

LIVINGSTON COUNTY VETERANS' COMMITTEE AGENDA

October 20, 2021, 6:00 p.m. Livingston County East Complex 2300 E. Grand River, Conference Room B, Howell, MI

Zoom is available for one way communication only.

- 1. CALL TO ORDER
- 2. PLEDGE OF ALLEGIANCE
- 3. ROLL CALL
- 4. CONSENT AGENDA

(Agenda, Minutes, Bills and other voted topics that are deemed house keeping)

- 5. CALL TO THE PUBLIC
- 6. APPLICATIONS FOR RELIEF
 - 6.1. 21-98
 - 6.2. 21-107
- 7. BUSINESS
 - 7.1. EcoLane
 - 7.2. Committee Computers

IT ticket put in on 9/17/2021 work order #136154.

- 7.3. Director Review
- 8. DIRECTOR REPORTS
- 9. COMMITTEE DISCUSSION
- 10. ADJOURNMENT

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Price Quote

Ecolane	Ecolane 940 W Valley Rd, Suite 1400 Wayne, PA 19087		
	844-ECO-LANE 610-312-0033 SALES@ECOLANE.COM		
DATE 6/1/2021	TRANSIT AGENCY NAME LETS	ADDRESS	CITY, STATE ZIP
PROJECT	ATTENTION Greg Kellogg	PHONE 517-540-7843	E-MAIL Gkellogg@livgov.com
ACCOUNT MANAGER Susan Starwalt	E-MAIL Susan.Starwalt@Ecolane.com	PHONE 217-962-0415	PRICING TERMS 75% due at system set up, 20% due at completion of training, 5% due at system acceptance. Annual due 1 yr. from contract signing.
DAYS PRICING IS VALID FOR 60	DATE PRICE EXPIRES 7/31/2021		

Initial Licenses

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
2	Ecolane DRT/MDT Software License (per vehicle) (Unlimited users)	\$4,000.00	\$8,000.00
Initial licenses subtotal			\$8,000.00

Services

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	Remote set up of Ecolane DRT and MDT software (8 hr. work days), includes remote training and project management	\$990.00	\$990.00
Services subtotal			\$990.00
Annual Licensing Year 1			

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	All Inclusive Annual Licensing plan includes support for all licenses listed above and all items below	Included	Included
	Hosting Costs		Included
	Server Maintenance		Included
	24/7/365 Support via web, email and phone		Included
	Map Updates		Included
	Upgrades** and Updates		Included
	Free monthly webinar training and access to Aha! Idea portal to help drive functionality for new development for Ecolane and its customers		Included
	Access to Learning Management System (LMS), Ecolane University for all staff for self-paced web-based training		Included
Annual licensing year 1 subto	otal		Includ
		SUBTOTAL	\$8,990.0
Annual licensing for years 2- indicated below.	5 includes all services listed above in Annual Licensing for year 1. Costs for years 2-5 are	OPTION 1: TOTAL SYSTEM PURCHASE COSTS FOR YEAR 1	\$8,990.0
	d at this rate for as long as your agency is an Ecolane customer. (Based on originally ot include changes to 3rd party charges or data plans)	ANNUAL COST FOR OPTION 1 FOR YEARS 2-5 (per year)	\$1,600.0

6/1/2021 Date

James Stee, Vice President, Business Development

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All prices are in US dollars. All applicable sales/use taxes are additional and payment of such is the sole responsibility of the purchaser. Customer may purchase Android tablets and airtime for Tablets through cellular provider. Prices for tablets range from \$0 to \$499 depending on carrier. Please coordinate your cellular provider/tablets with Ecolane prior to ordering hardware. *Data plan does not include web browsing, etc. 2GB data plan is more than sufficient for the Ecolane Touchscreen MDT Software and Navigation. Agency is responsible for data plan and any overages unless otherwise noted **Upgrade and webinar training is included for upgrades, additional on site or new employee training is charged at Refresher Training rate plus travel as applicable *** All license costs include annual hosting, support & licensing fees due 1 year from contract signing set at: Optional Items | Please ask your Biz Dev Director for more info about these great options to help your agency grow! QUANTITY DESCRIPTION UNIT PRICE ANNUAL COST Fixed Route/Flex (Deviated) Route software license (Initial license cost, per route, 1 \$4,000.00 \$800.00 includes MDT software license cost) *** \$59,995.00 \$11,999.00 1 Business Intelligence tool *** (Initial License cost, flat rate) \$19,995.00 \$3,999.00 1 GTFS Interface for Public Transportation *** (Initial License cost, flat rate) 1 Self Service Trip Bookings Website *** (Initial License cost, flat rate) \$19,995.00 \$3,999.00 SMS Text message credit bundle (10,000/bundle) (Never expires until used up \$1.500.00 1 completely) 1 Centers Management Portal *** (Initial License cost, flat rate) \$19,995.00 \$3,999.00 \$12,995.00 1 Ecolane DRT Brokerage (Primary) ***(Initial License cost, flat rate) \$2,599.00 \$9,995.00 \$1,999.00 1 Subcontractor Portal *** (Initial License cost, flat rate) 1 Subcontractor Reporting Portal *** (Initial License cost, flat rate) \$6,995.00 \$1,399.00 Order Importer module *** (Initial License cost, flat rate) \$19,995.00 1 \$3,999.00 Vehicle Mounting Hardware (RAM-101U, Otter box type case, and vehicle charger) 1 \$200.00 (additional \$100 per for locking mount hardware)

\$300.00

\$6.000.00

\$8,700.00

\$6.300.00

\$6,000.00

8" Android Tablet, similar to a Samsung Galaxy Tab A, 8" (+\$200 per for 10" tablet)

Each additional Week onsite over standard 2 weeks Training/Go-live Support (includes

Test Server including hosting, maintenance and support needed (per year)

travel) Annual Review - Up to 10 days of remote review of your system by a Ecolane

Professional Services member and 3 days onsite training (includes travel)

THIS PROPOSAL INCLUDES THE CONDITIONS NOTED: Implementation/Training assumes 8 hrs. per day on-site excluding weekends and holidays.

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Trips per Client, all

Ecolane⁷¹¹

BRATBY ADEL				Total trips:	53 Re		26 Reque	sted Drop-	27	PCA: 0	Other Passengers: (
Fotal Cash Amo	ount:	20.00			up	•	011.				
03/24/2021 Status: comp		Order ID: Client ID:	760 19661	Purpose: Funding:	Medical E&D	Dialysis	Run ID: Company:	FT11 L.E.T.S. I	Public T	Driver: ransportation	Bedgood Laura
Fare type: Cash	ı	Cash Amount:	0.0	External Trip Id:			External Data 1:			External	I Data 2:
Reg.time: 1	14:00	Pick-up location Fresenius 5757	on: Whitmore Lake R			Reg.time:		Drop-off le Brookdale 8		1: Grand River Av	/e
	14:24	Brighton				Est.time:	14:31	Brighton			
Act.time: 1	14:29	3				Act.time:	14:41				
Dep.time: 1	14:38					Dep.time:	14:47				
Proms.time: 1	14:15					Cncl.time:					
Est.onboard: 0	00:07					Act.onboar	d: 00:11		14		
03/24/2021		Order ID:	759	Purpose:	Medical	Dialysis	Run ID:	HAM		Driver:	Buskirk Tiffany
Status: comp		Client ID:	19661	Funding:	E&D		Company:	L.E.T.S.	Public T	ransportation	
Fare type: Toke	en	Cash Amount:	2.0	External Trip Id:			External Data 1:			External	l Data 2:
		Pick-up location	on:				Dutu II	Drop-off le	ocatior	1:	
Req.time:		Brookdale 833	E Grand River Ave			Req.time:	10:00	Fresenius 5	5757 Wł	hitmore Lake I	Rd
Est.time: 0	09:15	Brighton				Est.time:	09:33	Brighton			
Act.time: 0	09:19					Act.time:	09:29				
Dep.time: 0	09:25					Dep.time:	09:34				
Proms.time: 0	09:32					Cncl.time:					
Est.onboard: 0	00:17		ليكلف وأخلا		2011	Act.onboar	d: 00:10	i. niel	-	2011 - C	
03/26/2021		Order ID:	930	Purpose:	Medical	Dialysis	Run ID:	FT13			Bourne Christopher
Status: comp		Client ID:	19661	Funding:	E&D		Company:	L.E.T.S. I	Public T	ransportation	
Fare type: None	e	Cash Amount:	1.0	External Trip Id:			External Data 1:			External	I Data 2:
		Pick-up locati	on:					Drop-off le	ocatior	1:	
Req.time: 1	14:00	Fresenius 5757	Whitmore Lake R	d		Req.time:		Brookdale 8	833 E G	Frand River Av	/e
st.time: 1	14:24	Brighton				Est.time:	14:35	Brighton			
Act.time: 1	14:32					Act.time:	14:54				
Dep.time: 1	14:39					Dep.time:	14:59				
Proms.time: 1	14:15					Cncl.time:					
Est.onboard: 0	00:11					Act.onboar	d: 00:21				

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COUNTY OF LIVINGSTON POSITION ACTION REQUEST

Current Date

Type of Personn New Hire Reclassificatio Reinstatemer Rehire	on Trai nt Lea Sep	nsfer	Salary Inc Change No Scheduled Change of	rease () umber of	Other Retirement
Employee			Department		
Fund-Dept & Line No).		Effective Da	te:	
Classification (Title): & Salary Grade Level/Step: Employment Status: Hours per week(Nur				New	
Department: Name: Address: Telephone: Other: Comments/Consider	 ations:				
Employee last occup					
Evaluation by				for each factor	
Factor Quality of	Excellent	Good	Average	Improvement	Unsatisfactory
Work:					
Quantity of					
Work: Attendance:					
Attendance.					
Would you rehire?:	Yes	No			
Evaluation Rem	arks:				
			Signed:	Department Directo	
				Department Directo	Dr
			Signed:		
			Signedi	Personnel Director	
			Once processe returned:	send original only to d and approved, two pt by the dept/2nd	
Use reverse side f	or more complete	explanation and	-1		
suggestion for fur				of this form can be o Department.	btained from the

LIVINGSTON COUNTY PERFORMANCE / MERIT EVALUATION FORM

(<u>Required</u> for Sr. Management – all steps and non-senior management steps 7 & 8) (or can be used for any performance evaluation)

Employee Name: Department:

Position: Evaluator:

Evaluation Period: From:

To:

[Employees being evaluated are encouraged to submit a self-evaluation, using this form, prior to the Supervisor's review]

Performance Factor	Outstanding	Exceeds Expectation	Successful	Needs Improvement
Job Knowledge				
Initiative				
Judgment & Analytical Ability				
Productivity				
Team Work and Flexibility				
Communication				
Efficiency				
Customer Service				
Attendance & Punctuality				

Overall Assessment (Check ONE statement that best describes Employee's overall performance)

Consistently performs above the requirements/expectations for the position: unequaled by most individuals in this position. (*examples must accompany a rating in this category*)

Generally exceeds the requirements/expectations for the position (Examples must accompany a rating in this category)

Fully meets all requirements / expectations: characteristic of the performance expected for the position Requires more supervision than should be necessary **and/or** does not meet requirements in one or more performance areas **and/or** performance is inconsistent. (*Examples should accompany a rating in this category*)

Fails to meet requirements/expectations for the position: requires substantial and immediate improvement. (*Examples must accompany a rating in this category*) Evaluator Comments (Use this section to provide supporting information for overall assessment)

Goals/Objectives For upcoming Year (establish specific performance goals/objectives for upcoming year. When possible, give measurable recommendations as to how the objectives might be met.)

Employee Comments (You are encouraged, but not required, to comment on this performance review in the space below or on a separate page).

	Signature does not necessarily signify agreeme Review, but acknowledges receipt of review.	nt with
Evaluator Signature	Date	_
Employee Signature	Date	_
Review by Human Resources:		
Signature:	Date:	_

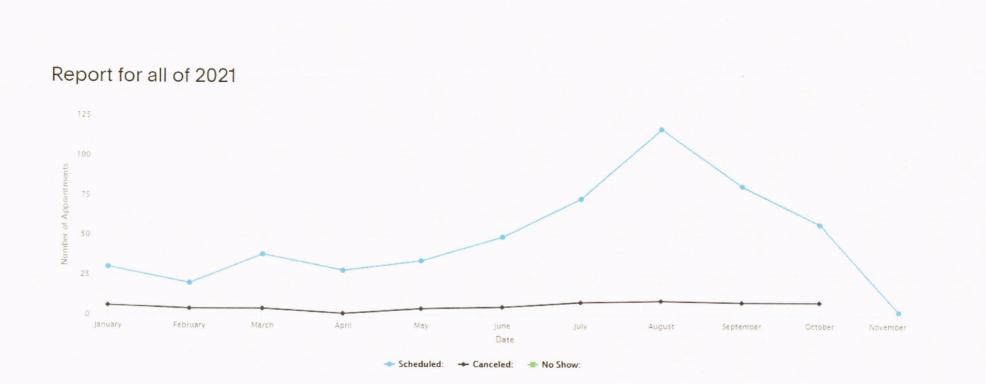
Guidelines For Performance Evaluation

1.	Job Knowledge	Consider degree to which employee's job performance demonstrates knowledge of fundamentals, methods and procedures required on the job. (<i>Sr.Management: knowledge of</i> <i>department operations, industry, etc., knowledge obtained through</i> <i>continuous readings, journals, webinars, etc.</i>)
2.	Initiative	Does employee initiate work activities, seek responsibility, and make efforts to improve knowledge and skills? Does employee think along original lines, find new effective ways of doing jobs, and make suggestions for improvements. (<i>Sr. Mgmnt: also seeks partnership with other departments and</i> <i>organizations</i>)
3.	Judgment and Analytical Ability	To what extent does the employee seek clarification when unsure? Know when to consult and when to act independently? Keep supervisor informed of status and potential problems. Correctly determine work priorities and treat confidential information appropriately. <i>(Sr. Mgmnt: provides sound recommendations for</i> <i>resolution of problems)</i>
4.	Productivity	Consider volume of work consistently done in relation to the volume considered to be a standard requirement of the job. Consider frequency of need to overtime, and use of time during a normal workday. Consider accuracy, attention to detail, thoroughness and neatness. <i>(Sr. Mgmnt: also strives to develop employees to their</i>
5.	Teamwork and Flexibility	highest capabilities) To what extent does the employee help others, share knowledge or expertise with others? Respond and adapt positively to new ideas, requests and/or changing situations. Provide meaningful feedback and respond well to constructive criticism? (<i>Sr. Mgmnt: Coordinate</i> <i>the dept. and its members to form a cohesive and effective team</i> <i>that focuses on the accomplishments of the organization as a</i>
6.	Communication	whole). Consider whether employee demonstrates effective oral skills; presents information and expresses ideas in clear, concise, well- organized and grammatical prose when drafting letters, memoranda and other forms of written communication; listens attentively and provides appropriate feedback to ensure understanding. (<i>Sr.</i> <i>Mgmnt: openly and honestly conducts oneself according to the</i>
7.	Efficiency	highest ethical standard) Consider whether the employee strives for simpler, faster or less costly ways to produce results. Does the employee identify and correct wasteful practices and make correct decisions about the kinds and amounts of expenditures on behalf of clients? (<i>Sr.</i> <i>Mgmnt: Embraces change and strives to continuously improve</i> <i>department efficiencies</i>)
8.	Customer Service	Consider whether the employee provides cooperative, responsive and courteous service to members of the public and co-workers. Does the employee exhibit a professional and courteous demeanor and respond positively/quickly to special requirements or circumstances. (<i>Sr. Mgmnt: provides outstanding direction to the</i> <i>organization by setting an example of the conduct and work ethic</i> <i>expected of all employees</i>)
9.	Attendance/Punctuality	Consider number of absences from work; whether employee keeps unplanned absences to a minimum. Does the employee report to work on time and follow lunch and break rules? (<i>Sr. Mgmnt: goes</i> <i>above and beyond what may be expected and provides example to</i> <i>their team</i>)

Transportation

Report for all of 2021 Number of Appointments 0 January February March April May June August September October November December Date --- Scheduled: --- Canceled: - No Show: Date range: - 2021 -Calendar: Transportation Show: All scheduled appointments Show Want to Export to a spreadsheet? Type 🖨 Cost ¢ Quantity \$ Total \$ Total Hours \$ In County Transportation \$0.00 204 \$0.00 102 Out of County Transportation \$0.00 516 \$0.00 258 Total: 720 \$0.00 360 hours

Veteran Assistance Programs and Case Management

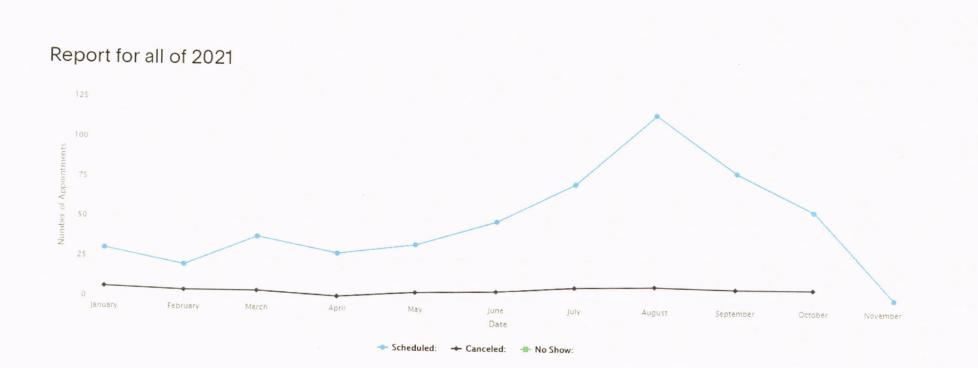


Total:	Virtual/Phone Claims Submission	Phone Follow Up	Phone Follow Up	Other In Office Submit	Other	Obtaining Records	Non-Emergent	New Emergency Relief Application	New Client Paperwork	New Client	Meeting	Disability	DIC	Decision Review	Death Benefits Submit	Curbside/email/phone submit (for individual use only)	Consult	Claims submit	claims status check	Casework	Casework	Case Management	Type ◆
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Cost ¢
529	ω	-	44	4	2	-	53	យ	μ	5	ω	Ν	2		119	21	17	1	7	24	54	80	Quantity \$
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total 🗢
441.333 hours	1.5	1.833	4	7	-	0.5	53	70.5	6.5	6.25	1.5	2	N	0.5	123.5	10.5	8.5	11.25	1.75	6	27	87.75	Total Hours 🗢

Transportation

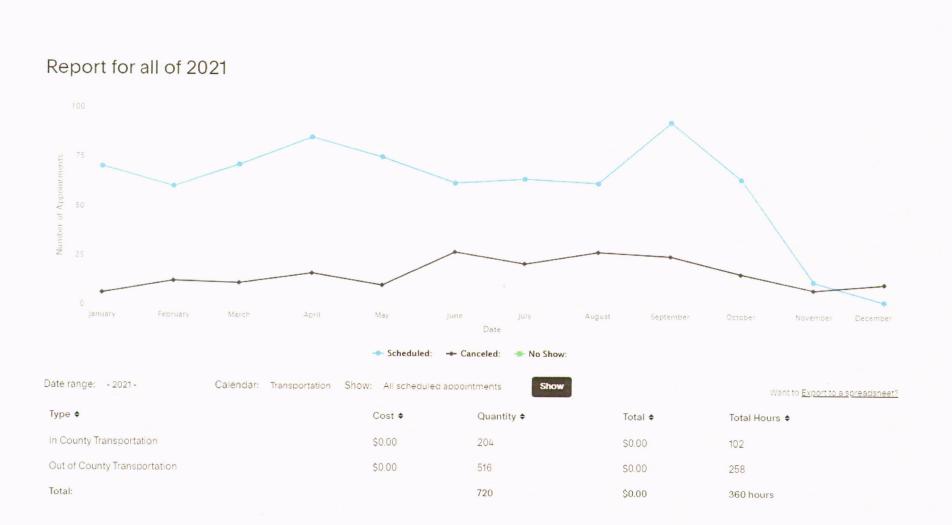


Veteran Assistance Programs and Case Management

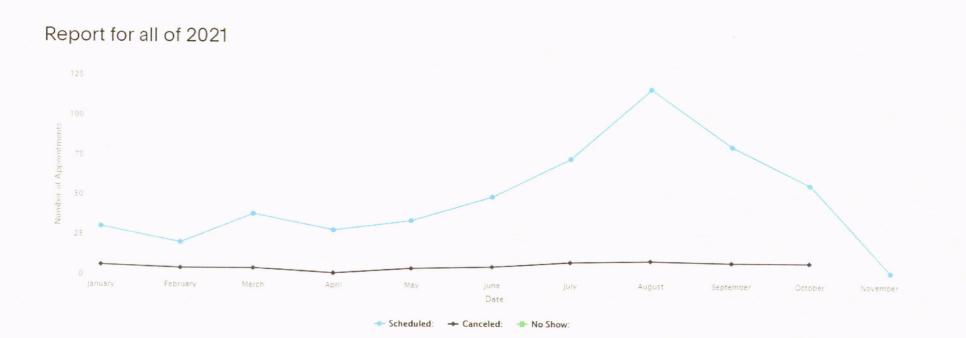


Type ◆	Cost +	Quantity \$	Total 🗢	Total Hours \$
Case Management	\$0.00	86	\$0.00	87.75
Casework	\$0.00	54	\$0.00	20
Casework	\$0.00	č		71
claime statue chank	00.00	74	\$0.00	9
	\$0.00	7	\$0.00	1.75
Claims submit	\$0.00	ŧ	\$0.00	11.25
Consult	\$0.00	17	\$0.00	8.5
Curbside/email/phone submit (for individual use only)	\$0.00	21	\$0.00	10.5
Death Benefits Submit	\$0.00	119	\$0.00	123.5
Decision Review	\$0.00	1	\$0.00	05
DIC	\$0.00	2	\$0.00	
Disability	0000			N
Meeting	00.00	2	\$0.00	2
	\$0.00	m.	\$0.00	1.0
New Client	\$0.00	9	\$0.00	6.25
New Client Paperwork	\$0.00	13	\$0.00	6.5
New Emergency Relief Application	\$0.00	35	\$0.00	70.5
Non-Emergent	\$0.00	53	\$0.00	53
Obtaining Records	\$0.00		\$0.00	0.5
Other	\$0.00	2	\$0.00	-
Other In Office Submit	\$0.00	14	\$0.00	7
Phone Follow Up	\$0.00	77	\$0.00	Ŧ
Phone Follow Up	\$0.00	11	\$0.00	1833
Virtual/Phone Claims Submission	\$0.00	en	\$0.00	LC T
Total:		520		2
		943	20.00	441.333 hours

Transportation



Veteran Assistance Programs and Case Management



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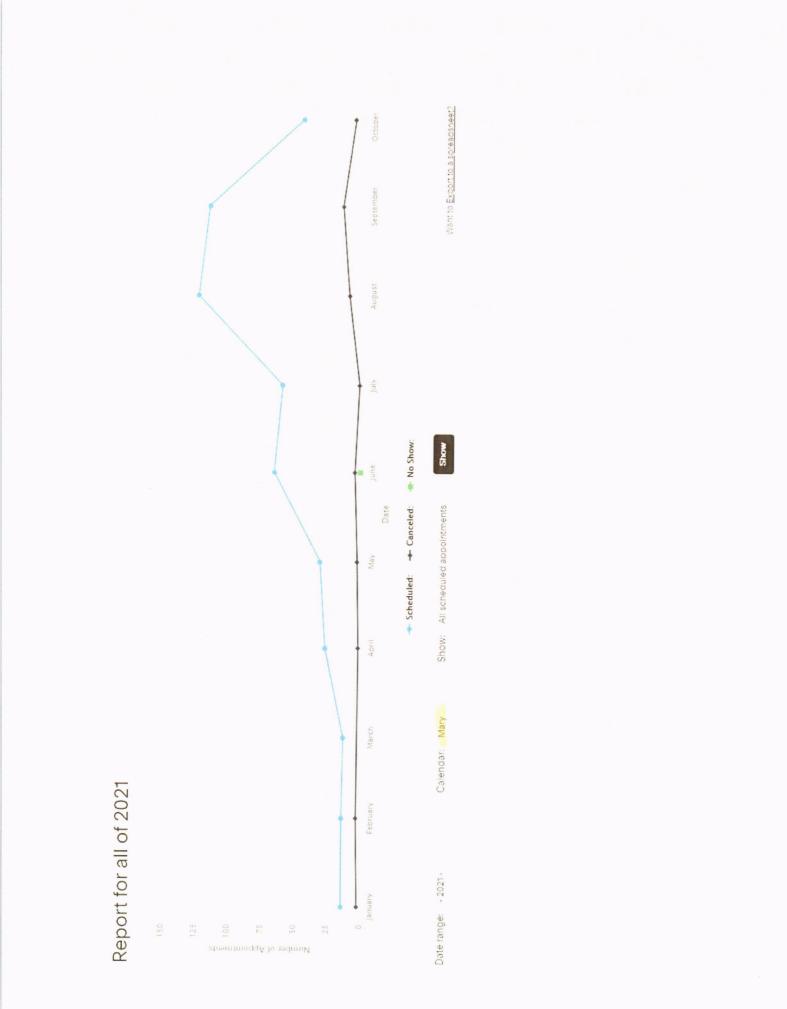
Type ♦	Cost 🕈	Quantity 🌩	Total 🗢	Total Hours 🗢
Case Management	\$0.00	88	\$0.00	87.75
Casework	\$0.00	54	\$0.00	27
Casework	\$0.00	24	\$0.00	Q
claims status check	\$0.00	7	\$0.00	1.75
Claims submit	\$0.00	Accession of the second se	\$0.00	11.25
Consult	\$0.00	17	\$0.00	8.5
Curbside/email/phone submit (for individual use only)	\$0.00	21	\$0.00	10.5
Death Benefits Submit	\$0.00	911	\$0.00	123.5
Decision Review	\$0.00	Ŧ	\$0.00	0.5
DIC	\$0.00	2	\$0.00	2
Disability	\$0.00	2	\$0.00	2
Meeting	\$0.00	ю.	\$0.00	1.6
New Client	\$0.00	Q	\$0.00	6.25
New Client Paperwork	\$0.00	13	\$0.00	6.5
New Emergency Relief Application	\$0.00	35	\$0.00	70.5
Non-Emergent	\$0.00	53	\$0.00	53
Obtaining Records	\$0.00	T errit	\$0.00	0.5
Other	\$0.00	2	\$0.00	*
Other in Office Submit	\$0.00	†	\$0.00	2
Phone Fallow Up	\$0.00	44	\$0.00	Ŧ
Phone Fallow Up	\$0.00	1	\$0.00	1.833
Virtual/Phone Claims Submission	\$0.00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$0.00	۵. ۲
Total:		529	\$0.00	441.333 hours

Report for all of 2021 Number of Appointments 00 100 January February March May April June August September October November Date - Canceled: - No Show: Date range: - 2021 -Calendar: Kelly Show: All scheduled appointments Show Want to Export to a spreadsheet?

Claims

Type ◆	Cost 🗢	Quantity \$	Total 🗢	Total Hours 🗢
Case Management	\$0.00	4	\$0.00	4.25
Casework	\$0.00	00	\$0.00	4.5
Casework	\$0.00	54	\$0.00	27
claims status check	\$0.00	12	\$0.00	0
Claims submit	\$0.00	241	\$0.00	249
Consult	\$0.00	93	\$0.00	47.25
Curbside/email/phone submit (for individual use only)	\$0.00	17	\$0.00	8.5
Death Benefits Submit	\$0.00	0	\$0.00	3.5
Decision Review	\$0.00	0	\$0.00	T
D sability	\$0.00	30	\$0.00	31
Initial ITF	\$0.00	Q	\$0.00	ŝ
intake Form	\$0.00	06	\$0.00	0 0
New Client	\$0.00	*	\$0.00	t
New Client Paperwork	\$0.00	93	\$0.00	46.5
Obtaining Records	\$0.00	4	\$0.00	2
Other	\$0.00	2	\$0.00	T
Other In Office Submit	\$0.00	68	\$0.00	34.5
Phone Follow Up	\$0.00	63	\$0.00	15.75
Total:		801	\$0.00	500.75 hours

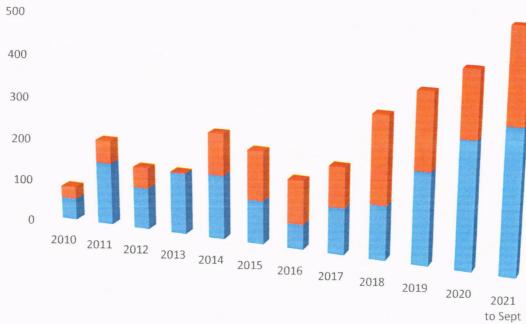
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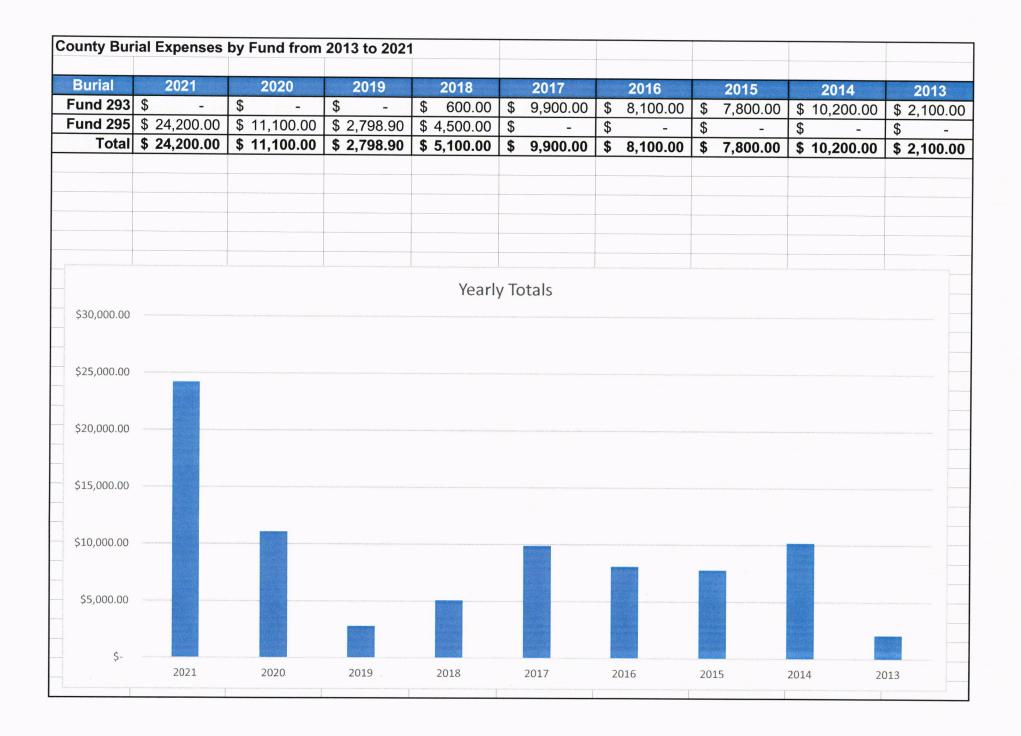
Type •	Cost 🕈	Quantity 🌩	Total 🗢	Total Hours ♦
Appeals	\$0.00	7	\$0.00	*
Case Management	\$0.00	53	\$0.00	0
Casework	\$0.00	1	\$0.00	4.25
Casework	\$0.00	25	\$0.00	12.5
claims status check	\$0.00	Y	\$0.00	0.25
Claims submit	\$0.00	142	\$0.00	145
Consult	\$0.00	55	\$0.00	27.75
Curbside/email/phone submit (for individual use only)	\$0.00	77	\$0.00	~
Deatn Benefits Submit	\$0.00	7	\$0.00	7.5
Decision Review	\$0.00	5	\$0.00	15
Disability	\$0.00	29	\$0.00	30.5
Initial ITF	\$0.00	Q	\$0.00	co
intake Form	\$0.00	101	\$0.00	5.25
Meeting	\$0.00	Terr	\$0.00	0.5
New Client	\$0.00	ເຄ	\$0.00	5.5
New Client Paperwork	\$0.00	48	\$0.00	24
Non-Emergent	\$0.00	0	\$0.00	m
Obtaining Records	\$0.00	IJ	\$0.00	2.5
Other	\$0.00	ιŋ	\$0.00	2.5
Other In Office Submit	\$0.00	86	\$0.00	43.25
Phone Follow Up	\$0.00	رى س	\$0.00	0.833
Phone Follow Up	\$0.00	33	\$0.00	8.25
Virtual/Phone Claims Submission	\$0.00	¥~~	\$0.00	0.75
Total:		510	\$0.00	339.583 hours



600



POA's Comp & Pen





Livingston County YEAR-TO-DATE BUDGET REPORT

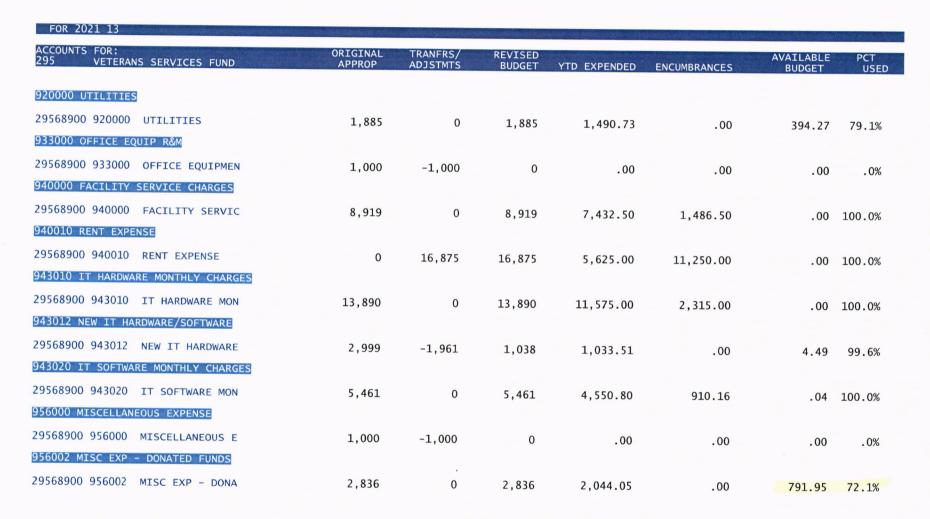
FOR 2021 13			-				
ACCOUNTS FOR: 295 VETERANS SERVICES FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
957000 EMPLOYEE PROFESSIONAL DEVELOP							
29568900 957000 EMPLOYEE PROFES	2,000	0	2,000	614.00	.00	1,386.00	30.7%
959000 TUITION REIMBURSEMENT							
29568900 959000 TUITION REIMBUR	0	11,002	11,002	8,008.13	.00	2,993.87	72.8%
963000 MTT CHARGEBACK INTEREST							
29568900 963000 MTT CHARGEBACK	100	0	100	2.06	.00	97.94	2.1%
964000 COST ALLOCATION							
29568900 964000 COST ALLOCATION	46,834	0	46,834	39,028.30	7,805.66	.04	100.0%
999297 TRANSFER OUT - 297							
29568900 999297 TRANSFER OUT -	0	787,919	787,919	.00	.00	787,919.00	.0%
TOTAL VETERANS SERVICES FUND	787,756	818,479	1,606,235	516,888.78	47,574.14	1,041,772.08	35.1%
TOTAL EXPENSES	787,756	818,479	1,606,235	516,888.78	47,574.14	1,041,772.08	

Livingston County YEAR-TO-DATE BUDGET REPORT

2021	

		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
	GRAND TOTAL	787,756	818,479	1,606,235	516,888.78	47,574.14	1,041,772.08	35.1%
	*	* END OF REP	ORT - Genera	ated by Mary	Durst **			

Livingston County YEAR-TO-DATE BUDGET REPORT





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Livingston County YEAR-TO-DATE BUDGET REPORT

FOR 2021 13							
ACCOUNTS FOR: 295 VETERANS SERVICES FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
847000 VETERANS EMERGENCY ASSISTANCE							
29568900 847000 VETERANS EMERGE	135,000	-13,685	121,315	69,716.71	.00	51,598.29	57.5%
847003 EMERGENCY RELIEF - PEACE TIME							
29568900 847003 EMERGENCY RELIE	10,000	-1,728	8,272	4,104.62	.00	4,167.38	49.6%
847004 VET ID CARD							
29568900 847004 VET ID CARD	1,500	-930	570	300.00	.00	270.00	52.6%
851000 TELEPHONE CHARGES							
29568900 851000 TELEPHONE CHARG	3,846	0	3,846	3,205.00	641.00	.00	100.0%
860000 IN-STATE TRAVEL							
29568900 860000 IN-STATE TRAVEL	375	0	375	.00	.00	375.00	.0%
860010 MILEAGE REIMB							
29568900 860010 MILEAGE REIMB	1,000	-758	242	136.92	.00	105.08	56.6%
860015 DAILY MEAL REIMBURSEMENT						: 	
29568900 860015 DAILY MEAL REIM	125	0	125	.00	.00	125.00	.0%
861000 AUTO LEASING							
29568900 861000 AUTO LEASING	26,816	0	26,816	21,993.42	.00	4,822.58	82.0%
880000 COMMUNITY PROJECT / PROMOTIONS							
29568900 880000 COMMUNITY PROJE	44,080	2,424	46,504	25,070.77	10,757.37	10,675.86	77.0%



Livingston County YEAR-TO-DATE BUDGET REPORT

FOR 2021 13			Section and				
ACCOUNTS FOR: 295 VETERANS SERVICES FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
723000 LT/ST DISABILITY INSURANCE							
29568900 723000 LT/ST DISABILIT	3,139	0	3,139	1,863.22	.00	1,275.78	59.4%
726000 SUPPLIES - OFFICE							
29568900 726000 SUPPLIES - OFFI	3,000	-852	2,148	1,024.66	339.51	783.83	63.5%
730000 POSTAGE / METER FEES							
29568900 730000 POSTAGE / METER	200	0	200	10.06	.00	189.94	5.0%
743000 UNIFORMS							
29568900 743000 UNIFORMS	500	1,000	1,500	.00	1,254.78	245.22	83.7%
747000 SUPPLIES - OPERATING EQUIPMENT							
29568900 747000 SUPPLIES - OPER	0	20,173	20,173	3,190.05	.00	16,982.95	15.8%
800000 BOARD/COMMITTEE PER DIEM							
29568900 800000 BOARD/COMMITTEE	4,140	-400	3,740	1,725.45	.00	2,014.55	46.1%
803000 LEGAL SERVICES							
29568900 803000 LEGAL SERVICES	5,000	0	5,000	.00	.00	5,000.00	.0%
817000 MEMBERSHIP DUES							
29568900 817000 MEMBERSHIP DUES	425	400	825	75.00	.00	750.00	9.1%
819000 OTHER CONTRACT SVS							
29568900 819000 OTHER CONTRACT	2,000	1,000	3,000	.00	.00	3,000.00	. 0%



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FOR 2021 13							
ACCOUNTS FOR: 295 VETERANS SERVICES FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
702000 OTHER PAY/COMPENSATION							
29568900 702000 OTHER PAY/COMPE	1,800	0	1,800	598.15	.00	1,201.85	33.2%
704000 SALARIES - REGULAR EMPLOYEES							
29568900 704000 SALARIES - REGU	256,545	0	256,545	163,355.91	.00	93,189.09	63.7%
706001 SALARIES - PT (20 HRS OR LESS)							
29568900 706001 SALARIES - PT (55,907	0	55,907	34,390.64	.00	21,516.36	61.5%
707000 SALARIES - OVERTIME							
29568900 707000 SALARIES - OVER	2,000	0	2,000	438.82	.00	1,561.18	21.9%
715000 FICA - EMPLOYER SHARE							
29568900 715000 FICA - EMPLOYER	24,041	0	24,041	14,239.87	.00	9,801.13	59.2%
716000 HEALTH INSURANCE ER SHARE							
29568900 716000 HEALTH INSURANC	64,885	0	64,885	54,070.80	10,814.16	.04	100.0%
717000 LIFE INSURANCE							
29568900 717000 LIFE INSURANCE	562	0	562	331.62	.00	230.38	59.0%
718000 MERS - EMPLOYER SHARE							
29568900 718000 MERS - EMPLOYER	49,590	0	49,590	32,993.91	.00	16,596.09	66.5%
719000 WORKERS COMPENSATION							
29568900 719000 WORKERS COMPENS	4,356	0	4,356	2,649.10	.00	1,706.90	60.8%

