to the Flag of the United States of America.

### 3. ROLL CALL

Indicated the presence of a quorum.  
District 5 Commissioner seat is vacant.

### 4. CALL TO THE PUBLIC

None.

### 5. APPROVAL OF AGENDA

**Moved By** K. Lawrence

**Seconded By** D. Helzerman

Roll Call Vote: Yes (6): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and J. Gross;  
No (0): None; Absent (2): R. Bezotte and G. Childs

**Motion Carried (6-0-2)**

### 6. FINANCE COMMITTEE RECOMMENDATION FOR APPROVAL OF CLAIMS

Dated: July 8, 2020

**Moved By** K. Lawrence

**Seconded By** W. Green

Roll Call Vote: Yes (6): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and J. Gross;  
No (0): None; Absent (2): R. Bezotte and G. Childs

**Motion Carried (6-0-2)**

### 7. FINANCE COMMITTEE RECOMMENDATION FOR APPROVAL OF PAYABLES

June 12 through July 2, 2020

**Moved By** W. Green  
**Seconded By** D. Helzerman

Roll Call Vote: Yes (6): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and J. Gross;  
No (0): None; Absent (2): R. Bezotte and G. Childs

**Motion Carried (6-0-2)**

**8. CALL TO THE PUBLIC**

None.

**9. ADJOURNMENT**

Motion to adjourn the meeting at 10:29 a.m.

**Moved By** D. Helzerman  
**Seconded By** W. Green

Roll Call Vote: Yes (6): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and J. Gross;  
No (0): None; Absent (2): R. Bezotte and G. Childs

**Motion Carried (6-0-2)**

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Elizabeth Hundley, Livingston County Clerk

RESOLUTION

NO: 2020-07-166

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing the Livingston County Courts-Central Services to Apply for and Enter Into Contract with the State of Michigan for Fiscal Year 2020 Coronavirus Emergency Supplemental Funding- Courts**

**WHEREAS,** the Livingston County Courts- - Central Services wishes to apply for the Coronavirus Emergency Supplemental Funding Program fiscal year 2020; and

**WHEREAS,** the Livingston County Courts may be eligible to receive up to \$197,364 in reimbursement funds from the State of Michigan for participation in the 2020 Coronavirus Emergency Supplemental Funding Program.

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approve the submission of the application to enter into contract with the State of Michigan, Coronavirus Emergency Supplemental Funding Program wherein Livingston County Courts may receive a maximum of \$197,364 in State reimbursement funds effective March 1, 2020 through September 30, 2021.

**BE IT FURTHER RESOLVED** that the Chair of the Livingston County Board of Commissioners is hereby authorized to sign all forms, assurances, contracts, agreements and support documents related to the 2020 Coronavirus Emergency Supplemental Funding Program upon review by Civil Counsel.

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**MOVED:**

**SECONDED:**

**CARRIED:**

RESOLUTION

NO: 2020-07-167

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution to Concur with the Livingston County Aeronautical Facilities Board to Enter Into a Grant Agreement with the Michigan Department of Transportation Under the CARES Act -- Airport**

**WHEREAS,** the Michigan Department of Transportation has executed FAA CARES Act grant number 3-26-SBGP-117-2020 to provide operational funding to Michigan Airports; and

**WHEREAS,** the Livingston County Airport will receive Thirty-Thousand Dollars (\$30,000) under this grant; and

**WHEREAS,** proceeds from the grant can be used for operating expenses incurred after January 10, 2020 until funds have been exhausted.

**WHEREAS,** the total amount of the grant agreement is \$30,000 and there is no local share.

**THEREFORE BE IT RESOLVED** the Livingston County Board of Commissioners concurs with the Livingston County Aeronautical Facilities Board to enter into a grant agreement with the Michigan Department of Transportation under the FAA CARES Act to fund operating expenses in the amount of \$30,000.

**BE IT FURTHER RESOLVED** that the Chairman of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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#

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MOVED:  
SECONDED:  
CARRIED:



3399 County Airport Drive  
Howell, Michigan 48855  
517-546-6675  
Fax 517-546-6656  
Mark D. Johnson - Airport Manager

## MEMORANDUM

TO: Livingston County Board of Commissioners

FROM: Mark D. Johnson   
Airport Manager

DATE: June 30, 2020

RE: CARES Act Grant Agreement

Under the CARES Act that was passed as a result of the COVID crisis, the Livingston County Airport is eligible for a Thirty Thousand Dollar (\$30,000) grant that may be used for operational expenses. Operational costs include payroll and other expenses related to the operation of the airport.

There is no local match required for these funds.



# 2020 CARES Act Agreement

SubGrant # \_\_\_\_\_

The Michigan Department of Transportation, acting as a Federal Aviation Administration (FAA) Block Grant Program Participant, has executed FAA CARES Act Grant Number 3-26-SBGP-117-2020. This Block Grant outlines specific requirements, terms, conditions, and assurances required of the Michigan Department of Transportation and any subordinate grant recipients.

This CARES ACT Agreement shall convey the specific requirements, terms, conditions, and assurances contained in FAA CARES Act Grant Number 3-26-SBGP-117-2020 to

\_\_\_\_\_ hereafter referred to as “the SPONSOR” as a subgrant recipient of funds. FAA CARES Act Grant Number 3-26-SBGP-117-2020 is attached to this CARES Act Agreement.

The maximum obligation payable to the SPONSOR is \$ \_\_\_\_\_. The SPONSOR shall use these funds for any purpose for which airport revenues may be lawfully used. CARES Act Grant subgrant recipients shall follow the FAA's Policy and Procedures Concerning the Use of Airport Revenues ("Revenue Use Policy"), 64 Federal Register 7696 (64 FR 7696), as amended by 78 Federal Register 55330 (78 FR 55330). The Revenue Use Policy defines permitted uses of airport revenue. In addition to the detailed guidance in the Revenue Use Policy, the funds received under 3-26-SBGP-117-2020 or any associated subgrants may not be used for any purpose not related to the airport.

The SPONSOR shall upload each payment request to MDOT's ProjectWise software. Each request shall include the following information:

- a) 2020 CARES Act Operational Funding Reimbursement Request Form
- b) Summary Sheet (if multiple items are included)
- c) Supporting documentation

Once completed payment requests are received, MDOT will review, process, and submit the request to FAA via the Delphi Invoicing System.

**In addition to all specific requirements, terms, conditions, and assurances contained in FAA CARES Act Grant Number 3-26-SBGP-117-2020, the Sponsor shall ensure strict adherence to the following audit requirements:**

1. The SPONSOR will establish and maintain accurate records, in accordance with generally accepted accounting principles, of all expenses incurred for which payment is sought or made under this Agreement (RECORDS). Separate accounts will be established and maintained for all costs incurred under this Agreement.



2. The SPONSOR will maintain the RECORDS for at least six (6) years from the date of final payment made by MDOT under this Agreement. In the event of a dispute with regard to allowable expenses or any other issue under this Agreement, the SPONSOR will thereafter continue to maintain the RECORDS at least until that dispute has been finally decided and the time for all available challenges or appeals of that decision has expired.

3. MDOT or its representative may inspect, copy, scan, or audit the RECORDS at any reasonable time after giving reasonable notice.

4. If any part of the work is subcontracted, the SPONSOR will assure compliance with sections (1), (2), and (3) above for all subcontracted work.

5. The SPONSOR agrees that the costs reported to MDOT for this Agreement will represent only those items that are properly chargeable in accordance with this Agreement. The SPONSOR also certifies that it has read the Agreement terms and has made itself aware of the applicable laws, regulations, and terms of this Agreement that apply to the reporting of costs incurred under the terms of this Agreement.

6. In the event that an audit performed by or on behalf of MDOT indicates an adjustment to the costs reported under this Agreement or questions the allowability of an item of expense, MDOT will promptly submit to the SPONSOR a Notice of Audit Results and a copy of the audit report, which may supplement or modify any tentative findings verbally communicated to the SPONSOR at the completion of an audit.

Within sixty (60) days after the date of the Notice of Audit Results, the SPONSOR will (a) respond in writing to the responsible Bureau of MDOT indicating whether or not it concurs with the audit report, (b) clearly explain the nature and basis for any disagreement as to a disallowed item of expense, and (c) submit to MDOT a written explanation as to any questioned or no opinion expressed item of expense (RESPONSE). The RESPONSE will be clearly stated and will provide any supporting documentation necessary to resolve any disagreement or questioned or no opinion expressed item of expense. Where the documentation is voluminous, the SPONSOR may supply appropriate excerpts and make alternate arrangements to conveniently and reasonably make that documentation available for review by MDOT. The RESPONSE will refer to and apply the language of the Agreement. The SPONSOR agrees that failure to submit a RESPONSE within the sixty (60) day period constitutes agreement with any disallowance of an item of expense and authorizes MDOT to finally disallow any items of questioned or no opinion expressed cost.

MDOT will make its decision with regard to any Notice of Audit Results and RESPONSE within one hundred twenty (120) days after the date of the Notice of Audit Results. If MDOT determines that an overpayment has been made to the SPONSOR, the SPONSOR will repay that amount to MDOT or reach agreement with MDOT on a repayment schedule within thirty (30) days after the date of an invoice from MDOT. If the SPONSOR fails to repay the overpayment or reach agreement with MDOT on a repayment schedule within the thirty (30) day period, the

SPONSOR agrees that MDOT will deduct all or a portion of the overpayment from any funds then or thereafter payable by MDOT to the SPONSOR under this Agreement or any other agreement or payable to the SPONSOR under the terms of 1951 PA 51, as applicable. Interest will be assessed on any partial payments or repayment schedules based on the unpaid balance at the end of each month until the balance is paid in full. The assessment of interest will begin thirty (30) days from the date of the invoice. The rate of interest will be based on the Michigan Department of Treasury common cash funds interest earnings. The rate of interest will be reviewed annually by MDOT and adjusted as necessary based on the Michigan Department of Treasury common cash funds interest earnings. The SPONSOR expressly consents to this withholding or offsetting of funds under those circumstances, reserving the right to file a lawsuit in the Court of Claims to contest MDOT's decision only as to any item of expense the disallowance of which was disputed by the SPONSOR in a timely filed RESPONSE.

The Sponsor agrees to comply with all portions of this grant Agreement.

Sponsor: \_\_\_\_\_

Authorized Sponsor Signatory: \_\_\_\_\_

Authorized Sponsor Signatory (Printed): \_\_\_\_\_

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

MDOT Signatory: \_\_\_\_\_

MDOT Signatory Printed: \_\_\_\_\_

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

RESOLUTION

NO: 2020-07-168

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution To Concur With The Livingston County Aeronautical Facilities Board To Enter Into A Grant Agreement With The Michigan Department Of Transportation To Fund Design Services To Rehabilitate Taxiway A, B, C & Terminal Apron Repairs & Sealing -- Airport**

**WHEREAS,** the Livingston County Board of Commissioners has entered into an agreement with C&S Engineering for design services for the rehabilitation of Taxiway A,B,C & Terminal Apron and associated crack sealing; and

**WHEREAS,** the Michigan Aeronautics Commission has authorized a state/local grant agreement to provide funding for this project; and

**WHEREAS,** the project is mostly completed at this time; and

**WHEREAS,** the total amount of the grant agreement is \$28,000 and the local share (5%) is \$1,400.00.

**THEREFORE BE IT RESOLVED** the Livingston County Board of Commissioners concurs with the Livingston County Aeronautical Facilities to enter into a grant agreement with the Michigan Department of Transportation to fund design services to Rehabilitate Taxiways A, B, C & Terminal Apron Repairs & Sealing.

**BE IT FURTHER RESOLVED** the local share of \$1,400 is available in 58305400 956000.

**BE IT FURTHER RESOLVED** that the Chairman of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:  
SECONDED:  
CARRIED:

# EXHIBIT 1

## LIVINGSTON COUNTY-SPENCER J. HARDY AIRPORT HOWELL, MICHIGAN

Project No. B-26-0047-5919  
Job No. 201246PE

June 2, 2020

	Federal	State	Local	Total
PLANNING	\$0	\$0	\$0	\$0
DESIGN	\$25,200	\$1,400	\$1,400	\$28,000
Rehabilitate Taxiway A, B, C & Terminal Apron Repairs & Sealing CONSULTANT Contract Fees	\$25,200	\$1,400	\$1,400	\$28,000
CONSTRUCTION	\$0	\$0	\$0	\$0

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<b>TOTAL PROJECT BUDGET</b>	<b>\$25,200</b>	<b>\$1,400</b>	<b>\$1,400</b>	<b>\$28,000</b>
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### Federal Billing Breakdown:

Bill #1      \$25,200      SBGP 10719      Grant Award Date: 9/24/19

### Letting Information:

N/A

Period of Performance End Date: 11/01/20


MAC Approval: 05/27/20



3399 County Airport Drive  
Howell, Michigan 48855  
517-546-6675  
Fax 517-546-6656  
Mark D. Johnson - Airport Manager

## MEMORANDUM

TO: Livingston County Board of Commissioners

FROM: Mark D. Johnson   
Airport Manager

DATE: June 30, 2020

RE: Grant for Design of Taxiway Rehabilitation

This grant will fund the design project for the repair of construction joints and crack sealing on the airport aprons and taxiways. C&S Engineering was contracted for the work earlier in the spring and the design has been completed.

Bids were received for this project on June 5, 2020. The low bid was almost twice the engineers estimate, which exceeded the funds available for the project. The bids were rejected because of this. There is sufficient money available in the agreement to re-bid the project at a later date, fall bids for spring construction often receive better pricing as the contractors are likely to be looking for work for the next season.

RESOLUTION

NO: 2020-07-169

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution to Concur with the Livingston County Aeronautical Facilities Board to Enter Into a Lease Agreement with Dan's Pc Solutions, LLC for the Old Terminal Building - Airport**

**WHEREAS,** Dan's PC Solutions LLC desires to continue to lease the old airport terminal building located at 3480 W. Grand River; and

**WHEREAS,** Dan's PC Solutions LLC utilizes the building for sales, service and repair of computer equipment; and

**WHEREAS,** Dan's PC Solutions LLC has agreed to a second two (2) year lease term; and

**WHEREAS,** the state/local grant agreement shall provide for \$25,200 in Federal funds, \$1,400 in State funds and require a local share of 5% that comes to \$1,400 for a combined total of \$28,000 for the project; and

**WHEREAS,** Civil Counsel has prepared a lease agreement for this purpose.

**THEREFORE BE IT RESOLVED** the Livingston County Board of Commissioners concurs with the

Livingston County Aeronautical Facilities Board to enter into a lease agreement with Dan's PC Solutions LLC for the old terminal building for a two (2) year term with the monthly rent of \$867.00 per month.

**BE IT FURTHER RESOLVED** that the Chairman of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:  
SECONDED:  
CARRIED:






3399 County Airport Drive  
Howell, Michigan 48855  
517-546-6675  
Fax 517-546-6656  
Mark D. Johnson - Airport Manager

## MEMORANDUM

TO: Livingston County Board of Commissioners

FROM: Mark D. Johnson  
Airport Manager 

DATE: June 30, 2020

RE: Lease Agreement with Dan's PC Solutions

This is a renewal of the lease agreement with Dan's PC Solutions for the old terminal building at the Livingston County Airport. Dan has been a good tenant and loves the location. This is another two year agreement and the rental rate has been adjusted for CPI.



## LEASE

**THIS LEASE**, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2020, by and between **COUNTY OF LIVINGSTON**, of 3399 County Airport Dr., Howell, MI 48855 (hereinafter referred to as the "Lessor") and **DAN'S PC SOLUTIONS, LLC**, of 3480 W. Grand River Ave., Howell, MI 48855, (hereinafter referred to as the "Lessee").

### **WITNESSETH:**

**WHEREAS**, the Lessor has available certain facilities suitable for use by the Lessee on the premises of the old terminal building at the Livingston County Spencer J. Hardy Airport; and

**WHEREAS**, the Lessee is in need of such facilities; and

**WHEREAS**, the Lessor agrees to lease to the Lessee the facilities for its use, subject to the following terms and conditions.

**NOW THEREFORE**, for and in consideration of the mutual covenants hereinafter contained, **IT IS HEREBY AGREED**, as follows:

1. Location and Description of the Leased Premises. The Lessor hereby leases to the Lessee the old terminal building and adjacent parking lot at the Livingston County Spencer J. Hardy Airport, located at 3480 W. Grand River Ave., Howell, Michigan (hereinafter referred to as the "Premises").

2. Lease Term, Termination, and Return of Premises. The term of this Lease shall commence on the 1<sup>st</sup> day of July, 2020, and shall continue for a period of two years, to the 30<sup>th</sup> day of June, 2022, after which date this Lease shall terminate, unless terminated earlier. Lessor may terminate this Lease at any time with or without cause upon sixty (60) days' written notice to Lessee. Upon the termination of this Lease, the Lessee shall yield and deliver up the Premises in like condition as when taken, normal wear and use thereof excepted.

3. Rent. The Lessee shall pay the Lessor, as rent for the Premises, the sum of EIGHT HUNDRED SIXTY-SEVEN AND NO/100 DOLLARS (\$867.00) per month for each month of this Lease. A security deposit in the amount of \$850.00 shall be paid on the first (1<sup>st</sup>) day of July, 2020. The first monthly rental payment shall be made on the first (1<sup>st</sup>) day of July, 2020. All subsequent monthly rental payments shall be made on the first (1<sup>st</sup>) day of each and every month thereafter, in advance, during the term of this Lease. All rent due under this Agreement shall be paid at the office of the Livingston County Spencer J. Hardy Airport, 3399 County Airport Dr., Howell, Michigan 48855.

Commencing on the first day of July 2021, and in July of each year thereafter during the term of this Agreement, the annual rent shall be adjusted to the amount obtained by dividing the initial rate of \$10,404.00 per annum by the Detroit-Ann Arbor, All Items

Consumer Price Index figure which is the most recently published one immediately preceding the commencement date of this Agreement, and multiplying the quotient thereof by the Consumer Price Index, Detroit-Ann Arbor, All Items, which is the most recent one published immediately before the effective date of the rental rate adjustment which is being computed. It is expressly understood that the rent will be adjusted in accordance with changes in the said Consumer Price Index once each year during the term of this Agreement.

For purposes of this Agreement, the Consumer Price Index means the Index for "All Items" for Urban Wage Earners and Clerical Workers Commodity Groups for the Detroit area, as determined by the United States Department of Labor, Bureau of Statistics.

Should the United States Government revise its Price Index at any time, the parties hereto will follow such suggestions as the government may issue for making an arithmetical changeover from one index to another. Should the Price Index be wholly discontinued, then its successor or the most nearly comparable successor index thereto shall be substituted, with the appropriate adjustments taken into account.

Upon termination of this Lease, the Lessee shall pay the Lessor all rental payments due and owing as of the effective date of termination.

4. Condition of Premises, Warranties and Covenants. The Lessee shall, at its own expense, maintain the Premises and all common areas in good repair. The Lessee, by its occupation of the Premises acknowledges receipt of the Premises in good order, repair and condition. The Lessee also acknowledges that no representations as to the condition of the Premises have been made by the Lessor or its agents.

The Lessor warrants that it has lawful title and right to make this Lease for the terms set forth herein, and that Lessor will put Lessee in complete and exclusive possession of the Premises.

5. Lessee's Use and Occupancy of the Premises. The Lessee agrees that the Premises shall be used as a commercial office, with adjacent vehicle parking. No other use shall be made of the Premises without the prior written consent of the Lessor.

Lessor reserves the right to install a radio in the building on the Premises connected to a telephone line, at Lessor's expense.

Lessor also reserves an easement over and across the Premises for ingress and egress to the main Airport property through the gate on the fence adjacent to the east parking area of the Premises, for use by Lessor, its agents, invitees and lessees. Lessee shall not obstruct access to the gate.

6. Conduct of Operations on Premises. In its exercise of the rights, privileges, concessions, duties, and obligations granted to it herein, and in its use of the Premises, Lessee hereby obligates itself and shall require its sublessees and assigns to be obligated to the following requirements and regulations:

- A. Shall not consent to any unlawful use of the Premises, nor permit any such unlawful use thereof.
- B. All employees shall have, as required, proper and effective federal and state certificates or licenses covering their individual and particular functions.
- C. Comply with all local, federal, and state ordinances, and laws, including the rules and regulations of the federal and state aeronautical authorities and the local governing authorities and the standards of service adopted by the Lessor.
- D. Shall at all times comply with rules, regulations, and ordinances of Lessor as they now exist or may subsequently be amended or adopted.
- E. The operations of Lessee, its sublessees, employees, invitees, assigns, and those doing business with it, and the manner in which it utilizes its leasehold at Livingston County Airport which it is given the right and concession to do under the terms hereof, shall be conducted in an orderly and proper manner and at the particular times and in the particular manner specified by Lessor, and according to the standards established by Lessor, and so as not to annoy, disturb, or be offensive to others at Livingston County Airport. Lessor shall have the right to complain to Lessee as to the demeanor, conduct, and appearance of Lessee's employees, sublessees, invitees, and those doing business with services and facilities at times and in the manner and according to the standards mandated by Lessor, whereupon Lessee will take all steps necessary to remove the cause of the complaint and bring its operations or its sublessees operations and services into compliance with such standards.
- F. Comply with all rules and regulations of the State Fire Marshal in the conduct of operations on the Premises.
- G. Lessee, during the term of this Agreement, agrees to pay:
  - 1) All personal property taxes and assessments and all license fees applicable to its activities, or other charges which are legally levied or assessed on the personal property situated on the Premises;
  - 2) Any tax or assessment determined to be properly payable by Lessee under Act 189 of the Public Acts of 1953, as amended, for the lease or use of the Premises; and
  - 3) All sales or use taxes and assessments, license fees or other charges of any nature, without exception, legally levied or assessed arising out of the activities conducted on or the occupancy of the Premises; Provided, always, Lessee shall pursue, at its expense and with due diligence, any exception taken by it to any of the aforementioned taxes or assessments.

- H. Lessee shall pay for water, gas, sewer charges, electric current, telephone service, internet, and other utilities utilized or consumed on the Premises.
- I. Lessee agrees at all times to keep the Premises in a neat, clean, and orderly condition, free of weeds, rubbish, or any unsightly accumulations of any nature whatsoever. Lessee shall be responsible to pay for all snow removal, lawn care, janitorial service, and refuse removal on the Premises.
- J. All authorized operations shall be conducted on leased premises, unless written consent to the contrary is obtained from the Lessor.

7. Compliance With Ordinances, Rules, Regulations, Standards, Fees And Charges. Lessor shall have the right to adopt and enforce uniform and consistently applied ordinances, rules, regulations, standards, fees, and charges, and any amendment thereto with respect to the operation and use of Livingston County Airport, which may provide, by way of example and not by way of limitation, for the payment of such fees and charges for the exercise of rights, privileges, and concessions granted herein by Lessor, but excluding rentals and fees for ground occupancy which are fixed in the manner set forth in Section 3, for the safety of those using the airport, and Lessee agrees that it and its sublessees and assigns will observe and obey same. The statements set forth herein in explanation of Lessor's rights do not grant and shall not be construed to grant Lessee rights not otherwise specifically granted in this Agreement.

8. Compliance With Federal Agreements. This Agreement shall be non-exclusive and subordinate to the provisions of any existing or future agreement between Lessor and the United States relative to the operation or maintenance of the airport, the execution of which has been or may be required as a condition precedent to the expenditure of federal funds for the development of the airport; provided, however, that any right, title, and interest of Lessee to the Premises shall not be taken without just compensation therefor being made.

- A. Lessor reserves the right to further develop or improve the landing area of the airport as it sees fit, regardless of the desires or view of Lessee, and without interference or hindrance.
- B. Lessor reserves the right to take any action it considers necessary to protect the aerial approaches of the airport against obstruction, together with the right to prevent Lessee from erecting or permitting to be erected any hangars or other structure on the airport which, in the opinion of Lessor, would limit the usefulness of the airport or constitute a hazard to aircraft.

9. Alterations and Signs. The Lessee may make alterations, additions or improvements to the Premises, but only with the prior written consent of the Lessor. Any such alterations, additions or improvements shall become the property of Lessor. Lessee may place up to two (2) signs identifying Lessee's business, subject to Lessor's approval as to size and location, and compliance with all local zoning and sign ordinances.



10. Subletting. The Lessee agrees that it may neither sublet the Premises or any part thereof nor assign this Lease without obtaining the prior written consent of the Lessor.

11. Nondiscrimination. Lessee and/or its sublessees or assigns, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight or marital status. Lessee and/or its sublessees or assigns shall adhere to all applicable federal, state and local laws, ordinances, rules and regulations prohibiting discrimination, including but not limited to, the following:

- A. The Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended.
- B. The Michigan Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended.
- C. Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 394, as amended, and regulations promulgated thereunder.
- D. The Americans with Disabilities Act of 1990, P.L. 101-336, 104 Stat 328 (42 USC §12101 *et seq.*), as amended, and regulations promulgated thereunder.

Lessee, for itself, its personal representatives, successors in interest, and as a part of the consideration hereof, does hereby covenant and agree that (1) no person, on the grounds of race, color, national origin, religion, age, sex, height, weight, marital status, disability, or political affiliation shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities; (2) that in the construction of any improvements on, over or under such land and the furnishing of services thereon, no person, on the grounds of race, color, national origin, religion, age, sex, height, weight, marital status, disability, or political affiliation shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination; and (3) that Lessee shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 22, Nondiscrimination in Federally-Assisted Programs of the Department of Transportation-Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations may be amended.

Breach of this section shall be regarded as a material breach of this Agreement, and in the event Lessee and/or its sublessees or assigns is found not to be in compliance with this section, Lessor may terminate this Agreement, effective as of the date of delivery of written notification to Lessee and/or its sublessees or assigns.

12. Liability and Fire Insurance. The Lessor shall furnish adequate public liability, fire and extended coverage insurance on the Premises and all Lessor's property therein.

The Lessor shall be responsible for all losses, claims or actions resulting from fire, except for property owned by the Lessee and left at the Premises.

Lessee shall comply with the following insurance requirements as applicable:

- A. Workers Compensation Insurance. Procure and maintain during the life of this Agreement Workers' Compensation Insurance, including Employers Liability Coverage, in accordance with all applicable statutes of the State of Michigan.
- B. General Liability/Hazard Insurance. Procure and maintain during the life of this Agreement, General Liability and Hazard Insurance on "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, Personal Injury, and Property Damage.
- C. Motor Vehicle Liability. Should Lessee desire to utilize Motor Vehicles on the ramp of the Livingston County Airport, Lessee shall procure and maintain during the life of this Agreement, Motor Vehicle Insurance, including Michigan No-Fault Coverages, with limits of liability of not less than \$1,000,000 per occurrence combined single limit Personal Injury and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
- D. Additional Insured. General Liability/Hazard, and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following shall be Additional Insureds. Livingston County and all elected and appointed officials, all County employees and volunteers, all County boards, commissions and/or authorities and board members, including employees and volunteers thereof.
- E. Cancellation Notice. All policies described above shall include an endorsement stating the following: It is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction and/or Material Change shall be sent to Livingston County.
- F. Proof of Insurance Coverage. Lessee shall provide the Lessor with certificates for all coverages listed above.
- G. Expiration of Policies. If any of the above insurance coverages expire during the term of this Agreement, Lessee shall deliver renewal certificates and/or policies to Lessor at least ten (10) days prior to the expiration date.

13. Indemnification. Lessee agrees to defend and hold Lessor and its boards, elected and appointed officials, commissions, employees and agents, harmless from any claim, suit, judgment, or processes of any nature whatsoever arising out of alleged negligence, wrongful, or unlawful acts or omissions of Lessee, its agents, licensees, invitees, sublessees, and employees.

14. Damage to Lessee's Property. All Lessee's personal property of any kind or description whatsoever upon or in the Premises shall be at the Lessee's sole risk. The Lessor shall not be held liable for any damage to property sustained by the Lessee or other persons, or for damage or loss suffered by the business or occupation of the Lessee arising from any acts or neglect of other occupants of the Premises, or of other persons who are not employees, agents or contractors of the Lessor, or from bursting, overflowing or leaking of water, sewer, or steam pipes, or from the heating or plumbing fixtures, or from electrical wires, or from gas or odors caused in any other manner whatsoever except in the case of willful neglect on the part of the Lessor, after being given notice of the conditions.

15. Total or Partial Destruction of the Leased Premises. In the event of the total or partial destruction of the Premises by fire or otherwise, this Lease shall terminate, and the Lessee shall be liable for rent only up to the date of such destruction.

16. Notices. All notices, bills or statements required or permitted by any provision of this Lease shall be in writing and shall be hand delivered or deposited in first class mail, directed to the Lessor, Attn: Airport Manager, at 3399 County Airport Dr., Howell, MI 48855; or to the Lessee to the attention of Dan McMillen at 3480 W. Grand River Ave., Howell, MI 48855. Either party may change the address for notices, bills or statements by giving the other party written notice of such changes.

17. Cumulative Remedies. All rights and remedies of the Lessor and the Lessee shall be cumulative, and none shall be exclusive of any other rights or remedies allowed by law or by the terms of this Lease.

18. Waivers. No failure or delay on the part of either of the parties to this Lease in exercising any right, power or privilege set forth herein shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege.

19. Amendment. Modification, amendments or waivers of any provision of this Lease may be made only by the written mutual consent of the parties hereto.

20. Section Titles. The titles of the sections set forth in this Lease are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Lease.

21. Complete Lease. This Lease contains all the terms and conditions agreed upon by the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Lease or any part thereof shall have any validity or bind either of the parties hereto.

22. Binding Effect of the Lease. The terms, covenants and conditions of this Lease shall be binding upon and for the benefit of the heirs, administrators, executors, successors and assigns of the parties hereto.

23. Invalid/Unenforceable Provisions. If any clause or provision of this Lease is rendered invalid or unenforceable because of any State or Federal statute or regulation or



ruling by any tribunal of competent jurisdiction, that clause or provision shall be null and void, and any such invalidity or unenforceability shall not affect the validity or enforceability of the remainder of this Lease. Where the deletion of the invalid or unenforceable clause or provision would result in the illegality and/or unenforceability of this Lease, this Lease shall be considered to have terminated as of the date in which the clause or provision was rendered invalid or unenforceable.

24. Certification of Authority to Sign Lease. The people signing on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Lease on behalf of said parties and that this Lease has been duly authorized by said parties.

**IN WITNESS WHEREOF**, the authorized representatives of the parties hereto on the day and year first above written have fully executed this Lease.

**LESSOR: COUNTY OF LIVINGSTON**

By: \_\_\_\_\_ Date \_\_\_\_\_  
Carol Griffith, Chairman  
County Board of Commissioners

**LESSEE: DAN'S PC SOLUTIONS, LLC**

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

Its: \_\_\_\_\_

APPROVED AS TO FORM FOR  
COUNTY OF LIVINGSTON:  
COHL, STOKER & TOSKEY, P.C.  
By: TIMOTHY M. PERRONE - / / 2020

N:\Client\Livingston\Airport\Agreements\Lease with Dan's PC Solutions for Old Terminal Bldg 2020.doc  
LIV/AIRPORT #16-003

RESOLUTION

NO: 2020-07-170

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing Renewal of a One Year Enterprise IT Leaders Service Agreement Between Livingston County Information Technology and Gartner, Inc. - Information Technology**

**WHEREAS,** the Information Technology Department has demonstrated a need for assistance and advisement in developing security policies and procedures, RFPs, ROIs, and implementation of the strategic plan and high priority projects; and

**WHEREAS,** the Information Technology Department has identified Gartner, Inc. as the leading research and advisory company in the world; and

**WHEREAS,** the cost of the one-year agreement will be \$31,617 which is in the approved 2020 Information Technology budget.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorize entering into a one year Enterprise IT Leaders Service agreement between Livingston County Information Technology and Gartner, Inc., for a cost of \$31,617.

**BE IT FURTHER RESOLVED** that the Chair of the Livingston County Board of Commissioners is hereby authorized to sign all forms, assurances, contracts/agreements, and future amendments for contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:  
SECONDED:  
CARRIED:

**Livingston County  
Information Technology  
Department**

# Report

**To:** Livingston County Board of Commissioners, Livingston County Administrator Cindy Catanach

**From:** Kristoffer Tobbe  
Livingston County Chief Information Officer

**Date:** June 30, 2020

**Re:** Livingston County Information Technology Department: Gartner Information Technology Subscription

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## **Request for approval Livingston County Annual subscription**

The Livingston County Information Technology department is looking for approval to move forward with the annual subscription with Gartner Information Technology Services. Gartner has been a trusted Livingston County Partner for at least the past six years. Gartner provides valuable information technology research, advice, and price comparisons. The Gartner subscription was originally budgeted in the current approved budget in the amount of \$74,350.00 though good productive conversations with Marc Denning our Gartner Customer Success partner we were able to find a lower subscription that will still meet and exceed the County needs for the year in the amount of \$31,617.00. This created a savings of \$42,733.00. These savings we were able to leverage with Board approval to bring in the Solarwinds enterprise I.T. monitoring system.

**Recommendation: Approve the expenditure of the reduced dollar amount for the Gartner Subscription**

<b>2020 Budgeted amount</b>	<b>New Amount</b>	<b>Savings for I.T. re-allocation (Solarwinds)</b>
\$74,350.00	\$31,617.00	\$42,733.00

## Gartner Quote:

### Gartner, Inc. Service Agreement for COUNTY OF LIVINGSTON ("Client") of 304 East Grand River Ave., Suite 101, Howell, MI 48843

This Service Agreement ("SA") is between Gartner, Inc. of 56 Top Gallant Road, Stamford, CT 06904 ("Gartner") on behalf of itself and all wholly-owned affiliates of Gartner, Inc. and Client, and includes the Master Client Agreement (IT-RAS #071B7700214) between Gartner and Client or Client's parent or affiliate dated SEP-2017 the terms of which are incorporated by reference, and all applicable Service Descriptions. This SA constitutes the complete agreement between Gartner and Client. Client agrees to subscribe to the following Services for the term and fees set forth below.

#### 1. DEFINITIONS AND ORDER SCHEDULE:

*Services* are the subscription-based research and related services purchased by Client in the Order Schedule below and described in the Service Descriptions. Service Names and Levels of Access are defined in the Service Descriptions. Gartner may periodically update the names and the deliverables for each Service. If Client adds Services or upgrades the level of service or access, an additional Service Agreement will be required.

*Service Descriptions* describe each Service purchased, specify the deliverables for each Service, and set forth any additional terms unique to a specific Service. Service Descriptions for the Services purchased in this SA may be viewed and downloaded through the hyperlinks listed in Section 2 below or may be attached to this SA in hard copy, and are incorporated by reference into this SA.

<u>Service Name</u>	<u>Level of Access</u>	<u>Quantity</u>	<u>Name of User to be Licensed</u>	<u>Contract Term Start Date</u>	<u>Contract Term End Date</u>	<u>Annual Fee USD</u>	<u>Total Fee USD</u>
Gartner for IT Leaders	Individual Access Advisor	1	KRISTOFFER TOBBE	01-MAY-2020	30-APR-2021		
				Term Total	(Excluding applicable taxes)		\$31,617.00
				Total Services:	(Excluding applicable taxes)		\$31,617.00

1-123WBLPA 2000 FA000106

The pricing above is for purchase of more than one license resulting in an annualized saving of \$11,010.00 which is a promotional price available to this Client on a one-time only basis. If additional licenses are not purchased by Client with any subsequent renewal, the pricing of the Gartner for IT Leaders shall be at the then current single-user license price.

#### 2. SERVICE DESCRIPTIONS:

<u>Service Name/ Level of Access</u>	<u>Service Description URL</u>
Gartner for IT Leaders Individual Access Advisor	<a href="http://sd.gartner.com/sd_ifl_individual_advisor.pdf">http://sd.gartner.com/sd_ifl_individual_advisor.pdf</a>

#### 3. PAYMENT TERMS

Gartner will invoice Client annually in advance for all Services. Payment is due 45 days from the invoice date. Client shall pay any sales, use, value-added, or other tax or charge imposed or assessed by any governmental entity upon the sale, use or receipt of Services, with the exception of any taxes imposed on the net income of Gartner.

Please attach any required Purchase Order ("PO") to this SA and enter the PO number below. If an annual PO is required for multi-year contracts, Client will issue the new PO at least 30 days prior to the beginning of each subsequent contract year. Any pre-printed or additional contract terms included on the PO shall be inapplicable and of no force or effect. All PO's are to be sent to [purchaseorders@gartner.com](mailto:purchaseorders@gartner.com). This SA may be signed in counterparts.

**Gartner, Inc. Service Agreement for COUNTY OF LIVINGSTON ("Client")  
of 304 East Grand River Ave., Suite 101, Howell, MI 48843**

This Service Agreement ("SA") is between Gartner, Inc. of 56 Top Gallant Road, Stamford, CT 06904 ("Gartner") on behalf of itself and all wholly-owned affiliates of Gartner, Inc. and Client, and includes the Master Client Agreement (IT-RAS #071B7700214) between Gartner and Client or Client's parent or affiliate dated SEP-2017 the terms of which are incorporated by reference, and all applicable Service Descriptions. This SA constitutes the complete agreement between Gartner and Client. Client agrees to subscribe to the following Services for the term and fees set forth below.

**1. DEFINITIONS AND ORDER SCHEDULE:**

**Services** are the subscription-based research and related services purchased by Client in the Order Schedule below and described in the Service Descriptions. Service Names and Levels of Access are defined in the Service Descriptions. Gartner may periodically update the names and the deliverables for each Service. If Client adds Services or upgrades the level of service or access, an additional Service Agreement will be required.

**Service Descriptions** describe each Service purchased, specify the deliverables for each Service, and set forth any additional terms unique to a specific Service. Service Descriptions for the Services purchased in this SA may be viewed and downloaded through the hyperlinks listed in Section 2 below or may be attached to this SA in hard copy, and are incorporated by reference into this SA.

<u>Service Name</u>	<u>Level of Access</u>	<u>Quantity</u>	<u>Name of User to be Licensed</u>	<u>Contract Term Start Date</u>	<u>Contract Term End Date</u>	<u>Annual Fee USD</u>	<u>Total Fee USD</u>
Gartner for IT Leaders	Individual Access Advisor	1	KRISTOFFER TOBBE	01-MAY-2020	30-APR-2021		
				Term Total	(Excluding applicable taxes)		\$31,617.00
				Total Services:	(Excluding applicable taxes)		\$31,617.00

1-1Z3W8LPA 2009 FA000106

The pricing above is for purchase of more than one license resulting in an annualized saving of \$11,010.00 which is a promotional price available to this Client on a one-time only basis. If additional licenses are not purchased by Client with any subsequent renewal, the pricing of the Gartner for IT Leaders shall be at the then current single-user license price.

**2. SERVICE DESCRIPTIONS:**

<u>Service Name/ Level of Access</u>	<u>Service Description URL</u>
Gartner for IT Leaders Individual Access Advisor	<a href="http://sd.gartner.com/sd_itl_individual_advisor.pdf">http://sd.gartner.com/sd_itl_individual_advisor.pdf</a>

**3. PAYMENT TERMS**

Gartner will invoice Client annually in advance for all Services. Payment is due 45 days from the invoice date. Client shall pay any sales, use, value-added, or other tax or charge imposed or assessed by any governmental entity upon the sale, use or receipt of Services, with the exception of any taxes imposed on the net income of Gartner.

Please attach any required Purchase Order ("**PO**") to this SA and enter the PO number below. If an annual PO is required for multi-year contracts, Client will issue the new PO at least 30 days prior to the beginning of each subsequent contract year. Any pre-printed or additional contract terms included on the PO shall be inapplicable and of no force or effect. All PO's are to be sent to [purchaseorders@gartner.com](mailto:purchaseorders@gartner.com). This SA may be signed in counterparts.

4. CLIENT BILLING INFORMATION

<div>Purchase Order Number</div>	<div>Billing Address</div>
<div>Invoice Recipient Tel. No.</div>	<div>Invoice Recipient Name</div>
	<div>Invoice Recipient Email</div>

5. AUTHORIZATION

<div>Client:</div> <div>COUNTY OF LIVINGSTON</div>	<div>Gartner, Inc.</div>
<div>Signature</div>	<div>Signature</div>
<div>Date</div>	<div>Date</div>
<div>Print Name</div>	<div>Print Name</div>
<div>Title</div>	<div>Title</div>

IF USING A DIGITAL SIGNATURE, PLEASE CONFIRM THE FOLLOWING AS A CONDITION OF CONTRACT EXECUTION:

[ ] By ticking this box, I agree that by affixing my digital signature hereunder I am attesting that: (i) this is my own personal legal signature; and (ii) I am a duly authorized signatory for my company. My signature verifies that the information provided to Gartner hereunder is subscribed by me, under penalty of false statement and material breach of contract.

RESOLUTION

NO: 2020-07-171

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing Information Technology to Apply for Microsoft PIE (Partner Investment Engine) Funding Focused Around Microsoft Azure through SyComm Technologies**

**WHEREAS,** Cloud infrastructure is an essential part of modern information technology as it is secure, stable, and scalable. The County would benefit greatly from a Microsoft Azure Cloud infrastructure. This platform would allow all workers to access secure vital workstations with specific software needs and functionality; and

**WHEREAS,** This type of infrastructure would also enhance the County's data backup and recovery options, giving the County an additional disaster recovery option; and

**WHEREAS,** Information Technology has identified Microsoft PIE (Partner Investment Engine) funding to be awarded for FY2020 that does not require a county match or cost sharing and would allow the County to evaluate Microsoft Azure; and

**WHEREAS,** Information Technology is seeking approval to apply for Microsoft PIE funding focused around Microsoft Azure through SyComm Technologies, as funding has to be completed by a certified Microsoft Gold Partner, which SyComm Technologies is; and

**WHEREAS,** SyComm Technologies is the only Microsoft Gold Partner that has offered to assist Livingston County's Information Technology Department in applying for Microsoft PIE funding; and

**WHEREAS,** Requested funds would cover assessments, proofs of concept, Architectural Design Sessions, hands-on-training, Azure Fundamentals training, Azure Governance, technical deployment or migrations, discovery and planning, end-user adoption training, and other program-related expenses necessary to adequately evaluate and research Microsoft Azure.

**THEREFORE BE IT RESOLVED** the Livingston County Board of Commissioners hereby authorize Information Technology to apply for FY2020 Microsoft PIE funding focused around Microsoft Azure through SyComm Technologies.

**BE IT FURTHER RESOLVED** that the County Administrator and the Chairman of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:  
SECONDED:  
CARRIED:



**Livingston County  
Information Technology  
Department**

# Report

**To:** Livingston County Board of Commissioners, Livingston County Administrator Cindy Catanach

**From:** Kristoffer Tobbe  
Livingston County Chief Information Officer

**Date:** June 30, 2020

**Re:** Livingston County Information Technology Department: Request to apply for Microsoft Partner Incentive Grants

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## **Microsoft Partner Investment Engine Grant Request**

The Livingston County Information Technology department is looking to apply for a variety of Microsoft Partner Investment Engine Grants. These grants are a collaboration between a certified Microsoft partner and a Microsoft customer (IE, Livingston County). The intent is to drive enhanced functionality and end user adoption of the products or services. These grants can also, be used to do pre-budget exploration of new Microsoft products like Microsoft Azure Cloud Computing technologies. These grants are considered to be micro grants and are valued between \$1,500.00 and \$15,000.00. The grant covers the Microsoft partners labor and discovery costs. The grant is paid directly to the partner for the services preformed under an agreed upon scope of work that is signed off by Microsoft and the grant receiver. The County will receive no funds directly from these grants however, the County will receive services that will benefit the grant. These services may include, system licensing discovery, configuration and setup of systems, IT department training, and limited end user training. Below you will find

a number of grants that were available in the past Microsoft fiscal year. We would like the Board's permission to apply for any available and applicable Microsoft grants during the Microsoft fiscal year.

These grants will fund Microsoft engagements at no cost to the tax payers and represent dollars that would normally be spent by the customer (Livingston County) for these services. The Microsoft PIE grants have been in existence for some-time now and the Microsoft partner, Sycom Technologies is the first Microsoft Partner to contact Livingston County and offer to assist the Livingston County Information Technology Department with the writing of the grants and the services if awarded the funds.

In addition, due to the low dollar value and the frequency of these Microsoft grants, IT was encouraged to request that the Livingston County Board of Commissioners Chairperson or the County Administrator be allowed to sign the grant applications for the current Microsoft fiscal year July 1, 2020 through June 30, 2021.

### **Examples of Microsoft PIE Grants:**

<b>Grant</b>	<b>Value</b>	<b>Description</b>
Azure Everywhere	\$1,500 to \$7,500	Microsoft Cloud Computing explorations for budgeting and planning
Azure Adoption	\$1,500 to \$16,500	Microsoft Azure Cloud computing configuration, setup, training and implementation
D365	\$2,000 to \$15,000	Resource Planning, budgeting, cloud application exploration
M365	\$2,000 to \$10,000	Office 365 configuration, setup, training and implementation
Modern Desktop Adoption	\$2,000 to \$15,000	Exploration of the Microsoft virtual desktop systems, configuration, setup, staff training and planning
Other unknown Microsoft grants	Unknown	unknown

RESOLUTION

NO: 2020-07-172

LIVINGSTON COUNTY

DATE: July 13, 2020

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**RESOLUTION AUTHORIZING AN AGREEMENT WITH AON Hewitt TO PROVIDE EMPLOYEE BENEFITS BROKER AND CONSULTING SERVICES - HUMAN RESOURCES**

**WHEREAS,** Resolution 2015-07-141 approved an agreement with Aon Hewitt for employee benefits broker and consulting services for an initial three-year period from July 22, 2015 to July 21, 2018 and the option to renew for two additional one year periods, Resolution 2018-07-118 approved a two (2) year extension; and

**WHEREAS,** Livingston County wishes to extend the current agreement from July 21, 2020 to December 31, 2020; and

**WHEREAS,** Livingston County spends approximately \$8 million annually for health care and other benefits for our employees and retirees. In order to ensure we receive the soundest advice for administering this valuable benefit, Livingston County continues to have a need for employee benefits broker and consulting services; and

**WHEREAS,** performance has been reviewed annually by the County Administrative team and Aon Hewitt has been providing satisfactory performance for the contracted services; and

**WHEREAS,** pursuant to the County's Purchasing Policy, the County is currently conducting a bid for broker services to begin January 1, 2021; and

**WHEREAS,** this Resolution has been recommended for approval by the Personnel Committee.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes entering into an extension to the agreement with Aon Hewitt for employee benefits broker and consulting services for a cost not to exceed \$45,000 offset by standard agent commissions for the period of July 22, 2020 through December 31, 2020.

**BE IT FURTHER RESOLVED** that the Chair of the Board of Commissioners is authorized to sign the above-referenced contract extension upon approval as to form by Civil Counsel.

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**MOVED:  
SECONDED:  
CARRIED:**

# AMENDMENT TO MASTER CONSULTING AGREEMENT

**THIS AMENDMENT**, made and entered into by and between the **COUNTY OF LIVINGSTON**, a municipal corporation and political subdivision of the State of Michigan (“Livingston County”) and **AON CONSULTING, INC.**, and its respective affiliates (collectively, “Aon Hewitt”), amends the Master Consulting Agreement made and entered into between said parties effective July 22, 2015.

## WITNESS:

1. Section 3. Term and Termination, subsection (a), page 2, of the above-stated Agreement shall be amended to read as follows:

### **“3. Term and Termination**

(a) This Agreement shall commence on July 22, 2015, and unless prematurely terminated as authorized in this section, continue through December 31, 2020.”

2. All other terms and conditions contained in the above-stated Agreement shall remain in full force and effect except as modified herein. This Amendment shall be considered to become effective on July 22, 2020.

3. The people signing this Amendment on behalf of the parties to the above-stated Agreement certify by their signatures that they are duly authorized to sign this Amendment to the Agreement on behalf of said parties and that this Amendment has been authorized by said parties.

**IN WITNESS WHEREOF**, authorized representatives of the parties have executed this Amendment to the Master Consulting Agreement:

### **LIVINGSTON COUNTY**

By: \_\_\_\_\_

Name: Carol S. Griffith, Chairwoman

Title: County Board of Commissioners

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

### **AON CONSULTING, INC.**

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

APPROVED AS TO FORM FOR COUNTY OF LIVINGSTON:

COHL, STOKER & TOSKEY, P.C.

By: MATTIS D. NORDEJORD - 6/3/2020

N:\Client\Livingston\Brd of Commr\Agreements\Aon Hewitt\Livingston County MCA July 2015 Amendment.docx  
Liv/Comm #15-014

S:\WP\Contracts\Agreements\HR - 18-07-118 - Also 15-07-141 - AON HEWITT - Employee Benefits Broker Consulting Services - Dec 2020 (MDN) - AMEND.docx

RESOLUTION

NO: 2020-07-173

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Approving the Filling of a Full-Time QI/Education Specialist and Full-Time Road Supervisor Positions in the Emergency Medical Services Department**

**WHEREAS,** the Emergency Medical Service Department has a need for a QI/Education Specialist and a Road Supervisor; and

**WHEREAS,** for purposes of continuity, the Emergency Medical Service Department would function more efficiently if a QI/Education Specialist and a Road Supervisor were granted; and

**WHEREAS,** funding for same is available in the Emergency Medical Service Budget.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes the filling of the QI/Education Specialist and a Road Supervisor Positions in the Emergency Medical Service Department.

Position	Title	FTE	Group
65100115	QI Education Specialist	1.00	NU
65100108	Admin/Road Supervisor	1.00	NU

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**MOVED:**  
**SECONDED:**  
**CARRIED:**

RESOLUTION

NO: 2020-07-174

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing the Purchase of MERS Service Credit by Deputy Gerald Boyer – Human Resources**

**WHEREAS,** as of July 1, 2020, Deputy Gerald Boyer has 19 years, 2 months earned service credit with the County's retirement plan administrator, Michigan Municipal Employee Retirement System (MERS); and

**WHEREAS,** Deputy Boyer has requested to purchase 5 years' generic service credit; and

**WHEREAS,** MERS requires the governing body of the employing municipality to approve such purchase of service credit; and

**WHEREAS,** Gerald Boyer will pay \$101,270.00, which is the total actuarial cost of purchasing 5 years' additional generic service credit.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes Gerald Boyer to be credited with 5 years' generic service credit with MERS providing he pays the total actuarially determined cost of \$101,270.00.

**BE IT FURTHER RESOLVED** that the Board Chair is authorized to sign the necessary documentation to effectuate this purchase of service credit.

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**MOVED:**  
**SECONDED:**  
**CARRIED:**

RESOLUTION

NO: 2020-07-175

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Approving the 2020 Plan of Organization for the Health Department – Health Department**

**WHEREAS,** the Health Department participates in the state accreditation process for local public health agencies; and

**WHEREAS,** the Health Department is required to submit a Plan of Organization whenever changes to the Department occur but at a minimum once every three years prior to the Michigan Local Public Health Accreditation Program review; and

**WHEREAS,** the last on-site state accreditation review occurred in June, 2017 and we anticipate the onsite review to occur in the fall of 2020; and,

**WHEREAS,** the Health Department is submitting the 2020 Plan of Organization for review and approval by the Board of Commissioners.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approve the Health Department's 2020 Plan of Organization.

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**MOVED:**  
**SECONDED:**  
**CARRIED:**



## LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102  
Howell, Michigan 48843-7578

[www.lchd.org](http://www.lchd.org)

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### PERSONAL/PREVENTIVE HEALTH SERVICES

P: (517) 546-9850

F: (517) 546-6995

### ENVIRONMENTAL HEALTH SERVICES

P: (517) 546-9858

F: (517) 546-9853

# Memorandum

**To: Livingston County Board of Commissioners**

**From: Dianne McCormick**

**Date: 6/29/2020**

**Re: 2020 Plan of Organization**

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The Michigan Local Public Health Accreditation Program identifies and promotes the implementation of public health standards for local public health departments and evaluates and accredits departments based upon their ability to meet these standards.

The program is a collaborative effort between the Michigan Public Health Institute; the Michigan Departments of Agriculture and Rural Development, Environment, Great Lakes and Energy, and Health and Human Services; the Michigan Association for Local Public Health; and Michigan's local public health departments. The Michigan Department of Health and Human Services provides oversight and funding for the program.

The Livingston County Health Department (LCHD) is preparing for its seventh cycle of this accreditation program. The original site visit date was June 1, 2020 and due to COVID-19, the process was paused. The new site visit date is yet to be determined, however, LCHD is completing all requirements in order to be prepared to resume the accreditation process at any time. LCHD is required to submit a Plan of Organization whenever changes to the Department occur but at a minimum once every three years prior to the Michigan Local Public Health Accreditation Program review. The Plan of Organization includes details about:

- Legal responsibilities and authority
- Local health department organization
- Mission, vision, and values
- Local planning and collaboration initiatives
- Service delivery
- Reporting and evaluation
- Health Officer and Medical Director

If you have any questions regarding this matter please contact me.



## **Attachment A: Laws Applicable to Local Public Health (LPH)**

### **Public Health Code (PA 368 of 1978)**

MCL § 333.1105 – Definition of Local Public Health Department

MCL § 333.1111 – Protection of the health, safety, and welfare

Part 22 (MCL §§ 333.2201 et seq.) – State Department

Part 23 (MCL §§ 333.2301 et seq.) – Basic Health Services

Part 24 (MCL §§ 333.2401 et seq.) – Local Health Departments

Part 51 (MCL §§ 333.5101 et seq.) – Prevention and Control of Diseases and Disabilities

Part 52 (MCL §§ 333.5201 et seq.) – Hazardous Communicable Diseases

Part 53 (MCL §§ 333.5301 et seq.) – Expense of Care

MCL § 333.5923 – HIV Testing and Counseling Costs

MCL § 333.9131 – Family Planning

Part 92 (MCL §§ 333.9201 et seq.) – Immunization

Part 93 (MCL §§ 333.9301 et seq.) – Hearing and Vision

MCL § 333.11101 – Prohibited Donation or Sale of Blood Products

MCL § 333.12425 – Agricultural Labor Camps

Part 125 (MCL §§ 333.12501 et seq.) – Campgrounds, etc.

Part 127 (MCL §§ 333.12701 et seq.) – Water Supply and Sewer Systems

Part 138 (MCL §§ 333.13801 et seq.) – Medical Waste

(Required to investigate if complaint made and transmit report to MDHHS – 13823 and 13825)

MCL § 333.17015 – Informed Consent

### **Appropriations (Current: PA 349 of 2004)**

Sec. 218 – Basic Services

Sec. 904 - LPHO

### **Michigan Attorney General Opinions**

OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services

OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

### **Food Law of 2000 (PA 92 of 2000)**

MCL §§ 289.1101 et seq.

Specifically:

MCL § 289.1109 – Definition of local health department

MCL § 289.3105 – Enforcement, Delegation to local health department

### **Natural Resources and Environmental Protection Act (PA 451 of 1994)**

Part 31- Water Resources Protection

Specifically: MCL §§ 324.3103 powers and duties and 324.3106 (establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)

Part 117 - Septage Waste Services

Specifically: MCL §§ 324.11701 - 324.11720

**Land Division Act (PA 288 of 1967)**

MCL § 560.105(g) - Preliminary Plat Approvals

MCL § 560.109a - Parcels less than 1 acre

MCL § 560.118 - Health Department Approval

**Condominium Act (PA 59 of 1978 as amended)**

MCL § 559.171a - Approval of Condominiums not served by public sewer and water

**Safe Drinking Water Act (PA 399 of 1976 as amended)**

MCL § 325.1016 - Public Water Supplies

Agreements with Local health departments to administer

**Livingston County Sanitary Code: 2009**

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

# MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY COVERAGE OVERVIEW

<b>Member:</b>	<b>County of Livingston</b>	<b>Member No: M0001289</b>
<b>Date of Original Membership:</b>	<b>February 1, 1980</b>	
<b>Overview Effective Dates:</b>	<b>July 01, 2019 To July 01, 2020</b>	
<b>Member Representative:</b>	<b>Cindy Catanach</b>	<b>Telephone #: (517) 540-8727</b>
<b>Regional Risk Manager:</b>	<b>Ibex Insurance Agency</b>	<b>Telephone #: (248) 538-0470</b>

## A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter "MMRMA") is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **County of Livingston** (hereinafter "Member") is eligible to be a Member of MMRMA. **County of Livingston** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

**County of Livingston** is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Overview summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member's Self Insured Retention (SIR) and deductibles contained in this Coverage Overview, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

## B. Member Obligation - Deductibles and Self Insured Retentions

**County of Livingston** is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member's Self Insured Retention (hereinafter the "SIR"). **County of Livingston's** SIR and deductibles are as follows:

**Table I**  
**Member Deductibles and Self Insured Retentions**

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	\$75,000 Per Occurrence
Vehicle Physical Damage	\$1,000 Per Vehicle	\$15,000 Per Vehicle \$30,000 Per Occurrence
Fire/EMS Replacement Cost	\$1,000 Per Occurrence	N/A
Property and Crime	\$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	\$75,000 Per Occurrence

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

Member's Motor Vehicle Physical Damage deductible applies, unless the amount of the loss exceeds the deductible. If the amount of loss exceeds the deductible, the loss including deductible amount, will be paid by MMRMA, subject to the Member's SIR.

The **County of Livingston** is afforded all coverages provided by MMRMA, except as listed below:

1. Specialized Emergency Response Expense Recovery Coverage
- 2.
- 3.
- 4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

**County of Livingston** agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

### **C. MMRMA Obligations - Payments and Limits of Coverage**

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

**Table II**  
**Limits of Coverage**

Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1 Liability	15,000,000	N/A	N/A	N/A
2 Judicial Tenure	100,000	N/A	N/A	N/A
3 Sewage System Overflows	500,000	N/A	500,000	N/A
4 Volunteer Medical Payments	25,000	N/A	N/A	N/A
5 First Aid	2,000	N/A	N/A	N/A
6 Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7 Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8 Michigan No-Fault	Per Statute	N/A	N/A	N/A
9 Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1 Buildings and Personal Property	136,429,564	350,000,000	N/A	N/A
2 Personal Property in Transit	2,000,000	N/A	N/A	N/A
3 Unreported Property	5,000,000	N/A	N/A	N/A
4 Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5 Fine Arts	2,000,000	N/A	N/A	N/A
6 Debris Removal (25% of Insured direct loss plus)	25,000	N/A	N/A	N/A
7 Money and Securities	1,000,000	N/A	N/A	N/A
8 Accounts Receivable	2,000,000	N/A	N/A	N/A
9 Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10 Fire and Emergency Vehicle Rental (12 week limit)	1,000 per week	N/A	N/A	N/A
11 Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12 Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
13 Marine Property	1,000,000	N/A	N/A	N/A
14 Other Covered Property	10,000	N/A	N/A	N/A
15 Income and Extra Expense	5,000,000	N/A	N/A	N/A
16 Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
17 Faithful Performance	Per Statute	N/A	N/A	N/A
18 Earthquake	5,000,000	N/A	5,000,000	100,000,000
19 Flood	5,000,000	N/A	5,000,000	100,000,000
20 Terrorism	50,000,000	50,000,000	N/A	N/A

**Table III**

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement.			
	<b>Limits of Coverage Per Occurrence/Claim</b>	<b>Deductible Per Occurrence/Claim</b>	<b>Retroactive Date</b>
	\$5,000,000		
<b>Coverage A</b> Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above  Each Claim Included in limit above	\$25,000      Each Claim	7/1/2013
<b>Coverage B</b> Media Injury Liability	Each Claim Included in limit above	\$25,000      Each Claim	7/1/2013
<b>Coverage C</b> Network Security Loss  Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above  Each Business Interruption Loss Included in limit above	\$25,000      Each Unauthorized Access  Retention Period of 72 hours of Business Interruption Loss	Occurrence
<b>Coverage D</b> Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000      Each Unintentional Data Compromise	Occurrence
<b>Coverage E</b> PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ./\$1,000,000 Agg. Included in limit above	\$25,000      Each Payment Card Breach	Occurrence
<b>Coverage F</b> Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000      Each Social Engineering Incident	Occurrence
<b>Coverage G</b> Reward Coverage	Maximum of 50% of the Covered Claim or Loss; up to \$25,000 Included in Limit above	Not Applicable	Occurrence
<b>Coverage H</b> Telecommunications Fraud Reimbursement	\$25,000 Included in limit above	Not Applicable	Occurrence

Annual Aggregate Limit of Liability

<b>Member Aggregate</b>	<b>All Members Aggregate</b>
\$5,000,000	\$25,000,000

The total liability of MMRMA shall not exceed \$5,000,000 per Member Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

The total Liability of MMRMA and MCCRMA shall not exceed \$25,000,000 for All Members Combined Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

**Table IV**

**Specialized Emergency Response Expense Recovery Coverage**

**Limits of Coverage**

Specialized Emergency Response Expense Recovery	Limits of Coverage per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
	N/A	N/A	N/A	N/A

**Table V**

**Specialized Emergency Response Expense Recovery Coverage**

**Deductibles**

Specialized Emergency Response Expense Recovery	Deductible per Occurrence	
	Member	
	N/A	





**LIVINGSTON COUNTY HEALTH DEPARTMENT  
PERSONAL AND PREVENTIVE HEALTH SERVICES**

**STANDARD OPERATING PROCEDURE**

**EXPOSURE CONTROL PLAN:**

**BLOODBORNE PATHOGENS COMPONENT**

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## **GOAL**

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The goal of the Bloodborne Pathogen component of the LCHD Exposure Control Plan (ECP) is to provide a safe working environment for employees who are reasonably anticipated to come in contact with human blood or other potentially infectious materials during the course of their work. The plan has been designed to minimize or eliminate potential exposures to bloodborne pathogens and meet the requirements of the OSHA Standard for Bloodborne Pathogens (.29CFR1910.1030) and with MIOSHA Rule 325.70001, “Bloodborne Infectious Disease”.

## **OBJECTIVES**

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1. LCHD employees will be placed in risk categories determined by the occupational tasks or procedures performed by the employee.
2. LCHD employees with an occupational exposure risk will receive Bloodborne Pathogen training at time of hire or re-assignment and annually, thereafter.
3. LCHD will provide personal protective equipment for employees identified at risk for blood and body fluid exposure.
4. New employees vaccine status will be assessed per Vaccine Preventable Disease SOP.
5. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard and LCHD policy and procedure immediately upon report of the exposure incident.
6. Employee post-exposure records required by the OSHA standard will be maintained by the health department and be kept confidential in the employee's medical file, which is in the Medical Director's office.
7. Exposure control training records will include dates of inservice training, name of trainer(s), outline of curriculum and name(s) of attendee(s) will also be maintained by the health department.
8. All LCHD PPHS employees will receive a PPD-T skin test on a yearly basis to determine tuberculosis exposure. (See LCHD Exposure Control/Tuberculosis Policy).
9. LCHD Exposure Control/Bloodborne Pathogen policy and procedure will be reviewed and updated annually.

## **PURPOSE AND INTRODUCTION**

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### **Purpose**

The LCHD Exposure Control Plan (ECP) is provided to identify all employees with the potential for on-the-job exposure, to provide a procedure for evaluating exposure incidents, identify those tasks and procedures in which occupational exposure may occur, and to establish a schedule and method to implement all provisions of the standard.

### **Introductions**

LCHD is committed to providing a safe and healthful work environment for employees who are reasonably anticipated to come into contact with human blood or other potentially infectious materials during the course of their work. All employees who may experience an occupational exposure must be knowledgeable of methods required to minimize exposure to bloodborne pathogens through the use of engineering controls, work practices and personal protective equipment. Employees will receive recommended in-service training and education regarding appropriate engineering practices and controls, use of personal protective equipment and housekeeping measures provided to minimize their risk of occupational exposure.

The ECP also provides information on post-exposure evaluation and follow-up to all employees who have had an exposure incident. This plan shall be reviewed and updated annually and whenever necessary to reflect new or modified tasks/procedures which influence occupational exposure and to reflect new/revised positions with regard to occupational exposure.

Reference:

- MMWR 6/24/88 vol. 37, no. 24
- MMWR 10/16/98 vol. 47, no. 19
- MMWR 8/21/87 vol. 36, no. 25
- MMWR 9/30/05 vol. 54, no. RR-9
- MMWR 12/20/13 vol. 62, no. RR-10
- MMWR 6/29/2001, vol.50, no. RR-11

### **Policy**

The ECP is a key document to assist our facility in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
  - Universal Precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Record keeping

## **EMPLOYEE EXPOSURE DETERMINATION**

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### **Exposure Categories**

LCHD employees have been placed in categories according to their potential for occupational exposure. Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP (MIOSHA Rule 325.70003). New or re-assigned employees shall be assigned to the appropriate risk category by their immediate supervisor. The immediate supervisor shall ensure that Category A employees receive occupational exposure training at the time of initial assignment and yearly, thereafter. Additional training shall be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

#### **A. Category A employees--**

This category includes personnel who are exposed to blood, secretions and/or excretions containing visible blood or other potentially infectious materials that may result from the performance of their duties. This group includes PHN Program Coordinators, PHN IIs, Nutritionist, PHN Supervisor, Health Promotion Coordinator & Specialists, Community Health Workers, Administrative Aides, Breastfeeding Peer Counselor, CD Clerk, Office Specialist, Program Clerk II's and III's, Vision & Hearing Coordinator, Vision & Hearing technicians, the PPHS Director, and the Emergency Preparedness Coordinator & Specialist. All employees in this category must use appropriate protective measures as outlined in the exposure control policies and procedures provided to them. LCHD will provide hepatitis B vaccine to all PPHS employees. The tasks and procedures performed by these groups where occupational exposure may occur include:

- Injections (handling contaminated sharps)
- Phlebotomy (drawing blood)
- Microblood sampling (finger/heel/great toe stick, infants under 6 months)
- Handling/transporting biological samples
- Cleaning contaminated objects
- Transferring serum from separator tube into skirted plastic tube

#### **B. Category B employees--**

This category includes all personnel who have no occupational exposure such as Administrative and Environmental Health personnel.

## **METHODS OF IMPLEMENTATION AND CONTROL**

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### **Universal Precautions**

Universal Precautions must be observed by all employees (MOISHA Rule 325.70005). This method of infection control requires the employer and employee to assume that all human blood and body fluids containing visible blood are infectious for HIV and other bloodborne pathogens. This would also include semen and vaginal secretions and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not infectious unless they contain visible blood.

In order to observe universal precautions, the LCHD shall provide the appropriate personal protective equipment and clothing for employees at risk for exposure to blood and body fluids. The level of protection must be commensurate with the anticipated level of exposure. The LCHD employee's immediate supervisor is responsible for facilitating the ordering and distribution of PPE and clothing.

### **Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Exposure Control/BBP Coordinator. The Exposure Control/BBP Coordinator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure (MIOSHA Rule 325.70004).

### **Engineering Controls and Work Practice**

1. Latex & vinyl gloves shall be worn in all situations where the potential for exposure to blood or body fluids exists. Gloves shall be worn when performing the following: phlebotomy, microblood sampling--finger/heel/great toe sticks, cleaning contaminated objects or any situation that exposure to blood and body fluids can be anticipated. Gloves are not necessary when giving IM or subq injections as long as bleeding that could result in hand contact with blood or OPIM is not anticipated.
  - a. Gloves should be examined prior to use for any defects in manufacture that could potentially permit exposure. They should also be replaced if they become torn or punctured.
  - b. Hands are washed before and after gloves are used for a procedure. Personnel shall wash their hands with soap and water as soon as possible after removing gloves and/or after an exposure to blood or body fluids. Hand sanitizer and antiseptic towelettes are available for use in rooms without hand washing

facilities. Hand washing facilities are located in the WIC area restroom, laboratory rooms 9 and 10, Immunization rooms 1 and 2, WIC rooms 3, 4, and 5, and testing room 14.

- c. Hypo-allergenic gloves shall be provided for employee(s) who are allergic to latex gloves. Notify your immediate supervisor if you are allergic to latex gloves so an alternative can be ordered.
2. Protective clothing shall be worn during procedures that may generate splashes of blood or body fluids or when contamination of clothing with body fluids is likely. Smocks shall be worn when performing the following procedures: phlebotomy, immunizations, microblood sampling (finger, heel, or great toe sticks). Smocks shall also be worn during the transport of biological samples, cleaning contaminated objects or in any situation in which exposure to blood and body fluids can be anticipated. In the event an employee's smock becomes soiled with blood, or if blood penetrates the protective article and soils the employee's clothing, the soiled article(s) must be changed as soon as possible. The contaminated article(s) should be placed in a red biohazard bag. Place the red biohazard bag in the hamper in the coat room. The contaminated article(s) will be picked up twice a week and cleaned by Marcy's Dry Cleaning & Laundry Center (517) 546-2692.
3. In the event that CPR needs to be performed on a client, it should be administered in such a fashion as to minimize any potential exposure to the attending clinician. Mouth-to-mouth resuscitation is not permitted. Ventilation should be provided using a bag-valve mask.
4. Metal transport pans shall be used when transporting blood specimens to Lab #10.
5. NIOSH approved disposable face masks shall be available for use for employee(s) with potential for exposure to bloodborne as well as airborne communicable disease (i.e., tuberculosis, pertussis, etc.). Fit testing for PHN's is provided by the Livingston County EPC (Emergency Preparedness Coordinator) upon employment and as indicated.
6. All sharps, needles, and lancets must be disposed of in a puncture resistant plastic container with visible biohazard label immediately after use. Needles must not be recapped, purposely bent or broken by hand to be removed from syringes. In order to comply with legislation, safety syringes are available in 25g 5/8 in., 25g 1 inch, and 23g 1 inch. TB syringes will be available as well as phlebotomy devices. In order to comply with occupational exposure legislation, safety syringes, finger stick and phlebotomy devices are being used. If employees are aware of any new safety devices on the market, samples can be ordered and evaluated. An evaluation of new safety devices will occur on a regular basis to ensure staff have access to updated safe devices.

Covered sharps containers are located in room(s): 1, 2, & 7 (immunization rooms); 10 (laboratory); 4 & 6 (WIC rooms); and 14 (testing room). Sharps containers must be dated when opened and may remain open in designated rooms for up to 60 days. Sharps



containers must be capped and removed from the room when they reach the fill line. Designated staff are responsible for checking the sharps containers dates and removing those that near the 60 day limit. Filled and out-dated sharps containers are placed in the receptacle in the storage room and are collected by a contracted medical waste firm on a regular basis to comply with OSHA & MIOHSA standard.

7. All specimens should be handled using Universal Precautions. Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during collection, storage and transport. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary which prevents leakage during handling, processing, storage, transport or shipping of the specimen. The LCHD handles and sends out the following specimens: blood, stool, and sputum.

- a. Venous blood draws are done for HIV, HepB, HepC, & syphilis testing. The blood is collected in a plastic serum separator tube. Specimens are spun down in a covered centrifuge by a PHN according to MDHHS guidelines. HIV blood specimens are stored in a labeled styrofoam container in Lab #10 specimen storage refrigerator. The refrigerator is identified with a biohazard label. The PHN will be responsible for pouring serum from the separator tube into a plastic skirted tube required by MDHHS lab. The PHN performing this procedure shall wear the following personal protective equipment: long-sleeved fluid-proof gown, chin-length plastic face shield and double latex gloves.

After this process has been completed, the plastic tube containing the serum is wrapped in a paper towel and placed into a double plastic bag and labeled with Biohazard symbol, and placed securely in a cardboard box, per MDHHS protocol.

LCHD also employs the Alere 1,2 Rapid HIV test. For this test, a finger stick for two (2) drops of blood is obtained using a sterile lancet, and pipette. The blood is placed on the test strip. Gloves and smocks are used by staff during these procedures. All supplies containing blood are disposed of in Sharps containers.

WIC Clinic performs capillary Hemoglobin and lead testing. For these tests a finger stick is used, using a sterile lancet. A pipette is used for the lead testing; for the hemoglobin the blood is placed on a test strip. Gloves and smocks are used by staff during these procedures. All supplies containing blood are disposed of in a sharps container.

- b. Stool specimens are collected by the client, in a plastic container. Gloves and gown are worn if staff need to transfer the specimen into an appropriate plastic receptacle container. The plastic receptacle is placed in a plastic bag which is rolled down and secured with ties. The plastic bag is inserted into a metal and cardboard container identified with a biohazard label.

- c. Sputum specimens are also collected by the client in a plastic container. The container is inserted into a plastic bag which is rolled down and secured with ties. The specimen is placed in a metal container and the container is secured with tape and placed in a plastic bag. The plastic bag is placed in an MDHHS envelope and identified with a biohazard label.
- 8. Eating, drinking, applying cosmetics, or handling contact lenses is strictly prohibited in work areas where any potential for occupational exposure exists. Hand cream is permitted.
- 9. Storage of food and beverages in the designated refrigerator (specimen storage) is prohibited.
- 10. Gloves shall be used when cleaning areas and equipment contaminated or possibly contaminated with body fluids.

Nurses must clean work area with Weiman Germicidal Solution according to directions after 1) the completion of procedures; 2) immediately, or as soon as possible when surfaces are overtly contaminated, or after any spill of blood or other potentially infectious materials; and 3) at the end of the work shift if the surface may have become contaminated since the last cleaning.

- 11. Utility gloves can be used for housekeeping chores involving potential blood contact and can be worn for instrument cleaning and decontamination procedures. Utility gloves can be decontaminated and reused, but should be discarded if they have punctures, tears or evidence of deterioration.
- 12. Housekeeping will be provided monthly with an updated calendar of clinic activities.

### **Employee Hepatitis B Immunization Program**

Even with strict adherence to our exposure prevention practices, exposure incidents may still occur. In order to protect our employees from possible Hepatitis B infection, we have implemented a Hepatitis B Vaccine Program, and have also established a procedure for post-exposure evaluation and follow-up should an exposure to bloodborne pathogens occur.

The Hepatitis B vaccine series consists of three injections, which are administered over six month period of time. All PPHS, part-time and full-time employees will receive written and verbal information regarding the benefits and risks of the Hepatitis B vaccine. The vaccine shall be offered to these employee(s) at no cost by his/her supervisor after the employee has received occupational exposure training and within ten working days of initial assignment. The Hepatitis B vaccine will be administered at the LCHD Immunization Clinic. Employee(s) offered the vaccine will sign an acceptance or declination statement. The signed statements are kept in the employee medical file. The employee(s) who initially refuse the vaccine may request and obtain the series at a later date.

All PPHS employees will be required to complete the hepatitis B vaccine unless: 1) the employee has already completed the series, 2) the employee has an adequate Hepatitis B antibody titer or 3) the vaccine is contraindicated for medical reasons as determined by the LCHD Medical Director. Previously immunized PPHS employees shall provide LCHD with written documentation of hepatitis B vaccine dates from prior provider or a copy of hepatitis B antibody titer results. Any booster doses of hepatitis B vaccine recommended by the U.S. Public Health Service in the future shall be provided by the health department.

## **POST EXPOSURE EVALUATION AND FOLLOW-UP**

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A confidential post-exposure evaluation and follow-up shall be offered to an employee who sustains an occupational exposure. The employee can refuse the post-exposure evaluation.

Some of the factors to consider in assessing the need for follow-up of occupational exposure are: type of exposure, type and amount of fluid/tissue exposed to, infectious status of source, and susceptibility of exposed person.

### **Exposure Evaluation--**

An occupational exposure includes contact with blood or other potentially infectious body fluids through mucous membrane contact (nose, mouth, eye), through parenteral contact (needlestick, human bite that penetrates the skin, or cut), or non-intact skin (cuts, abrasions, dermatitis) contact.

Types of exposures that need to be reported include, but are not limited to:

1. Blood splashed into eyes or mouth
2. Blood into open cuts or breaks in skin
3. Needlestick
4. Exposure to oral secretions (performing unprotected mouth-to-mouth resuscitation, or a human bite) resulting in blood exposure of either person involved (not recommended).

Immediately after the exposure occurs the employee shall report the incident to their supervisor. The supervisor will inform the Medical Director, Health Officer and PPHS Director. An employee who incurs an exposure during evening work hours should also inform their on-site supervisor. If supervisor is not on-site, page that person. If supervisor is unavailable, call PPHS director on cell phone.

Testing of the source individual to determine HBV, HCV and HIV infection status of the exposure source should be done as soon as possible. The source individual shall be asked by the supervisor to consent for HBsAg, anti-HCV, and HIV antibody blood tests unless the source individual is known to be infected with HBV, HCV, or HIV. If the source agrees to testing for HBV, HCV, and HIV, the source shall sign the acceptance statement on the source consent form. If the source declines testing the source shall sign the declination statement. If the source consents to testing, the supervisor shall arrange for HIV C & T. Blood will be drawn and sent to MDHHS lab for HIV and Hepatitis B and C. A rapid test for HIV can also be done on site.

Results of the source individual's tests shall be made available to the exposed employee. If the source is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is not necessary.

The employee shall complete an exposure incident investigation form as well as an Employee Report of Injury Form as soon as possible after the occupational exposure. The employee's supervisor will complete the Supervisor's Report of Accident.

The employee will also be offered the option of having their blood collected for HIV/HBV/HCV serological status. If the employee declines baseline HIV testing a blood sample should be drawn and preserved for 90 days. If within 90 days, the employee elects to have baseline sample tested, the testing should be done as soon as possible.

All employees who incur an exposure incident will be offered post-exposure evaluation follow-up in accordance with the OSHA standard. Post-exposure evaluation and follow-up will be done at St. Joseph Mercy Livingston Hospital as soon as possible after the exposure.

### **Information Provided to the Health Care Professional**

The employee's supervisor shall ensure that the health care professional responsible for the evaluation will be provided with the following:

- a. A copy of 29CFR 1910.1030;
- b. A written description of exposed employee's duties as they relate to the exposure incident, route of exposure, circumstances of exposure;
- c. Report of source individual's blood test results if available; and
- d. Medical records relevant to the appropriate treatment of the employee including vaccination status (Td, Hepatitis B).

### **Health Care Professional's Written Opinion**

The hospital physician shall provide the employee with a copy of his written opinion within 15 days of completion of the evaluation.

The health care professional's written opinion for HBV vaccination shall be limited to whether the vaccination is indicated for the employee, and if the employee has received such vaccination.

The professional opinion for post-exposure follow-up shall be limited to the following:

- a. A statement that the employee has been informed of the results of the evaluation.
- b. A statement that the employee has been told about any conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- c. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## RECORD KEEPING

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There are two types of records required by the bloodborne pathogens standard: medical and training.

1. A confidential medical record shall be established for each employee with an occupational exposure.
  - a. The PHN Supervisor is responsible for maintaining the medical records. Employee medical files will be kept in a locked file in the Medical Director's office.
  - b. Medical records will contain the employees name, Hepatitis B vaccination status, dates of vaccination, and written opinion of the health care professional regarding the Hepatitis B vaccine, documentation of the exposure incident, results of the lab tests following the incident and the written post-evaluation opinion of the health care professional.
  - c. The medical record must also contain the information that has been provided to the health care professional.
  - d. No medical record or part of a medical record will be disclosed without written consent of the employee.
  - e. Medical records must be maintained 30 years past the last date of employment of the employee.
2. The Category A employee hepatitis B acceptance/declination forms as well as hepatitis B vaccine immunization dates and titer results shall be maintained in the LCHD locked file in the Medical Director's office.
3. Training records document each training session and will be kept for three years. Training records will include:
  - a. Date, content outline, trainer's name and qualifications.
  - b. Names and job titles of all persons attending the training sessions.
  - c. CD nurse will be responsible for maintaining training records. Training records will be kept in the LCHD Occupational Exposure Control Notebook.
4. Transfer of records
  - a. If an employer ceases to do business, medical and training records are transferred to the successor employer.
  - b. If there is no successor employer, the employer must notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services for specific directions regarding disposition.
5. Record Requests
  - a. Both medical and training records must be made available to the employee upon request.

- b. Training records must be available to the employee upon request.
- c. Medical records can be obtained by the employee or anyone having the employee's written consent.

## APPENDIX

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- A-1 MMWR 6/24/88 Volume 37, Number 24. “Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health Care Settings.”
- A-2 MMWR 10/16/98 Volume 47, Number RR-19. “Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease.”
- B-1 MMWR Supplement 8/21/87 Volume 36, SU02. “Recommendations for Prevention of HIV Transmission in Health Care Settings.”
- B-2 9/25/13 CDC U.S. Public Health Service, “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis.”
- B-3 MMWR 12/20/2013 Volume 62, Number RR-10: 1-19. CDC Guidance for Evaluating Healthcare Personnel for Hepatitis B virus Protection and for Administering Postexposure Management.
- B-4 Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)
- C MMWR 6/29/01 Volume 50, Number RR-11. “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis.”
- D 2019 Monthly Housekeeping Calendar
- E Hepatitis B Vaccination--Protection for You
- E-1 “Living With Chronic Hepatitis C” pamphlet
- F LCHD Hepatitis B Vaccine Acceptance/Declination/Received Statement
- G LCHD Source Consent Form
- H-1 LCHD Exposure Incident Investigation Form
- H-2 Employee’s Report of Injury Form
- H-3 Supervisor’s Report of Accident Form (Citizens Insurance)
- I-1 Management of Occupational Exposure to Hepatitis B, C, and HIV



- I-2 Hepatitis B Prophylaxis Following Percutaneous or Permucosal Exposure
- I-3 Management of Occupational Exposure, Physician's Standing Orders
- J MMWR 12/30/05 Volume 54, Number RR-17. "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005."
- K Healthcare Hazards Compliance & Guidelines fact sheets
  - Reporting Exposure Incidents
  - Holding the Line on Contamination
  - Protect Yourself When Handling Sharps
  - Personal Protective Equipment Cuts Risk
- L Medical Waste Management Program
- M Components of LCHD Employee OSHA Bloodborne Pathogen Training Program
- N Program Administration
- O Employee Exposure Determination
- P Methods of Implementation and Control
- Q Smallpox Vaccination Program
- R Sharps Injury Logs
- S Employee PPD-T List
- T Training Records
- U Federal Register
- V MIOSHA Occupational Injuries & Illnesses Form
- W MIOSHA Rules
- X Safety Feature Evaluation
- Y
  - PEP Steps: A Quick Guide to Postexposure Prophylaxis in the Health Care Setting
  - Clinician Consultation Center—PEP: Postexposure Prophylaxis Info

## **L.C.H.D. HEPATITIS B VACCINATION**

### **Acceptance Statement**

I understand that due to my possible occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. I understand the risk and would like to be vaccinated with the hepatitis B vaccine. I also understand that Category A employees will receive a hepatitis B antibody titer one month after completion of the hepatitis B vaccine series. If titer results are inadequate <10ml U/ml, the three dose series should be repeated. Revaccinated persons should be tested for anti-HBs one month after the second series. If the titer remains inadequate the employee should be evaluated to determine if he/she is hepatitis B surface antigen positive.

---

Employee Signature

---

Date

### **Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

Employee Signature

---

Date

### **Received Statement**

I have already received the hepatitis B vaccine series from the Livingston County Health Department or another agency. I will provide the Livingston County Health Department with written documentation from my health care provider which includes vaccine immunization dates and a copy of my follow-up titer results.

---

Employee Signature

---

Date

## **APPENDIX F**

## L.C.H.D. SOURCE CONSENT FORM

A health professional or other health department employee may occasionally experience:

- a puncture wound, cut or scratch from a sharp object used on a patient.
- splashes of patient body fluids into their eyes, nose or mouth during procedures.
- contact with client body fluids when their hands are chapped or cut.
- exposure to oral secretions such as a human bite that penetrates the skin.

These incidents may place the health department employee at risk for infection if the client's body fluids are infected.

If a health professional or other health department employee experiences an exposure to your blood or body fluids while you or your dependent(s) are receiving clinical services, a public health nurse supervisor will request permission to test you or your dependent(s) for the presence of Hepatitis B and C virus and HIV. The blood will be sent to the Michigan Department of Community Health Lab and the tests will *not* be charged to you or your insurance carrier.

The performance and results of the tests are confidential. Information shall not be released without written consent, except to those individuals and organizations that have been given access by law, who are required to keep your records confidential.

REF: Michigan Public Act 488, Section 5133, (12) (a) (b)

I agree to confidential Hepatitis B, Hepatitis C, and HIV testing

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I refuse confidential Hepatitis B, Hepatitis C, and HIV testing

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## APPENDIX G

**LIVINGSTON COUNTY HEALTH DEPARTMENT  
EXPOSURE INCIDENT INVESTIGATION FORM**

Date, Time and Location of Incident: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Source Involved: \_\_\_\_\_

Details of procedure being performed, including where and how exposure occurred, and if exposure related to a sharp device, type and brand of device, and how and when in the course of handling the device the exposure occurred.

\_\_\_\_\_

Details of the exposure, including the type and amount of fluid or material and the severity of the exposure (e.g., for a percutaneous exposure, depth of injury and whether fluid was injected; for a skin or mucous membrane exposure, the estimated volume of material and the condition of the skin [e.g., chapped, abraded, intact]).

\_\_\_\_\_

Details about exposure source (whether source material contained HIV, HBV, HCV) and if source is HIV-infected person, the stage of disease, history of antiretroviral therapy, and viral load and antiviral resistance information, if known.

\_\_\_\_\_

Personal protection equipment and clothing being used at the time of the incident:

\_\_\_\_\_

Actions taken (decontamination, clean-up, reporting, etc.):

\_\_\_\_\_

Recommendations for avoiding repetition of incident:

\_\_\_\_\_

Details about exposed person (e.g., hepatitis B vaccination and vaccine response status):

\_\_\_\_\_

Details about counseling, post exposure management and follow-up:

\_\_\_\_\_

**APPENDIX H-1**

## MANAGEMENT OF OCCUPATIONAL EXPOSURE TO HEPATITIS B, C AND HIV

### Types of exposure:

**Parenteral**--injection of substances into the body through any route such as needle stick or cut.

**Mucous membrane**--splashes to eye, nose or mouth.

**Cutaneous**--exposure involving large amounts of blood or prolonged contact with blood when skin is chapped or person has skin abrasions or dermatitis.

#### I. Actions to take at time of exposure

- a. Employee sustaining a parenteral or cutaneous exposure must clean area exposed immediately with soap and water.
- b. Treat mucous membrane exposures by irrigating eyes, nose or mouth with clear, clean water. Eyes may also be irrigated with saline or sterile irrigants.
- c. Notify Nursing Supervisor. Supervisor will notify the Medical Director, Health Officer, and PPHS director.
- d. Refer to appendix H-1 and H-2 for management of occupational exposure.
- e. Consult standing orders from Medical Director (Appendix I-3).
- f. Seek immediate medical attention.

#### II. Treatment

- a. Make sure affected area is thoroughly cleaned.
- b. Update employees Td status.
  - 1) If wound is clean, give 0.5cc Td if last dose was more than 10 years ago.
  - 2) If wound is dirty, give 0.5cc Td if last dose was more than 5 years ago.

#### III. Both the source and the employee must be evaluated for risk factors for hepatitis B, C and HIV.

#### IV. Evaluate source potential for HIV transmission and employee for evidence of infection.

- a. The **CONFIDENTIALITY** of the employee and the source should be maintained at all times. Obtain written consent from source to test for HIV, HBV, and HCV unless source is known positive for HBV, HCV or HIV (Appendix G).

### APPENDIX I-1a

The employee will receive AIDS counseling and undergo serial HIV Antigen/antibody testing and follow-up; baseline (and if seronegative) should be retested for a minimum of 6 months after exposure, 6 weeks, 12 weeks, 6 months to determine whether HIV infection has occurred. Extended HIV follow-up (e.g. for 12 months) is recommended for health care professionals who become infected with HCV after exposure to a source coinfecting with HIV and HCV. Whether extended follow-up is indicated in other circumstances is unclear. The infrequency of delayed HIV seroconversion does not warrant routinely extending the duration of post-exposure follow-up. A decision to extend follow-up in a particular situation should be based on the exposed person's medical provider.\* If employee declines baseline HIV testing, a blood sample should be drawn and preserved for 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, the testing shall be done as soon as possible.

- 1) The health care employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs, especially during the first 6 to 12 weeks after exposure. Such an illness, particularly one characterized by fever, rash, fatigue, malaise, or lymphadenopathy may be indicative of HIV infection. HIV testing should be performed on any exposed person who has an illness compatible with an acute retroviral syndrome, regardless of the interval since exposure.\*
- 2) Advise health care employee to refrain from blood, semen, or organ donation, and abstain from, or use measures to prevent, HIV transmission during sexual intercourse. Exposed women should not breastfeed infants during the follow-up period in order to prevent infant's possible exposure to HIV in breast milk.
- 3)
  - Exposed health care professional should be advised to use precautions (e.g. avoid blood or tissue donations, breastfeeding, or pregnancy) to prevent secondary transmission, especially during the first 6-12 weeks post-exposure.
  - For exposures for which PEP is prescribed, the health care professional should be informed regarding: possible drug toxicities and the need for monitoring, possible drug interactions, and the need for adherence to PEP regimens.
  - Consider reevaluation of exposed health care professional 72 hours post-exposure, especially after additional information about the exposure or source person becomes available.

\*MMWR 9-30-05, Volume 54, No. RR-9, page 10

## APPENDIX I-1b

- b. If source individual is HIV seronegative and has no clinical manifestations of AIDS or HIV infection, no further follow-up of the exposed employee is necessary unless epidemiologic evidence suggests that the source individual may have recently been exposed to HIV, no testing is desired by the employee or recommended by the health care provider. In these cases, the guidelines may be followed as described above.
  - c. If the source individual cannot be identified, decisions regarding appropriate follow-up should be individualized, based on factors, such as whether potential sources are likely to include a person at increased risk of HIV infection. If source is known HIV positive, advise health care worker exposure evaluation be done as soon as possible. If HIV prophylaxis is advised it should be started as soon as possible. The National Clinicians Consultation Center manages the PEP line for around-the-clock expert guidance to physicians managing HCW exposures to HIV, Hepatitis B and Hepatitis C. Available 24/7, PEpline 1-888-448-4911.
  - d. Obtain consent from source and employee for HIV antibody test using the MDCH consent form.
- V. Evaluate source potential for hepatitis B transmission and employee for hepatitis B status.
- a. For accidental percutaneous (needlestick, laceration, or bite) or permucosal (ocular or other mucous membrane) exposure to blood, the decision to provide prophylaxis must include consideration of several factors:
    - a) whether the source of blood is available,
    - b) the HBsAg status of the source is known or unknown,
    - c) the HBsAg status of the employee is known or unknown and the hepatitis B vaccination and vaccine-response status of the exposed person. For any exposure of a person not previously vaccinated, hepatitis B vaccination is recommended.
  - b. See recommendations for hepatitis B prophylaxis following percutaneous or permucosal exposure (Appendix I-2.)
- \*VI. Evaluate source potential for hepatitis C transmission and employee for hepatitis C status.
- a. For the source, perform testing for anti-HCV.
  - b. For the person exposed to an HCV-positive source:
    - perform baseline testing for HCV, RNA and antibody ALT activity; and
    - perform follow-up testing (e.g., at 4 - 6 months) for anti-HCV and ALT activity (if earlier diagnosis of HCV infection is desired, testing for HCV RNA may be performed at 4 - 6 weeks).

\*From MMWR Vol. 50, No. 11, 6/29/01, pp. 20 - 21.

## **APPENDIX I-1c**

- c. Confirm all HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing (e.g., recombinant immunoblot assay [RIBA]).

Health care professionals who provide care to persons exposed to HCV in the occupational setting should be knowledgeable regarding the risk for HCV infection and appropriate counseling, testing, and medical follow-up.

IG and antiviral agents are not recommended for PEP after exposure to HCV-positive blood. In addition, no guidelines exist for administration of therapy during the acute phase of HCV infection. However, limited data indicate that antiviral therapy might be beneficial when started early in the course of HCV infection. When HCV infection is identified early, the person should be referred for medical management to a specialist knowledgeable in this area.

#### **APPENDIX I-1d**



## HEPATITIS B PROPHYLAXIS FOLLOWING PERCUTANEOUS OR PERMUCOSAL EXPOSURE

1. Source of exposure HBsAg positive.
  - A. Ensure source individual is under medical care or if not, refer for appropriate management and ensure reporting to state or local health department. Exposed person is not vaccinated or has not completed vaccination; hepatitis B vaccination should be initiated. A single dose of HBIG (0.06ml/kg) IM should be given as soon as possible after exposure (within 24 hours, if possible). The first dose of hepatitis B vaccine should be given IM at a separate site (deltoid) on adults and can be given simultaneously with HBIG or within seven days of exposure. Subsequent doses should be given as recommended. If the exposed person has begun but not completed vaccination, one dose of HBIG should be given immediately and vaccination should be completed as scheduled. One to two months after completion of the 3 dose vaccination series, healthcare workers who have contact with patients or blood and are at ongoing risk for injuries with sharp instruments or needlesticks should be tested for anti-HBs.
  - B. Exposed person has written documentation of a complete,  $\geq 3$  dose Hep B vaccine series against hepatitis B, and anti-HBs response status is known.
    - 1) If exposed person is known to have had an adequate anti-HBs level in the past ( $\geq 10$  mIU/mL of anti-HBs), no treatment is necessary regardless of source patient's HBsAg status. Testing of source patient unnecessary.
    - 2) If exposed person is a **known non-responder** (defined as someone who has received one or two complete 3 dose series of hepatitis B vaccine and is without adequate levels of anti-HBs; anti-HBs below 10mIU/mL when tested at 1 - 2 months after the last dose):

HCWs who have had two complete series, have inadequate levels of anti-HBs and have an exposure to a HbsAg-positive source, or source HbsAg status unknown: give two doses of HBIG, with the first dose given as soon as possible, 1 month apart; this would provide passive immunity protection. The source patient should be tested as soon as possible. If the source patient is HBsAg negative, neither HBIG nor Hep B vaccine is necessary.

HCWs who have had one complete series, have inadequate levels of anti-HBs and have an exposure to an HbsAg-positive source, or source HbsAg status unknown: give HBIG and initiate revaccination with three additional doses of hepatitis B vaccine; give at the same spacing as the first series.

### APPENDIX I-2a

- a) Exposed person has already been vaccinated against hepatitis B, it has been more than 6 months since the last dose, and the anti-HBs response is unknown. The exposed person should be tested for anti-HBs.
      - i. if the exposed person has an adequate antibody level\*, no additional treatment is necessary.
      - ii. if the exposed person has an inadequate antibody level ( $\leq 10$  mIU/mL) upon testing, and source patient HBsAg positive or of unknown status, one dose of HBIG (0.06ml/kg) should be given immediately and a standard booster dose of vaccine given at a different site.
2. Source of exposure known and HBsAg-negative.
  - A. Exposed person has not been vaccinated or has not completed vaccination. If unvaccinated, the exposed person should be given the first dose of hepatitis B vaccine within 7 days of exposure, and vaccination should be completed as recommended. If exposed person has not completed vaccination, vaccination should be completed as scheduled.
  - B. Exposed person has already been vaccinated against hepatitis B, no treatment is necessary.
3. Source of exposure unknown or not available for testing.
  - A. The source patient should be tested for HBsAg, if available. The exposed individual should receive 1 dose of HBIG and hepatitis B vaccine as soon as possible after the exposure. Exposed person has not been vaccinated or has not completed vaccination. If unvaccinated, the exposed person should be given the first dose of hepatitis B vaccine within seven days of exposure and vaccination should be completed as recommended. If the exposed person has not completed vaccination, vaccination should be completed as scheduled.
  - B. Exposed person has already been vaccinated against hepatitis B, and anti-HBs response status is known.
    - 1) if the exposed person is known to have had adequate response in the past, no treatment is necessary.
    - 2) if the exposed person is known not to have responded to the vaccine, the exposed person should be revaccinated.

\*An adequate antibody level is  $\geq 10$  milli international units (mIU/ml) approx. Equivalent to 10 sample ratio units (SRU) by RIA or positive by EIA.

## **APPENDIX I-2b**

- C. Exposed person has already been vaccinated against hepatitis B, and the anti-HBs response is unknown. The exposed person should be tested for anti-HBs.
  - 1) if the exposed person has adequate anti-HBs, no treatment is necessary.
  - 2) if the exposed person has inadequate anti-HBs, a vaccine booster is recommended and recheck titer in 1 - 2 months.

Hepatitis B post-exposure recommendations from: MMWR 6/2001, Volume 50, Number RR-11, page 22.

## **APPENDIX I-2c**

## **MANAGEMENT OF OCCUPATIONAL EXPOSURE, PHYSICIAN'S STANDING ORDERS**

- 1) Supervisor will notify PPHS Director and Medical Director if employee sustains a bloodborne exposure.
- 2) Supervisor will obtain written consent from exposure source/person for acceptance of HBsAg, HCV and HIV tests unless source or employee is a known positive. If source declines hepatitis B, C and HIV lab tests, obtain declination signature.
- 3) Employee who sustains an occupational exposure will be sent immediately to St. Joseph Mercy Livingston Hospital for post-exposure evaluation and testing as well as recommendation for HIV post-exposure prophylaxis. (PEP, if needed, should be started as soon as possible after exposure-within a few hours). Studies suggest that PEP is substantially less effective when started more than 24-36 hours post exposure. The interval after which no benefit is gained from PEP for humans is undefined. Therefore, if appropriate for the exposure, PEP should be started even when the interval since exposure exceeds 36 hours. Initiating therapy after a longer interval (e.g., 1 week) might be considered for exposures that represent an increased risk of transmission (MMWR 6/29/01, pg. 26). Employee will continue follow-up as recommended by St. Joseph Mercy Livingston Hospital. Supervisor will provide employee with the following to take to physician who will perform the post-exposure evaluation:
  - a) copy of CFR 1910.1030
  - b) copy of exposure incident investigation form
  - c) report of source individuals blood test results if available
  - d) employees hepatitis B and Td vaccine status

## **APPENDIX I-3**

## **MEDICAL WASTE MANAGEMENT PROGRAM**

### **Category of medical waste**

Sharps such as needles, syringes, vacutainer needles, glass capillary tubes, glass slides, and lancets are collected in plastic puncture resistant sharps containers labeled “biohazard infectious waste”.

### **Handling and disposal of medical waste**

When a sharps container is filled to the level indicated on the container, or has reached the 60 day expiration date, the plastic cap provided on the top of the sharps container is removed, and placed over the opening. This tightly seals the container opening. The sharps containers and biohazard bags are placed in the plastic-lined, cardboard medical waste receptacle that is labeled with a biohazard infectious waste symbol, located in the storage room.

Hospital Network Healthcare Services (HNHS), phone #989-729-2804, collects sharps containers and biohazard bags on a monthly basis. The courier will pick up the closed and taped waste receptacle. A receipt is given to the nursing supervisor that indicates the date of the next pick up. The original receipt is forwarded to accounting. HNHS will transport and dispose of medical waste in accordance with federal, state, and local laws or regulations. HNHS will provide the LCHD a completed certificate of disposal/destruction of medical waste within sixty days of receipt of medical waste. Payment will be withheld until the certificate of disposal/destruction for medical waste is received by the health department.

### **Training of personnel who handle and dispose of medical waste**

The LCHD has established Universal Precaution Policies and Procedures. These were written and implemented in 1988, and are updated yearly. A universal precaution in-service update is provided yearly for the entire Personal/Preventive Health Services (PPHS) staff. New employees are trained on an individual basis.

### **Material covered in Universal Precaution/Management of Occupational Exposure Policies, Procedures and Training:**

- a) precautions to prevent occupational exposure to HIV and Hepatitis B & C.
- b) proper disposal of Sharps.
- c) precautions for laboratories.
- d) sterilization and disinfection of instruments.
- e) cleaning and decontaminating spills of blood and body fluids.
- f) procedures for handling body fluids and secretions along with step-by-step demonstrations of procedures such as: fingerstick, handling of urine, venous blood sampling.
- g) types of occupational exposures, actions post-exposure, treatment, follow-up and documentation.

## **APPENDIX L**

## COMPONENTS OF LCHD EMPLOYEE OSHA BLOODBORNE PATHOGEN TRAINING PROGRAM

### Content of Training

- An explanation of the OSHA standard.
- An accessible copy of the OSHA standard.
- An explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the exposure control plan, implementation of plan and how to obtain a copy.
- An explanation of how to recognize tasks/activities that may involve exposure to blood or other potentially infectious materials.
- An explanation of the use of methods that will prevent or reduce exposure: i.e., engineering controls, work practices and personal protective equipment available at LCHD.
- Information regarding types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information about the hepatitis B vaccine, it's efficacy, safety, method of administration benefits and provision at no cost to the employee.
- An explanation of the procedure to follow if an exposure incident occurs, method of reporting and medical follow-up available.
- Information on the post-exposure evaluation and follow-up that is provided.
- An explanation of signs and symbols, and color-coding of biohazards.
- A question and answer session between trainer(s) and employee(s).
- Annual employee TB screening policy and procedure.
- Hepatitis C
- Sharps Injury Log
- Safety syringes, safety devices

Date of Training: \_\_\_\_\_

Signature of Trainer(s): \_\_\_\_\_  
\_\_\_\_\_

### APPENDIX M

## **PROGRAM ADMINISTRATION**

- The Communicable Disease (CD) Supervisor is responsible for the implementation of the Exposure Control Program (ECP). CD Supervisor will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact phone number is (517) 552-6809.
- CD Supervisor will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. CD Supervisor will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact phone number: (517) 552-6809.
- CD Supervisor will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained. Contact phone number: (517) 552-6809.
- Exposure Control Educator will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives. Contact phone number: (517) 552-6828.

## **APPENDIX N**

## EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
Nursing Supervisors Public Health Nurses Public Health Nutritionist	PPHS Department -- injections, finger/heel sticks, venipuncture

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
Vision & Hearing Coordinator Vision & Hearing Technicians  Program Clerks	PPHS Department	Vision/Hearing Screen -- exposed to children (mucous secretions, nosebleeds, etc.)

**Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.**

## APPENDIX O



## METHODS OF IMPLEMENTATION AND CONTROL

### Universal Precautions

All employees will utilize universal precautions.

### Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting their supervisor. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

### Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

\* stated in exposure control plan

\*

\*

Sharps disposal containers are inspected and maintained or replaced by PHN's and lab technician every working day or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through addition or deletion of procedures or changes in OSHA or MIOSHA regulations.

We evaluate new procedures or new products by obtaining products from several manufacturers, for example, safety syringes. PHN's use the product and evaluate using the CDC evaluation forms.

The following staff members are involved in this process: PHN's and Lab Technicians.

## APPENDIX P

## **SMALLPOX VACCINATION PROGRAM**

In the event that it becomes necessary for LCHD to conduct smallpox vaccination clinics, the health department must comply with a few additional provisions.

1. Nurses will receive training on the safe use of bifurcated needles and the proper method of administration of smallpox vaccine.
  - A. The only CDC approved bifurcated needle for the administration of smallpox vaccine is the bifurcated needle included in the prepackaged smallpox vaccine kit.
  - B. If improved safety devices become commercially available in the future, the health department will be responsible to evaluate whether any of those devices are appropriate for use at their workplace.
2. Vaccination supplies and sharps containers will be located conveniently at the nurse's vaccine station during the clinic.
3. The nurse will explain the smallpox vaccine procedure to the client, including the risk of sharps injury to the vaccinator and the need for the client not to move during the procedure.
4. The nurse will maintain visual contact with the bifurcated needle until the vaccination is complete and the needle is disposed into the sharps container.
5. If the bifurcated needle drops, it must be picked up carefully with the use of forceps to minimize the chance of accidental needlestick. In no event should an employee touch the sharp end of the needle.
6. Any LCHD employee that sustains an occupational exposure during an LCHD smallpox vaccination clinic will receive post-exposure evaluation and follow-up, according to LCHD existing post-exposure protocol.

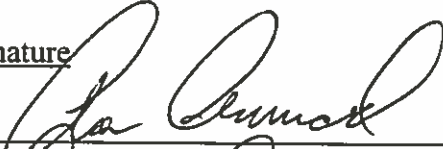





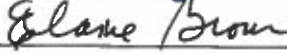







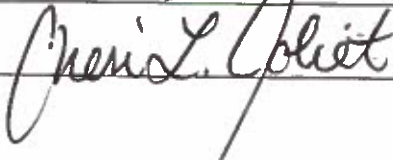
## **APPENDIX Q**

**LIVINGSTON COUNTY HEALTH DEPARTMENT**  
**Personal and Preventive Health Services**




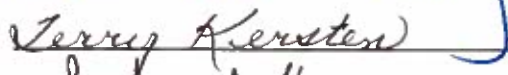
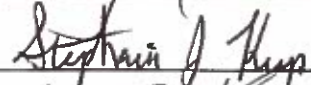


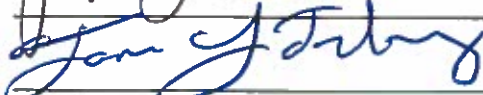
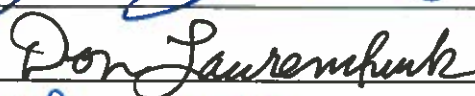



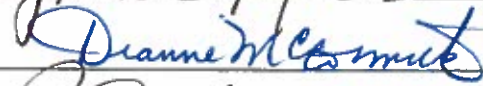

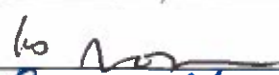

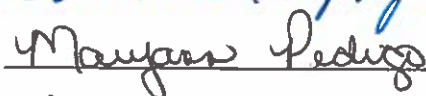
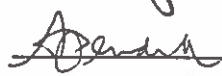

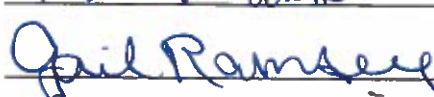

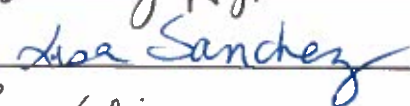
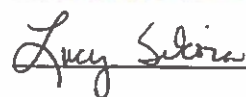
**Exposure Control: Bloodborne Pathogens**  
**Standard Operating Procedures**

**2019 Annual Review by Program Staff**

I have read the Bloodborne Pathogens Component of the Exposure Control SOP and understand the concepts contained therein. I recognize that additional information and clarification may be obtained from my Program Supervisor, and I assume responsibility for seeking such information as needed. I, therefore, agree to follow these orders, protocols, and procedures.

<u>Staff Name</u>	<u>Signature</u>	<u>Date</u>
Aumock, Aaron		5/1/19
Aumock, Amy		5/8/19
Baran, Nicole		4-29-19
Baum, Toni		4-25-19
Blair, Heather		4-25-19
Bolang, Matt		5/2/19
Brown, Elaine		4-25-19
Bunyak, Michele		5-1-19
Cook, Rebecca		5-7-19
DeLanoy, Laura		4-25-19
Faler, Gail		4-25-19
Forgette, Beau		5-4-19
Gestro, Lindsay		4/25/19
Grochowski, Erica		4/25/19
Joliet, Cheri		4/25/19

**2019 Exposure Control: Bloodborne Pathogens Signatures (continued)**

Kaiser, Jennifer		4/25/19
Kalberer, Lindsay		5-1-19
Kennedy, Katie		5-1-19
Kersten, Terry		05/01/2019
Keys, Stephanie		6/27/19
Kortas, Kevin		5/8/19
Kramer, Jen		5/31/19
Latchney, Tom		5/1/19
Lawrenchuk, Don		4-25-19
Levites, Dawn		5-1-19
Maas, Barton		5/2/2019
Marks, Jackie		4-25-19
McCormick, Dianne		7/16/19
Moore, Pat		4-25-2019
Moyer, Kris		5/1/19
Murphy, Barb		5-1-19
Pedigo, Maryann		4/25/19
Pendell, Amy		4-25-19
Radke, Natasha		4/25/19
Ramsey, Gail		5/1/19
Rynkiewicz, Courtney		04/25/2019
Sanchez, Lisa		7-16-19
Sikora, Lucy		4-25-19

**2019 Exposure Control: Bloodborne Pathogens Signatures (continued)**

Slavin, Janet	<u>Janet Slavin</u>	<u>4/29/19</u>
Stabile, Emily	<u>Emily Stabile</u>	<u>4/25/19</u>
Stamm, Elizabeth	<u>Elizabeth Stamm</u>	<u>4/26/19</u>
Steele, Michelle	<u>Michelle Steele</u>	<u>4/25/19</u>
Weiman, Linda	<u>Linda Weiman</u>	<u>4-25-19</u>
Williams, Sandy	<u>Sandy Williams</u>	<u>4-25-19</u>
Wilson, John	<u>John Wilson</u>	<u>4-25-2019</u>
Young, Julie	<u>Julie Young</u>	<u>4-25-19</u>
Zulewski, Brad	<u>Brad Zulewski</u>	<u>4-25-19</u>



**LIVINGSTON COUNTY HEALTH DEPARTMENT  
PERSONAL AND PREVENTIVE HEALTH SERVICES**

**STANDARD OPERATING PROCEDURES**

**EXPOSURE CONTROL PLAN:**

**CHEMICAL HYGIENE COMPONENT**

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## **CHEMICAL HYGIENE PLAN**

### **Legal / Regulatory / Statutory Reference**

- A. The Hazard Communication Plan (Chemical Hygiene Plan) is required by Part 431 of the Michigan Occupational Safety and Health Act governing hazardous work in laboratories and supercedes federal regulations in Michigan to ensure that information is transmitted to employees about the chemical hazards that they are exposed to. This is accomplished through labels, material safety data sheets, instructions, written information, training and other forms of warning.**
- B. MIOSHA Rule 408.1024 and 29 CFR 1910.1200**

### **Plan Components**

- A. Chemical handling procedures and basic rules (MIOSHA Rule 325.70113, Part E)**

The standard requires that Livingston County Health Department (LCHD) employees work cooperatively in providing a safe and healthful work environment with training, evaluations and periodic meetings that ensure all staff are aware of and comply with safeguards that are in place to limit accidents and injuries by the following basic rules:

1. Chemical Hygiene Plan is updated and in place.
2. Workplace risk is assessed and communicated to all employees in a timely manner. Avoid underestimation of risk.
3. Workplace controls are in place and utilized whenever hazardous chemicals are used. This may include, but not be limited to, personal protection equipment appropriate for the hazard, adequate ventilation, and hazard communication.
4. Chemical exposure will be minimized at all times.
5. Any appropriate Permissible Exposure Limits (PELs) or Threshold Level Values (TLVs) as defined by the MSDS for all chemicals in use at the work site will be observed and maintained.

- B. Chemical procurement, hazard determination, inventory, storage and distribution procedures (MIOSHA Rule 325.70113, Part D, No. 2)**

General Considerations:

1. One person (Chemical Hygiene Coordinator) in each division, Personal/ Preventive Health Services (PPHS) and Environmental Health (EH), will be responsible for all aspects of this plan. Determination of quantity and timing of hazardous chemical supplies procurement, storage, and distribution will be the responsibility of these two individuals. Procurement will be routed through the

Page 5



LCHD accounting office for ordering and billing purposes. Before a substance is received, information on proper handling, storage, and disposal should be known to those who will handle, store, work with or dispose of the substance.

2. Long term storage will occur in each division's storage room. Laboratory and field activity quantities will be maintained at each utilization site as needed (amounts stored should be as small as practical). Material Safety Data Sheets (MSDS), see Appendix E, will be maintained in each storage area, as well as other areas as designated in subpart I. Laboratory scale means work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person.
3. Distribution of workplace chemicals are handled on a case by case basis by the division (Chemical Hygiene Coordinator) with appropriate precautions. When chemicals are hand carried outside of the immediate work area, the container should be placed in an outside container or bucket.
4. Information supplied by the manufacturers will be relied upon for hazard and risk determination.

- A **hazardous chemical** means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees.

- A **physical hazard** means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

- A **health hazard** includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.

It is the policy of the LCHD to request MSDSs for each potentially hazardous chemical. Examples of laboratory uses of hazardous chemicals that provide no potential for employee exposure might include:

- commercially prepared kits such as pregnancy tests, in which all of the reagents needed to conduct the test are contained in the kit;
- procedures using chemically-impregnated test media such as dip-and-read tests where a reagent strip is dipped into the specimen to be tested;
- consumer products, when it is determined that they are used in the same manner and with no more frequency than a normal consumer would use them.
- medications and drugs that are in solid, final form, for direct administration to the patient (i.e., tablets, pills, capsules) are considered exempt from the Chemical Hygiene Plan.

In all such cases, determination for hazard communication and record keeping will be made by the division Chemical Hygiene Coordinator based upon lack of employee exposure potential.

5. The chemical inventory is monitored by each division Chemical Hygiene Coordinator and updated whenever one or more of the following occurs:
  - a) a new hazard is introduced into the workplace.
  - b) a hazard has been removed from use in the workplace.
  - c) the hazard determination process is reviewed during annual self-inspection to ensure that it is current and that any new safety situations are promptly addressed.

**C. Housekeeping, maintenance and inspection procedures (MIOSHA Rule 325.70113, Part D, No. 4)**

1. An annual review of the building maintenance procedures will take place. An inventory of hazardous products and materials will be updated as needed. Confirmation that MSDSs are posted for maintenance staff and LCHD staff will occur. Eye wash fountains should be inspected at intervals of not less than three months by the Communicable Disease Supervisor (517) 552-6808. And other safety equipment should be inspected regularly (e.g., every 3-6 months).
2. Storage practices will ensure hallways and other passageways are not utilized for this purpose. Access to exits, emergency equipment, and utility controls should never be blocked.
3. Inspections of LCHD chemical spill kits, body fluid absorption and clean-up kits will occur on a semi-annual basis to be conducted by division Chemical Hygiene Coordinators. As other safety equipment is acquired, it will be added to this inspection schedule as required.
4. LCHD floors are cleaned regularly. Housekeeping cleans the floors every evening with hot water and #7 Healthcare Disinfectant Neutral Cleaner. The floors are buffed on a monthly basis and they are stripped and waxed once a year.

**D. Hazard labeling and signage (MIOSHA Rule 325.70109 & 325.70113, Part D, No. 8)**

1. In accordance with the hazardous work in laboratories standard, chemical hazard labels are to be legible, in English, and displayed either on the container (of the product) or readily available in the work area throughout each work shift. The immediate work area is defined as the room where the product will be used by the employee. In keeping with the interpreted intent of the law, it is LCHD policy to ensure that the employee is familiar with the hazards they have contact with and that there is a label available to remind or warn them of the hazards.
2. A label will be provided for each chemical product that will include an indication of the hazards presented by the product in each of the four areas: fire, reactivity, health, and special hazards. Special safety equipment, which is required to handle the hazardous products, must be indicated on the label.

3. Other signs posted in prominent locations shall consist of the following:
  - a) telephone numbers of emergency personnel/facilities, and supervisors,
  - b) location signs for eyewash station, other safety and first aid equipment, fire extinguishers, exits, and food and beverage consumption prohibition signs posted in laboratory rooms;
  - c) warnings at areas or equipment where special or unusual hazards exist.

**E. Chemical spill response and cleanup procedures (MIOSHA Rule 325.70113, Part D, No. 9)**

The initial step in controlling any type of spill is prevention. All hazardous chemicals should be handled with care and with appropriate PPE. The cleanup process for spills is much more costly than slowing down to be cautious when working with these items.

All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit. In the event of a chemical spill, the MSDS will be referred to for proper spill response procedures. These will include appropriate materials to be used for collection of the material (i.e., absorbents, spill kit materials), as well as protective measures to be taken with the particular product. Below are outlined some basic steps for responding to a chemical spill should one occur at LCHD:

1. Upon review of available MSDSs and other pertinent manufacturer supplied material, appropriate spill cleanup materials may be stored on site.
2. As spelled out in subpart D, all hazardous chemicals will be labeled properly with applicable handling precautions included.
3. Location signs for fire extinguishers, exits, and an eyewash station will be displayed.
4. The paging system will be utilized to alert PPHS employees that a chemical spill has occurred. EH employees will be alerted by word of mouth in case of an accidental spill due to the large open layout of this division.
5. If an accidental spill occurs, the following steps will be taken:
  - a) determine what has been spilled, and consult the MSDS for the product.
  - b) if the product is toxic, evacuate personnel from the immediate area. If the quantity and toxicity of material warrants it, evacuate larger areas.
  - c) ensure adequate ventilation exists.
  - d) contain the spill by utilizing absorbent material on hand.
  - e) ensure proper personal protection equipment is used as per the consulted MSDS.
  - f) if MSDS information is incomplete, professional judgment will help determine how to contain and/or clean up the spill. The manufacturer may be contacted for further information, if time allows.

- g) disposal of cleanup materials will be as recommended by the manufacturer and in accordance with local, state and federal regulations. Any materials saturated with flammable liquids shall be placed into containers that will limit fire hazard and combustion potential.
  - h) an incident report will be completed and submitted to the division Chemical Hygiene Coordinator who will review and forward recommendations to the LCHD Management Team.
  - i) all accidents will be analyzed to determine if changes in protocols, procedures, or materials are required.
6. The following is a list of spill kit types and location:
- a) Vital Response Kit for blood and body fluids - Immunization rooms, WIC lab, lab #9, and lab #10.
  - b) general HAZMAT (hazardous materials) response materials - EH storage room
  - c) Mercury spill kit - EH storage room
  - d) acid neutralizing kit - EH storage room

**F. Medical program compliance (MIOSHA Rule 325.70113, Part D, No. 5)**

- 1. Due to the limited extent and quantity of toxic chemicals in the LCHD workplace, the need for regular medical surveillance will be decided upon on a case by case basis. The LCHD Medical Director will make this determination for any individual exposed to workplace chemicals. This determination will be based upon the employee's frequency and duration of exposure to toxicologically significant quantities of a chemical during their work schedule.
- 2. If an employee needs medical attention as a result of a chemical spill, the nearest medical emergency room is located at St. Joseph Mercy Hospital--Livingston, 620 Byron Road, in Howell. The phone number for emergency services is (517) 545-6100, or 911 can be contacted if necessary.

**G. Personal protective apparel and equipment selections, provision, use and accessibility (MIOSHA Rule 325.70113, Part D, No. 6)**

- 1. Personal protective equipment (PPE) will be provided to LCHD employees for the protection of eyes, face, head and extremities, wherever there is a potential for injury or impairment in the function of the body through absorption, inhalation or physical contact of hazardous substances. The PPE that is provided to employees has been selected based upon the work task being performed and the degree of exposure anticipated from the work hazard. Equipment and/or workplace controls will be maintained in accordance with manufacturers' guidelines to ensure proper functioning and is available in sizes to fit all staff.
- 2. The use of PPE is considered to be a condition of employment. Employees who choose to disregard the importance of PPE may be subject to reprimand.

3. Annual employee training regarding PPE will include:
  - a) use of steel toe work boots, hardhats, gloves and eye protection for EH employees with certain job duties. It is assumed that building construction sites contain certain safety risks requiring the use of boots, gloves, hardhats, and eye protection. Detailed examples of appropriate circumstances will be presented to division employees. Necessary PPE will be distributed to appropriate personnel for storage in their vehicles for field site visits.
  - b) use of appropriate smocks/lab coats, eyewear/masks, and gloves for PPHS employees in certain job duties. The use of protective clothing will occur whenever there is a reasonable potential for the soiling of clothes with hazardous chemicals. The garments will be selected to meet the type and amount of soiling expected to be present during any specific work task based upon submitted MSDS information. Protective eye wear and/or masks will be worn whenever there is the potential for the generation of splashes, spills, spray, splatter, droplets, or aerosols of chemicals in the workplace as recommended by MSDS information. Gloves will be worn according to MSDS recommendations. General purpose gloves, not to be used for healthcare purposes, may be decontaminated and reused. Gloves are not to be used if they are peeling, cracking or discolored, or if they have punctures, tears or other evidence of deterioration.
  - c) all aspects of appropriate PPE will be covered during training including proper adjustments, care, maintenance, useful life and disposal.
4. The EH and PPHS Supervisors will be responsible for the procurement, maintenance and replacement of PPE for their respective divisions. Periodic surveys of division PPE will occur at least annually to ensure that the condition, quantity, and intended purposes of the PPE are being achieved. It is expected that employees notify their supervisor regarding any damage, defects or unmet needs concerning PPE.
5. Any cleaning, laundering or disposal of PPE will be provided by LCHD. PPE should not be taken home by the employee for laundering.
6. Repair and/or replacement of PPE is provided by the employer as needed to maintain its effectiveness.
7. Employees will not be responsible for the cost of any PPE that is required to protect them from exposure to chemical, biological or safety hazards in the workplace.

#### **H. Records maintenance (MIOSHA Rule 325.7011 and 325.70113, Part D, No. 7)**

1. Any incident requiring medical attention or resulting from a spilled hazardous product must be recorded in written form. Any follow up or corrective actions taken will be noted in the incident report. The incident records will be kept in a locked file in the Medical Director's office.

2. Chemical Hygiene Plan records must document that the facilities and precautions were compatible with current knowledge and regulations.
3. If substances considered high-risk by the Chemical Hygiene Coordinators are stored and/or used, then inventory and usage records will be kept. If an incident occurs, names of workers involved, and records of the amounts of these materials used and kept on hand will be maintained in the incident record.
4. Any medical records of LCHD employees monitored for exposure to a hazardous substance will be reviewed by the employee's supervisor and stored in a locked file in the Medical Director's office. Medical records may include measurements taken to monitor exposure, consultations, examinations, tests or written opinions required by this standard. The LCHD will assure that such records are kept, transferred, and made available.
5. All medical records will be retained by LCHD in accordance with state and federal regulations for at least the duration of employment plus 30 years (MIOSHA Rule 325.70108).
6. All training records conducted in accordance with the Chemical Hygiene Plan will include the following information, and will be maintained for three years from the date on which the training occurred:
  - a) documentation of the training will be maintained in a master training file in EH and in the Chemical Hygiene Plan SOP binder in PPHS.
  - b) dates of all training sessions.
  - c) a summary of the training sessions.
  - d) the names and qualification of persons conducting the training.
  - e) the names and job titles of all persons attending the training sessions.
7. MSDSs are to be retained for 30 years from the date of removal from the active file.

#### **I. MSDS maintenance and locations (MIOSHA Rule 325.70109)**

1. MSDSs are maintained at the LCHD to comply with MIOSHA's Hazardous Work in Laboratories Standard. These sheets contain useful information concerning the hazards associated with products or chemicals used in LCHD. All employees are informed of the locations of these sheets and how to utilize them.
2. Information contained on the MSDSs include: **flammability, reactivity, and health hazards, precautions for safe handling and use, and spill control measures**. This information will ensure that chemicals and products are used in a safe manner and that employees are aware of the hazards associated with those items.
3. It is the responsibility of the LCHD to collect, store, and maintain MSDSs for each hazardous substance or product utilized in the workplace. The suppliers and manufacturers of such products are required to supply MSDSs along with the first order of each product. If the MSDS is not received with a first order, one will be requested.

4. Any necessary information that is missing on a submitted MSDS will be requested from the supplier or manufacturer.
5. The locations of the MSDSs will be posted on the employee bulletin boards in each division.
6. Whenever new or revised MSDSs are received by the Chemical Hygiene Coordinators, they will be posted on the employee bulletin boards for a minimum of thirty days and then inserted into the designated MSDS files.
7. If an MSDS is removed or revised, the data sheet must be marked with the date it was removed and placed in a separate file of archived data sheets. These archived sheets will be retained for thirty years from the date of removal from the active files.
8. MSDSs for the LCHD are stored in the following locations:
  - a) Lab 9 and 10, primary immunization room.
  - b) WIC laboratory.
  - c) Storage room.
  - d) Chemical Hygiene Plan SOP (see Appendix E).
  - e) EH Library.
  - f) EH Senior Clerk's office.

**J. Waste Management (MIOSHA Rule 325.70113, Part D, No. 9)**

1. Hazardous chemical waste or products are handled and disposed of in accordance with information provided on the appropriate MSDS. Should information be lacking on the MSDS, the manufacturer and/or the supplier will be contacted for additional disposal instructions.
2. If the chemical waste or product is contaminated with blood or other potentially infectious material, then the waste will be disposed of in accordance with the guidelines set forth in the Medical Waste Management section within the Exposure Control Bloodborne Pathogens SOP located in the Nursing Village.
3. Chemical waste will be disposed of in the following hierarchy of options:
  - a) disposal of waste via the Livingston County Household Hazardous Waste Program.
  - b) in the event the waste is not accepted by the Livingston County Household Hazardous Waste Program, disposal shall occur through contracted services in place at the LCHD at the time of disposal for the particular type of waste (bloodborne, infectious, etc.).
  - c) if a contracted service does not exist for the particular waste, then IRWS, Inc. will be contacted for removal. IRWS, Inc. is located at 12632 Ten Mile Road, South Lyon, Michigan, (248) 446-5052.
4. Pouring waste chemicals down the drain or adding them to solid waste refuse is unacceptable.
5. Disposal by recycling or decontamination should be used when possible.

6. The goal of waste management is to assure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals.
7. Unlabeled containers of chemicals and solutions must undergo prompt disposal; if partially used, they should not be opened. Before a worker's employment in the laboratory ends, chemicals for which that person was responsible should be discarded or returned to storage.
8. Waste should be removed from laboratories to a central waste storage area at least once per week and from the central waste storage area at regular intervals.
9. Hoods must not be used as a means of disposal for volatile chemicals.

**K. Employee information and training (MIOSHA Rule 325.70113, Part D, No. 10)**

1. LCHD employees will receive chemical hygiene training at time of initial assignment, annually and before a new chemical is introduced into the workplace.
  - a) Discuss location of chemical hygiene plan and provide a review of the plan.
  - b) Advise employees about hazardous chemicals, physical hazards of chemicals and health hazards of chemicals, as well as chemicals that provide no potential for employee exposure.
2. Personal protective equipment (PPE) is provided to LCHD employees for the protection of eyes, face, head and extremities where there is potential for injury or impairment in function of the body through absorption, inhalation or physical contact. The PPE has been selected based on type of task performed and degree of exposure anticipated from the hazard to which the employee has been exposed.
  - a) Types of PPE used at LCHD.
  - b) How to procure PPE.
  - c) PPE required for specific tasks.
  - d) Proper use, care, maintenance and disposal of PPE.
3. Material Safety Data Sheets (MSDS)
  - a) location of MSDSs, posting of MSDSs for a new chemical introduced into the workplace and location of MSDSs for chemicals removed from the workplace.
  - b) review of MSDS chemicals used, including a review of flammability, reactivity, health hazards, precautions for safe handling and use, control measures, signs and symptoms of exposure, emergency and first aid procedures.
4. Chemical Spill Response
 

The initial step in controlling any type of spill is prevention. All chemicals should be handled with care and with appropriate PPE.

  - a) Determine what has been spilled and locate MSDS for the product. Notify supervisor that a spill has occurred.
  - b) If product is toxic evacuate personnel from area.



- c) Follow emergency first aid procedures stated in MSDS to provide assistance to exposed employee. For serious exposures that require medical attention, call 911. Exposed person will be transported to St. Joseph Mercy Livingston Hospital for treatment.
  - d) Follow precautions for safe handling and use stated in MSDS for steps to be taken in case a material is released or spilled.
  - e) Clean up personnel must use proper PPE as described for spill response within the MSDS.
  - f) Dispose of clean up materials as recommended by manufacturer in accordance with state, local, and federal regulations.
  - g) An incident report must be completed and submitted to your supervisor for review. Incorporate suggestions for avoiding repetition of the incident.
  - h) Spill kits are located in cabinet under sink in each of the following rooms: WIC rooms 3, 4, & 5; Imms. Rooms 1 & 2; Lab room 9.
  - i) Fire extinguishers are located at: all exit locations, the entrance to OLHSA, Conf. Rm. A (2 outside), the Immunization lobby, the housekeeping room by WIC, the PPHS coffee area, and in Environmental Health the storage area/kitchen room.
  - j) Evacuation Route Guidance to exit Building located at the four hallway corners by OLHSA, Drain, EH, PPHS Library.
  - k) Eye wash stations are located in WIC Room #3, and the Lab Room #9
5. LCHD is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace. As an alternative to requesting an MSDS from LCHD, the employee may obtain a copy from Consumer and Industrial Services at the Michigan Department of Health and Human Services.
  6. ECP Trainer and Chemical Hygiene Trainer will be responsible for employee chemical hygiene training and maintenance of training attendance records. See Appendix D.

**L. Annual review of documentation by management**

PPHS Director / CD Supervisor will be responsible for annual program review evaluation and update.

## APPENDIX

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- A “Important Information on Michigan’s Employee Right to Know” pamphlet produced by MIOSHA
- B Healthcare Hazards - Compliance and Guidelines  
J. J. Keller and Associates, Inc - 1995  
Hazard Communication section, pages 1-87.  
(location brown cabinet)
- C MIOSHA Michigan’s Right to Know Law and Hazard Communication Standard
  - *The Michigan Right to Know Law*
  - *Michigan’s Hazard Communication Standards*
  - *Federal OSHA Hazard Communication Standard*
  - *Sample Posters: MSDS Location, New/Revised MSDS*
  - *MIOSHA Compliance Guideline*
  - *Right to Know Law Amendments*
- D LCHD Training Outline (past and present years)
- E Current MSDSs
- F Other MSDSs
- G 2019 Monthly Housekeeping Calendar
- H Chemical Exposure Incident Form

## **Right to Know Training**

Overview of Hazard Communication Standard  
29 CFR 1910, 1200

Chemicals used in LCHD, PPHS and EH.

### Material Safety Data Sheets

- Information contained on sheet
- Location of MSDS
- Posting of new MSDS
- Observation and reporting of new chemicals
- Health hazards of chemical used
- Steps to minimize exposure through work practices and PPE
- Chemical spill cleanup and first aid in accordance with MSDS recommendations
- Copies of MSDS available to employees upon request

### Chemical Labeling

- Labeling of chemicals transferred from original container

### Reporting of exposure incidents

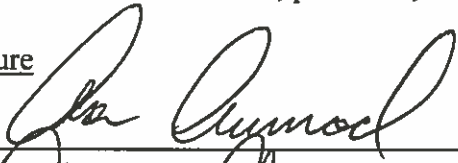
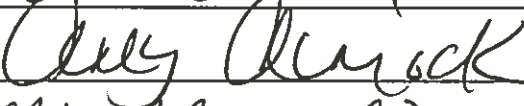

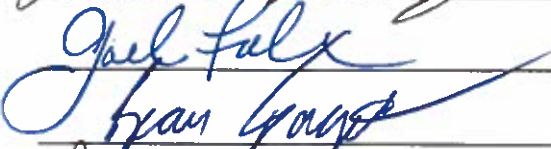
### Questions and Answers

**LIVINGSTON COUNTY HEALTH DEPARTMENT**  
**Personal and Preventive Health Services**

**Exposure Control: Chemical Hygiene**  
**Standard Operating Procedures**

**2019 Annual Review by Program Staff**

I have read the Chemical Hygiene Component of the Exposure Control SOP and understand the concepts contained therein. I recognize that additional information and clarification may be obtained from my Program Supervisor, and I assume responsibility for seeking such information as needed. I, therefore, agree to follow these orders, protocols, and procedures.

<u>Staff Name</u>	<u>Signature</u>	<u>Date</u>
Aumock, Aaron		5/1/19
Aumock, Amy		5/1/19
Baran, Nicole	Nicole Baran RW	4-29-19
Baum, Toni	Toni Baum	4-25-19
Blair, Heather	Heather Blair	4-25-19
Bolang, Matt		5/2/19
Brown, Elaine	Elaine Brown	4-25-19
Bunyak, Michele	Michele Bunyak	5-1-19
Cook, Rebecca	Rebecca Cook	5-1-19
DeLanoy, Laura	Laura DeLanoy	4-25-19
Faler, Gail		4-25-19
Forgette, Beau	Beau Forgette	5-8-19
Gestro, Lindsay	Lindsay Gestro	4/25/19
Grochowski, Erica	Erica Grochowski	4/25/19
Joliet, Cheri	Cheri L. Joliet	4/25/19

**2019 Exposure Control: Chemical Hygiene Signatures (continued)**

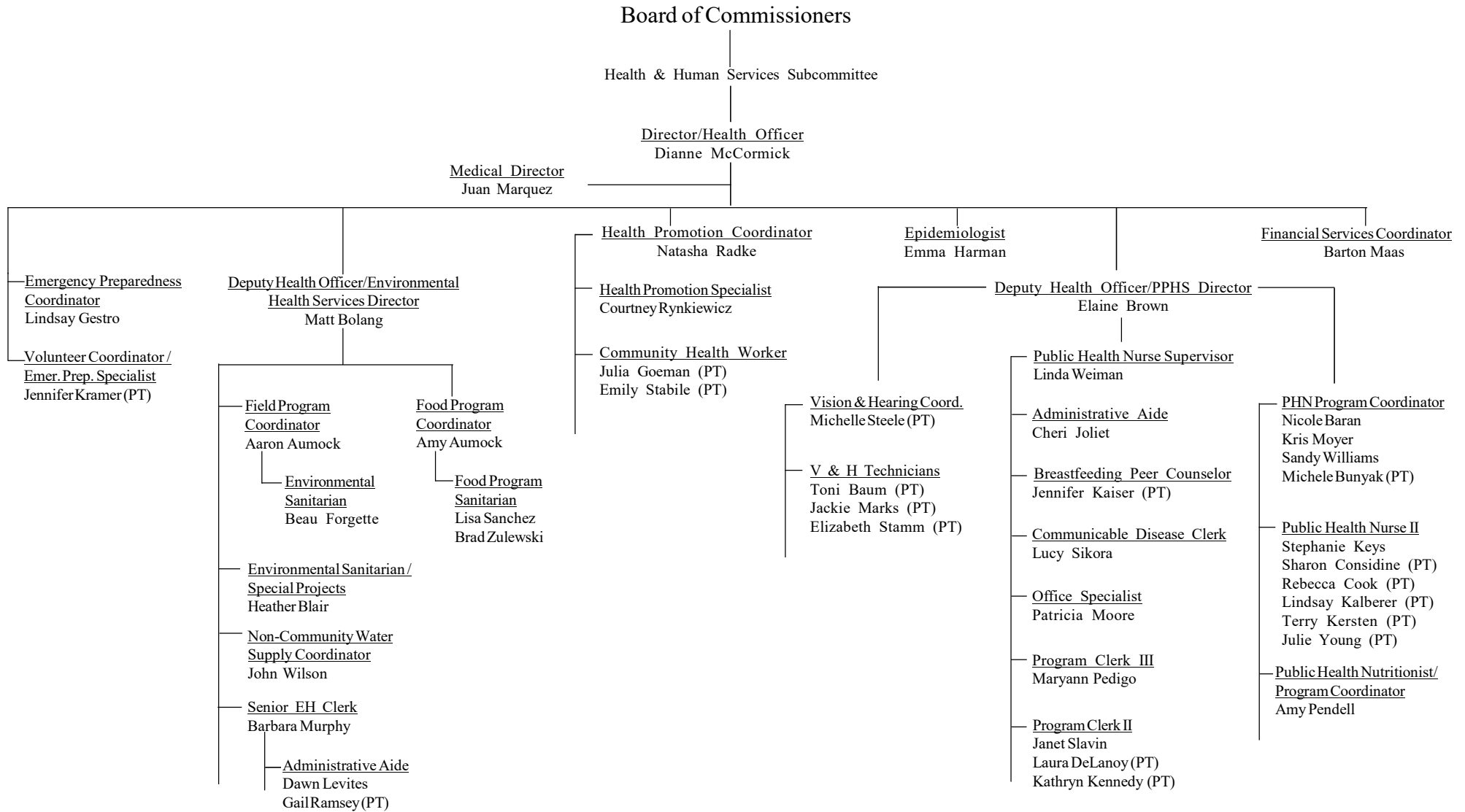
Kaiser, Jennifer	<i>Jennifer Kaiser</i>	4/25/19
Kalberer, Lindsay	<i>Lindsay Kalberer</i>	5-1-19
Kennedy, Katie	<i>Katie Kennedy</i>	5-3-19
Kersten, Terry	<i>Terry Kersten</i>	05/01/2019
Keys, Stephanie	<i>Stephanie Keys</i>	6/27/19
Kortas, Kevin	<i>Kevin Kortas</i>	5/8/19
Kramer, Jen	<i>Jen Kramer</i>	5/31/19
Latchney, Tom	<i>Tom Latchney</i>	5/1/19
Lawrenchuk, Don	<i>Don Lawrenchuk</i>	4-25-19
Levites, Dawn	<i>Dawn Levites</i>	5-1-19
Maas, Barton	<i>Barton Maas</i>	5/2/2019
Marks, Jackie	<i>Jackie Marks</i>	4-25-19
McCormick, Dianne	<i>Dianne McCormick</i>	7-16-19
Moore, Pat	<i>Pat Moore</i>	4/25/2019
Moyer, Kris	<i>Kris Moyer</i>	5/1/19
Murphy, Barb	<i>Barbara Murphy</i>	5-1-19
Pedigo, Maryann	<i>Maryann Pedigo</i>	4/25/19
Pendell, Amy	<i>Amy Pendell</i>	4-25-19
Radke, Natasha	<i>Natasha Radke</i>	4/25/19
Ramsey, Gail	<i>Gail Ramsey</i>	5/1/19
Rynkiewicz, Courtney	<i>Courtney Rynkiewicz</i>	04/25/2019
Sanchez, Lisa	<i>Lisa Sanchez</i>	7-16-19
Sikora, Lucille	<i>Lucille Sikora</i>	4-25-19

**2019 Exposure Control: Chemical Hygiene Signatures (continued)**

Slavin, Janet	<u>Janet Slavin</u>	<u>4/29/19</u>
Stabile, Emily	<u>Emily Stabile</u>	<u>4/25/19</u>
Stamm, Elizabeth	<u>Elizabeth Stamm</u>	<u>4/26/19</u>
Steele, Michelle	<u>Michelle Steele</u>	<u>4/25/19</u>
Weiman, Linda	<u>Linda K Weiman RN</u>	<u>4-25-19</u>
Williams, Sandy	<u>Sandy Williams</u>	<u>4/25/19</u>
Wilson, John	<u>John Wilson</u>	<u>4/25/2019</u>
Young, Julie	<u>Julie Young</u>	<u>4-25-19</u>
Zulewski, Brad	<u>Brad Zulewski</u>	<u>4-25-19</u>

# LIVINGSTON COUNTY HEALTH DEPARTMENT

## Organizational Chart



RESOLUTION

NO: 2019-11-175

LIVINGSTON COUNTY

DATE: November 25, 2019

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## Resolution Adopting the 2020 Livingston County Budget - Board of Commissioners

**WHEREAS,** in accordance with the provisions of Public Act 2 of 1968, Public Act 621 of 1978, the Uniform Budgeting and Accounting Act for Local Government, requires that each local unit of government adopt a balanced budget for all required funds; and

**WHEREAS,** the County Administrator has submitted a proposed budget as required by statute which implements board policies; Elected Officials, Judges and Department Directors were requested to submit a line-item budget; and,

**WHEREAS,** the Finance Committee has requested and reviewed the proposed budget for the County departments, including the courts, under the scope of its policy, and recommends adoption of the Proposed 2020 Budget to the Board of Commissioners; and

**WHEREAS,** the County of Livingston was allocated 5.0 mills by the County Tax Allocation Board and on the 5th of June, 2019, the Livingston County Board of Commissioners approved the Headlee rolled back millage rate of 3.3073 to support the 2020 General Fund Operations; .2925 to support Ambulance and; .1127 to support Veterans Services; and

**WHEREAS,** it is recommended that the 2020 General Fund Budget be approved for the total of \$51,531,388 and Special Revenue and Enterprise Funds approved as shown in the Proposed 2020 Budget Plan, as well as the informational summary of projected revenues and expenditures for Internal Service Funds; and

**WHEREAS,** the recommended 2020 Budget will be filed with the Livingston County Clerk for public viewing on the 15<sup>th</sup> day of November, 2019; pursuant to state statute.

**THEREFORE BE IT RESOLVED** that the 2020 General Fund Budget is approved in the amount of \$51,531,388 and revenues shall be appropriated and expenditures budgeted for the 2020 General Fund Budget, Special Revenue Funds, and Enterprise Funds on a fund and cost center basis in the amounts set forth below:

SHERIFF		
Sheriff	10130100	\$ 8,646,412
Secondary Road Patrol Appropriation	10130106	\$ 44,726
Jail	10135100	\$ 12,262,738
Animal Control	10130143	\$ 202,816
Sheriff Donation Fund	23030100	\$ 500
Sheriff Federal Grants	23830106	\$ 22,272
Marine Federal Grant	23833100	\$ 5,600
Sheriff State Grants	23930100	\$ 12,000
Secondary Road Patrol	23930106	\$ 132,446
Correction Officer Training	26335100	\$ 20,000
Drug Law Enforcement	26530100	\$ 4,500
Federal Equitable Sharing DEA	26630100	\$ 6,166
Victims Services Unit	27830100	\$ 1,075
Criminal Forfeiture	29630100	\$ 1,890



Jail Commissary Fund	59535100	\$ 175,765
<b>OTHER PUBLIC SAFETY</b>		
Emergency Management	10142600	\$ 153,784
Indigent Defense Appropriation	10196631	\$ 936,856
Emergency Management Federal Grant	23842600	\$ 176,862
911 Central Dispatch	26132500	\$ 4,299,628
911 Central Dispatch Enhanced	26132525	\$ 372,254
911 Central Dispatch Training	26132526	\$ 26,646
Indigent Defense	26017200	\$ 2,531,423

<b>INFRASTRUCTURE &amp; DEVELOPMENT</b>		
Drain Commissioner	10127500	\$ 2,439,961
Department of Public Works	10144100	\$ 205,343
Drains Public Benefit	10144500	\$ 235,000
Planning	10172100	\$ 417,666
Economic Development	10172800	\$ 175,000
Community Action Programs	10174700	\$ 609,842
Planning Federal Grant	23872100	\$ 24,555
Landfill	51744100	\$ 105,650
Building and Safety	54237100	\$ 3,252,046
Regional Wastewater	57596400	\$ 3,438
Septage Receiving Station	5780278	\$ 1,592,264

<b>HEALTH &amp; HUMAN SERVICES</b>		
MSU Cooperative Extension	10126100	\$ 241,022
Animal Services	10143000	\$ 643,201
Health Department	10160100	\$ 170,000
Communicable Disease	10160500	\$ 5,000
Medical Examiner	10164800	\$ 445,953
Mental Health	10164900	\$ 600,470
Senior Services	10167200	\$ 159,986
Appropriations - Health Department	10196650	\$ 430,000
EMS	21065100	\$ 10,542,142
Health Department	22160100	\$ 4,080,670
Community Development Block Grant	24469000	\$ 17,255
Social Welfare	29067000	\$ 9,000
Veterans Services Fund	29568900	\$ 1,019,428

GENERAL GOVERNMENT		
Board Of Commissioners	10110100	\$ 637,181
County Administration	10117200	\$ 351,646
Fiscal Services	10121200	\$ 500,923
County Clerk	10121500	\$ 392,987
County Clerk Circuit Court	10121599	\$ 937,417
Professional Services	10122300	\$ 127,800
Tax Allocation Board	10124800	\$ 1,495
Plat Board	10124900	\$ 500
County Treasurer	10125300	\$ 1,045,873
Equalization	10125700	\$ 543,488
Elections	10126200	\$ 344,484
Facilities Services	10126500	\$ 159,042
Register of Deeds	10126800	\$ 717,256
Civil Counsel	10126900	\$ 239,680
Human Resources	10127000	\$ 713,417
Insurance Policies	10185100	\$ 1,000,000
Retirement County Share	10186100	\$ 500,000
Unemployment Insurance	10187000	\$ 25,000
Chargebacks	10189900	\$ 1,000
Appropriations General Government	10196600	\$ 890,000
Contingencies	10196800	\$ 572,569
Survey & Remonumentation	24527800	\$ 166,245
Homestead Property Exemption	25522300	\$ 7,322
Register of Deeds Automation	25626801	\$ 314,113
Concealed Pistol Licensing	26821500	\$ 67,240
Airport	58105400	\$ 1,397,319
Livingston Essential Transportation Service	58853800	\$ 5,229,988

**BE IT FURTHER RESOLVED** that the Board of Commissioners requested and the Courts presented line-item budget requests and those are authorized in the amounts set forth below:

COURTS		
Circuit Court	10113100	\$ 1,089,109
District Court	10113600	\$ 2,118,093
Probate Court	10114800	\$ 800,660
Juvenile Court	10114900	\$ 830,810
Guardianship	10115000	\$ 8,714
Probation	10115100	\$ 73,514

Appellate Court	10116700	\$ 67,210
Judicial Central Services	10116800	\$ 2,584,287
Prosecuting Attorney	10126700	\$ 2,375,482
Family Support Appropriation	10126717	\$ 103,885
Court Security	10130500	\$ 293,813
Appropriations - Courts	10196610	\$ 2,458,277
Family Counseling FOC	21414100	\$ 14,000
Friend of the Court	21514100	\$ 2,790,160
Court Federal Grants	23816800	\$ 461,349
Family Support	23826717	\$ 305,544
Courts State Grants	23916800	\$ 622,748
Crime Victim Services	23926718	\$ 167,421
Child Care - Juvenile	29266200	\$ 2,041,993
Child Care - Social Services	29266300	\$ 1,065,000

**BE IT FURTHER RESOLVED** that the projected revenues and expenditures for Internal Service Funds is also approved; but not as part of the Livingston County Budget for 2020, pursuant to Public Act 2 of 1968, as amended, in the amounts set forth below:

INTERNAL SERVICE FUNDS		
Facility Services	63126500	\$ 2,881,566
Information Technology	63622800	\$ 5,655,173
Car Pool	66126300	\$ 1,953,029
Benefits Fund	67785200	\$ 10,954,169

**BE IT FURTHER RESOLVED** that Board of Commissioners authorizes \$17 million of General Fund fund balance to be assigned for cash flow purposes.

**BE IT FURTHER RESOLVED** that County revenues and expenditures may vary from those, which are currently projected and accordingly may be amended from time to time by the Board of Commissioners during the 2020 fiscal year as deemed necessary. It is the responsibility of the Chief Judges, County Elected Officials and County Department Heads to monitor their respective budget quarterly. If projected expenditures exceed the authorized budget or projected revenues are less than budgeted, then they shall come before the Board of Commissioners and present a corrective plan of action to the Finance Committee.

**BE IT FURTHER RESOLVED** items under \$100,000 that are approved with the adoption of the 2020 Budget, and include department line item detail deemed sufficient by the County Administrator or Deputy County Administrator/Financial Officer will receive authorization to purchase or enter into contract as of January 1, 2020. Variances of the amount listed in the detail for that item, that are

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greater than 10 percent or \$25,000, whichever is lower, will require Board authorization prior to purchase or entering into contract. Variances less than 10 percent or \$25,000 of the line item detail may be approved by the County Administrator.

**BE IT FURTHER RESOLVED** that the County Administrator is authorized to execute transfers among line items and cost centers within funds in amounts not to exceed \$25,000 per transfer. The County Administrator will notify the Finance Committee of any such transfers.

**BE IT FURTHER RESOLVED** that any services funded by State/Federal grants which costs exceed grant funding and which services are not basic to the health and safety of the residents of Livingston County and/or which are provided by others; shall be discontinued and the grant funding declined.

**BE IT FURTHER RESOLVED** that any services that lose funding (either charges-for-services, fees, or contractual, etcetera) or which costs exceed the revenue generated and which services are not basic to the health and safety of the residents of Livingston County and/or the services are provided by others; shall be reduced to commensurate with funding levels.

**BE IT FURTHER RESOLVED** that all Judges, County Elected Officials and County Department Heads shall abide by the County Procurement Policy, as adopted and amended from time to time by this Board, for all purchases made with funds appropriated by the Board of Commissioners and these budgeted funds shall be appropriated contingent upon compliance with the County Procurement Policy.

**BE IT FURTHER RESOLVED** that all Judges, County Elected Officials and County Department Heads shall abide by the County Claims & Payable Policy and Budget Transfer Policy, as adopted and amended by this Board from time to time.

**BE IT FURTHER RESOLVED** that all Judges, County Elected Officials, County Department Heads, and employees shall abide by the County Employee Business Expense Policy, as adopted and amended by this Board from time to time.

**BE IT FURTHER RESOLVED** that the mileage reimbursement rate for employees and elected officials for use of their personal vehicles to travel/perform county business be established at current IRS rate per mile.

**BE IT FURTHER RESOLVED** that all County Elected Officials and County Department Heads shall review departmental fees and make a recommendation, with justification, for fee adjustments to the Board of Commissioners to cover the costs of providing services.

**BE IT FURTHER RESOLVED** that the approved Authorized & Funded Employee List contained in the attached budget reflects the number of employees who are authorized to be employed and no funds are appropriated for any position or employees not on the approved Authorized & Funded Employee List.

**BE IT FURTHER RESOLVED** that the position changes below be authorized as of January 1, 2020 and reflected in Position Control in the County's ERP System:

Position	Title	Department	B/U	Change	Fund
13100109	Veteran Court Coordinator	Courts	NU	(0.50)	239
60100110	Health Promotion Specialist	Health	NU	(1.00)	221
26500135	Maintenance Mechanic	Facility Services	NU	1.00	631
26500134	Deputy Director	Facility Services	NU	1.00	631
37100128	Building Inspector/Reviewer	Building Inspection	NU	1.00	542
53800156	Mechanic/Driver	LETS	NU	1.00	588
53800110	Utility Worker/Driver	LETS	NU	(1.00)	588
53800147	Driver	LETS	NU	1.00	588
53800148	Driver	LETS	NU	1.00	588
53800149	Driver	LETS	NU	1.00	588
53800150	Driver	LETS	NU	1.00	588
53800151	Driver	LETS	NU	0.48	588
53800152	Driver	LETS	NU	0.48	588
53800153	Driver	LETS	NU	0.48	588
53800154	Driver	LETS	NU	0.48	588
53800155	Driver	LETS	NU	0.48	588
53800157	Mechanic/Driver	LETS	NU	0.73	588
43000117	Administrative Aide	Animal Shelter	NU	0.48	101
26718103	Administrative Aide	Prosecutor/CVR	NU	0.27	101
<b>Total Authorized Position Changes</b>				<b>9.38</b>	

**BE IT FURTHER RESOLVED** that the County utilizes Position Control in the County's ERP system to maintain all Board authorized positions. Creation of new positions should be presented during the budget process. Resolutions for new positions or department reorganizations being presented to the Board of Commissioners for approval will clearly state the funding source and amount requested for that position on the resolution, as well as the position control number with position description and FTE. Positions being funded by grants or other stated sources of funding will not be made active in the County Position Control module until an approved categorized budget from the awarding agency is received by County Administration Finance, as the position will be tied to this funding source in Position Control.

**BE IT FURTHER RESOLVED** positions that will become vacant where the department head deems it necessary to temporarily double fill for greater than 30 calendar days for either transition or succession planning purposes will need to bring the request to the Board for approval and authorization of funding.

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners authorizes the transfer of funds up to the amount listed below from the Capital Improvement Fund to the Departments listed below based on actual expenditures incurred throughout the year on the approved projects listed below, and authorizes the County Treasurer to make the appropriate adjusting journal entries to effectuate the transfers upon request.

Department	ORG	Project	Amount
Information Technology	63622800	Primary Data Center Upgrade	\$ 650,000
Information Technology	63622800	OnBase ECM Imaging Software	\$ 85,800
Information Technology	63622800	Cisco Unified Communications Upgrade	\$ 56,000
Information Technology	63622800	Website Redesign & Hosting	\$ 350,000
Facility Services	63126500	East Complex Break Room Renovations	\$ 50,000
Facility Services	63126500	Historic Courthouse Foundation Sealing	\$ 50,000
Jail	10135100	Remodel Sheriff Office/Jail Areas	\$ 1,000,000
<b>Total</b>			<b>\$ 2,241,800</b>

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners authorizes the transfer of monies within budgetary limits from the General Fund to Special Revenue Funds for the purpose of grant matching based on actual expenditures throughout the year, and authorizes the County Treasurer to make the appropriate adjusting journal entries to effectuate the transfers upon request.

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**MOVED:****R. Bezotte****SECONDED:****G. Childs****CARRIED:**

**Roll Call Vote: Yes (8): R. Bezotte, C. Griffith, G. Childs, D. Parker, D. Dolan, K. Lawrence, W. Green, and D. Helzerman; No (1): W. Nakagiri; Absent (0): None.**

## Corrective Action Plan

**Finding Number:** 1

**Page Reference:** 2

**Finding:** **Non-Compliant Fringe Benefit Distributions**

The Health Department did not properly allocate its employees' fringe benefit expenditures for employees working on multiple activities.

**Recommendation:** Implement policies and procedures to ensure that all fringe benefit distributions are based on records that accurately reflect the work performed to ensure compliance with Federal regulation.

**Comments:** The Health Department has adopted a new policy regarding the allocation of the fringes expenditures associated with paid time off of work. This will now be manually adjusted each quarter to align with actual hours worked.

**Corrective Action:** The process for adjusting paid time off will be done for all quarters starting with Quarter 1 of FY2019, and will continue in each quarter thereafter. This will be done before any Financial Status Reports (FSR's) are submitted.

**Person Responsible for Implementation:** Barton Maas – Financial Services Coordinator

**Anticipated Completion Date:** Currently in process; to continue.

# Corrective Action Plan Evaluation Report (CAPER)

## Deficiencies Noted in MDHHS Audit Division Audit Reports

Grantees are responsible for taking prompt action when instances of noncompliance are identified including noncompliance identified in audit findings (2 CFR 200.303(d)). MDHHS is responsible for following up and ensuring that grantees take timely and appropriate action on all deficiencies noted (2 CFR 200.331(d)(2)). To accomplish this required follow-up, Grantees are asked to complete a CAPER (items 1-7) for **each** Finding and Comment & Recommendation contained in an MDHHS Audit Division Audit Report, and submit the CAPER(s) to the applicable contact(s) listed below **within 90 days of the Final Audit Report issuance date.**

1. Grantee Name: **Livingston County Health Department**
2. Fiscal Year End of the Audit Report: **10/1/2016 to 9/30/2017**
3. Finding Number (#X) or Comment and Recommendation Number (#X) and Title:  
**Finding #1**  
**Non-Compliant Fringe Benefit Distribution**
4. Corrective Action Plan (CAP) and/or Management Response implementation:  
Has the CAP or Management Response been fully implemented as described in the Audit Report? (Yes/No) Yes  
If Yes, provide the date when fully implemented: **As of Jan 1, 2019**  
If No, describe what has been done and when, and what has yet to be completed and when it will be completed:
5. CAPER Completion Date: **3/25/2019**
6. Person Completing CAPER (Name, Phone Number, Email):  
  
Barton Maas  
(517) 552-6805  
[bmaas@livgov.com](mailto:bmaas@livgov.com)
7. State Program(s) that Finding or Comment and Recommendation is applicable to (e.g. Family Planning, WIC, etc.): **This will be applicable to all of our programs including but not limited to: General Communicable Disease, Food Program, Hearing, Immunization Action Plan, Medicaid Outreach, Residential Water, Vision, WIC, WIC Peer Counseling, and Waste Management.**



Email the Corrective Action Plan Evaluation Reports (CAPERs) to the applicable Program Office(s)<sup>1</sup> as follows:

Family Planning: Steve Utter [utters@michigan.gov](mailto:utters@michigan.gov)

WIC: Kelly Voegeding [VoegedingK@michigan.gov](mailto:VoegedingK@michigan.gov)

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<sup>1</sup> If a Finding or Comment and Recommendation impacts more than one Program, forward to each applicable Program Office.



# 2019 Annual Report

*Protect. Preserve. Promote.*

# Welcome

*Livingston County Commissioners, Residents & Partners*

On behalf of the Livingston County Health Department, I am honored to present to the Board of Commissioners and the community, our 2019 Annual Report. The role of local health departments are often not understood and go unseen. I strongly believe we are the best kept secret in keeping Livingston County residents safe from environmental hazards and healthy from infectious diseases and improved lifestyles. We strive to make our presence known so the community sees us as the trusted leader and partner to ensure and promote improved public health outcomes. You will find many examples of our commitment to protect, preserve, and promote the health and safety of the people of Livingston County within this report. This commitment could not be done without the dedication of each and every team member within the department, for which I am truly grateful.

In good health,

Dianne McCormick  
Health Officer



## Program Statistics

### Personal & Preventive Health Services



- 402 sexually transmitted disease cases investigated
- 16 HIV/AIDS Rapid Tests performed
- 281 Tuberculin skin tests administered
- 615 families supported by Children's Special Health Care Services
- 1,362 children needed further evaluation after 16,922 hearing and vision screenings
- 1,847 immunizations to 1,129 children & adults
- 1,684 WIC clients served
- 351 animal bites reported and investigated

### Environmental Health



- 1,250 food service inspections completed
- 62 food service complaints investigated
- 524 well permits issued
- 432 septic system permits issued
- 67 public swimming pools regulated
- 15 public beaches regulated
- 87 general complaints investigated
- 391 non-community public water supplies regulated
- 25 campgrounds inspected

### Emergency Preparedness



- 582 hours donated by MRC (= \$14,800 in volunteer hours)
- 6 MRC responded to Shiawasee Tornado Response
- 3 emergency responses
- 478 youth trained in emergency preparedness
- 44 individuals trained in CPR/First Aid
- 42 individuals trained in Stop the Bleed
- 230 youth trained in Anytime CPR
- 18 community outreach trainings provided
- 5 MRC participated in Heroes Round Table
- 2 tabletop exercises and 2 full-scale exercises held

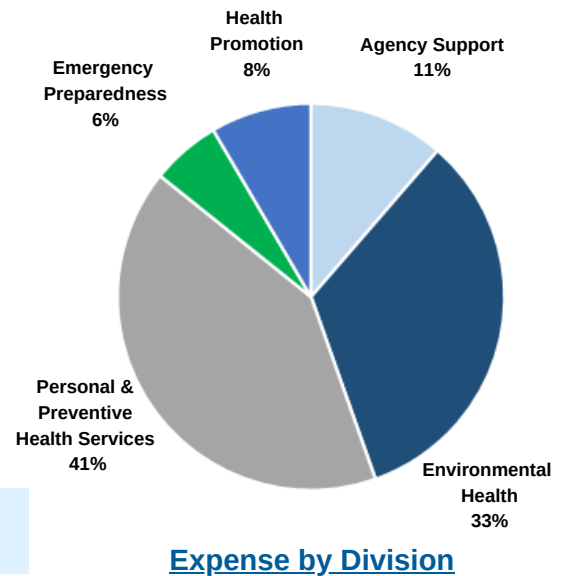
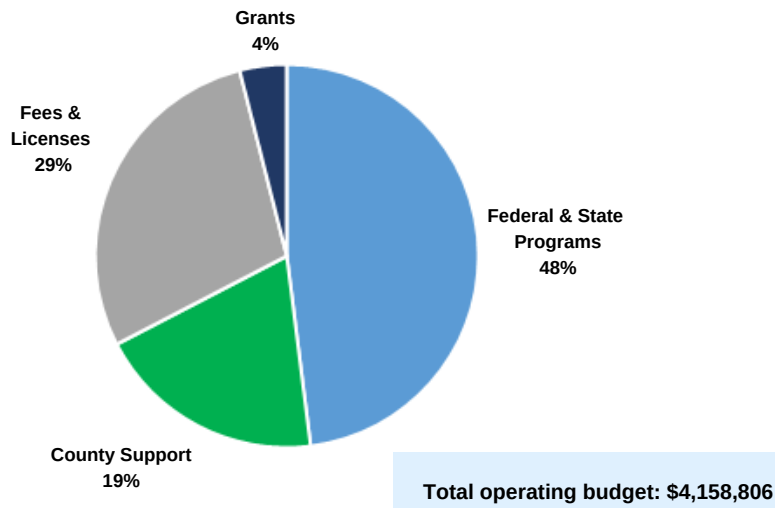
### Health Promotion



- 175 Prescription for Health program participants
- 22 press releases sent to local media
- 12 employee newsletters
- 1 professional conference presentation
- 6 community events attended as an exhibitor
- 1 ADA accessible community event held to promote trail use
- 7 Livingston County employers provided stipends through the Worksite Wellness program
- 346 new LCHD Facebook page "likes"

# Financial Overview

## Revenues by Source



## PFAS Update

After the discovery of elevated per- and polyfluoroalkyl substances (PFAS) in fish and surface water within the Huron River system late in 2018, and the subsequent Michigan Department of Health and Human Services (MDHHS) “Do Not Eat” fish advisory, there continues to be additional investigation into what is contributing PFAS within the watershed. These efforts are led by the Michigan Department of Environment, Great Lakes, and Energy (EGLE) staff and include the collection of fish as well as surface water samples from both the main river system and associated tributaries. The good news is that the major contributors that were discharging to the Wixom Wastewater Treatment Plant (WWTP) have been identified and installed treatment to greatly reduce PFAS discharges from the plant and into the river system. Although the fish advisory remains in place, there are signs that the amount PFAS in fish and surface water is improving.

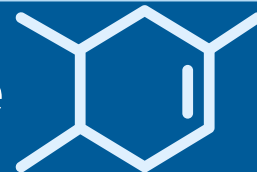
In July, U.S. Representative Elissa Slotkin brought more attention to this issue. She invited State and local officials on a tour of the chain of lakes area in Hamburg Township to get a better understanding of how PFAS impacts this recreational resource and hosted a public information meeting at Pinckney High School.

Also in 2019, two groundwater contamination sites related to PFAS were identified, including Diamond Chrome Plating in the City of Howell and the former Thermofil plant in Green Oak Township. EGLE also identified several agricultural fields where biosolids from the Wixom WWTP were used and collected soil and groundwater samples. There is no current impact to drinking water for these sites. LCHD collaborates with EGLE and MDHHS to determine any public health risks and assists in the collection of water samples from area drinking water wells. Agenda Page 128 of 300





# Diamond Chrome Response



In November, LCHD was notified by the Michigan Department of Health and Human Services (MDHHS) and the Department of Environment, Great Lakes, and Energy (EGLE) that elevated levels of Trichloroethylene (TCE) were detected in the outdoor air above health limits. The source of the TCE was determined to be Diamond Chrome Plating (DCP) in Howell. After consultation with MDHHS, LCHD issued a public health order for DCP to immediately cease any TCE emissions from their facility.

LCHD collaborated with MDHHS and EGLE to quickly notify the area residents by going door to door with information related to the incident and to coordinate a public meeting at Parker Middle School with over 300 people in attendance. Representatives from all the agencies provided information to concerned residents and held a question and answer period.

Since the incident, DCP made changes to their operations to stop the use of TCE. Preliminary air quality monitoring showed levels of TCE well below the acceptable health levels. LCHD continues to be involved with MDHHS and EGLE on additional environmental compliance issues and further air monitoring. For current information about this issue, visit: [www.michigan.gov/diamondchrome](http://www.michigan.gov/diamondchrome).

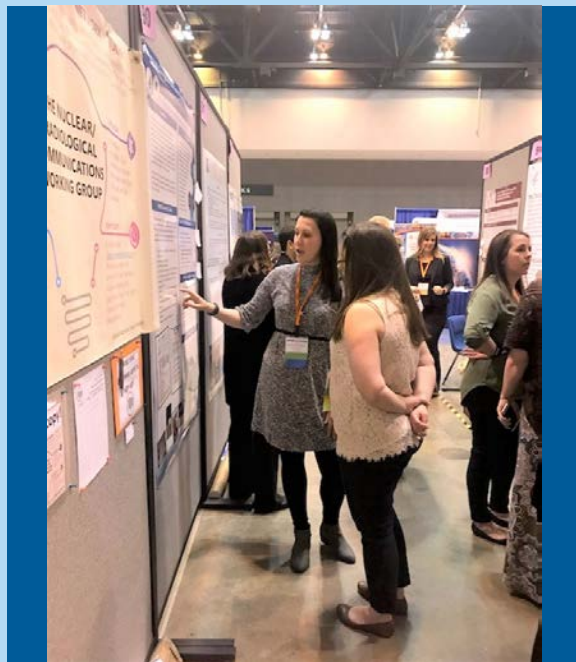


LCHD, MDHHS and EGLE facilitate a public meeting to provide information regarding Diamond Chrome Plating and TCE to concerned residents.



# Swine Flu Response

In the summer of 2019, Livingston County experienced a second variant influenza outbreak in swine at the Fowlerville Family Fair. The LCHD Public Health Emergency Coordination Center (PHECC) partially activated the emergency response team. However, while the incident was similar to the 2018 outbreak this response was much smaller. There was no confirmed animal to human transmission and the spread of the illness was contained to one pig pen at the fair. LCHD worked with state and local partners to communicate with and provide information and education to our community. LCHD is using experience gained from this response to plan for future incidents.



Lindsay Gestro, Emergency Preparedness Coordinator, presenting on the Swine Flu Response at the Preparedness Summit in St. Louis, Missouri.



## Eastern Equine Encephalitis (EEE)



In late September, MDHHS began reporting an increased number of Eastern Equine Encephalitis (EEE) cases in both humans and animals across the state. Although there were no human cases confirmed in Livingston County, a positive 3-year-old unvaccinated horse was identified in Hamburg Township which indicated that the types of mosquitoes that transmit EEE were present in Livingston County. Due to the severity of EEE illness and the increase in cases and human deaths across the state, LCHD, based on guidance and support from the state, agreed that aerial spraying would take place in portions of Hamburg and Green Oak Townships near the area where the horse was identified to reduce the risk of exposure and transmission to the public. LCHD staff from environmental health, emergency preparedness, health promotion, and personal and preventive health services worked together in order to provide accurate and timely information to the public throughout this response.



# Communicable Disease Highlight



The Public Health system depends upon reports of communicable diseases to monitor the health of the community and to provide the basis for preventive actions. Reporting of diseases is required by physicians, laboratories, schools, and daycares for both diagnosed and suspected cases of communicable disease. Public health officials in Livingston County collaborate to perform disease surveillance, case and outbreak investigation, contact tracing, education, treatment, and immunization for over 70 reportable communicable diseases. These public health strategies are used to understand disease transmission and implement county-level interventions to reduce the spread of communicable diseases in Livingston County.

The LCHD releases a quarterly Communicable Disease Update newsletter that includes local and state trends in communicable disease activity. The CD Update is additionally distributed to county physicians and other identified agencies to provide information on current communicable diseases, as well as information to assist providers in diagnosing, treating, and reporting these diseases. The Communicable Disease Update newsletter is available to the public and can be found in the Publications section of the LCHD website: <https://bit.ly/2YGTljV>.

## The top Communicable Diseases in Livingston County from 2015-2019:

COMMUNICABLE DISEASE GROUP	COMMUNICABLE DISEASE	2015	2016	2017	2018	2019
Foodborne	Campylobacter	27	34	23	22	33
	Salmonellosis	23	28	18	21	15
	Shiga Toxin-producing Escherichia coli	3	6	5	5	4
Influenza	Influenza	172	266	569	932	470
Legionnaires	Legionellosis	7	7	10	8	13
Meningitis	Asceptic Meningitis	15	11	8	15	11
	Bacterial and Other Meningitis	1	3	3	2	2
	Animal Bites and Bat Exposures	270	353	334	329	351
Rabies						
Sexually Transmitted Diseases	Including Gonorrhea, Chlamydia, and Syphilis	408	405	439	426	392
Vaccine Preventable Diseases	Pertussis	15	16	30	28	15
	Shingles	19	28	40	41	46
	Chronic Hepatitis C	98	66	64	57	39

# Promoting Healthy Living

Chronic disease prevention continues to be an important focus in Livingston County. In 2019, a grant funded program called Worksite Wellness provided seven Livingston County businesses with stipends to invest in wellness programs aimed at improving the health of their workforce. Two of the Livingston County sites, Cleary University and Livingston Educational Service Agency Education Center, were awarded Healthy Michigan Worksite Awards by the Michigan Department of Health and Human Services (MDHHS). The employers demonstrated a commitment to developing and promoting a culture of health for all employees. LCHD looks forward to continuing chronic disease prevention efforts in Livingston County.



Courtney Rynkiewicz, Health Promotion Specialist, discussing how to "fight off germs" with children at a community event held by the Livingston Educational Service Agency.



## Healthcare Transportation

In 2019, Livingston County took a major step towards improving health equity for residents through a collaborative partnership to increase access to needed resources and healthcare services. LCHD's 2015-2020 Community Health Improvement Plan (CHIP) identified healthcare integration and transportation as high-priority issues for improving the health and well-being of Livingston County residents. The CHIP process established a Healthcare Integration workgroup that includes representatives from the three major health systems, Livingston Essential Transportation Service (LETS), and LCHD. LETS launched a new healthcare focused transportation service in fall 2019 thanks to a 3-year, \$318,000 funding commitment from Ascension Providence Hospital, Michigan Medicine and Saint Joseph Mercy Health System. This provides an opportunity for Livingston County residents to have greater access and mobility in their lives. Adequate, reliable and affordable transportation means better access to services and is a vital part of the foundation for a healthy community.

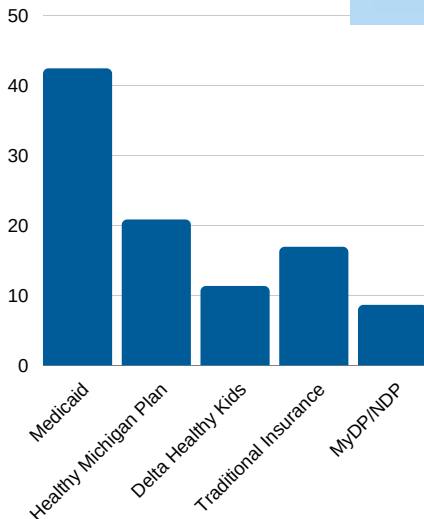


# My Community Dental Center

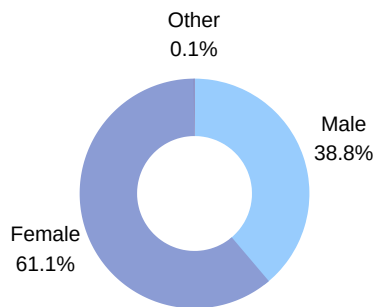
The partnership between LCHD and MCDC was formed to address the need for dental services to Medicaid enrollees and low-income, uninsured residents throughout Livingston County. MCDC provides services on behalf of LCHD, with the mission to improve the lives of patients and enhance community health by setting the highest standard of oral health care. At MCDC, it is all about the people- they strive to provide each patient with pleasant and stress-free dental care at a cost they can afford.



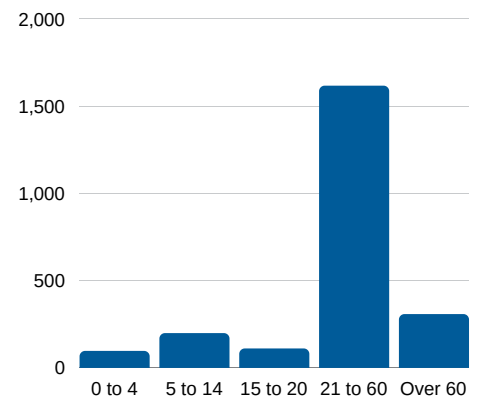
served 2,327 patients with  
5,219 office visits in 2019.



Patients by Insurance



Patients by Gender



Patients by Age



# LIVINGSTON COUNTY Health Department

## Our Mission

Livingston County Health Department will protect, preserve, and promote the health and safety of the people of Livingston County.

## Our Vision

Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

**Dianne McCormick**

Health Officer

**Dr. Juan Marquez**

Medical Director

**Matt Bolang**

Deputy Health Officer/Director of Environmental Health

**Elaine Brown**

Deputy Health Officer/Director of Personal & Preventive Health



**www.LCHD.org**

2300 E. Grand River Ave., Suite 102, Howell, MI. 48843  
517-546-9850





Livingston  
County

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You are here: Livingston County, Michigan ► Health Department

## Health Department Home

Dental Health  
Emergency Preparedness  
Environmental Health  
Contact List  
Health Dashboard  
Links  
Personal & Preventive Health  
Medical Reserve Corps  
Publications

## Health Department

All Livingston County buildings will be closed through May 15, 2020. Normal operations and office hours are expected to resume on May 18, 2020. Essential services will continue to be offered over the phone and/or through email.

### Coronavirus Disease 2019 (COVID-19)

Click here to learn more or visit:  
[www.livgov.com/health/ph/Pages/COVID19.aspx](http://www.livgov.com/health/ph/Pages/COVID19.aspx)

**Mission:** Livingston County Health Department will protect, preserve, and promote the health and safety of the people of Livingston County.  
**Vision:** Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

### Divisions & Programs

## important Health Updates

### Coronavirus Disease 2019 Updates

Community Planning: COVID-19 and Our Pets

LCHD Immunization Clinic Closed  
Starting March 18, 2020

MDHHS Launches Hotline to Address  
COVID-19 Questions

MI Tick Information & Identification

Diamond Chrome Plating TCE Updates

MDHHS 'Do Not Eat' Fish Advisory

PFAS Response

Vapor Intrusion

**Livingston County  
Health Department**  
2300 E Grand River Ave  
Suite 102  
Howell, MI 48843  
[Map to our location](#)  
Monday - Friday  
8:00am - 5:00pm  
[Send us an email](#)

#### Public Health

Phone: 517.546.9850

Fax: 517.546.6995

#### Environmental Health

Phone: 517.546.9858

Fax: 517.546.9853

The [Emergency Preparedness](#) program's purpose is to help protect the public in the event of a public health emergency. The program was implemented to help mitigate, respond quickly and effectively recover from public health emergencies.

- [Cities Readiness Initiative](#)
- [Public Health Preparedness](#)
- [Medical Reserve Corps](#)

[Environmental Health Services](#) are responsible for improving and protecting the public health, welfare, and environment through inspection programs, educational outreach, and as a last resort, enforcement powers conveyed through the State of Michigan Public Health Code and the Livingston County Sanitary Code. Our programs and services include inspections for:

- [Public Swimming Pools](#)
- [Public Bathing Beaches](#)
- [Public Campgrounds](#)
- [Body Art Facilities](#)
- [Child and Adult Care Facilities](#)
- [Food Protection](#)
- [Housing and Indoor Air](#)
- [Septic Systems](#)
- [Water Wells](#)

[Personal and Preventive Health Services](#) are designed to protect and improve the health status of the community; prevent and/or control the disease, disability and death associated with communicable disease; and to promote health lifestyle factors. Our program and services include:

- [Children's Special Health Care Services](#)
- [Chronic Disease Prevention & Management](#)
- [Communicable Disease Control](#)
- [Hearing and Vision Screening](#)
- [Immunizations, Influenza, TB Testing](#)
- [Health Insurance Enrollment Assistance](#)
- [Nurses Welcome Newborns](#)
- [Public Health Fact Sheets](#)
- [Women, Infants, & Children](#)

#### General Information



2020

 [Communicable Disease Update Winter 2020](#)









 [LCHD 2018 Annual Report](#)

#### Quick Links

##### Client Surveys:

- [CSHCS Family Survey 2019-2020](#) 
- [Environmental Health Customer Satisfaction](#)
- [Period of Purple Crying Survey](#) 

##### Other Links:

-  [STD Reporting Form](#)
-  [Animal Bite Report/Bat Exposure Report](#)
- [Bat in Your Home?](#) 
-  [Follow-up Instructions for Animal Bite or Bat Exposure](#)
- [Well & Septic Records](#) 
- [Restaurant Inspections \(Livingston Co./surrounding areas\)](#) 
- [iVaccinate](#) 
- [MDHHS School Immunization Data](#) 
- [CD Weekly Reporting Form](#)
-  [Livingston County ADA Accessible Trail Guide](#)

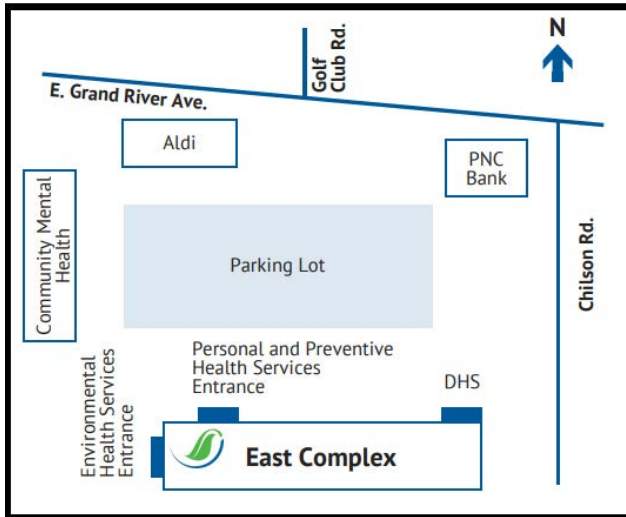


We're on Facebook



## Livingston County Health Department

2300 East Grand River Avenue, Suite 102  
Howell, MI 48843-7578



### Personal and Preventive Health Services

Phone: 517-546-9850 Fax: 517-546-6995

### Environmental Health Services

Phone: 517-546-9858 Fax: 517-546-9853

### Hours

Monday - Friday 8:00 am - 5:00 pm  
Closed on County Holidays

### After Hours

To report public health emergencies and communicable disease outbreaks after hours, call 911.

Find LCHD Online

[www.LCHD.org](http://www.LCHD.org)



[www.facebook.com/myLCHD](https://www.facebook.com/myLCHD)

## About Us

**Our MISSION** is to protect, preserve, and promote the health and safety of the people of Livingston County.

**Our VISION** is that Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.



The Livingston County Health Department (LCHD) is nationally accredited by the Public Health Accreditation Board. National accreditation assures LCHD is striving to achieve best practices in public health and ensures that the programs and services LCHD offers are as responsive as possible to the needs of the community. National accreditation holds LCHD accountable for its efforts towards creating a safe and healthy community for all.



LIVINGSTON COUNTY  
Health Department



Services Directory

[www.LCHD.org](http://www.LCHD.org)

## Environmental Health Services

### Air Quality

Offers information and consultation for various sources of air pollutants:

- Radon
- Asbestos
- Vapor intrusion
- Carbon dioxide
- Mercury
- Environmental tobacco smoke
- Mold
- Volatile organic compounds
- Lead

### Community Health and Safety

Inspects all public swimming pools, bathing beaches, child foster care facilities, and public campgrounds. Serves as a emergency resource to local Emergency Management during potential contamination events that could impact the public's health.

### Food Protection

Inspects all food service establishments to ensure proper food handling and to review standard operations to eliminate potential food-borne illnesses. Trains and certifies food service employees and managers.

### Wastewater Management

Grants permits for all residential and small commercial onsite sewage treatment systems. Evaluates conditions for suitability of onsite sewage treatment and septic system construction. Investigates complaints of improper operation and maintenance of onsite wastewater treatment facilities.

### Water Quality

Grants permits for all residential and small public water supply systems. Maps and monitors sites of environmental concern with the county.

## Health Promotion and Education

Promotes health and prevents disease through education, assessment of community health status, grant-funded projects, and partnerships in the community.



## Personal and Preventive Health Services

### Children's Special Health Care Services

Provides assistance to families of children with special needs, such as program enrollment, case management, care coordination, travel assistance to appointments, and some medical costs.

### Communicable Disease Control

Follows up on all reportable communicable diseases, including food borne illness outbreaks and STIs, to provide education and assure treatment to prevent the spread. Provides assessment for rabies exposure with animal bites and bat encounters.

### Hearing and Vision Screening

Offers free hearing and vision screening for children ages 3 to 21. Most screenings take place in the child's school, including charter and private schools. Limited office appointments at LCHD.

### Immunizations

Vaccines prevent disease. We provide immunizations for both children and adults. Walk-in hours every Wednesday from 8:30 am - 4:30 pm. Extended hours to 7:00 pm on the 2nd and 4th Wednesdays of the month. Call for current pricing.

### TB Testing

Offers TB testing on a walk-in basis every Wednesday from 8:30 am - 4:30 pm. Clients must be available to return Friday to have the test read. Call for current pricing.

### HIV Testing

Provides free confidential or anonymous HIV rapid testing with same day results. Call for an appointment.

### Nurses Welcome Newborns

Provides valuable information and resources during a free home visit by a Public Health Nurse. All parents of newborns are eligible. Call for a home visit.

### Healthcare Enrollment Assistance

Are you covered? LCHD can assist with health care enrollment for Healthy Kids, Healthy Michigan Plan, MI Child, and MOMS.

### Women, Infants, and Children

Provides nutrition education and supplemental food benefits to pregnant women and children up to five years of age who are income eligible. Call the WIC Office at 517-946-9459.



## Emergency Preparedness

### Emergency Preparedness

Protects the public by promoting and ensuring the health and safety of the whole community before, during, and after public health emergencies.

### Medical Reserve Corps

Coordinates volunteer teams of local medical, non-medical, public health, and other professionals who contribute their skills and expertise during times of disaster and public health emergencies.



## Livingston Dental Center

### My Community Dental Center (MCDC)

#### Livingston Dental Center

1335 Byron Road  
Howell, MI 48843  
Phone: 877-313-6232  
www.mydental.org



MCDC accepts:

- Medicaid plans
- MIChild
- Healthy Michigan Plan
- Private insurance
- Uninsured

[www.LCHD.org](http://www.LCHD.org)

More information on the programs and services we offer is on our website. Resources available on our website include:

- Important health updates
- Local restaurant inspection results
- Information on public health topics
- Water well and septic system records



Protect. Preserve. Promote.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

RICK SNYDER  
GOVERNOR

JAMES K. HAVEMAN  
DIRECTOR

January 21, 2014

Carol Griffith  
Chairperson  
Livingston County Commissioners  
304 E. Grand River, Suite 201  
Howell, MI 48843

Dear Ms. Griffith:

We have received your communication requesting the approval of Diane McCormick, MSA, as the Health Officer for the Livingston County Health Department. That appointment is approved.

We congratulate you and the Board of Commissioners on the selection of such a superbly qualified individual. Ms. McCormick has extensive public health experience and will provide exceptional leadership to the Livingston County Health Department.

I look forward to continuing the positive working relationship between Livingston County and the Michigan Department of Community Health. If you need assistance or if any of the above changes, please contact Mark Miller, Director, Local Health Services, at (517) 335-8928.

Sincerely,

A handwritten signature in cursive script that reads "Melanie Brim".

Melanie Brim, MHA  
Senior Deputy Director  
Public Health Administration

cc: Ted Westmeier  
Diane McCormick



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

April 6, 2020

Ms. Dianne McCormick  
Health Officer  
Livingston County Health Dept.  
2300 East Grand River, Suite #102  
Howell, MI 48843-7578

Dear Ms. McCormick:

Thank you for your recent communication requesting the approval of Dr. Juan Marquez to serve as the Medical Director for Livingston County Health Department, effective April 1, 2020.

We recognize that Livingston County entered into an intergovernmental agreement with Washtenaw County to share the latter's Medical Director per the rules in the Michigan Administrative Code. After reviewing Dr. Marquez's credentials and based on the requirements of the Michigan Public Health Code (PA 368 of 1978, as amended), I have determined that he meets the requirements to be approved as the Medical Director.

If you have any questions or need assistance, please contact Laura de la Rambelje, Acting Director of the Office of Local Health Services, at 517-284-9002 or by email at [deLaRambeljeL@michigan.gov](mailto:deLaRambeljeL@michigan.gov).

Sincerely,

Joneigh S. Khaldun MD, MPH, FACEP  
Chief Medical Executive  
Chief Deputy Director for Health

JK:hm

c: Office of Local Health Services  
Dr. Juan Marquez





## **Livingston County Health Department Plan of Organization 2020**

### **Part 1—Legal Responsibilities**

#### **A. Outline or list State and Local Statutory Authority for your LHD.**

Refer to Attachment A.

#### **B. Brief description of the Governing Entity relationship with the Local Health Department (LHD).**

The local governing entity is a nine-member elected Board of Commissioners who meet twice monthly and act as the policy making, authoritative body. The Livingston County Health Department (LCHD) is considered a county department under the authority of the Livingston County Board of Commissioners. The General Government/Health and Human Services Committee, a four-member Standing Committee of the Board, meets monthly and acts as the Board of Health for Public Health. This committee works in conjunction with the County Administrator to ensure adequate and full administration and implementation of Board policy affecting the LCHD and various other county departments. The Health Officer reports to the County Administrator.

The Health Officer meets regularly with the County Administrator and reports monthly to the General Government/Health and Human Services Committee regarding governance in response to state and local laws and related issues. The Health Officer keeps the General Government/Health and Human Services Committee informed of all public health required services and legal mandates as required by the Public Health Code. The full Board of Commissioners is responsible for approval of the LCHD budget and fee schedule, approves the Plan of Organization, and appoints the Health Officer with concurrence by the Michigan Department of Community Health. The County Board of Commissioners and the Health Officer use the County Administrator as their liaison for most communications but may contact each other directly.

#### **C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.**

As stated in MCL 333.2228 (2) “The director or an employee or representative of the department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and willful misconduct.”

Livingston County also carries personal liability insurance with the Michigan Municipal Risk Management Authority (MMRMA). Refer to Attachment B.

#### **D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities.**

Not applicable.

#### **E. Exposure Plan for Blood Borne Pathogens and Chemical Hygiene Plan (Hazard Communication Plan).**

Refer to Attachment C or the plan binders (in office).

## **Part 2—LHD Organization**

- A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.**

Refer to Attachment D.

- B. Documentation of board approval of Local Health Department Plan of Organization.**

Refer to Attachment E.

- C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent approved budget.**

2020 total operating budget: \$ 4,080,670

2020 total FTE's: 37.35

Refer to Attachment F.

- D. Responses to audit findings, subrecipient monitoring issues and responses, corrective action regarding (1) and (2) above.**

Refer to Attachment G.

- E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.**

Livingston County has an internal Information Technology Department that support hardware, software, and network services. For continuity of operations LCHD maintains several methods for retrieving and sending public health information.

The following list includes software applications to access public health information:

- CDC Website – Medical topics and recommendations
- CHAMPS
- Children's Special Health Care Services state database
- DCH – File transfer for lead
- EpiInfo- Outbreak analysis
- Evaluation Web
- EPI-X – National communicable disease specific information
- Healthy Homes and Lead Poisoning Surveillance System
- Laser Fische – Waste management and water information
- Livingston Web Viewer – Intranet based GIS
- MCIR – Immunization database
- MDSS – Communicable disease reporting
- MICL-PPP – Michigan Childhood Lead Poison Prevention Program

- MIHAN – Health alerting system, including LHD documentation
- MI-WIC – WIC online statewide data entry system
- MMWR – Medical articles and recommendations from the CDC
- Netwerkes.com – Billing and eligibility information
- Outlook – Used for staff communication
- Sword Solutions – Food service information
- BS&A – Wastewater and well water permitting management, and complaint tracking
- FetchGIS – Management of GIS data and field data collection tools for EH

The following list includes technology used to distribute public health information:

- 800 MHz radios – Ability to receive OPHP information and communicate with county-wide emergency planners
- Amateur radio – Ability to share information through radio waves
- Broadcast fax – Ability to send information to multiple groups, including physicians, restaurants, media, schools, etc.
- Cell phones – Ability to share information via telephone
- Code Spear – Emergency information alerting and distribution system
- Facebook – Ability to broadcast information for the community to “follow”
- Internet – Ability to broadcast information for the community to retrieve
- Intranet – Ability to broadcast information to LHD and all county employees
- Local radio and newspapers
- MIHAN – Health alerting system
- Rooftop antenna – Ability to view local news and emergency information
- Telephone paging system – Ability to share information throughout the building or county via telephone
- Video conferencing – Ability to distance conference face-to-face
- VIOP – Ability to share information via county computer network and fixed telephone lines
- Webcasting – Ability to receive webcasts

### **Part 3—Missions, Vision, and Values**

#### **A. Contains a clear, formally written, publicized statement of the local health department’s mission (may include the LHD’s Vision, Values, Goals, Objectives).**

**Mission:** Livingston County Health Department will protect, preserve, and promote the health and safety of the people of Livingston County.

**Vision:** Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

The LCHD Mission Statement is publicized in our Annual Report and on our website.

Refer to Attachment H for the latest Annual Report and goals/objectives.

Refer to Attachment I for a screenshot of our website homepage.

## **Part 4—Local Planning and Collaboration Initiatives**

### **A. Outline or list LHD-specific priorities.**

Refer to Attachment H.

### **B. Outline or list the LHD activities to plan or pursue priority projects with available resources.**

Refer to Attachments H and I. Additionally, the department's Strategic Plan 2016-2020 and the community's 2015 Community Health Improvement Plan are available on the department's website under [Publications](#).

### **C. Outline or list community partnerships and collaborative efforts.**

- Brighton Go-Getters – Support & Advocacy Group
- CD Forum
- Child Abuse Prevention (CAP) Council
- Child Death Review Team
- Chronic Disease Action Team
- Cities Readiness Initiative
- City of Brighton Well Head Protection Committee
- City of Howell Wellhead Protection
- Community Needs Assessment & Evaluation Committee
- Dental Action Team
- District 1 Regional Medical Response Coalition
- Economic Development Workgroup ( LC Strategic Plan)
- Epidemiology Laboratory Capacity meeting
- Fair & Equitable Employer Committee (LC Strategic Plan)
- Great Start Livingston Collaborative
- Great Start Livingston Steering Committee
- Great Start Livingston Pediatric & Family Health Committee
- Hartland Township Wellhead Protection
- Health & Human Services Safety Committee (LC Strategic Plan)
- Health Education & Promotion Forum
- Healthcare Integration Action Team
- Healthy Families Advisory Council
- Healthy Habits for Youth Workgroup
- Howell City Brownfield Development Committee
- HSCB Funding Partners
- Human Services Collaborative Body (HSCB)
- Immunization Advisory Coalition
- Livingston County Community Alliance
- Livingston County Local Emergency Planning Committee
- Livingston County MAPP Team
- Livingston County Phase II Watershed Planning Committee
- Livingston County Solid Waste Planning Committee

- Livingston Leadership Council on Aging
- MALPH Administrators Forum
- MALPH Management Information Systems Forum
- MDEQ Part 201 Workgroup
- MHOG Wellhead Protection Committee
- Michigan Association for Local Public Health (MALPH)
- Michigan Association of Local Environmental Health Administrators (MALEHA)
- MiPIO Network
- MRC Michigan Coordinator Group
- NACCHO Accreditation Coordinator Learning Community
- Nurse Administrators Forum
- Nutrition Subcommittee (Hunger Council)
- Oversight Policy Board (OPB)
- Partnering for Immunizations Grant
- Prescription for Health grant
- Public Health Advisory Committee (LHP)
- Region 1 Infection Control, Communicable Disease, & Epidemiology (RICE) meeting
- Safe Kids Huron Valley
- SEMHA IAP
- SEMI PIO Subcommittee
- Sexual Violence Task Force
- SHIFT District Leadership Team
- SOPHE Communications Committee
- Southeast Michigan Epidemiology Committee (SEMEC)
- Southeastern Michigan Health Association (SEMHA)
- STI Action Team
- Volunteer Livingston Volunteer Coordinator Coalition
- Wake Up Livingston – Data Committee
- Wake Up Livingston - Steering Committee
- WHI (Washtenaw Health Initiative)
- Whole Child Initiative

## **Part 5—Service Delivery**

### **A. Outline or list the LHD’s locations (including addresses), services, and hours of operation.**

Livingston County Health Department  
2300 East Grand River Avenue, Suite 102  
Howell, Michigan 48843

Hours of Operation: Monday through Friday  
8:00 AM – 5:00 PM  
Additional clinic evening hours are available on the 2<sup>nd</sup> & 4<sup>th</sup> Wednesdays of each month until 7:30 p.m.  
24/7 on call via 911

Refer to Attachment J for services.

## **Part 6—Reporting and Evaluation**

### **A. Briefly describe the LHD's efforts to evaluate its activities.**

Livingston County Health Department (LCHD) participates in an accreditation review process administered every three years to assure and enhance the quality of local public health in Michigan. This process evaluates all of our programs to assure we meet minimum program requirements and allows for continual quality improvement through corrective plans of action.

All grant-funded programs must meet the guidelines specifying program objects, evaluation, and reporting procedures in order to receive funding.

In addition to participating in an accreditation review process administered through the State of Michigan, LCHD achieved national accreditation by the Public Health Accreditation Board (PHAB) in 2018. National accreditation requires rigorous evaluation and demonstrates increased accountability and credibility to the public, funders, elected officials and partner organizations. The PHAB national accreditation process is administered every 5 years to ensure continued improvement in services and methods that are as effective and efficient as possible.

LCHD staff are committed to continuous quality improvement. LCHD invests in the development and implementation of quality improvement and performance management in multiple ways, including the requirement for all staff to participate in one formal quality improvement project every year, and an internal QI/PM team that assures quality improvement efforts and activities are carried out. The QI/PM team also helps to support the development and maintenance of a culture of quality and the utilization of an effective performance management system that holds all LCHD programmatic areas accountable for performance.

Personal and Preventive Health Services (PPHS) have adapted a quality assurance framework which includes an annual environmental survey, client survey, and staff survey. Survey results are shared with staff and management and help direct activities for improvement in designated areas where additional training or guidance is needed to assure that program requirements are being met. Staff meetings are held bimonthly to provide an opportunity for program in-services and updates.

Environmental Health Services (EH) conducts regular staff meetings to discuss emerging issues and updates with all staff present. Programs such as the private and public water supply programs conduct annual self-assessments or an onsite review by EGLE staff and the food program coordinates with MDARD for program compliance. A customer satisfaction survey is housed on the EH homepage and is available to all EH customers at any time.

### **B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity.**

- Annual Reports
- CD Update (quarterly)
- Division reports/updates (monthly)
- Emails to community partners (ex: Livingston Google Group listserv)
- Environmental Health Newsletters
- Group fax updates to medical providers
- Lobby displays

- Periodic reports to the General Government/Health and Human Services Committee of the Board of Commissioners
- Prep Steps Newsletter (Emergency Preparedness)
- Presentations to community groups and organizations
- Press releases
- Select reports to the Board of Commissioners
- Social media presence via department Facebook page
- Steaming Kettle News (food sanitation)
- Updates through attendance at HSCB meetings and various committees of the HSCB
- Website updates
- WIC Newsletter

## **Part 7—Health Officer and Medical Director**

### **A. Procedure for appointment of a Health Officer and Medical Director.**

All candidates are required to meet the requirements for the Health Officer and Medical Director positions as specified in the Michigan Public Health Code and will have resumes submitted to the Michigan Department of Health and Human Services (MDHHS) for review and approval prior to final appointment by the Board of Commissioners.

### **B. Health Officer: MDHHS Approval**

Refer to Attachment K.

### **C. Medical Director: MDHHS Approval**

Refer to Attachment L.

## **Part 8—LHD Plan of Organization Approval Form**

Refer to Attachment M.

## APPROVAL FORM

This approval form is to be signed by the Health Officer and the chairperson of your agency's local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Office of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Office of Local Health Services.

I have reviewed the Plan of Organization for \_\_\_\_\_.

(Insert local health department name)

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: \_\_\_\_\_

Health Officer Signature: \_\_\_\_\_

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

Local Governing Entity Chairperson Name: \_\_\_\_\_

Local Governing Entity Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_

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



RESOLUTION

NO: 2020-07-176

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing The Livingston County Board of Commissioners formal receipt, review, and annual filing of the Livingston County 2021-2026 Capital Improvement Plan, as approved by the Livingston County Planning Commission - Planning Department**

- WHEREAS,** a Capital Improvement Plan allows for the planning of projects over a certain period of time; and
- WHEREAS,** County Departments are requesting to be financed with County funds to build, renovate, or buy equipment, infrastructure or property to be used as a public asset or to benefit the public; and
- WHEREAS,** a capital project is defined as a project large in size having a cost in excess of \$50,000 and a useful life greater than 3 years; and
- WHEREAS,** the Capital Improvement Plan is prepared annually per a policy laid out in the Debt Management Policy, which states that the County Planning Commission, in collaboration with the County Department of Planning, will annually prepare a multi-year inventory identifying projects approved or anticipated by various County departments, which is supported by Board Resolution #702-288; and
- WHEREAS,** inasmuch as the County Planning Commission has an adopted County Master Plan, the County Planning Commission must be included in the formal review process of proposed County Department Capital Improvement Plan projects (MICHIGAN PLANNING ENABLING ACT, Act 33 of 2008 - MCLA 125:3831 and 125:3865-3867); and
- WHEREAS,** to make informed decisions, prioritize needs, and plan for fiscal requirements it is beneficial to include Department capital project requests for the upcoming year (s) in both the Capital Improvement Plan and the annual budget process; and
- WHEREAS,** it is the recommendation of the County's Planning Department and County Administration that the Capital Improvement Plan process be incorporated into the annual County Budget Process and that all County Departments with requests for projects with estimated costs in excess of \$50,000 participate in providing the information requested to be included in the Capital Improvement Plan; and
- WHEREAS,** that the Livingston County Board of Commissioners has approved that the annual Capital Improvement Planning (CIP) process be incorporated with the annual Operating Budget Process and County Departments with projects in excess of \$50,000 participate in completion of the CIP; and
- WHEREAS,** all financially-supported County department and agency directors fully understand that formal adoption of the Capital Improvement Plan is independent of the appropriation process by the Board of Commissioners, and that capital improvement funds cannot and will not be expended without such appropriation approval.

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**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approves that the Livingston County Planning Commission will continue to review and transmit the Livingston County Capital Improvement Plan annually to the Livingston County Board of Commissioners to formally receive and approve the report.

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners hereby approve that the Livingston County Planning Commission herein transmits the 2021-2026 Livingston County Capital Improvement Plan, which was approved by the Livingston County Planning Commission on Wednesday, June 17, 2020, to the Livingston County Board of Commissioners, and would request that the Board formally receive, review and and file the report.

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners hereby approve this Resolution.

#

#

#

**MOVED:**  
**SECONDED:**  
**CARRIED:**



# Livingston County Department of Planning

## MEMORANDUM

**TO:** Livingston County Board of Commissioners

**FROM:** Robert Stanford, Principal Planner, AICP, PEM  
Livingston County Planning Department

**DATE:** June 24, 2020

**SUBJECT:** 2021-2026 Livingston County Capital Improvement Plan

**Kathleen J. Kline-Hudson**  
AICP, PEM  
Director

**Robert A. Stanford**  
AICP, PEM  
Principal Planner

**Scott Barb**  
AICP, PEM  
Principal Planner

Greetings Commissioners:

Attached please accept this copy of the 2021-2026 Livingston County Capital Improvement Plan, which was approved by the County Planning Commission at its June 17, 2020 meeting. I am providing you with a hard-copy version of the plan for your information in advance of the July 8, 2020 Finance Committee meeting. I have also provided you with a hard copy and digital version of the plan along with a resolution for your consideration.

This document has undergone an extensive and rigorous five-week development and review process by the Planning Department and Capital Improvement Plan Review Subcommittee. Members of the Capital Improvement Plan Review Subcommittee are:

- Cindy Catanach, Acting County Administrator - Administration
- Hilery DeHate, Acting Financial Officer – Administration
- Krisoffer Tobbe, Chief Information Officer – Information Technology
- Chris Folts, Director, Facility Services
- Jeff Warder, Undersheriff, County Sheriff Department
- Robert Stanford, Principal Planner, Planning Department

Once the draft CIP Plan was developed, the review process included a thorough examination of each county department-proposed project, analyzing the cost-benefit of each project in relation to departmental project ranking criteria, short-term versus long-term costs, and other associated criteria. This process is further explained in the plan.

As granted through the State of Michigan enabling authority under Michigan Public Act 33 of 2008, as amended (MCL 125.3801-3885), the County Planning Commission is required to “annually prepare a six-year capital improvements program.” This plan represents the culmination of that endeavor. As the plan has now been formally approved by the Livingston County Planning Commission, the plan is now being forwarded to the County Board of Commissioners via the Finance Committee to formally, accept, review and permanently file for the 2021-2026 CIP Planning Period.

I would like to request to present a brief five-minute summary of the findings of the plan at the July 8, 2020 Finance Committee meeting.

Thank you for your continued support and cooperation through this annual process.

**Cc:** Cindy Catanach, Hilery DeHate, Kristoffer Tobbe, Chris Folts, Jeff Warder, Kathleen Kline-Hudson

### Department Information

Administration Building  
304 E. Grand River Avenue  
Suite 206  
Howell, MI 48843-2323

•  
(517) 546-7555  
Fax (517) 552-2347

•  
Web Site  
[Livgov.com/planning](http://Livgov.com/planning)

## **RESOLUTION**

### **Livingston County Planning Commission**

#### **TRANSMISSION OF THE**

### **APPROVED COUNTY 2021-2026 CAPITAL IMPROVEMENT PLAN**

#### **TO THE LIVINGSTON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, a Capital Improvement Plan allows for the planning of projects over a certain period of time; and

**WHEREAS**, County Departments are requesting to be financed with County funds to build, renovate, or buy equipment, infrastructure or property to be used as a public asset or to benefit the public; and

**WHEREAS**, a capital project is defined as a project large in size having a cost in excess of \$50,000 and a useful life greater than 3 years; and

**WHEREAS**, the Capital Improvement Plan is prepared per a policy laid out in the Debt Management Policy, which states that the County Planning Commission, in collaboration with the County Department of Planning, will annually prepare a multi-year inventory identifying projects approved or anticipated by various County departments, which is supported by Board Resolution #702-288; and

**WHEREAS**, inasmuch as the County Planning Commission has an adopted County Master Plan, the County Planning Commission must be included in the formal review process of proposed County Department Capital Improvement Plan projects (MICHIGAN PLANNING ENABLING ACT, Act 33 of 2008 - MCLA 125:3831 and 125:3865-3867); and

**WHEREAS**, to make informed decisions, prioritize needs, and plan for fiscal requirements it is beneficial to include Department capital project requests for the upcoming year(s) in both the Capital Improvement Plan and the annual budget process; and

**WHEREAS**, it is the recommendation of the County's Planning Department and County Administration that the Capital Improvement Plan process be incorporated into the annual County Budget Process and that all County Departments with requests for projects with estimated costs in excess of \$50,000 participate in providing the information requested to be included in the Capital Improvement Plan; and

**WHEREAS**, that the Livingston County Board of Commissioners has approved that the annual Capital Improvement Planning (CIP) process be incorporated with the annual Operating Budget Process and County Departments with projects in excess of \$50,000 participate in completion of the CIP.

**THEREFORE BE IT RESOLVED** that the Planning Commission will continue to review and transmit the Livingston County Capital Improvement Plan annually to the Livingston County Board of Commissioners to formally receive and file the report, and

**BE IT FURTHER RESOLVED** that the Livingston County Planning Commission herein transmits the 2021-2026 Livingston County Capital Improvement Plan to the Livingston County Board of Commissioners and requests that the Board formally receive and file the report as appropriate.

Approved: Brian Prokuda

Brian Prokuda, Chair

Attest: Kathleen J. Kline-Hudson

Kathleen Kline-Hudson, Director

On This Date: Wednesday, June 17, 2020

**LIVINGSTON COUNTY PLANNING COMMISSION**

Brian Prokuda, Chair  
Bill Anderson, Vice Chair  
Jeanne Clum  
Laura Abramson  
Matt Ikle  
Dennis Bowdoin  
William Call



# 2021-2026 CAPITAL IMPROVEMENT PLAN

Livingston County, MI

A  
Financial Planning Report  
to the  
Livingston County  
Board of Commissioners

.....



.....  
Approved By -  
Livingston County  
Planning Commission  
June 2020

## Livingston County Board of Commissioners

- Carol S. Griffith, Chair, District 7
- Kate Lawrence, District 1
- William Green, District 2
- Wes Nakagiri, District 3
- Douglas G. Helzerman, District 4
- Robert J. Bezotte, District 6
- Jerome Gross, District 8
- Gary Childs, District 9
- District 5, Vacant

## Livingston County Planning Commission

- Brian Prokuda, Chair
- Jeanne Clum, Vice Chair
- Laura Abramson
- Bill Anderson
- Matt Ikle
- Dennis Bowdoin
- William Call

## County Administrator

- Cindy Catanach, Acting County Administrator

## Capital Improvement Review Committee

- |                    |                                           |
|--------------------|-------------------------------------------|
| • Cindy Catanach   | Acting County Administrator               |
| • Hilery DeHate    | Acting Financial Officer - Administration |
| • Kristoffer Tobbe | CIO – Information Technology              |
| • Chris Folts      | Director – Facility Services              |
| • Jeff Warder      | Undersheriff – County Sheriff Department  |
| • Hilery DeHate    | Financial Analyst - Administration        |
| • Rob Stanford     | Principal Planner – Planning Department   |



## Livingston County Department of Planning

304 E. Grand River Avenue  
Suite 206  
Howell, MI 48843  
Tel: (517) 546-7555  
<https://www.livgov.com/plan>

*Cover photo: Courtesy of Brian Jonckheere (2019)*

# Livingston County, Michigan

## 2021-2026 - CAPITAL IMPROVEMENT PLAN -

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## **RESOLUTION**

### **Livingston County Planning Commission**

#### **TRANSMISSION OF THE**

### **APPROVED COUNTY 2021-2026 CAPITAL IMPROVEMENT PLAN**

#### **TO THE LIVINGSTON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, a Capital Improvement Plan allows for the planning of projects over a certain period of time; and

**WHEREAS**, County Departments are requesting to be financed with County funds to build, renovate, or buy equipment, infrastructure or property to be used as a public asset or to benefit the public; and

**WHEREAS**, a capital project is defined as a project large in size having a cost in excess of \$50,000 and a useful life greater than 3 years; and

**WHEREAS**, the Capital Improvement Plan is prepared per a policy laid out in the Debt Management Policy, which states that the County Planning Commission, in collaboration with the County Department of Planning, will annually prepare a multi-year inventory identifying projects approved or anticipated by various County departments, which is supported by Board Resolution #702-288; and

**WHEREAS**, inasmuch as the County Planning Commission has an adopted County Master Plan, the County Planning Commission must be included in the formal review process of proposed County Department Capital Improvement Plan projects (MICHIGAN PLANNING ENABLING ACT, Act 33 of 2008 - MCLA 125:3831 and 125:3865-3867); and

**WHEREAS**, to make informed decisions, prioritize needs, and plan for fiscal requirements it is beneficial to include Department capital project requests for the upcoming year(s) in both the Capital Improvement Plan and the annual budget process; and

**WHEREAS**, it is the recommendation of the County's Planning Department and County Administration that the Capital Improvement Plan process be incorporated into the annual County Budget Process and that all County Departments with requests for projects with estimated costs in excess of \$50,000 participate in providing the information requested to be included in the Capital Improvement Plan; and

**WHEREAS**, that the Livingston County Board of Commissioners has approved that the annual Capital Improvement Planning (CIP) process be incorporated with the annual Operating Budget Process and County Departments with projects in excess of \$50,000 participate in completion of the CIP.

**THEREFORE BE IT RESOLVED** that the Planning Commission will continue to review and transmit the Livingston County Capital Improvement Plan annually to the Livingston County Board of Commissioners to formally receive and file the report, and

**BE IT FURTHER RESOLVED** that the Livingston County Planning Commission herein transmits the 2021-2026 Livingston County Capital Improvement Plan to the Livingston County Board of Commissioners and requests that the Board formally receive and file the report as appropriate.

Approved: Brian Prokuda

Brian Prokuda, Chair

Attest: Kathleen J. Kline-Hudson  
Kathleen Kline-Hudson, Director

On This Date: Wednesday, June 17, 2020

**LIVINGSTON COUNTY PLANNING COMMISSION**

Brian Prokuda, Chair  
Bill Anderson, Vice Chair  
Jeanne Clum  
Laura Abramson  
Matt Ikle  
Dennis Bowdoin  
William Call

# **Livingston County**



## **FY 2021-2026 Capital Improvement Plan**

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### **- SECTION 1 -**

### **BACKGROUND INFORMATION**

## EXECUTIVE SUMMARY

A responsibility of local government officials is the preservation, maintenance, and improvement of capital assets.

The Capital Improvement Plan (CIP) is the county's long-range strategic planning framework that addresses preservation, maintenance, and improvements to the infrastructure, parks and recreation, and other community facilities within the county. The CIP is used as an instrument to evaluate long-term capital needs and requests of county departments and to establish timely and cost-effective funding for the projects that are identified as being high-priority.

The State of Michigan enabling legislation for preparing a CIP is provided by Michigan Public Act 33 of 2008, also known as the Michigan Planning Enabling Act (MCL 125.3801...125.3885). It requires that in the County, as well in cities and villages, after adoption of masterplan, the local Planning Commission in that respective municipality shall "annually prepare a 6-year capital improvements program".

For Livingston County Capital Improvement Plan budgetary purposes, a capital project is defined as:

- a) Large in size**
- b) Large in cost (in excess of \$50,000)**
- c) Lengthy in duration (useful life greater than three years)**

**NOTE: Projects that are operational, routine maintenance, or recurring are excluded.**

For CIP consideration, a county project must be either:

- A building or renovation project.
- A new construction project.
- A capital equipment project.

The CIP document covers a six-year span and is reviewed and updated annually. Documentation and preparation takes approximately six months. During this time, county planning and finance staff collect information, develop a draft for project request for each of the projects - including timelines and costs, and organizes the priorities that each department sets individually to each of their projects. Criteria utilized by departments in assessing and prioritizing CIP projects include:

- Community Health, Safety, Wellness
- Condition of County Infrastructure and Facilities
- Energy Conservation and Environment
- Social, Cultural, Recreational Opportunities
- Customer Service and Convenience

The basic goals of the CIP are to provide a systematic approach to replacing and repairing deteriorating public facilities, add new facilities that will enhance the quality of life for the residents of Livingston County, and develop a comprehensive strategy for the replacement of major capital items

In order to evaluate fairly each project submitted on its own merit as compared to all other projects submitted by county departments, all CIP Projects are evaluated by the CIP Review Committee relative to the following criteria:

- Department Ranking of Need
- Project Justification
- Analysis of Viable Project Alternatives
- Project Planning Context

This plan is a living document, highly dependent on the present economic conditions and is subject to changes.

Capital projects can impact future operating budgets either positively or negatively due to an increase or decrease in staffing, maintenance costs, or by providing capacity for new programs or services.

The CIP is a six-year plan for the funding and construction or repair of county facilities, parks and recreation area improvements, and capital equipment purchases.

Year One of the six-year CIP is utilized as the basis for the annual budget for capital projects in their associated departments. The annual budget process may present further refinement to projects, project costs, and funding and/or financing alternatives. The CIP does not appropriate money. The county's annual budget sets the appropriation authority levels for the subsequent year.

In summary, for the FY 2021-2026 Capital Improvement Plan period:

- 2021-2026 Total Number of Projects: **44 proposed projects**
- 2021-2026 Total Proposed Expenditures for all Projects: **\$23,688,000**
- Twelve (12) newly proposed projects
- Eleven (11) county departments submitted proposed projects
- Total "Year One" (FY 2021) proposed expenditures: \$7,238,700
- Total "Year One" (FY 2021) Capital-Funded Expenditures: \$1,201,200



#### Facility Renovation Projects

15 Projects  
\$10,807,200

#### New Construction Projects

5 Projects  
\$2,245,000

#### Capital Equipment

20 Projects  
\$10,635,800

Uncertainties related to economic outlook remain a concern and a driver for projects to be carried forward to future years. All on-going projects that continue past Year One are reviewed annually based on the criteria detailed above.

## INTRODUCTION

Social and economic progress depends on dynamic urban development and sound growth management. If the vision, challenge and elements of the Master Plan are used effectively to guide future growth and development, the standard of living and quality of life for all the citizens of Livingston County will be enhanced.

The general welfare of the community is affected by the way in which it grows. The expenditure of public funds can affect growth patterns. Capital demands for the maintenance of existing infrastructure must be balanced with the need to extend infrastructure to newly developing areas.

While the County Master Plan provides the general guideline for the development of land and improvements within the County, the Capital Improvement Plan (CIP) is an important planning tool which provides a logical means of identifying, assessing and formulating a financial basis for implementing short- term and long-term improvements.

Capital improvements programming is defined as *the multiyear scheduling of public physical improvements*.<sup>1</sup> Typically capital improvements programming involves examining long-term forecasts of economic conditions, demographics, governmental revenues, and governmental expenditures. The Capital Improvement Inventory/Plan is a six-year planning instrument (current year plus five years forward) used by Livingston County to identify needed capital projects in an effort to coordinate the financing and timing of improvements in a way that maximizes the value to the public. Capital improvements are projects involving the expenditure of public funds over and above annual operating expenses. The CIP is evaluated annually by the Livingston County Planning Commission and the Board of Commissioners. It identifies capital projects, prioritizes the timing and specifies the funding sources.

Livingston County's Capital Improvements Plan (CIP) is a planning tool, with a goal to identify and schedule capital improvements annually over a six-year period. The CIP is an opportunity to formulate strategic long- term policy decisions that extends beyond the current budget year. The CIP helps track multi-year projects that may require planning, design, land acquisition and construction. The projects identified in the CIP represent the Livingston County's plan to serve residents and anticipate the needs of a growing and dynamic community.

For Livingston County Capital Improvement Plan budgetary purposes, a capital project is defined as:

- Large in size
- Large in cost (in excess of \$50,000)
- Lengthy in duration (useful life greater than three years)

**NOTE: Projects that are operational, routine maintenance, or recurring are excluded.**

Each year, all projects included within the County CIP are reviewed and a call for new projects is made. Livingston County has undertaken a county-wide inventory of all capital projects since 2003. The Livingston County Board of Commissioners has designated the Livingston County Department of Planning as the lead department in compiling and reporting the data. The Board has also resolved that capital improvement projects must be included in the County CIP as a prerequisite for consideration of County participation in financing.

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<sup>1</sup> So, Frank S., et al. Eds. *The Practice of Local Government Planning*. Washington DC: The International City Management Association, 1979. P. 130.

Therefore, in order to make informed decisions, prioritize needs, and plan for fiscal requirements, beginning with the initial Capital Improvement Plan (FY 2018-2023), County Departments are now required to include their capital project requests for the upcoming year(s) in both the Capital Improvement Plan and the annual Operating Budget process. It is the recommendation of the County's Planning Department and County Administration that the Capital Improvement Plan will therefore be reviewed with the annual Operating Budget Process and that all County Departments with requests for projects with estimated costs in excess of \$50,000 participate in providing the information to be included in the Capital Improvement Plan.

## THE LEGAL BASIS FOR A CAPITAL IMPROVEMENTS PLAN

By statute, Michigan Public Act 33 of 2008, also known as the Michigan Planning Enabling Act (MCL 125.3801...125.3885), requires that in the County, as well in cities and villages, after adoption of master plan, the local Planning Commission in that respective municipality shall "annually prepare a 6-year capital improvements program". This is not mandatory in a township unless it operates a water supply or sewage system. Specially, the Act states:

***125.3865 Capital improvements program of public structures and improvements; preparation; basis.***

*(1) To further the desirable future development of the local unit of government under the master plan, a planning commission, after adoption of a master plan, shall annually prepare a capital improvements program of public structures and improvements, unless the planning commission is exempted from this requirement by charter or otherwise. If the planning commission is exempted, the legislative body either shall prepare and adopt a capital improvements program, separate from or as a part of the annual budget, or shall delegate the preparation of the capital improvements program to the chief elected official or a nonelected administrative official, subject to final approval by the legislative body.*

*The capital improvements program shall show those public structures and improvements, in the general order of their priority that in the commission's judgment will be needed or desirable and can be undertaken within the ensuing 6-year period. The capital improvements program shall be based upon the requirements of the local unit of government for all types of public structures and improvements. Consequently, each agency or department of the local unit of government with authority for public structures or improvements shall upon request furnish the planning commission with lists, plans, and estimates of time and cost of those public structures and improvements.*

Therefore, because the County has adopted a Comprehensive Plan, all county departments and funded agencies are required to consult with the County Planning Commission regarding projects it is planning to undertake.

### **County CIP Plan Development History:**

At the January 11, 2010 meeting of the Livingston County Capital Improvement Subcommittee, the County Planning Department was instructed to facilitate the integration of the Capital Improvement Inventory into the County Comprehensive (Master) Plan. The Master Plan is the blueprint for the future, these plans identify economic, land use, and infrastructure development and/or redevelopment, which may include transportation, housing, and public facilities. Regular updates to these plans are imperative to ascertain development or infrastructure needs as local conditions change.

The Committee members were in full agreement that smart infrastructure planning and efficient and effective capital improvement expenditures promote smart community growth. Therefore, linking the Capital Improvement Inventory with the County Master Plan makes firm and logical sense. The Livingston County Board of Commissioners subsequently approved a resolution which integrates the County Capital Improvement Inventory as a supporting document for the County Comprehensive Plan in order to strengthen and lend credibility to both documents for future planning purposes.

### **Master Plan-Capital Improvement Plan Connection:**

Paying attention to financial factors during the development of master plans allows for a smoother transition of long-range plans to implementation and lessens the impact on the CIP and future operating budgets equals less financial/developmental surprises.



Subsequently, to adequately guide the fiscal, operating, and land use needs of the community, the Government Finance Officers Association (GFOA) recommends that finance officers and departments use Master Plans as a framework for capital project requests that go into the CIP.

The GFOA recognizes the role of Master Plans as one of the CIP's important elements. Two of the GFOA recommendations for integrating a community Master Plan with its Capital Improvement Plan are:

- *Master Plans should provide a vision for capital project plans and investments.*
- *Governments should make capital project investment decisions that are aligned to their long-range Master Plans.*

Therefore in order for a community to achieve **SUCCESS / VIABILITY**, it's a two-way street of cooperation between the Master Plan and the Capital Improvement Plan:

<u><b>PLANNING (The Master Plan)</b></u>	<u><b>FINANCE (The CIP)</b></u>
<ul style="list-style-type: none"> <li>■ Master Plans provide a vision for the government that should be supported by: <ul style="list-style-type: none"> <li>○ realistic planning documents</li> <li>○ solid financial policies targeted for the implementation of stated goals, and</li> <li>○ trends on the government's accomplishments and progress toward these goals.</li> </ul> </li> <li>■ Such plans forecast the outlook for the government, illustrating the alignment between demand generators, capital improvement programs, and funding policies.</li> <li>■ In doing so, the Master Plan helps address the management factors that are critical in financial rating analysis and investor communication.</li> </ul>	<ul style="list-style-type: none"> <li>■ The list of potential projects for inclusion in the CIP comes from a variety of sources, including department requests, plans for facility construction and renovations, long- term capital replacement programs, citizen requests, neighborhood plans and projects for which grant funds are available.</li> <li>■ CIP projects should always be reviewed for consistency with the government's Master Plan(s). The CIP should be viewed as a financial blueprint that helps prioritize needs to achieve implementation of the public improvements identified in the Master Plan.</li> <li>■ The level of funding in the CIP defines the financial capacity to reach the desired goals set forth in the Master Plan.</li> </ul>

## THE BENEFITS OF A CAPITAL IMPROVEMENTS PLAN

All communities need to develop a capital improvements program. With time, public facilities need major repair, replacement or expansion. Maintaining and upgrading a community's capital stock requires significant financial investment, expenditures which are often carried over for many years into the future.

The CIP is first and foremost, a planning tool. It can be quite useful as a primary guide in implementing the Master Plan. With thoughtful foresight and review as a result of a CIP, the many outstanding capital projects that communities are faced with implementing every year, can be viewed as one package, rather than as small, fragmented groups or lists, with no unified sense of focus and direction.

Capital improvements investiture involves a real balancing act for public officials – the need to fund capital improvements must be weighed against other community needs and analyzed in light of community goals. In light of the often uncertain economic conditions currently taking place in the U.S., it is imperative that Livingston County government officials make efficient use of capital resources. Thus the process of capital improvements funding is often difficult and challenging. There are more needs than can be satisfied at once, and the selection of one investment over another may shape the development of the County for years to come. Capital improvements programming is a valuable tool to ensure that choices made for fiscal expenditures are made wisely. There are many benefits of capital improvements programming, they include the following:

- ***Focuses attention on community goals, needs, and capabilities.***

Through capital improvements programming, capital projects can be brought into line with the County's long-range plans by matching identified needs with financial capabilities. Considered individually, a municipal building improvement or land acquisition project may be great ideas. However, each project may appear quite different to County fiscal decision makers when, as they are addressed by means of the CIP process, they are forced to compete directly with other projects for limited capital funds.

- ***Improves the basis for intergovernmental and regional cooperation.***

Capital improvements programming offers public officials of all governmental units within the County (cities, villages, townships, Downtown Development Authorities, County school districts, the Livingston Essential Transportation System, Livingston County Road Commission, etc.) an opportunity to plan the location, timing, and financing of improvements in the interest of the community *as a whole*.

- ***Allows for the optimization of taxpayer's dollars.***

The capital improvements program helps the County Board of Commissioners make sound annual budget decisions. Careful planning of capital improvements helps to avert costly mistakes. In addition, capital planning allows the County to save money in several other ways. For example, typically municipal bond investors tend to look more favorably towards a community which has a CIP process in place; additionally, if bond financing is selected for a capital improvement project, the County has more of an opportunity to realize significant savings on interest. Lastly, the CIP can also provide an opportunity, assuming the required funds are available, for the County to purchase land at a lower cost in advance of construction activities.

- ***Encourages the operation of an effective and efficient County government.***

Scheduling conflicts between County departments for capital improvements are better coordinated through the CIP process, thereby ensuring that no single function receives more than its fair share of resources. The CIP can aid in improving governmental efficiency and effectiveness, through the promotion and encouragement of innovative management techniques.

- ***Enhances opportunities for participation in federal or state grant-in-aid programs.***

By preparing a CIP, the County improves its chance of obtaining aid through federal and state programs that provide funds for planning, construction and financing of capital improvements.

- ***Contributes to the maintenance of a sound and stable financial program.***

Having to make large or frequent unplanned expenditures can place the County in a precarious financial position. Because the CIP includes construction projects which are planned in advance and scheduled at intervals over a number of years, sharp changes in the tax structure or bonded indebtedness can be largely averted. Because the CIP allows ample time for planning, the most economical means of financing each project can be selected in advance.

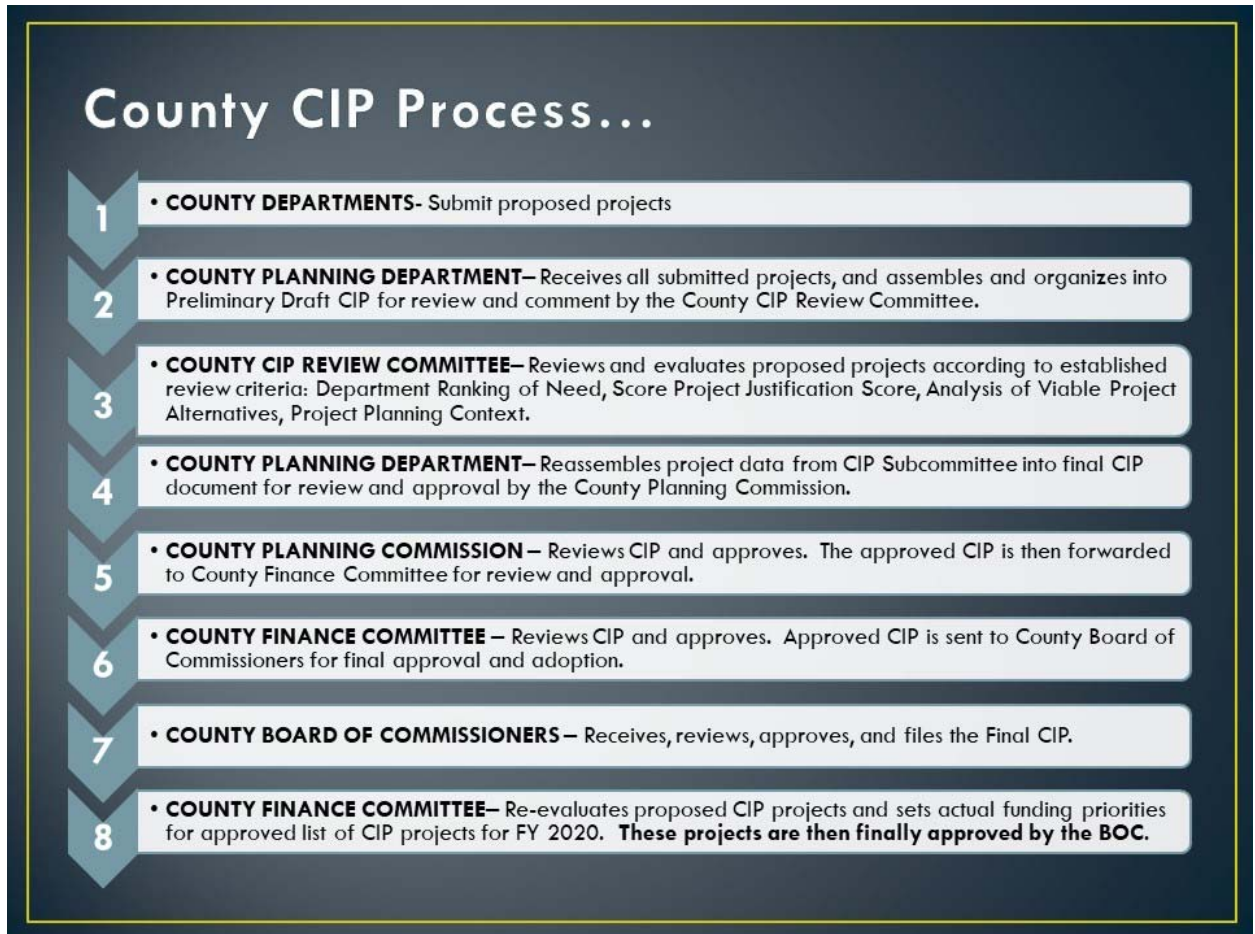
- ***Guides future growth and development in the County.***

Where capital improvements occur and the extents of said improvements help shape the growth of the County. Through utilizing the CIP process, the Board of Commissioners can develop well thought-out policies to guide future land use and economic development. The CIP process adds rationality to capital improvement decisions, thereby easing political decision making by allowing Commissioners the opportunity to weigh various projects against others. This benefit translates directly as the priority-setting element of the CIP process.

# LIVINGSTON COUNTY CAPITAL IMPROVEMENT PLAN PROCESS

The CIP is officially reviewed and filed annually by the Livingston County Board of Commissioners. However there are several steps that are taken prior to the final draft of the document (**See ITEM 1 below**).

## ITEM 1: Livingston County Capital Improvement Plan Process



**STEP 1:** To begin the Capital Improvement Plan process, all departments are required to complete a Capital Improvement Plan *Project Information Sheet* for each CIP project being submitted (**See ITEM 2 on the following page**).

The Project Worksheet provides all the essential details related to the individual project. Such items as project expenditures, project descriptions, project alternatives, project ranking of need and project justification. The *Project Information Sheet* is the key informational factor in tracking a proposed CIP project from beginning to its completion. It is an important tool for ensuring that proposed projects are well thought out and based on a realistic appraisal of need

## ITEM 2: COUNTY CAPITAL IMPROVEMENT PLAN - DEPARTMENT PROJECT INFORMATION SHEET

### Livingston County CIP 2021-2026

#### Interactive / Fillable PDF - Project Information Sheet

- Project Name
- Project Category
- Submitter/Contact

---

- Main Project Description
- Project Justification

---

- Project Alternatives
- Project Planning Context
- County Strategic Plan Connection

**PROJECT NAME:** Purchase Transit Vehicles

**PROJECT ID:** 10000000000000000000

**PROJECT CATEGORY:** Capital Equipment

**PROJECT STATUS:** Not Started

**SUBMITTED BY:** [Name]

**DEPT:** [Name]

**DEPT RANKING OF NEED:** [Rank]

**PROJECT DESCRIPTION:** [Text]

**PROJECT LOCATION MAP (PHOTO):** [Image]

**PROJECT JUSTIFICATION:** [Text]

**PROJECT ALTERNATIVES:** [List]

**PROJECT PLANNING CONTEXT:** [Text]

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** [Text]

- Project Number
- Total 6-year Cost
- Dept Name
- Dept Ranking of Need

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- Example of Project (picture, map, etc.)

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- Project Initiated and Schedule

### Livingston County CIP 2021-2026

#### Interactive / Fillable PDF - Project Information Sheet (continued)

- Project Name

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**TABLE A:**

Project Funding Schedule

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**TABLE B:**

Current Operating Costs Schedule Related to Project

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**TABLE C:**

Projected Operating Costs Schedule Related to Project

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**TABLE D:**

Calculated Difference Between Current and Proposed Operating Costs Related to Project

**PROJECT NAME:** Purchase Transit Vehicles

**PROJECT ID:** 10000000000000000000

**TABLE A: PROJECT FUNDING SCHEDULE (In \$1,000s)**

Funding Source	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
General Fund							
...							
<b>TOTAL</b>							

**TABLE B: CURRENT OPERATING COSTS (In \$1,000s)**

Operating Cost Type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Salaries and Benefits							
...							
<b>TOTAL</b>							

**TABLE C: PROJECTED OPERATING COSTS (In \$1,000s)**

Operating Cost Type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Salaries and Benefits							
...							
<b>TOTAL</b>							

**TABLE D: CALCULATED DIFFERENCE "PROJECTED OPERATING COST" (TABLE C) MINUS "CURRENT OPERATING COST" (TABLE B) (In \$1,000s)**

Operating Cost Type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Salaries and Benefits							
...							
<b>TOTAL</b>							

- Project Number

**STEP 2:** Next, the County Planning Department receives all submitted projects and assembles and organizes projects into a Preliminary Draft Capital Improvement Plan for review and recommendation by the County CIP Review Committee.

**STEP 3:** In order to obtain the best overall assessment of each CIP project submitted by County department, the CIP Review Committee consists of representatives of Administration, Finance Department, Information Technology Department, County Sheriff Department, Planning Department, and Facility Services Department.

**STEP 4:** Following the review by the CIP Review Committee, this body prepares a recommended Draft CIP Plan which is sent to the County Planning Commission for their review and approval.

**STEP 5:** The County Planning Commission reviews and prepares a Final Approved CIP Plan, by resolution, which is then sent to the County Finance Subcommittee (which is comprised of all County Commissioners) for their review and approval. The Plan is approved at this step, but this does not mean that all projects are formally approved at this time.

**STEP 6:** The County Finance Committee then reviews and approves the Final Approved CIP Plan (as approved and forwarded by the County Planning Commission) through formal motion procedures. The document is then sent to the County Board of Commissioners.

**STEP 7:** This step is where the CIP is formally reviewed and filed through County resolution. Again, it is important to note that this is step is only the formal review and filing of the document. Proposed CIP projects still must go through one more round of examination by the County Finance Committee.

**STEP 8:** In the final step, the proposed projects within the CIP are then reevaluated by the County Finance Committee. All projects are prioritized and department directors from those departments which submitted projects are interviewed for more details regarding their projects. Funding priorities are then set by the Subcommittee and CIP projects are then formally approved for consideration as part of the up-coming fiscal year's overall budget.



## REVIEW OF PAST AND CURRENT LIVINGSTON COUNTY CAPITAL IMPROVEMENT PLANS

Table 1 below provides a comparison of past and current Livingston County Capital Improvement Plan details:

**TABLE 1: ANNUAL SUMMARY OF COUNTY CIP PLANS**

ANNUAL SUMMARY OF COUNTY CIP PLANS	CIP PERIOD			
	2018-2023	2019-2024	2020-2025	2021-2026
Proposed Projects	35	50	45	44
Newly Proposed Projects	12	26	22	12
Number of Departments Submitting Projects	16	14	11	11
Total Cumulative Proposed Expenditures For 6-Year CIP Period	\$ 34,847,007	\$ 42,297,400	\$25,752,200	\$ 23,688,000
Number of Proposed Facility Renovation Projects	19	26	18	15
Total Proposed Expenditures For Facility Renovation Projects	\$ 11,629,000	\$ 14,950,700	\$10,266,900	\$10,807,200
Number of Proposed New Construction Projects	9	15	7	5
Total Proposed Expenditures For New Construction Projects	\$ 18,120,600	\$ 21,183,000	\$4,536,100	\$2,245,000
Number of Proposed Capital Equipment Projects	7	9	20	20
Total Proposed Expenditures For Capital Equipment Projects	\$ 5,097,407	\$ 6,163,700	\$10,949,200	\$10,635,800
Total Proposed Expenditures For "Year One" (FY 2021)	\$ 10,705,260	\$ 7,777,700	\$9,463,900	\$7,238,700
Total "Capital-funded" Expenditures For "Year One" (FY 2021)	\$ 3,364,600	\$ 1,252,000	\$2,237,800	\$1,201,200
Total "Other-funded" Expenditures For "Year One" (FY 2021)	\$ 7,340,660	\$ 6,525,700	\$7,226,100	\$6,037,500

Table 2 below provides an overall summary of all proposed CIP project by departments. The table shows how many projects were submitted by each department, the total proposed expenditures for those projects, and the total proposed funding source category for these projects.

**TABLE 2: DEPARTMENTAL SUMMARY OF PROPOSED CIP PROJECTS**

2021 -2026 Proposed Departmental Project Summary				
Department	Total Number of Projects	Total Projected Expenditures	Total Projected "Capital-Funded"	Total Projected "Other-Funded"
Animal Control	1	\$ 55,000		\$ 55,000
Friend of the Court	1	\$ 70,000		\$ 70,000
Facility Services	2	\$ 350,000	\$ 350,000	
Airport	2	\$ 1,026,100		\$ 1,026,100
Central Courts	1	\$ 1,180,000	\$ 1,180,000	
Sheriff	8	\$ 1,640,000	\$ 1,480,000	\$ 160,000
Information Technology	12	\$ 2,245,200	\$ 1,161,200	\$ 1,084,000
Emergency Services	1	\$ 2,268,000		\$ 2,268,000
911 Central Dispatch	4	\$ 2,550,000		\$ 2,550,000
LETS	1	\$ 2,667,600		\$ 2,667,600
Drain Commissioner	11	\$ 9,636,100		\$ 9,636,100
<b>TOTALS</b>	<b>44</b>	<b>\$ 23,688,000</b>	<b>\$ 4,171,200</b>	<b>\$ 19,516,800</b>

## PROJECT RANKING AND JUSTIFICATION CRITERIA

In order to evaluate fairly each project submitted on its own merit as compared to all other projects submitted by county departments, all CIP Projects are evaluated by the CIP Review Committee relative to the following criteria:

- Department Ranking of Need Score
- Project Justification Score
- Analysis of Viable Project Alternatives
- Project Planning Context

### Project Ranking of Need Score

The department submitting a project is required to provide a Project Ranking of Need score to each individual project submitted. Each Ranking of Need criteria is assigned a ranking number, from the lowest of one (1) to the highest of four (4). The ranking point assigned to a project relates to the level of need perceived by the department regarding that individual project.

The Department Ranking of Need criteria are as follows:

<u>Rank Points</u>	<u>Need Criteria</u> (as assigned by submitting department)
4 pts	<b>ON-GOING</b> – Project is on-going from past year's CIP submission.
4 pts	<b>NEW</b> – Project Urgently Needed this year.
3 pts	<b>NEW</b> – Project Urgently Needed, but not necessarily this year.
2 pts	<b>NEW</b> – Project is Important, but not urgent.
1 pts	<b>NEW</b> – Project is optional.

TABLE 3 below provides a breakdown by “Project Ranking of Need” Score of all CIP projects submitted for the 2021-2026 CIP Plan:

**TABLE 3: DEPARTMENTAL PROJECT RANKING OF NEED**

<u>Ranking Points – Need Criteria</u>	<u>Number of Projects Submitted</u>	<u>Percent of Projects Submitted</u>
(4) <b>ON-GOING</b> – Project is on-going from past year's CIP submission	31	70.4%
(4) <b>NEW</b> – Project Urgently Needed this year.	6	13.6%
(3) <b>NEW</b> – Project Urgently Needed, but not necessarily this year.	3	6.9%
(2) <b>NEW</b> – Project is Important, but not urgent.	4	9.1%
(1) <b>NEW</b> – Project is optional.	0	0%

### Project Justification Score

The department submitting a project is required to provide a Project Justification Score. Each criteria item (A. through E.) is assigned a ranking number, ranging from the lowest rank of zero (“0 – Not Applicable”), one (“1 – Somewhat Important”), two (“2 – Important”), or three (“3 – Very Important”).



A total of fifteen (15) points is the highest possible score attainable. The Project Justification Score aids in prioritizing the most needed or necessary departmental projects overall, as compared to all other proposed projects submitted by an individual department that may be of lesser immediate need to be implemented.

Item	Justification Score:	Justification Criteria Category:	<u>Justification Criteria:</u> <i>Score indicates the degree to which the project will address each criteria</i>
A.	0 to 3 points	Community Health, Safety, Wellness	Project will aid in the overall protection of health, safety, wellness of citizens.
B.	0 to 3 points	Condition of County Infrastructure and Facilities	Project will aid in the general maintenance or will improve public infrastructure, facilities.
C.	0 to 3 points	Energy Conservation and Environment	Project will aid in the reduction of energy consumption, have positive impact on environment.
D.	0 to 3 points	Social, Cultural, Recreational Opportunities	Project will enhance social, cultural, recreational, aesthetics opportunities in the county.
E.	0 to 3 points	Customer Service and Convenience	Project will Improve customer service, convenience for citizens.

TABLE 4 below provides a breakdown of project departmental justifications by overall "Project Justification Score" of all CIP projects submitted for the 2021-2026 CIP Plan:

**TABLE 4: DEPARTMENTAL PROJECT JUSTIFICATION SCORE**

	Project Justification Score (as assigned by submitting department)														
	<u>"1"</u>	<u>"2"</u>	<u>"3"</u>	<u>"4"</u>	<u>"5"</u>	<u>"6"</u>	<u>"7"</u>	<u>"8"</u>	<u>"9"</u>	<u>"10"</u>	<u>"11"</u>	<u>"12"</u>	<u>"13"</u>	<u>"14"</u>	<u>"15"</u>
Number of Projects Submitted	0	0	1	3	1	9	5	5	6	1	2	8	2	0	1

### Analysis of Viable Project Alternatives

The department submitting a project is required to provide three alternatives pertaining to the individual project, in case the project is not funded as proposed by the County Board of Commissioners.

### Project Planning Context

The department submitting a project is required to indicate whether the project is part of a long-term program or plan, such as a Master Plan, Infrastructure Plan, etc., what that specific plan is, and when (year) the plan was approved.

# **Livingston County**



**FY 2021-2026**

## **Capital Improvement Plan**

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### **- SECTION 2 -**

### **OVERALL PROJECTS BY DEPARTMENT REPORTS**

TABLE 1 - LIVINGSTON COUNTY: 2021-2026 CAPITAL IMPROVEMENT PLAN - OVERALL PROJECT LIST: PROJECTS BY DEPARTMENT																	PAGE A					
Item #	CIP Plan Page Number	Department	Project ID (New Project Submitted for FY 2021 CIP in Red)	Project Title (New Project Submitted for FY 2021 in Red)	Facility Renovation	New Construction	Capital Equipment	Dept Ranking of Need Score	Dept Project Justification Score	Capital (some are both)	Other Fund(s) (some are both)	Proposed Project Funding Source(s)	Expenditures						Total Estimated Costs FY 2021 to FY 2026	Costs Planned or Expended In Years Outside of Current (2021-2026) CIP Planning Period	Proposed Capital Fund Costs for FY 2021 to FY 2026	Proposed Other Fund Costs for FY 2021 to FY 2026
													FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026				
1	15	Airport	00054.2018.0001	Airport Snow Removal Equipment Building		●		4	4		X	FAA / AERO / Airport		\$ 99,000		\$ 726,000			\$ 825,000			\$ 825,000
2	17	Airport	00054.2019.0001	Airport Terminal Apron Rehabilitate	●			4	4		X	FAA / AERO / Airport	\$ 201,100						\$ 201,100			\$ 201,100
Department Totals													\$ 201,100	\$ 99,000	\$ -	\$ 726,000	\$ -	\$ -	\$ 1,026,100	\$ -	\$ -	\$ 1,026,100
3	19	Friend of the Court	14100.2018.0001	Private Offices	●			4	9		X	FOC	\$ 70,000						\$ 70,000			\$ 70,000
Department Totals													\$ 70,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 70,000	\$ -	\$ -	\$ 70,000
4	21	Central Courts	16800.2020.0002	Document Storage Facility (All-County)		●		4	6	X		Capital	\$ 20,000	\$ 1,160,000					\$ 1,180,000	\$ 20,000	\$ 1,180,000	
Department Totals													\$ 20,000	\$ 1,160,000	\$ -	\$ -	\$ -	\$ -	\$ 1,180,000	\$ 20,000	\$ 1,180,000	\$ -
5	23	Information Tech	22800.2018.0001	Network Security Upgrade (Endpoint)			●	4	8		X	Capital	\$ 51,000	\$ 51,000	\$ 51,000				\$ 153,000			\$ 153,000
6	25	Information Tech	22800.2018.0002	Network Firewall Upgrade			●	4	8		X	Capital	\$ 110,000	\$ 110,000	\$ 110,000				\$ 330,000			\$ 330,000
7	27	Information Tech	22800.2019.0001	Primary Data Center Server Upgrade			●	4	8	X		Capital			\$ 60,000		\$ 60,000		\$ 120,000		\$ 120,000	
8	29	Information Tech	22800.2019.0002	Record Storage Expansion (On-Base)			●	4	6	X		Capital	\$ 65,200	\$ 5,000					\$ 70,200	\$ 85,800	\$ 70,200	
9	31	Information Tech	22800.2020.0001	AS400 Replacement or Virtualization			●	4	4	X		Capital		\$ 65,000					\$ 65,000		\$ 65,000	
10	33	Information Tech	22800.2020.0003	LIVGOV.com Website Refresh			●	4	8	X		Capital	\$ 175,000						\$ 175,000		\$ 175,000	
11	35	Information Tech	22800.2020.0005	Primary Phone System Replacement			●	4	9		X	Capital	\$ 110,000	\$ 110,000	\$ 110,000	\$ 110,000	\$ 110,000		\$ 550,000	\$ 100,000		\$ 550,000
12	37	Information Tech	22800.2021.0001	Data Recovery & Backup System			●	4	7	X		Capital	\$ 100,000						\$ 100,000		\$ 100,000	
13	39	Information Tech	22800.2021.0002	Primary Storage Upgrade			●	2	5	X		Capital			\$ 150,000				\$ 150,000		\$ 150,000	
14	41	Information Tech	22800.2021.0003	Cloud Infrastructure (COVID-19)			●	4	6	X	X	Capital/Grants	\$ 51,000	\$ 51,000					\$ 102,000		\$ 51,000	\$ 51,000
15	43	Information Tech	22800.2021.0004	Wi-Fi Access Point Replace			●	2	6	X		Capital		\$ 65,000	\$ 65,000				\$ 130,000		\$ 130,000	.
16	45	Information Tech	22800.2021.0005	Camera System Upgrade			●	2	7	X		Capital	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 300,000		\$ 300,000	
Department Totals													\$ 712,200	\$ 507,000	\$ 596,000	\$ 160,000	\$ 220,000	\$ 50,000	\$ 2,245,200	\$ 185,800	\$ 1,161,200	\$ 1,084,000
17	47	Facility Services	26500.2020.0001	Asphalt Replacement Various County Lots	●			4	6	X		Capital	\$ 300,000						\$ 300,000		\$ 300,000	
18	49	Facility Services	26500.2020.0002	East Complex Break Room Renovations	●			4	7	X	X	Capital/Other			\$ 50,000				\$ 50,000		\$ 50,000	
Department Totals													\$ 300,000	\$ -	\$ 50,000	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 350,000	\$ -
19	51	Drain Commissioner	27500.2018.0001	Livingston Regional Sanitary Sewer System	●			4	12		X	LRSS Fund	\$ 304,400	\$ 500,000	\$ 301,300	\$ 575,600	\$ 953,100	\$ 895,900	\$ 3,530,300			\$ 3,530,300
20	53	Drain Commissioner	27500.2018.0002	Septage Receiving Station	●			4	12		X	Septage Rec'g Fund				\$ 60,400	\$ 60,400		\$ 120,800			\$ 120,800
21	55	Drain Commissioner	27500.2018.0003	Septage Receiving Station Solids Handling	●			4	13		X	Revenue Bond	\$ 30,000						\$ 30,000	\$ 7,935,200		\$ 30,000
22	57	Drain Commissioner	27500.2019.0001	Brighton Twp-Deer Creek Extension	●			4	12		X	Remaining GO Bond	\$ 100,000						\$ 100,000			\$ 100,000
23	59	Drain Commissioner	27500.2019.0002	Livingston No. 1 Drain Restoration	●			4	13		X	Assessment/GO Bond	\$ 900,000						\$ 900,000	\$ 225,000		\$ 900,000
24	61	Drain Commissioner	27500.2019.0004	Lake Chemung - Edwin Drive	●			4	12		X	Assessment/GO Bond	\$ 630,000	\$ 25,000					\$ 655,000	\$ 45,000		\$ 655,000
25	63	Drain Commissioner	27500.2019.0008	Orchard Park Drain and Drainage District	●			4	12		X	Assessment/GO Bond	\$ 750,000	\$ 150,000					\$ 900,000	\$ 300,000		\$ 900,000
26	65	Drain Commissioner	27500.2020.0001	Love Drain	●			4	11		X	Assessment/GO Bond	\$ 650,000	\$ 50,000					\$ 700,000	\$ 75,000		\$ 700,000
27	67	Drain Commissioner	27500.2020.0002	Vactor Truck			●	4	12		X	Equip't Revolving Fund	\$ 450,000						\$ 450,000			\$ 450,000
28	69	Drain Commissioner	27500.2021.0001	Brighton No. 4 Drain	●			4	12		X	Assessment/GO Bond	\$ 750,000						\$ 750,000	\$ 250,000		\$ 750,000
29	71	Drain Commissioner	27500.2021.0002	Winans Lake Drain	●			2	10		X	Assessment/GO Bond			\$ 1,500,000				\$ 1,500,000			\$ 1,500,000
Department Totals													\$ 4,564,400	\$ 725,000	\$ 1,801,300	\$ 636,000	\$ 1,013,500	\$ 895,900	\$ 9,636,100	\$ 8,830,200	\$ -	\$ 9,636,100

TABLE 1																			PAGE B					
- LIVINGSTON COUNTY: 2021-2026 CAPITAL IMPROVEMENT PLAN -																								
OVERALL PROJECT LIST: PROJECTS BY DEPARTMENT																								
Item #	CIP Plan Page Number	Department	Project ID (New Project Submitted for FY 2021 CIP in Red)	Project Title (New Project Submitted for FY 2021 in Red)	Facility Renovation	New Construction	Capital Equipment	Dept Ranking of Need Score	Dept Project Justification Score	Capital (some are both)	Other Fund(s) (some are both)	Proposed Project Funding Source(s)	Expenditures						Total Estimated Costs FY 2021 to FY 2026	Costs Planned or Expended In Years Outside of Current (2021-2026) CIP Planning Period	Proposed Capital Fund Costs for FY 2021 to FY 2026	Proposed Other Fund Costs for FY 2021 to FY 2026		
													FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026						
30	73	Sheriff	30100.2018.0001	Sheriff - Remodel Sheriff Office/Jail Areas	●			4	9	X		Capital	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000		\$ 1,000,000	\$ 57,000	\$ 1,000,000			
31	75	Sheriff	30100.2019.0001	Sheriff - Secured Employee Parking Area		●		4	6	X		Capital	\$ 60,000						\$ 60,000		\$ 60,000			
32	77	Sheriff	30100.2019.0002	Sheriff - Car Ports for Patrol Cars		●		4	7	X		Capital			\$ 70,000				\$ 70,000		\$ 70,000			
33	79	Sheriff	30100.2019.0004	Sheriff - Training Center and Gun Range		●		4	8	X		Capital				\$ 110,000			\$ 110,000			\$ 110,000		
34	81	Sheriff	30100.2020.0005	Jail - Replace and Add New Cameras			●	4	6	X		Capital		\$ 80,000					\$ 80,000		\$ 80,000			
35	83	Sheriff	30100.2021.0001	Jail - Intercoms Upgrade			●	3	6	X		Capital			\$ 200,000				\$ 200,000		\$ 200,000			
36	85	Sheriff	30100.2021.0002	Sheriff - In Car Cameras			●	4	6	X		Capital	\$ 70,000						\$ 70,000		\$ 70,000			
37	87	Sheriff	30100.2021.0003	Jail - Domestic Water Holding Tank			●	3	3		X	Commissary	\$ 50,000						\$ 50,000			\$ 50,000		
Department Totals													\$ 380,000	\$ 280,000	\$ 470,000	\$ 310,000	\$ 200,000	\$ -	\$ 1,640,000	\$ 57,000	\$ 1,480,000	\$ 160,000		
38	89	911 Central Dispatch	32500.2020.0001	Add'l 800 mHz Equipment at Towers			●	4	9		X	Dispatch Surcharge Fund				\$ 550,000			\$ 550,000			\$ 550,000		
39	91	911 Central Dispatch	32500.2020.0002	Backup Microwave for 800 mHz Radio			●	4	9		X	Dispatch Surcharge Fund		\$ 200,000					\$ 200,000			\$ 200,000		
40	93	911 Central Dispatch	32500.2020.0003	Eight (8) Additional Work Stations			●	4	9		X	Capital Dispatch Fund			\$ 300,000				\$ 300,000			\$ 300,000		
41	95	911 Central Dispatch	32500.2020.0004	911 CAD System Replacement			●	4	7		X	Dispatch Surcharge Fund					\$ 1,500,000		\$ 1,500,000			\$ 1,500,000		
Department Totals													\$ -	\$ 200,000	\$ 300,000	\$ 550,000	\$ 1,500,000	\$ -	\$ 2,550,000	\$ -	\$ -	\$ 2,550,000		
42	97	Animal Control	43000.2020.0002	Kennel Replacement			●	4	11		X	Donation/Grants	\$ 55,000						\$ 55,000			\$ 55,000		
Department Totals													\$ 55,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,000	\$ -	\$ -	\$ 55,000		
43	99	LETS	53800.2021.0001	Purchase Transit Vehicles			●	4	15		X	Grant Funding	\$ 641,000	\$ 351,900	\$ 762,400	\$ 233,000	\$ 216,500	\$ 462,800	\$ 2,667,600			\$ 2,667,600		
Department Totals													\$ 641,000	\$ 351,900	\$ 762,400	\$ 233,000	\$ 216,500	\$ 462,800	\$ 2,667,600	\$ -	\$ -	\$ 2,667,600		
44	101	EMS	65100.2021.0001	Ambulance Replacement			●	4	12		X	Special Revenue Fund	\$ 295,000	\$ 425,000	\$ 303,000	\$ 430,000	\$ 315,000	\$ 500,000	\$ 2,268,000	\$ 193,300		\$ 2,268,000		
Department Totals													\$ 295,000	\$ 425,000	\$ 303,000	\$ 430,000	\$ 315,000	\$ 500,000	\$ 2,268,000	\$ 193,300	\$ -	\$ 2,268,000		
TOTAL PROJECTS			44	TOTALS (types of projects and funding sources)	15	5	20			19	27	TOTAL COSTS	\$ 7,238,700	\$ 3,747,900	\$ 4,282,700	\$ 3,045,000	\$ 3,465,000	\$ 1,908,700	\$ 23,688,000	\$ 9,286,300	\$ 4,171,200	\$ 19,516,800		
TOTAL NEW PROJECTS			12		PERCENT OF TOTAL OVERALL COSTS (FY2021 - FY2026 Planning Period)								30.6%	15.8%	18.1%	12.9%	14.6%	8.1%	100.0%		17.6%	82.4%		
					TOTAL CAPITAL FUNDED COSTS / PER YEAR								\$ 1,201,200	\$ 1,721,000	\$ 535,000	\$ 360,000	\$ 420,000	\$ 50,000						
					TOTAL OTHER FUNDED COSTS / YEAR								\$ 6,037,500	\$ 2,026,900	\$ 3,747,700	\$ 2,685,000	\$ 3,045,000	\$ 1,858,700						
					TOTAL "FACILITY RENOVATION" PROJECTS:								15	\$ 4,885,500	\$ 925,000	\$ 2,051,300	\$ 836,000	\$ 1,213,500	\$ 895,900	\$ 10,807,200				
					PERCENT OF TOTAL OVERALL COSTS								45.2%	8.6%	8.9%	7.7%	11.2%	8.3%	100.0%					
					TOTAL "NEW CONSTRUCTION" PROJECTS:								5	\$ 80,000	\$ 1,259,000	\$ 70,000	\$ 836,000	\$ -	\$ -	\$ 2,245,000				
					PERCENT OF TOTAL OVERALL COSTS								3.6%	56.1%	3.1%	37.2%	0.0%	0.0%	100.0%					
					TOTAL "CAPITAL EQUIPMENT" PROJECTS:								20	\$ 2,273,200	\$ 1,563,900	\$ 2,161,400	\$ 1,373,000	\$ 2,251,500	\$ 1,012,800	\$ 10,635,800				
					PERCENT OF TOTAL OVERALL COSTS								21.4%	14.7%	20.3%	12.9%	21.2%	9.5%	100.0%					

# **Livingston County**



**FY 2021-2026**

## **Capital Improvement Plan**

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### **- SECTION 3 -**

## **INDIVIDUAL DEPARTMENT PROJECT SUBMISSION FORMS**

<b>PROJECT NAME:</b> Livingston County Airport Snow Removal Equipment Building		<b>PROJECT ID:</b> 00054-2018-0001
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Mark Johnson, Airport Manager	<b>DEPT:</b> Airport	
<b>PROJECT LEAD:</b> Mark Johnson	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Project will be to construct a facility for the storage of Snow Removal Equipment (SRE).

Design and construct a heated building for storage of airport snow removal equipment.

The County Airport qualifies for a 2-bay building, constructed to Federal Aviation Administration standards. Doors will be 24' wide or so. I would estimate somewhere in the area of 60' x 60'

County portion of total overall project costs (\$825,000) are estimated at:  
 Design (FY 2022): \$4,950  
 Construction (FY 2024): \$36,300

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

0	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
1	Improve customer service, convenience for citizens
4	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2018

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2022	2022
Construction	2024	2024

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Continue to store equipment in a T-hangar
2.	N/A
3.	N/A

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

This is part of the Airport Capital Improvement Plan (ACIP) that is updated on an annual basis with the FAA and MDOT/Aeronautics

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.  
 Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety	(S) Support a Realistic Approach for Long-Term Funding
(ED): Economic Development	(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.
-----	-----

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Federal Aviation Admin	unknown			\$ 89.1		\$ 653.4				\$ 742.5
MDOT - Aeronautics	unknown			\$ 5.0		\$ 36.3				\$ 41.3
Livingston County Airport	583054956000			\$ 5.0		\$ 36.3				\$ 41.3
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 99.0	\$ 0.0	\$ 726.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 825.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



<b>PROJECT NAME:</b> Livingston County Airport Terminal Apron Rehab		<b>PROJECT ID:</b> 00054-2019-0001
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> 201,100	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Mark Johnson, Airport Manager	<b>DEPT:</b> Airport	
<b>PROJECT LEAD:</b> Mark Johnson	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Project will be to rehabilitate aircraft parking apron including crack sealing as necessary and seal coat. Total project cost planned to be \$201,100.

Anticipated funding will be 90% FAA (\$179,100), 5% MDOT-Aero (\$11,000) and 5% local (\$11,000)

It is recommended that the coating be re-applied every 4-5 years.

Local Airport Funding for the project totals:

\$1,050 in 2021(Design phase)  
 \$9.950 in 2021 (Construction phase).

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

0	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
1	Improve customer service, convenience for citizens
4	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2018

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2021	2021
Design/Acquisition/Purchase	2021	2021
Construction	2021	2021

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	allow pavement to degrade and fully replace in 10+ years
2.	delay project and pavement will deteriorate, more expensive to rehab
3.	continue preventative maintenance activities

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

This is part of the Airport Capital Improvement Plan (ACIP) that is updated on an annual basis with the FAA and MDOT/Aeronautics

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.  
 Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety	(S) Support a Realistic Approach for Long-Term Funding
(ED): Economic Development	(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.
-----	-----



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Federal Aviation Admin	unknown	\$254.7	\$ 179.1							\$ 179.1
MDOT - Aeronautics	unknown	\$ 14.1	\$ 11.0							\$ 11.0
Livingston County Airport	583054956000	\$ 14.1	\$ 11.0							\$ 11.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 282.9</b>	<b>\$ 201.1</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 201.1</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

<b>PROJECT NAME:</b> New Private Offices		<b>PROJECT ID:</b> 14100-2018-0001
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 70,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Melissa Scharrer / Chris Folts	<b>DEPT:</b> Friend of the Court	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

There is a need for private offices at the Friend of the Court. Currently the Referee's work in open office configurations. The nature of their work requires confidentiality and extreme concentration. Due to the construction of the current building it may require to revamp HVAC configurations and move fire suppression. The office would be constructed of metal studs and dry wall. the cost is based on limited research and would require a formal bid process.

Grant: 66% (\$47,000)  
 County: 34% (\$23,000)

Modular furniture (Herman Miller type). Work cubes with taller walls and glass at the top with locking doors

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

1	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
2	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
9	TOTAL SCORE

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2018

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2018	2018
Design/Acquisition/Purchase	2020	2020
Construction	2021	2021

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Move entire offices to new location
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

No.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(CRTs): Courts

(CRTs) Provide understanding, responsive customer service that ensures each individual is treated with courtesy, dignity & respect.

(CRTs): Courts

(CRTs) Provide Exemplary Customer Service

(CRTs): Courts

(CRTs) Improve Building Security

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Fund Balance	21514100		\$ 23.0							\$ 23.0
State Grant	21514100		\$ 47.0							\$ 47.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 70.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 70.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Document Storage Facility for All County Departments		<b>PROJECT ID:</b> 16800-2020-0002
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 20,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Roberta Sacharski	<b>DEPT:</b> Central Courts	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Livingston County is in need of a secured, temperature-controlled, fire-suppressed building for safe retention of county records and documents.

Costs have been estimated based on the Sheriff Storage Facility project. Location of building to be determined. The East Complex storage area cannot hold any more weight per the advice of structural engineer. Operating costs not known until study and design phases are complete.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

1	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
1	Improve customer service, convenience for citizens
6	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2021	2021
Construction	2022	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Look for long-term storage facility off-site
2.	Partner with other local communities facing the same issue
3.	Rehab existing county building (Law Center, Judicial Center, East Complex)

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

No.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(VP): Visionary Planning

(VP) Support department and County-wide planning initiatives that take future growth and opportunities into consideration.

(S): Safety

(S) Explore Cooperative, Collaborative Efforts for Cost Savings

(CRTs): Courts

(CRTs) Improve Building Security

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	403	\$20.0	\$ 20.0	\$ 1,160.0						\$ 1,180.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 20.0	\$ 20.0	\$ 1,160.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 1,180.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

**PROJECT NAME:** Network Security Upgrade (Endpoint Protection)

**PROJECT ID:** 22800-2018-0001

**PROJECT CATEGORY:** Capital Equipment

**FY 2021 ONLY TOTAL COST:** \$ 51,000

Leave Blank  
For Planning Department use only

**SUBMITTED BY:** Kris Tobbe

**DEPT:** Information Technology

**PROJECT LEAD:** Kris Tobbe

**DEPT RANKING OF NEED:** [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.

**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

There is a strong need to enhance and secure the County' endpoints and unify our systems on a single platform that dovetails and integrates with our firewall systems. The County currently has 2 separate endpoint systems, but they are not unified and stnot an integrated security platform. The contract for the current endpoint system ends in 2020. These updates and unification aligns with best practices and are an important part of upgrading, protecting, and securing the County's technology systems and data. This project has specific importance due to our user's computers being one of the weakest links within our County's technology environment. End point protection will help the IT Department detect, isolate, and secure problem machines regardless of being directly or indirectly (remotely) connected to the County's system.

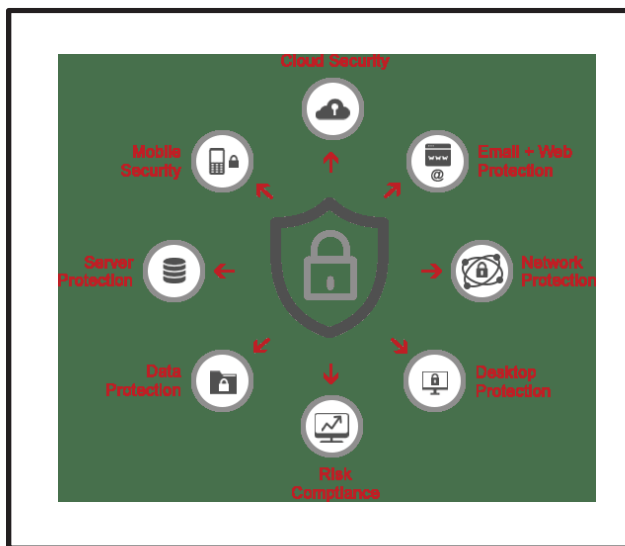
Year needed 2021 Q 2-3

Expected Life Cycle: 5-7 years

Total Project Estimated Cost: \$153,000

Low interest financing is available as a possible funding source.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

2	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
8	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2020	2021
Construction	2021	2021

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Continue to operate with a lower cyber security platform
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

This project is part of a continued diligent effort to continue to maintain high cyber defenses for Livingston County.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 97400		\$ 51.0	\$ 51.0	\$ 51.0					\$ 153.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 51.0	\$ 51.0	\$ 51.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 153.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



<b>PROJECT NAME:</b> Network Firewall Upgrade		<b>PROJECT ID:</b> 22800-2018-0002
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 110,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Kris Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kris Tobbe	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

The network firewall is the first line of defense in the world of information technology and network security. Livingston County's current firewall was purchased in 2014. At that time, the firewall was undersized for the County's needs. Since that time, the County has expanded 6 fold and our current firewall is vastly undersized. The system was end of life in 2019 and is no longer supported by the manufacture. Replacing the County's firewall system is a necessary project as our current system is an outdated and massively undersized platform. Without this upgrade, the County will have a weak cyber security position moving into 2021.  
 Year needed 2021 Q 1-2  
 Expected Life Cycle: 5-7 years  
 Total Project Estimated Cost: \$330,000

Low interest financing is available as a possible funding source.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

2	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
8	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2020	2020
Construction	2020	2020

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Keep existing outdated firewall in place this raises of risk factors
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

This project is part of a continued diligent effort to continue to maintain high cyber defenses for Livingston County.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(T): Technology

(T) Use technology where applicable to become more efficient and effective.



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 97400		\$ 110.0	\$ 110.0	\$ 110.0					\$ 330.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 110.0	\$ 110.0	\$ 110.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 330.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Primary Data Center Server Upgrade		<b>PROJECT ID:</b> 22800-2019-0001
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Kris Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kris Tobbe	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

The Livingston County main data center is scheduled for an upgrade in summer of 2020. The current production infrastructure architecture varies between eight and ten years old. A new infrastructure and architecture was purchased and deployed in late 2018. This new system is a state of the art system with remote survivability of both data and servers. This would be a bolt on expansion to the existing system and would help to smooth the need for future expansion. The current 10-year-old system suffered a major event in summer of 2019. This is a mission critical project and would reduce our server disaster recovery time from 7 – 10 days to 24 hours or less.  
 Year needed 2020 Q 3-4  
 Expected Life Cycle: 6-8 years  
 Total Estimated Cost: \$550,000  
 2021 Estimated Cost: \$0  
 2023 Estimated Cost: \$60,000 (Expansion)  
 2025 Estimated Cost: \$60,000 (Refresh)

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
8	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2019	2020
Construction	2020	2020

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	This is a top priority item
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 97400				\$ 60.0		\$ 60.0			\$ 120.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 60.0	\$ 0.0	\$ 60.0	\$ 0.0	\$ 0.0	\$ 120.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Record Storage Expansion (On-Base)		<b>PROJECT ID:</b> 22800-2019-0002
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 65,200	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Kristoffer Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Carol Weaver	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

OnBase is the Livingston County Electronic Content Management software system. See Resolutions 2014-12-330 (FoC/Circuit Court Clerk), 2018-01-011 (Permitting Departments), 2018-03-042 (Sheriff's Department Personnel record keeping). NEED TO EXPAND. These solutions benefit the county by processing documents efficiently, eliminating paper storage and providing a priceless back up of paper documents. Paper can be destroyed by fire, water, theft, ect. Please see additional report.

Expected Life Cycle: 6 -10 years

Total Estimated Cost: \$100,000

2020 Estimated Cost: \$85,800

2021 Estimated Cost: \$65,200

2022 Estimated Cost: \$5,000

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

2	Protect health, safety, lives of citizens
1	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
6	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2018	2020
Design/Acquisition/Purchase	2018	2020
Construction	2018	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Retain status quo, use inefficient paper processes.
2.	Use another imaging product
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

These projects are part of a long-term goal to improve efficiencies in the county and provide safeguards to county documents

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information

(T): Technology

(T) Leverage Technology to Lower Costs

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 974000	\$85.8	\$ 65.2	\$ 5.0						\$ 70.2
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 85.8</b>	<b>\$ 65.2</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 70.2</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

PROJECT NAME: AS400 Replacement or Virtualization (Courts &amp; Legacy Sheriff Data)

PROJECT ID: 22800-2020-0001

PROJECT CATEGORY: Capital Equipment

FY 2021 ONLY

TOTAL COST: \$ 0

Leave Blank  
For Planning Department use only

SUBMITTED BY: Kristoffer Tobbe

DEPT: Information Technology

PROJECT LEAD: Diane Gregor

DEPT RANKING OF NEED: [4] OLD: On-Going from past CIP

PROJECT DESCRIPTION: Provide a description of project, including location, size, capacity, etc.

NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

The existing AS400 system used for the archival data for the Jail and the Courts currently resides on a 12-year-old IBM server. This data needs to be moved to a new server as soon as possible to avoid a failure. The device reached end of life in 2019 and is now on an extended support contract with a third party vendor.

Year needed 2021 Q 2-4

Expected Life Cycle: 6 -10 years

Total Estimated Cost: \$65,000

2022 Estimated Cost: \$65,000

PROJECT LOCATION MAP/PHOTO: Provide map, diagram, photo of project



PROJECT JUSTIFICATION: Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

1	Protect health, safety, lives of citizens
1	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
4	TOTAL SCORE

FIRST YEAR PROJECT INTRODUCED INTO CIP:

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2020	2021
Construction	2022	2022

PROJECT ALTERNATIVES: Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Continue using the county-hosted JIS Court Case Management modules
2.	Migrate our county-hosted modules to a hosted environment. This would most likely break any IT created enhancements
3.	

PROJECT PLANNING CONTEXT: Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Start the RFP creation/release process in 2020..

Expected implementation would start in 2021 and possibly continue into 2022

PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT: How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(CRTs): Courts

(CRTs) Move forward on Imaging and MICourt Implementation

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 97400			\$ 65.0						\$ 65.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 65.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 65.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



PROJECT NAME: **Livgov.com Rebuild and new Hosting Shift**PROJECT ID: **22800-2020-0003**

PROJECT CATEGORY: Capital Equipment

FY 2021 ONLY  
TOTAL COST: \$ 175,000Leave Blank  
For Planning Department use only

SUBMITTED BY: Kristoffer Tobbe

DEPT: Information Technology

PROJECT LEAD: Kristoffer Tobbe

DEPT RANKING OF NEED: [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

The Livingston County Website was created 8 years ago and has been hosted on Oakland County's SharePoint platform. The website currently has over 1,000 pages and well over 2,000 PDF's. Many of the PDF forms are static and must be filled out either by hand (scanned, saved and emailed back to the county) or filled out electronically and then saved and emailed back to departments. This is a cumbersome process for both the public and the staff. The need to improve functionality and ease of use is very important to the business operations of the County. The website is currently hosted and built upon Oakland County's Microsoft SharePoint server architecture. This site is currently under a hosting agreement that was signed in 2017 and expires without an option to renew in mid-2022. Oakland County will be decommissioning their server after the contract expires and will be moving to a new architecture, which is yet to be determined. Contracted staff labor not included in this project.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1=Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
0	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
2	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
8	TOTAL SCORE

FIRST YEAR PROJECT INTRODUCED INTO CIP:

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2021	2021
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?
**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:Action Item:

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 974000		\$ 175.0							\$ 175.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 175.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 175.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Primary Phone System Replacement		<b>PROJECT ID:</b> 22800-2020-0005
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 110,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Kristoffer Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kristoffer Tobbe	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** *Provide a description of project, including location, size, capacity, etc.*  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

County's primary phone system is over 16 years old. This system has been end of life for 3 years and we are now on the brink of a critical point of failure. With every small update or patch to the system, we will lose functions and be forced to abandon large blocks of phones. If we move to the most recent software version, it will cause us to abandon nearly all phones in Livingston County. The system must be replaced to maintain basic functionality of our telecommunications system. The benefits of moving to a new telecommunication system include, improved remote worker capacity, increased feature sets for staff and the public, cost return on investment by moving to lower priced fiber optic SIP trunking, and increased accessibility to the public.

Year needed 2020 Q 3-4

Expected Life Cycle: 10-15 years

Total Estimated Cost: \$550,000

2020 Estimated Cost: \$56,000 (LETS)

2021-2026 Estimated Costs: \$110,000 (through financing option if possible)

**PROJECT LOCATION MAP/PHOTO:** *Provide map, diagram, photo of project*



**PROJECT JUSTIFICATION:** *Value indicates degree to which the project will address each category:*

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
9	TOTAL SCORE

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2020	2023
Construction	2020	2023

**PROJECT ALTERNATIVES:** *Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.*

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** *Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?*

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** *How does project align with County Strategic Plan? Pick up to three choices below.*

*Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".*

Category:

Action Item:

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 97400	\$100.0	\$ 110.0	\$ 110.0	\$ 110.0	\$ 110.0	\$ 110.0			\$ 550.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 100.0	\$ 110.0	\$ 110.0	\$ 110.0	\$ 110.0	\$ 110.0	\$ 0.0	\$ 0.0	\$ 550.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Data Recovery & Data Backup Systems Replacement		<b>PROJECT ID:</b> 22800-2021-0001
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 100,000	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Kristoffer Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kristoffer Tobbe	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Livingston County's current data and server backup platform is 4 years old and has been sold off 2 times in our contract term. We need to explore replacement options for longevity and security of our backup platform. Vendor stability will be an essential component of the selected platform. Currently, our backup platform and appliance are barely servicing our current back up needs. To improve our disaster recovery, we must consider improving our disaster recovery and remote survivability platforms.

Year needed 2021 Q 2-3

Expected Life Cycle: 6 -10 years

Total Estimated Cost: \$95,000

2021 Estimated Cost: \$95,000

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
<b>7</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2020	2021
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Livingston County must maintain an IT backup system that is functional and reliable

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 974000		\$ 95,000.0							\$ 95,000.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 95,000.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 95,000.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Primary Storage Upgrade		<b>PROJECT ID:</b> 22800-2021-0002
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Kristoffer Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kristoffer Tobbe	<b>DEPT RANKING OF NEED:</b> [2] NEW: Important but not Urgent	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Livingston County's current Dell primary network storage devices are over 7 years old and are approximately 71.4% full. These devices were end of life as of 2019 and are 2 years over their average life expectance. These devices are a critical part of our technology infrastructure. This device suffered a significant failure in 2019, but was recovered. By moving forward with a primary data center upgrade and by using cloud infrastructure, we can reduce the reliance on these 2 primary storage devices and extend their usable life by 2-3 years with extended parts and warranty services.

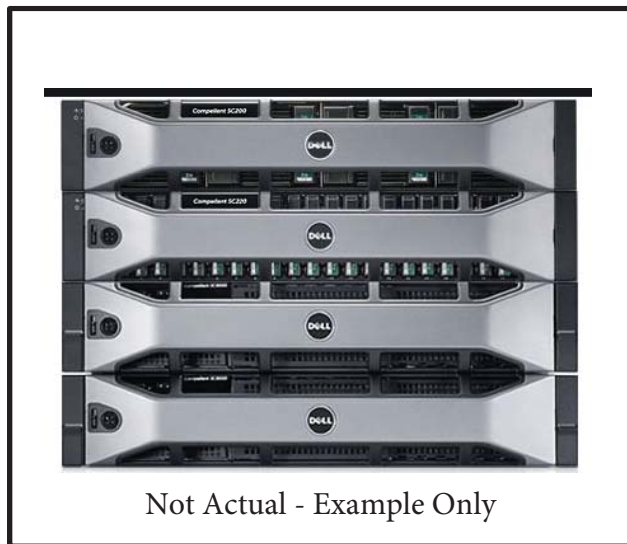
Year needed 2023 Q 2-4

Expected Life Cycle: 6-9 years

Total Estimated Cost: \$150,000

2023 Estimated Cost: \$150,000

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

1	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
5	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2022
Design/Acquisition/Purchase	2022	2023
Construction	2023	2023

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 974000				\$ 150.0					\$ 150.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 150.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 150.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



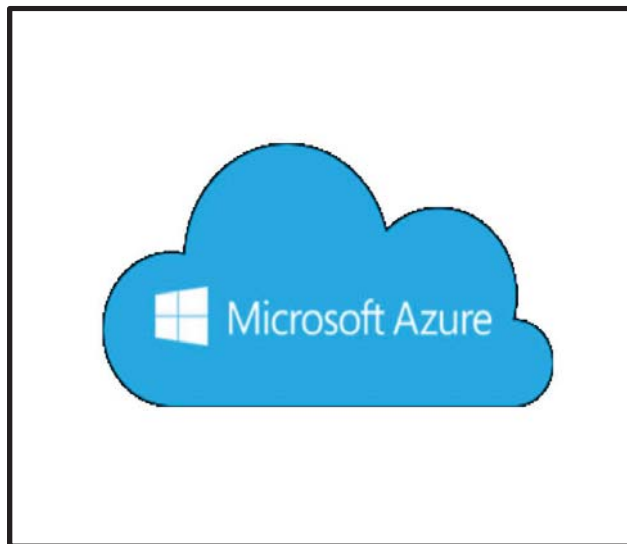
<b>PROJECT NAME:</b> Cloud Infrastructure (COVID-19)		<b>PROJECT ID:</b> 22800-2021-0003
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 51,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Kristoffer Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kris Tobbe	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Cloud infrastructure is an essential part of modern information technology. It is secure, stable, and scalable. Currently, Livingston County has no cloud infrastructure outside of Microsoft Office 365. The County would benefit greatly from a Microsoft Azure Cloud infrastructure. Having cloud infrastructure in place would have improved the capability of the County's workforce throughout the COVID-19 pandemic. Cloud infrastructure would allow all workers to access secure virtual workstations with specific software needs and functionality. Additionally, this type of infrastructure would enhance our data backup and recovery options, giving Livingston County an additional disaster recovery option. Enhanced data backup and recovery aligns with best practices for data storage and allows expedited emergency restoration. Having cloud infrastructure in place would reduce disaster recovery.

At least half of costs (\$50,000) will be covered through grants if possible.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1=Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
1	Improve customer service, convenience for citizens
6	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2021
Design/Acquisition/Purchase	2021	2021
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

This is part of a plan to operate and maintain Livingston County's core IT infrastructure

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 974000		\$ 51.0							\$ 51.0
Grants				\$ 51.0						\$ 51.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 51.0	\$ 51.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 102.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> <span style="background-color: #cccccc; padding: 2px;">Wi-Fi Access Point replacement (175 Access Points) over four years</span>		<b>PROJECT ID:</b> <span style="background-color: #cccccc; padding: 2px;">22800-2021-0004</span>
<b>PROJECT CATEGORY:</b> <span style="background-color: #cccccc; padding: 2px;">Capital Equipment</span>	<b>FY 2021 ONLY TOTAL COST:</b> <span style="background-color: #cccccc; padding: 2px;">\$ 65,000</span>	<small>Leave Blank For Planning Department use only</small>
<b>SUBMITTED BY:</b> <span style="background-color: #cccccc; padding: 2px;">Kristoffer Tobbe</span>	<b>DEPT:</b> <span style="background-color: #cccccc; padding: 2px;">Information Technology</span>	
<b>PROJECT LEAD:</b> <span style="background-color: #cccccc; padding: 2px;">Kristoffer Tobbe</span>	<b>DEPT RANKING OF NEED:</b> <span style="background-color: #cccccc; padding: 2px;">[2] NEW: Important but not Urgent</span>	

**PROJECT DESCRIPTION:** *Provide a description of project, including location, size, capacity, etc.*  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

The County is currently utilizing 2 separate platforms for Wi-Fi networks throughout county buildings. These networks range in age from 5 to 14 years old. The system is currently run by 10-year-old controllers and is out of date. The network is unable to be updated or upgraded without abandoning Wireless access points at county buildings. The Wi-Fi systems are an important part of our technology infrastructure for staff and the public. Standardizing the Wi-Fi platform will ensure longevity and scalability and would also ease administration and Wi-Fi access for staff and the public.

Year needed 2021 Q 3-4

Expected Life Cycle: 10-12 years

Total Estimated Cost: \$130,000

2021 Estimated Cost: \$65,000

2023 Estimated Cost: \$65,000

financing could be a possible funding source.

**PROJECT LOCATION MAP/PHOTO:** *Provide map, diagram, photo of project*



**PROJECT JUSTIFICATION:** *Value indicates degree to which the project will address each category:*

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

2	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
1	Improve customer service, convenience for citizens
<b>6</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2021
Design/Acquisition/Purchase	2021	2022
Construction	2022	2023

**PROJECT ALTERNATIVES:** *Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.*

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** *Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?*

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** *How does project align with County Strategic Plan? Pick up to three choices below.*

*Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".*

Category:

Action Item:

(T): Technology

(T) Support Information Dissemination

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):***PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"*

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 974000			\$ 65.0	\$ 65.0					\$ 130.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 65.0	\$ 65.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 130.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.*PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"*

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.*PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"*

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):***PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.*

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Camera System Upgrade		<b>PROJECT ID:</b> 28200-2021-0005
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 50,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Kris Tobbe	<b>DEPT:</b> Information Technology	
<b>PROJECT LEAD:</b> Kris Tobbe	<b>DEPT RANKING OF NEED:</b> [2] NEW: Important but not Urgent	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Livingston Counties is currently using 2 separate camera platforms one of these are over 10 years old, one of systems cameras is an inexpensive foreign brand with potential security flaws and one which is a stable secure system that more than adequately suits the needs of the county today and for the next five to ten years.

Standardizing the platform and the operations will allow for more secure management, smooth ease of use and improve usability and functionality.

Year needed 2021Q 3-4 2022 Q 1-2 2023 Q 2-3

Expected Life Cycle: 5-7 years

Total Estimated Cost: \$300,000

2021-2026 Estimated Costs: \$50,000 per year

Financing could be a possible funding source option.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
1	Improve customer service, convenience for citizens
<b>7</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2021	2023
Construction	2021	2023

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Wait until the existing camera systems
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	63622800 97400		\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0		\$ 300.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0	\$ 0.0	\$ 300.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Asphalt Replacement Various County Parking Lots		<b>PROJECT ID:</b> 26500-2020-0001
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 300,000	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Chris Folts	<b>DEPT:</b> Facility Services	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Project consists of resurfacing parking lots and roadways in the following locations:

\*EMS Brighton: \$15,420

\*Law Center: \$122,980. The existing Law Center parking lot was started in 2018 and at the time was decided not to be included because of the planned demolition of the Asset Building and the construction of the new 911 building.

\*Sheriff Back Lot: \$90,860. The parking lot behind the Sheriff office was last resurfaced in 1996.

\*EMS Genoa: \$28,950

\*LETS Back Drive: Replace the LETS driveway from the east garage door out to Grand River \$80,240

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

1	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
6	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase		
Construction	2021	2021

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Do nothing and let lots further deteriorate
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

No.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety

(S) Create a Common Vision of Safety

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	403		\$ 220.0							\$ 220.0
LETS Grants	58853800		\$ 80.0							\$ 80.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 300.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 300.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> East Complex Break Room Renovations		<b>PROJECT ID:</b> 26500-2020-0002
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Chris Folts	<b>DEPT:</b> Facility Services	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

The East Complex Building is in need of a breakroom renovation. The East Complex building is 23 years old and the breakroom has had no improvements in this time period. Plumbing, flooring and furniture would be included in the project.

The project includes tables, chairs, cabinets and appliances.

Costs have been estimated based on recent construction projects in the building"

Phases: Design start & end 2021. Construction start in 2023.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

1	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
3	Enhance social, cultural, recreational, aesthetics opportunities
0	Improve customer service, convenience for citizens
<b>7</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2021	2022
Construction	2023	2023

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Let further deterioration to continue
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

No.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety

(S) Create a Common Vision of Safety

(VP): Visionary Planning

(VP) Change Negative Perceptions into Positive Perceptions



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	403				\$ 42.5					\$ 42.5
Building Inspection	54237100/974000				\$ 7.5					\$ 7.5
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 50.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 50.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

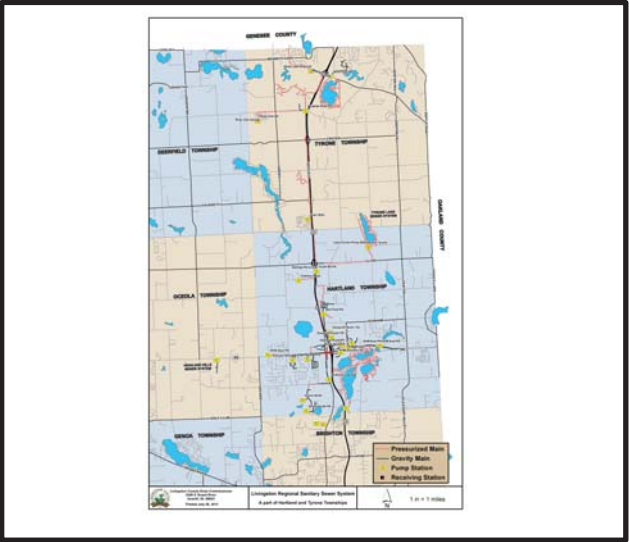
Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Livingston Regional Sanitary Sewer		<b>PROJECT ID:</b> 27500-2018-0001
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 304,400	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner	
<b>PROJECT LEAD:</b> Rob Spaulding	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

On-going Livingston Regional Sanitary Sewer Capital Improvement Projects  
 2021 Grinder pump replacements & White Lake Road pump servicing  
 2022 Grinder pump replacements & Clyde Road/Cider Mills pump station rebuild  
 2023 Grinder pump replacements & Clark Road pump servicing  
 2024 Grinder pump replacements, Clyde Road pump servicing, Nimphie pump station generator replacement, portable standby generator replacement  
 2025 Grinder pump replacements, Gravity sewer main replacement, Cider Mills generator replacement  
 2026 Grinder pump replacements. Force main replacement

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2017

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2099
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Construct separate wastewater treatment plants in Tyrone and Hartland Townships
2.	Do nothing - causing surface/ground water contamination impacting environmental/human health
3.	No sanitary service to residential/business customers - creating the need to pump and haul daily/weekly

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Long-term CIP Program administered through the Board of Public Works

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

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**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
LRSS Fund	5750277,5750278		\$ 304.4	\$ 500.0	\$ 301.3	\$ 575.6	\$ 953.1	\$ 895.9		\$ 3,530.3
	5750281									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 304.4	\$ 500.0	\$ 301.3	\$ 575.6	\$ 953.1	\$ 895.9	\$ 0.0	\$ 3,530.3

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
LRSS O&M Fund	5750275		\$ 3,135.0	\$ 3,198.0	\$ 3,262.0	\$ 3,327.0	\$ 3,394.0	\$ 3,461.0		\$ 19,777.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 3,135.0	\$ 3,198.0	\$ 3,262.0	\$ 3,327.0	\$ 3,394.0	\$ 3,461.0	\$ 0.0	\$ 19,777.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
LRSS O&M Fund	5750275		\$ 3,135.0	\$ 3,198.0	\$ 3,262.0	\$ 3,327.0	\$ 3,394.0	\$ 3,461.0		19,777.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 3,135.0	\$ 3,198.0	\$ 3,262.0	\$ 3,327.0	\$ 3,394.0	\$ 3,461.0	\$ 0.0	19,777.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
LRSS O&M Fund	5750275	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Septage Receiving Station		<b>PROJECT ID:</b> 27500-2018-0002
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner	
<b>PROJECT LEAD:</b> Rob Spaulding	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

On-going Septage Receiving Station Capital Improvement Projects  
 2024 replace west bay Huber Screen  
 2025 replace east bay Huber Screen

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2017

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2099
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Lift ban on land application of septic/sludge waste and risk contamination of surface/ground water potentially harming
2.	environmental and human health
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Long-term CIP Program administered through the Board of Public Works

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
SRS Fund	5780275/5780111					\$ 60.4	\$ 60.4			\$ 120.8
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 60.4	\$ 60.4	\$ 0.0	\$ 0.0	\$ 120.8

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	5780275		\$ 2,264.0	\$ 2,332.0	\$ 2,402.0	\$ 2,474.0	\$ 2,548.0	\$ 2,624.0		\$ 14,644.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 2,264.0	\$ 2,332.0	\$ 2,402.0	\$ 2,474.0	\$ 2,548.0	\$ 2,624.0	\$ 0.0	\$ 14,644.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	5780275		\$ 2,264.0	\$ 2,332.0	\$ 2,402.0	\$ 2,474.0	\$ 2,548.0	\$ 2,624.0		14,644.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 2,264.0	\$ 2,332.0	\$ 2,402.0	\$ 2,474.0	\$ 2,548.0	\$ 2,624.0	\$ 0.0	14,644.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	5780275	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

PROJECT NAME: **Septage Rec. Station Solids Handling Facility at Existing Site**PROJECT ID: **27500-2018-0003**PROJECT CATEGORY: **New Construction**FY 2021 ONLY  
TOTAL COST: **\$ 30,000**Leave Blank  
For Planning Department use onlySUBMITTED BY: **Aaron Everest**DEPT: **Drain Commissioner**PROJECT LEAD: **Rob Spaulding**DEPT RANKING OF NEED: **[4] OLD: On-Going from past CIP****PROJECT DESCRIPTION:** *Provide a description of project, including location, size, capacity, etc.*  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

The flows from the current SRS have exceeded 26 million gallons per year, which is above the original design of the existing facility's 14 million gallons per year. Consequently, the loading on the Genesee County plant is becoming an issue. To be able to accommodate the present flow level our office conducted a feasibility study considering onsite treatment or a second facility in the City of Howell. Based on this study we are proceeding with a solids handling facility at the current septage station. The new facility will enable us to continue to receive current or greater flows that we are experiencing, while lowering treatment surcharges from Genesee County. Since the banning of the practice of land application of septage has been in effect (since 2007) in Livingston County, the Livingston County Septage Receiving Station has been instrumental in collecting septage from our County homeowners.

**PROJECT LOCATION MAP/PHOTO:** *Provide map, diagram, photo of project***PROJECT JUSTIFICATION:** *Value indicates degree to which the project will address each category:*

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:****2019**

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2017	2018
Design/Acquisition/Purchase	2019	2019
Construction	2020	2021

**PROJECT ALTERNATIVES:** *Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.*

1.	Substantial rate increase to existing haulers who patronage the Septage Receiving Station
2.	Limiting the amounts of septage the facility can receive thereby forcing haulers to go to another facility
3.	Go back to land application and risk contamination to surface/ground water

**PROJECT PLANNING CONTEXT:** *Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?*

In 2013 a master plan was prepared by Williams & Works for expansion of the existing station. This was in response to the ever rising flow amounts that the Livingston County Septage Receiving Station was experiencing.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** *How does project align with County Strategic Plan? Pick up to three choices below.**Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".***Category:****Action Item:**

(VP): Visionary Planning

(VP) Change Negative Perceptions into Positive Perceptions

(S): Safety

(S) Explore Cooperative, Collaborative Efforts for Cost Savings

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):***PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"*

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Revenue Bond Issue	5780100/5780111	\$7,935.2	\$ 30.0							\$ 30.0
- Reserve Funds										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 7,935.2</b>	<b>\$ 30.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 30.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** *Provide current cost estimates relating to the annual impact of this project on the operating budget.**PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"*

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
SRS O&M Fund	5780275		\$ 2,264.0	\$ 2,332.0	\$ 2,402.0	\$ 2,474.0	\$ 2,548.0	\$ 2,624.0		\$ 14,644.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 2,264.0</b>	<b>\$ 2,332.0</b>	<b>\$ 2,402.0</b>	<b>\$ 2,474.0</b>	<b>\$ 2,548.0</b>	<b>2,624.0</b>	<b>\$ 0.0</b>	<b>\$ 14,644.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** *Provide proposed cost estimates relating to the annual impact of this project on the operating budget.**PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"*

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
SRS O&M Fund	5780275		\$ 2,367.0	\$ 2,384.0	\$ 2,160.0	\$ 2,196.0	\$ 2,185.0	\$ 2,236.0		13,528.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 2,367.0</b>	<b>\$ 2,384.0</b>	<b>\$ 2,160.0</b>	<b>\$ 2,196.0</b>	<b>\$ 2,185.0</b>	<b>\$ 2,236.0</b>	<b>\$ 0.0</b>	<b>13,528.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):***PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.*

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
SRS O&M Fund	5780275	\$ 0.0	(\$ 103.0)	(\$ 52.0)	\$ 242.0	\$ 278.0	\$ 363.0	\$ 388.0	\$ 0.0	\$ 1,116.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>(\$ 103.0)</b>	<b>(\$ 52.0)</b>	<b>\$ 242.0</b>	<b>\$ 278.0</b>	<b>\$ 363.0</b>	<b>\$ 388.0</b>	<b>\$ 0.0</b>	<b>\$ 1,116.0</b>



<b>PROJECT NAME:</b> <span style="background-color: #cccccc;">Deer Creek Sanitary Sewer Drain</span>		<b>PROJECT ID:</b> <span style="background-color: #cccccc;">27500-2019-0001</span>
<b>PROJECT CATEGORY:</b> <span style="background-color: #cccccc;">Existing Facility (Building/Park) Renovation or Improvement</span>	<b>FY 2021 ONLY TOTAL COST:</b> <span style="background-color: #cccccc;">\$ 100,000</span>	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> <span style="background-color: #cccccc;">Aaron Everest</span>	<b>DEPT:</b> <span style="background-color: #cccccc;">Drain Commissioner</span>	
<b>PROJECT LEAD:</b> <span style="background-color: #cccccc;">Michelle LaRose</span>	<b>DEPT RANKING OF NEED:</b> <span style="background-color: #cccccc;">[4] OLD: On-Going from past CIP</span>	

**PROJECT DESCRIPTION:** *Provide a description of project, including location, size, capacity, etc.*  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Connection of the Deer Creek (Community Septic System) Sanitary Sewer Drain Drainage District to the Brighton Township Sanitary Sewer Drain Drainage District.

**\*\*Plan update - the district will not connect to Brighton Township's Sanitary System. Instead the drain field will be replaced at the existing treatment site for the Deer Creek Sanitary Sewer Drain Drainage District.**

**PROJECT LOCATION MAP/PHOTO:** *Provide map, diagram, photo of project*



**PROJECT JUSTIFICATION:** *Value indicates degree to which the project will address each category:*  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2018

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2020	2020
Construction	2021	2021

**PROJECT ALTERNATIVES:** *Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.*

1.	Pump and haul when the system fails, potentially costing \$5,000/day
2.	Do nothing - resulting in sanitary sewer overflow and public health hazard
3.	

**PROJECT PLANNING CONTEXT:** *Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?*

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** *How does project align with County Strategic Plan? Pick up to three choices below.*

*Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".*

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	Const/Debt Fund		\$ 100.0							\$ 100.0
- Note/Bond Issue	TBD									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 100.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 100.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	5620275		\$ 2.5	\$ 2.5	\$ 2.5	\$ 2.5	\$ 2.5	\$ 2.5	\$ 25.0	\$ 15.0
Equipment & Materials	5620275		\$ 9.5	\$ 9.5	\$ 9.5	\$ 9.5	\$ 9.5	\$ 9.5	\$ 95.0	\$ 57.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 120.0	\$ 72.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	5620275		\$ 2.5	\$ 2.5	\$ 2.5	\$ 2.5	\$ 2.5	\$ 2.5	\$ 25.0	15.0
Equipment & Materials	5620275		\$ 9.5	\$ 9.5	\$ 9.5	\$ 9.5	\$ 9.5	\$ 9.5	\$ 95.0	57.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 12.0	\$ 120.0	72.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

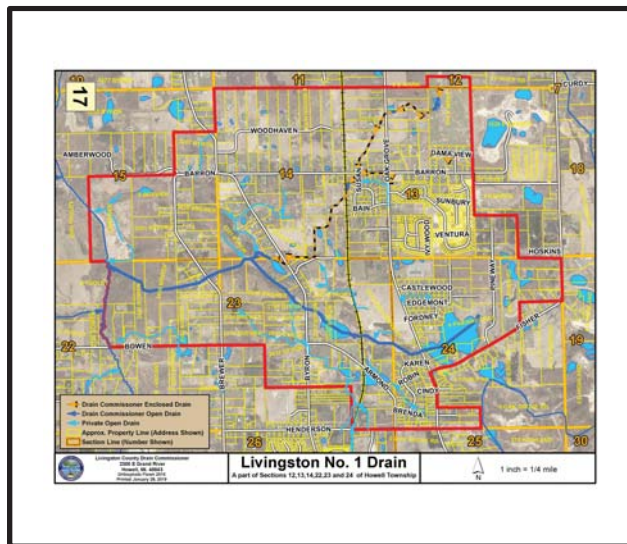
Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	5620275	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Equipment & Materials	5620275	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Livingston No. 1 Drain	<b>PROJECT ID:</b> 27500-2019-0002
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 900,000
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner
<b>PROJECT LEAD:</b> Ken Recker	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

The Livingston No. 1 Drain was established in 1899. A project was done on the branch tile of this drainage system in 2005. More recently a petition was circulated in 2013 by residents requesting work on the Main line of this system. Following the petition, interim work was performed on the drain in the vicinity of the railroad crossing, including improvements to a mile of downstream channel. Activity is complicated by an impoundment that was verbally permitted by the prior Drain Commissioner in the early 1980's, which restricts available grade for properties to the east of the railroad. A part of this project will involve the establishment of a new outlet for Lake Serene, which is located on the Northeast Corner of Fisher and Oak Grove Roads.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>13</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2012

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2012	2017
Design/Acquisition/Purchase	2018	2020
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Project determined necessary in 2013, so no BOC approval required
2.	Alternative is to stop work on project and assess current costs. However this will leave Lake Serene with no outlet.
3.	Alternative to boring under Oak Grove (use existing easement) is to discharge across Fisher (req. new easement)

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Yes

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.  
 Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	Const/Debt Fund	\$225.0	\$ 900.0							\$ 900.0
- Note/Bond Issue	8090100									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 225.0</b>	<b>\$ 900.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 900.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8025540	\$ 24.3		\$ 5.0		\$ 5.0		\$ 5.0	\$ 25.0	\$ 15.0
Equipment and Materials	8025540	\$ 24.3		\$ 5.0		\$ 5.0		\$ 5.0	\$ 25.0	\$ 15.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 48.6</b>	<b>\$ 0.0</b>	<b>\$ 10.0</b>	<b>\$ 0.0</b>	<b>\$ 10.0</b>	<b>\$ 0.0</b>	<b>10.0</b>	<b>\$ 50.0</b>	<b>\$ 30.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8025540	\$ 2.5				\$ 5.0			\$ 15.0	5.0
Equipment and Materials	8025540	\$ 2.5				\$ 5.0			\$ 15.0	5.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 10.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 30.0</b>	<b>10.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

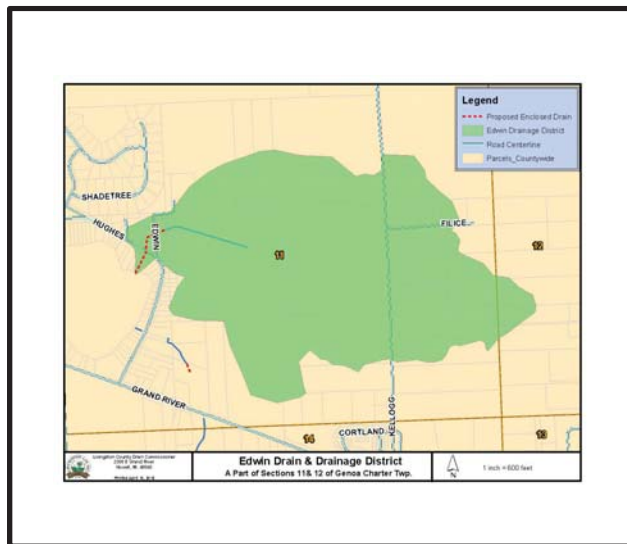
Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8025540	\$ 21.8	\$ 0.0	\$ 5.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 5.0	\$ 10.0	\$ 10.0
Equipment and Materials	8025540	\$ 21.8	\$ 0.0	\$ 5.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 5.0	\$ 10.0	\$ 10.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 43.6</b>	<b>\$ 0.0</b>	<b>\$ 10.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 10.0</b>	<b>\$ 20.0</b>	<b>\$ 20.0</b>

<b>PROJECT NAME:</b> Edwin Drive Drain	<b>PROJECT ID:</b> 27500-2019-0004
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 630,000
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner
<b>PROJECT LEAD:</b> Ken Recker	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Blocked private tile of the northeast side of Lake Chemung resulted in a 1995 petition that was abandoned, but resurrected a second time in 2012 due to a recurrence of the historical tile blockage. Existing private drain proceeds from Edwin Drive down to Lake Chemung on a private lot. A new easement will be required to take drainage down to Lake Chemung in a new pipe, with the majority of the remainder of the work to occur in the right of way of Edwin Drive. The City of Detroit owning a major residual piece of property west of Kellogg Road presents an impediment to equitable assessment of the project.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2018

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2017	2018
Design/Acquisition/Purchase	2018	2020
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Project determined necessary by Board of Determination, so no BOC approval necessary.
2.	Alternative to a 2 year storm design is a 10 year design (cost prohibitive), or
3.	Replace with Like size pipe (which does not take into account land use changes)

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	Const/Debt Fund	\$45.0	\$ 630.0	\$ 25.0						\$ 655.0
- Note/Bond Issue	TBD									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 45.0</b>	<b>\$ 630.0</b>	<b>\$ 25.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 655.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8022860									\$ 0.0
Equipment and Materials	8022860									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8022860			\$ 2.5		\$ 2.5		\$ 2.5	\$ 10.0	7.5
Equipment and Materials	8022860			\$ 2.5		\$ 2.5		\$ 2.5	\$ 10.0	7.5
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 20.0</b>	<b>15.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8022860	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 2.5)	(\$ 10.0)	(\$ 7.5)
Equipment and Materials	8022860	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 2.5)	(\$ 10.0)	(\$ 7.5)
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>(\$ 20.0)</b>	<b>(\$ 15.0)</b>

<b>PROJECT NAME:</b> Orchard Park Intercounty Drain		<b>PROJECT ID:</b> 27500-2019-0008
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 100,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner	
<b>PROJECT LEAD:</b> Ken Recker	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Petition for an intercounty drain brought forth by residents of the Orchard Park Condominium in Tyrone Township. This condominium was developed in 1998-1999 with a small private road and seventeen residential condominium units served by a retention basin. The basin was sized to serve a 50 acres, which was later found in 2007 or so to have a watershed area closer to 200 acres, including lands in Fenton Township (Genessee County). Litigation was initiated in 2015 by one of the condominium owners most severely impacted by the flooding. The Drain Commissioner was subsequently dismissed from the litigation. Counsel for the condominium association recommended the Homeowners Association execute petitions pursuant to Chapter 5 and 6 of the Michigan Drain Code to Establish an intercounty drain. Following receipt of the first and second petitions the intercounty drainage board found the project to be necessary on April 11, 2018. Currently we are negotiating acquisition of easements.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2017

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2017	2018
Design/Acquisition/Purchase	2018	2020
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Project Determined necessary by Intercounty Drain Board on April 11, 2018, so no BOC approval necessary
2.	Do nothing alternative will result in resumption of litigation which led to initial petition.
3.	Route alternatives have been evaluated to optimize solution and minimize easements due to difficulty obtaining easements

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

(VP): Visionary Planning

(VP) Create Collaborative Management System for Addressing Gaps



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	8190100	\$300.0	\$ 750.0	\$ 150.0						\$ 900.0
- Note/Bond Issue										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 300.0</b>	<b>\$ 750.0</b>	<b>\$ 150.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 900.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8026830	\$ 0.0								\$ 0.0
Equipment and Materials	8026830	\$ 0.0								\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8026830			\$ 2.5			\$ 2.5		\$ 25.0	5.0
Equipment and Materials	8026830			\$ 2.5			\$ 2.5		\$ 25.0	5.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 50.0</b>	<b>10.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

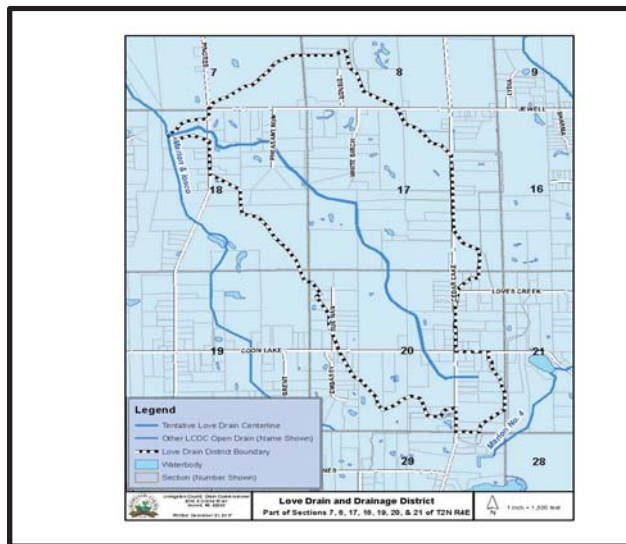
Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8026830	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 25.0)	(\$ 5.0)
Equipment and Materials	8026830	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 25.0)	(\$ 5.0)
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>\$ 0.0</b>	<b>(\$ 50.0)</b>	<b>(\$ 10.0)</b>

<b>PROJECT NAME:</b> Love Drain	<b>PROJECT ID:</b> 27500-2020-0001
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 650,000
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner
<b>PROJECT LEAD:</b> Ken Recker	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Drain initially petitioned in 1927/1928, however petition appears abandoned after opposition from a group of landowners in the drainage district filed a protest. A second effort to get an application filed to designate a drainage district for the area succeeded in 1995, and a preliminary profile with existing and proposed water surface profiles was run. However, the project appears to have died in transition between Drain Commissioners in 1996. Third application received in 2017 was followed with a completed petition to locate, establish, and construct the Drain in 2018. Board of determination found drain to be necessary in July 2018. Drain will be a primarily open drain, serving an area of approximately 1200 acres in Sections 7, 8, 16, 17, 18, 19, 20, & 21 of Marion Township. Land uses are generally 2 to 5 acre residential lots, with smaller operational farms in the area bounded by Coon Lk. Road to the S, Cedar Lk. Rd. to the E, Jewell Rd. to the N, & Pingree to the W.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
2	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>10</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2018	2019
Design/Acquisition/Purchase	2019	2021
Construction	2021	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Project determined necessary by BOD, so no BOC approval necessary
2.	Preliminary design is for 2 yr event, could look at 5 or 10 year event but likely cost prohibitive
3.	Do nothing alternative will likely pull our office into a dispute revolving around failed private dr. (Pheasant Run)

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	Const/Debt Fund	\$75.0	\$ 650.0	\$ 50.0						\$ 700.0
- Note/Bond Issue	TBD									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 75.0</b>	<b>\$ 650.0</b>	<b>\$ 50.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 700.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8026030									\$ 0.0
Material & Equipment	8026030									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8026030			\$ 2.5			\$ 2.5		\$ 20.0	5.0
Material & Equipment	8026030			\$ 2.5			\$ 2.5		\$ 20.0	5.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 5.0</b>	<b>\$ 0.0</b>	<b>\$ 40.0</b>	<b>10.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8026030	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 20.0)	(\$ 5.0)
Material & Equipment	8026030	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	\$ 0.0	(\$ 2.5)	\$ 0.0	(\$ 20.0)	(\$ 5.0)
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>(\$ 5.0)</b>	<b>\$ 0.0</b>	<b>(\$ 40.0)</b>	<b>(\$ 10.0)</b>

<b>PROJECT NAME:</b> <b>Vactor Truck</b>	<b>PROJECT ID:</b> <b>27500-2020-0002</b>
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 450,000
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner
<b>PROJECT LEAD:</b> Rob Quigley	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Replacement of existing vactor truck.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** **2018**

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2021
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Drain Commissioner has a jurisdictional obligation to maintain/clean drains.
2.	Work contracted out to private company, but this would hinder the Drain Commissioner's ability to respond
3.	to emergency situations.

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Anticipated replacement of existing vactor in 2021. Guaranteed buyback of \$164k reduces capital outlay to approx. \$286K.Eq

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Equipment Revolving Fund	974000/975000		\$ 450.0							\$ 450.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 450.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 450.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

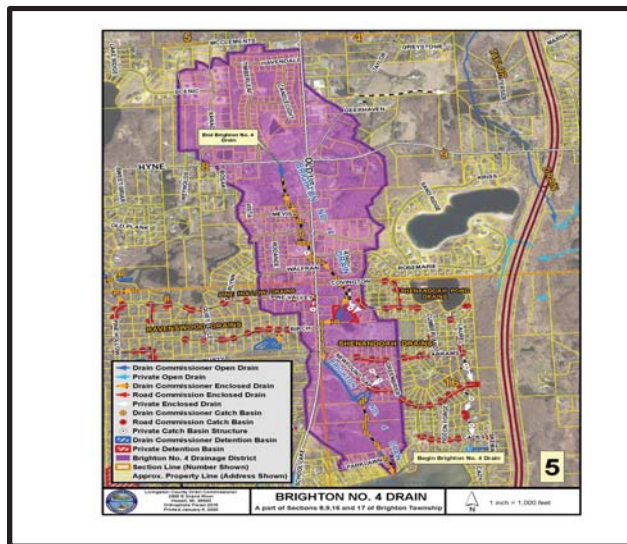
<b>PROJECT NAME:</b> Brighton No. 4 Drain	<b>PROJECT ID:</b> 27500-2021-0001
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 800,000
<b>SUBMITTED BY:</b> Aaron Everest	<b>DEPT:</b> Drain Commissioner
<b>PROJECT LEAD:</b> Ken Recker	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

The Brighton No. 4 Drain was established in 1944 as a tile drain to serve the agricultural community north of the Village of Brighton along what was at the time known as US-23 (is now Old US-23). The watershed that discharges to this system has seen substantial development over the years, particularly following freeway construction in the 1960's. This project will replace the existing 12 to 18" pipe with pipe 30 inches in diameter, thereby providing drainage service approximately equivalent to the 2 year (50% chance) storm event. Issues associated with repeated home flooding near the drain outlet at School Lake will be addressed as part of this project, and improved stormwater treatment will be provided to the north of the School Lake outlet.

Due to the severe nature of the flooding issues at the outlet end of the drain, we envision completing the outlet work at the lower end of the system in the fall of 2020, with the remainder of system construction occurring in 2021.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1=Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
2	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2020
Design/Acquisition/Purchase	2020	2021
Construction	2021	2021

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Continued frequent emergency repairs of failing portions of the enclosed and open drainage system.
2.	Do. nothing. Violates our statutory obligations under MCL 280.196.
3.	project determined necessary by Board of Determination pursuant to MCL 280.191 so no BOC approval is required.

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	Const/Debt Fund	\$250.0	\$ 750.0							\$ 750.0
- Note/Bond Issue	TBD									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 250.0</b>	<b>\$ 750.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 750.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8021360	\$ 34.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 50.0	\$ 30.0
Equipment and Materials	8021360	\$ 34.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 50.0	\$ 30.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 68.0</b>	<b>\$ 10.0</b>	<b>\$ 10.0</b>	<b>\$ 10.0</b>	<b>\$ 10.0</b>	<b>\$ 10.0</b>	<b>10.0</b>	<b>\$ 100.0</b>	<b>\$ 60.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8021360	\$ 34.0			\$ 3.8			\$ 3.8	\$ 25.0	7.5
Equipment and Materials	8021360	\$ 34.0			\$ 3.8			\$ 3.8	\$ 25.0	7.5
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 68.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 7.5</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 7.5</b>	<b>\$ 50.0</b>	<b>15.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8021360	\$ 0.0	\$ 5.0	\$ 5.0	\$ 1.3	\$ 5.0	\$ 5.0	\$ 1.3	\$ 25.0	\$ 22.5
Equipment and Materials	8021360	\$ 0.0	\$ 5.0	\$ 5.0	\$ 1.3	\$ 5.0	\$ 5.0	\$ 1.3	\$ 25.0	\$ 22.5
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 10.0</b>	<b>\$ 10.0</b>	<b>\$ 2.5</b>	<b>\$ 10.0</b>	<b>\$ 10.0</b>	<b>\$ 2.5</b>	<b>\$ 50.0</b>	<b>\$ 45.0</b>





**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Special Assessments	Const/Debt Fund				\$ 1,500.0					\$ 1,500.0
- Note/Bond Issue	TBD									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 1,500.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 1,500.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8028590									\$ 0.0
Material & Equipment	8028590									\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8028590				\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 50.0	20.0
Material & Equipment	8028590				\$ 5.0	\$ 5.0	\$ 5.0	\$ 5.0	\$ 50.0	20.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 10.0	\$ 10.0	\$ 10.0	\$ 10.0	\$ 100.0	40.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	8028590	\$ 0.0	\$ 0.0	\$ 0.0	(\$ 5.0)	(\$ 5.0)	(\$ 5.0)	(\$ 5.0)	(\$ 50.0)	(\$ 20.0)
Material & Equipment	8028590	\$ 0.0	\$ 0.0	\$ 0.0	(\$ 5.0)	(\$ 5.0)	(\$ 5.0)	(\$ 5.0)	(\$ 50.0)	(\$ 20.0)
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	(\$ 10.0)	(\$ 10.0)	(\$ 10.0)	(\$ 10.0)	(\$ 100.0)	(\$ 40.0)

<b>PROJECT NAME:</b> Sheriff - Remodel Sheriff Office and Jail Reception Area		<b>PROJECT ID:</b> 30100-2018-0001
<b>PROJECT CATEGORY:</b> Existing Facility (Building/Park) Renovation or Improvement	<b>FY 2021 ONLY TOTAL COST:</b> \$ 200,000	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Chris Folts/Jeff Warner	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Remodel Jail reception area to include Sheriff reception area so that all visitors report to one central location. Renovate Sergeant offices. New single car evidence room. Exterior building painting. Bullet-proof glass pass-through window. Upgrade signage and landscaping.

\*\*\* \$1,000,000 approved by Board of Commissioners for FY 2020 CIP.

\*\*\* Project expenditures revised to putting \$200,000 in FY 2021, and every year thereafter until FY 2025, due to the uncertainty of COVID-19.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
9	TOTAL SCORE

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2019	2019
Design/Acquisition/Purchase	2020	2021
Construction	2021	2025

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Enhance Sheriff reception area only for security reasons, dont do jail
2.	Renovate in phases based on priority
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(S): Safety

(S) Create a Common Vision of Safety

(VP): Visionary Planning

(VP) Create Collaborative Management System for Addressing Gaps



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	403		\$ 200.0	\$ 200.0	\$ 200.0	\$ 200.0	\$ 200.0			\$ 1,000.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 200.0	\$ 200.0	\$ 200.0	\$ 200.0	\$ 200.0	\$ 0.0	\$ 0.0	\$ 1,000.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Sheriff - Secured Employee Parking Area Around Storage Facility		<b>PROJECT ID:</b> 30100-2019-0001
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 60,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Chris Folts/Jeff Warner	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

There is a need to provide a security fence around the Sheriff's new storage facility.

The fence would take up half of the current Law Center parking lot and have both ingress and egress gates controlled by card access. The fence would be approximately 800 linear feet and surround the entire building. The cost is based on limited research and would require a formal bid process. This would be utilized for patrol car and employee parking.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Example Only - Not Actual

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

2	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
6	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2021	2021
Construction	2021	2021

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Install parking bollards, not secure
2.	Utilize guard shack
3.	Increase the size of the secured parking area behind Sheriff's office

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety

(S) Create a Common Vision of Safety

(VP): Visionary Planning

(VP) Create Collaborative Management System for Addressing Gaps

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	10130100/973000		\$ 60.0							\$ 60.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 60.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 60.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Sheriff - Sheriff Office Carports		<b>PROJECT ID:</b> 30100-2019-0002
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Chris Folts/Jeff Warner	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

There is a need to install carports at the Sheriff's office rear parking lot.

The carports will cover patrol cars that are in service.

The number of vehicles utilizing carports would be approximately twenty-six (26).

The cost estimate is based on similar carports installed at East Complex.

The structures should have a useful life of twenty-five (25) years or more.

Project to be coordinated with Facility Services Asphalt Replacement project (#26500-2020-0001)

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Example Only - Not Actual

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
<b>7</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase		
Construction	2023	2023

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Remain Status Quo, not secure
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(S): Safety

(S) Create a Common Vision of Safety

(VP): Visionary Planning

(VP) Create Collaborative Management System for Addressing Gaps

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	10130100/973000				\$ 70.0					\$ 70.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 70.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 70.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Sheriff - Gun Range and Training Facility		<b>PROJECT ID:</b> 30100-2019-0004
<b>PROJECT CATEGORY:</b> New Construction	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Mike Nast	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Livingston County Road Commission has 45 acres of land (Faussett Road and McGuire Road) that could be purchased for \$190,000. This land could be used for Livingston County Sheriff Office training, in many areas of need. The additional money would be used for site improvements as well as the construction of a pole barn to train and store items in. Would need to create a berm for firearms training.

\$190,000 from market analysis of property  
 \$110,000 consists of \$70,000 for pole barn, \$40,000 in concrete and moving dirt.

Only anticipated additional ongoing cost would be approximately \$800/year for rental of portajohn.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Example Only - Not Actual

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
8	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2024	2024
Construction	2024	2024

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Maintain Status Quo
2.	Submit to purchase land elsewhere for indoor range
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(S): Safety

(S) Create a Common Vision of Safety

(VP): Visionary Planning

(VP) Create Collaborative Management System for Addressing Gaps

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital						\$ 110.0				\$ 110.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 110.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 110.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



PROJECT NAME: Sheriff - Jail Upgrade, Replace and Add Cameras

PROJECT ID: 30100-2020-0001

PROJECT CATEGORY: Capital Equipment

FY 2021 ONLY

TOTAL COST: \$ 0

Leave Blank  
For Planning Department use only

SUBMITTED BY: Tarnesia Pringle

DEPT: Sheriff

PROJECT LEAD: Tarnesia Pringle

DEPT RANKING OF NEED: [4] OLD: On-Going from past CIP

PROJECT DESCRIPTION: Provide a description of project, including location, size, capacity, etc.

NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Upgrade, replace and add cameras to our Stanley Recording System.

Upgrade and replace; camera raid storage servers nearing end of life which would provide upgraded version of of video software; switches and back end equipment.

Upgrade and replace five (5) control room commander PCs nearing end of life and about 120 existing analog cameras (20+ yrs old) to HD digital which increases resolution and allows easier upkeep of system. Add approx 10-15 additional HD digital cameras. Labor & materials to pull network line to new digital cameras, to install replacement digital cameras, install, setup and programming of new cameras, servers, switches, etc. Licensing for software and cameras. Quote from American Video: \$110,000; Stanley Security estimate of \$50,000 various quotes for individual portions; video recording system installed in 2015.

\*\*\* \$80,000 approved for FY2020/\$80,000 for FY2021

\*\*\* Project (\$80,000) moved to FY2022 because of the uncertainty due to COVID-19.

PROJECT LOCATION MAP/PHOTO: Provide map, diagram, photo of project



Not Actual - Example Only

PROJECT JUSTIFICATION: Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
0	Improve customer service, convenience for citizens
6	TOTAL SCORE

FIRST YEAR PROJECT INTRODUCED INTO CIP:

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2021
Construction	2022	2022

PROJECT ALTERNATIVES: Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Status Quo, no safety
2.	
3.	

PROJECT PLANNING CONTEXT: Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

No

PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT: How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

(S): Safety

(S) Create a Common Vision of Safety

(T): Technology

(T) Create Reliable, Fast, Secure Easy Access to Information



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	10135100/943012			\$ 80.0						\$ 80.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 80.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 80.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Jail - Intercoms Upgrade		<b>PROJECT ID:</b> 30100-2021-0001
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Tarnesia Pringle	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Tarnesia Pringle	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

There is a need to upgrade the Stanly Jail intercom system. In many areas the system is 20+ years old and the system is not longer supported.

Life-cycle of system: Ruggedized: 8-10 years, Non-ruggedized: 7-9 years

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Example Only - Not Actual

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
0	Improve customer service, convenience for citizens
6	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase		
Construction	2022	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Remain Status Quo using unsupported system
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety

(S) Create a Common Vision of Safety

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	10130100/973000			\$ 80.0						\$ 80.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 80.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 80.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Sheriff- In-Car Cameras		<b>PROJECT ID:</b> 30100-2021-0002
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 70,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Eric Sanborn	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Eric Sanborn	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

New in-car cameras for entire fleet (approximately 26 patrol units); upgrade storage server;

At the end of five (5) years we get new cameras and keep old ones. Unlimited cloud storage and licensing for on-going costs.

Last purchased in 2014/2015  
 Useful life: 5 years

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
0	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>6</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2021

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2021
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Status Quo, aging and unsupported hardware
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

N/A

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

Category:

Action Item:

(S): Safety

(S) Create a Common Vision of Safety

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	10130100/973000			\$ 80.0						\$ 80.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 80.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 80.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Jail - Domestic Water Holding Tank		<b>PROJECT ID:</b> 30100-2021-0003
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 50,000	<i>Leave Blank For Planning Department use only</i>
<b>SUBMITTED BY:</b> Chris Folts	<b>DEPT:</b> Sheriff	
<b>PROJECT LEAD:</b> Chris Folts	<b>DEPT RANKING OF NEED:</b> [3] NEW: Urgently needed, not this FY	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Install a domestic water holding tank for East POD area.

There is a need to have access to a more-leveled water temperature system throughout the facility. This system will allow a more constant temperature to be maintained.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Not Actual - Only Example

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

0	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
0	Improve customer service, convenience for citizens
<b>3</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2021

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2021
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

No.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.  
 Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

<u>Category:</u>	<u>Action Item:</u>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Commissary Fund	59535100		\$ 50.0							\$ 50.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 50.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 50.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



<b>PROJECT NAME:</b> Additional 800MHz Equipment at Towers in the County	<b>PROJECT ID:</b> 32500-2020-0001
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0
<b>SUBMITTED BY:</b> Chad Chewning	<b>DEPT:</b> 911 Central Dispatch
<b>PROJECT LEAD:</b> Chad Chewning	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Livingston County currently operates using 800MHz radio equipment as the main source of emergency responder communication. There is only (1) radio tower in Livingston County that contains 800MHz equipment. Currently there are areas within the county that suffer from a weak 800MHz signal, and this is especially true inside structures which is a safety and communications concern.

At some point we will need to improve the infrastructure supporting the 800MHz radio system in Livingston County in order to move forward with additional technology for paging and communications.

County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>9</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2021	2021
Construction	2024	2024

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Continue to function with patchy/digital 800MHz communications in buildings and other areas
2.	Purchase hundreds of VHF portable radios for emergency responders to utilize in areas of 800MHz signal loss
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Not locally. County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(COM): Communications

(COM) Effectively Develop and Improve Communication Avenues

(S): Safety

(S) Create a Common Vision of Safety

(T): Technology

(T) Support Information Dissemination



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
911 Central Dispatch	26132525/74700					\$ 550.0				\$ 550.0
Fund 261										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 550.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 550.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

PROJECT NAME: **Back-Up Microwave for 800MHz System for County Radio System**PROJECT ID: **32500-2020-0002**

PROJECT CATEGORY: Capital Equipment

FY 2021 ONLY

TOTAL COST: \$ 0

Leave Blank  
For Planning Department use only

SUBMITTED BY: Chad Chewning

DEPT: 911 Central Dispatch

PROJECT LEAD: Chad Chewning

DEPT RANKING OF NEED: [4] OLD: On-Going from past CIP

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

The county currently has only one feed from a state radio tower for the 800MHz radio system which comes out of Northville. If the state radio tower in Northville goes down (which had occurred several times in the summer of 2018), there is no back-up plan for replacing this 800MHz signal in our county.

Installing a microwave to provide a back-up 800MHz signal feed for Livingston County is a necessary capital replacement for the safety of the responders and citizens of this county. This is the primary contact system for radio dispatching in Livingston County and also our connection to mutual aid throughout the state.

County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project

Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>9</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:****2020**

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2021	2021
Construction	2022	2022

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Purchase hundreds of VHF portables for emergency responders to operate on during 800MHz outages
2.	Emergency responders could self-dispatch based on CAD entry using tac channels (not monitored by 911)
3.	New state radio tower built in Livingston County - no discussion by the state on this occurring in the future

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Not locally. County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:****Action Item:**

(COM): Communications

(COM) Effectively Develop and Improve Communication Avenues

(S): Safety

(S) Create a Common Vision of Safety

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
911 Central Dispatch	26132525/74700			\$ 200.0						\$ 200.0
Fund 261										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 200.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 200.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

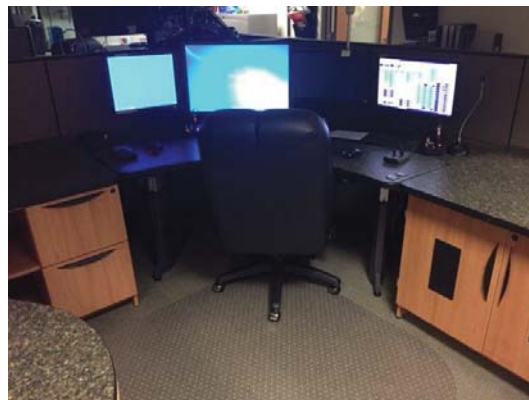
**PROJECT NAME:** Add Eight (8) Additional Work Stations**PROJECT ID:** 32500-2020-0003**PROJECT CATEGORY:** Capital Equipment**FY 2021 ONLY****TOTAL COST:** \$ 0Leave Blank  
For Planning Department use only**SUBMITTED BY:** Chad Chewning**DEPT:** 911 Central Dispatch**PROJECT LEAD:** Chad Chewning**DEPT RANKING OF NEED:** [4] OLD: On-Going from past CIP**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

Currently the dispatch floor functions using (10) work stations to include Xybix furniture, 7500 state radio system, and Vesta 911 phone system. This number is efficient for the services needed by the citizens and responders within the county today.

Increasing call volume, and increased instances of consolidations amongst 911 centers nationally and within the State of Michigan would increase the need for additional staffing, and in-turn the need for additional work stations to be added.

Cost estimates are as follows: Xybix furniture \$120,000, 7500 state radio consolettes \$350,000, Vesta 911 phone stations \$180,000.

County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project

Not Actual - Example Only

**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
9	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2023	2023
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Manage consolidated operations for satellite dispatch location(s)
2.	Not participate in taking on any additional consolidated dispatch operations
3.	As call volume increase, release some dispatch functions to other entities

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Not locally. County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:****Action Item:**

(COM): Communications

(COM) Effectively Develop and Improve Communication Avenues

(S): Safety

(S) Benchmark population's needs and collaborate with other agencies to provide safest environment possible.

(VP): Visionary Planning

(VP) Support department and County-wide planning initiatives that take future growth and opportunities into consideration.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
911 Central Dispatch	26132525/747000				\$ 300.0					\$ 300.0
Fund 261										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 300.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 300.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> 911 CAD System Replacement		<b>PROJECT ID:</b> 32500-2020-0004
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 0	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Chad Chewning	<b>DEPT:</b> 911 Central Dispatch	
<b>PROJECT LEAD:</b> Chad Chewning	<b>DEPT RANKING OF NEED:</b> [4] OLD: On-Going from past CIP	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE: PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.**

Our current OSSI CAD System is 11 years old and coming to end of life. We will need to look at a replacement CAD for the 911 center and the public safety responders. The project will have to be broken down into several parts of the project.

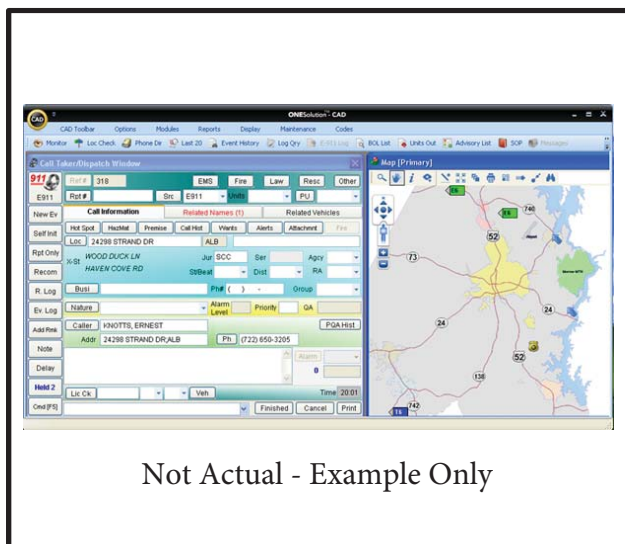
Total Cost of Project: \$1.5 million

911	26132500	\$450,000
EMS	21065100	\$30,000
Sheriff	403	\$250,000
Jail	403	\$150,000
Locals	Other	\$620,000

We would need to do a RFP for this project to see the multiple CAD Systems and what they have to offer that would fit our needs as a county.

County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
2	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
0	Enhance social, cultural, recreational, aesthetics opportunities
2	Improve customer service, convenience for citizens
<b>7</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study	2020	2020
Design/Acquisition/Purchase	2025	2025
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Continue using current CAD System until it is obsolete
2.	
3.	

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Not locally. County 911 department does not dictate the needs and costs associated with potential communications upgrades or expansion. This is all handled at the State-level through the Michigan Public Safety Communication System (MPSCS).

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(COM): Communications

(COM) Effectively Develop and Improve Communication Avenues

(S): Safety

(S) Communicate Public Safety Initiatives and Events

(T): Technology

(T) Use technology where applicable to become more efficient and effective.

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
911 Fund 261	26132500						\$ 450.0			\$ 450.0
EMS	21065100						\$ 30.0			\$ 30.0
Jail	403						\$ 250.0			\$ 250.0
Sheriff	403						\$ 150.0			\$ 150.0
Local Sharing	63622800						\$ 620.0			\$ 620.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 1,500.0	\$ 0.0	\$ 0.0	\$ 1,500.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0



<b>PROJECT NAME:</b> <span style="background-color: #cccccc;">Kennel Replacement</span>		<b>PROJECT ID:</b> <span style="background-color: #cccccc;">43000-2020-0002</span>
<b>PROJECT CATEGORY:</b> <span style="background-color: #cccccc;">Capital Equipment</span>	<b>FY 2021 ONLY TOTAL COST:</b> <span style="background-color: #cccccc;">\$ 55,000</span>	<small>Leave Blank For Planning Department use only</small>
<b>SUBMITTED BY:</b> <span style="background-color: #cccccc;">Christy Peterson / Chris Folts</span>	<b>DEPT:</b> <span style="background-color: #cccccc;">Animal Control</span>	
<b>PROJECT LEAD:</b> <span style="background-color: #cccccc;">Christy Peterson</span>	<b>DEPT RANKING OF NEED:</b> <span style="background-color: #cccccc;">[4] OLD: On-Going from past CIP</span>	

**PROJECT DESCRIPTION:** *Provide a description of project, including location, size, capacity, etc.*  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

There is a important need to replace the current dog kennels at the Animal Shelter. The current dog kennels are unsafe for the public and animals due to their deteriorating condition. the new kennels frames would be constructed of stainless steel and have a lifetime warranty. The kennels have been quoted and sourced.

The total number of new kennels proposed for purchase is thirty-seven (37).

See attached data for more information.

Securing grants could be an optional funding source.

**PROJECT LOCATION MAP/PHOTO:** *Provide map, diagram, photo of project*



**PROJECT JUSTIFICATION:** *Value indicates degree to which the project will address each category:*  
 Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
1	Reduce energy consumption, impact on the environment
1	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>11</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2020

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2020	2020
Construction	2021	2021

**PROJECT ALTERNATIVES:** *Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.*

1.	Keep trying to repair old broken equipment
2.	Reduce the number of housed dogs
3.	Reduce adoption fees

**PROJECT PLANNING CONTEXT:** *Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?*

No.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** *How does project align with County Strategic Plan? Pick up to three choices below.*

*Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".*

Category:

Action Item:

(S): Safety

(S) Create a Common Vision of Safety

(COM): Communications

(COM) Improve Community Engagement Processes



**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Capital	403		\$ 55.0							\$ 55.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 55.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 55.0

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0	\$ 0.0	\$ 0.0

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	0.0

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

<b>PROJECT NAME:</b> Purchase Transit Vehicles		<b>PROJECT ID:</b> 53800-2021-0001
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 640,994	Leave Blank For Planning Department use only
<b>SUBMITTED BY:</b> Greg Kellogg	<b>DEPT:</b> LETS	
<b>PROJECT LEAD:</b> Greg Kellogg	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY	

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

FY 2021: Purchase up to seven replacement vehicles  
FY 2022: Purchase up to five replacement vehicles  
FY 2023: Purchase up to twelve replacement vehicles  
FY 2024: Purchase up to two replacement vehicles  
FY 2025: Purchase up to two replacement vehicles  
FY 2026: Purchase up to four replacement vehicles

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:  
Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
3	Reduce energy consumption, impact on the environment
3	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>15</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:** 2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2026
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	N/A
2.	N/A
3.	N/A

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Vehicles are replaced when they have met FTA useful life criteria for age and mileage (dependent on vehicle size).

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(ED): Economic Development

(ED) Cooperate, collaborate and combine initiatives in areas to best ensure the economic future and vitality of the County.

(VP): Visionary Planning

(VP) Support department and County-wide planning initiatives that take future growth and opportunities into consideration.

(S): Safety

(S) Benchmark Resources with Needs

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Federal Grants (80%)	58853800-501000		\$ 512.8	\$ 281.5	\$ 609.9	\$ 186.4	\$ 173.2	\$ 370.2		\$ 2,134.0
State Match (20%)	58853800-539000		\$ 128.2	\$ 70.4	\$ 152.5	\$ 46.6	\$ 43.3	\$ 92.6		\$ 533.6
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 641.0</b>	<b>\$ 351.9</b>	<b>\$ 762.4</b>	<b>\$ 233.0</b>	<b>\$ 216.5</b>	<b>\$ 462.8</b>	<b>\$ 0.0</b>	<b>\$ 2,667.6</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	Various		\$ 2,995.7	\$ 3,055.6	\$ 3,116.8	\$ 3,179.0	\$ 3,242.7	\$ 3,307.5		\$ 18,897.3
Vehicle Maintenance	Various		\$ 204.0	\$ 208.0	\$ 212.2	\$ 216.5	\$ 220.8	\$ 225.2		\$ 1,286.7
Fuel	58853800-749000		\$ 262.6	\$ 265.2	\$ 267.9	\$ 270.6	\$ 273.3	\$ 276.0		\$ 1,615.6
Vehicle Insurance	58853800-861000		\$ 43.7	\$ 44.1	\$ 44.6	\$ 45.0	\$ 45.5	\$ 45.9		\$ 268.8
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 3,506.0</b>	<b>\$ 3,572.9</b>	<b>\$ 3,641.5</b>	<b>\$ 3,711.1</b>	<b>\$ 3,782.3</b>	<b>3,854.6</b>	<b>\$ 0.0</b>	<b>\$ 22,068.4</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	Various		\$ 2,995.7	\$ 3,055.6	\$ 3,116.8	\$ 3,179.0	\$ 3,242.7	\$ 3,307.5		18,897.3
Vehicle Maintenance	Various		\$ 204.0	\$ 208.0	\$ 212.2	\$ 216.5	\$ 220.8	\$ 225.2		1,286.7
Fuel	58853800-749000		\$ 262.6	\$ 265.2	\$ 267.9	\$ 270.6	\$ 273.3	\$ 276.0		1,615.6
Vehicle Insurance	58853800-861000		\$ 43.7	\$ 44.1	\$ 44.6	\$ 45.0	\$ 45.5	\$ 45.9		268.8
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 3,506.0</b>	<b>\$ 3,572.9</b>	<b>\$ 3,641.5</b>	<b>\$ 3,711.1</b>	<b>\$ 3,782.3</b>	<b>\$ 3,854.6</b>	<b>\$ 0.0</b>	<b>22,068.4</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits	Various	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Vehicle Maintenance	Various	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Fuel	58853800-749000	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Vehicle Insurance	58853800-861000	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

<b>PROJECT NAME:</b> Ambulance Replacement	<b>PROJECT ID:</b> 65100-2021-0001
<b>PROJECT CATEGORY:</b> Capital Equipment	<b>FY 2021 ONLY TOTAL COST:</b> \$ 295,000
<b>SUBMITTED BY:</b> David Feldpausch	<b>DEPT:</b> Emergency Medical Services
<b>PROJECT LEAD:</b> Tod Horner	<b>DEPT RANKING OF NEED:</b> [4] NEW: Urgently needed this FY

**PROJECT DESCRIPTION:** Provide a description of project, including location, size, capacity, etc.  
**NOTE:** PLEASE BE AS DESCRIPTIVE AS POSSIBLE ABOUT YOUR PROJECT.

In order to maintain our current fleet of ambulances we need to remount or replace at least 2-3 units every year. We are in the process of specification development for both remounting and replacing.

The cost estimation for each are:

Remount = \$120,000.00

Replacement= \$175,000.00

Most ambulances can be remounted 2 times before being replaced and there is significant cost savings in remounting over replacement.

**PROJECT LOCATION MAP/PHOTO:** Provide map, diagram, photo of project



**PROJECT JUSTIFICATION:** Value indicates degree to which the project will address each category:

Score each category below: 0= Not Applicable, 1 Somewhat Important, 2=Important, 3=Very Important

3	Protect health, safety, lives of citizens
3	Maintain or improve public infrastructure, facilities
0	Reduce energy consumption, impact on the environment
3	Enhance social, cultural, recreational, aesthetics opportunities
3	Improve customer service, convenience for citizens
<b>12</b>	<b>TOTAL SCORE</b>

**FIRST YEAR PROJECT INTRODUCED INTO CIP:**

2019

PROJECT PHASES:	PROJECT SCHEDULE:	
	Start Year	End Year
Study		
Design/Acquisition/Purchase	2021	2026
Construction		

**PROJECT ALTERNATIVES:** Please provide three alternatives pertaining to this project, indicating alternatives if this project is not approved by County Board of Commissioners.

1.	Risk of critical failure during life saving operation
2.	Increased Maintenance cost to maintain aging fleet.
3.	Decrease employee satisfaction and morale.

**PROJECT PLANNING CONTEXT:** Is project part of a long-term program plan? Is the plan a formal document approved outside of the department? When was the plan prepared?

Annual on going purchase.

**PROJECT / COUNTY STRATEGIC PLAN ALIGNMENT:** How does project align with County Strategic Plan? Pick up to three choices below.

Please match "Category" in ( ) with an "Action Item" for that Category in ( ). Please do not mismatch "Categories" with "Action Items". "Action Item" must correspond with "Category".

**Category:**

**Action Item:**

(S): Safety

(S) Communicate Public Safety Initiatives and Events

(S): Safety

(S) Benchmark Resources with Needs

(VP): Visionary Planning

(VP) Change Negative Perceptions into Positive Perceptions

**TABLE A. PROJECT FUNDING SCHEDULE: (In \$1,000s):**

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Funding Source Name	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
EMS Budget	21065100/975000	\$0.0	\$ 175.0	\$ 175.0	\$ 178.0	\$ 180.0	\$ 185.0	\$ 370.0		\$ 1,263.0
EMS Budget	21065100/975001	\$ 193.3	\$ 120.0	\$ 250.0	\$ 125.0	\$ 250.0	\$ 130.0	\$ 130.0		\$ 1,005.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 193.3</b>	<b>\$ 295.0</b>	<b>\$ 425.0</b>	<b>\$ 303.0</b>	<b>\$ 430.0</b>	<b>\$ 315.0</b>	<b>\$ 500.0</b>	<b>\$ 0.0</b>	<b>\$ 2,268.0</b>

**TABLE B. CURRENT OPERATING COSTS: (In \$1,000s):** Provide current cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
										\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

**TABLE C. PROJECTED OPERATING COSTS: (In \$1,000s):** Provide proposed cost estimates relating to the annual impact of this project on the operating budget.

PLEASE NOTE: In blanks below: For \$100: use "\$0.1", For \$1000: use "\$1.0", For \$10,000: use "\$10.0", For \$100,000: use "\$100.0", For \$1,000,000: use "\$1,000.0", For \$10,000,000: use "\$10,000.0"

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
										0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>0.0</b>

**TABLE D. CALCULATED DIFFERENCE (+) or (-) BETWEEN CURRENT AND PROPOSED OPERATING COSTS (By "Cost Type" and "Year") (In \$1,000s):**

PLEASE NOTE: This table will autofill all information supplied for "Operating Cost Type" and "Org/Object Code" as well as and the cost differences observed between Tables B. and C above.

Operating Cost Type	Org Code / Object Code format: "10172100/860000" ("org code/object code")	Totals Prior Years	Year 1 FY 2021	Year 2 FY 2022	Year 3 FY 2023	Year 4 FY 2024	Year 5 FY 2025	Year 6 FY 2026	Totals Beyond FY 2026	TOTALS FY 2020 to FY 2026
Salary and Benefits		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
		\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
<b>TOTALS</b>		<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>	<b>\$ 0.0</b>

RESOLUTION

NO: 2020-07-177

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing a Transfer from Fund 277 Michigan Works to Fund 101 General Fund - Treasurer**

- WHEREAS,** Fund 277 is designated the Michigan Works Special Revenue Fund; and
- WHEREAS,** Livingston County Michigan Works merged with the Southeast Michigan Consortium effective 10/1/2015 per resolution 2015-11-231; and
- WHEREAS,** all prior grants awarded to Livingston County Michigan Works have reached their auditable close out period effective 6/30/2020; and
- WHEREAS,** a balance of \$260,498.74 remains in the Michigan Works Fund 277; and
- WHEREAS,** residual funds are the result of years of accumulated charges for services and do not include state / federal dollars; and
- WHEREAS,** resolution 1003-362 dated 10/20/2003 established a 0% loan from the General Fund to the Michigan Works (formerly Job Training) Fund in the amount of \$36,304 representing the fund's proportionate share of the initial funding of Livingston County's Retiree Health Care Trust; and
- WHEREAS,** the initial loan amount remains unpaid; and
- WHEREAS,** the Livingston County Treasurer recommends utilizing \$36,304 of the available funds in Fund 277 to pay back the General Fund loan and the remaining 224,194.74 be transferred into the General Fund in order to close out the Michigan Works Special Revenue Fund.

**THEREFORE, BE IT RESOLVED** that the Board of Commissioners hereby authorizes the Livingston County Treasurer to close out Fund 277 by utilizing \$36,304 to pay back the General Fund loan and transferring the remaining \$224,194.74 to the General Fund.

**BE IT RESOLVED** that the Board of Commissioners hereby authorizes any budget amendments needed to effectuate the transfer of said funds.

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**MOVED:**  
**SECONDED:**  
**ROLL CALL:**

RESOLUTION

NO: 2020-07-178

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing the Livingston County Treasurer to Establish an Imprest Cash Account for the Livingston County Public Defender Office - Treasurer**

**WHEREAS,** the Livingston County Chief Public Defender has requested a small petty cash amount to be used for minor unexpected purchases; and

**WHEREAS,** the Livingston County Chief Public Defender has requested an amount of \$50 as sufficient to cover the office needs.

**THEREFORE BE IT RESOLVED** that the Livingston County Treasurer shall be authorized to establish a total Imprest Cash for the Livingston County Public Defender Office in an amount of \$50 to be used solely for Public Defender Office as Petty Cash in accordance with the County's Cash and Accounts Payable Policies.

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**MOVED:  
SECONDED:  
CARRIED:**

RESOLUTION

NO: 2020-07-179

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing the Livingston County Treasurer to Reassign and Increase the Imprest Cash Account for the Courts - Treasurer**

**WHEREAS,** the District, Juvenile and Probate Courts have existing authorized imprest cash balances per the chart below; and

**WHEREAS,** the courts have requested the ability to reassign the designated funds to align with the current petty cash needs of the various courts and the transaction volumes of each respective court office; and

**WHEREAS,** the reassignment of the funds requires a small increase of \$45.98.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes the Livingston County Treasurer to amend and increase the total Imprest Cash for the Livingston County Courts as follows to be used solely for each respective court in accordance with the County's Cash and Accounts Payable Policies.

	Existing		Revised	
	Start Up Cash	Petty Cash	Start Up Cash	Petty Cash
District Court	800.00	54.02	400.00	50.00
Juvenile Court	100.00	-	200.00	-
Probate Court	100.00	-	200.00	-
Central Services	-	-	-	250.00
Total	1,000.00	54.02	800.00	300.00
		1,054.02		1,100.00

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MOVED:  
SECONDED:  
CARRIED:



RESOLUTION

NO: 2020-07-180

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Approving of the 2019 FY Deficit Elimination Plan - Treasurer**

- WHEREAS,** the Jail Expansion Fund had a \$53 deficit fund balance at December 31, 2019; and
- WHEREAS,** the 911 Central Dispatch Construction Fund had a \$139,700 deficit fund balance at December 31, 2019; and
- WHEREAS,** PA 140 of 1971 requires that a Deficit Elimination Plan be formulated by the local unit of government and filed with the Michigan Department of Treasury; and
- WHEREAS,** the deficit in both funds is a result of timing differences between recognition of expenditures incurred and actual transfer in of funds to cover the expenditures.

**THEREFORE BE IT RESOLVED** the Livingston County Board of Commissioners hereby authorizes the Deficit Elimination Plan for the Jail Expansion Fund and 911 Central Dispatch Construction Fund:

**Jail Expansion - Capital Project Fund**

	2019	2020
<b>Unrestricted Net Position (Deficit) Jan.1</b>	606,722.77	(53.09)
<b>Revenue</b>		
Interest on Investments	2,716.76	0.07
Transfer In From Capital Replacement Fund	140,127.78	4,008.02
<b>Total Revenue</b>	<b>142,844.54</b>	<b>4,008.09</b>
<b>Expenditures</b>		
Capital Outlay	749,620.40	3,955.00
<b>Total Expenditures</b>	<b>749,620.40</b>	<b>3,955.00</b>
<b>Unrestricted Net Position (Deficit) Dec. 31</b>	<b>(53.09)</b>	<b>0.00</b>

\*\*Explanation: Timing difference of recognition of expenditures incurred and actual transfer in of funds from the Capital Replacement Fund to cover those expenses.

**911 Central Dispatch Construction - Capital Project Fund**

	<b>2019</b>	<b>2020</b>
<b>Unrestricted Net Position (Deficit) Jan.1</b>	997.68	(139,700.54)
<b>Revenue</b>		
Interest on Investments	-	-
Transfer In From 911 Central Dispatch Special Revenue Fund	3,712,089.99	219,285.59
<b>Total Revenue</b>	<b>3,712,089.99</b>	<b>219,285.59</b>
<b>Expenditures</b>		
Capital Outlay	3,852,788.21	79,585.05
<b>Total Expenditures</b>	<b>3,852,788.21</b>	<b>79,585.05</b>
<b>Unrestricted Net Position (Deficit) Dec. 31</b>	<b>(139,700.54)</b>	<b>0.00</b>

\*\*Explanation: Timing difference of recognition of expenditures incurred and actual transfer in of funds from the 911 Central Dispatch Special Revenue Fund to cover those expenses.

**BE IT FURTHER RESOLVED** the Livingston County Board of Commissioners hereby authorizes the Livingston County Treasurer to submit the Deficit Elimination Plan to the Michigan Department of Treasury for certification.

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**MOVED:****SECONDED:****CARRIED:**



**LIVINGSTON COUNTY, MICHIGAN**  
**LIVINGSTON COUNTY TREASURER**

**200 E. Grand River**  
**Howell, MI 48843**

**Phone 514-546-7010 Fax 517-545-9638**

**Web Site: [livingstonlive.org](http://livingstonlive.org)**

## Memorandum

**To: Livingston County Board of Commissioners**  
**From: Jennifer M. Nash, Treasurer**  
**Date: June 29<sup>th</sup>, 2020**  
**Re: RESOLUTION APPROVING THE DEFICIT ELIMINATION  
PLAN**

As was reported in our 2019 audit, we ended the 2019 fiscal year with two funds in a deficit. The Jail Expansion Construction Fund had a \$53 deficit fund balance, and the 911 Central Dispatch Construction Fund had a \$139,700 deficit Fund Balance. In both cases, the deficit is the result of timing differences between actual expenditures incurred / recognized and the actual transfer in of funds to cover those costs. As of today, the appropriate transfers have been made and these funds are no longer in a deficit.

According to PA 140 of 1971, local units of government who end their fiscal year in a deficit condition are required to formulate a deficit elimination plan, and submit that plan in the form of a certified resolution to the State of Michigan for approval.

The attached resolution is in the recommended format provided by the State.

Thank you for your consideration and I am happy to answer any further questions you may have.

RESOLUTION

NO: 2020-07-181

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing the Livingston County Treasurer to Establish Fund 297  
County Veteran Service Grant Fund (CVSF) - Treasurer**

**WHEREAS,** the Livingston County Veteran's Services Department has been awarded The County Veteran Service Fund grant through the Michigan Veteran Affairs Department; and

**WHEREAS,** the grant guidance specific to the CVSF grant requires the funds be accounted for separately and not comingled with any other funds; and

**WHEREAS,** it is the intent of Livingston County to be compliant with the rules / regulations of the CVSF grant program.

**THEREFORE BE IT RESOLVED** the Livingston County Board of Commissioners hereby authorizes the Livingston County Treasurer to establish Fund 297 County Veteran Service Grant Fund.

**THEREFORE BE IT FURTHER RESOLVED** the Livingston County Board of Commissioners hereby authorizes the necessary transfers and budget amendments to effectuate this resolution.

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**MOVED:**

**SECONDED:**

**ROLL CALL:**

RESOLUTION

NO: 2020-07-182

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution Authorizing an Agreement for Election Services Between Livingston County and Local Jurisdictions – County Clerk**

**WHEREAS,** Public Act No. 95 of 2020 was signed into law on June 23, 2020; and

**WHEREAS,** this allows city or township clerks to enter into an agreement with their county clerk to establish an absent voter counting board to count the absent voter ballots for that city or township clerk; and

**WHEREAS,** the Livingston County Clerk desires to enter into an agreement with Iosco Township and Unadilla Township to establish an absent voter counting board to count the absentee voter ballots for their respective jurisdictions for the August 4, 2020 Primary Election.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approve the Livingston County Clerk's Office to enter into an agreement for election services with Iosco Township and Unadilla Township.

**BE IT FURTHER RESOLVED** that the Chairperson of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, related to the above upon review and approval by Civil Counsel.

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**MOVED:**  
**SECONDED:**  
**CARRIED:**



# ELIZABETH HUNDLEY LIVINGSTON COUNTY CLERK

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County Clerk  
200 E. Grand River Ave.  
Howell, MI 48843  
Phone: (517) 546-0500  
countyclerk@livgov.com

Circuit Court Clerk  
204 S. Highlander Way, Suite 4  
Howell, MI 48843  
Phone: (517) 546-9816  
wclerks@livgov.com

TO: Livingston County Board of Commissioners

FROM: Elizabeth Hundley, Livingston County Clerk

RE: Resolution Authorizing an Agreement for Election Services Between  
Livingston County and Local Jurisdictions

DATE: July 9, 2020

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Recent changes to Michigan's Election Law allow city and township clerks to enter into an agreement with the clerk of the county to establish an absent voter counting board to count the absent voter ballots for that city or township.

The number of absent voter ballots being issued by city and township clerks within Livingston County for the August 4, 2020 Primary Election already far exceeds the number of absentee ballots issued during any past election. Reasons for the increase in absentee voting include increasing COVID-19 cases, no reason absentee voting, and applications for absentee ballots being mailed to all registered voters.

We are seeking to enter into agreements with both Iosco and Unadilla Townships for the purpose of counting their absentee ballots. I believe this is beneficial and will be of great value as we prepare for the November General Election. In addition, we will be eligible to apply for grant funding through the Michigan Secretary of State's Office for resources that will assist us during August and future elections as well.

The cost to the County for providing this service will include a \$120 daily per diem rate for up to four inspectors along with meals and beverages on Election Day for up to five inspectors. I have the funding needed in the current approved budget.

Thank you for your consideration. If you have questions or want to discuss this resolution, please do not hesitate to contact me at (517) 546-0500.

Sincerely,

Elizabeth Hundley  
Livingston County Clerk

**AGREEMENT FOR ELECTION SERVICES  
BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

This Agreement for Election Services Agreement (the "Agreement") is made between Livingston County, a Municipal and Constitutional Corporation, 200 E Grand River Ave, Howell, Michigan, 48843 ("County"), and Iosco Township ("Public Body") 2050 Bradley Rd., Webberville, MI 48892. In this Agreement, the Livingston County Clerk shall represent the County, in her official capacity as a Michigan Constitutional Officer. County and Public Body may be referred to individually as a "Party" and jointly as "Parties".

**PURPOSE OF AGREEMENT.** County and Public Body enter into this Agreement pursuant to the Michigan Election Law, 1954 Public Act 116, MCL 168.764 *et seq.*, for the purpose of County providing Ballot Counting Services for Public Body.

In consideration of the mutual promises, obligations, representations, and assurances in this Agreement, the Parties agree to the following:

1. **DEFINITIONS.** The following words and expressions used throughout this Agreement, whether used in the singular or plural, shall be defined, read, and interpreted as follows:

**Act** means the Michigan Election Law, 1954 Public Act 116, MCL 168.764 *et seq.*

**Agreement** means the terms and conditions of this Agreement and any other mutually agreed to written and executed modification, amendment, Exhibit and attachment to this Agreement.

**Claims** mean any alleged losses, claims, complaints, demands for relief or damages, lawsuits, causes of action, proceedings, judgments, deficiencies, liabilities, penalties, litigation, costs, and expenses, including, but not limited to, reimbursement for reasonable attorney fees, witness fees, court costs, investigation expenses, litigation expenses, amounts paid in settlement, and/or other amounts or liabilities of any kind which are incurred by or asserted against County or Public Body, or for which County or Public Body may become legally and/or contractually obligated to pay or defend against, whether direct, indirect or consequential, whether based upon any alleged violation of the federal or the state constitution, any federal or state statute, rule, regulation, or any alleged violation of federal or state common law, whether any such claims are brought in law or equity, tort, contract, or otherwise, and/or whether commenced or threatened.

**Confidential Information** means all information and data that County is required or permitted by law to keep confidential, including records of County's security measures, security plans, security codes and combinations, passwords, keys, and security procedures, to the extent that the records relate to ongoing security of County as well as records or information to protect the security or safety of persons or property, whether public or private, including, but not limited to, building, public works, and public water supply designs relating to ongoing security measures, capabilities and plans for responding to violations of the Michigan Anti-terrorism Act, emergency response plans, risk planning documents, threat assessments and domestic preparedness strategies.

**County** means Livingston County, a Municipal and Constitutional Corporation, including, but not limited to, all of its departments, divisions, the County Board of Commissioners, elected and appointed officials, directors, board members, council members, commissioners, authorities, committees, employees, agents, volunteers, and/or any such persons' successors.

**Day** means any calendar day beginning at 12:00 a.m. and ending at 11:59 p.m.

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**Election Services** means the following individual Election Services provided by County Clerk's Elections Division, if applicable:

**Absentee Ballot Counting** means processing, including, but not limited to, opening, tabulating and reporting absentee ballots and related results.

**Exhibits** mean the following descriptions of Election Services, which are governed by this Agreement only if they are attached to this Agreement and incorporated in this Agreement under Section 2 or added at a later date by a formal amendment to this Agreement:

Exhibit I: Absentee Ballot Counting Services

**Local Clerk** means the local elected or appointed Clerk for Public Body or their designee.

**Public Body** means Iosco Township which is an entity created by state or local authority or which is primarily funded by or through state or local authority, including, but not limited to, its council, Board, departments, divisions, elected and appointed officials, directors, board members, council members, commissioners, authorities, committees, employees, agents, subcontractors, attorneys, volunteers, and/or any such persons' successors. For purposes of this Agreement, Public Body includes any Michigan court, when acting in concert with its funding unit, to obtain Election Services.

**Public Body Employee** means any employees, officers, directors, members, managers, trustees, volunteers, attorneys, representatives of Public Body, licensees, concessionaires, contractors, subcontractors, independent contractors, agents, and/or any such persons' successors or predecessors (whether such persons act or acted in their personal, representative or official capacities), and/or any persons acting by, through, under, or in concert with any of the above who use or have access to the Election Services provided under this Agreement. "Public Body Employee" shall also include any person who was a Public Body Employee at any time during the term of this Agreement but, for any reason, is no longer employed, appointed, or elected in that capacity.

**Points of Contact** mean the individuals designated by Public Body and identified to County to act as primary and secondary contacts for communication and other purposes as described herein.

**2. COUNTY RESPONSIBILITIES**

County, through its County Clerk Elections Division, will provide the Election Services described in Exhibit I, which is attached and incorporated into this Agreement. County is not obligated or required to provide any additional services that are not specified in this Agreement.

County, through its Board of Election Commissioners and authorized representatives, shall take the necessary and appropriate actions to comply with Section 764d(8) of the Act in the appointment of election inspectors to a County Absent Voter Counting Board and all other provisions under the Act governing such board.

County may access, use, and disclose transaction information and any content to comply with the law such as a subpoena, court order or Freedom of Information Act request. County shall first refer all such requests for information to Public Body's Points of Contact for their response within the required time frame. County



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shall provide assistance for the response if requested by Public Body's Points of Contact, and if able to access the requested information. County shall not distribute Public Body's data to other entities for reasons other than when it is required by law.

**3. PUBLIC BODY RESPONSIBILITIES.**

Public Body shall comply with all terms and conditions in this Agreement, including Exhibit I to this Agreement, and the Act.

Public Body shall deliver the Agreement executed by its authorized representative(s) to County within the time-frame set forth in Section 764d(5) of the Act and, upon County's execution of the Agreement, the Agreement shall be deemed to be filed by Public Body with County in compliance with Section 764d(5) of the Act.

For each Election Service covered by an Exhibit to this Agreement, Public Body shall designate two representatives to act as a primary and secondary Points of Contact with County. The Points of Contact responsibilities shall include:

Direct coordination and interaction with County staff.

Communication with the general public when appropriate.

Public Body shall respond to and be responsible for Freedom of Information Act requests relating to Public Body's records, data, or other information.

Third-party product or service providers may require County to pass through to Public Body certain terms and conditions contained in license agreements, service agreements, acceptable use policies and similar terms of service or usage, in order to provide Election Services to Public Body. Public Body agrees to comply with these terms and conditions.

Public Body must follow the termination provisions of this Agreement if it determines that it cannot comply with any of the terms and conditions.

**4. DURATION OF INTERLOCAL AGREEMENT.**

This Agreement and any amendments shall be effective when executed by both Parties with resolutions passed by the governing bodies of each Party or other written notice evidencing such Party's governing body's approval, except as otherwise specified below. The approval and terms of this Agreement and any amendments, except as specified below, shall be entered in the official minutes of the governing bodies of each Party. The County Clerk shall file an executed copy of this Agreement and any amendments with the Secretary of State. If Public Body is a court, a signature from the Chief Judge of the court shall evidence approval by Public Body, providing a resolution and minutes do not apply. If Public Body is the State of Michigan, approval and signature shall be as provided by law.

Notwithstanding Section 4.1, the Chairperson of the Livingston County Board of Commissioners is authorized to sign amendments to the Agreement to add Exhibits that were previously approved by the Board of Commissioners. An amendment signed by the Board Chairperson under this Section must be sent

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to the Elections Division in the County Clerk's Office to be filed with the Agreement once it is signed by both Parties.

Unless extended by an amendment, this Agreement shall remain in effect until cancelled or terminated by any of the Parties pursuant to the terms of the Agreement.

**5. PAYMENTS.**

Election Services shall be provided to Public Body at the rates and for the charges specified in the Exhibits, if applicable.

If County is legally obligated for any reason, e.g. subpoena, court order, or Freedom of Information Request, to search for, identify, produce or testify regarding Public Body's records, data, or information that is stored by County relating to Election Services that Public Body receives under this Agreement, then Public Body shall reimburse County for all reasonable costs County incurs in searching for, identifying, producing or testifying regarding such records, data, or information. County may waive this requirement in its sole discretion.

County shall provide Public Body with an invoice/explanation of County's costs for Election Services provided herein and/or a statement describing any amounts owed to County. Public Body shall pay the full amount shown on any such invoice within sixty (60) calendar days after the date shown on any such invoice. Payment shall be sent along with a copy of the invoice to: Livingston County Clerk, Elections Division, 200 E Grand River Ave, Howell, Michigan, 48843.

If Public Body, for any reason, fails to pay County any monies when and as due under this Agreement, Public Body agrees that unless expressly prohibited by law, County or the Livingston County Treasurer, at their sole option, shall be entitled to set off from any other Public Body funds that are in County's possession for any reason, including but not limited to, the Livingston County Delinquent Tax Revolving Fund ("DTRF"), if applicable. Any setoff or retention of funds by County shall be deemed a voluntary assignment of the amount by Public Body to County. Public Body waives any Claims against County or its Officials for any acts related specifically to County's offsetting or retaining of such amounts. This paragraph shall not limit Public Body's legal right to dispute whether the underlying amount retained by County was actually due and owing under this Agreement.

If County chooses not to exercise its right to setoff or if any setoff is insufficient to fully pay County any amounts due and owing County under this Agreement, County shall have the right to charge up to the then-maximum legal interest on any unpaid amount. Interest charges shall be in addition to any other amounts due to County under this Agreement. Interest charges shall be calculated using the daily unpaid balance method and accumulate until all outstanding amounts and accumulated interest are fully paid.

Nothing in this Section shall operate to limit County's right to pursue or exercise any other legal rights or remedies under this Agreement or at law against Public Body to secure payment of amounts due to County under this Agreement. The remedies in this Section shall be available to County on an ongoing and successive basis if Public Body becomes delinquent in its payment. Notwithstanding any other term and condition in this Agreement, if County pursues any legal action in any court to secure its payment under this

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Agreement, Public Body agrees to pay all costs and expenses, including attorney fees and court costs, incurred by County in the collection of any amount owed by Public Body.

Either Party's decision to terminate and/or cancel this Agreement, or any one or more of the individual Election Services identified herein, shall not relieve Public Body of any payment obligation for any Election Services rendered prior to the effective date of any termination or cancellation of this Agreement. The provisions of this Section shall survive the termination, cancellation, and/or expiration of this Agreement.

**6. ASSURANCES.**

**Responsibility for Claims.** Each Party shall be responsible for any Claims made against that Party by a third party, and for the acts of its employees arising under or related to this Agreement.

**Responsibility for Attorney Fees and Costs.** Except as provided for in Section 5.6, in any Claim that may arise from the performance of this Agreement, each Party shall seek its own legal representation and bear the costs associated with such representation, including judgments and attorney fees.

**No Indemnification.** Except as otherwise provided for in this Agreement, neither Party shall have any right under this Agreement or under any other legal principle to be indemnified or reimbursed by the other Party or any of its agents in connection with any Claim.

**Costs, Fines, and Fees for Noncompliance.** Public Body shall be solely responsible for all costs, fines and fees associated with any misuse of the Election Services and/or for noncompliance with this Agreement by Public Body Employees.

**Reservation of Rights.** This Agreement does not, and is not intended to, impair, divest, delegate or contravene any constitutional, statutory, and/or other legal right, privilege, power, obligation, duty, or immunity of the Parties. Nothing in this Agreement shall be construed as a waiver of governmental immunity for either Party.

**Authorization and Completion of Agreement.** The Parties have taken all actions and secured all approvals necessary to authorize and complete this Agreement. The persons signing this Agreement on behalf of each Party have legal authority to sign this Agreement and bind the Parties to the terms and conditions contained herein.

**Compliance with Laws.** Each Party shall comply with all federal, state, and local ordinances, regulations, administrative rules, and requirements applicable to its activities performed under this Agreement.

**7. USE OF CONFIDENTIAL INFORMATION.**

The Parties shall not reproduce, provide, disclose, or give access to Confidential Information to County or to a Public Body Employee not having a legitimate need to know the Confidential Information, or to any third party. County and Public Body Employees shall only use the Confidential Information for performance of this Agreement. Notwithstanding the foregoing, the Parties may disclose the Confidential Information if required by law, statute, or other legal process provided that the Party required to disclose the information: (i) provides prompt written notice of the impending disclosure to the other Party, (ii) provides reasonable assistance in opposing or limiting the disclosure, and (iii) makes only such disclosure as is compelled or

**AGREEMENT FOR ELECTION SERVICES**  
**BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

required. This Agreement imposes no obligation upon the Parties with respect to any Confidential Information when it can be established by legally sufficient evidence that the Confidential Information: (i) was in possession of or was known by prior to its receipt from the other Party, without any obligation to maintain its confidentiality; or (ii) was obtained from a third party having the right to disclose it, without an obligation to keep such information confidential.

Within five (5) business days after receiving a written request from the other Party, or upon termination of this Agreement, the receiving Party shall return or destroy all of the disclosing Party's Confidential Information.

**8. DISCLAIMER OF WARRANTIES.**

The Election Services, including any goods, parts, supplies, equipment, or other items that are provided to the Public Body as part of the Election Services, and provided on an "AS IS" and "AS AVAILABLE" basis "WITH ALL FAULTS."

County expressly disclaims all warranties of any kind, whether express or implied, including, but not limited to, the implied warranties of merchant ability, fitness for a particular purpose, and non-infringement.

County makes no warranty that: (i) the Election Services will meet Public Body's requirements; or (ii) the Election Services will be uninterrupted, timely, secure, or error-free.

**9. LIMITATION OF LIABILITY.**

In no event shall either party be liable to the other party or any other person, for any consequential, incidental, indirect, special, and/or punitive damages arising out of this agreement, regardless of whether the other party has been informed of the possibility of such damages.

Notwithstanding anything to the contrary contained herein and to the extent permitted by law, the total liability of County under this agreement (whether by reason of breach of contract, tort, or otherwise) shall not exceed the amount paid by Public Body to County with respect to the particular Election Service giving rise to such liability.

**10. DISPUTE RESOLUTION.**

All disputes relating to the execution, interpretation, performance, or nonperformance of this Agreement involving or affecting the Parties may first be submitted to County's Director of Elections and Public Body's Agreement Administrator for possible resolution. County's Clerk and Public Body's Agreement Administrator may promptly meet and confer in an effort to resolve such dispute. If they cannot resolve the dispute in five (5) business days, the dispute may be submitted to the signatories of this Agreement or their successors in office. The signatories of this Agreement may meet promptly and confer in an effort to resolve such dispute.

**11. TERMINATION OR CANCELLATION OF AGREEMENT.**

Either Party may terminate or cancel this entire Agreement or any one of the Election Services described in the attached Exhibit(s), upon eighty-four (84) days written notice, or such other notice period as otherwise required by the Act, to the clerk of the other Party if either Party decided, in its sole discretion, to terminate this Agreement or one of the Exhibit(s), for any reason including convenience. Each Party shall also comply

**AGREEMENT FOR ELECTION SERVICES  
BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

with the requirements under the Act for filing the notice of termination, in which case, Public Body's timely delivery of a notice of termination to County shall be deemed to comply with its filing requirement.

Early termination fees may apply to Public Body if provided for in the Exhibit(s).

The effective date of termination and/or cancellation shall be clearly stated in the written notice. Either the County Executive or the Board of Commissioners is authorized to terminate this Agreement for County under this provision. A termination of one or more of the Exhibits which does not constitute a termination of the entire Agreement may be accepted on behalf of County by its County Clerk.

**12. SUSPENSION OF SERVICES.**

County, through its County Clerk, may immediately suspend Election Services for any of the following reasons: (i) requests by law enforcement or other governmental agencies; (ii) engagement by Public Body in fraudulent or illegal activities relating to the Election Services provided herein; (iii) breach of the terms and conditions of this Agreement; or (iv) unexpected technical or security issues. The right to suspend Election Services is in addition to the right to terminate or cancel this Agreement according to the provisions in Section 11. County shall not incur any penalty, expense or liability if Election Services are suspended under this Section.

**13. DELEGATION OR ASSIGNMENT.**

Neither Party shall delegate or assign any obligations or rights under this Agreement without the prior written consent of the other Party.

**14. NO EMPLOYEE-EMPLOYER RELATIONSHIP.**

Nothing in this Agreement shall be construed as creating an employee-employer relationship between County and Public Body. At all times and for all purposes under this Agreement, the Parties' relationship to each other is that of an independent contractor. Each Party will be solely responsible for the acts of its own employees, agents, and servants during the term of this Agreement. No liability, right or benefits arising out of an employer/employee relationship, either express or implied, shall arise or accrue to either Party as a result of this Agreement.

**15. NO THIRD PARTY BENEFICIARIES.**

Except as provided for the benefit of the Parties, this Agreement does not and is not intended to create any obligation, duty, promise, contractual right or benefit, right to indemnification, right to subrogation, and/or any other right in favor of any other person or entity.

**16. NO IMPLIED WAIVER.**

Absent a written waiver, no act, failure, or delay by a Party to pursue or enforce any rights or remedies under this Agreement shall constitute a waiver of those rights with regard to any existing or subsequent breach of this Agreement. No waiver of any term, condition, or provision of this Agreement, whether by conduct or otherwise, in one or more instances shall be deemed or construed as a continuing waiver of any term, condition, or provision of this Agreement. No waiver by either Party shall subsequently affect its right to require strict performance of this Agreement.

**AGREEMENT FOR ELECTION SERVICES**  
**BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

**17. SEVERABILITY.**

If a court of competent jurisdiction finds a term or condition of this Agreement to be illegal or invalid, then the term or condition shall be deemed severed from this Agreement. All other terms, conditions, and provisions of this Agreement shall remain in full force.

**18. PRECEDENCE OF DOCUMENTS.**

In the event of a conflict between the terms and conditions of any of the documents that comprise this Agreement, the terms in the Agreement shall prevail and take precedence over any allegedly conflicting terms and conditions in the Exhibits or other documents that comprise this Agreement.

**19. CAPTIONS.**

The section and subsection numbers, captions, and any index to such sections and subsections contained in this Agreement are intended for the convenience of the reader and are not intended to have any substantive meaning. The numbers, captions, and indexes shall not be interpreted or be considered as part of this Agreement. Any use of the singular or plural, any reference to gender, and any use of the nominative, objective or possessive case in this Agreement shall be deemed the appropriate plurality, gender or possession as the context requires.

**20. FORCE MAJEURE.**

Notwithstanding any other term or provision of this Agreement, neither Party shall be liable to the other for any failure of performance hereunder if such failure is due to any cause beyond the reasonable control of that Party and that Party cannot reasonably accommodate or mitigate the effects of any such cause. Such cause shall include, without limitation, acts of God, fire, explosion, vandalism, national emergencies, insurrections, riots, wars, strikes, lockouts, work stoppages, other labor difficulties, or any law, order, regulation, direction, action, or request of the United States government or of any other government. Reasonable notice shall be given to the affected Party of any such event.

**21. NOTICES.**

Except as otherwise provided in the Exhibits, notices given under this Agreement shall be in writing and shall be personally delivered, sent by express delivery service, certified mail, or first class U.S. mail postage prepaid, and addressed to the person listed below. Notice will be deemed given on the date when one of the following first occur: (i) the date of actual receipt; (ii) the next business day when notice is sent express delivery service or personal delivery; or (iii) three days after mailing first class or certified U.S. mail.

If Notice is sent to County, it shall be addressed and sent to: Livingston County Clerk, Election's Division, 200 E Grand River Ave, Howell, Michigan, 48843, and the Chairperson of the Livingston County Board of Commissioners, 200 E Grand River Ave, Howell, Michigan, 48843

If Notice is sent to Public Body, it shall be addressed to: Iosco Township Clerk, 2050 Bradley Rd., Webberville, MI 48892.

Either Party may change the individual to whom Notice is sent and/or the mailing address by notifying the other Party in writing of the change.

**AGREEMENT FOR ELECTION SERVICES**  
**BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

**22. GOVERNING LAW/CONSENT TO JURISDICTION AND VENUE.**

This Agreement shall be governed, interpreted, and enforced by the laws of the State of Michigan. Except as otherwise required by law or court rule, any action brought to enforce, interpret, or decide any Claim arising under or related to this Agreement shall be brought in the 44th Judicial Circuit Court of the State of Michigan, the 53th District Court of the State of Michigan, or the United States District Court for the Eastern District of Michigan, Southern Division, as dictated by the applicable jurisdiction of the court. Except as otherwise required by law or court rule, venue is proper in the courts set forth above.

**23. SURVIVAL OF TERMS.**

The following terms and conditions shall survive and continue in full force beyond the termination, cancellation, or expiration of this Agreement (or any part thereof) until the terms and conditions are fully satisfied or expire by their nature: Definitions (Section 1); Assurances (Section 6); Payments (Section 5); Use of Confidential Information (Section 7); Disclaimer of Warranties (Section 8); Limitation of Liability (Section 9); Dispute Resolution (Section 10); No Employee-Employer Relationship (Section 14); No Third-Party Beneficiaries (Section 15); No Implied Waiver (Section 16); Severability (Section 17); Precedence of Documents (Section 18); Force Majeure (Section 20); Governing Law/Consent to Jurisdiction and Venue (Section 22); Survival of Terms (Section 23); Entire Agreement (Section 24).

**24. ENTIRE AGREEMENT.**

This Agreement represents the entire agreement and understanding between the Parties regarding the specific Election Services described in the attached Exhibit(s). With regard to those Election Services, this Agreement supersedes all other oral or written agreements between the Parties.

The language of this Agreement shall be construed as a whole according to its fair meaning, and not construed strictly for or against any Party.

IN WITNESS WHEREOF, \_\_\_\_\_, Township \_\_\_\_\_, hereby acknowledges that he/she has been authorized by a resolution of the Iosco Township Board a certified copy of which is attached, to execute this Agreement on behalf of Public Body, hereby accepts, and binds Public Body to the terms and conditions of this Agreement.

EXECUTED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_

IN WITNESS WHEREOF, Carol Griffith, Chairperson, Livingston County Board of Commissioners, hereby acknowledges that she has been authorized by a resolution of the Livingston County Board of Commissioners, a certified copy of which is attached, to execute this Agreement on behalf of Livingston County, and hereby accepts and binds Livingston County to the terms and conditions of this Agreement.

EXECUTED: \_\_\_\_\_

DATE: \_\_\_\_\_

**AGREEMENT FOR ELECTION SERVICES  
BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_

IN WITNESS WHEREOF, Elizabeth Hundley, in her official capacity as the Livingston County Clerk, a Michigan Constitutional Office, hereby concurs and accepts the terms and conditions of this Agreement.

EXECUTED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_



**AGREEMENT FOR ELECTION SERVICES**  
**BETWEEN LIVINGSTON COUNTY AND IOSCO TOWNSHIP**

**EXHIBIT I**  
**ABSENT VOTER BALLOT COUNTING SERVICES**

**1. COUNTY RESPONSIBILITIES.**

County, through its Board of Election Commissioners, shall, subject to Public Body's performance of its duties and obligations under this Agreement and the Act, render absent voter ballot counting services in compliance with the Act for absent voter ballots received by the clerk for Public Body prior to 4:00 p.m. on the day before an election. For clarification, County is not providing Election Services for absent voter ballots received by the clerk for Public Body after 4:00 p.m. on the day before an election; pursuant to Section 764d(10) of the Act, Public Body must deliver such ballots to the voting precinct of the elector on Election Day to be processed and counted.

Unless otherwise agreed upon in writing by the Parties, County shall cause absent voter ballots, including, the ballot return envelopes, secrecy sleeves, and ballots (collectively the "Ballots"), received by the clerk for Public Body prior to 4:00 p.m. on the day before an election to be picked up from the clerk by 6:00 p.m. that day by an authorized representative of County.

Upon completing the process for counting the ballots, County shall place the ballots in ballot containers either provided by Public Body that comply with the requirements described below or provided by County, as determined in County's sole discretion, and seal the ballot containers in compliance with all applicable laws. County shall notify Public Body of its decision to require Public Body to provide ballot containers or to provide ballot containers at least sixty (60) days prior to each election for which County is providing Election Services to Public Body under this Agreement.

County shall retain the sealed ballot containers containing the Ballots for thirty (30) days after the day of the election for which the Ballots were submitted. County shall make arrangements with Public Body for an authorized representative(s) of Public Body to, after the expiration of the thirty (30) day period, pick-up from County the Ballots, mail trails, ballot envelopes, ballot boxes provided by Public Body, qualified voter list, and any other items related to the Ballots transferred by Public Body to County.

**2. PUBLIC BODY RESPONSIBILITIES.**

Public Body shall perform its duties and obligations under this Agreement and the Act and take any other action necessary or appropriate to assist, and cooperate with, County in rendering the absent voter ballot counting services under this Agreement.

Public Body shall, by 4:30 on the day before an election, have available for transfer to County immediately upon arrival of County's representative, the Ballots received by the clerk for Public Body prior to 4:00 p.m. on that day properly organized in mailing trays, ballot containers, unless provided by County pursuant to this Agreement, in good condition and compliant with the required and appropriate sealing procedures, and a reconciled voter list from the qualified voter file that matches the number of Ballots being transferred to County.

Public Body shall, during any period County is actively rendering Election Services, provide to County access to Public Body's electronic qualified voter file for the sole purpose of County reconciling such list with the

**AGREEMENT FOR ELECTION SERVICES**  
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number of Ballot envelopes received by County and to make any necessary corrections to the list to reflect the number of Ballot envelopes received.

Public Body shall make arrangements with County to, no later than three (3) business days after the expiration of the thirty (30) day period described in Section 1.4, cause authorized representative(s) in number necessary to pick-up from County premises the Ballots, mail trays, ballot envelopes, ballot boxes provided by Public Body, qualified voter lists, and any other items related to the Ballots transferred by Public Body to County. At such time and on County premises, if County provided ballot boxes to seal the Ballots in providing the Election Services, Public Body shall bring ballot boxes for its authorized representatives to transfer into the Ballots from the County provided ballot boxes. If Public Body does not pick-up such items as required in this Section, at County's election exercised in its sole discretion, Public Body shall, within thirty (30) days of receiving an invoice from County, pay to County \$100 for each day beyond the three (3) period set forth above that County remains in possession of such items and/or County may have its authorized representatives deliver such items to Public Body on such date and at such time during Public Body's clerk's regularly scheduled office hours County determines, in which case Public Body shall be deemed to have accepted possession of all such items.

Upon the earlier to occur of the expiration of the three (3) period set forth in Section 2.4 and the transfer of items to Public Body under Sections 1.4 and 2.5, above, Public Body shall be deemed to be responsible for all such items.

**3. PAYMENT; EXPENSES AND FEES.**

Except as otherwise provided in Section 5 of this Agreement, until such time as County notifies Public Body otherwise, County shall provide the Election Services to Public Body for each election at no cost to Public Body.

At such time County determines it will require the payment of a fee and/or reimbursement for costs and expenses by Public Body for County's Election Services for an upcoming election(s), County shall provide written notice to Public Body in advance of such election(s) with sufficient time for Public Body to terminate this Agreement in accordance with its terms setting forth in detail such fees, costs, and expenses and Public Body shall pay such amounts in accordance with the terms of this Agreement for Election Services rendered by County.

**AGREEMENT FOR ELECTION SERVICES  
BETWEEN LIVINGSTON COUNTY AND UNADILLA TOWNSHIP**

This Agreement for Election Services Agreement (the "Agreement") is made between Livingston County, a Municipal and Constitutional Corporation, 200 E Grand River Ave, Howell, Michigan, 48843 ("County"), and Unadilla Township ("Public Body") 126 Webb St., P.O. Box 120, Gregory, MI 48137. In this Agreement, the Livingston County Clerk shall represent the County, in her official capacity as a Michigan Constitutional Officer. County and Public Body may be referred to individually as a "Party" and jointly as "Parties".

**PURPOSE OF AGREEMENT.** County and Public Body enter into this Agreement pursuant to the Michigan Election Law, 1954 Public Act 116, MCL 168.764 *et seq.*, for the purpose of County providing Ballot Counting Services for Public Body.

In consideration of the mutual promises, obligations, representations, and assurances in this Agreement, the Parties agree to the following:

1. **DEFINITIONS.** The following words and expressions used throughout this Agreement, whether used in the singular or plural, shall be defined, read, and interpreted as follows:

**Act** means the Michigan Election Law, 1954 Public Act 116, MCL 168.764 *et seq.*

**Agreement** means the terms and conditions of this Agreement and any other mutually agreed to written and executed modification, amendment, Exhibit and attachment to this Agreement.

**Claims** mean any alleged losses, claims, complaints, demands for relief or damages, lawsuits, causes of action, proceedings, judgments, deficiencies, liabilities, penalties, litigation, costs, and expenses, including, but not limited to, reimbursement for reasonable attorney fees, witness fees, court costs, investigation expenses, litigation expenses, amounts paid in settlement, and/or other amounts or liabilities of any kind which are incurred by or asserted against County or Public Body, or for which County or Public Body may become legally and/or contractually obligated to pay or defend against, whether direct, indirect or consequential, whether based upon any alleged violation of the federal or the state constitution, any federal or state statute, rule, regulation, or any alleged violation of federal or state common law, whether any such claims are brought in law or equity, tort, contract, or otherwise, and/or whether commenced or threatened.

**Confidential Information** means all information and data that County is required or permitted by law to keep confidential, including records of County's security measures, security plans, security codes and combinations, passwords, keys, and security procedures, to the extent that the records relate to ongoing security of County as well as records or information to protect the security or safety of persons or property, whether public or private, including, but not limited to, building, public works, and public water supply designs relating to ongoing security measures, capabilities and plans for responding to violations of the Michigan Anti-terrorism Act, emergency response plans, risk planning documents, threat assessments and domestic preparedness strategies.

**County** means Livingston County, a Municipal and Constitutional Corporation, including, but not limited to, all of its departments, divisions, the County Board of Commissioners, elected and appointed officials, directors, board members, council members, commissioners, authorities, committees, employees, agents, volunteers, and/or any such persons' successors.

**Day** means any calendar day beginning at 12:00 a.m. and ending at 11:59 p.m.

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**Election Services** means the following individual Election Services provided by County Clerk's Elections Division, if applicable:

**Absentee Ballot Counting** means processing, including, but not limited to, opening, tabulating and reporting absentee ballots and related results.

**Exhibits** mean the following descriptions of Election Services, which are governed by this Agreement only if they are attached to this Agreement and incorporated in this Agreement under Section 2 or added at a later date by a formal amendment to this Agreement:

Exhibit I: Absentee Ballot Counting Services

**Local Clerk** means the local elected or appointed Clerk for Public Body or their designee.

**Public Body** means Unadilla Township which is an entity created by state or local authority or which is primarily funded by or through state or local authority, including, but not limited to, its council, Board, departments, divisions, elected and appointed officials, directors, board members, council members, commissioners, authorities, committees, employees, agents, subcontractors, attorneys, volunteers, and/or any such persons' successors. For purposes of this Agreement, Public Body includes any Michigan court, when acting in concert with its funding unit, to obtain Election Services.

**Public Body Employee** means any employees, officers, directors, members, managers, trustees, volunteers, attorneys, representatives of Public Body, licensees, concessionaires, contractors, subcontractors, independent contractors, agents, and/or any such persons' successors or predecessors (whether such persons act or acted in their personal, representative or official capacities), and/or any persons acting by, through, under, or in concert with any of the above who use or have access to the Election Services provided under this Agreement. "Public Body Employee" shall also include any person who was a Public Body Employee at any time during the term of this Agreement but, for any reason, is no longer employed, appointed, or elected in that capacity.

**Points of Contact** mean the individuals designated by Public Body and identified to County to act as primary and secondary contacts for communication and other purposes as described herein.

**2. COUNTY RESPONSIBILITIES**

County, through its County Clerk Elections Division, will provide the Election Services described in Exhibit I, which is attached and incorporated into this Agreement. County is not obligated or required to provide any additional services that are not specified in this Agreement.

County, through its Board of Election Commissioners and authorized representatives, shall take the necessary and appropriate actions to comply with Section 764d(8) of the Act in the appointment of election inspectors to a County Absent Voter Counting Board and all other provisions under the Act governing such board.

County may access, use, and disclose transaction information and any content to comply with the law such as a subpoena, court order or Freedom of Information Act request. County shall first refer all such requests for information to Public Body's Points of Contact for their response within the required time frame. County

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shall provide assistance for the response if requested by Public Body's Points of Contact, and if able to access the requested information. County shall not distribute Public Body's data to other entities for reasons other than when it is required by law.

**3. PUBLIC BODY RESPONSIBILITIES.**

Public Body shall comply with all terms and conditions in this Agreement, including Exhibit I to this Agreement, and the Act.

Public Body shall deliver the Agreement executed by its authorized representative(s) to County within the time-frame set forth in Section 764d(5) of the Act and, upon County's execution of the Agreement, the Agreement shall be deemed to be filed by Public Body with County in compliance with Section 764d(5) of the Act.

For each Election Service covered by an Exhibit to this Agreement, Public Body shall designate two representatives to act as a primary and secondary Points of Contact with County. The Points of Contact responsibilities shall include:

Direct coordination and interaction with County staff.

Communication with the general public when appropriate.

Public Body shall respond to and be responsible for Freedom of Information Act requests relating to Public Body's records, data, or other information.

Third-party product or service providers may require County to pass through to Public Body certain terms and conditions contained in license agreements, service agreements, acceptable use policies and similar terms of service or usage, in order to provide Election Services to Public Body. Public Body agrees to comply with these terms and conditions.

Public Body must follow the termination provisions of this Agreement if it determines that it cannot comply with any of the terms and conditions.

**4. DURATION OF INTERLOCAL AGREEMENT.**

This Agreement and any amendments shall be effective when executed by both Parties with resolutions passed by the governing bodies of each Party or other written notice evidencing such Party's governing body's approval, except as otherwise specified below. The approval and terms of this Agreement and any amendments, except as specified below, shall be entered in the official minutes of the governing bodies of each Party. The County Clerk shall file an executed copy of this Agreement and any amendments with the Secretary of State. If Public Body is a court, a signature from the Chief Judge of the court shall evidence approval by Public Body, providing a resolution and minutes do not apply. If Public Body is the State of Michigan, approval and signature shall be as provided by law.

Notwithstanding Section 4.1, the Chairperson of the Livingston County Board of Commissioners is authorized to sign amendments to the Agreement to add Exhibits that were previously approved by the Board of Commissioners. An amendment signed by the Board Chairperson under this Section must be sent

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to the Elections Division in the County Clerk's Office to be filed with the Agreement once it is signed by both Parties.

Unless extended by an amendment, this Agreement shall remain in effect until cancelled or terminated by any of the Parties pursuant to the terms of the Agreement.

**5. PAYMENTS.**

Election Services shall be provided to Public Body at the rates and for the charges specified in the Exhibits, if applicable.

If County is legally obligated for any reason, e.g. subpoena, court order, or Freedom of Information Request, to search for, identify, produce or testify regarding Public Body's records, data, or information that is stored by County relating to Election Services that Public Body receives under this Agreement, then Public Body shall reimburse County for all reasonable costs County incurs in searching for, identifying, producing or testifying regarding such records, data, or information. County may waive this requirement in its sole discretion.

County shall provide Public Body with an invoice/explanation of County's costs for Election Services provided herein and/or a statement describing any amounts owed to County. Public Body shall pay the full amount shown on any such invoice within sixty (60) calendar days after the date shown on any such invoice. Payment shall be sent along with a copy of the invoice to: Livingston County Clerk, Elections Division, 200 E Grand River Ave, Howell, Michigan, 48843.

If Public Body, for any reason, fails to pay County any monies when and as due under this Agreement, Public Body agrees that unless expressly prohibited by law, County or the Livingston County Treasurer, at their sole option, shall be entitled to set off from any other Public Body funds that are in County's possession for any reason, including but not limited to, the Livingston County Delinquent Tax Revolving Fund ("DTRF"), if applicable. Any setoff or retention of funds by County shall be deemed a voluntary assignment of the amount by Public Body to County. Public Body waives any Claims against County or its Officials for any acts related specifically to County's offsetting or retaining of such amounts. This paragraph shall not limit Public Body's legal right to dispute whether the underlying amount retained by County was actually due and owing under this Agreement.

If County chooses not to exercise its right to setoff or if any setoff is insufficient to fully pay County any amounts due and owing County under this Agreement, County shall have the right to charge up to the then-maximum legal interest on any unpaid amount. Interest charges shall be in addition to any other amounts due to County under this Agreement. Interest charges shall be calculated using the daily unpaid balance method and accumulate until all outstanding amounts and accumulated interest are fully paid.

Nothing in this Section shall operate to limit County's right to pursue or exercise any other legal rights or remedies under this Agreement or at law against Public Body to secure payment of amounts due to County under this Agreement. The remedies in this Section shall be available to County on an ongoing and successive basis if Public Body becomes delinquent in its payment. Notwithstanding any other term and condition in this Agreement, if County pursues any legal action in any court to secure its payment under this

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Agreement, Public Body agrees to pay all costs and expenses, including attorney fees and court costs, incurred by County in the collection of any amount owed by Public Body.

Either Party's decision to terminate and/or cancel this Agreement, or any one or more of the individual Election Services identified herein, shall not relieve Public Body of any payment obligation for any Election Services rendered prior to the effective date of any termination or cancellation of this Agreement. The provisions of this Section shall survive the termination, cancellation, and/or expiration of this Agreement.

**6. ASSURANCES.**

**Responsibility for Claims.** Each Party shall be responsible for any Claims made against that Party by a third party, and for the acts of its employees arising under or related to this Agreement.

**Responsibility for Attorney Fees and Costs.** Except as provided for in Section 5.6, in any Claim that may arise from the performance of this Agreement, each Party shall seek its own legal representation and bear the costs associated with such representation, including judgments and attorney fees.

**No Indemnification.** Except as otherwise provided for in this Agreement, neither Party shall have any right under this Agreement or under any other legal principle to be indemnified or reimbursed by the other Party or any of its agents in connection with any Claim.

**Costs, Fines, and Fees for Noncompliance.** Public Body shall be solely responsible for all costs, fines and fees associated with any misuse of the Election Services and/or for noncompliance with this Agreement by Public Body Employees.

**Reservation of Rights.** This Agreement does not, and is not intended to, impair, divest, delegate or contravene any constitutional, statutory, and/or other legal right, privilege, power, obligation, duty, or immunity of the Parties. Nothing in this Agreement shall be construed as a waiver of governmental immunity for either Party.

**Authorization and Completion of Agreement.** The Parties have taken all actions and secured all approvals necessary to authorize and complete this Agreement. The persons signing this Agreement on behalf of each Party have legal authority to sign this Agreement and bind the Parties to the terms and conditions contained herein.

**Compliance with Laws.** Each Party shall comply with all federal, state, and local ordinances, regulations, administrative rules, and requirements applicable to its activities performed under this Agreement.

**7. USE OF CONFIDENTIAL INFORMATION.**

The Parties shall not reproduce, provide, disclose, or give access to Confidential Information to County or to a Public Body Employee not having a legitimate need to know the Confidential Information, or to any third party. County and Public Body Employees shall only use the Confidential Information for performance of this Agreement. Notwithstanding the foregoing, the Parties may disclose the Confidential Information if required by law, statute, or other legal process provided that the Party required to disclose the information: (i) provides prompt written notice of the impending disclosure to the other Party, (ii) provides reasonable assistance in opposing or limiting the disclosure, and (iii) makes only such disclosure as is compelled or

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required. This Agreement imposes no obligation upon the Parties with respect to any Confidential Information when it can be established by legally sufficient evidence that the Confidential Information: (i) was in possession of or was known by prior to its receipt from the other Party, without any obligation to maintain its confidentiality; or (ii) was obtained from a third party having the right to disclose it, without an obligation to keep such information confidential.

Within five (5) business days after receiving a written request from the other Party, or upon termination of this Agreement, the receiving Party shall return or destroy all of the disclosing Party's Confidential Information.

**8. DISCLAIMER OF WARRANTIES.**

The Election Services, including any goods, parts, supplies, equipment, or other items that are provided to the Public Body as part of the Election Services, and provided on an "AS IS" and "AS AVAILABLE" basis "WITH ALL FAULTS."

County expressly disclaims all warranties of any kind, whether express or implied, including, but not limited to, the implied warranties of merchant ability, fitness for a particular purpose, and non-infringement.

County makes no warranty that: (i) the Election Services will meet Public Body's requirements; or (ii) the Election Services will be uninterrupted, timely, secure, or error-free.

**9. LIMITATION OF LIABILITY.**

In no event shall either party be liable to the other party or any other person, for any consequential, incidental, indirect, special, and/or punitive damages arising out of this agreement, regardless of whether the other party has been informed of the possibility of such damages.

Notwithstanding anything to the contrary contained herein and to the extent permitted by law, the total liability of County under this agreement (whether by reason of breach of contract, tort, or otherwise) shall not exceed the amount paid by Public Body to County with respect to the particular Election Service giving rise to such liability.

**10. DISPUTE RESOLUTION.**

All disputes relating to the execution, interpretation, performance, or nonperformance of this Agreement involving or affecting the Parties may first be submitted to County's Director of Elections and Public Body's Agreement Administrator for possible resolution. County's Clerk and Public Body's Agreement Administrator may promptly meet and confer in an effort to resolve such dispute. If they cannot resolve the dispute in five (5) business days, the dispute may be submitted to the signatories of this Agreement or their successors in office. The signatories of this Agreement may meet promptly and confer in an effort to resolve such dispute.

**11. TERMINATION OR CANCELLATION OF AGREEMENT.**

Either Party may terminate or cancel this entire Agreement or any one of the Election Services described in the attached Exhibit(s), upon eighty-four (84) days written notice, or such other notice period as otherwise required by the Act, to the clerk of the other Party if either Party decided, in its sole discretion, to terminate this Agreement or one of the Exhibit(s), for any reason including convenience. Each Party shall also comply



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with the requirements under the Act for filing the notice of termination, in which case, Public Body's timely delivery of a notice of termination to County shall be deemed to comply with its filing requirement.

Early termination fees may apply to Public Body if provided for in the Exhibit(s).

The effective date of termination and/or cancellation shall be clearly stated in the written notice. Either the County Executive or the Board of Commissioners is authorized to terminate this Agreement for County under this provision. A termination of one or more of the Exhibits which does not constitute a termination of the entire Agreement may be accepted on behalf of County by its County Clerk.

**12. SUSPENSION OF SERVICES.**

County, through its County Clerk, may immediately suspend Election Services for any of the following reasons: (i) requests by law enforcement or other governmental agencies; (ii) engagement by Public Body in fraudulent or illegal activities relating to the Election Services provided herein; (iii) breach of the terms and conditions of this Agreement; or (iv) unexpected technical or security issues. The right to suspend Election Services is in addition to the right to terminate or cancel this Agreement according to the provisions in Section 11. County shall not incur any penalty, expense or liability if Election Services are suspended under this Section.

**13. DELEGATION OR ASSIGNMENT.**

Neither Party shall delegate or assign any obligations or rights under this Agreement without the prior written consent of the other Party.

**14. NO EMPLOYEE-EMPLOYER RELATIONSHIP.**

Nothing in this Agreement shall be construed as creating an employee-employer relationship between County and Public Body. At all times and for all purposes under this Agreement, the Parties' relationship to each other is that of an independent contractor. Each Party will be solely responsible for the acts of its own employees, agents, and servants during the term of this Agreement. No liability, right or benefits arising out of an employer/employee relationship, either express or implied, shall arise or accrue to either Party as a result of this Agreement.

**15. NO THIRD PARTY BENEFICIARIES.**

Except as provided for the benefit of the Parties, this Agreement does not and is not intended to create any obligation, duty, promise, contractual right or benefit, right to indemnification, right to subrogation, and/or any other right in favor of any other person or entity.

**16. NO IMPLIED WAIVER.**

Absent a written waiver, no act, failure, or delay by a Party to pursue or enforce any rights or remedies under this Agreement shall constitute a waiver of those rights with regard to any existing or subsequent breach of this Agreement. No waiver of any term, condition, or provision of this Agreement, whether by conduct or otherwise, in one or more instances shall be deemed or construed as a continuing waiver of any term, condition, or provision of this Agreement. No waiver by either Party shall subsequently affect its right to require strict performance of this Agreement.

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**17. SEVERABILITY.**

If a court of competent jurisdiction finds a term or condition of this Agreement to be illegal or invalid, then the term or condition shall be deemed severed from this Agreement. All other terms, conditions, and provisions of this Agreement shall remain in full force.

**18. PRECEDENCE OF DOCUMENTS.**

In the event of a conflict between the terms and conditions of any of the documents that comprise this Agreement, the terms in the Agreement shall prevail and take precedence over any allegedly conflicting terms and conditions in the Exhibits or other documents that comprise this Agreement.

**19. CAPTIONS.**

The section and subsection numbers, captions, and any index to such sections and subsections contained in this Agreement are intended for the convenience of the reader and are not intended to have any substantive meaning. The numbers, captions, and indexes shall not be interpreted or be considered as part of this Agreement. Any use of the singular or plural, any reference to gender, and any use of the nominative, objective or possessive case in this Agreement shall be deemed the appropriate plurality, gender or possession as the context requires.

**20. FORCE MAJEURE.**

Notwithstanding any other term or provision of this Agreement, neither Party shall be liable to the other for any failure of performance hereunder if such failure is due to any cause beyond the reasonable control of that Party and that Party cannot reasonably accommodate or mitigate the effects of any such cause. Such cause shall include, without limitation, acts of God, fire, explosion, vandalism, national emergencies, insurrections, riots, wars, strikes, lockouts, work stoppages, other labor difficulties, or any law, order, regulation, direction, action, or request of the United States government or of any other government. Reasonable notice shall be given to the affected Party of any such event.

**21. NOTICES.**

Except as otherwise provided in the Exhibits, notices given under this Agreement shall be in writing and shall be personally delivered, sent by express delivery service, certified mail, or first class U.S. mail postage prepaid, and addressed to the person listed below. Notice will be deemed given on the date when one of the following first occur: (i) the date of actual receipt; (ii) the next business day when notice is sent express delivery service or personal delivery; or (iii) three days after mailing first class or certified U.S. mail.

If Notice is sent to County, it shall be addressed and sent to: Livingston County Clerk, Election's Division, 200 E Grand River Ave, Howell, Michigan, 48843, and the Chairperson of the Livingston County Board of Commissioners, 200 E Grand River Ave, Howell, Michigan, 48843

If Notice is sent to Public Body, it shall be addressed to: Unadilla Township Clerk, P.O. Box 120, Gregory, MI 48137.

Either Party may change the individual to whom Notice is sent and/or the mailing address by notifying the other Party in writing of the change.

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**22. GOVERNING LAW/CONSENT TO JURISDICTION AND VENUE.**

This Agreement shall be governed, interpreted, and enforced by the laws of the State of Michigan. Except as otherwise required by law or court rule, any action brought to enforce, interpret, or decide any Claim arising under or related to this Agreement shall be brought in the 44th Judicial Circuit Court of the State of Michigan, the 53th District Court of the State of Michigan, or the United States District Court for the Eastern District of Michigan, Southern Division, as dictated by the applicable jurisdiction of the court. Except as otherwise required by law or court rule, venue is proper in the courts set forth above.

**23. SURVIVAL OF TERMS.**

The following terms and conditions shall survive and continue in full force beyond the termination, cancellation, or expiration of this Agreement (or any part thereof) until the terms and conditions are fully satisfied or expire by their nature: Definitions (Section 1); Assurances (Section 6); Payments (Section 5); Use of Confidential Information (Section 7); Disclaimer of Warranties (Section 8); Limitation of Liability (Section 9); Dispute Resolution (Section 10); No Employee-Employer Relationship (Section 14); No Third-Party Beneficiaries (Section 15); No Implied Waiver (Section 16); Severability (Section 17); Precedence of Documents (Section 18); Force Majeure (Section 20); Governing Law/Consent to Jurisdiction and Venue (Section 22); Survival of Terms (Section 23); Entire Agreement (Section 24).

**24. ENTIRE AGREEMENT.**

This Agreement represents the entire agreement and understanding between the Parties regarding the specific Election Services described in the attached Exhibit(s). With regard to those Election Services, this Agreement supersedes all other oral or written agreements between the Parties.

The language of this Agreement shall be construed as a whole according to its fair meaning, and not construed strictly for or against any Party.

IN WITNESS WHEREOF, \_\_\_\_\_, Township \_\_\_\_\_, hereby acknowledges that he/she has been authorized by a resolution of the Unadilla Township Board a certified copy of which is attached, to execute this Agreement on behalf of Public Body, hereby accepts, and binds Public Body to the terms and conditions of this Agreement.

EXECUTED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_

IN WITNESS WHEREOF, Carol Griffith, Chairperson, Livingston County Board of Commissioners, hereby acknowledges that she has been authorized by a resolution of the Livingston County Board of Commissioners, a certified copy of which is attached, to execute this Agreement on behalf of Livingston County, and hereby accepts and binds Livingston County to the terms and conditions of this Agreement.

EXECUTED: \_\_\_\_\_

DATE: \_\_\_\_\_

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WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_

IN WITNESS WHEREOF, Elizabeth Hundley, in her official capacity as the Livingston County Clerk, a Michigan Constitutional Office, hereby concurs and accepts the terms and conditions of this Agreement.

EXECUTED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_

**AGREEMENT FOR ELECTION SERVICES  
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**EXHIBIT I  
ABSENT VOTER BALLOT COUNTING SERVICES**

**1. COUNTY RESPONSIBILITIES.**

County, through its Board of Election Commissioners, shall, subject to Public Body's performance of its duties and obligations under this Agreement and the Act, render absent voter ballot counting services in compliance with the Act for absent voter ballots received by the clerk for Public Body prior to 4:00 p.m. on the day before an election. For clarification, County is not providing Election Services for absent voter ballots received by the clerk for Public Body after 4:00 p.m. on the day before an election; pursuant to Section 764d(10) of the Act, Public Body must deliver such ballots to the voting precinct of the elector on Election Day to be processed and counted.

Unless otherwise agreed upon in writing by the Parties, County shall cause absent voter ballots, including, the ballot return envelopes, secrecy sleeves, and ballots (collectively the "Ballots"), received by the clerk for Public Body prior to 4:00 p.m. on the day before an election to be picked up from the clerk by 6:00 p.m. that day by an authorized representative of County.

Upon completing the process for counting the ballots, County shall place the ballots in ballot containers either provided by Public Body that comply with the requirements described below or provided by County, as determined in County's sole discretion, and seal the ballot containers in compliance with all applicable laws. County shall notify Public Body of its decision to require Public Body to provide ballot containers or to provide ballot containers at least sixty (60) days prior to each election for which County is providing Election Services to Public Body under this Agreement.

County shall retain the sealed ballot containers containing the Ballots for thirty (30) days after the day of the election for which the Ballots were submitted. County shall make arrangements with Public Body for an authorized representative(s) of Public Body to, after the expiration of the thirty (30) day period, pick-up from County the Ballots, mail trails, ballot envelopes, ballot boxes provided by Public Body, qualified voter list, and any other items related to the Ballots transferred by Public Body to County.

**2. PUBLIC BODY RESPONSIBILITIES.**

Public Body shall perform its duties and obligations under this Agreement and the Act and take any other action necessary or appropriate to assist, and cooperate with, County in rendering the absent voter ballot counting services under this Agreement.

Public Body shall, by 4:30 on the day before an election, have available for transfer to County immediately upon arrival of County's representative, the Ballots received by the clerk for Public Body prior to 4:00 p.m. on that day properly organized in mailing trays, ballot containers, unless provided by County pursuant to this Agreement, in good condition and compliant with the required and appropriate sealing procedures, and a reconciled voter list from the qualified voter file that matches the number of Ballots being transferred to County.

Public Body shall, during any period County is actively rendering Election Services, provide to County access to Public Body's electronic qualified voter file for the sole purpose of County reconciling such list with the

**AGREEMENT FORELECTIONSERVICES**  
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number of Ballot envelopes received by County and to make any necessary corrections to the list to reflect the number of Ballot envelopes received.

Public Body shall make arrangements with County to, no later than three (3) business days after the expiration of the thirty (30) day period described in Section 1.4, cause authorized representative(s) in number necessary to pick-up from County premises the Ballots, mail trays, ballot envelopes, ballot boxes provided by Public Body, qualified voter lists, and any other items related to the Ballots transferred by Public Body to County. At such time and on County premises, if County provided ballot boxes to seal the Ballots in providing the Election Services, Public Body shall bring ballot boxes for its authorized representatives to transfer into the Ballots from the County provided ballot boxes. If Public Body does not pick-up such items as required in this Section, at County's election exercised in its sole discretion, Public Body shall, within thirty (30) days of receiving an invoice from County, pay to County \$100 for each day beyond the three (3) period set forth above that County remains in possession of such items and/or County may have its authorized representatives deliver such items to Public Body on such date and at such time during Public Body's clerk's regularly scheduled office hours County determines, in which case Public Body shall deemed to have accepted possession of all such items.

Upon the earlier to occur of the expiration of the three (3) period set forth in Section 2.4 and the transfer of items to Public Body under Sections 1.4 and 2.5, above, Public Body shall be deemed to be responsible for all such items.

**3. PAYMENT; EXPENSES AND FEES.**

Except as otherwise provided in Section 5 of this Agreement, until such time as County notifies Public Body otherwise, County shall provide the Election Services to Public Body for each election at no cost to Public Body.

At such time County determines it will require the payment of a fee and/or reimbursement for costs and expenses by Public Body for County's Election Services for an upcoming election(s), County shall provide written notice to Public Body in advance of such election(s) with sufficient time for Public Body to terminate this Agreement in accordance with its terms setting forth in detail such fees, costs, and expenses and Public Body shall pay such amounts in accordance with the terms of this Agreement for Election Services rendered by County.

RESOLUTION

NO: 2020-07-183

LIVINGSTON COUNTY

DATE: July 13, 2020

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**Resolution to Apply for the First Responder Hazard Pay Premiums Program Grant and the Public Safety and Public Health Payroll Reimbursement Program Grant Available Through the Michigan Department of Treasury - Planning Department**

**WHEREAS,** on July 1, 2020, Governor Gretchen Whitmer signed Public Act 123 of 2020, which appropriates \$100 million for the First Responder Hazard Pay Premiums Program and \$200 million for the Public Safety and Public Health Payroll Reimbursement Program; and

**WHEREAS,** these programs offer additional compensation for first responders that perform hazardous duty or work involving physical hardship related to COVID-19 and will provide a maximum of \$1,000 to qualified individuals; and

**WHEREAS,** public safety and public health payroll expenditures incurred from April and May 2020 will be included in the payroll reimbursement program with additional reimbursements allocated for June and July 2020; and

**WHEREAS,** both grant programs use federal funding available to the State of Michigan through the Coronavirus Aid, Relief, and Economic Security Act (CARES ACT) and Livingston County is eligible for these grant programs; and

**WHEREAS,** various Livingston County departments have collectively incurred eligible expenses for payroll reimbursement; and

**WHEREAS,** the Livingston County Planning Department has staff designated as Professional Emergency Managers (PEM) with substantial grant writing and administration expertise necessary to compile documentation for any work and costs that may be eligible under the Coronavirus Aid, Relief, and Economic Security Act (CARES ACT).

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners authorizes the submission of a grant request to the Michigan Department of Treasury for the First Responder Hazard Pay Premiums Program Grant and the Public Safety and Public Health Payroll Reimbursement Program Grant.

**BE IT FURTHER RESOLVED** that the Chairperson of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

**BE IT FINALLY RESOLVED** that the provision of certain hazard pay may be subject, as to certain employees, to notice and/or possible bargaining requirements and Administration is authorized to provide such notice and satisfy such requirements to effectuate this Resolution.

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MOVED:  
SECONDED:  
CARRIED:



**304 East Grand River Avenue, Howell, MI**  
**Phone (517) 546-7555 Fax (517) 552-2347**  
**Web Site: <https://livgov.com/plan/>**

## Memorandum

**To: Livingston County Board of Commissioners**  
**From: Scott Barb, Principal Planner – Planning Department**  
**Date: 7/10/2020**  
**Re: First Responder Hazard Pay Premiums Program Grant and  
Public Safety and Public Health Payroll Reimbursement  
Program Grant**

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This resolution authorizes a grant submission to the Michigan Department of Treasury for the purpose of securing available grant funds for first responder hazard pay premiums and for reimbursement of public safety and public health payrolls. The grant would allow those who are deemed as ‘first responders’ to receive a maximum of \$1,000 in hazard pay and would also allow for reimbursement of public safety and public health payrolls from April through July 2020.

If you have any questions regarding this matter please contact me at your convenience.