



# Livingston County Board of Commissioners Annual Meeting Agenda

September 23, 2024, 6:00 p.m.

Hybrid In-Person and Virtual Meeting

304 E. Grand River Ave., Board Chambers, Howell, Michigan

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

<https://us02web.zoom.us/j/3997000062>

*"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>Pages</b>
1. Call the Annual Meeting to Order	
2. Moment of Prayer	
3. Pledge of Allegiance to the Flag	
4. Roll Call	
Jay Drick - Chairman, Nick Fiani - Vice Chairman, Douglas Helzerman, Dave Domas, Frank Sample, Wes Nakagiri, Roger Deaton, Martin Smith, Jay Gross	
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e.	<b>2024-09-123 (Roll Call Vote)</b> Resolution to Authorize Agreement for the Delivery of Comprehensive Health Services Grant for the Period of October 1, 2024 through September 30, 2025 – Health Department	Matt Bolang	24
f.	<b>2024-09-124</b> Resolution Authorizing Leadership Training Conducted by Cleary University for New and Emerging County Department Leaders – County Administration/Human Resources	Nathan Burd	167
g.	<b>2024-09-125 (Roll Call Vote)</b> Resolution Authorizing Passthrough Funding Agreement for Transportation Services between Livingston County and the Western Washtenaw Area Value Express (WAVE) - LETS	Greg Kellogg	170
h.	<b>2024-09-126</b> Resolution Authorizing FY 2025 Vehicle Leases through the County's Partnership with Enterprise Fleet Management - Car Pool	Greg Kellogg	174
i.	<b>2024-09-127 (Roll Call Vote)</b> Resolution Authorizing an Additional 2024 Vehicle Replacement Lease for the Sheriff Field Services Division – Car Pool	Greg Kellogg	177
j.	<b>2024-09-128</b> Resolution to Monitor and Document Contacts Between Illegal Immigrants and the Livingston County Sheriff's Office - Board of Commissioners	Wes Nakagiri	181
k.	<b>CLOSED SESSION (Roll Call Vote)</b> Discuss Pending Litigation: Hartland Township v. Livingston County and Livingston County Public Works Department, 23-31864-CK (MCL 15.268(e))		
l.	<b>2024-09-129</b> Resolution to Authorize Entry of Consent Judgment in Settlement of Litigation with Hartland Township – Board of Commissioners	Board of Commissioners	183

12. **Accounts Payable Reports**
  - a. **Claims dated: September 23, 2024**
  - b. **Payables dated: August 31 through September 13, 2024**
13. **FOIA Appeal: Yvonne Black**
14. **FOIA Appeal: Mark Reizen**
15. **Call to the Public**
16. **CLOSED SESSION (Roll Call Vote) Discuss written attorney-client privileged legal opinion from the County's Corporation Counsel as permitted by MCL 15.268(1)(h).**
17. **Adjournment**

**RESOLUTION  
OPPOSING THE USE OF STATE LANDS BY CAMP GRAYLING BY PERMIT  
09122024 – CG/DNR**

**WHEREAS**, The Michigan Department of Natural Resources (DNR) and the Michigan National Guard (MNG) have signed a Memorandum of Understanding (MOU) which will allow the MNG to use up to 52,000 acres of state land by way of permits over the next five years and beyond and;

**WHEREAS**, Crawford County depends on the amount of accessible state land for our tourism industry and the MNG has yet to demonstrate that the additional acreage is needed on top of the existing 230 square miles and;

**WHEREAS**, the permit process as outlined in the MOU and as provided by law does not allow for the opportunity for the public to make comment or have input and;

**WHEREAS**, the proposed uses on these lands will disrupt the peaceful enjoyment of the natural resources available in Crawford County, reducing tourism and negatively impacting the local businesses and;

**WHEREAS**, the proposed expansion of Camp Grayling’s use of state lands is directly contrary to the Mission Statement of the DNR and;

**NOW, THEREFORE, BE IT RESOLVED**, that the Crawford County Board of Commissioners opposes the MOU and allowing the military uses of state lands by permit to be issued to the MNG, defense contractors, affiliates, or proxies, or the usage of electronic or electromagnetic devices, of unknown risk where the public recreates, to the wildlife, or the environment and;

**BE IT FURTHER RESOLVED**, that the Crawford County Board of Commissioners urge the Governor and the DNR Director to immediately terminate the MOU as provided for in that agreement and;

**BE IT FURTHER RESOLVED**, that this Board directs the clerk to forward a copy of this resolution to State Senator Michele Hoytenga, State Representative Ken Borton, DNR Director Scott Bowen, Governor Gretchen Whitmer, and the Michigan Association of Counties.

**APPROVED AS TO FORM**

Commissioner Jamison	Yes	Commissioner Kraycs	Yes
Commissioner Frederick	Yes	Commissioner Powers	Yes
Commissioner Goscicki	Yes	Commissioner Moore	Yes
	Commissioner Lewis	Yes	

**ADOPTED DATE:** September 12, 2024

I, Jamie McClain, Clerk of the Crawford County Board of Commissioners and Clerk of the County of Crawford, do hereby certify that the above Resolution was duly adopted by the said Board on September 12, 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County and Court at Grayling, Michigan, on this 12<sup>th</sup> day of September, 2024.

  
 Laurie Jamison, Chair  
 Crawford County Board of Commissioners

  
 Jamie L. McClain  
 Clerk/ROD



## Livingston County Board of Commissioners Meeting Minutes

August 26, 2024, 6:00 p.m.  
Hybrid In-Person and Virtual Meeting  
304 E. Grand River Ave., Board Chambers, Howell, Michigan  
Zoom Virtual Meeting ID: 399-700-0062 / Password: LCBOC  
<https://us02web.zoom.us/j/3997000062>

Members Present: Jay Drick, Douglas Helzerman, David Domas, Frank Sample, Wes Nakagiri, Roger Deaton, Martin Smith, Nick Fiani, Jay Gross

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### 1. Call Meeting to Order

The meeting was called to order by Chairman Jay Drick at 6:01 p.m.

### 2. Moment of Prayer

### 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 Chief Deputy Clerk indicated the presence of a quorum.

### 5. Approval of Agenda

Motion to approve the agenda as presented.

It was moved by R. Deaton

Seconded by J. Gross

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

### 6. Employee Recognitions

#### 6.a Leslie Stultz

Commissioner Drick presented an employee recognition award to District Court Coordinator Leslie Stultz.

#### 6.b Spencer Catlett

Commissioner Smith presented an employee recognition award to Kennel Assistant Spencer Catlett of the Livingston County Animal Shelter.

**7. Correspondence**

**7.a Clinton County**

Resolution #2024-12 Opposing MDHHS Plans to Implement New Conflict Free Access and Planning Strategies in Michigan

Motion to receive and place on file the Correspondence.

It was moved by D. Helzerman  
Seconded by J. Gross

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**8. Call to the Public**

The following person addressed the Board: Randy Clawson, Howell.

**9. Approval of Minutes**

**9.a Meeting Minutes dated: July 22, 2024**

**9.b Meeting Minutes dated: August 12, 2024**

**9.c Closed Session Minutes dated: August 12, 2024**

Motion to approve the Minutes as presented.

It was moved by N. Fiani  
Seconded by R. Deaton

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**10. Tabled Items From Previous Meetings**

None.

**11. Reports**

Commissioner Deaton provided information about Filmore Park and the 9/11 run. He also updated the Board on the progress of the Veterans Memorial committee.

Commissioner Gross provided an update about the Age Ways Board of Directors meeting. He announced an upcoming event for the group.

Commissioner Smith provided an update on an event at Freedom River Veterans Camp.

**12. Resolutions for Consideration**

**12.a 2024-08-104**

Resolution to Certify Officer and Employee Delegates to the 2024 Municipal Employees' Retirement System Annual Retirement Conference – Human Resources

Motion to adopt the Resolution.

It was moved by F. Sample

Seconded by N. Fiani

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.b 2024-08-105**

Resolution Authorizing Acceptance of U.S. Department of Energy's Energy Efficiency and Conservations Block Grant Voucher Program Funds for Replacement HVAC Equipment – Facility Services

Motion to adopt the Resolution.

It was moved by R. Deaton

Seconded by D. Domas

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.c 2024-08-106 (Roll Call Vote)**

Resolution Authorizing the Return of Community Development Block Grant Program Income to the State of Michigan – Fiscal Services

Motion to adopt the Resolution.

It was moved by D. Helzerman

Seconded by J. Gross

Roll Call Vote: Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.d 2024-08-107 (Roll Call Vote)**

Resolution to Concur with the Livingston County Aeronautical Facilities Board to Enter Into a Grant Agreement with the Michigan Department of Transportation to Fund the Design of the Snow Removal Equipment (SRE) Building at the Livingston County Airport - Airport

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Domas

Roll Call Vote: Yes (9): R. Deaton, M. Smith, N. Fiani, J. Gross D. Helzerman, D. Domas, F. Sample, W. Nakagiri, and J. Drick; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.e 2024-08-108 (Roll Call Vote)**

Resolution to Concur with the Livingston County Aeronautical Facilities Board to Enter into an Agreement with C&S Companies of Livonia, Michigan for the Final Design of a Snow Removal Equipment (SRE) Building - Airport

Motion to adopt the Resolution.

It was moved by D. Domas  
Seconded by J. Gross

Roll Call Vote: Yes (9): D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, J. Gross, and D. Helzerman; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.f 2024-08-109 (Roll Call Vote)**

Resolution Authorizing Construction of the Winans Lake Drain and Distribution of General Fund Vision Tour Funding – Drain Commissioner

Motion to adopt the Resolution.

It was moved by F. Sample  
Seconded by R. Deaton

Roll Call Vote: Yes (9): F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, J. Gross, D. Helzerman, and D. Domas,; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**



**12.g 2024-08-110 (Roll Call Vote)**

Resolution Authorizing Improvements to the Handy No. 15 Drain and Distribution of General Fund Vision Tour Funding – Drain Commissioner

Motion to adopt the Resolution.

It was moved by D. Helzerman  
Seconded by D. Domas

Roll Call Vote: Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.h 2024-08-111 (Roll Call Vote)**

Resolution Authorizing the Acceptance of the Michigan Department of Health and Human Services Child and Parent Legal Representation (CPLR) Grant – FY 2025- Juvenile Court

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Domas

Roll Call Vote: Yes (9): R. Deaton, M. Smith, N. Fiani, J. Gross D. Helzerman, D. Domas, F. Sample, W. Nakagiri, and J. Drick; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.i 2024-08-112**

Resolution Authorizing the Fiscal Year 2025 Memorandum of Understanding and Cash Matching Funding for Behavioral Health Managed Care Services – Wraparound - Juvenile Court

Motion to adopt the Resolution.

It was moved by J. Gross  
Seconded by M. Smith

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.j 2024-08-113**

Resolution Authorizing Contract Award to Enterprise Fleet Management to Provide Automotive Fleet Management Services – Car Pool

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Helzerman

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.k 2024-08-114**

Resolution Authorizing Livingston County to Host Cooperative Contracts for Automotive Fleet Management Services for Michigan Counties and Other Municipalities through the Michigan Association of Counties CoPro+ Procurement Program – Car Pool

Motion to adopt the Resolution.

It was moved by D. Helzerman  
Seconded by M. Smith

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.l 2024-08-115**

Resolution Authorizing an Agreement with Indian Trails, Inc. DBA Michigan Flyer, LLC to Provide Airport Transportation Services – LETS

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Domas

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.m 2024-08-116 (Roll Call Vote)**

Resolution Authorizing the Replacement of Asphalt Parking Lots and Driveway at the Transportation Complex – LETS

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Helzerman

Roll Call Vote: Yes (9): R. Deaton, M. Smith, N. Fiani, J. Gross D. Helzerman, D. Domas, F. Sample, W. Nakagiri, and J. Drick; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**12.n 2024-08-117 (Roll Call Vote)**

Resolution for the 2024 Veterans Millage – Equalization

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Helzerman

Motion to amend the millage rate to 0.0770.

It was moved by W. Nakagiri  
Seconded by N. Fiani

Roll Call Vote: Yes (3): W. Nakagiri, J. Drick, and N. Fiani; No (6): D. Helzerman, D. Domas, F. Sample R. Deaton, M. Smith, and J. Gross; Absent (0): None

**Motion to Amend Fails (3-6-0)**

Motion to adopt the Resolution.

It was moved by R. Deaton  
Seconded by D. Helzerman

Roll Call Vote: Yes (6): R. Deaton, M. Smith, J. Gross D. Helzerman, D. Domas, and F. Sample; No (3): W. Nakagiri, J. Drick, and N. Fiani; Absent (0): None

**Motion Carried (6-3-0)**

**13. Accounts Payable Reports**

**13.a Claims dated: August 26, 2024**

**13.b Payables dated: July 28 through August 16, 2024**

Motion to approve the Claims Report and Payables Report as presented.

It was moved by: J. Gross  
Seconded by: R. Deaton

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

**14. Call to the Public**

The following people addressed the Board: Ella Nikitin, Hartland and Tobermory Munro, City of Howell.

**15. Adjournment**

Motion to adjourn the meeting at 7:30 p.m.

It was moved by D. Helzerman  
Seconded by R. Deaton

Yes (9): D. Helzerman, D. Domas, F. Sample, W. Nakagiri, J. Drick, R. Deaton, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (0): None

**Motion Carried (9-0-0)**

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Kristi Cox, Chief Deputy County Clerk

UNAPPROVED



## Livingston County Board of Commissioners Meeting Minutes

September 9, 2024

6:30 p.m. or immediately following the Finance & Asset Management Committee meeting, if later.

Hybrid In-Person and Virtual Meeting

304 E. Grand River Ave., Board Chambers, Howell, Michigan

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

<https://us02web.zoom.us/j/3997000062>

Members Present: Jay Drick, David Domas, Frank Sample, Wes Nakagiri, Martin Smith, Nick Fiani, Jay Gross

Members Absent: Douglas Helzerman, Roger Deaton

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### 1. Call Meeting to Order

The meeting was called to order by the Chairman of the Board of Commissioners, Commissioner J. Drick at 8:26 p.m.

### 2. Roll Call

Roll call by the recording secretary indicated the presence of a quorum.

### 3. Call to the Public

The following persons addressed the Board of Commissioners: Ella Nikitin – Hartland Township; Mary Witalec – Hartland Township; Mike Staton – Marion Township; Colleen Quinn – Genoa Township; Janine Iyer – Genoa Township.

### 4. Approval of Agenda

Motion to approve the agenda as presented.

It was moved by F. Sample

Seconded by N. Fiani

Yes (7): D. Domas, F. Sample, W. Nakagiri, J. Drick, M. Smith, N. Fiani, and J. Gross; No (0):

None; Absent (2): D. Helzerman, and R. Deaton

**Motion Carried (7-0-2)**

### 5. Resolution for Consideration

*Resolutions will only be considered if first recommended by Committee.*

#### 5.a 2024-09-118

Resolution to Retain the Non-Union Employees, Elected Officials, Commissioners, and Judges Benefit Plans for 2025 Fiscal Year – Human Resources

Motion to adopt the Resolution.

It was moved by D. Domas  
Seconded by M. Smith

Yes (7): D. Domas, F. Sample, W. Nakagiri, J. Drick, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (2): D. Helzerman, and R. Deaton

**Motion Carried (7-0-2)**

**6. Accounts Payable Reports**

**6.a Claims dated: September 9, 2024**

**6.b Payables dated: August 17 through August 30, 2024**

Motion to approve the Claims Report and Payables Report as presented.

It was moved by: J. Gross  
Seconded by: F. Sample

Yes (7): D. Domas, F. Sample, W. Nakagiri, J. Drick, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (2): D. Helzerman, and R. Deaton

**Motion Carried (7-0-2)**

**7. FOIA Appeals**

**7.a Appellant: Victoria Cadostin**

Elizabeth Hundley, County Clerk, presented the details of the FOIA request to Commissioners.

Motion to reject the appeal and uphold the fee and to authorize the Board Chair to sign a written response to the Appellant.

It was moved by F. Sample  
Seconded by M. Smith

Yes (7): D. Domas, F. Sample, W. Nakagiri, J. Drick, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (2): D. Helzerman, and R. Deaton

**Motion Carried (7-0-2)**

**7.b Appellant: Yvonne Black**

Matt Nordfjord presented the details of the FOIA and explained the reason for the denial. Commissioners asked questions of counsel to explain the statute. Ms. Yvonne Black could not be heard from Zoom. Proceeded with vote after several attempts to hear Ms. Black.

Motion to uphold the FOIA denial and to authorize the Board Chair to sign a written response to the Appellant.

It was moved by J. Gross  
Seconded by F. Sample

Yes (7): D. Domas, F. Sample, W. Nakagiri, J. Drick, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (2): D. Helzerman, and R. Deaton

**Motion Carried (7-0-2)**

**8. Call to the Public**

The following person addressed the Board of Commissioners: Ella Nikitin - Hartland Township.

**9. Adjournment**

Motion to adjourn the meeting at 9:00 p.m.

It was moved by N. Fiani  
Seconded by W. Nakagiri

Yes (7): D. Domas, F. Sample, W. Nakagiri, J. Drick, M. Smith, N. Fiani, and J. Gross; No (0): None; Absent (2): D. Helzerman, and R. Deaton

**Motion Carried (7-0-2)**



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Natalie Hunt, Recording Secretary

UNAPPROVED

RESOLUTION

NO: 2024-09-119

LIVINGSTON COUNTY

DATE: September 23, 2024

**Resolution Approving an Appointment to the Michigan Department of Health Human Services Board – Board of Commissioners**

**WHEREAS,** the term of a representative on the Michigan Department of Human Services Board will expire on October 31, 2024; and

**WHEREAS,** a notice of the vacancy was posted on the home page of the Livingston County website from July 17, 2024 through August 2, 2024; and

**WHEREAS,** the candidate, Lee Ann Blazejewski, is recommended for **(re)**appointment to the MI Department of Human Services Board for the term expiring on October 31, 2027.

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approves the above referenced appointment and expiration date contingent upon fulfilling to the sole satisfaction of all County background-check requirements and verifications.

# # #

**MOVED:  
SECONDED:  
CARRIED:**



RESOLUTION

NO: 2024-09-120

LIVINGSTON COUNTY

DATE: September 23, 2024

**Resolution Approving Appointments to the Livingston County Planning Commission – Board of Commissioners**

**WHEREAS,** the term of three (3) representatives on the Livingston County Planning Commission will expire on October 31, 2024; and

**WHEREAS,** a Public Notice was published on the Livingston County website from July 17, 2024, through August 2, 2024; and

**WHEREAS,** the following candidates have been recommended by the Chairman of the Livingston County Board of Commissioners, Commissioner Jay Drick as follows:

**Reappointments:**

Dennis Bowdoin, Agriculture Representative.....Term expires 10.31.2027

Bill Call, Recreation Representative .....Term expires 10.31.2027

**New Appointment:**

Kevin Galbraith, Education Representative .....Term expires 10.31.2027

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approve the above referenced appointments and expiration dates contingent upon fulfilling to the sole satisfaction of all County background-check requirements and verifications.

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**MOVED:  
SECONDED:  
CARRIED:**

RESOLUTION

NO: 2024-09-121

LIVINGSTON COUNTY

DATE: September 23, 2024

**Resolution Authorizing the Purchase of New Garage Door for the Hartland EMS Base from F403 Capital Replacement– Emergency Medical Services**

**WHEREAS,** The EMS department had a complete failure of an overhead door at its EMS base in Hartland and on July 23<sup>rd</sup> one of the 2 doors was determined to be unrepairable; and

**WHEREAS,** Livingston County EMS had an existing replacement plan that was part of a five-year capital improvement project in 2022 that was not continued in the 2024 budget; and

**WHEREAS,** Facility Services has received bids for replacement the failed door under existing contracts for overhead door replacement; and

**WHEREAS,** after discussion it is recommended by Facility Services, EMS, and Administration to replace the door with the roll up doors based on our experience with them and their durability in our high use environment at a cost of \$64,200 for 2 doors; and

**WHEREAS,** after further discussion it was decided to recommend General Fund Capitol (403) as the funding source for this door replacement; and

**WHEREAS,** Facility Services also recommends approval of a 5% contingency for the project since the building is older so we have included \$3,210 in the request.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes the purchase of 2 roll up overhead doors for the Hartland EMS Base from Dynamic Custom Services LLC at a cost not to exceed \$67,410 with funding from F403 Capital Replacement Fund.

**BE IT FURTHER RESOLVED** that the Board of Commissioners authorizes any budget amendments needed to effectuate the above projects.

**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.

# # #

**MOVED:  
SECONDED:  
CARRIED:**

# Estimate #4088



**Billing Address**  
 Livingston County Facility  
 Services  
 420 S Highlander Way  
 Howell MI 48843 USA  
 Keggleston@livgov.com  
 +1 517 540 8740

**Service Address**  
 Livingston County Facility  
 Services  
 420 S Highlander Way  
 Howell MI 48843 USA  
 Keggleston@livgov.com  
 +1 517 540 8740

**Send Payment To**  
 Dynamic Custom Services  
 LLC  
 12805 Silver Lake Road  
 Brighton MI 48116 United  
 States  
 +18105229002  
 admin@amerivetservices.biz

**Contact:** Livingston County  
 Faci... Services  
 (517) 540-8740

**Contact:** Livingston County  
 Faci... Services  
 (517) 540-8740

<b>Sent On</b>	07/30/24
<b>Total</b>	\$64,200.00
<b>Payments</b>	\$0.00
<b>Balance</b>	\$64,200.00

## Charges

Item	Description	Unit Cost	Tax	Quantity	Line Total
8 Doors and Windows	Replace both rollup doors at Hartland EMS with CornellCookson High Performance doors per the following scope of work: <ul style="list-style-type: none"> <li>• Demo existing doors, modify electrical feed from breaker panel.</li> <li>• Provide and install (2) 10' x 12' Insulated Rolling Steel Service Door, CORNELL Model EPI-1024</li> </ul> Include the following: <ul style="list-style-type: none"> <li>•24 Gauge Interior and Exterior Flat Galvanized Steel Slats, with 7/8" Thick Pressure Foamed-in-Place Urethane Insulation Core, "R" Value = 8.0</li> <li>•Double Steel Angle Bottom Bar with Astragal</li> <li>•Structural Steel Angle Guides with UHMW Wear Strips Configured for Interior Face of Wall Mounting on Steel ("E" Guide) or Masonry ("Z" Guides) Jambs</li> <li>•24 Gauge Galvanized Steel Hood</li> <li>•Standard Gray CycleShield Finish</li> <li>•Vinyl Guide Seals, Brush Seal @ Header</li> <li>•Springless Shaft with Inertia Brake</li> <li>•High Cycle Design and Construction for high-speed operation to achieve operational speed up to 24 inches per second open and up to 12 inches per second close and up to 1,000,000 cycles for the life of the product.</li> <li>•Front of Coil Mounted Motor Operator with Hoist, CORNELL Model PRO-FDH</li> <li>•1 ½ HP, 230 Volt , Single Phase Motor</li> <li>•1024 Drive and Control System in Wall Mounted NEMA 4 Control Panel</li> <li>•Monitored Photo-Eyes for Safety and UL325 Compliance</li> <li>•SafetyGard Light Curtain for Additional Protection</li> <li>•Emergency Chain Hoist</li> </ul>	\$64,200.00	×	1.0	\$64,200.00
1 General Requirements	Material Deposit \$36,000	\$0.00	×	1.0	\$0.00

Subtotal	\$64,200.00
Tax	\$0.00
<b>Total</b>	<b>\$64,200.00</b>

# Payments

Date	Type	Amount
No payments		

## Notes

Conditions: Work to be performed during normal work hours of 8 AM - 4 PM Monday through Friday, excluding holidays. Work scheduling in relation to other work in progress and material availability.

## Terms

All invoices due on receipt. No exceptions. 2.5% monthly charge added for unpaid amounts.

Projects in excess of \$1000 will require 50% material deposit. Additional work billed at \$125 per manhour plus materials at 20% markup. Overtime work billed at \$175 per manhour, \$250 per manhour on Sundays and holidays. We accept VISA, MasterCard, and American Express for your convenience. This proposal is valid for 30 days. Permits and inspections by others.

The following terms and conditions apply only to Spot Service Work, authorization for which is implied by the customer's approval to enter the work site/area. Work performed under service agreements or other contracts is governed by the Terms and Conditions contained in the agreement executed by the Contractor and Customer.

Customer will provide reasonable means of access to the equipment/work area and allow Contractor to start and stop equipment as necessary to perform our required services.

Customer agrees to pay for all the services rendered and materials or parts supplied at the current rates and prices in effect at the time services are performed. Payment is due upon receipt of invoice.

Services are being performed as required by the Customer and it is specifically understood that Contractor has not had a previous opportunity to inspect the totality of the system, equipment, work site, structure, or maintenance records and that the work must be done immediately.

Contractor does not warrant the work performed against failures or defects in the materials or workmanship provided. However, if any replacement part or item of equipment installed by the Contractor proves defective, the Contractor will extend to the Customer the benefits of any warranty the Contractor has received from the manufacturer; removal and reinstallation of any equipment or materials repair or replaced under a manufacturer's warranty will be at the Customer's expense and at the rates then in effect.

Any legal action against the Contractor relating to this Agreement, or the breach thereof, shall be commenced within one (1) year from the date of the work.

In the event Contractor must commence legal action in order to enforce its rights under this Agreement, Customer shall pay Contractor all court costs and attorneys fees incurred by the Contractor.

THERE ARE NO WARRANTIES, STATUTORY, EXPRESS OR IMPLIED, IN CONNECTION WITH THE WORK PERFORMED HEREUNDER, AND SOLD AND EXCLUSIVE REMEDY OF THE CUSTOMER FOR FAILURES OR DEFECTS IN THE WORK PERFORMED IS TO HAVE THE WORK REDONE AT THE CUSTOMER'S EXPENSE.

UNDER NO CIRCUMSTANCES, WHETHER ARISING IN CONTRACT, TORT (INCLUDING NEGLIGENCE, EQUITY, OR OTHERWISE, WILL CONTRACTOR BE RESPONSIBLE FOR DAMAGES ARISING FROM LOSS OF USE, LOSS OF PROFIT, INCREASED OPERATING OR MAINTENANCE EXPENSE, CLAIMS OF CUSTOMER'S CLIENTS, OR ANY SPECIAL INDIRECT, OR CONSEQUENTIAL DAMAGES.

David Feldpausch  
Director



Amy Chapman  
Deputy Director

1911 Tooley Rd \* Howell, MI 48855  
Business (517) 546-6220 \* Fax (517) 546-6788 \* Emergency 911  
[www.livgov.com](http://www.livgov.com)

## Memorandum

To: Livingston County Board of Commissioners  
Fr: David Feldpausch, EMS Director  
Date: 8-21-2024  
Re: Hartland EMS base Garage doors

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Back in 2022 EMS submitted a multiyear project to the CIP process to replace all its garage doors on a five-year implementation. We were experiencing a high failure rate with the doors and the maintenance cost were impacting the Facility Services budget. The project was approved and in 2023 we replace the large doors at our main station as they were the most frequent failures and most expensive to maintain. Since it was a five-year project, I presumed that we would continue the process in 2024.

When I inquired about the CIP process last fall, I received no response. There were no meetings to discuss projects and I had no idea what had been proposed in the budget until after the budget had been approved. In early 2024 I was able to get the approved CIP details which did not include the continuance of the EMS base garage doors. At this point I had not budgeted to replace the doors either and decide to just repair and maintain them as best we could and hope that we could get through the year and pick the project back up in 2025.

One of the doors in Hartland has been very problematic and required a significant amount of repair to keep it operational. In July we got word that it was no longer repairable Kevin from facilities solicited proposals for replacement and received two options one for a similar residential door and a second for a commercial roll up style that we had chosen for the main station replacement. The commercial version is much more durable and has a much longer life expectancy with minimal maintenance.

Now was the question where we would get the funds to pay for it. We briefly discussed options Vision Tour, General Fund Capitol replacement, and EMS capitol replacement. The EMS capital replacement fund is only funded enough to address the current budgeted vehicle replacement needs and not all capitol items. I had a meeting with the finance officer where it was made it clear that EMS capital expenses should not be covered by the general fund. So, I proposed Vision Tour to the county administrator as a solution. After some follow up Nathan recommended General Fund Capitol Replacement as the funding source.

As always, I welcome any questions or comments.

David Feldpausch  
[dfeldpausch@livgov.com](mailto:dfeldpausch@livgov.com)  
517/294-1853

RESOLUTION

NO: 2024-09-122

LIVINGSTON COUNTY

DATE: September 23, 2024

**Resolution Authorizing a Contract with Legacy Assessing Services to Provide Commercial Property Appraisal Services – Equalization**

**WHEREAS,** the Livingston County Board of Commissioners have entered into contracts with Legacy Assessing Services, 110 Mill Street, Fenton, Mi. 48430 since 2000 for commercial appraisals; and

**WHEREAS,** the work performed by Legacy Assessing Services is satisfactory to the Equalization Department; and

**WHEREAS,** in accordance with the County’s Procurement Policy, a formal bid process was performed and submitted proposals were evaluated; and

**WHEREAS,** Legacy Assessing Services, will complete the fieldwork for 180 parcels within the commercial class and apply the three approaches to value where applicable; and

**WHEREAS,** Legacy Assessing Services has submitted a proposal to provide commercial property appraisal services per the proposed rates in Attachment A of RFP-LC-24-15 a five-year term beginning April 1, 2025 to November 1, 2029; met the requirements of the state, had high recommendations, along with having the lowest bid.

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approves entering into an agreement with Legacy Assessing Services to provide commercial property appraisal services for a five (5) year term, commencing on April 1, 2025, to November 1, 2029, for a total amount of \$270,900.

**BE IT FURTHER RESOLVED** that the Chair of the Livingston County Board of Commissioners, or the County Administrator if Policy Permits, is authorized to sign all forms, assurances, contracts, agreements, amendments and support documents related to this matter upon review by Civil Counsel.

# # #

**MOVED:  
SECONDED:  
CARRIED:**

# Memorandum

To: Livingston County Board of Commissioners

From: Sue I. Bostwick

Date: August 19, 2024

Re: Resolution – 2024 Commercial Contract

I am requesting a contract with Legacy Assessing Services for the commercial class of property in the county. The bid consists of 180 properties within the county, this ensures quality and consistent work at the local level. Equalization is mandated to study every class in every unit within the county and their work helps us achieve that goal.

We bid the contract and of the three competitors, Legacy was the lowest and their office is closest to the county. Their references spoke highly of them. The range was from \$2,100 to \$275 a parcel. Legacy (formerly Landmark) has provided work for the county for twenty-eight years. They have always worked well with the staff and provide an excellent service to the county. I have been told by the State Tax Commission, we have one of the best studies in the state, and they help us achieve that.

If you have any question regarding this matter, please contact me.

RESOLUTION

NO: 2024-09-123

LIVINGSTON COUNTY

DATE: September 23, 2024

**Resolution to Authorize Agreement for the Delivery of Comprehensive Health Services Grant for the Period of October 1, 2024 through September 30, 2025 – Health Department**

**WHEREAS,** The Livingston County Health Department has determined a need for provision of the delivery of comprehensive health services; and

**WHEREAS,** These services are basic, required, and allowable health services under Act 368 Public Acts of 1978, and individual categorical contractual services; and

**WHEREAS,** The Michigan Department of Health and Human Services will provide a contractual relationship to partially reimburse Livingston County for the following health services (estimated amounts listed below),

PROJECT TITLE	ALLOCATION AMOUNT
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	\$102,077
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	\$61,671
Children's Special Health Care Services (CSHCS) Outreach & Advocacy	\$100,821
Eastern Equine Encephalitis Virus Surveillance Project	\$15,000
Food ELPHS	\$232,928
Hearing ELPHS	\$40,187
HIV Prevention	\$15,000
Immunization Action Plan (IAP)	\$84,922
Local MCH	\$39,490
MDHHS-Essential Local Public Health Services (ELPHS)	\$507,023
Infection Prevention and Healthcare- Associated Infections Response Support	\$750,000
MRC-STTRONG 10/1-5/31	\$33,500
Public Health Infrastructure	\$204,738
Tuberculosis (TB) Control	\$481
Vector-Borne Surveillance & Prevention	\$9,000
Vision ELPHS	\$40,187
Immunization Vaccine Quality Assurance	\$15,901
WIC Breastfeeding	\$28,853
WIC Resident Services	\$379,169
EGLE Drinking Water and Onsite Wastewater Management	\$560,659
Measles Readiness and Response	\$0
Bridge Access Program-Fixed Fee	\$0
Children's Special Health Care Services (CSHCS) Care Coordination	\$0
MCH - All Other	\$0
Statewide Lead Case Management - Fixed Fee	\$0
Immunization Fixed Fees	\$0
CSHCS Medicaid Outreach	\$0
Medicaid Outreach	\$0
CSHCS Medicaid Elevated Blood Lead Case Management	\$0
Body Art Fixed Fee	\$0
<b>TOTAL</b>	<b>\$3,221,607</b>



**WHEREAS,** the Michigan Department of Health and Human Services will provide a fixed fee reimbursement for services completed under the Body Art, CSHCS Care Coordination, Immunizations, Measles, and Lead Case Management programs; and

**WHEREAS,** the Michigan Department of Health and Human Services may propose future amendments for the purpose of revising the funding or terms of the agreement; and

**WHEREAS,** this funding has been awarded annually from MDHHS and is a vital part of all local health department funding in Michigan.

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes an Agreement with the Michigan Department of Health and Human Services for the delivery of comprehensive health services in Livingston County during the period of October 1, 2024, through September 30, 2025, upon review by Civil Counsel, in the initial amount of \$3,221,607.

**BE IT FURTHER RESOLVED** that the Chair of the Livingston County Board of Commissioners, or the County Administrator if Policy Permits, is authorized to sign all forms, assurances, contracts, agreements, amendments and support documents related to this matter upon review by Civil Counsel.

**BE IT FURTHER RESOLVED** that any deletions or additions of programs shall require Board approval.

**BE IT FURTHER RESOLVED** that the Board of Commissioners authorizes any budget amendment to effectuate the above.

# # #

**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**

August 20, 2024

To: Livingston County Board of Commissioners

From: Matt Bolang

Re: Resolution to Authorize Agreement for the Delivery of Comprehensive Health Services Funding for the Period of October 1, 2024 through September 30, 2025

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The attached resolution requests the authority to authorize the agreement from MDHHS to accept funding that supports the delivery of mandated comprehensive health services. The MDHHS provides funding to partially reimburse the county for services covered in the agreement. There have been two programs added for FY25 which includes Infection Prevention and Measles Response. I've included some additional detail in these programs in the resolution packet.

The final contract language will not be available from MDHHS until all of the program allocations are approved at the State, typically completed in mid-September with the deadline to sign the contract October 1<sup>st</sup>. In past years, this agreement was brought to the Board for approval contingent upon no substantial changes in the contract language and final review by legal counsel. I have attached the FY24 contract to provide additional information along with the detail of two programs that will be added, Infection Prevention and Measles Response. Other than that, I do not anticipate any programmatic changes for FY25.

I recommend that you continue to support this funding source for LCHD. MDHHS, EGLE, and MDARD have recently increased grant funding in several key program areas to help cover our costs, in particular in our Environmental Health and Hearing and Vision programs. Please do not hesitate to contact me should you have any questions.

**Agreement Between**  
**Michigan Department of Health and Human Services**  
**hereinafter referred to as the "Department"**  
**and**  
**Livingston County Board of Commissioners**  
**hereinafter referred to as the "Local Governing Entity"**  
**on Behalf of Health Department**  
**Livingston County Department of Public Health**  
**2300 E. Grand River Ave., Suite 102**  
**Howell MI 48843 7578**  
**Federal I.D.#: 38-6005819, Unique Entity Identifier: KKVDAK6JGJ96**  
**hereinafter referred to as the "Grantee"**  
**for**  
**The Delivery of Public Health Services under**  
**the Local Health Department Agreement**

**Part 1**

**1. Purpose**

This Agreement is entered into for the purpose of setting forth a joint and cooperative Grantee/Department relationship and basis for facilitating the delivery of public health services to the citizens of Michigan under their jurisdiction, as described in the attached Annual Budget, established Minimum Program Requirements, and all other applicable federal, state and local laws and regulations pertaining to the Grantee and the Department. Public health services to be delivered under this Agreement include Essential Local Public Health Services (ELPHS) and Categorical Programs as specified in the attachments to this Agreement.

**2. Period of Agreement**

This Agreement will commence on the date of the Grantee's signature or October 1, 2023, whichever is later, and continue through September 30, 2024. Throughout the Agreement, the date of the Grantee's signature or October 1, 2023, whichever is later, will be referred to as the start date. This Agreement is in full force and effect for the period specified.

**3. Program Budget and Agreement Amount**

**A. Agreement Amount**

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this Agreement is \$1,645,963.00.

**B. Equipment Purchases and Title**

Any Grantee equipment purchases supported in whole or in part through this Agreement must be listed in the supporting Equipment Inventory Schedule which should be attached to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 will vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

**C. Budget Transfers and Adjustments**

1. Transfers between categories within any program element budget supported in whole or in part by state/federal categorical sources of funding will be limited to increases in an expenditure budget category by \$10,000 or 15% whichever is greater. This transfer authority does not authorize purchase of additional equipment items or new subcontracts with state/federal categorical funds without prior written approval of the Department.
2. Except as otherwise provided, any transfers or adjustments involving state/federal categorical funds, other than those covered by C.1, including any related adjustment to the total state amount of the budget, must be made in writing through a formal amendment executed by all parties to this Agreement in accordance with Section IX. A. of Part 2.
3. The C.1 and C.2 provisions authorizing transfers or changes in local funds apply also to the Family Planning program, provided statewide local maintenance of effort is not diminished in total.

Any statewide diminishing of total local effort for family planning and/or any related funding penalty experienced by the Department will be recovered proportionately from each local Grantee that, during the course of the Agreement period, chose to reduce or transfer local funds from the Family Planning program.

**4. Agreement Attachments**

- A. The following documents are attachments to this Agreement Part 1 and Part 2 - General Provisions, which are part of this Agreement:
  1. Attachment I - Annual Budget
  2. Attachment III - Program Specific Assurances and Requirements
  3. Attachment IV - Funding/Reimbursement Matrix

**5. Statement of Work**

The Grantee agrees to undertake, perform and complete the activities described in Attachment III - Program Specific Assurances and Requirements and the other applicable attachments to this Agreement which are part of this Agreement.

**6. Financial Requirements**

The financial requirements must be followed as described in Part 2 and Attachment I - Annual Budget and Attachment IV - Funding/Reimbursement Matrix, which are part of this Agreement.

**7. Performance/Progress Report Requirements**

The progress reporting methods, as applicable, must be followed as described in part 2 and Attachment III, Program Specific Assurances and Requirements, which are part of this Agreement.

**8. General Provisions**

The Grantee agrees to comply with the General Provisions outlined in Part 2, which is part of this Agreement.

**9. Administration of the Agreement**

The person acting for the Department in administering this Agreement (hereinafter referred to as the Contract Consultant) is:

Name: Carissa Reece  
Title: Department Analyst  
E-Mail Address ReeceC@michigan.gov

The financial contact acting on behalf of the Grantee for this Agreement is:

Joel French-Santure Financial Officer

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Name Title

jfrench-santure@livgov.com (517) 522-6805

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E-Mail Address Telephone No.

**10. Special Conditions**

- A. This Agreement is valid upon approval and execution by the Department which may be contingent upon approval by the State Administrative Board and signature by the Grantee.
- B. This Agreement is conditionally approved subject to and contingent upon availability of funding and other applicable conditions.
- C. Based on the availability of funding, the Department may specify the amount of funding the Grantee may expend during a specific time period within the Agreement Period.
- D. The Department has the option to assume no responsibility or liability for costs incurred by the Grantee prior to the start date of this Agreement.
- E. The Grantee is required by 2004 PA 533 to receive payments by electronic funds transfer.

**11. Special Certification**

The individual or officer signing this Agreement certifies by their signature that they are authorized to sign this Agreement on behalf of the responsible governing board, official or Grantee.

**12. Signature Section**

**For Livingston County Department of Public Health**

Matthew Bolang

Health Officer

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Name

Title

**For the Michigan Department of Health and Human Services**

Christine H. Sanches

08/25/2023

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Christine H. Sanches, Director  
Bureau of Grants and Purchasing

Date

**Part 2**  
**General Provisions**

**I. Responsibilities - Grantee**

The Grantee, in accordance with the general purposes and objectives of this Agreement, must:

**A. Publication Rights**

1. Copyright materials only when the Grantee exclusively develops books, films or other such copyrightable materials through activities supported by this Agreement. The copyrighted materials cannot include recipient information or personal identification data. Grantee provides the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials.
2. Obtain prior written authorization from the Department's Office of Communications for any materials copyrighted by the Grantee or modifications bearing acknowledgment of the Department's name prior to reproduction and use of such materials. The state of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The state of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this Agreement to the Grantee. If the Grantee ceases to conduct business for any reason or ceases to support the copyrightable materials developed under this Agreement, the state of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
3. Obtain written authorization, at least 14 days in advance, from the Department's Office of Communications and give recognition to the Department in any and all publications, papers and presentations arising from the Agreement activities.
4. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this Agreement and must submit a final invention statement and certification within 60 days of the end of the Agreement period.
5. Not make any media releases related to this Agreement, without prior written authorization from the Department's Office of Communications.

**B. Fees**

1. Guarantee that any claims made to the Department under this Agreement will not be financed by any sources other than the Department under the terms of this Agreement. If funding is received

through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.

2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any under recoveries of otherwise available fees resulting from failure to bill for eligible activities will be excluded from reimbursable expenditures.

**C. Grant Program Operation**

Provide the necessary administrative, professional and technical staff for operation of the grant program. The Grantee must obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of this Agreement.

Use an accounting system that can identify and account for the funds received from each separate grant, regardless of funding source, and assure that grant funds are not commingled.

**D. Reporting**

Utilize all report forms and reporting formats required by the Department at the start date of this Agreement and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

**E. Record Maintenance/Retention**

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this Agreement, as required. The Grantee must assure that all terms of the Agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this Agreement will be maintained for a period of not less than four years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved. This section applies to the Grantee, any parent, affiliate, or subsidiary organization of the Grantee and any subcontractor that performs activities in connection with this Agreement.

**F. Authorized Access**

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector General, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this Agreement, to the extent authorized by applicable state or federal law, rule or regulation.
2. Acknowledge the rights of access in this section are not limited to the required retention period. The rights of access will last as long as the



records are retained.

3. Cooperate and provide reasonable assistance to authorized representatives of the Department and others when those individuals have access to the Grantee's grant records.

## **G. Audits**

### **1. Single Audit**

The Grantee must submit to the Department a Single Audit consistent with the regulations set forth in Title 2 Code of Federal Regulations (CFR) Part 200, Subpart F. The Single Audit reporting package must include all components described in Title 2 Code of Federal Regulations, Section 200.512 (c) including a Corrective Action Plan, and management letter (if one is issued) with a response to the Department. The Grantee must assure that the Schedule of Expenditures of Federal Awards includes expenditures for all federally-funded grants.

### **2. Other Audits**

The Department or federal agencies may also conduct or arrange for agreed upon procedures or additional audits to meet their needs.

### **3. Due Date and Where to Send**

The required audit and any other required submissions (i.e., corrective action plan, and management letter with a corrective action plan), and/or Audit Exemption Notice must be submitted to the Department within the earlier of 30 calendar days after receipt of the auditor's report(s) or nine months after the end of the Grantee's fiscal year by e-mail to [MDHHS-AuditReports@michigan.gov](mailto:MDHHS-AuditReports@michigan.gov). Single Audit reports must be submitted simultaneously to the Department and Federal Audit Clearinghouse, in accordance with 2 CFR 200.512(a). The required submissions must be assembled in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

### **4. Penalty**

#### **a. Delinquent Single Audit or Financial Related Audit**

If the Grantee does not submit the required Single Audit reporting package, management letter (if one is issued) with a response, and Corrective Action Plan within nine months after the end of the Grantee's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by

the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding payment from Department to Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

**H. Subrecipient/Contractor Monitoring**

1. When passing federal funds through to a subrecipient (if the Agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:
  - a. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.332.
  - b. Ensure the subrecipient complies with all the requirements of this Agreement.
  - c. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.332(b).
  - d. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.332(d) are met including reviewing financial and programmatic reports, following up on corrective actions and issuing management decisions for audit findings.
  - e. Verify that every subrecipient is audited as required by 2 CFR 200 Subpart F.
2. Develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations and the provisions of this Agreement, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits and maintaining regular contact with subrecipients.

3. Establish requirements to ensure compliance for for-profit subrecipients as required by 2 CFR 200.501(h), as applicable.
4. Ensure that transactions with subrecipients/contractors comply with laws, regulations and provisions of contracts or grant agreements.

**I. Notification of Modifications**

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of activities, funding or compliance with operational procedures.

**J. Software Compliance**

Ensure software compliance and compatibility with the Department's data systems for activities provided under this Agreement, including but not limited to stored data, databases and interfaces for the production of work products and reports. All required data under this Agreement must be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Grantee's business operations for processing data. All information systems, electronic or hard copy, that contain state or federal data must be protected from unauthorized access.

**K. Human Subjects**

Comply with Federal Policy for the Protection of Human Subjects, 45 CFR 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the state of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Grantee's authorized official.

**L. Mandatory Disclosures**

1. Disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor or an officer or director of Grantee or subcontractor that arises during the term of this Agreement including:
  - a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the Agreement.
  - b. A criminal Proceeding;
  - c. A parole or probation Proceeding;

- d. A Proceeding under the Sarbanes-Oxley Act;
  - e. A civil Proceeding involving:
    - 1. A claim that might reasonably be expected to adversely affect Grantee’s viability or financial stability; or
    - 2. A governmental or public entity’s claim or written allegation of fraud; or
    - 3. Any complaint filed in a legal or administrative proceeding alleging the Grantee or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the term of this Agreement; or
  - f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee’s ownership or executive management.

**M. Minimum Program Requirements**

Comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472 (3), MSA 14.15 (2472.3), for each applicable program element funded under this Agreement.

**N. Annual Budget and Plan Submission**

Submit an Annual Budget and Plan request to the Department, in accordance with instructions established by the Department, to serve as the basis for completion of specific details for Attachments I, III, and IV of this Agreement via Grantee/Department negotiated amendment(s). Failure to submit a complete Annual Budget and Plan by the due date through MI E-Grants will result in the deferral of Department payments until these documents are submitted.

**O. Maintenance of Effort**

Comply with maintenance of effort requirements for Essential Local Public Health Services (ELPHS), as defined in the current Department appropriation act, and Family Planning in accordance with federal requirements, except as noted in Section 3.C.3 of Part I.

**P. Accreditation**

- 1. Comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
  - a. Failure to meet all accreditation requirements or implement corrective plans of action within the prescribed time period will result in the status of “Not Accredited.” Grantees designated as “Not Accredited” may have their Department allocations

reduced for costs incurred in the assurance of service delivery.

- b. Submit a written request for inquiry to the Department should the Grantee disagree with on-site review findings or their accreditation status. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify information and seek resolution.

2. Consent Agreements/Administrative Compliance

Orders/Administrative Hearings for "Not Accredited" Grantees:

- a. If designated as "Not Accredited", the Grantee will receive a Consent Agreement Package from the Department. Grantees and their local governing entities will be given 75 days to review the package, meet with the Department, and sign and return the Consent Agreement.
- b. Fulfillment of the terms and conditions of the Consent Agreement will not affect accreditation status, but impacts the Grantees' ability to fulfill its contractual obligations under the Local Health Department Grant Agreement. Grantees designated as "Not Accredited", will retain this designation until the subsequent accreditation cycle.
- c. Failure to fulfill the terms and conditions of the Consent Agreement within the prescribed time period will result in the issuance of an Administrative Compliance Order by the Department.
- d. Within 60 working days after receipt of an Administrative Compliance Order and proposed compliance period, a local governing entity may petition the Department for an administrative hearing. If the local governing entity does not petition the Department for a hearing within 60 days after receipt of an Administrative Compliance Order, the order and proposed compliance date will be final. After a hearing, the Department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.
- e. If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the Department may petition the appropriate circuit court for a writ of mandamus to compel correction.

**Q. Medicaid Outreach Activities Reimbursement**

Report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 200 and the requirements

in Medicaid Bulletin number: MSA 05-29.

Submit a Cost Allocation Plan Certification to the Department to bill for the Medicaid Outreach Activities. The Cost Allocation Plan Certification is valid until a change is made to the cost allocation plan or the Department determines it is invalid.

Submit quarterly FSRs for the Medicaid Outreach activities and an annual FSR for the Children with Special Health Care Services Medicaid Outreach activities in accordance with the instructions contained in Attachment I. In accordance with the Medicaid Bulletin, MSA 05-29, agree to target Medicaid outreach effort toward Department established priorities. For fiscal year 2024, the Department priorities are: lead testing, outreach and enrollment for the Family Planning waiver, and outreach for pregnant women, mothers and infants for the Maternal and Infant Health Program. The Grantee will submit a report using the MDHHS Local Health Department Medicaid Outreach form describing their outreach activities targeting the priorities 30 days after the end of a fiscal year quarter and at the same time as the final FSR is due to the Department. The Local Health Department Medicaid Outreach reports are to be sent through MI E-Grants as an attachment report to the Financial Status Report.

**R. Conflict of Interest and Code of Conduct Standards**

1. Be subject to the provisions of 1968 PA 317, as amended, 1973 PA 196, as amended, and 2 CFR 200.318 (c)(1) and (2).
2. Uphold high ethical standards and be prohibited from the following:
  - a. Holding or acquiring an interest that would conflict with this Agreement;
  - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
  - c. Attempting to influence or appearing to influence any state employee by the direct or indirect offer of anything of value; or
  - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. Immediately notify the Department of any violation or potential violation of these standards. This section applies to Grantee, any parent, affiliate or subsidiary organization of Grantee, and any subcontractor that performs activities in connection with this Agreement.

**S. Travel Costs**

1. Be reimbursed for travel costs (including mileage, meals, and lodging) budgeted and incurred related to services provided under this Agreement.
  - a. If the Grantee has a documented policy related to travel

reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the State of Michigan travel reimbursement rate applies.

- b. State of Michigan travel rates may be found at the following website: [https://www.michigan.gov/dtmb/0,5552,7-358-82548\\_13132---,00.html](https://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html).
- c. International travel must be preapproved by the Department and itemized in the budget.

**T. Insurance Requirements**

- 1. Maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance or self-insurance must:
  - a. Protect the state of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
  - b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the state; and
  - c. Be provided by a company with an A.M. Best rating of "A-" or better and a financial size of VII or better.
- 2. Insurance Types
  - a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self-Insurance, policies must be endorsed to add "the state of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 20 10 11 85, or both CG 2010 12 19 and CG 20 37 12 19.

If the Grantee will interact with children, schools, or the cognitively impaired, the Grantee must maintain appropriate insurance coverage related to sexual abuse and molestation liability.

- b. Workers' Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Policies must include waiver of subrogation, except where waiver is prohibited by law.
- c. Employers Liability Insurance or Governmental Self-Insurance.
- d. Privacy and Security Liability (Cyber Liability) Insurance: cover information security and privacy liability, privacy notification

costs, regulatory defense and penalties, and website media content liability.

3. Require that subcontractors maintain the required insurances contained in this Section.
4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this Agreement.
5. Each Party must promptly notify the other Party of any knowledge regarding an occurrence which the notifying Party reasonably believes may result in a claim against either Party. The Parties must cooperate with each other regarding such claim.

**U. Fiscal Questionnaire**

1. Complete and upload the yearly fiscal questionnaire to the EGrAMS agency profile within three months of the start of the Agreement.
2. The fiscal questionnaire template can be found in EGrAMS documents.

**V. Criminal Background Check**

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with clients or has access to client information.
  - a. ICHAT: <http://apps.michigan.gov/ichat>
  - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
  - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Conduct or cause to be conducted a Central Registry (CR) check for each employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with children.
  - a. Central Registry: [https://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_7119\\_50648\\_48330-180331--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html)
3. Require each new employee, employee, subcontractor, subcontractor employee or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with



clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or reported criminal felony conviction or perpetrator identification.

5. Determine whether to prohibit any employee, subcontractor, subcontractor employee or volunteer from performing work directly with children under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed by the Michigan State Police.

## **II. Responsibilities - Department**

The Department in accordance with the general purposes and objectives of this Agreement will:

### **A. Reimbursement**

Provide reimbursement in accordance with the terms and conditions of this Agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

### **B. Report Forms**

Provide any report forms and reporting formats required by the Department at the start date of this Agreement and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 90 days prior to their required usage in order to afford the Grantee an opportunity to review.

### **C. Notification of Modifications**

Notify the Grantee in writing of modifications to federal or state laws, rules and regulations affecting this Agreement.

### **D. Identification of Laws**

Identify for the Grantee relevant laws, rules, regulations, policies, procedures, guidelines and state and federal manuals, and provide the Grantee with copies of these documents to the extent they are not otherwise available to the Grantee.

### **E. Modification of Funding**

Notify the Grantee in writing within 30 calendar days of becoming aware of the need for any modifications in Agreement funding commitments made necessary by action of the federal government, the governor, the legislature or the Department of Technology Management and Budget on behalf of the governor or the legislature. Implementation of the modifications will be determined jointly by the Grantee and the Department.

**F. Monitor Compliance**

Monitor compliance with all applicable provisions contained in federal grant awards and their attendant rules, regulations and requirements pertaining to program elements covered by this Agreement.

**G. Technical Assistance**

Make technical assistance available to the Grantee for the implementation of this Agreement.

**H. Accreditation**

Adhere to the accreditation requirements including the process for “Not Accredited” Grantees. The process includes developing and monitoring consent agreements, issuing and monitoring administrative compliance orders, participating in administrative hearings and petitioning appropriate circuit courts.

**I. Medicaid Outreach Activities Reimbursement**

Agrees to reimburse the Grantee for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a reporting requirement for the Grantee.

**III. Assurances**

The following assurances are hereby given to the Department:

**A. Compliance with Applicable Laws**

The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement. The Grantee will also comply with all applicable general administrative requirements, such as 2 CFR 200, covering cost principles, grant/agreement principles and audits, in carrying out the terms of this Agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws, guidelines, rules and regulations in carrying out the terms of this Agreement and may then terminate this Agreement under Part 2, Section V.

**B. Anti-Lobbying Act**

The Grantee will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the Grantee must require that the language of this

assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

**C. Non-Discrimination**

1. The Grantee must comply with the Department's non-discrimination statement: The Michigan Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (1976 PA 453, as amended; MCL 37.2101 et seq.) and the Persons with Disabilities Civil Rights Act (1976 PA 220, as amended; MCL 37.1101 et seq.), and any breach thereof may be regarded as a material breach of this Agreement.
2. The Grantee will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
  - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color or national origin;
  - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, 1685-1686), which prohibits discrimination based on sex;
  - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination based on disabilities;
  - d. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination based on age;
  - e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination based on drug abuse;
  - f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination based on alcohol abuse or alcoholism;
  - g. Sections 523 and 527 of the Public Health Service Act of 1944 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of

- alcohol and drug abuse patient records;
  - h. Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,
  - i. The requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee must include language in all contracts awarded under this Agreement which (1) prohibits discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) makes discrimination a material breach of contract.

**D. Debarment and Suspension**

The Grantee will comply with federal regulation 2 CFR 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

- 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
- 2. Have not within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2;
- 4. Have not within a five-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default; and
- 5. Have not committed an act of so serious or compelling a nature that it affects the Grantee's present responsibilities.

**E. Federal Requirement: Pro-Children Act**

- 1. The Grantee will comply with the Pro-Children Act of 1994 (P.L. 103-227; 20 U.S.C. 6081, et seq.), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or

contracted by and used routinely or regularly for the provision of health, day care, early childhood development activities, education or library activities to children under the age of 18, if the activities are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's activities that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's activities provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; activity providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's activities.

2. The Grantee also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities must be smoke-free.

**F. Hatch Act and Intergovernmental Personnel Act**

The Grantee will comply with the Hatch Act (5 U.S.C. 1501-1508, 5 U.S.C. 7321-7326), and the Intergovernmental Personnel Act of 1970 (P.L. 91-648) as amended by Title VI of the Civil Service Reform Act of 1978 (P.L. 95-454). Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

**G. Employee Whistleblower Protections**

The Grantee will comply with 41 U.S.C. 4712 and must insert this clause in all subcontracts.

**H. Clean Air Act and Federal Water Pollution Control Act**

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1388), as amended. This Agreement and anyone working on this Agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders or regulations issued pursuant to these Acts. Violations must be reported to the Department.

**I. Victims of Trafficking and Violence Protection Act**

The Grantee will comply with the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386), as amended.

This Agreement and anyone working on this Agreement will be subject to P.L. 106-386 and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to the Department.

**J. Procurement of Recovered Materials**

The Grantee will comply with section 6002 of the Solid Waste Disposal Act of 1965 (P.L. 89-272), as amended.

This Agreement and anyone working on this Agreement will be subject to section 6002 of P.L. 89-272, as amended, and must comply with all applicable standards, orders or regulations issued pursuant to this act. Violations must be reported to the Department.

**K. Subcontracts**

For any subcontracted activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity or delivery of any subcontracted product. Exceptions to this policy may be granted by the Department if the Grantee asks the Department in writing within 30 days of execution of the Agreement.
2. That any executed subcontract to this Agreement must require the subcontractor to comply with all applicable terms and conditions of this Agreement. In the event of a conflict between this Agreement and the provisions of the subcontract, the provisions of this Agreement will prevail.

A conflict between this Agreement and a subcontract, however, will not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this Agreement;
  - b. Restates provisions of this Agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
  - c. Requires the subcontractor to perform duties and services in less time than that afforded the Grantee in this Agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
  4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
  5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.

6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 must contain provisions or conditions that will:
  - a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the subcontractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
  - b. Provide for termination by the Grantee, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 must contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).
8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$2,000 for construction or repair, awarded by the Grantee must include a provision:
  - a. For compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
  - b. For compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR, Part 5) (if required by Federal Program Legislation).
  - c. For compliance with Section 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor regulations (29 CFR, Part 5). This provision also applies to all other contracts in excess of \$2,500 that involve the employment of mechanics or laborers.

**L. Procurement**

1. Grantee will ensure that all purchase transactions, whether negotiated or advertised, are conducted openly and competitively in accordance with the principles and requirements of 2 CFR 200.
2. Funding from this Agreement must not be used for the purchase of foreign goods or services.
3. Preference must be given to goods and services manufactured or provided by Michigan businesses, if they are competitively priced and of

comparable quality.

4. Preference must be given to goods and services that are manufactured or provided by Michigan businesses owned and operated by veterans, if they are competitively priced and of comparable quality.
5. Records must be sufficient to document the significant history of all purchases and must be maintained for a minimum of four years after the end of the Agreement period.

**M. Health Insurance Portability and Accountability Act**

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with requirements of HIPAA including the following:

1. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or required by applicable law, or to a subcontractor as appropriate under this Agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this Agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
6. Failure to comply with any of these contractual requirements may result in the termination of this Agreement in accordance with Part 2, Section V.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of



protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.

8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

**N. Home Health Services**

If the Grantee provides Home Health Services (as defined in Medicare Part B), the following requirements apply:

1. The Grantee must not use State ELPHS or categorical grant funds provided under this Agreement to unfairly compete for home health services available from private providers of the same type of services in the Grantee's service area.
2. For purposes of this Agreement, the term "unfair competition" will be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.
3. If the Department finds that the Grantee is not in compliance with its assurance not to use state ELPHS and categorical grant funds to unfairly compete, the Department will follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978 PA 368 as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

**O. Website Incorporation**

The Department is not bound by any content on Grantee's website or other internet communication platforms or technologies, unless expressly incorporated directly into this Agreement. The Department is not bound by any end user license agreement or terms of use unless specifically incorporated in this Agreement or any other agreement signed by the Department. The Grantee must not refer to the Department on the Grantee's website or other internet communication platforms or technologies without the prior written approval of the Department.

**P. Survival**

The provisions of this Agreement that impose continuing obligations will survive the expiration or termination of this Agreement.

**Q. Non-Disclosure of Confidential Information**

1. The Grantee agrees that it will use confidential information solely for the purpose of this Agreement. The Grantee agrees to hold all confidential information in strict confidence and not to copy, reproduce, sell, transfer or otherwise dispose of, give or disclose such confidential information to

third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Agreement or to use such confidential information for any purpose whatsoever other than the performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the confidential information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.

2. Meaning of Confidential Information

For the purpose of this Agreement the term “confidential information” means all information and documentation that:

- a. Has been marked “confidential” or with words of similar meaning, at the time of disclosure by such party;
  - b. If disclosed orally or not marked “confidential” or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked “confidential” or with words of similar meaning;
  - c. Should reasonably be recognized as confidential information of the disclosing party;
  - d. Is unpublished or not available to the general public; or
  - e. Is designated by law as confidential.
3. The term “confidential information” does not include any information or documentation that was:
- a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
  - b. Already in the possession of the receiving party without an obligation of confidentiality;
  - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party’s proprietary rights;
  - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
  - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving party).
4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of confidential information. The Grantee will cooperate with the Department in every way possible to regain possession of the confidential information and prevent further unauthorized use or disclosure.

**R. Cap on Salaries**

None of the funds awarded to the Grantee through this Agreement will be used

to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel Management web site, <http://www.opm.gov>, by navigating to Policy — Pay & Leave — Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

**S. State Data**

1. Ownership. The Department's data ("State Data," which will be treated by Grantee as Confidential Information) includes: (a) the Department's data, user data, and any other data collected, used, processed, stored, or generated as the result of this Agreement; (b) personally identifiable information ("PII") collected, used, processed, stored, or generated as the result of this Agreement, including, without limitation, any information that identifies an individual, such as an individual's social security number or other government-issued identification number, date of birth, address, telephone number, biometric data, mother's maiden name, email address, credit card information, or an individual's name in combination with any other of the elements here listed; and, (c) protected health information ("PHI") collected, used, processed, stored, or generated as the result of this Agreement, which is defined under the Health Insurance Portability and Accountability Act (HIPAA) and its related rules and regulations. State Data is and will remain the sole and exclusive property of the Department and all right, title, and interest in the same is reserved by the Department.
2. Grantee Use of State Data. Grantee is provided a limited license to State Data for the sole and exclusive purpose of providing the activities outlined in the Agreement's Statement of Work, including a license to collect, process, store, generate, and display State Data only to the extent necessary in the provision of the Agreement's Statement of Work. Grantee must: (a) keep and maintain State Data in strict confidence, using such degree of care as is appropriate and consistent with its obligations as further described in this Agreement and applicable law to avoid unauthorized access, use, disclosure, or loss; (b) use and disclose State Data solely and exclusively for the purpose of providing the activities described in the Statement of Work, such use and disclosure being in accordance with this Agreement, any applicable Statement of Work, and applicable law; (c) keep and maintain State Data in the continental United States and (d) not use, sell, rent, transfer, distribute, commercially exploit, or otherwise disclose or make available State Data for Grantee's own purposes or for the benefit of anyone other than the Department without the Department's prior written

consent. Grantee's misuse of State Data may violate state or federal laws, including but not limited to MCL 752.795.

3. Extraction of State Data. Grantee must, within five business days of the Department's request, provide the Department, without charge and without any conditions or contingencies whatsoever (including but not limited to the payment of any fees due to Grantee), an extract of the State Data in the format specified by the Department.
4. Backup and Recovery of State Data. Grantee is responsible for maintaining a backup of State Data and for an orderly and timely recovery of such data. Grantee must maintain a contemporaneous backup of State Data that can be recovered within two hours at any point in time.
5. Loss or Compromise of Data. In the event of any act, error or omission, negligence, misconduct, or breach on the part of Grantee that compromises or is suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Grantee that relate to the protection of the security, confidentiality, or integrity of State Data, Grantee must, as applicable: (a) notify the Department as soon as practicable but no later than 24 hours of becoming aware of such occurrence; (b) cooperate with the Department in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the Department; (c) in the case of PII or PHI, at the Department's sole election, (i) with approval and assistance from the Department, notify the affected individuals who comprise the PII or PHI as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within five calendar days of the occurrence; or (ii) reimburse the Department for any costs in notifying the affected individuals; (d) in the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals; (e) perform or take any other actions required to comply with applicable law as a result of the occurrence; (f) pay for any costs associated with the occurrence, including but not limited to any costs incurred by the Department in investigating and resolving the occurrence, including reasonable attorney's fees associated with such investigation and resolution; (g) without limiting Grantee's obligations of indemnification as further described in this Agreement, indemnify, defend, and hold harmless the Department for any and all claims, including reasonable attorneys' fees,

costs, and incidental expenses, which may be suffered by, accrued against, charged to, or recoverable from the Department in connection with the occurrence; (h) be responsible for recreating lost State Data in the manner and on the schedule set by the Department without charge to the Department; and, (i) provide to the Department a detailed plan within 10 calendar days of the occurrence describing the measures Grantee will undertake to prevent a future occurrence. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, not be tangentially used for any solicitation purposes, and contain, at a minimum: name and contact information of Grantee's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Grantee has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Grantee. The Department will have the option to review and approve any notification sent to affected individuals prior to its delivery. Notification to any other party, including but not limited to public media outlets, must be reviewed, and approved by the Department in writing prior to its dissemination. The parties agree that any damages relating to a breach of this section are to be considered direct damages and not consequential damages.

6. Surrender of Confidential Information upon Termination. Upon termination or expiration of this Contract or a Statement of Work, in whole or in part, each party must, within 5 Business Days from the date of termination, return to the other party any and all Confidential Information received from the other party, or created or received by a party on behalf of the other party, which are in such party's possession, custody, or control. Upon confirmation from the State, of receipt of all data, Grantee must permanently sanitize or destroy the State's Confidential Information, including State Data, from all media including backups using National Security Agency ("NSA") and/or National Institute of Standards and Technology ("NIST") (NIST Guide for Media Sanitization 800-88) data sanitization methods or as otherwise instructed by the State. If the State determines that the return of any Confidential Information is not feasible or necessary, Grantee must destroy the Confidential Information as specified above. The Grantee must certify the destruction of Confidential Information (including State Data) in writing within 5 Business Days from the date of confirmation from the State. Any requirement on the Grantee's part to retain data beyond the end of this contract must be authorized by the State.

**T. Data Privacy and Information Security**

1. Undertaking by Grantee. Without limiting Grantee's obligation of confidentiality as further described, Grantee is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Grantee, if any, comply with all of the foregoing. In no case will the safeguards of Grantee's data privacy and information security program be less stringent than the safeguards used by the Department, and Grantee must at all times comply with all applicable State policies and standards, which are available to Grantee upon request.
2. Audit by Grantee. No less than annually, Grantee must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the Department.
3. Right of Audit by the State. Without limiting any other audit rights of the Department, the Department has the right to review Grantee's data privacy and information security program prior to the commencement of the Agreement's Statement of Work and from time to time during the term of this Agreement. During the providing of the Agreement's Statement of Work, on an ongoing basis from time to time and without notice, the Department, at its own expense, is entitled to perform, or to have performed, an on-site audit of Grantee's data privacy and information security program. In lieu of an on-site audit, upon request by the Department, Grantee agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the Department regarding Grantee's data privacy and information security program.
4. Audit Findings. Grantee must implement any required safeguards as identified by the Department or by any audit of Grantee's data privacy and information security program.

**IV. Financial Requirements**

**A. Operating Advance**

Under the pre-payment reimbursement method, no additional operating advances will be issued.

**B. Payment Method**

**1. Prepayments**

- a. The Department will make monthly prepayments equal to

1/12th of the Agreement amount for each non-fee-for-service program contained in Attachment IV of this Agreement. One single payment covering all non-fee-for-service programs will be made within the first week of each month. The Grantee can view their monthly prepayment within the MI E-Grants system.

- b. Prepayments for the months of October thru January will be based upon the initial Agreement amounts in Attachment IV. Subsequent monthly prepayments may be adjusted based upon Agreement amendments or Grantee adjustment requests.
- c. If the sum of the prepayments does not equal at least 90% of the Grantee's expenditures for a quarter of the contract period, the Grantee may submit documentation for an adjustment to the monthly prepayment amount via the following process:
  - i. Submit a written request for the adjustment to the Department's Accounting Expenditure Operations Division.
  - ii. The adjustment request must be itemized by program and must list the amount received from the Department, the expenditure amount reported per the quarterly Financial Status Report (FSR), and the difference. The amount received from the Department and the expenditures must be for the same reporting quarterly FSR period.
  - iii. The Department will review the requests and if an adjustment is approved, it will be included in the next scheduled monthly prepayment.
  - iv. Adjustment requests will not be accepted prior to submission of the FSR for the quarter ending December 31. No adjustments will be made prior to the February monthly prepayment.
  - v. The ability of the Department to approve adjustments may be limited by the quarterly allotments of spending authority in the Department's appropriation account mandated by the Office of the State Budget Director. The quarterly allotment limits the amount of each account (program) that the Department may expend during each fiscal quarter.

2. Fixed Fee Reimbursement

- a. Quarterly reimbursement for fixed fee projects is based on Attachment IV and approved quarterly Financial Status Reports.

**C. Financial Status Report Submission**

- 1. The Grantee must electronically prepare and submit FSRs to the Department via the EGrAMS website (<http://egram-mi.com/mdhhs>).

A Financial Status Report (FSR) must be submitted on a quarterly basis no later than 30 days after the close of the calendar quarter for all programs listed on Attachment IV and fee for services project budgeted. Failure to meet financial reporting responsibilities as identified in this Agreement may result in withholding future payments.

2. FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this Agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.
3. The Grantee representative who submits the FSR is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this Agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.
4. The instructions for completing the FSR form are available on the website <http://egram-mi.com/dch>. Send FSR questions to [FSRMDHHS@michigan.gov](mailto:FSRMDHHS@michigan.gov).

**D. Reimbursement Method**

The Grantee will be reimbursed in accordance with the reimbursement methods for applicable program elements described as follows:

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds. Any local funds used to support program elements operated under such provisions of this Agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part 1. If Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.
2. Actual Cost Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that state dollars will be paid up to total costs in relation to the state's share of



the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.

3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee is reimbursed a specific amount for each output actually delivered and reported.
4. Essential Local Public Health Services (ELPHS) - A reimbursement method by which Grantees are reimbursed a share of reasonable and allowable costs incurred for required services, as noted in the current Appropriations Act.

**E. Reimbursement Mechanism**

All Grantees must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits. Vendor registration information is available through the Department of Technology, Management and Budget's web site: <http://www.michigan.gov/sigmavss>

**F. Unobligated Funds**

Any unobligated balance of funds held by the Grantee at the end of the Agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

**G. Final Obligation Reporting Requirements**

An Obligation Report, based on annual guidelines, must be submitted by the due date using the format provided by the Department through MI E-Grants. The Grantee must provide, by program, an estimate of total expenditures for the entire Agreement period (October 1 through September 30). This report must represent the Grantee's best estimate of total program expenditures for the Agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report assists the Department in reserving sufficient funding to reimburse the final expenditures that will be reported on the Final FSR without materially overstating or understating the year-end obligations for this Agreement. The Department compares the total estimated expenditures from this report to the total amount reimbursed to the Grantee in the monthly prepayments and quarterly fee-for-service payments to establish accounts payable and accounts receivable entries at fiscal year-end. The Department recognizes that based upon payment adjustments and timing of Agreement amendments, the Grantee may owe the Department funding for overpayment of a program and may be due funds from the Department for underpayment of

a program at fiscal year-end.

Within 60 days after the Agreement fiscal year-end, the Grantee must liquidate any unpaid year-end commitments and obligations. Any obligation remaining unliquidated after 60 days from the end of the Agreement period will revert to the Department for disposition in accordance with applicable state and/or federal requirements, except as specifically authorized in writing by the Department.

**H. Final Financial Status Reporting Requirements**

Final FSRs are due on the following dates following the Agreement period end date:

<u>Project</u>	<u>Final FSR Due Date</u>
Public Health Emergency Preparedness	11/15/2024
All Remaining Projects	11/30/2024

Upon receipt of the final FSR electronically through MI E-Grants, the Department will determine by program, if funds are owed to the Grantee or if the Grantee owes funds to the Department. If funds are owed to the Grantee, payment will be processed. However, if the Grantee underestimated their year-end obligations in the Obligation Report as compared to the final FSR and the total reimbursement requested does not exceed the Agreement amount that is due to the Grantee, the Department will make every effort to process full reimbursement to the Grantee per the final FSR. Final payment may be delayed pending final disposition of the Department's year-end obligations.

If funds are owed to the Department, it will generally not be necessary for Grantee to send in a payment. Instead, the Department will make the necessary entries to offset other payments and as a result the Grantee will receive a net monthly prepayment. When this does occur, clarifying documentation will be provided to the Grantee by the Department's Bureau of Finance and Accounting.

**I. Penalties for Reporting Noncompliance**

For failure to submit the final total Grantee FSR report by November 30, through MI E-Grants after the Agreement period end date, the Grantee may be penalized with a one-time reduction in their current ELPHS allocation for noncompliance with the fiscal year-end reporting deadlines. Any penalty funds will be reallocated to other Local Health Department Grantees. Reductions will be one-time only and will not carryforward to the next fiscal year as an ongoing reduction to a Grantee's ELPHS allocation. Penalties will be assessed based upon the submitted date in MI E-Grants:

ELPHS Penalties for Noncompliance with Reporting Requirements:

1. 1% - 1 day to 30 days late;
2. 2% - 31 days to 60 days late;

3. 3% - over 60 days late with a maximum of 3% reduction in the Grantee's ELPHS allocation.

**J. Indirect Costs and Cost Allocations/Distribution Plans**

The Grantee is allowed to use approved federal indirect rate, 10% de minimis indirect rate or cost allocation/distribution plans in their budget calculations.

1. Costs must be consistently charged as indirect, direct or cost allocated, but may not be double charged or inconsistently charged.
2. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.
3. Grantees using the cost allocation/distribution method must develop certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.
4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

**V. Agreement Termination**

This Agreement may be terminated without further liability or penalty to the Department for any of the following reasons:

- A. By either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.
- B. By either party with 30 days written notice upon the failure of either party to carry out the terms and conditions of this Agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the 30-day period.
- C. Immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Part 2 Section III. D. of this Agreement during the term of this Agreement or any extension thereof.

Further, this Agreement may be terminated or modified immediately upon a finding by the Department in accordance with MCL 333.2235 that the Grantee local health department for the delivery of public health services under this Agreement is unable or unwilling to provide any or all of the services as provided in this Agreement, and the Department may redirect funds as necessary to ensure that the public health services are provided within the Grantee's jurisdiction.

**VI. Stop Work Order**

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop work order detailing the suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for activities, Grantee's incurred expenses or financial losses, or any additional compensation during a stop work period.

**VII. Final Reporting upon Termination**

Should this Agreement be terminated by either party, within 30 days after the termination, the Grantee must provide the Department with all financial, performance and other reports required as a condition of this Agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee must immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures.

**VIII. Severability**

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, that part will be deemed deleted from this Agreement and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining parts of the Agreement will continue in full force and effect.

**IX. Amendments**

A. Except as otherwise provided, any changes to this Agreement will be valid only if made in writing and accepted by all parties to this Agreement.

In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Grantee's or Department's control, which reduce or otherwise interfere with the Grantee's or Department's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party. Any change proposed by the Grantee which would affect the state funding of any project, in whole or in part as provided in Part 1, Section 3.C. of the Agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

B. Except as otherwise provided, amendments to this Agreement will be made within thirty days after receipt and approval of a change proposed by the Grantee.

Amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the Agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee, in writing, at any time prior to June 7. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department within three weeks of receipt through MI E-Grants to assure the amendment can be executed prior to the end of the Agreement period.

**X. Liability**

- A. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, by the Grantee, Grantee's subcontractors or anyone directly or indirectly employed by the Grantee in the performance of this Agreement will be the responsibility of the Grantee, and not the responsibility of the Department. Nothing herein will be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by law.
- B. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Grantee and the Department in fulfillment of their responsibilities under this Agreement, such liability, loss, or damage will be borne by the Grantee and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein will be construed as a waiver of any governmental immunity by the Grantee, the state, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

**XI. Waiver**

Failure to enforce any provision of this Agreement will not constitute a waiver.

Any clause or condition of this Agreement found to be an impediment to the intended and effective operation of this Agreement may be waived in writing by the Department or the Grantee, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the Agreement and may affect any or all program elements covered by this Agreement.

**XII. State of Michigan Agreement**

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in the Michigan Court of Claims. Complaints against the State must be initiated in Ingham County, Michigan. Grantee waives any objections, such as lack of personal jurisdiction or forum non conveniens. Grantee must appoint an agent in Michigan to receive service of process.

**XIII. Funding**

- A. State funding for this Agreement will be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds will be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV, Funding/Reimbursement Matrix.
- B. The funding provided through the Department for this Agreement will not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not

be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the Agreement.

- C. The Department may periodically redistribute funds between agencies during the Agreement period in order to ensure that funds are expended to meet the varying needs for services.

**AA Attachments**

**A1 Attachment I - Instructions for the Annual Budget**

[Attachment I - Instructions for the Annual Budget](#)

**A2 Attachment III - Program Specific Assurances and Requirements**

[Attachment III - Program Specific Assurances and Requirements](#)

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ATTACHMENT IV - Local Health Department - 2024**  
**CONTRACT MANAGEMENT SECTION**  
**Livingston County Department of Public Health**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
Body Art Fixed Fee	Calc. Amt.	S	0	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.	S	0	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	41,320	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	41,320							
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.	F	0	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
CSHCS Vaccine Initiative	Reg. Alloc.	F	5,324	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Eastern Equine Encephalitis Virus Surveillance Project	Reg. Alloc.	F	15,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
EGLE Drinking Water and Onsite Wastewater Management	Reg. Alloc.	S	315,007	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Food ELPHS	Reg. Alloc.	S	137,749	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	Reg. Alloc.	L	40,187	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV Prevention	Reg. Alloc.	F	1,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	P	1,000							
	Reg. Alloc.	S	18,000							
Immunization Action Plan (IAP)	Reg. Alloc.	F	84,922	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Fixed Fees	Calc. Amt.	S	0	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Vaccine Quality Assurance	Reg. Alloc.	S	15,901	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
MCH - All Other	Local MCH	S	18,500	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - Children	Local MCH	S	20,990	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MDHHS-Essential Local Public Health Services (ELPHS)	Reg. Alloc.	S	268,305	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Recipient



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ATTACHMENT IV - Local Health Department - 2024  
 CONTRACT MANAGEMENT SECTION  
 Livingston County Department of Public Health

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	102,077	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	61,671	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Statewide Lead Case Management - Fixed Fee	Calc. Amt.	S	0	Fixed Unit Rate (7), (11)	N/A	N/A	N/A	N/A	N/A	Recipient
Tuberculosis (TB) Control	Reg. Alloc.	F	481	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Vector-Borne Surveillance & Prevention	Reg. Alloc.	S	9,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Vision ELPHS	Reg. Alloc.	L	40,187	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
WIC Breastfeeding	Reg. Alloc.	F	28,853	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Resident Services	Reg. Alloc.	F	379,169	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient

**TOTAL MDHHS FUNDING** **1,645,963**

**\*SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

**Attachment IV Notes**

[Attachment IV Notes](#)

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Administration			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	270,000.00	270,000.00
2	Fringe Benefits	95,000.00	95,000.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	12,500.00	12,500.00
6	Travel	6,000.00	6,000.00
7	Communication	2,500.00	2,500.00
8	County-City Central Services	0.00	0.00
9	Space Costs	10,000.00	10,000.00
10	All Others (ADP, Con. Employees, Misc.)	30,000.00	30,000.00
<b>Total Program Expenses</b>		426,000.00	426,000.00
<b>TOTAL DIRECT EXPENSES</b>		426,000.00	426,000.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>426,000.00</b>	<b>426,000.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	426,000.00	0.00	426,000.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	<b>Total Source of Funds</b>	426,000.00	0.00	426,000.00	0.00
	<b>Totals</b>	426,000.00	0.00	426,000.00	0.00

3 Program Budget - Cost Detail

	Line Item	Total
<b>DIRECT EXPENSES</b>		
<b>Program Expenses</b>		
1	Salary & Wages	270,000.00
2	Fringe Benefits	95,000.00
3	Cap. Exp. for Equip & Fac.	0.00
4	Contractual	
5	Supplies and Materials	12,500.00
6	Travel	6,000.00
7	Communication	2,500.00
8	County-City Central Services	
9	Space Costs	10,000.00
10	All Others (ADP, Con. Employees, Misc.)	30,000.00
<b>Total Program Expenses</b>		<b>426,000.00</b>
<b>TOTAL DIRECT EXPENSES</b>		<b>426,000.00</b>
<b>INDIRECT EXPENSES</b>		
<b>Indirect Costs</b>		
1	Indirect Costs	
2	Cost Allocation Plan / Other	
<b>Total Indirect Costs</b>		<b>0.00</b>
<b>TOTAL INDIRECT EXPENSES</b>		<b>0.00</b>
<b>TOTAL EXPENDITURES</b>		<b>426,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Public Health Emergency Preparedness (PHEP) 10/1 - 6/30			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 6/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	63,113.00	63,113.00
2	Fringe Benefits	25,245.00	25,245.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	5,000.00	5,000.00
6	Travel	11,238.00	11,238.00
7	Communication	1,125.00	1,125.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,250.00	2,250.00
10	All Others (ADP, Con. Employees, Misc.)	5,025.00	5,025.00
<b>Total Program Expenses</b>		112,996.00	112,996.00
<b>TOTAL DIRECT EXPENSES</b>		112,996.00	112,996.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	13,254.00	13,254.00
<b>Total Indirect Costs</b>		13,254.00	13,254.00
<b>TOTAL INDIRECT EXPENSES</b>		13,254.00	13,254.00
<b>TOTAL EXPENDITURES</b>		<b>126,250.00</b>	<b>126,250.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	10,208.00	0.00	10,208.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	102,077.00	102,077.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	13,965.00	0.00	13,965.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	126,250.00	102,077.00	24,173.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Coordinator	0.7500	78250.000	0.000	FTE	58,688.00
	Health Educator	0.0600	73757.000	0.000		4,425.00
<b>Total for Salary &amp; Wages</b>						63,113.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	40.000	63112.000		25,245.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	DRONE/ DRONE TRAINING	0.0000	0.000	0.000		5,000.00
6	<b>Travel</b>					
	Conferences	0.0000	0.000	0.000		11,238.00
7	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,125.00
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
	Space/Rental Costs	0.0000	0.000	0.000		2,250.00
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Supporting Services	0.0000	0.000	0.000		5,025.00
<b>Total Program Expenses</b>						112,996.00
<b>TOTAL DIRECT EXPENSES</b>						112,996.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		13,254.00
<b>Total Indirect Costs</b>						13,254.00
<b>TOTAL INDIRECT EXPENSES</b>						13,254.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>TOTAL EXPENDITURES</b>						<b>126,250.00</b>



1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Body Art Fixed Fee			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	4,000.00	4,000.00
<b>Total Indirect Costs</b>		4,000.00	4,000.00
<b>TOTAL INDIRECT EXPENSES</b>		4,000.00	4,000.00
<b>TOTAL EXPENDITURES</b>		<b>4,000.00</b>	<b>4,000.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	Body Art Fee[BODY ART FEES]	4,000.00	4,000.00	0.00	0.00
	<b>Totals</b>	<b>4,000.00</b>	<b>4,000.00</b>	<b>0.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-BODY ART FEES	0.0000	0.000	0.000		4,000.00
<b>Total Indirect Costs</b>						<b>4,000.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>4,000.00</b>
<b>TOTAL EXPENDITURES</b>						<b>4,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Children's Special Hlth Care Services (CSHCS) Care Coordination			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	47,000.00	47,000.00
<b>Total Indirect Costs</b>		47,000.00	47,000.00
<b>TOTAL INDIRECT EXPENSES</b>		47,000.00	47,000.00
<b>TOTAL EXPENDITURES</b>		<b>47,000.00</b>	<b>47,000.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	CSHCS Care Coordination	47,000.00	47,000.00	0.00	0.00
	<b>Totals</b>	<b>47,000.00</b>	<b>47,000.00</b>	<b>0.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS CARE COORDINATION	0.0000	0.000	0.000		47,000.00
<b>Total Indirect Costs</b>						<b>47,000.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>47,000.00</b>
<b>TOTAL EXPENDITURES</b>						<b>47,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / CSHCS Medicaid Outreach			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	122,588.00	122,588.00
<b>Total Indirect Costs</b>		122,588.00	122,588.00
<b>TOTAL INDIRECT EXPENSES</b>		122,588.00	122,588.00
<b>TOTAL EXPENDITURES</b>		<b>122,588.00</b>	<b>122,588.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	41,919.00	41,919.00	0.00	0.00
	Required Match - Local	41,919.00	0.00	41,919.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	38,750.00	0.00	38,750.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	122,588.00	41,919.00	80,669.00	0.00



3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS MEDICAID OUTREACH	0.0000	0.000	0.000		122,588.00
<b>Total Indirect Costs</b>						122,588.00
<b>TOTAL INDIRECT EXPENSES</b>						122,588.00
<b>TOTAL EXPENDITURES</b>						<b>122,588.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / CSHCS Medicaid Elevated Blood Lead Case Mgmt			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,419.00	2,419.00
<b>Total Indirect Costs</b>		2,419.00	2,419.00
<b>TOTAL INDIRECT EXPENSES</b>		2,419.00	2,419.00
<b>TOTAL EXPENDITURES</b>		<b>2,419.00</b>	<b>2,419.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	CSHCS Medicaid Elevated Blood Lead Case	2,419.00	2,419.00	0.00	0.00
	<b>Totals</b>	<b>2,419.00</b>	<b>2,419.00</b>	<b>0.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS ELEVATED BLOOD LEAD	0.0000	0.000	0.000		2,419.00
<b>Total Indirect Costs</b>						<b>2,419.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>2,419.00</b>
<b>TOTAL EXPENDITURES</b>						<b>2,419.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 6/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	45,704.00	45,704.00
2	Fringe Benefits	10,290.00	10,290.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,788.00	1,788.00
6	Travel	0.00	0.00
7	Communication	375.00	375.00
8	County-City Central Services	0.00	0.00
9	Space Costs	825.00	825.00
10	All Others (ADP, Con. Employees, Misc.)	2,063.00	2,063.00
<b>Total Program Expenses</b>		61,045.00	61,045.00
<b>TOTAL DIRECT EXPENSES</b>		61,045.00	61,045.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	8,399.00	8,399.00
<b>Total Indirect Costs</b>		8,399.00	8,399.00
<b>TOTAL INDIRECT EXPENSES</b>		8,399.00	8,399.00
<b>TOTAL EXPENDITURES</b>		<b>69,444.00</b>	<b>69,444.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	6,167.00	0.00	6,167.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	61,671.00	61,671.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,606.00	0.00	1,606.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>69,444.00</b>	<b>61,671.00</b>	<b>7,773.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Health Educator Notes : Tess Kilian	0.3750	68598.000	0.000	FTE	25,724.00
Public Health Nurse Notes : Kristen Flory Laura Kelly	0.1500	66602.000	0.000	FTE	9,990.00
Public Health Nurse	0.1500	66602.000	0.000		9,990.00
<b>Total for Salary &amp; Wages</b>					<b>45,704.00</b>
<b>2 Fringe Benefits</b>					
All Composite Rate	0.0000	40.000	25724.000		10,290.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
IT SOFTWARE	0.0000	0.000	0.000		788.00
Printing	0.0000	0.000	0.000		500.00
Office Supplies	0.0000	0.000	0.000		500.00
<b>Total for Supplies and Materials</b>					<b>1,788.00</b>
<b>6 Travel</b>					
<b>7 Communication</b>					
TELEPHONE CHARGES	0.0000	0.000	0.000		375.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Space/Rental Costs	0.0000	0.000	0.000		825.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
Supporting Services	0.0000	0.000	0.000		2,063.00
<b>Total Program Expenses</b>					<b>61,045.00</b>
<b>TOTAL DIRECT EXPENSES</b>					<b>61,045.00</b>
<b>INDIRECT EXPENSES</b>					
<b>Indirect Costs</b>					

	Line Item	Qty	Rate	Units	UOM	Total
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		8,399.00
<b>Total Indirect Costs</b>						8,399.00
<b>TOTAL INDIRECT EXPENSES</b>						8,399.00
<b>TOTAL EXPENDITURES</b>						<b>69,444.00</b>



1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	190,299.00	190,299.00
2	Fringe Benefits	95,150.00	95,150.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	300.00	300.00
6	Travel	1,286.00	1,286.00
7	Communication	1,677.00	1,677.00
8	County-City Central Services	0.00	0.00
9	Space Costs	4,513.00	4,513.00
10	All Others (ADP, Con. Employees, Misc.)	5,614.00	5,614.00
<b>Total Program Expenses</b>		298,839.00	298,839.00
<b>TOTAL DIRECT EXPENSES</b>		298,839.00	298,839.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	23,147.00	23,147.00
2	Cost Allocation Plan / Other	-159,610.00	-159,610.00
<b>Total Indirect Costs</b>		-136,463.00	-136,463.00
<b>TOTAL INDIRECT EXPENSES</b>		-136,463.00	-136,463.00
<b>TOTAL EXPENDITURES</b>		<b>162,376.00</b>	<b>162,376.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	82,640.00	82,640.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	79,736.00	0.00	79,736.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>162,376.00</b>	<b>82,640.00</b>	<b>79,736.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Public Health Nurse	1.5000	71724.000	0.000	FTE	107,586.00
Clerk	1.0000	47879.000	0.000	FTE	47,879.00
Supervisor	0.4000	87084.000	0.000	FTE	34,834.00
<b>Total for Salary &amp; Wages</b>					190,299.00
<b>2 Fringe Benefits</b>					
All Composite Rate	0.0000	50.000	190299.000		95,150.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Office Supplies	0.0000	0.000	0.000		100.00
Postage	0.0000	0.000	0.000		200.00
<b>Total for Supplies and Materials</b>					300.00
<b>6 Travel</b>					
AUTO LEASE	0.0000	0.000	0.000		1,086.00
Mileage	0.0000	0.000	0.000		50.00
Conferences	0.0000	0.000	0.000		150.00
<b>Total for Travel</b>					1,286.00
<b>7 Communication</b>					
TELEPHONE CHARGES	0.0000	0.000	0.000		1,677.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		4,513.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
IT MONTHLY CHARGES	0.0000	0.000	0.000		5,614.00
<b>Total Program Expenses</b>					298,839.00
<b>TOTAL DIRECT EXPENSES</b>					298,839.00
<b>INDIRECT EXPENSES</b>					

	Line Item	Qty	Rate	Units	UOM	Total
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
	Other Approval	0.0000	100.000	23147.000		23,147.00
<b>2</b>	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		9,978.00
	Other Cost Distributions-CARE COORDINATION	0.0000	0.000	0.000		-47,000.00
	Other Cost Distributions-CSHCS MEDICAID OUTREAC	0.0000	0.000	0.000		-122,588.00
<b>Total for Cost Allocation Plan / Other</b>						<b>-159,610.00</b>
<b>Total Indirect Costs</b>						<b>-136,463.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>-136,463.00</b>
<b>TOTAL EXPENDITURES</b>						<b>162,376.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / CSHCS Vaccine Initiative			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 6/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	2,680.00	2,680.00
2	Fringe Benefits	946.00	946.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	992.00	992.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		4,618.00	4,618.00
<b>TOTAL DIRECT EXPENSES</b>		4,618.00	4,618.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	706.00	706.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		706.00	706.00
<b>TOTAL INDIRECT EXPENSES</b>		706.00	706.00
<b>TOTAL EXPENDITURES</b>		<b>5,324.00</b>	<b>5,324.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	5,324.00	5,324.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	5,324.00	5,324.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.0340	78825.000	0.000		2,680.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	30.000	3153.000		946.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	Outreach	0.0000	0.000	0.000		992.00
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						4,618.00
<b>TOTAL DIRECT EXPENSES</b>						4,618.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
	Other Approval	0.0000	100.000	706.000		706.00
2	<b>Cost Allocation Plan / Other</b>					
<b>Total Indirect Costs</b>						706.00
<b>TOTAL INDIRECT EXPENSES</b>						706.00
<b>TOTAL EXPENDITURES</b>						<b>5,324.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Eastern Equine Encephalitis Virus Surveillance Project			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	11,995.00	11,995.00
2	Fringe Benefits	1,200.00	1,200.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,805.00	1,805.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		15,000.00	15,000.00
<b>TOTAL DIRECT EXPENSES</b>		15,000.00	15,000.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>15,000.00</b>	<b>15,000.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	15,000.00	15,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	15,000.00	15,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Sanitarian	0.1801	66601.000	0.000	FTE	11,995.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	10.000	11995.000		1,200.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	TRAPS AND OTHER MISC PROGRAM SUPPLIES	0.0000	0.000	0.000		1,805.00
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						15,000.00
<b>TOTAL DIRECT EXPENSES</b>						15,000.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>15,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / MCH - Children			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	25,197.00	25,197.00
2	Fringe Benefits	8,819.00	8,819.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	2,500.00	2,500.00
6	Travel	100.00	100.00
7	Communication	1,000.00	1,000.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,500.00	2,500.00
10	All Others (ADP, Con. Employees, Misc.)	3,500.00	3,500.00
<b>Total Program Expenses</b>		43,616.00	43,616.00
<b>TOTAL DIRECT EXPENSES</b>		43,616.00	43,616.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	7,500.00	7,500.00
<b>Total Indirect Costs</b>		7,500.00	7,500.00
<b>TOTAL INDIRECT EXPENSES</b>		7,500.00	7,500.00
<b>TOTAL EXPENDITURES</b>		<b>51,116.00</b>	<b>51,116.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	500.00	0.00	500.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	20,990.00	20,990.00	0.00	0.00
	Local Funds - Other	29,626.00	0.00	29,626.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>51,116.00</b>	<b>20,990.00</b>	<b>30,126.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.2500	66224.000	0.000	FTE	16,556.00
	Clerk	0.2500	34564.000	0.000	FTE	8,641.00
<b>Total for Salary &amp; Wages</b>						25,197.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	35.000	25197.000		8,819.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		2,500.00
6	<b>Travel</b>					
	Mileage	0.0000	0.000	0.000		100.00
7	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,000.00
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
	Space/Rental Costs	0.0000	0.000	0.000		2,500.00
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Supporting Services	0.0000	0.000	0.000		3,500.00
<b>Total Program Expenses</b>						43,616.00
<b>TOTAL DIRECT EXPENSES</b>						43,616.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		2,500.00
	Other Cost Distributions-Indirect Costs	0.0000	0.000	0.000		5,000.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total for Cost Allocation Plan / Other</b>						7,500.00
<b>Total Indirect Costs</b>						7,500.00
<b>TOTAL INDIRECT EXPENSES</b>						7,500.00
<b>TOTAL EXPENDITURES</b>						<b>51,116.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Food ELPHS			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	276,682.00	276,682.00
2	Fringe Benefits	133,527.00	133,527.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	8,475.00	8,475.00
6	Travel	3,156.00	3,156.00
7	Communication	3,454.00	3,454.00
8	County-City Central Services	0.00	0.00
9	Space Costs	9,292.00	9,292.00
10	All Others (ADP, Con. Employees, Misc.)	12,284.00	12,284.00
<b>Total Program Expenses</b>		446,870.00	446,870.00
<b>TOTAL DIRECT EXPENSES</b>		446,870.00	446,870.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	103,600.00	103,600.00
<b>Total Indirect Costs</b>		103,600.00	103,600.00
<b>TOTAL INDIRECT EXPENSES</b>		103,600.00	103,600.00
<b>TOTAL EXPENDITURES</b>		<b>550,470.00</b>	<b>550,470.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	403,400.00	0.00	403,400.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	137,749.00	137,749.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	9,321.00	0.00	9,321.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>550,470.00</b>	<b>137,749.00</b>	<b>412,721.00</b>	<b>0.00</b>



3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Coordinator	1.0000	79167.000	0.000	FTE	79,167.00
	Clerk	1.0000	40147.000	0.000	FTE	40,147.00
	Sanitarian	1.0000	59950.000	0.000	FTE	59,950.00
	Sanitarian	1.0000	62349.000	0.000	FTE	62,349.00
	Clerk	1.0000	35069.000	0.000	FTE	35,069.00
<b>Total for Salary &amp; Wages</b>						276,682.00
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	48.260	276682.000		133,527.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		750.00
	Printing	0.0000	0.000	0.000		250.00
	Postage	0.0000	0.000	0.000		600.00
	UNIFORMS	0.0000	0.000	0.000		375.00
	MISC OPERATING SUIPPLES	0.0000	0.000	0.000		6,500.00
<b>Total for Supplies and Materials</b>						8,475.00
<b>6</b>	<b>Travel</b>					
	AUTO LEASE CHARGES	0.0000	0.000	0.000		2,236.00
	Conferences	0.0000	0.000	0.000		620.00
	Meals	0.0000	0.000	0.000		300.00
<b>Total for Travel</b>						3,156.00
<b>7</b>	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		3,454.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		9,292.00

	Line Item	Qty	Rate	Units	UOM	Total
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Membership	0.0000	0.000	0.000		725.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		11,559.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						12,284.00
<b>Total Program Expenses</b>						446,870.00
<b>TOTAL DIRECT EXPENSES</b>						446,870.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		103,600.00
<b>Total Indirect Costs</b>						103,600.00
<b>TOTAL INDIRECT EXPENSES</b>						103,600.00
<b>TOTAL EXPENDITURES</b>						<b>550,470.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Hearing ELPHS			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	71,944.00	71,944.00
2	Fringe Benefits	17,727.00	17,727.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,100.00	1,100.00
6	Travel	3,925.00	3,925.00
7	Communication	2,664.00	2,664.00
8	County-City Central Services	0.00	0.00
9	Space Costs	7,168.00	7,168.00
10	All Others (ADP, Con. Employees, Misc.)	9,067.00	9,067.00
<b>Total Program Expenses</b>		113,595.00	113,595.00
<b>TOTAL DIRECT EXPENSES</b>		113,595.00	113,595.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	22,964.00	22,964.00
<b>Total Indirect Costs</b>		22,964.00	22,964.00
<b>TOTAL INDIRECT EXPENSES</b>		22,964.00	22,964.00
<b>TOTAL EXPENDITURES</b>		<b>136,559.00</b>	<b>136,559.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	2,500.00	0.00	2,500.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	40,187.00	40,187.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	93,872.00	0.00	93,872.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	136,559.00	40,187.00	96,372.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Director	0.1000	110699.000	0.000	FTE	11,070.00
	Clerk	0.1000	43103.000	0.000	FTE	4,310.00
	Technician	0.6000	29157.000	0.000	FTE	17,494.00
	Technician	0.4000	31572.000	0.000	FTE	12,629.00
	Technician	0.4000	17534.000	0.000	FTE	7,014.00
	Technician	0.6000	17534.000	0.000	FTE	10,520.00
	Technician	0.5000	17814.000	0.000	FTE	8,907.00
<b>Total for Salary &amp; Wages</b>						71,944.00
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	24.640	71944.000		17,727.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		250.00
	Medical Supplies	0.0000	0.000	0.000		150.00
	Postage	0.0000	0.000	0.000		700.00
<b>Total for Supplies and Materials</b>						1,100.00
<b>6</b>	<b>Travel</b>					
	Conferences	0.0000	0.000	0.000		2,000.00
	Meals	0.0000	0.000	0.000		200.00
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		1,725.00
<b>Total for Travel</b>						3,925.00
<b>7</b>	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		2,664.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		7,168.00

	Line Item	Qty	Rate	Units	UOM	Total
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	IT MONTHLY CHARGES	0.0000	0.000	0.000		9,067.00
<b>Total Program Expenses</b>						113,595.00
<b>TOTAL DIRECT EXPENSES</b>						113,595.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		22,964.00
<b>Total Indirect Costs</b>						22,964.00
<b>TOTAL INDIRECT EXPENSES</b>						22,964.00
<b>TOTAL EXPENDITURES</b>						<b>136,559.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / HIV Prevention			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	20,598.00	20,598.00
2	Fringe Benefits	7,537.00	7,537.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		28,135.00	28,135.00
<b>TOTAL DIRECT EXPENSES</b>		28,135.00	28,135.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>28,135.00</b>	<b>28,135.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	20,000.00	20,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	8,135.00	0.00	8,135.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>28,135.00</b>	<b>20,000.00</b>	<b>8,135.00</b>	<b>0.00</b>



3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Clerk	0.5000	41196.000	0.000	FTE	20,598.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	36.590	20598.000		7,537.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						28,135.00
<b>TOTAL DIRECT EXPENSES</b>						28,135.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>28,135.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Immunization Action Plan (IAP)			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	84,298.00	84,298.00
2	Fringe Benefits	30,980.00	30,980.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	675.00	675.00
6	Travel	1,133.00	1,133.00
7	Communication	1,480.00	1,480.00
8	County-City Central Services	0.00	0.00
9	Space Costs	3,982.00	3,982.00
10	All Others (ADP, Con. Employees, Misc.)	4,954.00	4,954.00
<b>Total Program Expenses</b>		127,502.00	127,502.00
<b>TOTAL DIRECT EXPENSES</b>		127,502.00	127,502.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	22,192.00	22,192.00
<b>Total Indirect Costs</b>		22,192.00	22,192.00
<b>TOTAL INDIRECT EXPENSES</b>		22,192.00	22,192.00
<b>TOTAL EXPENDITURES</b>		<b>149,694.00</b>	<b>149,694.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	84,922.00	84,922.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	64,772.00	0.00	64,772.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	149,694.00	84,922.00	64,772.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.2000	72339.000	0.000	FTE	14,468.00
	Director	0.2000	110699.000	0.000	FTE	22,140.00
	Clerk	0.1000	47879.000	0.000	FTE	4,788.00
	Clerk	0.4000	47879.000	0.000	FTE	19,152.00
	Public Health Nurse	0.6000	39584.000	0.000	FTE	23,750.00
<b>Total for Salary &amp; Wages</b>						84,298.00
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	36.750	84298.000		30,980.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		300.00
	Medical Supplies	0.0000	0.000	0.000		50.00
	Postage	0.0000	0.000	0.000		75.00
	MISC OPERATING EQUIPMENT	0.0000	0.000	0.000		250.00
<b>Total for Supplies and Materials</b>						675.00
<b>6</b>	<b>Travel</b>					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		958.00
	Mileage	0.0000	0.000	0.000		25.00
	Conferences	0.0000	0.000	0.000		150.00
<b>Total for Travel</b>						1,133.00
<b>7</b>	<b>Communication</b>					
	TELEPHONE COSTS	0.0000	0.000	0.000		1,480.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		3,982.00

	Line Item	Qty	Rate	Units	UOM	Total
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	IT MONTHLY CHARGES	0.0000	0.000	0.000		4,954.00
<b>Total Program Expenses</b>						127,502.00
<b>TOTAL DIRECT EXPENSES</b>						127,502.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		22,192.00
<b>Total Indirect Costs</b>						22,192.00
<b>TOTAL INDIRECT EXPENSES</b>						22,192.00
<b>TOTAL EXPENDITURES</b>						<b>149,694.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Medicaid Outreach			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	115,639.00	115,639.00
2	Fringe Benefits	51,425.00	51,425.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	300.00	300.00
6	Travel	1,278.00	1,278.00
7	Communication	1,974.00	1,974.00
8	County-City Central Services	0.00	0.00
9	Space Costs	5,309.00	5,309.00
10	All Others (ADP, Con. Employees, Misc.)	6,605.00	6,605.00
<b>Total Program Expenses</b>		182,530.00	182,530.00
<b>TOTAL DIRECT EXPENSES</b>		182,530.00	182,530.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	32,136.00	32,136.00
<b>Total Indirect Costs</b>		32,136.00	32,136.00
<b>TOTAL INDIRECT EXPENSES</b>		32,136.00	32,136.00
<b>TOTAL EXPENDITURES</b>		<b>214,666.00</b>	<b>214,666.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	107,333.00	107,333.00	0.00	0.00
	Required Match - Local	107,333.00	0.00	107,333.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	214,666.00	107,333.00	107,333.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.1000	72339.000	0.000	FTE	7,234.00
	Director	0.2000	110699.000	0.000	FTE	22,140.00
	Clerk	0.2000	44538.000	0.000	FTE	8,908.00
	Public Health Nurse	0.2000	79167.000	0.000	FTE	15,833.00
	Nutritionist/Dietician	0.2000	73175.000	0.000	FTE	14,635.00
	Clerk	0.2000	47879.000	0.000	FTE	9,576.00
	Clerk	0.2000	43103.000	0.000	FTE	8,621.00
	Supervisor	0.1000	87084.000	0.000	FTE	8,708.00
	Public Health Nurse	0.3000	41013.000	0.000	FTE	12,304.00
	Clerk	0.3000	25600.000	0.000	FTE	7,680.00
<b>Total for Salary &amp; Wages</b>						<b>115,639.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	44.470	115639.000		51,425.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		100.00
	Postage	0.0000	0.000	0.000		200.00
<b>Total for Supplies and Materials</b>						<b>300.00</b>
<b>6</b>	<b>Travel</b>					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		1,278.00
<b>7</b>	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,974.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		5,309.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					



	Line Item	Qty	Rate	Units	UOM	Total
	IT MONTHLY CHARGES	0.0000	0.000	0.000		6,605.00
<b>Total Program Expenses</b>						182,530.00
<b>TOTAL DIRECT EXPENSES</b>						182,530.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		32,136.00
<b>Total Indirect Costs</b>						32,136.00
<b>TOTAL INDIRECT EXPENSES</b>						32,136.00
<b>TOTAL EXPENDITURES</b>						<b>214,666.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / MCH - All Other			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	10,200.00	10,200.00
2	Fringe Benefits	3,570.00	3,570.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	500.00	500.00
6	Travel	100.00	100.00
7	Communication	500.00	500.00
8	County-City Central Services	0.00	0.00
9	Space Costs	750.00	750.00
10	All Others (ADP, Con. Employees, Misc.)	4,397.00	4,397.00
<b>Total Program Expenses</b>		20,017.00	20,017.00
<b>TOTAL DIRECT EXPENSES</b>		20,017.00	20,017.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	1,750.00	1,750.00
<b>Total Indirect Costs</b>		1,750.00	1,750.00
<b>TOTAL INDIRECT EXPENSES</b>		1,750.00	1,750.00
<b>TOTAL EXPENDITURES</b>		<b>21,767.00</b>	<b>21,767.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	18,500.00	18,500.00	0.00	0.00
	Local Funds - Other	3,267.00	0.00	3,267.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>21,767.00</b>	<b>18,500.00</b>	<b>3,267.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.1000	66546.000	0.000	FTE	6,655.00
	Clerk	0.1000	35446.000	0.000	FTE	3,545.00
<b>Total for Salary &amp; Wages</b>						10,200.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	35.000	10200.000		3,570.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		500.00
6	<b>Travel</b>					
	Mileage	0.0000	0.000	0.000		100.00
7	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		500.00
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
	Space/Rental Costs	0.0000	0.000	0.000		750.00
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Supporting Services	0.0000	0.000	0.000		865.00
	SAFE SLEEP PACK N PLAY, SHEETS, SWADDLE	0.0000	0.000	0.000		2,682.00
	PACIFIERS AND SLEEP SACKS	0.0000	0.000	0.000		450.00
	GIFT CARDS FOR SURVEY PARTICIPATION	0.0000	0.000	0.000		400.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						4,397.00
<b>Total Program Expenses</b>						20,017.00
<b>TOTAL DIRECT EXPENSES</b>						20,017.00
<b>INDIRECT EXPENSES</b>						

	Line Item	Qty	Rate	Units	UOM	Total
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		750.00
	Other Cost Distributions-Indirect Costs	0.0000	0.000	0.000		1,000.00
<b>Total for Cost Allocation Plan / Other</b>						<b>1,750.00</b>
<b>Total Indirect Costs</b>						<b>1,750.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>1,750.00</b>
<b>TOTAL EXPENDITURES</b>						<b>21,767.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / MDHHS-Essential Local Public Health Services (ELPHS)			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

Category		Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	249,095.00	249,095.00
2	Fringe Benefits	92,165.00	92,165.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,500.00	1,500.00
6	Travel	3,612.00	3,612.00
7	Communication	2,800.00	2,800.00
8	County-City Central Services	0.00	0.00
9	Space Costs	15,815.00	15,815.00
10	All Others (ADP, Con. Employees, Misc.)	20,386.00	20,386.00
<b>Total Program Expenses</b>		385,373.00	385,373.00
<b>TOTAL DIRECT EXPENSES</b>		385,373.00	385,373.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	36,606.00	36,606.00
2	Cost Allocation Plan / Other	14,768.00	14,768.00
<b>Total Indirect Costs</b>		51,374.00	51,374.00
<b>TOTAL INDIRECT EXPENSES</b>		51,374.00	51,374.00
<b>TOTAL EXPENDITURES</b>		<b>436,747.00</b>	<b>436,747.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	268,305.00	268,305.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	168,442.00	0.00	168,442.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>436,747.00</b>	<b>268,305.00</b>	<b>168,442.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.4000	78945.000	0.000	FTE	31,578.00
	Epidemiologist	1.0000	64303.000	0.000	FTE	64,303.00
	Coordinator	0.5000	81560.000	0.000	FTE	40,780.00
	Clerk	0.4000	49326.000	0.000	FTE	19,730.00
	Supervisor	0.3000	89716.000	0.000	FTE	26,915.00
	Clerk	0.3300	37688.000	0.000	FTE	12,437.00
	Public Health Nurse	0.2000	62006.000	0.000	FTE	12,401.00
	Public Health Nurse	0.1000	64918.000	0.000	FTE	6,492.00
	Public Health Nurse	0.4800	59413.000	0.000	FTE	28,518.00
	Public Health Nurse	0.1000	59414.000	0.000	FTE	5,941.00
<b>Total for Salary &amp; Wages</b>						<b>249,095.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	37.000	249095.000		92,165.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		1,500.00
<b>6</b>	<b>Travel</b>					
	Mileage	0.0000	0.000	0.000		3,612.00
<b>7</b>	<b>Communication</b>					
	TELEPHONE COSTS	0.0000	0.000	0.000		2,800.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Space/Rental Costs	0.0000	0.000	0.000		15,815.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	IT COSTS	0.0000	0.000	0.000		15,386.00
	Lab Fees	0.0000	0.000	0.000		5,000.00



	Line Item	Qty	Rate	Units	UOM	Total
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						20,386.00
<b>Total Program Expenses</b>						385,373.00
<b>TOTAL DIRECT EXPENSES</b>						385,373.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
	Other Approval	0.0000	100.000	36606.000		36,606.00
<b>2</b>	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		14,768.00
<b>Total Indirect Costs</b>						51,374.00
<b>TOTAL INDIRECT EXPENSES</b>						51,374.00
<b>TOTAL EXPENDITURES</b>						<b>436,747.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Statewide Lead Case Management - Fixed Fee			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	5,000.00	5,000.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		5,000.00	5,000.00
<b>TOTAL INDIRECT EXPENSES</b>		5,000.00	5,000.00
<b>TOTAL EXPENDITURES</b>		<b>5,000.00</b>	<b>5,000.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	Statewide Lead Case Management Fees	5,000.00	5,000.00	0.00	0.00
	<b>Totals</b>	<b>5,000.00</b>	<b>5,000.00</b>	<b>0.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
	Other Approval	0.0000	100.000	5000.000		5,000.00
2	Cost Allocation Plan / Other					
<b>Total Indirect Costs</b>						<b>5,000.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>5,000.00</b>
<b>TOTAL EXPENDITURES</b>						<b>5,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Tuberculosis (TB) Control			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	481.00	481.00
<b>Total Indirect Costs</b>		481.00	481.00
<b>TOTAL INDIRECT EXPENSES</b>		481.00	481.00
<b>TOTAL EXPENDITURES</b>		<b>481.00</b>	<b>481.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	481.00	481.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	481.00	481.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-TB CONTROL	0.0000	0.000	0.000		481.00
<b>Total Indirect Costs</b>						481.00
<b>TOTAL INDIRECT EXPENSES</b>						481.00
<b>TOTAL EXPENDITURES</b>						<b>481.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Vector-Borne Surveillance & Prevention			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	5,621.00	5,621.00
2	Fringe Benefits	2,192.00	2,192.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,200.00	1,200.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		9,013.00	9,013.00
<b>TOTAL DIRECT EXPENSES</b>		9,013.00	9,013.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>9,013.00</b>	<b>9,013.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	9,000.00	9,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	13.00	0.00	13.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>9,013.00</b>	<b>9,000.00</b>	<b>13.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Sanitarian	0.0800	58774.000	0.000	FTE	4,702.00
	Director	0.0100	91927.000	0.000	FTE	919.00
<b>Total for Salary &amp; Wages</b>						5,621.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	39.000	5621.000		2,192.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	MISC PROGRAM SUPPLIES	0.0000	0.000	0.000		1,200.00
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						9,013.00
<b>TOTAL DIRECT EXPENSES</b>						9,013.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>9,013.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Immunization Fixed Fees			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	5,350.00	5,350.00
<b>Total Indirect Costs</b>		5,350.00	5,350.00
<b>TOTAL INDIRECT EXPENSES</b>		5,350.00	5,350.00
<b>TOTAL EXPENDITURES</b>		<b>5,350.00</b>	<b>5,350.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	IMM: VFC - AFIX Visits	5,350.00	5,350.00	0.00	0.00
	<b>Totals</b>	<b>5,350.00</b>	<b>5,350.00</b>	<b>0.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-IMMS	0.0000	0.000	0.000		5,350.00
	FIXED FEES					
<b>Total Indirect Costs</b>						5,350.00
<b>TOTAL INDIRECT EXPENSES</b>						5,350.00
<b>TOTAL EXPENDITURES</b>						<b>5,350.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Vision ELPHS			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	72,427.00	72,427.00
2	Fringe Benefits	17,868.00	17,868.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,600.00	1,600.00
6	Travel	1,925.00	1,925.00
7	Communication	2,664.00	2,664.00
8	County-City Central Services	0.00	0.00
9	Space Costs	7,168.00	7,168.00
10	All Others (ADP, Con. Employees, Misc.)	9,067.00	9,067.00
<b>Total Program Expenses</b>		112,719.00	112,719.00
<b>TOTAL DIRECT EXPENSES</b>		112,719.00	112,719.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	23,049.00	23,049.00
<b>Total Indirect Costs</b>		23,049.00	23,049.00
<b>TOTAL INDIRECT EXPENSES</b>		23,049.00	23,049.00
<b>TOTAL EXPENDITURES</b>		<b>135,768.00</b>	<b>135,768.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	2,500.00	0.00	2,500.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	40,187.00	40,187.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	93,081.00	0.00	93,081.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	135,768.00	40,187.00	95,581.00	0.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Director	0.1000	110699.000	0.000	FTE	11,070.00
Clerk	0.1000	43103.000	0.000	FTE	4,310.00
Technician	0.4000	29157.000	0.000	FTE	11,663.00
Technician	0.6000	31572.000	0.000	FTE	18,943.00
Technician	0.6000	17534.000	0.000	FTE	10,520.00
Technician	0.4000	17534.000	0.000	FTE	7,014.00
Technician	0.5000	17814.000	0.000	FTE	8,907.00
<b>Total for Salary &amp; Wages</b>					<b>72,427.00</b>
<b>2 Fringe Benefits</b>					
All Composite Rate	0.0000	24.670	72427.000		17,868.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Office Supplies	0.0000	0.000	0.000		250.00
Medical Supplies	0.0000	0.000	0.000		150.00
Postage	0.0000	0.000	0.000		1,200.00
<b>Total for Supplies and Materials</b>					<b>1,600.00</b>
<b>6 Travel</b>					
AUTO LEASE PAYMENTS	0.0000	0.000	0.000		1,725.00
Mileage	0.0000	0.000	0.000		200.00
<b>Total for Travel</b>					<b>1,925.00</b>
<b>7 Communication</b>					
TELEPHONE CHARGES	0.0000	0.000	0.000		2,664.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		7,168.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					



	Line Item	Qty	Rate	Units	UOM	Total
	Staff Training	0.0000	0.000	0.000		150.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		8,917.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						9,067.00
<b>Total Program Expenses</b>						112,719.00
<b>TOTAL DIRECT EXPENSES</b>						112,719.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		23,049.00
<b>Total Indirect Costs</b>						23,049.00
<b>TOTAL INDIRECT EXPENSES</b>						23,049.00
<b>TOTAL EXPENDITURES</b>						<b>135,768.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Immunization Vaccine Quality Assurance			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	27,856.00	27,856.00
2	Fringe Benefits	7,900.00	7,900.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	200.00	200.00
6	Travel	433.00	433.00
7	Communication	592.00	592.00
8	County-City Central Services	0.00	0.00
9	Space Costs	1,593.00	1,593.00
10	All Others (ADP, Con. Employees, Misc.)	2,131.00	2,131.00
<b>Total Program Expenses</b>		40,705.00	40,705.00
<b>TOTAL DIRECT EXPENSES</b>		40,705.00	40,705.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	7,745.00	7,745.00
<b>Total Indirect Costs</b>		7,745.00	7,745.00
<b>TOTAL INDIRECT EXPENSES</b>		7,745.00	7,745.00
<b>TOTAL EXPENDITURES</b>		<b>48,450.00</b>	<b>48,450.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	15,901.00	15,901.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	32,549.00	0.00	32,549.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>48,450.00</b>	<b>15,901.00</b>	<b>32,549.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Public Health Nurse	0.1000	72339.000	0.000	FTE	7,234.00
Clerk	0.1000	47879.000	0.000	FTE	4,788.00
Coordinator	0.4000	39584.000	0.000	FTE	15,834.00
<b>Total for Salary &amp; Wages</b>					27,856.00
<b>2 Fringe Benefits</b>					
All Composite Rate	0.0000	28.360	27856.000		7,900.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Office Supplies	0.0000	0.000	0.000		100.00
Medical Supplies	0.0000	0.000	0.000		50.00
Postage	0.0000	0.000	0.000		50.00
<b>Total for Supplies and Materials</b>					200.00
<b>6 Travel</b>					
AUTO LEASE PAYMENTS	0.0000	0.000	0.000		383.00
Mileage	0.0000	0.000	0.000		25.00
Meals	0.0000	0.000	0.000		25.00
<b>Total for Travel</b>					433.00
<b>7 Communication</b>					
TELEPHONE CHARGES	0.0000	0.000	0.000		592.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		1,593.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
Staff Training	0.0000	0.000	0.000		150.00
IT MONTHLY CHARGES	0.0000	0.000	0.000		1,981.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>					2,131.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Program Expenses</b>						40,705.00
<b>TOTAL DIRECT EXPENSES</b>						40,705.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		7,745.00
<b>Total Indirect Costs</b>						7,745.00
<b>TOTAL INDIRECT EXPENSES</b>						7,745.00
<b>TOTAL EXPENDITURES</b>						<b>48,450.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / WIC Breastfeeding			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	19,604.00	19,604.00
2	Fringe Benefits	1,582.00	1,582.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	75.00	75.00
6	Travel	764.00	764.00
7	Communication	987.00	987.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,655.00	2,655.00
10	All Others (ADP, Con. Employees, Misc.)	3,548.00	3,548.00
<b>Total Program Expenses</b>		29,215.00	29,215.00
<b>TOTAL DIRECT EXPENSES</b>		29,215.00	29,215.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	2,530.00	2,530.00
2	Cost Allocation Plan / Other	3,564.00	3,564.00
<b>Total Indirect Costs</b>		6,094.00	6,094.00
<b>TOTAL INDIRECT EXPENSES</b>		6,094.00	6,094.00
<b>TOTAL EXPENDITURES</b>		<b>35,309.00</b>	<b>35,309.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	28,853.00	28,853.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	6,456.00	0.00	6,456.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>35,309.00</b>	<b>28,853.00</b>	<b>6,456.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Counselor	1.0000	17104.000	0.000	FTE	17,104.00
IBCLC SALARY FOR SUPPORT / SERVICES	1.0000	2500.000	0.000	FTE	2,500.00
<b>Total for Salary &amp; Wages</b>					19,604.00
<b>2 Fringe Benefits</b>					
All Composite Rate	0.0000	8.070	19604.000		1,582.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Office Supplies	0.0000	0.000	0.000		50.00
Postage	0.0000	0.000	0.000		25.00
<b>Total for Supplies and Materials</b>					75.00
<b>6 Travel</b>					
AUTO LEASE PAYMENTS	0.0000	0.000	0.000		639.00
Meals	0.0000	0.000	0.000		100.00
Mileage	0.0000	0.000	0.000		25.00
<b>Total for Travel</b>					764.00
<b>7 Communication</b>					
TELEPHONE CHARGES	0.0000	0.000	0.000		987.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		2,655.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
Staff Training	0.0000	0.000	0.000		245.00
IT MONTHLY CHARGES	0.0000	0.000	0.000		3,303.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>					3,548.00
<b>Total Program Expenses</b>					29,215.00



	Line Item	Qty	Rate	Units	UOM	Total
<b>TOTAL DIRECT EXPENSES</b>						29,215.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
	Other Approval	0.0000	100.000	2530.000		2,530.00
<b>2</b>	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		3,564.00
<b>Total Indirect Costs</b>						6,094.00
<b>TOTAL INDIRECT EXPENSES</b>						6,094.00
<b>TOTAL EXPENDITURES</b>						<b>35,309.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / WIC Resident Services			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	197,183.00	197,183.00
2	Fringe Benefits	87,392.00	87,392.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	19,400.00	19,400.00
6	Travel	3,013.00	3,013.00
7	Communication	4,000.00	4,000.00
8	County-City Central Services	0.00	0.00
9	Space Costs	10,000.00	10,000.00
10	All Others (ADP, Con. Employees, Misc.)	15,750.00	15,750.00
<b>Total Program Expenses</b>		336,738.00	336,738.00
<b>TOTAL DIRECT EXPENSES</b>		336,738.00	336,738.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	45,000.00	45,000.00
2	Cost Allocation Plan / Other	37,500.00	37,500.00
<b>Total Indirect Costs</b>		82,500.00	82,500.00
<b>TOTAL INDIRECT EXPENSES</b>		82,500.00	82,500.00
<b>TOTAL EXPENDITURES</b>		<b>419,238.00</b>	<b>419,238.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	379,169.00	379,169.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	40,069.00	0.00	40,069.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	419,238.00	379,169.00	40,069.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Public Health Nurse	0.2500	72339.000	0.000	FTE	18,085.00
	Director	0.2200	110699.000	0.000	FTE	24,354.00
	Public Health Nurse	0.6500	58161.000	0.000	FTE	37,805.00
	Coordinator	0.6000	73175.000	0.000	FTE	43,905.00
	Clerk	0.6000	43103.000	0.000	FTE	25,862.00
	Public Health Nurse	0.4250	41013.000	0.000	FTE	17,431.00
	Clerk	0.4500	25600.000	0.000	FTE	11,520.00
	Clerk	0.7500	24294.000	0.000	FTE	18,221.00
<b>Total for Salary &amp; Wages</b>						<b>197,183.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	44.320	197183.000		87,392.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		1,000.00
	Medical Supplies	0.0000	0.000	0.000		3,000.00
	Postage	0.0000	0.000	0.000		400.00
	MIS OPERATING SUPPLIES	0.0000	0.000	0.000		15,000.00
<b>Total for Supplies and Materials</b>						<b>19,400.00</b>
<b>6</b>	<b>Travel</b>					
	AUTO LEASE	0.0000	0.000	0.000		2,363.00
	Mileage	0.0000	0.000	0.000		250.00
	Meals	0.0000	0.000	0.000		400.00
<b>Total for Travel</b>						<b>3,013.00</b>
<b>7</b>	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		4,000.00
<b>8</b>	<b>County-City Central Services</b>					

	Line Item	Qty	Rate	Units	UOM	Total
9	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		10,000.00
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Staff Training	0.0000	0.000	0.000		1,750.00
	Lab Fees	0.0000	0.000	0.000		500.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		13,500.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						15,750.00
<b>Total Program Expenses</b>						336,738.00
<b>TOTAL DIRECT EXPENSES</b>						336,738.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
	Other Approval	0.0000	100.000	45000.000		45,000.00
2	<b>Cost Allocation Plan / Other</b>					
	Nursing Adm Distribution	0.0000	0.000	0.000		37,500.00
<b>Total Indirect Costs</b>						82,500.00
<b>TOTAL INDIRECT EXPENSES</b>						82,500.00
<b>TOTAL EXPENDITURES</b>						<b>419,238.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / EGLE Drinking Water and Onsite Wastewater Management			<b>DATE PREPARED</b> 8/25/2023	
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024	
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	386,224.00	386,224.00
2	Fringe Benefits	185,388.00	185,388.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	3,375.00	3,375.00
6	Travel	6,491.00	6,491.00
7	Communication	4,650.00	4,650.00
8	County-City Central Services	0.00	0.00
9	Space Costs	22,602.00	22,602.00
10	All Others (ADP, Con. Employees, Misc.)	28,300.00	28,300.00
<b>Total Program Expenses</b>		637,030.00	637,030.00
<b>TOTAL DIRECT EXPENSES</b>		637,030.00	637,030.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	70,000.00	70,000.00
2	Cost Allocation Plan / Other	75,000.00	75,000.00
<b>Total Indirect Costs</b>		145,000.00	145,000.00
<b>TOTAL INDIRECT EXPENSES</b>		145,000.00	145,000.00
<b>TOTAL EXPENDITURES</b>		<b>782,030.00</b>	<b>782,030.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	465,000.00	0.00	465,000.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	315,007.00	315,007.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	2,023.00	0.00	2,023.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>782,030.00</b>	<b>315,007.00</b>	<b>467,023.00</b>	<b>0.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Coordinator	1.0000	79167.000	0.000	FTE	79,167.00
	Sanitarian	1.0000	60307.000	0.000	FTE	60,307.00
	Director	0.1500	91883.000	0.000	FTE	13,782.00
	Sanitarian	0.6000	73644.000	0.000	FTE	44,186.00
	Sanitarian	1.0000	59987.000	0.000	FTE	59,987.00
	Clerk	0.6000	43711.000	0.000	FTE	26,227.00
	Clerk	0.6000	40147.000	0.000	FTE	24,088.00
	Clerk	0.6000	35069.000	0.000	FTE	21,041.00
	Sanitarian	0.5000	73772.000	0.000	FTE	36,886.00
	Clerk	0.7000	29362.000	0.000	FTE	20,553.00
<b>Total for Salary &amp; Wages</b>						<b>386,224.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	48.000	386224.000		185,388.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		2,150.00
	Postage	0.0000	0.000	0.000		600.00
	UNIFORMS	0.0000	0.000	0.000		625.00
<b>Total for Supplies and Materials</b>						<b>3,375.00</b>
<b>6</b>	<b>Travel</b>					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		5,891.00
	Meals	0.0000	0.000	0.000		600.00
<b>Total for Travel</b>						<b>6,491.00</b>
<b>7</b>	<b>Communication</b>					
	TELEPHONE CHARGES	0.0000	0.000	0.000		4,650.00
<b>8</b>	<b>County-City Central Services</b>					



	Line Item	Qty	Rate	Units	UOM	Total
9	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		22,602.00
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Lab Fees	0.0000	0.000	0.000		1,700.00
	Staff Training	0.0000	0.000	0.000		600.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		26,000.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						28,300.00
<b>Total Program Expenses</b>						637,030.00
<b>TOTAL DIRECT EXPENSES</b>						637,030.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
	Other Approval	0.0000	100.000	70000.000		70,000.00
2	<b>Cost Allocation Plan / Other</b>					
	Environmental Hlth Adm Distribution	0.0000	0.000	0.000		75,000.00
<b>Total Indirect Costs</b>						145,000.00
<b>TOTAL INDIRECT EXPENSES</b>						145,000.00
<b>TOTAL EXPENDITURES</b>						<b>782,030.00</b>

**Summary of Budget**

<b>PROGRAM / PROJECT</b> Local Health Department - 2024 / Local Health Department - 2024			<b>DATE PREPARED</b> 8/25/2023		
<b>CONTRACTOR NAME</b> Livingston County Department of Public Health			<b>BUDGET PERIOD</b> From : 10/1/2023 To : 9/30/2024		
<b>MAILING ADDRESS (Number and Street)</b> 2300 E. Grand River Ave., Suite 102			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Howell	<b>STATE</b> MI	<b>ZIP CODE</b> 48843-7578	<b>FEDERAL ID NUMBER</b> 38-6005819		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	2,146,359.00	2,146,359.00
2	Fringe Benefits	875,903.00	875,903.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Supplies and Materials	63,285.00	63,285.00
5	Travel	44,454.00	44,454.00
6	Communication	32,442.00	32,442.00
7	Space Costs	106,422.00	106,422.00
8	All Others (ADP, Con. Employees, Misc.)	162,691.00	162,691.00
<b>Total Program Expenses</b>		3,431,556.00	3,431,556.00
<b>TOTAL DIRECT EXPENSES</b>		3,431,556.00	3,431,556.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	182,989.00	182,989.00
2	Cost Allocation Plan / Other	395,649.00	395,649.00
<b>Total Indirect Costs</b>		578,638.00	578,638.00
<b>TOTAL INDIRECT EXPENSES</b>		578,638.00	578,638.00
<b>TOTAL EXPENDITURES</b>		<b>4,010,194.00</b>	<b>4,010,194.00</b>

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	873,400.00	0.00	873,400.00	0.00

2	Fees and Collections - 3rd Party	500.00	0.00	500.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	149,252.00	149,252.00	0.00	0.00
7	Required Match - Local	165,627.00	0.00	165,627.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	1,606,473.00	1,606,473.00	0.00	0.00
14	MCH Funding	39,490.00	39,490.00	0.00	0.00
15	Local Funds - Other	1,111,683.00	0.00	1,111,683.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	63,769.00	63,769.00	0.00	0.00
	<b>TOTAL</b>	<b>4,010,194.00</b>	<b>1,858,984.00</b>	<b>2,151,210.00</b>	<b>0.00</b>

**Source of Funds**

## PROJECT: ELC Infection Prevention and Healthcare-Associated Infections Response Support

Start Date: 10/1/2024

End Date: 9/30/2025

### Project Synopsis:

This project is supported by Epi Lab Capacity (ELC) Supplemental funding. To utilize these funds, Local Health Departments (LHD) must participate in collaborative efforts with MDHHS to improve the knowledge of infection prevention and control (IPC) and healthcare-associated infection (HAI) investigations and response, thereby increasing statewide public health capacity to support congregate care settings with IPC practices.

### Reporting Requirements (if different than contract language)

Submit a quarterly report to the Healthcare-Associated Infections Section, Infection Prevention (IP) Unit on Infection Prevention and/or HAI-related activities that have occurred within their jurisdiction over the specified reporting period. MDHHS will provide a reporting template.

- For LHDs who completed MI-ECHO (2023-2024) and conducted an Infection Prevention onsite visit (or Infection Control Assessment Response – ICAR), please submit information via [https://mdhhs.cd.qualtrics.com/jfe/form/SV\\_73acnAtD2MuHJNl](https://mdhhs.cd.qualtrics.com/jfe/form/SV_73acnAtD2MuHJNl).

### Allowable expenses for local health departments:

1. Funding can be used to support:
  - a. Staffing
  - b. Personnel time
  - c. Equipment and/or supplies (PPE)
  - d. Resources (guidelines, texts, journals)
  - e. Travel expenses
  - f. Professional Development
2. Support of staff cross-trained in other communicable disease investigation activities such as:
  - Healthcare-associated and antibiotic-resistant organisms,
  - Sexually transmitted infection and
  - HIV partner services,

- Hepatitis C infection,
  - Foodborne outbreak response,
  - Tuberculosis investigations,
  - Other infections/investigations that can benefit from infection prevention support
3. Coordination of supportive services
  4. Activities to promote IP and HAI education and outreach
  5. Workforce development and training, including conference fees, registration, and associated travel.

Funding cannot be used for clinical care or research.

**Additional Requirements:**

The local health department will:

- Designate primary and alternate representatives responsible for participating in this project.
- Participate in routinely scheduled meetings, including, but not limited to educational webinars, in-person learning sessions, and regional workgroups/discussions.
- Conduct ongoing outreach to high-risk and other congregate care settings to assess communicable disease reporting and existing infection prevention infrastructure (resources, policies, practices, and processes) and provide IP and HAI recommendations as needed.
- Develop, maintain, or initiate relationships with long-term care (LTC) facilities within their jurisdiction and have regular communication with these facilities. If an infection prevention/HAI issue arises at one of the facilities which requires further assistance, MDHHS will support.

**Related to Infection Prevention and HAIs:**

Technical assistance from the HAI program office can be requested by LHD personnel supporting IP and HAI activities, including but not limited to educational webinars, in-person workshops, regional workgroups, assistance with onsite facility assessments, cluster/outbreak reporting, investigations, response, and containment efforts.

## PROJECT TITLE: Measles Readiness and Response

Start Date: 10/1/2023

End Date: 9/30/2024

### **Project Synopsis:**

The purpose of this project is to support LHDs in establishment of a measles readiness and response plan, to supplement LHDs' ability to assess risk and prepare communities for measles outbreaks. The funding can be used for targeted outreach to vulnerable communities and to support response to measles cases.

Purchase of vaccine is allowed with this grant if MMR is not otherwise available in the jurisdiction. Purchase of immunoglobulin is **not** allowed.

Allowable expenditures include but are not limited to:

- staff time, temporary staff time, overtime for off-hours including evenings, weekends, and holidays,
- costs associated with data analysis,
- outreach to vulnerable communities,
- immunization appointments and clinics, community vaccination costs, and clinic supplies and materials.
- Dollars can be used to support cases or contacts with isolation, quarantine, and accessing post-exposure prophylaxis – if necessary.

### **Reporting Requirements (if different than agreement language):**

- Submission of Measles Response Plan reporting template following program instructions.
- Notify MDHHS of any cases under investigation (via regional epidemiologist)
- Share press releases on cases or exposures with the MDHHS PIO and your regional epidemiologist
- Completion of Measles case report forms in the MDSS
- Results of symptom monitoring reported via the Outbreak Management System (OMS)

### **Any additional requirements (if applicable):**

RESOLUTION

NO: 2024-09-124

LIVINGSTON COUNTY

DATE: September 23, 2024

**Resolution Authorizing Leadership Training Conducted by Cleary University for New and Emerging County Department Leaders – County Administration/Human Resources**

**WHEREAS,** the Board of Commissioners has set succession planning as a priority of its Strategic Plan and part of succession planning is identifying emerging leaders to support and grow into the department leaders of tomorrow; and

**WHEREAS,** a County Commissioner, the County Administrator, and Human Resources have worked with Cleary University to develop a leadership training program for Livingston County departments’ emerging leaders; and

**WHEREAS,** the training program will be six (6) two (2) hour sessions which provide practical, hands-on training through interactive classroom instruction, small group activities, and a comprehensive guidebook. Participants will engage in real-world scenarios, leadership discussions, guest speaker sessions, simulations, and coaching; and

**WHEREAS,** the training will be held locally at the Cleary University campus and will be taught by an instructor with experience with leadership training; and

**WHEREAS,** the utilization of this training will greatly benefit Livingston County and the goal of the Livingston County Board of Commissioners to have succession plans in place for all.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby approves an agreement with Cleary University to conduct a pilot leadership training for Livingston County departments’ emerging leaders for a cost of \$2,500 per attendee, for a total cost not to exceed \$50,000, paid from the Benefit Fund, to be conducted in the Fall, 2024.

**BE IT FURTHER RESOLVED** that the Chairman of the Livingston County Board of Commissioners, or the County Administrator if Policy Permits, 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.

# # #

**MOVED:  
SECONDED:  
CARRIED:**





# CLEARY UNIVERSITY LEADERSHIP CERTIFICATE

When leaders succeed, the organization succeeds. Livingston County has partnered with Cleary University to offer a leadership certificate that will provide you with the tools to improve your skills and motivate, inspire, and organize those around you.

Cleary University offers a leadership training certificate program designed to enhance employee engagement, retention, and effectiveness in both private and public sector organizations. This program provides practical, hands-on training through interactive classroom instruction, small group activities, and a comprehensive guidebook. Participants will engage in real-world scenarios, leadership discussions, guest speaker sessions, simulations, and coaching.

The program consists of six weekly two-hour classes at Cleary University's Howell Campus, accommodating work, family, and school commitments. Graduates of the program will be equipped with the tools and knowledge necessary to lead their teams effectively, foster a positive organizational culture, and transition from being peers among employees to becoming peers among leaders.

## SESSION TOPICS

- Opportunities and Challenges for Emerging Leaders
- Team Dynamics and Communication
- Managing the Every Day
- Making Decisions and Appropriate Choices
- Stress and Conflict
- Continuing your Leadership Journey
- Recognition Ceremony

## 6 WEEKS | 6 SESSIONS

**WHEN** Date and Time TBD

**WHERE** Cleary University, Howell Campus

**WHO** Livingston County Emerging Leaders

**"Cleary's Leadership Certificate program will be an invaluable asset in fostering the next generation of leaders in Livingston County. We are excited for the impact this program will have on our community."**

Nathan Burd,  
Livingston County  
Administrator



**Program Facilitator:**  
**Lynne Peters**  
Cleary Faculty

Lynne Peters is a seasoned professional with decades of experience in leadership and team development, particularly within the care-service community. She has held significant roles, including 17 years as Associate VP of Business Development and 7 years as an Administrator in skilled nursing, demonstrating her deep expertise in guiding leaders at all levels. Lynne is passionate about fostering growth, creativity, and collaboration in leadership roles. She is dedicated to helping individuals and organizations overcome challenges, achieve success, and make lasting impacts through interactive learning and team engagement.

**To learn more about the Livingston County Leadership Certificate program, please contact Human Resources at 517-546-1010 or email [humanresources@livgov.com](mailto:humanresources@livgov.com).**



# CLEARY'S LEADERSHIP CERTIFICATE FOR EMERGING LEADERS

## WEEK ONE

### Opportunities and Challenges for Emerging Leaders (1.5 to 2.0 hours)

- Prework: 1 to 3 Key Videos
- Introduction: Setting the stage for this professional development workshop and this week
- Topics and Activities:
  - Review Your Role, Responsibilities, and Expectations
  - Conduct a Self-Awareness Evaluation
  - Identify Listening Skills
  - Cultivate Curiosity
  - Adapt and Embrace Change
  - Activities: Discussions, Role Play with Typical and Significant Leadership Situations
- Summary: What will you apply in the next week?

## WEEK TWO

### Team Dynamics and Communication (1.5 to 2.0 hours)

- Prework: 1 to 3 Key Videos
- Introduction: Setting the stage for this week
- Topics and Activities:
  - Move from a Peer to a Leader
  - Enhance Oral and Written Communication
  - Identify Power and Politics
  - Build Trust
  - Monitor Morale
  - Maintain Ethical Integrity
  - Activities: Discussions, Role Play with Communicating to Individuals and Teams
  - Perspectives of a Key/Respected Organizational Leader (Words of Wisdom/War Stories)
- Summary: What will you apply in the next week?

## WEEK THREE

### Managing the Every Day (1.5 to 2.0 hours)

- Prework: 1 to 3 Key Videos
- Introduction: Setting the stage for this week
- Topics and Activities:
  - Review the Responsibilities of your Team and Team Members
  - Keep Score
  - Emphasize Accountability
  - Evaluate Performance
  - Manage Successful Meetings
  - Activities: Discussions, Role Play with Situations on the Floor
- Summary: What will you apply in the next week?

## WEEK FOUR

### Making Decisions and Appropriate Choices (1.5 to 2.0 hours)

- Prework: 1 to 3 Key Videos
- Introduction: Setting the stage for this week
- Topics and Activities:
  - Understand Why Decisions Can be Difficult
  - Develop a Plan
  - Gather Information, Filter Conflicting Data, and Seek Input
  - Activities: Discussions, Role Play with Typical Decisions
  - Perspectives of a Key/Respected Organizational Leader (Words of Wisdom/War Stories)
- Summary: What will you apply in the next week?

## WEEK FIVE

### Stress and Conflict (1.5 to 2.0 hours)

- Prework: 1 to 3 Key Videos
- Introduction: Setting the stage for this week
- Topics and Activities:
  - Remain Calm and Steady
  - Manage Stressful Situations
  - Have Difficult Conversations
  - Unify Vision
  - Activities: Discussions, Role Play with Every Day and Uncommon Stress
- Summary: What will you apply in the next week?

## WEEK SIX

### Continuing your Leadership Journey (1.5 to 2.0 hours)

- Prework: 1 to 3 Key Videos
- Introduction: Setting the stage for this week
- Topics and Activities:
  - Tie the Pieces Together
  - Be the Leader that Team Members Want to Continue Working With
  - Be a Tree as a Team within the Forest of the Organization
  - Develop Your Networking
  - Activities: Discussions, Role Play
  - Perspectives of a Key/Respected Organizational Leader (Words of Wisdom/War Stories)
- Summary: What will you apply moving forward?

RESOLUTION

NO: 2024-09-125

LIVINGSTON COUNTY

DATE: September 23, 2024

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**Resolution Authorizing Passthrough Funding Agreement for Transportation Services between Livingston County and the Western Washtenaw Area Value Express (WAVE) - LETS**

- WHEREAS,** LETS has an opportunity to increase the availability of public transportation services for Livingston County residents in the southwest portion of the County by partnering with the Western Washtenaw Area Value Express (WAVE) to provide additional service in the region; and
- WHEREAS,** the WAVE is headquartered in Dexter, MI and provides door-to-door public transportation services in western Washtenaw County and limited service in the adjacent rural areas of Ingham and Livingston Counties; and
- WHEREAS,** the WAVE has reported an increase in demand from Livingston County residents requesting transportation to Dexter, Stockbridge, and surrounding areas, but the WAVE and LETS do not have the capacity to increase service levels in the region without additional resources; and
- WHEREAS,** the most cost-effective and efficient solution is a passthrough funding agreement modeled on the successful partnership between LETS and People’s Express, which has provided thousands of rides for Livingston County residents since 2019; and
- WHEREAS,** LETS is eligible to receive additional funding from the Federal Section 5311 Rural Operating Assistance program to support increased service in the rural southwest corner of the County, and the funds can be passed through to the WAVE to provide the service on behalf of LETS; and
- WHEREAS,** the partnership is an exceptional value for the citizens of Livingston County, who will benefit from the additional service availability without the need for local taxpayer funds; and
- WHEREAS,** the agreement term will be one (1) year beginning on October 1, 2024 and ending September 30, 2025 with two (2) additional one-year renewal options; and
- WHEREAS,** the initial term will include FY 2025 Federal funds from the Section 5311 Rural Operating Assistance program estimated at \$17,100 and State funds from the Local Bus Operating program estimated at \$33,260, which will be passed-through to the WAVE on a reimbursement basis upon receipt of the grant funds by the County.

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes a sub-recipient agreement for transportation services between Livingston County and Western Washtenaw Area Value Express (WAVE) to pass through FY 2025 Federal and State funds from the Section 5311 Rural Operating Assistance program estimated at \$50,360 under the terms and conditions set forth therein for a term of one (1) year beginning October 1, 2024 and ending September 30, 2025 with two (2) additional one-year renewal options.

**BE IT FURTHER RESOLVED** that the Board authorizes any budget amendments needed to effectuate the above.

**BE IT FURTHER RESOLVED** that the Board Chair is authorized to sign the agreement and any related documents upon review and approval by Mark Koerner, LETS transit attorney.

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



3950 W. Grand River Ave.  
Howell, MI 48855  
517-546-6600  
[www.livgov.com/LET'S](http://www.livgov.com/LET'S)

**To: Livingston County Board of Commissioners**  
**From: Greg Kellogg, Transportation Director**  
**Date: 08/19/2024**  
**Re: Resolution Authorizing a Passthrough Funding Agreement for Transportation Services between Livingston County and the Western Washtenaw Area Value Express (WAVE) - LETS**

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LET'S has an opportunity to increase the availability of public transportation services for Livingston County residents in the southwest portion of the County by partnering with the Western Washtenaw Area Value Express (WAVE) to provide additional service in the region.

The WAVE is headquartered in Dexter, MI and provides door-to-door public transportation services in western Washtenaw County and limited service in the adjacent rural areas of Ingham and Livingston Counties. The Director of WAVE reached out to me earlier this year to discuss solutions for addressing an increase in requests from Livingston County residents for transportation to Dexter, Stockbridge, and surrounding areas. The WAVE provided over 120 trips between Livingston County and Stockbridge in 2023, but that is the limit of their current capacity without additional resources to expand service.

LET'S serves residents in the southwest townships through its countywide demand-response service as well as the partnership with Unadilla and Putnam Townships established in 2022. In 2023, LET'S completed 8,728 trips that started or ended in Iosco, Putnam, and Unadilla Townships. However, LET'S service in the region is limited primarily to in-County trips, which is necessary to serve as many customers as possible given the logistical constraints of rural transportation.

The most cost-effective and efficient solution for increasing service in the region is a passthrough funding agreement modeled on the successful partnership between LET'S and People's Express, which has provided thousands of rides for Livingston County residents since 2019. LET'S is eligible to receive additional funding from the Federal Section 5311 Rural Operating Assistance program to support increased service in the rural southwest corner of the County, and the funds can be passed through to the WAVE to provide the service on behalf of LET'S.

The partnership is an exceptional value for the citizens of Livingston County, who will benefit from the additional service availability without the need for local taxpayer funds. The agreement term will be one (1) year beginning on October 1, 2024 and ending September 30, 2025 with two (2) additional one-year renewal options.

The initial term will include FY 2025 Federal funds from the Section 5311 Rural Operating Assistance program estimated at \$17,100 and State funds from the Local Bus Operating program estimated at \$33,260, which will be passed-through to the WAVE on a reimbursement basis upon receipt of the grant funds by the County.

Thank you, and as always please do not hesitate to contact me with any questions at 517-540-7843.

RESOLUTION

NO: 2024-09-126

LIVINGSTON COUNTY

DATE: September 23, 2024

### Resolution Authorizing FY 2025 Vehicle Leases through the County’s Partnership with Enterprise Fleet Management

**WHEREAS,** the Livingston County Car Pool Department is requesting authorization to lease fourteen (14) new vehicles from Enterprise Fleet Management for FY 2025, per the agreement authorized under Resolution 2024-08-113; and

**WHEREAS,** the new leases include ten (10) replacements for current vehicles that have been recommended for replacement based on age, mileage, and other factors as determined by Enterprise and Car Pool, and four (4) fleet additions requested by Sheriff Field Services and Environmental Health; and

**WHEREAS,** Sheriff Field Services is requesting three (3) fleet additions, including two Chevy Tahoe Patrol vehicles for new deputy positions and one Chevy Silverado to serve as an additional pool car, which will increase the Field Services fleet count to 70 authorized vehicles; and

**WHEREAS,** Environmental Health is requesting one (1) fleet addition, a Ford F-150 for a new field staff position, which will increase the Environmental Health fleet count to 11 authorized vehicles; and

**WHEREAS,** all vehicles will be on 60-month lease terms with no mileage caps, and departments may retain the leased vehicles without penalty after the lease term has ended; and

**WHEREAS,** the leased vehicles will be titled by Enterprise and returned to Enterprise for resale upon lease termination, with the County entitled to the remaining equity less a \$375 per vehicle remarketing fee; and

**WHEREAS,** the annual lease costs have been included in the departments’ FY 2025 Level 2 Auto Leasing budgets for an estimated annual cost of \$153,924 per the table below; and

2025 Lease Costs by Department						
Department	Make/Model	Replacement/ Fleet Addition	Monthly Lease Cost	Annual Lease Cost	Quantity	Total Annual Lease Cost
Building Inspection	Ford F-150	Replacement	\$ 816	\$ 9,792	1	\$ 9,792
Sheriff - Jail	Ford Explorer	Replacement	\$ 759	\$ 9,108	1	\$ 9,108
Sheriff - Field Services	Durango Pursuit	Replacement	\$ 925	\$ 11,100	4	\$ 44,400
Sheriff - Field Services	Chevy Silverado 1500	Replacement	\$ 906	\$ 10,872	2	\$ 21,744
Sheriff - Field Services	Chevy Silverado 2500	Replacement	\$ 929	\$ 11,148	1	\$ 11,148
Sheriff - Field Services	Ford Explorer	Replacement	\$ 759	\$ 9,108	1	\$ 9,108
Environmental Health	Ford F-150	*Fleet Addition	\$ 816	\$ 9,792	1	\$ 9,792
Sheriff - Field Services	Tahoe Police	*Fleet Addition	\$ 1,165	\$ 13,980	2	\$ 27,960
Sheriff - Field Services	Chevy Silverado 1500	*Fleet Addition	\$ 906	\$ 10,872	1	\$ 10,872
<b>Total - All Departments</b>					<b>14</b>	<b>153,924</b>

**WHEREAS,** the lease costs will be paid monthly by Car Pool, which will charge the departments back through the Munis General Billing module; and

**WHEREAS,** the County-owned vehicles being replaced will be disposed of via public auction by the Car

Pool department.

**THEREFORE, BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes the Car Pool department to lease fourteen (14) new vehicles from Enterprise Fleet Management, including 10 replacements and 4 fleet additions, for an estimated annual cost of \$153,924.

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners hereby authorizes an increase in the Sheriff Field Services fleet from 67 authorized vehicles to 70.

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners hereby authorizes an increase in the Environmental Health fleet from 10 authorized vehicles to 11.

**BE IT FURTHER RESOLVED** that the Car Pool Department is hereby authorizes to dispose of the decommissioned County-owned vehicles being replaced per the County Purchasing/Disposal Policy.

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



## Memorandum

**To: Livingston County Board of Commissioners**  
**From: Greg Kellogg, Transportation Director**  
**Date: 08/19/2024**  
**Re: Resolution Authorizing FY 2025 Vehicle Leases through the County's Partnership with Enterprise Fleet Management – Car Pool**

The Livingston County Car Pool Department is requesting authorization to lease fourteen (14) new vehicles from Enterprise Fleet Management in FY 2025, per the agreement authorized under Resolution 2024-08-113. These include 10 replacements for current vehicles that have been recommended for replacement based on age, mileage, and other factors as determined by Enterprise and Car Pool, and 4 fleet additions requested by Sheriff Field Services and Environmental Health.

Sheriff Field Services is requesting three (3) fleet additions, including two Chevy Tahoe Patrol vehicles for new deputy positions and one Chevy Silverado to serve as an additional pool car, which will increase the Field Services fleet count to 70 authorized vehicles. Environmental Health is requesting one (1) fleet addition, a Ford F-150 for a new field staff position, which will increase the Environmental Health fleet count to 11 authorized vehicles.

All vehicles will be on 60-month lease terms with no mileage caps, and departments may retain the leased vehicles without penalty after the lease term has ended. The leased vehicles will be titled by Enterprise and returned to Enterprise for resale upon lease termination, with the County entitled to the remaining equity which will be applied to the subsequent lease to reduce the monthly payment (less a \$375 per vehicle remarketing fee).

The annual lease costs have been included in the departments' FY 2025 Level 2 Auto Leasing budgets for a total estimated annual cost of \$153,924 per the table in the resolution. The lease costs are paid monthly by Car Pool, which charges the departments back through the Munis General Billing module for the lease costs and other vehicle expenses. The County-owned vehicles being replaced will be disposed of via public auction by the Car Pool department.

If you have any questions please contact me directly at 517-540-7843.



RESOLUTION

NO: 2024-09-127

LIVINGSTON COUNTY

DATE: September 23, 2024

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**Resolution Authorizing an Additional 2024 Vehicle Replacement Lease for the Sheriff Field Services Division – Car Pool**

- WHEREAS,** the Livingston County Car Pool Department is requesting authorization to replace one (1) additional vehicle in the Sheriff Field Services Division fleet with a new lease from Enterprise Fleet Management; and
- WHEREAS,** the vehicle being replaced is a County-owned 2018 Chevrolet Traverse that was recently diagnosed with transmission failure, and transmission replacement will be necessary to keep the vehicle in service for an estimated cost of \$6,845; and
- WHEREAS,** the Traverse is 6 years old with approximately 71,000 miles and has no factory warranty remaining; and
- WHEREAS,** due to the vehicle’s age and high cost of transmission replacement, Car Pool recommends decommissioning the vehicle and replacing with a new lease; and
- WHEREAS,** the replacement will be a 2024 Chevy Silverado with an estimated lease payment of \$1,200 per month; and
- WHEREAS,** the replacement vehicle will be on a 60-month lease term with no mileage cap, and the department may retain the leased vehicles without penalty after the lease term has ended; and
- WHEREAS,** the leased vehicle will be titled by Enterprise and returned to Enterprise for resale upon lease termination, with the County entitled to the remaining equity less a \$375 per vehicle remarketing fee; and
- WHEREAS,** the lease costs will be paid monthly by Car Pool, which will charge the department back through the Munis General Billing module; and
- WHEREAS,** the County-owned vehicle being replaced will be disposed of via public auction by the Car Pool department.

**THEREFORE BE IT RESOLVED** that the Livingston County Board of Commissioners hereby authorizes the Car Pool department to replace one (1) additional vehicle in the Sheriff Field Services Division fleet with a new lease from Enterprise Fleet Management with an estimated annual lease cost of \$14,400.

**BE IT FURTHER RESOLVED** that the Car Pool Department is hereby authorized to dispose of the decommissioned County-owned vehicles being replaced per the County Purchasing/Disposal Policy.

**BE IT FURTHER RESOLVED** that the Livingston County Board of Commissioners authorizes any budget amendments necessary to effectuate the above.

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



## Memorandum

**To: Livingston County Board of Commissioners**  
**From: Greg Kellogg, Transportation Director**  
**Date: 08/19/2024**  
**Re: Resolution Authorizing an Additional 2024 Vehicle Replacement Lease for the Sheriff Field Services Division – Car Pool**

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The Livingston County Car Pool Department is requesting authorization to replace one (1) additional vehicle in the Sheriff Field Services Division fleet with a new lease from Enterprise Fleet Management.

The vehicle being replaced is a County-owned 2018 Chevrolet Traverse that was recently diagnosed with transmission failure, and transmission replacement will be necessary to keep the vehicle in service for an estimated cost of \$6,845, per the attached estimate.

The Traverse is 6 years old with approximately 71,000 miles and has no factory warranty remaining. Due to the vehicle's age and high cost of transmission replacement, Car Pool recommends decommissioning the vehicle and replacing with a new lease.

The replacement vehicle will be a 2024 Chevy Silverado with an estimated lease payment of \$1,200 per month, or \$14,400 annually. A vehicle has not yet been located as of this writing, but Enterprise has identified some potential matches in dealer inventory that will be compared for the best value while meeting the department's minimum specifications.

The lease term will be the standard 60-months with no mileage cap, and the department may retain the leased vehicles without penalty after the lease term has ended. The leased vehicle will be titled by Enterprise and returned to Enterprise for resale upon lease termination, with the County entitled to the remaining equity less a \$375 per vehicle remarketing fee.

Lease and operating costs will be paid monthly by Car Pool, which will charge the department back through the Munis General Billing module. The County-owned vehicle being replaced will be disposed of via public auction by the Car Pool department.

If you have any questions please contact me directly at 517-540-7843.

Estmate #120335

ROY'S AUTOWORKS

Est Date / Time : 08/19/2024 5:36 PM

1424 OLD PINCKNEY RD.  
Phone: 517-546-7697 Fax: 517-546-1115  
Howell, MI. 48843

MICHIGAN REGISTRATION : F161299

\_\_\_\_\_ month/ \_\_\_\_\_ mile warranty on all parts and labor unless otherwise specified.

Customer Details:

**LIVINGSTON COUNTY MOTOR POOL**  
3950 W GRAND RIVER  
Howell, MI 48855  
Cellular: 517-712-4019 Office: 517-540-7846

Vehicle Details:

YMM : 2018 Chevrolet - Traverse LT  
Lic # : DPG8082 - MI  
Unit # : 30797 L-35  
VIN # : 1GNEVMKW6 JJ212338  
Odometer In: 0  
Odometer Out: 0

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
TRANSAXLE,AUTOMATIC 19416755	1.00	4,897.56	4,897.56	TRANSMISSION ASSEMBLY - Remove & Replace - 3.6L Eng,4WD - [Includes: Programming	1,628.00
TRANSAXLE,AUTOMATIC <CORE> 19416755	1.00	0.00	0.00	THRUST ANGLE ALIGNMENT (FOUR WHEEL)	89.95
CASTROL TRANSMAX SYN ATF	8.00	10.29	82.32	FLUSH TRANSMISSION COOLER AND LINES	55.00
Transmission Cooler Flush AT200	1.00	39.93	39.93	Environmental fee	3.00
Shop Supplies			48.73		

Parts/Supplies: 5,068.54 Labor: 1,772.95 Total : \$ 6,844.49

YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTUER OR DISTRIBUTOR BECAUSE WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CANNOT BE RETURNED TO YOU.

Save  Discard  Signature: \_\_\_\_\_  
Estimated Increased Total: \$ \_\_\_\_\_ Authorised by:  
Repairs Performed by: Mechanic's Name & Michigan Certification Number

- \_\_\_\_\_
- \_\_\_\_\_

CAVERLY, RYAN

I hereby authorize the above repair work to be done along with the necessary materials, and hereby grant you and/or your employee permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto.

X

- CERTIFICATION -

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH THE MICHIGAN AUTO REPAIR ACT (P.A. 300)

ALL PARTS ARE NEW UNLESS OTHERWISE STATED.

X

RESOLUTION

NO: 2024-09-128

LIVINGSTON COUNTY

DATE: September 23, 2024

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## Resolution to Monitor and Document Contacts Between Illegal Immigrants and the Livingston County Sheriff's Office - Board of Commissioners

- WHEREAS,** citizens continue to express concerns about illegal immigration and its associated increase in crime, and
- WHEREAS,** ignoring these concerns, Border Czar Kamala Harris has permitted millions of illegal immigrants to cross our borders, and
- WHEREAS,** though largely denied and underreported by major media organizations, these illegal immigrants have contributed to an increase in crime, and
- WHEREAS,** this increased criminal activity is not just isolated to southern border states, and
- WHEREAS,** records from the 44th Circuit Court of Livingston County reveal that 26-year-old illegal immigrant Alan Nieves-Garnica has pled guilty to third-degree criminal sexual conduct for an offense against a 15-year-old girl that happened within the county on October 22, 2023, and
- WHEREAS,** this and other illegal immigrant crime could have been prevented if the Border Czar chose to enforce border security, and
- WHEREAS,** earlier this year the Livingston County Sheriff was asked if open borders were impacting his department, he answered, "Yes, as a matter of fact it is. We thought we would be immune to this being a midwestern state, center of Michigan, here in southern Michigan, but we're not. We just recently had a case handled by a local police agency...it was the criminal sexual conduct of a 15-year-old by an illegal so we are not immune to this, nobody is immune to this," and
- WHEREAS,** according to CrimeGrades.org, Livingston County is among the safest counties in Michigan with the best possible Crime Grade of A+. Our crime grade compares favorably to those of the neighboring counties of Washtenaw (D+) and Ingham (D-), and
- WHEREAS,** the Center for Immigration Studies reports that Washtenaw County has declared itself a sanctuary county and that the city of Lansing, located in Ingham County has declared itself a sanctuary city, and
- WHEREAS,** reputable organizations have reported higher crime rates in sanctuary cities/counties, and
- WHEREAS,** a comparison of crime in Livingston County vs. Washtenaw and Ingham Counties shows this same trend, and
- WHEREAS,** the Livingston County Board of Commissioners would like additional data to better assess the impact of illegal immigration such that our county continues to be one of the safest counties in Michigan, and
- WHEREAS,** the Livingston County Sheriff is in full agreement regarding the collection and analysis of such data.

**THEREFORE BE IT RESOLVED**, that in cooperation with the Livingston County Board of Commissioners, the Livingston County Sheriff's Office will document contacts with illegal immigrants regardless of the nature of the contact, and provide periodic reports of these contacts to the Board of Commissioners.

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

RESOLUTION

NO: 2024-09-129

LIVINGSTON COUNTY

DATE: September 23, 2024

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**Resolution to Authorize Entry of Consent Judgment in Settlement of Litigation with Hartland Township – Board of Commissioners**

**WHEREAS,** the County of Livingston and its Department of Public Works have been named as defendants in a lawsuit (“Litigation”) filed by the Township of Hartland in the Livingston County Circuit Court, Case. No. 23-31864-CK; and

**WHEREAS,** the Litigation involves a dispute regarding the operation of the Livingston County Septage Receiving Station, (“SRS”), located within Hartland Township; and

**WHEREAS,** the issues in the Litigation involve the rights and duties set forth in a Master Operating Agreement (“MOA”), dated July 11, 2005, to which the County of Livingston (“Livingston”) and the Township of Hartland (“Hartland”) are signatories; and

**WHEREAS,** pursuant to Article XV of the MOA, the parties engaged in a Dispute Resolution process resulting in the formation of a Dispute Resolution Panel, (“DRP”), which adopted certain recommendations (“Recommendations”) to resolve the dispute; and

**WHEREAS,** the Livingston County Department of Public Works, (“DPW”), has recommended that the County Board of Commissioners adopt the Recommendations as a basis for resolving the dispute; and

**WHEREAS,** special litigation counsel for Livingston and counsel for Hartland have negotiated and jointly drafted a proposed consent judgment (“Consent Judgment”), based upon the Recommendations, that would fully and finally resolve all known disputes regarding the operation of the SRS that have been raised under terms of the MOA; and

**WHEREAS,** it has been represented to Livingston that Hartland has taken formal action to approve the settlement as proposed in the Consent Judgment and has authorized its counsel to execute the same on behalf of Hartland; and

**WHEREAS,** the County Board of Commissioners has duly considered the terms of the proposed Consent Judgment, and its special litigation counsel has recommended that Livingston agree to the Consent Judgment on its behalf and on behalf of the DPW, and is prepared to accept the benefits and to meet the obligations contained therein.

**THEREFORE BE IT RESOLVED THAT** the County Board of Commissioners does hereby approve the entry of the proposed Consent Judgment and authorizes its special litigation counsel to present it to the Circuit Court and execute the same on behalf of Livingston and its DPW; and

**BE IT FURTHER RESOLVED THAT** the County Board of Commissioners does hereby authorize and direct the DPW to take all necessary and reasonable steps to implement the Consent Judgment on Livingston’s behalf; and

**BE IT FURTHER RESOLVED THAT** the County Board of Commissioners shall take all steps to provide the financial means and assurances necessary and reasonable to meet Livingston’s financial obligations under the terms of the Consent Judgment, once entered into by the Circuit Court.

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**MOVED:  
SECONDED:  
CARRIED:**