



General Government and Health and Human Services Committee Meeting Agenda

July 7, 2025

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>

A quorum of the Board of Commissioners may be in attendance at this meeting.

Pages

1. **Call Meeting to Order**
2. **Pledge of Allegiance to the Flag**
3. **Roll Call**
Roger Deaton - Chairman, Jay Gross - Vice Chairman, Douglas Helzerman, and Wes Nakagiri
4. **Approval of Agenda**
5. **Approval of Minutes**
 - 5.1 **Meeting Minutes dated: May 5, 2025** 3
6. **Call to the Public**
Act 388 of 1976 offer; Act 267 of 1976
7. **Reports**
8. **Resolutions for Consideration**
 - 8.1 **Information Technology** Kristoffer Tobbe 6
Resolution Authorizing Entering into a Participating Addendum Through the REMC Cooperative Purchasing Program and the Authorization of the Purchase of the Budgeted 2025 Stock Computer Hardware Order to SEHI Computer Products
 - 8.2 **Health Department** Matt Bolang 15
Resolution to Increase and Amend Fees Charged for Services
 - 8.3 **Health Department** Matt Bolang 20
Resolution to Reduce and Reorganize Workforce

8.4	Car Pool	Greg Kellogg	34
	Resolution Authorizing FY 2026 Vehicle Leases through the County's Partnership with Enterprise Fleet Management		
8.5	LETS	Greg Kellogg	37
	Resolution Authorizing an Intergovernmental Agreement for Transportation Services between Livingston County and the Townships of Putnam and Unadilla		
8.6	LETS	Greg Kellogg	46
	Resolution Authorizing an Intergovernmental Agreement for Transportation Services between Livingston County and Hamburg Township		
8.7	LETS	Greg Kellogg	54
	Resolution to Accept Funding from Trinity Health's Investing in Our Communities Grant Program to Support a Community Connections Bus Route		
9.	Adjournment		

General Government and Health and Human Services Committee Meeting Minutes



May 5, 2025, 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: Douglas Helzerman, Wes Nakagiri, Jay Gross

Members Absent: Roger Deaton - Chairman

1. Call Meeting to Order

The meeting was called to order by Committee Vice-Chair, Commissioner Gross, at 6:00 p.m.

2. Pledge of Allegiance to the Flag

3. Roll Call: Roger Deaton - Chairman (Absent), Jay Gross - Vice Chairman, Douglas Helzerman, and Wes Nakagiri

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

4. Approval of Agenda

Motion to approve the Agenda as presented.

It was moved by D. Helzerman
Seconded by W. Nakagiri

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)

5. Call to the Public - Act 388 of 1976 offer; Act 267 of 1976: None.

6. Approval of Minutes

6.1 Meeting Minutes dated: April 7, 2025

Motion to approve the Minutes as presented.

It was moved by W. Nakagiri
Seconded by D. Helzerman

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)

7. Reports

7.1 Health Department

Vaccine Waiver Program Update

Matt Bolang, Health Officer, and Lindsay Kalberer, PPH Director, updated the Committee regarding the Vaccine Waiver Program.

- This is regarding Parents that want to opt out of vaccinating their children and the process that has been mandated by the State.
- Many parents were frustrated with the need to come in and the time it took to go through opt out process.
- To alleviate frustration LCHD went virtual and Parents can now complete the process on line.
- This was met with great appreciate and success and is being implemented statewide.
- LCHD has been chosen as a Model Practice Award Winner for 2025.

Matt Bolang gave a brief overview of what they were looking at for the 2026 Budget with recent cuts that have come from the State.

8. Resolutions for Consideration

8.1 Airport

Resolution to Concur with the Livingston County Aeronautical Facilities Board to Enter Into a Grant Agreement with the Michigan Department of Transportation, Office of Aeronautics for Crack and Joint Sealing at the Livingston County Airport

Airport Manager, Mark Johnson, introduced the Resolution to the Committee.

Motion to recommend the resolution to the Board of Commissioners.

It was moved by: D. Helzerman

Seconded by: W. Nakagiri

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)

8.2 Airport

Resolution to Concur with the Livingston County Aeronautical Facilities Board to Enter Into a Grant Agreement with the Michigan Department of Transportation, Office of Aeronautics for the Purchase of a Refurbished Ground Power Unit (GPU) for the Livingston County Airport

Motion to recommend the resolution to the Board of Commissioners.

It was moved by: D. Helzerman

Seconded by: W. Nakagiri

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)

8.3 Health Department

Resolution Authorizing an Addition to Programs and Funding to the Comprehensive Health Services Contract

Motion to recommend the resolution to the Board of Commissioners.

It was moved by: W. Nakagiri

Seconded by: D. Helzerman

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)

8.4 Health Department

Resolution Authorizing a Contract for Service Between Smiles on Wheels and Livingston County to Provide Dental Assessments in Compliance with the Kindergarten Oral Health Assessment Program

Motion to recommend the resolution to the Board of Commissioners.

It was moved by: D. Helzerman

Seconded by: W. Nakagiri

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)

9. Adjournment

Motion to adjourn the meeting at 6:44 p.m.

It was moved by D. Helzerman

Seconded by W. Nakagiri

Yes (3): D. Helzerman, W. Nakagiri, and J. Gross

Absent (1): R. Deaton

Motion Carried (3 to 0)



Carol Sue Jonckheere, Recording Secretary

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution Authorizing Entering into a Participating Addendum Through the REMC Cooperative Purchasing Program and the Authorization of the Purchase of the Budgeted 2025 Stock Computer Hardware Order to SEHI Computer Products – Information Technology

WHEREAS, Livingston County has the need to purchase replacement and new technology equipment to support the functions of the County’s operations in a fiscally responsible way; and

WHEREAS, utilization of the State Regional Educational Media Center Association of Michigan “REMC” contract is allowable for State, County and Local Government agencies and will result in significant cost savings for mission critical and operational technologies for the Livingston county; and

WHEREAS, participation in the REMC Contract will allow the County to secure pricing from the Master Agreement entered into between the Regional Educational Media Center Association of Michigan and Sehi Computer Products for Hewlett-Packard, Co (now HP, Inc.) products.; and

WHEREAS, Information Technology has a need to place a stock order of hardware to support the County’s computer operations desktop computers, laptops, docking stations, and monitors are needed to replace outdated equipment in our environment and to support requests for additional necessary computer hardware; and

WHEREAS, through the use of a Participating Addendum through the REMC Cooperative Purchasing Program, the vendor partner Sehi Computer Products, Inc. is able to provide hardware at a significant cost savings resulting in a negotiated savings of 64% over retail rates and 21% over standard contract pricing saving the County a total of \$380,694.

THEREFORE, BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves and authorizes entrance into a Participating Addendum through the REMC Cooperative Purchasing Program.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby approves and authorizes a purchase order to be issued to Sehi Computer Products Inc. for the purchase of stock technology hardware including 26 desktops, 107 laptops, and 130 monitors at an amount of \$220,000.00 in the 2025 budgetary year.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners authorizes any budget amendment(s) needed to effectuate the above.

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.

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MOVED:
SECONDED:
CARRIED:

Quote For:
Livingston County

REMC Contract # 256080

Replacement for 640 G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
95	AV3Q3AV	HP IDS UMA Ultra 7 255U 6 14 inch G1i Base NB PC	\$4,083.00	\$1,265.00	\$120,175.00
	8C9M7AV	No Country of Origin Restriction			
	1Y632AV	Electronic Energy Star labeling (EStar)			
	AW2T8AV	Windows 11 Pro 64			
	4SS11AV	OS Localization			
	AW2N5AV	Dual AryMic FHD USB2 NFOV Integrated Camera			
	AW2P7AV	14.0 inch AG WUXGA (1920x1200) LED UWVA 300 fHDC 60Hz bnt LCD Panel			
	AW2U5AV	32GB (1x32GB) DDR5 5600 SODIMM Memory			
	AW2V8AV	1TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	AW2N3AV	Pike Silver Plastic D Cover ID			
	AW2R1AV	No Near Field Communication (No NFC)			
	AW2X8AV	Intel AX211 Wi-Fi 6E +Bluetooth 5.3 WW WLAN			
	AW2R5AV	No WWAN			
	AW2V6AV	Fingerprint Sensor			
	AW2R2AV	No SmartCard Reader			
	AW2M8AV	RX Long Life 56Whr Fast Charge 3 cell Battery			
	AW2M2AV	65 Watt nPFC USB-C Straight AC Adapter			
	AW3J7AV	for TBT Clickpad Backlit spill-resistant KBD			
	AW3J5AV	Country Localization			
	68V61AV	C5 1.0m Sticker Conventional Power Cord			
	AW3J3AV	1/1/0 Warranty			
	791T2AV	Pre-Boot UEFI Wi-Fi support			
	4N733AV	HP Tamper Lock			
	4V0B5AV	No vPro AMT supported			
	AW2R8AV	Standard Packaging			
	3E758AV	Electronic TCO Certified labeling			
	A19B2AV	Core Ultra 7 sz3 G16 Label			
	U85GJE	HP 3y Onsite Notebook Support			

Quote For:
Livingston County

Replacement for 660 G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
4	AV3Z0AV	HP IDS UMA Ultra 7 255U 6 16 inch G1i Base NB PC	\$4,099.00	\$1,296.00	\$5,184.00
	8C9M7AV	No Country of Origin Restriction			
	1Y632AV	Electronic Energy Star labeling (EStar)			
	AV7L7AV	Windows 11 Pro 64			
	4SS11AV	OS Localization			
	AV7F6AV	Dual AryMic FHD USB2 NFOV Integrated Camera			
	AV7G6AV	16.0 inch AG WUXGA (1920x1200) UWVA 300 fHDC 60Hz bnt LCD Panel			
	AV7M4AV	32GB (1x32GB) DDR5 5600 SODIMM Memory			
	AV7N7AV	1TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	AV7F4AV	Pike Silver Plastic D Cover ID			
	AV7J0AV	No Near Field Communication (No NFC)			
	AV7Q7AV	Intel AX211 Wi-Fi 6E +Bluetooth 5.3 WW WLAN			
	AV7J4AV	No WWAN			
	AV7N5AV	Fingerprint Sensor			
	AV7J1AV	No SmartCard Reader			
	AV7E9AV	RX Long Life 56Whr Fast Charge 3 cell Battery			
	AV7E1AV	65 Watt nPFC USB-C Straight AC Adapter			
	AV7Z5AV	for TBT Clickpad Backlit num kypd spill-resistant KBD			
	AV7Z6AV	Country Localization			
	68V61AV	C5 1.0m Sticker Conventional Power Cord			
	AV7Z2AV	1/1/0 Warranty			
	791T2AV	Pre-Boot UEFI Wi-Fi support			
	4N733AV	HP Tamper Lock			
	4V0B5AV	No vPro AMT supported			
	AV7J7AV	Standard Packaging			
	3E758AV	Electronic TCO Certified labeling			
	A19B2AV	Core Ultra 7 sz3 G16 Label			
	U85GJE	HP 3y Onsite Notebook Support			

Replacement for 800 SFF G9

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
20	7E5C9AV	HP Elite SFF 800 G9 R 260W -Base Unit RCTO	\$2,997.00	\$1,346.00	\$26,920.00
	4G0A0AV	Electronic TCO Certified labeling			
	4G0J4AV	Windows 11 Pro 64			
	4YH35AV	OS Localization			
	9B084AV	Intel Core i7-14700 5.40G 33 MB 20 cores 65W CPU			
	4G0K3AV	32GB (1x32GB) DDR5 4800 UDIMM Memory			
	4G0L8AV	1TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	4E6E3AV	HP 125 BLK Wired Keyboard			

Quote For:
Livingston County

4G0F6AV	HP Black 125 Wired Mouse
4R103AV	No Front Optional Port
4G0C3AV	HDMI Port v2
4G0G2AV	No Included ODD
4G0V2AV	Elite 800 SFF Country Kit
4G0V4AV	C13 1.83m Sticker Conventional Straight Power Cord
4E6B7AV	1/1/1 (material/labor/onsite) SFF Warranty
4G0F1AV	Single Unit (Small Form Factor) Packaging
6E5H8AV	1/1/1 SFF Label US
7E5E4AV	Intel Core i7 vPro Enterprise Raptor Lake Label
U6578E	HP 3 year Onsite DT HW Supp

Replacement for 800 Mini G9

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
6	7E801AV	HP Elite Mini 800 G9 R -Base Unit 65W RCTO	\$2,940.00	\$1,350.00	\$8,100.00
	4B457AV	Electronic TCO Certified labeling			
	6ME14AV	ENERGY STAR Certified			
	4B4D2AV	Windows 11 Pro 64			
	4YH35AV	OS Localization			
	9D2A8AV	Intel Core i7-14700 5.40G 33 MB 20 cores 65W CPU			
	4B4E0AV	32GB (1x32GB) DDR5 4800 SODIMM Memory			
	4B4E6AV	1TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	4B456AV	DM No SATA HDD Bracket G6			
	4B4M7AV	HP 125 BLK Wired Keyboard			
	4B4A6AV	HP Black 125 Wired Mouse			
	4B426AV	180 Watt Smart PFC Slim Straight AC Adapter			
	4B467AV	HDMI Port v2			
	4B4Q5AV	HP Elite 800 Desktop Mini Country Kit			
	4T8N5AV	C13 1.83m Sticker Conventional Desktop Power Cord			
	4B4J6AV	1/1/1 (material/labor/onsite) DM Warranty			
	4B499AV	Single Unit (Desktop Mini) Packaging			
	4B4B3AV	No Flex Port 2			
	6E5J8AV	1/1/1 DM Label US			
	7E818AV	Intel Core i7 vPro Enterprise Raptor Lake Label			
	U6578E	HP 3 year Onsite DT HW Supp			

Replacement for Zbook Power G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
3	9A667AV	HP IDS DSC RTX 1000 Ada 6GB U7-155H Power 16 G11 Base NB PC	\$7,344.00	\$1,990.00	\$5,970.00
	8C9M7AV	No Country of Origin Restriction			
	1Y630AV	Electronic Energy Star labeling (EStar)			
	9A6C8AV	Windows 11 Pro 64			

Quote For:
Livingston County

4SS11AV	OS Localization
9A689AV	Dual AryMic FHD USB2 NFOV Integrated Camera
9A698AV	16.0 inch AG WUXGA (1920x1200) LED UWVA 300 fFHD 60Hz bnt LCD Panel
9A6E1AV	64GB (2x32GB) DDR5 5600 SODIMM Memory
9A6E9AV	2TB PCIe-4x4 2280 NVMe TLC Solid State Drive
9A6A9AV	No Near Field Communication (No NFC)
9A6H4AV	Intel AX211 Wi-Fi 6E +Bluetooth 5.3 WW WLAN
9A6E4AV	Fingerprint Sensor
9A6B0AV	No SmartCard Reader
9A659AV	Long Life 83Whr Fast Charge 6 cell Battery
9A658AV	HP 150W Slim 4.5mm PFC Smart (3-pin) AC Adapter
9A6J0AV	for TBT Clickpad Backlit num kypd spill-resistant KBD
9A747AV	Country Localization
9A748AV	1/1/0 Warranty
791T2AV	Pre-Boot UEFI Wi-Fi support
X9H49AV	No vPro AMT supported
4N732AV	HP Tamper Lock
9A6B4AV	Standard Packaging
9A6B2AV	No WWAN
6B664AV	C5 1.0m Sticker Premium Power Cord
3E756AV	Electronic TCO Certified labeling
8E4W6AV	Core Ultra 7 sz3 G14 Label
U85QTE	HP 3y Onsite Mobile Workstation Support

Replacement for Zbook Power G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
1	9A667AV	HP IDS DSC RTX 1000 Ada 6GB U7-155H Power 16 G11 Base NB PC	\$6,587.00	\$1,785.00	\$1,785.00
	8C9M7AV	No Country of Origin Restriction			
	1Y630AV	Electronic Energy Star labeling (EStar)			
	9A6C8AV	Windows 11 Pro 64			
	4SS11AV	OS Localization			
	9A689AV	Dual AryMic FHD USB2 NFOV Integrated Camera			
	9A698AV	16.0 inch AG WUXGA (1920x1200) LED UWVA 300 fFHD 60Hz bnt LCD Panel			
	9A6D7AV	32GB (1x32GB) DDR5 5600 SODIMM Memory			
	9A6E9AV	2TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	9A6A9AV	No Near Field Communication (No NFC)			
	9A6H4AV	Intel AX211 Wi-Fi 6E +Bluetooth 5.3 WW WLAN			
	9A6E4AV	Fingerprint Sensor			
	9A6B0AV	No SmartCard Reader			
	9A659AV	Long Life 83Whr Fast Charge 6 cell Battery			
	9A658AV	HP 150W Slim 4.5mm PFC Smart (3-pin) AC Adapter			
	9A6J0AV	for TBT Clickpad Backlit num kypd spill-resistant KBD			

Quote For:
Livingston County

9A747AV	Country Localization
9A748AV	1/1/0 Warranty
791T2AV	Pre-Boot UEFI Wi-Fi support
X9H49AV	No vPro AMT supported
4N732AV	HP Tamper Lock
9A6B4AV	Standard Packaging
9A6B2AV	No WWAN
6B664AV	C5 1.0m Sticker Premium Power Cord
3E756AV	Electronic TCO Certified labeling
8E4W6AV	Core Ultra 7 sz3 G14 Label
U85QTE	HP 3y Onsite Mobile Workstation Support

Zbook Fury 16 G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
1	9C595AV	HP IDS i9-14900HX for WWAN Fury 16 G11 Base NB PC	\$8,571.00	\$3,850.00	\$3,850.00
	8C9M7AV	No Country of Origin Restriction			
	9C5Y6AV	Windows 11 Pro 64 High End			
	4SS11AV	OS Localization			
	9C5U8AV	Dual AryMic 5MP USB2 IR WFOV Integrated Camera			
	9C5W1AV	16.0 inch AG WUXGA (1920x1200) WLED+LBL UWVA 400 for WWAN w5MP IR bnt LCD Panel			
	9C5Z7AV	32GB (1x32GB) DDR5 5600 SODIMM Memory			
	9C5U2AV	NVIDIA RTX 1000 Ada 6 GB Graphics			
	9C6G4AV	2TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	9C5W5AV	No Near Field Communication (No NFC)			
	9C620AV	Intel BE200 Wi-Fi 7 +Bluetooth 5.4 non-vPro WW WLAN			
	9C608AV	Fingerprint Sensor			
	9C5U0AV	XL-Long Life 95Whr Fast Charge 8 cell Battery			
	9X9K7AV	HP 200W Slim 4.5mm PFC Smart (3-pin) AC Adapter			
	9C641AV	HP Touchpad Backlit num kypd spill-resistant Premium Keyboard			
	9C628AV	Country Localization			
	9C6L4AV	1/1/0 Warranty			
	791T2AV	Pre-Boot UEFI Wi-Fi support			
	X9H49AV	No vPro AMT supported			
	4N732AV	HP Tamper Lock			
	9C5W9AV	Standard Packaging			
	9C5W7AV	No WWAN			
	9E0W9AV	C13 1.0m Sticker Premium Power Cord			
	1Y630AV	Electronic Energy Star labeling (EStar)			
	3E756AV	Electronic TCO Certified labeling			
	6E6V7AV	Core i9 sz3 G13 Label			
	U85QTE	HP 3y Onsite Mobile Workstation Support			

Quote For:
Livingston County

Zbook FireFly 16 G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
3	8K939AV	HP IDS UMA U7-155H RT USBC 16 G11 Base NB PC	\$5,709.00	\$2,550.00	\$7,650.00
	8C9M7AV	No Country of Origin Restriction			
	1Y630AV	Electronic Energy Star labeling (EStar)			
	8K9S3AV	Windows 11 Pro 64			
	4SS11AV	OS Localization			
	8K9N4AV	Dual AryMic 5MP USB2 WFOV Integrated Camera			
	9X9S1AV	16.0 inch AG WUXGA (1920x1200) LED UWVA 300 f5MP bnt LCD Panel			
	8K9S9AV	32GB (1x32GB) DDR5 5600 SODIMM Memory			
	8K9T9AV	2TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	8K9P4AV	No Near Field Communication (No NFC)			
	8K9V4AV	Intel AX211 Wi-Fi 6E +Bluetooth 5.3 WW WLAN			
	8K9T4AV	Fingerprint Sensor			
	8K9P5AV	No SmartCard Reader			
	8K9N0AV	Long Life 76Whr Fast Charge 6 cell Battery			
	8K9M9AV	HP 100W Slim USB-C AC Adapter			
	8K8S7AV	Clickpad Backlit num kypd spill-resistant Premium Keyboard			
	8K8X9AV	Country Localization			
	8K8R4AV	1/1/0 Warranty			
	791T2AV	Pre-Boot UEFI Wi-Fi support			
	X9H49AV	No vPro AMT supported			
	4N732AV	HP Tamper Lock			
	8K9Q0AV	Standard Packaging			
	8K9Q3AV	No WWAN for UMA			
	6B664AV	C5 1.0m Sticker Premium Power Cord			
	3E756AV	Electronic TCO Certified labeling			
	8E4W6AV	Core Ultra 7 sz3 G14 Label			
	U85QTE	HP 3y Onsite Mobile Workstation Support			

Replacement for x360 830 G11

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
2	A85LR4V	HP IDS UMA Ultra 7 268V+32GB OS Recovery Glacier Silver X Flip G1i Base NB PC	\$5,591.00	\$2,551.00	\$5,102.00
	8C9M7AV	No Country of Origin Restriction			
	A87MXAV	Intel EVO verified design			
	1Y629AV	Electronic Energy Star labeling (EStar)			
	A87NW4V	Windows 11 Pro 64 NextGen Premium			
	4SS11AV	OS Localization			
	A87NNAV	Wacom AES 2.0 Pen with App Launch Button G3			
	A87N2AV	14.0 inch AG 2.5K (2560x1600) WLED+LBL UWVA 400 for WLAN wAI ISP 120Hz (VRR) Touchscreen bntLCDPanel			
	A87P0AV	1TB PCIe-4x4 2280 NVMe TLC Solid State Drive			
	B5QY2AV	Glacier Silver Aluminum no WWAN Anti-Glare ID			

Quote For:
Livingston County

A87NHAV	No Near Field Communication (No NFC)
A87PMAV	Intel BE201 Wi-Fi 7 +Bluetooth 5.4 vPro WW WLAN
A87NJAV	No WWAN
A87NYAV	Fingerprint Sensor
A87MVAV	ER Long Life 68Whr Fast Charge 6 cell Battery
A87MKAV	65 Watt nPFC USB-C Straight AC Adapter
A85MDAV	Soft Grey Clickpad Backlit spill-resistant Premium Keyboard
A85M0AV	Country Localization
68V61AV	C5 1.0m Sticker Conventional Power Cord
A85MSAV	1/1/0 Warranty
791T2AV	Pre-Boot UEFI Wi-Fi support
4N735AV	HP Tamper Lock
X9H43AV	AMT Disabled
A87NMAV	Standard Packaging
206D8AV	Preinstall HEVC CODEC
3E755AV	Electronic TCO Certified labeling
AQ6K3AV	Intel Evo Core Ultra 7 sz2 G15 Label
U80MME	HP 3y Onsite Notebook Support

Monitors

Quantity	Part #	Product Description	List Price	Purchase Price	Extended Price
100	8X534AA	HP Series 7 724pn	\$379.00	\$240.00	\$24,000.00
30	8Y2F7AA	HP Series 7 724pu	\$429.00	\$290.00	\$8,700.00

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution to Increase and Amend Fees Charged for Services – Health Department

WHEREAS, Public Act 368 of 1978, Section 2444, known as the Michigan Public Health Code, authorizes the Board of Commissioners to revoke, increase or amend fees for services authorized or required to be performed by the Health Department, and

WHEREAS, the current fee schedule was last established and revised March 18, 2015, and

WHEREAS, a vast majority of services delivered by the Health Department are required by the Michigan Public Health Code, and

WHEREAS, the proposed increase in fees is a direct result of increases in the cost of providing services, primarily personnel costs; increase in internal service fund charges; decrease in Federal and State funding; and increases in the requirements for performing the various mandated services.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves the attached fee schedule which shall be effective August 1, 2025.

THEREFORE BE IT FURTHER RESOLVED that the fee schedule shall be adjusted annually on January 1st of each year based on the average inflation over the last 12 months using the Consumer Price Index data for the Detroit Area. In the event of a CPI decrease, the Health Department shall retain discretion to do one of the following:

1. Maintain current fee levels
2. Reduce fees proportionally
3. Defer adjustment pending further review of economic and operational conditions

BE IT FURTHER RESOLVED Under no circumstances shall fees be reduced below the base rate amount that is established under this resolution unless explicitly approved by the Board of Commissioners.

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MOVED:
SECONDED:
CARRIED:

LIVINGSTON COUNTY HEALTH DEPARTMENT
DRAFT FEE SCHEDULE - JUNE 2025

	CURRENT FEE	NEW FEE
ENVIRONMENTAL HEALTH		
BODY ART		
Plan review	600	780
Plan review - remodel or renovating existing establishment	275	360
Change of ownership	200	260
Temporary - application received 30 days or more before event	350	455
Temporary - application received less than 30 days or more before the event	425	555
Annual inspection	0	250
CAMPGROUND		
Public - annual inspection	210	275
Public - reinspection	100	130
Permit - temporary campground	210	275
DHS INSPECTION		
Children camp - small	300	390
Children camp - large	400	520
Partial evaluation - well and/or septic (> 12 occupants)	200	260
Full evaluation - well and septic (> 12 occupants)	300	390
Full evaluation - municipal water and sewer (> 12 kids/childcare setting)	200	260
Water resample	\$35 + lab	\$50 + lab
FOOD		
PLAN REVIEW		
Fixed - new/major remodel of existing establishment		
seating capacity 0-100	1,365	1,570
seating capacity 101-200	1,643	1,890
seating capacity 201-over	1,926	2,140
Fixed - change of ownership	250	290
Mobile & TFU - new	500	650
Mobile & TFU change of ownership/use/equipment	250	290
Remodel or renovating of existing establishment	50% of new	50% of new
HACCP review	0	500
Variance request	0	250
LICENSE		
Fixed		
seating capacity 0-25	627	720
seating capacity 26-50	680	780
seating capacity 51-75	820	945
seating capacity 76-100	898	1,035
seating capacity 101 - over	1,010	1,160
School full service	627	720
School satellite/serving	627	720
Fraternal, civic, non-profit, and religious	627	720
Mobile	205	235
Mobile commissary	205	235
TFU - license	112	130
TFU inspection	90	90
TFU - late fee less than 4 days before the event	0	75
Temporary license - application received 5 days or more before event	125	175

Temporary license - application received less than 5 days before the event	150	225
Fee for operating without a license/day of the event	200	230
License - Temporary low risk consultation	75	90
New ownership after October 31	50% of annual fee	50% of annual fee
Seasonal (operates less than 9 months/year)	50% of annual fee	50% of annual fee
LICENSE RENEWAL PENALTY (% of food license)		
May 1-7	10%	10%
May 8-14	20%	20%
May 15-21	30%	30%
May 22-28	40%	40%
May 29-June 4	50%	50%
After June 5	75% + Admin action referral	75% + Admin action referral
FOOD MISC.		
ServSafe class	\$200 full class & \$125 refresher	\$230 full class & \$175 refresher
Book only	call for pricing	call for pricing
ServSafe Exam only	75	75
ONSITE WASTEWATER		
SOIL EVALUATION (3 boring max)		
Soil evaluation - individual boring - single family residence/replacement	100	150
Soil evaluation - single family residence	300	450
Soil evaluation - new commercial building per site	325	490
Soil evaluation individual soil boring - commercial per building site	175	230
Soil evaluation - alternative technology vacant land/preliminary review	500	650
RESIDENTIAL		
Permit- new construction septic single family residence (incl. 2-3 insp.)	350	500
Permit - new construction septic alternative technology (incl. 4-5 insp.)	550	715
Permit - replacement septic single family residence	375	500
Permit - replacement septic single family w/ alternative technology	450	585
Permit - single family residence septic tank only	150	195
Alternative technology operating permit	30	40
Permit renewal	50% of permit fee	50% of permit fee
COMMERCIAL		
Permit - commercial <1000 gpd w/o alternative technology	624	810
Permit - commercial <1000 gpd w/ alternative technology	735	955
Permit - commercial >1000 gpd < 10,000 gpd	840	1,090
Commercial septic tank only	150	195

SUBDIVISION PLAT REVIEW		
Onsite water/sewage disposal (incl. soil evaluation, hydro)	\$1094 + \$100/lot	\$1420 + \$130/lot
Onsite sewage only (incl. soil evaluation)	\$753 + \$100/lot	\$980 + \$130/lot
Onsite water supply only (incl. hydro)	\$572 + \$23/lot	\$745 + \$30/lot
Onsite review public water/sewer	189	250
Recertification of previously approved subdivision (incl. modifications)	432	560
Community septic vacant land review < 10,000 gpd (incl. soil)	777	1,010
ONSITE WATER		
Permit - new residential/test/irrigation/vertical closed loop geothermal	275	400
Permit - replacement residential	275	400
Permit - commercial process/irrigation/test well	275	400
Permit - Type III	300	425
Permit - Type II/Transient	350	455
Permit - Type II/Nontransient	400	520
Permit renewal	50% of permit fee	50% of permit fee
MISC. WW and Water		
Hydrogeological review	646	840
Septic new installer license	210	275
Septic installer renewal	79	105
Septic installer exam retake	53	70
Homeowner test	53	70
Reviews for additions and/modifications - residential	75	100
Reviews for additions and/modifications - commercial	75	150
Cemetery plat review (plan review/soil evaluation)	\$131 plan review + \$200 soil eval	\$170 plan review + \$230 soil eval
Horizontal closed loop geothermal	75	100
MDARD requested well & septic inspections	238	310
SWIMMING POOL		
Inspection - new pool	263	340
Annual inspection	200	260
Additional pool/spa at same address	75	125
SEPTAGE		
Annual truck inspection	0	100
MISC. FEES		
Reinspection fee/enforcement follow-up	100	130
Plan review resubmission	150	195
Certified Operator training	75	100
Increase inspection frequency	150	195
Appeal Hearing before Health Officer	100	130
Appeal Hearing before Board of Appeals	275	340
Office conference	100	130
Informal hearing	200	260
Formal hearing	300	390
Non-sufficient fund check	25	35
Radon test kits	5	5
PERSONAL AND PREVENTATIVE HEALTH SERVICES		
IMMUNIZATIONS*		
Administration fee per vaccine	23	23
Children (18 and under)	23	23
Adults	23	23
TB SKIN TEST	30	No fee

HIV/STD COURT ORDER TESTING/ PA57 TESTING	200	200
HEALTH EDUCATION/WORKSHOPS	0	No fee
Breastfeeding Class	0	No fee
DISINTERNMENT/RE-INTERNMENT & INTERNATIONAL TRANSPORT	50	100
TRAVEL CONSULTATION	75	100
<i>*Clients eligible for Vaccine for Children (VFC) or Michigan Adult Vaccine Replacement Program (MI-VRP) will be charged only the administration fee per vaccine. Clients not eligible for VFC or MI-VRP will also be charged for the cost of the vaccine.</i>		

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution to Reduce and Reorganize Workforce – Health Department

WHEREAS, in April 2025 a substantial amount of Federal grant funding was cut from the Health Department; and

WHEREAS, over the last 10 years, employee and internal service costs have risen by over 50% while funding has only increased by 33%; and

WHEREAS, the combination of the immediate cut of Federal funding, escalating employee and internal service costs, and the relatively flat and in some cases reduced funding for other sources of revenue has created a significant and immediate deficit in the Health Department operating budget; and

WHEREAS, in order to reduce expenses in 2025 and balance the budget in 2026 the Health Department Director has determined the need to reduce and reorganize the workforce in accordance with the Workforce Reduction Policy; and

WHEREAS, the current and proposed changes are detailed in the tables below; and

CURRENT:

Position #	Description	Group	Grade	FTE	Status
60100155	PUBLIC HEALTH NURSE	NU	9	0.73	A
60100119	WIC PROGRAM SPECIALIST	NU	9	1.00	A
60100103	ADMIN SPECIALIST	NU	5	1.00	A
60100104	ADMIN SPECIALIST	NU	5	0.73	A
60100107	ADMIN SPECIALIST	NU	5	1.00	A
60100131	ENVRN HEALTH SPECIALIST II	NU	9	1.00	A
60100147	PUBLIC HEALTH NURSE	NU	9	1.00	A
60100136	HEALTH PROMOTION SPEC	NU	9	1.00	A
60100125	ADMIN SPECIALIST	NU	5	1.00	A
60100148	HEALTH PROMOTION SPEC	NU	9	1.00	A

PROPOSED:

Position #	Description	Group	Grade	FTE	Status
60100155	PUBLIC HEALTH NURSE	NU	9	1.00	A
60100119	WIC PROGRAM SPECIALIST	NU	9	(1.00)	I
60100103	ADMIN SPECIALIST	NU	5	(1.00)	I
60100104	ADMIN SPECIALIST	NU	5	(0.73)	I
60100107	ADMIN SPECIALIST	NU	5	(1.00)	I
60100131	ENVRN HEALTH SPECIALIST II	NU	9	(1.00)	I
60100147	PUBLIC HEALTH NURSE	NU	9	(1.00)	I
60100136	HEALTH PROMOTION SPEC	NU	9	(1.00)	I
60100125	SENIOR HEALTH CLERK	NU	6	1.00	A
60100148	HEALTH PROMOTION SPEC	NU	9	(1.00)	I
60100163	PUBLIC HEALTH NURSE	NU	9	0.20	A

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves the reduction of FTE and reorganization of the Health Department as reflected above.

BE IT FURTHER RESOLVED the changes to the workforce herein become effective immediately. Those positions eliminated will work their last day on July 28, 2025, and receive two (2) weeks of pay in lieu of working with their last official day of county employment ending on August 12, 2025, consistent with the Workforce Reduction Policy of the Livingston County Board of Commissioners. Benefits will also be extended until August 30, 2025.

BE IT FURTHER RESOLVED the Board of Commissioners authorizes any budget amendments needed to effectuate the above and bring the Health Departments 2025 Budget for both revenue and expenditures in line with actual activity.

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MOVED:
SECONDED:
CARRIED:

Funding Org 22160100	INCREASE FTE		RECLASS		ADDITION	ELIMINATE	ELIMINATE	ELIMINATE	ELIMINATE	ELIMINATE	ELIMINATE	ELIMINATE	ELIMINATE
	CURRENT	PROPOSED	CURRENT	PROPOSED									
	PUBLIC HEALTH NURSE NU 9/4 0.73 60100155	PUBLIC HEALTH NURSE NU 9/4 1.00 60100155	ADMIN SPECIALIST NU 5/4 1.00 60100125	SENIOR HEALTH CLERK NU 6/4 1.00 60100125	PUBLIC HEALTH NURSE NU 9/5 0.20 60100163	WIC PROGRAM SPECIALIST NU 9/1 1.00 60100119	ADMIN SPECIALIST NU 5/7 1.00 60100103	ADMIN SPECIALIST NU 5/7 0.73 60100104	ADMIN SPECIALIST NU 5/3 1.00 60100107	ENVIRON HEALTH SPECIALIST II NU 9/3 1.00 60100131	PUBLIC HEALTH NURSE NU 9/1 1.00 60100147	HEALTH PROMOTION SPECIALIST NU 9/2 1.00 60100136	HEALTH PROMOTION SPECIALIST NU 9/4 1.00 60100148
	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost	Annual Cost
Salary	\$ 56,364	\$ 77,211	\$ 53,975	\$ 58,013	\$ 15,906	\$ (70,658)	\$ (58,962)	\$ (43,042)	\$ (52,386)	\$ (74,961)	\$ (70,658)	\$ (72,776)	\$ (77,211)
FICA	\$ 4,312	\$ 5,907	\$ 4,129	\$ 4,438	\$ 1,217	\$ (5,405)	\$ (4,511)	\$ (3,293)	\$ (4,008)	\$ (5,734)	\$ (5,405)	\$ (5,567)	\$ (5,907)
Pension	\$ 18,459	\$ 18,459	\$ 18,459	\$ 18,459		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health	\$	\$ 11,890	\$ 11,890	\$ 11,890		\$ (11,890)	\$ (11,890)		\$ (11,890)	\$ (11,890)	\$ (11,890)	\$ (11,890)	\$ (11,890)
Workers Comp	\$ 158	\$ 217	\$ 151	\$ 163	\$ 45	\$ (198)	\$ (165)	\$ (121)	\$ (147)	\$ (210)	\$ (198)	\$ (204)	\$ (217)
Longevity													
Life	\$ 135	\$ 185	\$ 130	\$ 139		\$ (170)	\$ (142)		\$ (126)	\$ (180)	\$ (170)	\$ (175)	\$ (185)
LTD	\$ 156	\$ 213	\$ 149	\$ 160		\$ (195)	\$ (163)		\$ (145)	\$ (207)	\$ (195)	\$ (201)	\$ (213)
STD	\$ 434	\$ 594	\$ 415	\$ 446		\$ (544)	\$ (454)		\$ (403)	\$ (577)	\$ (544)	\$ (560)	\$ (594)
RHC - Savings							\$ (2,335)						
Total Annual Costs	\$ 80,018	\$ 114,676	\$ 89,299	\$ 93,709	\$ 17,167	\$ (89,059)	\$ (78,621)	\$ (46,456)	\$ (69,104)	\$ (93,759)	\$ (89,059)	\$ (91,373)	\$ (96,217)
Cost of change		\$ 34,658		\$ 4,410	\$ 17,167								
PARTIAL YEAR		\$ 11,384		\$ 2,205	\$ 8,584	\$ (28,939)	\$ (24,149)	\$ (17,421)	\$ (21,455)	\$ (30,701)	\$ (28,939)	\$ (29,806)	\$ (31,623)
													\$ (190,859)

Department Director Matthew Balf

DATE 6/25/25

Fiscal Services 15002

DATE 6/25/25



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Public Health Nurse Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☒ No ☐

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☐ Part-Time (21-29) ☐ Part-Time (20 or Less) ☒ Number of hours per week: 8

Justification of request / change of position **(REQUIRED)**: _____

Change temporary PHN position held by Laura Kelly to Irregular Part-Time at 0.2 FTE

FUNDING INFORMATION

Base Annual Salary: 38.24 hr./ 9,942.40 yr. This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 221060100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 5008 Job Title: Public Health Nurse Grade/Step: NU9H / 5

FTE: 0.20 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100163 Org. 22160100

Funds Available: Yes ☒ No ☐ Object Code: 704000 ☐ 706000 ☐ 706001 ☒

Comments: additional FTE need BOC approval

Budget Reviewed: 1502 Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Administrative Specialist Supervisor: Barb Murphy

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☐ Part-Time (21-29) ☒ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

28.3473 hr./ 43,042.54 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 1202 Job Title: Administrative Specialist Health Grade/Step: NU5 / 7

FTE: 0.73 Employee Group: NU HR Reviewed: Amy Hill Date: 06.23.2025

BUDGET OFFICE ONLY

Position Control # 60100104 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☐ 706000 ☒ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: 1502 Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Administrative Specialist Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

28.3473 hr./58,962.38 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 1202 Job Title: Administrative Specialist Health Grade/Step: NU5 / 7

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.23.2025

BUDGET OFFICE ONLY

Position Control # 60100103 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: 1502 Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Administrative Specialist Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

25.1858 hr./52,386.46 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 1202 Job Title: Administrative Specialist Health Grade/Step: NU5 / 3

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.23.2025

BUDGET OFFICE ONLY

Position Control # 60100107 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: HSR Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Environmental Health Specialist II Supervisor: Heather Blair

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

36.0388 hr./74,960.70 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____
Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 7031 Job Title: Environmental Health Spec II Grade/Step: NU9H / 3

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100131 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: 1502 Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Health Promotion Specialist Supervisor: Courtney Rynkiewicz

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

37.1209 hr./77,211.47 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____
Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____
Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 7035 Job Title: Health Promotion Specialist Grade/Step: NU9H / 4
FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100148 Org. 22160100
Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐
Comments: elimination requires BOC approval

Budget Reviewed: HB Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Health Promotion Specialist Supervisor: Courtney Rynkiewicz

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

Base Annual Salary: 34.9885 hr./72,776.08 yr. This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 7035 Job Title: Health Promotion Specialist Grade/Step: NU9H / 2

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100136 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: [Signature] Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Public Health Nurse Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**: _____

Elimination of position due to reduction of funding in accordance with the Workforce Reduction Policy.

FUNDING INFORMATION

Base Annual Salary: 33.9701 hr./70,657.81 yr. This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 5008 Job Title: Public Health Nurse Grade/Step: NU9H / 1

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100147 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: HSR Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: WIC Program Specialist Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**: _____

Elimination of position due to funding reduction in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

Base Annual Salary: 33.9701 hr./70,657.81 yr. This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 6040 Job Title: WIC Program Specialist Grade/Step: NU9H / 1

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.23.2025

BUDGET OFFICE ONLY

Position Control # 60100119 Org. 22160100

Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: elimination requires BOC approval

Budget Reviewed: 1502 Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Public Health Nurse Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☒ No ☐ From: 29 To: 40

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**: _____

Change FTE for position from 0.73 to 1.0 due to reorganizational needs

FUNDING INFORMATION

37.1209 hr./77,211.47 yr.

Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 5008 Job Title: Public Health Nurse Grade/Step: NU9H / 4
FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100155 Org. 22160100

Funds Available: Yes ☒ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: increase of FTE needs BOC approval

Budget Reviewed: HBor Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Administrative Specialist Supervisor: Lindsay Kalberer

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☒ No ☐

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☐ No ☒ From: _____ To: _____

If so, name of current incumbent: _____

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position **(REQUIRED)**: _____

Change position to Senior Health Clerk due to increased job complexity that is in alignment with the job description.

FUNDING INFORMATION

27.89 hr./58,011.20 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☐ Special Revenue Fund ☒ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 1205 Job Title: Senior Health Clerk Grade/Step: NU6 / 4
FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.20.2025

BUDGET OFFICE ONLY

Position Control # 60100125 Org. 22160100

Funds Available: Yes ☒ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: reclass requires BOC approval

Budget Reviewed: [Signature] Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution Authorizing FY 2026 Vehicle Leases through the County's Partnership with Enterprise Fleet Management – Car Pool

WHEREAS, the Livingston County Car Pool Department is requesting authorization to lease fifteen (15) new vehicles from Enterprise Fleet Management for FY 2026, per the agreement authorized under Resolution 2024-08-113; and

WHEREAS, the new leases are all 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

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, and the County is 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 2026 Level 1 Auto Leasing budgets for an estimated annual cost of \$179,322 per the table below; and

2026 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	\$ 830	\$ 9,954	1	\$ 9,954
Environmental Health	Ford F-150	Replacement	\$ 830	\$ 9,954	1	\$ 9,954
Sheriff - Jail	Durango Pursuit	Replacement	\$ 958	\$ 11,491	2	\$ 22,982
Sheriff - Jail	Chrysler Voyager	Replacement	\$ 710	\$ 8,520	1	\$ 8,520
Sheriff - Field Services	Durango Pursuit	Replacement	\$ 958	\$ 11,491	3	\$ 34,474
Sheriff - Field Services	RAM 1500	Replacement	\$ 830	\$ 9,954	1	\$ 9,954
Sheriff - Field Services	Tahoe PPV	Replacement	\$ 1,163	\$ 13,956	5	\$ 69,780
Sheriff - Field Services	Tahoe Special Svc.	Replacement	\$ 1,142	\$ 13,704	1	\$ 13,704
Total - All Departments					15	179,322

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 fifteen (15) new vehicles from Enterprise Fleet Management for an estimated annual cost of \$179,322.

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

Policy.

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MOVED:
SECONDED:
CARRIED:



LIVINGSTON COUNTY, MICHIGAN
CAR POOL DEPARTMENT

3950 W. Grand River, Howell, MI 48855
Phone 517-540-7847 Fax 517-546-5088
Web Site: www.livgov.com/lets

Memorandum

To: Livingston County Board of Commissioners
From: Greg Kellogg, Transportation Director
Date: June 24, 2025
Re: Resolution Authorizing FY 2026 Vehicle Leases through the County's Partnership with Enterprise Fleet Management – Car Pool

The Livingston County Car Pool Department is requesting authorization to lease fifteen (15) new vehicles from Enterprise Fleet Management in FY 2026, per the agreement authorized under Resolution 2024-08-113. All of these new leases are replacements for current vehicles that have been recommended for replacement based on age, mileage, and other factors as determined by Enterprise and Car Pool.

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, and the County is entitled to the remaining equity, less a \$375 per vehicle remarketing fee. Upon sale, lease equity proceeds will be returned as an invoice credit to offset the department's leasing costs.

The annual lease costs have been included in the departments' FY 2026 Level 1 Auto Leasing budgets for a total estimated annual cost of \$179,322 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.

Any County-owned vehicles being replaced will be disposed of via public auction by the Car Pool department.

As always, please do not hesitate to contact me with any questions at 517-540-7843.

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution Authorizing an Intergovernmental Agreement for Transportation Services between Livingston County and the Townships of Putnam and Unadilla - LETS

- WHEREAS,** Livingston County entered into an agreement with the townships of Putnam and Unadilla to provide transportation services for township residents for the period July 1, 2022 with an expiration date of June 30, 2025; and
- WHEREAS,** the transportation program has been very successful and both townships desire to continue the arrangement; and
- WHEREAS,** the townships will continue to share 40 hours of service per week, and Putnam Township has requested an additional 10 hours of service per month for the Senior Center; and
- WHEREAS,** LETS can continue to provide transportation services under the terms and conditions stated in the agreement and is also able to provide the additional 10 hours per month for the Putnam Township Senior Center; and
- WHEREAS,** the agreement term will be one (1) year beginning July 1, 2025 and ending June 30, 2026 with two (2) additional 1-year renewal options.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes an intergovernmental agreement for transportation services between Livingston County and the Townships of Putnam and Unadilla under the terms and conditions set forth therein for an agreement term of one (1) year beginning July 1, 2025 and ending June 30, 2026 with two (2) additional one-year renewal options.

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/LETS

To: Livingston County Board of Commissioners
From: Greg Kellogg, Transportation Director
Date: June 24, 2025
**Re: Resolution Authorizing an Intergovernmental Agreement for
Transportation Services between Livingston County and the Townships of
Putnam and Unadilla - LETS**

The Townships of Putnam and Unadilla desire to renew the agreement with Livingston County for the provision of transportation services for township residents. The service agreement will include a continuation of the 40 hours of service per week shared by the townships, and Putnam Township has requested an additional 10 hours of service per month dedicated to the Putnam Township Senior Center.

The Township will compensate the County for the “local share” of the service cost (i.e., the net deficit after State and Federal funds are applied) based on the number of service hours each month, multiplied by the gross hourly cost of \$75 per hour. Passenger fares will be collected and retained by LETS.

The agreement term will be one (1) year beginning on July 1, 2025 and ending on June 30, 2026 with two (2) additional 1-year renewal options. A draft agreement is attached for your review.

As always, please do not hesitate to contact me with any questions at 517-540-7843.

**INTERGOVERNMENTAL AGREEMENT FOR
TRANSPORTATION SERVICES**

BETWEEN:

COUNTY OF LIVINGSTON

AND

PUTNAM TOWNSHIP

AND

UNADILLA TOWNSHIP

INTERGOVERNMENTAL AGREEMENT FOR TRANSPORTATION SERVICES

This Intergovernmental Agreement for Transportation Services (“Agreement”), is made and entered into this _____ day _____, 2025, by and between the COUNTY OF LIVINGSTON, a municipal corporation and political subdivision of the State of Michigan (hereinafter referred to as the “County”), and Putnam Township, a Michigan General Law Township with offices at 3280 W. M-36, Pinckney, Michigan, 48169, and Unadilla Township, a Michigan General Law Township with offices at 126 Webb Street, Gregory, Michigan 48137, (Putnam Township and Unadilla Township will hereafter be referred to jointly as “Townships”).

WITNESSETH

WHEREAS, the County, through Livingston Essential Transportation Services (“LETS”), provides transportation services throughout Livingston County;

WHEREAS, the Townships seek to contract with the County for the provision of demand response service to residents of the Townships;

WHEREAS, the County has agreed to provide said transportation services on the terms and conditions set forth in this Agreement.

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

- A. *Term and Renewal.* The term of this Agreement will be one (1) year and will commence on July 1, 2025 and terminate on June 30, 2026 (the “Initial Term”). This Agreement may be renewed for two (2) additional one-year terms (“Renewal Term”) by written notice of intent to renew at least thirty (30) days before the expiration of the Initial Term or Renewal Term.
- B. *Termination.* Any party may terminate this Agreement upon thirty (30) days advanced written notice to the other party.
- C. *Scope of Service.* LETS will provide 40 hours of public transportation services for the residents of Putnam and Unadilla Townships within Livingston County Monday through Thursday each week during the term of this Agreement. Service will be provided on a demand response basis. Riders will be charged a fare of \$1.00 per one-way trip with fare revenue to be retained by LETS. It is expressly understood that all policies relating to fare collection, personnel and administration of LETS will be the responsibility of the County.

LETS will provide an additional 10 hours of service per month to the Putnam Township Senior Center for group outings (the “Additional Services for Putnam Township Senior Center”). A passenger fare of \$1.00 per one-way trip will be charged to the Township.

- D. *Payment by Townships.*

Shared Putnam/Unadilla Service: The Townships agree to pay the County's "Local Share" of the gross cost of the service provided by the County not to exceed Thirty-One Thousand Two Hundred and 00/100 Dollars (\$31,200) annually for the first year. The Local Share is the cost to the County after reducing the actual cost of service by federal and state contributions as illustrated by the Local Share Formula attached hereto as Exhibit A. The Local Share may be increased to reflect increases in LETS' operating costs in any Renewal Term upon mutual written agreement of all parties. The Townships shall pay the County's Local Share as follows: Putnam Township shall pay two-thirds (2/3) of the Local Share and Unadilla township shall pay one-third (1/3) of the Local Share. The County will invoice each of the Townships for its portion of the County's Local Share on a monthly basis, which shall be paid within thirty (30) days of receipt.

Additional Service for Putnam Township Senior Center: Putnam Township agrees to pay the County's "Local Share" of the gross cost of the service provided by the County not to exceed One Thousand Eight Hundred and 00/100 Dollars (\$1,800) annually, per the Local Share Formula illustrated in Exhibit A. The Local Share may be increased to reflect increases in LETS' operating costs in any Renewal term upon mutual written agreement of all parties. Further, the Township agrees to pay a passenger fare of \$1.00 per one-way trip for each rider. The Local Share and passenger fares for the additional service will be billed monthly on a separate invoice based on actual service hours and passenger counts.

- E. *Insurance.* The County shall provide and maintain public liability insurance in such amounts as necessary to cover all claims which may arise out of the County's operation under the terms of the Agreement. Unemployment compensation coverage and workers compensation insurance shall be maintained in accordance with the applicable Federal and State law regulations. The County shall name the Townships as additional insureds on all general liability and automobile policies of auto insurance applicable to this Agreement.
- F. *Compliance with Laws.* In performing under this Agreement, the parties shall comply with all applicable Federal, State and local laws, ordinances, rules and regulations, including, but not limited to, all applicable OSHA/MIOSHA requirements, the Americans with Disabilities Act, Federal and/or State licensing and/or certification requirements of persons to provide services under this Agreement.
- G. *Non-Discrimination.* The Parties, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight, or marital status. Breach of this subsection shall be regarded as a material breach of this Agreement.
- H. *Limitation of Liability.* Except as otherwise provided in this Agreement, it is understood that each Party shall be responsible for any claims made against that Party and for the acts or omissions of its respective employees or Township/County Agents. With respect to claims that

arise from the performance of this Agreement, each Party shall seek its own legal representation and bear the costs associated with such representation, including attorney fees. Except as otherwise provided in this Agreement, no Party shall have any right under any legal principle to be indemnified by any other Party or any of its employees or Agents in connection with any claim. This Agreement does not, and is not intended to, impair, divest, delegate or contravene any constitutional, statutory, and/or other legal right, privilege, power, obligation, duty or immunity of the Parties. Nothing in this Agreement shall be construed as a waiver of the privileges and immunities as provided by law afforded to the Parties. The Parties expressly reserve all privileges and immunities as provided by law.

- I. *Choice of Law.* This Agreement shall be construed according to the laws of the State of Michigan. The County and the Townships agree that the venue for the bringing of any legal or equitable action under this Agreement shall be established in accordance with the statutes of the State of Michigan and/or Michigan Court Rules. In the event that any action is brought under this Agreement in or is moved to Federal Court, the venue for such action shall be the Federal Judicial District of Michigan, Eastern District, Southern Division.
- J. *Waivers.* No failure or delay on the part of any of the parties to this Agreement in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege.
- K. *Amendments.* Modifications, amendments or waivers of any provision of this Agreement may be made only by the written mutual consent of the parties hereto.
- L. *Assignment.* No party shall assign its duties and/or obligations or right to receive payments under this Agreement without the prior written consent of the other parties.
- M. *Section Titles.* Titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.
- N. *Complete Agreement.* This Agreement, the attached Exhibits, and any additional or supplementary documents incorporated herein by specific reference contain all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.
- O. *Binding Agreement.* The covenants and conditions of this Agreement shall be binding upon and for the benefit of the heirs, administrators, executors, successors and assigns of the parties hereto.

- P. *Survival Clause.* All rights, duties and responsibilities of any party that either expressly or by their nature extend into the future, including warranties and indemnification, shall extend beyond and survive the end of the Agreement's term or the termination of this Agreement.
- Q. *Invalid Provisions.* If any clause or provision of this Agreement is rendered invalid or unenforceable because of any State or Federal statute or regulation or ruling by any tribunal of competent jurisdiction, that clause or provision shall be null and void, and any such invalidity or unenforceability shall not affect the validity or enforceability of the remainder of this Agreement. Where the deletion of the invalid or unenforceable clause or provision would result in the illegality and/or unenforceability of this Agreement, this Agreement shall be considered to have terminated as of the date in which the provision was rendered invalid or unenforceable.
- R. *Certification to Sign.* The people signing on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that this Agreement has been authorized by said parties.

THE AUTHORIZED REPRESENTATIVES OF THE PARTIES TO THIS INTERGOVERNMENTAL AGREEMENT FOR TRANSPORTATION SERVICES HAVE SIGNED THIS AGREEMENT ON THE DATE APPEARING BELOW SIGNATURE AND THIS AGREEMENT HAS BEEN FULLY EXECUTED ON THE DAY AND YEAR FIRST ABOVE WRITTEN.

COUNTY OF LIVINGSTON

PUTNAM TOWNSHIP

By: _____
Jay Drick, Chairperson
County Board of Commissioners

By: _____
Tom Chambers Supervisor

Dated: _____

Dated: _____

UNADILLA TOWNSHIP

By: _____
Linda Walker
Supervisor

Dated: _____

Approved as to Form:

A handwritten signature in dark ink, appearing to read 'MTK', followed by a long horizontal flourish.

Mark T. Koemer, Attorney

EXHIBIT A

Local Share Formula

“Actual Cost” =	Annual Hours x \$75.00 per hour
“Federal Contribution” (@50%) =	Actual Cost x .50
“State Contribution” (@35%) =	Actual Cost x .35
“Local Share” =	Actual Cost – Federal Contribution – State Contribution

34536:00001:201697608-1

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution Authorizing an Intergovernmental Agreement for Transportation Services between Livingston County and Hamburg Township - LETS

WHEREAS, Livingston County entered into an agreement with Hamburg Township to provide transportation services for the Hamburg Senior Center on July 1, 2022 with an expiration date of June 30, 2025; and

WHEREAS, the transportation program has been very successful and Hamburg Township desires to continue the arrangement; and

WHEREAS, LETS can continue to provide transportation services under the terms and conditions stated in the agreement; and

WHEREAS, the agreement term will be one (1) year beginning July 1, 2025 and ending June 30, 2026 with two (2) additional 1-year renewal options.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes an intergovernmental agreement for transportation services between Livingston County and Hamburg Township under the terms and conditions set forth therein for an agreement term of one (1) year beginning July 1, 2025 and ending June 30, 2026 with two (2) additional one-year renewal options.

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/LETS

To: Livingston County Board of Commissioners
From: Greg Kellogg, Transportation Director
Date: June 24, 2025
**Re: Resolution Authorizing an Intergovernmental Agreement for
Transportation Services between Livingston County and Hamburg
Township - LETS**

Hamburg Township desires to renew the agreement with Livingston County for the provision of transportation services for the Hamburg Senior Center. The service agreement will include transportation for seniors between their homes and the Senior Center as well as group outings departing from the senior center to destinations within Livingston County as well as surrounding counties. The agreement will include 40 service hours per week with additional service available upon request.

The Township will compensate the County for the “local share” of the service cost (i.e., the net deficit after State and Federal funds are applied) based on the number of service hours each month, multiplied by the gross hourly cost of \$75 per hour. The Township will pay an additional \$3,000 annually in lieu of passenger fare collection to make the service free to seniors.

The agreement term will be one (1) year beginning on July 1, 2025 and ending on June 30, 2026 with two (2) additional 1-year renewal options. A draft agreement is attached for your review.

As always, please do not hesitate to contact me with any questions at 517-540-7843.

**INTERGOVERNMENTAL AGREEMENT FOR
TRANSPORTATION SERVICES**

BETWEEN:

COUNTY OF LIVINGSTON

AND

HAMBURG TOWNSHIP

INTERGOVERNMENTAL AGREEMENT FOR TRANSPORTATION SERVICES

This Intergovernmental Agreement for Transportation Services (“Agreement”), is made and entered into this _____ day _____, 2025, by and between the COUNTY OF LIVINGSTON, a municipal corporation and political subdivision of the State of Michigan (hereinafter referred to as the “County”), and Hamburg Township, a Michigan General Law Township with offices at 10405 Merrill Road, Whitmore Lake, Michigan 48189 (hereafter referred to as the “Township”).

WITNESSETH

WHEREAS, the County, through Livingston Essential Transportation Services (“LETS”), provides transportation services throughout Livingston County;

WHEREAS, the Township seeks to contract with the County for the provision of demand response service to elderly residents of the Township;

WHEREAS, the County has agreed to provide said transportation services on the terms and conditions set forth in this Agreement.

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

- A. *Term and Renewal.* The term of this Agreement will be one (1) year and will commence on July 1, 2025 and terminate on June 30, 2026 (the “Initial Term”). This Agreement may be renewed for two (2) additional one-year terms (“Renewal Term”) by written notice of intent to renew at least thirty (30) days before the expiration of the Initial Term or Renewal Term.
- B. *Termination.* Either party may terminate this Agreement upon thirty (30) days advanced written notice to the other party.
- C. *Scope of Service.* LETS will provided buses to service riders within the Township Monday through Friday each week during the term of this Agreement. Service will be provided on a demand response basis. LETS will not collect passenger fares for the service provided under this agreement.
- D. *Payment by Township.* The Township agrees to pay the County its “Local Share” of the total cost of the service provided by the County not to exceed Thirty-one Thousand Two Hundred and 00/100 Dollars (\$31,200.00) annually for the first year. The Local Share is the cost to the County after reducing the actual cost of service by federal and state contributions and is illustrated by the Local Share Formula attached hereto as Exhibit A. The Local Share may be increased to reflect increases in LETS’ operating costs in any Renewal Term upon mutual written agreement of both parties. Further, the Township will pay the County an additional amount not to exceed Three Thousand and 00/100 Dollars (\$3,000) annually in lieu of passenger fare collection (the “Additional Payment”). The County will invoice the Township

for its Local Share and Additional Payment on a monthly basis, which shall be paid within thirty (30) days of receipt.

- E. *Insurance.* The County shall provide and maintain public liability insurance in such amounts as necessary to cover all claims which may arise out of the County's operation under the terms of the Agreement. Unemployment compensation coverage and workers compensation insurance shall be maintained in accordance with the applicable Federal and State law regulations. The County shall name the Township as an additional insured on all general liability and automobile policies of auto insurance applicable to this Agreement.
- F. *Compliance with Laws.* In performing under this Agreement, the parties shall comply with all applicable Federal, State and local laws, ordinances, rules and regulations, including, but not limited to, all applicable OSHA/MIOSHA requirements, the Americans with Disabilities Act, Federal and/or State licensing and/or certification requirements of persons to provide services under this Agreement.
- G. *Non-Discrimination.* The Parties, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight, or marital status. Breach of this subsection shall be regarded as a material breach of this Agreement.
- H. *Limitation of Liability.* Except as otherwise provided in this Agreement, it is understood that each Party shall be responsible for any claims made against that Party and for the acts or omissions of its respective employees or Township/County Agents. With respect to claims that arise from the performance of this Agreement, each Party shall seek its own legal representation and bear the costs associated with such representation, including attorney fees. Except as otherwise provided in this Agreement, neither Party shall have any right under any legal principle to be indemnified by the other Party or any of its employees or Agents in connection with any claim. This Agreement does not, and is not intended to, impair, divest, delegate or contravene any constitutional, statutory, and/or other legal right, privilege, power, obligation, duty or immunity of the Parties. Nothing in this Agreement shall be construed as a waiver of the privileges and immunities as provided by law afforded to the Parties. The Parties expressly reserve all privileges and immunities as provided by law.
- I. *Choice of Law.* This Agreement shall be construed according to the laws of the State of Michigan. The County and the Township agree that the venue for the bringing of any legal or equitable action under this Agreement shall be established in accordance with the statutes of the State of Michigan and/or Michigan Court Rules. In the event that any action is brought under this Agreement in or is moved to Federal Court, the venue for such action shall be the Federal Judicial District of Michigan, Eastern District, Southern Division.

- J. *Waivers.* No failure or delay on the part of either of the parties to this Agreement in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege.
- K. *Amendments.* Modifications, amendments or waivers of any provision of this Agreement may be made only by the written mutual consent of the parties hereto.
- L. *Assignment.* Neither party shall assign its duties and/or obligations or right to receive payments under this Agreement without the prior written consent of the other party.
- M. *Section Titles.* Titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.
- N. *Complete Agreement.* This Agreement, the attached Exhibits, and any additional or supplementary documents incorporated herein by specific reference contain all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.
- O. *Binding Agreement.* The covenants and conditions of this Agreement shall be binding upon and for the benefit of the heirs, administrators, executors, successors and assigns of the parties hereto.
- P. *Survival Clause.* All rights, duties and responsibilities of any party that either expressly or by their nature extend into the future, including warranties and indemnification, shall extend beyond and survive the end of the Agreement's term or the termination of this Agreement.
- Q. *Invalid Provisions.* If any clause or provision of this Agreement is rendered invalid or unenforceable because of any State or Federal statute or regulation or ruling by any tribunal of competent jurisdiction, that clause or provision shall be null and void, and any such invalidity or unenforceability shall not affect the validity or enforceability of the remainder of this Agreement. Where the deletion of the invalid or unenforceable clause or provision would result in the illegality and/or unenforceability of this Agreement, this Agreement shall be considered to have terminated as of the date in which the provision was rendered invalid or unenforceable.
- R. *Certification to Sign.* The people signing on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that this Agreement has been authorized by said parties.

THE AUTHORIZED REPRESENTATIVES OF THE PARTIES TO THIS INTERGOVERNMENTAL AGREEMENT FOR TRANSPORTATION SERVICES HAVE SIGNED THIS AGREEMENT ON THE DATE APPEARING BELOW SIGNATURE AND THIS AGREEMENT HAS BEEN FULLY EXECUTED ON THE DAY AND YEAR FIRST ABOVE WRITTEN.

COUNTY OF LIVINGSTON

HAMBURG TOWNSHIP

By: _____

Jay Drick, Chairperson
County Board of Commissioners

By: _____

Pat Hohl
Supervisor

Dated: _____

Dated: _____

Approved as to Form:



Mark T. Koerner, Attorney

EXHIBIT A

Local Share Formula

“Actual Cost” =	Annual Hours x \$75.00 per hour
“Federal Contribution” (@50%) =	Actual Cost * .50
“State Contribution” (@35%) =	Actual Cost x .35
“Local Share” =	Actual Cost – Federal Contribution – State Contribution

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RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution to Accept Funding from Trinity Health’s Investing in Our Communities Grant Program to Support a Community Connections Bus Route - LETS

- WHEREAS,** Trinity Health’s Investing in Our Communities Program provides funding for sustainable projects that promote optimal health for those populations who are experiencing poverty and other vulnerabilities based on the new Community Health Needs Assessment top priorities; and
- WHEREAS,** Trinity Health Livingston's new priority needs include mental health, food & nutrition security, and transportation, which is one of the primary barriers to healthcare access among vulnerable populations; and
- WHEREAS,** LETS submitted a proposal for a Community Connections bus route to link individuals in the four county shelters to essential community resources, such as healthcare, job training, and education centers; and
- WHEREAS,** Trinity Health has awarded \$48,100 to match State and Federal grants funds to support a 1-year demonstration of the route, which will be evaluated on quantitative and qualitative objectives that measure community impact; and
- WHEREAS,** LETS will utilize its existing fleet of vehicles to provide the service, and any additional staff needs will be limited to temporary driver positions for the 1-year demonstration period.

THEREFORE, BE IT RESOLVED that the Livingston County Board of Commissioners hereby accepts funding from Trinity Health’s Investing in Our Communities Program in the amount of \$48,100 to support a 1-year demonstration of a Community Connections bus route.

BE IT FURTHER RESOLVED that the Board Chair is authorized to sign any agreements and related documents upon review and approval by the LETS transit attorney, Mark T. Koerner of Foster, Swift, Collins, and Smith, PC.

#

MOVED:
SECONDED:
CARRIED:



3950 W. Grand River Ave.
Howell, MI 48855
517-546-6600
www.livgov.com/LET'S

To: Livingston County Board of Commissioners
From: Greg Kellogg, Transportation Director
Date: June 27, 2025
Re: Resolution to Accept Funding from Trinity Health's Investing in Our Communities Grant Program to Support a Community Connections Bus Route - LETS

Trinity Health's Investing in Our Communities Program provides funding for sustainable projects that promote optimal health for those populations who are experiencing poverty and other vulnerabilities based on the new Community Health Needs Assessment top priorities. Trinity Health Livingston's new priority needs include mental health, food & nutrition security, and transportation, which is one of the primary barriers to healthcare access among vulnerable populations.

LET'S submitted a proposal for a Community Connections bus route to link individuals in the four county shelters (LACASA, Connections Youth Services, Bethel Suites, Kensington Inn) to essential community resources, such as healthcare, job training, and education centers. Trinity Health has awarded \$48,100 to match State and Federal grants funds to support a 1-year demonstration of the route.

The project will be evaluated based on quantitative and qualitative objectives that measure community impact, such as ridership engagement, service accessibility, user satisfaction, and impact on access to services. As a condition of the funding, LET'S will be required to provide a mid-year report, final report and presentation to the Community Health & Well-Being department upon completion of the project.

LET'S will utilize its existing fleet of vehicles to provide the service, and any additional staff needs will be limited to temporary driver positions for the 1-year demonstration period.

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