

# **LIVINGSTON COUNTY VETERANS' COMMITTEE**

## **AGENDA**

August 2, 2018

5:00 p.m.

2300 E. Grand River, Conference Room A, Howell, MI

Pages

1. CALL TO ORDER
2. ROLL CALL
3. APPROVAL OF AGENDA
4. APPROVAL OF MINUTES
  - 4.1 Minutes Dated 25 June 2018 3
5. CALL TO THE PUBLIC
6. APPLICATIONS FOR RELIEF
  - 6.1 18-089: \$TBD for Legal Expenses
  - 6.2 18-090: \$TBD for Auto Repair
  - 6.3 18-091: \$TBD for Utility and Mortgage Debt
7. OLD BUSINESS
  - 7.1 Transitional Housing Committee
  - 7.2 Mental Health Proposal 7
  - 7.3 County Incentive Grant 24
8. NEW BUSINESS
  - 8.1 Director Evaluation
  - 8.2 FY 2019 Budget Review 29
  - 8.3 Directors Report 33
9. GOOD OF THE ORDER

10. ADJOURNMENT

# **LIVINGSTON COUNTY VETERANS' COMMITTEE**

## **MEETING MINUTES**

June 25, 2018

5:30 p.m.

Members Present	Hansel Keene Bruce Hundley Kevin Nagle Joe Riker James Wallace
Staff Present	Adam Smiddy Andrea Hodges

### **1. CALL TO ORDER**

Meeting called to order at 5:32 pm.

### **2. ROLL CALL**

Indicated the presence of a quorum.

### **3. APPROVAL OF AGENDA**

Joe Riker asked to add Transitional Housing Committee to the Agenda as item 7.3.

Motion to approve the agenda as amended.

**Moved By** Joe Riker

**Seconded By** Kevin Nagle

Yes (5): Hansel Keene, Bruce Hundley, Kevin Nagle, Joe Riker, and James Wallace

**Motion : Carried (5 to 0)**

### **4. APPROVAL OF MINUTES**

#### **4.1 Approval of Minutes dated 29 May 2018**

Jim Wallace asked that the item in Good of The Order be fixed from Pinckney to Hamburg Township.

Motion to approve the minutes as amended

**Moved By** Kevin Nagle  
**Seconded By** Joe Riker

Yes (5): Hansel Keene, Bruce Hundley, Kevin Nagle, Joe Riker, and James Wallace

**Motion : Carried (5 to 0)**

**5. CALL TO THE PUBLIC**

None

**6. APPLICATIONS FOR RELIEF**

**6.1 18-83: \$1,537.00 for Dental Procedure**

Discussion: Andrea Hodges presented the application. The committee asked for clarification of details of dental invoice and the variety of quotes which was provided.

**Moved By** Kevin Nagle  
**Seconded By** Joe Riker

Motion to authorize up to \$1,537 for application 18-83 for dental work.

Yes (5): Hansel Keene, Bruce Hundley, Kevin Nagle, Joe Riker, and James Wallace

**Motion : Carried (5 to 0)**

**7. OLD BUSINESS**

**7.1 CMH Proposal**

The Director asked if further information would be required to consider providing mental health services. The Committee asked that a wider net be casts to find alternatives for Mental Health in the County.

**7.2 Outreach Event**

Joe Riker presented information on Vet Fest being held at Mt. Brighton on August 11, 2018. He asked if it would be possible for the office to provide financial support to purchase promotional materials for the event. The Director indicated he would investigate if that would be possible as well as social media boosting for posts.

**7.3 Transitional Housing Committee**

Joe Riker presented an initiative to form a Sub-committee of the Veterans Services Committee to investigate Transitional Housing for Veterans in Livingston County. The goal of the Committee would be to determine the viability of Transitional Housing and if so how to accomplish it.

**Moved By** Joe Riker

**Seconded By** Kevin Nagle

To form a Transitional Housing Committee with a membership of Joe Riker, Kevin Nagle, Bob Bezotte (County Commissioner District 6), Josh Parrish (VCAT Region 9 Coordinator), Dave Grissim, Josh Barrett (Odin's Outcasts)

Yes (5): Hansel Keene, Bruce Hundley, Kevin Nagle, Joe Riker, and James Wallace

**Motion : Carried (5 to 0)**

## **8. NEW BUSINESS**

### **8.1 Directors Report**

1. Director Report:
  - a. Office and Transportation Production
  - b. Relief Budget Report
  - c. Resolutions
  - d. March Events Update
  - e. April Events Update
  - f. Board of Commissioners Report

The Director presented the office production for the month to date of June. The Director discussed the possibility of a State Veterans Home coming to Green Oak Township, but that a final decision will not be made until August 1st by the MVAA. The Director also discussed that in speaking with Director of the MVAA, that service may be needed from Livingston County Veterans Services to support Veterans at the facility. The Director also previewed the annual report to be given to the Board of Commissioners and highlighted the low number of VA Pension recipients in the County as well as the increase in Veterans serviced by the Department.

## **9. GOOD OF THE ORDER**

Bruce Hundley highlighted a golf outing on August 4th hosted by the Brighton VFW. Hansel Keene asked for participation and support at a meeting on June 26th with Howell Township to discuss a digital sign proposal for American Legion Post 141.

The Director presented the new hire, Carol Reeve, for the open Veterans Benefits Counselor position.

**10. ADJOURNMENT**

Motion to adjourn the meeting at 6:56 pm.

**Moved By** Joe Riker

**Seconded By** Kevin Nagle

Yes (5): Hansel Keene, Bruce Hundley, Kevin Nagle, Joe Riker, and James Wallace

**Motion : Carried (5 to 0)**



## **REQUEST FOR PROPOSALS**

**RFP-LC-18-XX**

### **THERAPY SERVICES FOR VETERANS**

**DUE: October 1, 2018 at 2:00 p.m. local time**

**LIVINGSTON COUNTY PURCHASING  
304 East Grand River Ave., Suite 204  
Howell, MI 48843  
517-540-8741**

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## INTRODUCTION

Livingston County on behalf of the Livingston County Veterans Services is soliciting proposals from interested, qualified and experienced vendors to provide Therapy Services for Veterans at a location within Livingston County at 20 hours per week. The goal of the program is to provide free, low barrier mental health services to Veterans within Livingston County utilizing dedicated millage funding passed in August 2016. It is anticipated that services will commence upon contract execution for two years. The County, at its discretion, may renew the contract for three (3) additional one-year periods for a total contract period not to exceed five (5) years. Livingston County may deem it beneficial to award to one or more vendors.

A 'Request for Proposal' differs from a 'Request for Bid/Quotation' in that the County is seeking a solution as described herein, not a bid/quotation meeting firm specifications for the lowest price. As a result, the lowest price proposal does not guarantee an award recommendation. Competitive sealed proposals will be evaluated based upon criteria determined to be the most critical features of service including qualifications, experience, and timeliness which could be overriding factors, and price may not be determinative in the issuance of contract or award. The proposal evaluation criteria should be viewed as standards, which measure how well a vendors' approach meets the desired requirements.

The County of Livingston officially distributes proposal documents from the Livingston County Purchasing Office and the Michigan Inter-governmental Trade Network (MITN) that you can access at [www.mitn.info](http://www.mitn.info). Livingston County uses the MITN website for vendor registration, Proposal and tabulation posting, award information and other processes. Final proposal results will be posted on the MITN website after award. It will be the bidder's responsibility to monitor for any addendums or amendments to this solicitation.

## CHANGES AND ADDENDA TO BID DOCUMENTS

Each change or addendum issued in relation to this RFP will be on file in the Purchasing Office. It is the Vendor's responsibility to acquire knowledge of any changes, modifications or additions to the Authorized Version of the proposal document. No award will be made to any vendor who fails to submit the Addendum Signature Page(s), if applicable.

## CALENDAR OF EVENTS

The following is a schedule of events concerning the bid process:

Event	Location	Date
Questions Close	<a href="mailto:rbennett@livgov.com">rbennett@livgov.com</a>	Thursday, September 20, 2018, 5:00 p.m. EST
Bid Due Date	Livingston County Purchasing 304 E. Grand River Ave., Suite 204 Howell, MI 48843	Monday, October 1, 2018, 2:00 p.m. EST
Commencement Date		Upon Contract Execution

## COMMUNICATIONS

To ensure fair consideration for all interested vendors, the County prohibits communications to or with any employee at the departmental level during the submission and evaluation period.

### ANY QUESTIONS ANSWERED AT THE DEPARTMENT LEVEL ARE CONSIDERED UNOFFICIAL.

Questions regarding this RFP shall be emailed to Roberta Bennett ([rbennett@livgov.com](mailto:rbennett@livgov.com)) by September 20, 2018, 5:00 p.m. EST. Questions received after this date and time may not be

answered. Questions will be answered as soon as possible after receipt and will be posted at the County's website at: <http://www.livgov.com/purch/Pages/proposalqandcomment.aspx>

#### **PROPOSAL SUBMISSION REQUIREMENTS**

Proposals must conform to the requirements set forth in the RFP. Proposals not conforming to these requirements may be rejected as non-responsive.

**A complete original (marked as such) four (4) exact duplicate copies and one (1) electronic version in Adobe Reader PDF format on flash drive, CD or DVD shall be submitted by 2:00 p.m., local time, on Monday, October 1, 2018 to:**

#### **LIVINGSTON COUNTY PURCHASING**

304 East Grand River Ave., Suite 204  
Howell, MI 48843

#### **PLEASE MARK THE OUTSIDE OF YOUR SEALED ENVELOPES WITH:**

1. RFP-LC-18-XX –THERAPY SERVICES FOR VETERANS
2. COMPANY NAME & ADDRESS

**NO FAXED OR E-MAILED DOCUMENTS WILL BE ACCEPTED.**

**PROPOSALS RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.**

#### **RESERVATION OF RIGHTS**

Livingston County reserves the right to reject any and all submissions, to award the agreement to other than the low proposal, to award separate agreements for separate parts of the services required, to negotiate the terms and conditions of all and any part of the proposals, to waive irregularities and/or formalities, and in general, to make award in the manner as determined to be the Best Value.

#### **SUBMITTAL PREPARATION COST**

The County shall not be liable for any expense incurred in connection with preparation of a submittal to this request. Vendors should prepare a straightforward and concise description of the vendor's ability to meet the requirements of this document.

#### **GIFTS/GRATUITIES**

Elected Officials, Department Heads, and/or County Employees will not be offered or entitled to earn or receive personal gifts, gratuities, credits or other benefits of economic value by reason of their official business.

#### **RESPONSIVE PROPOSALS**

Companies are expected to examine the RFP requirements and all instructions. Failure to do so will be at the company's risk. Each company shall furnish all information requested herein. The person signing the proposal must initial all erasures or other changes. If any person contemplating submitting a proposal is in doubt of the true meaning of any part of the specifications or other conditions with the RFP, they are advised to email Roberta Bennett ([rbennett@livgov.com](mailto:rbennett@livgov.com)) and have the portion in question clarified.

#### **WITHDRAWAL OF PROPOSAL**

The County reserves the right to accept or reject any and all proposals and to waive any technicalities or irregularities therein. No submitted proposal may be withdrawn for a period

of 90 days from the date set for the opening thereof.

### **TAXES & PAYMENT TERMS**

Livingston County is exempt from Federal Excise and State Sales Tax. The County's tax number is 38-6005819. Payment terms are Net 30 days upon receipt and acceptance. Contractor is required to pay all applicable taxes lawfully assessed in connection with its performance of this Contract.

### **INDEMNIFICATION AND HOLD HARMLESS**

The Contractor whose proposal is accepted must agree to the following indemnification and hold harmless responsibilities:

The Contractor shall, at its own expense, protect, defend, indemnify and hold harmless Livingston County, its elected and appointed officers, employees and agents from all claims, damages (including but not limited to direct, indirect, incidental, consequential, special and punitive damages), costs, lawsuits and expenses including, but not limited to, all costs from administrative proceedings, court costs, and attorney fees, that they may incur as a result of any acts, omissions or negligence of the selected firm, its employees or agents or its subcontractors of sub-subcontractors, or any of their officers, employees or agents which may arise out of the contract.

The Contractor's indemnification responsibilities shall include the sum of damages, costs and expenses which are in excess of the sum paid out on behalf of or reimbursed to Livingston County or its elected and appointed officers, employees, agents or by the insurance coverage obtained and/or maintained by the selected firm pursuant to the requirements of this RFP and the contract entered into.

### **EQUAL EMPLOYMENT OPPORTUNITY**

The Contractor and its subcontractors, as required by law, shall not discriminate against the employee or applicant for employment with the respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly relates 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. Breach of this covenant may be regarded as a material breach of the Contract.

The Contractor agrees to post notices containing this policy against discrimination in conspicuous places available to applicants for employment and employees. All solicitations or advertisements for employees, placed by or on the behalf of the Contract, will state that all qualified applicants will receive consideration for employment without regard to race, color, sex, national origin, disability, age, height, weight, marital status and religion.

### **NONDISCRIMINATION**

The Contractor, its contractors and subcontractors, 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 Section shall be regarded as a material breach of the contract.

### **TERM AND TERMINATION OF CONTRACT**

It is anticipated that services will commence upon contract execution for one year. The County, at its discretion, may renew the contract for three (3) additional one-year periods for a total contract period not to exceed four (4) years.

The County reserves the right to terminate this contract at any time, with a minimum thirty (30) days written notice to the vendor in the event that the services of vendor are deemed by the County to be unsatisfactory, or upon failure to perform any of the terms and conditions contained in this agreement.

The County reserves the right to terminate this contract at any time, with a minimum sixty (60) days written notice to the vendor.

Upon any termination or expiration of this Contract, the vendor shall remove all of its property from the premises, and shall leave the premises as well as any County property, equipment or supplies left in good order and condition in all respects. Any property of the vendor which is not removed at the termination or expiration of this Contract shall become the sole property of the County.

### **INSURANCE REQUIREMENTS**

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required under this paragraph, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan and acceptable to Livingston County. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and SIR's are the responsibility of the Contractor. The Contractor shall procure and maintain the following insurance coverage:

**Commercial General Liability Insurance** on an "Occurrence Basis" with limits of liability not less than **\$1,000,000** per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) exclusion, if applicable.

**Professional Liability** in an amount not less than **\$1,000,000** per occurrence and aggregate. If this policy is claims made form, then the contractor shall be required to keep the policy in force, or purchase "tail" coverage, for a minimum of 3 (three) years after the termination of this contract

**Worker's Compensation Insurance** including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

**Automobile Liability** insurance including Michigan No-Fault Coverage, with limits of liability not less than **\$1,000,000** per occurrence, combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

**Additional Insured** Commercial General Liability and Automobile Liability, as described above, shall include an endorsement stating the following shall be ***Additional Insured's***. Livingston County, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming Livingston County as additional insured, coverage afforded is considered to be primary and any other insurance Livingston County may have in effect shall be considered secondary and/or excess.

### **Cancellation Notice:**

All policies, as described above, shall include an endorsement stating that it is understood and

agreed thirty (30) days, ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to: Livingston County, ATTN: Purchasing 304 E. Grand River Ave., Suite 204 Howell, MI 48843.

**Proof of Insurance Coverage:**

The Contractor shall provide Livingston County, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above shall be furnished, if so requested.

If any of the above coverage(s) expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to Livingston County at least ten (10) days prior to the expiration date

The required Certificate of Liability Insurance and endorsements must be submitted to the Purchasing Office upon a fully executed written agreement. The Insurance Certificate and endorsements may be faxed or emailed to: **517.546.7266** or [purchasing@livgov.com](mailto:purchasing@livgov.com).

**NOTE:** Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets Livingston County's specifications shall result in this proposal being completed incorrectly.

**OTHER: Sole proprietors or partnerships shall provide proof of Worker's Compensation Insurance or Notice of Exclusion from Workers' Compensation as required by law.**

Any company who claims Workers' Compensation Exclusion is required to have a **Notice of Exclusion from the Michigan Department of Energy, Labor & Economic Growth, and Workers' Compensation Agency** on file.

Below is the contact information necessary to request a Notice of Exclusion form (WC-337).  
Michigan Department of Energy, Labor & Economic Growth  
Workers' Compensation Agency  
PO Box 30016  
Lansing, MI 48909  
(517) 322-1195

Once you have a WC-337 form on file with the State of Michigan, a copy may be faxed or emailed to: **517.546.7266** or [purchasing@livgov.com](mailto:purchasing@livgov.com).

**GOVERNING LAW AND VENUE**

The Contractor shall be governed by the laws of the State of Michigan. In the event any actions arising under the Contract are brought by or against the County of Livingston, the venue for such actions 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 the Contract in Federal Court, the venue for such action shall be the Federal Judicial District of Michigan, Eastern District, Southern Division.

## **COMPLIANCE WITH LAWS AND REGULATIONS**

The Contractor will comply with all federal, state and local 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 for services provided under this Contract.

## **INTEREST OF CONTRACTOR AND COUNTY**

The Contractor assures that they have no interests which would conflict with the performance of services required by the Contract. The Contractor also assures that, in the performance of the Contract, no officer, agents, employee of the County of Livingston, or member of its governing bodies, may participate in any decision relating to the Contract which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested or has any personal or pecuniary interest. However, this paragraph does not apply where specifically exempt under Michigan Law.

## **SUBCONTRACTING OR ASSIGNMENT OF CONTRACT OR CONTRACT FUNDS**

Once awarded, this Contract shall not be subcontracted or any part thereof assigned without the express written approval of the County Purchasing Agent. In no case; however, shall such approval relieve the Contractor from his obligations or change the terms of the Contract. The Contractor shall not transfer or assign any Contract funds or claims due or to become due without the advance written approval of the Purchasing Agent. The unauthorized subcontracting or assignment of the Contract, in whole or in part, or the unauthorized transfer or assignment of any Contract funds, either in whole or in part, or any interest therein, which shall be due or are to become due the Contractor shall have no effect on the County and are null and void.

The Contractor shall identify any and all contractors and subcontractors it intends to use in the performance of the Contract. All such persons shall be subject to the prior approval of the County.

The contractor and its employees, contractors, subcontractors, agents and representatives are, for all purposes arising out of the contract, independent contractors and not employees of the County. It is expressly understood and agreed that the Contractor and its employees, contractors, subcontractors, agents and representatives shall in no event as a result of the contract be entitled to any benefit to which county employees are entitled; including, but not limited to, overtime, retirement benefits, worker's compensation benefits and injury leave or other leave benefits.

## **AWARD**

A Review Committee will evaluate submitted proposals. The County will award the contract to the most responsive, responsible proposer having proven experience as described herein. The County reserves the right to award this contract not necessarily to the proposal with the lowest price but to the proposal that demonstrates the Best Value. The evaluation and award of this proposal shall be rated on the following criteria:

- Demonstrated ability to meet all of the minimum requirements stated in the RFP;
- Experience of the key personnel to perform the services outlined in the RFP.
- Responses to the Vendor Questionnaire
- Pricing Proposal
- Reputation and experience of firm based on references provided. Preference will be given to references from other similar sized agencies or institutions.

The price proposed shall be considered firm and cannot be altered after receipt per the terms of this proposal. All proposals will be reviewed and the recommendation for a selection will be made to the Livingston County Board of Commissioners. Final approval will be granted by the Board of

Commissioners.

The County may make a determination that the rejection of all proposals is in the best interest of Livingston County. Livingston County will not pay for any information herein requested, nor is it liable for any costs incurred by the proposer. The successful contractor shall commence work only after the transmittal of a fully executed contract and after receiving written notification to proceed from Livingston County. The successful proposer will perform all services indicated in the RFP and in compliance with the negotiated contract.

The contents of this RFP and the vendor's response will become contractual obligations if a contract ensues. Failure of the successful contractor to accept these obligations may result in cancellation of the award.

## **I. INTRODUCTION**

The purpose of this RFP is to obtain necessary counseling services for Veterans of Livingston County.

To be eligible, participants must have qualifying service for VA Healthcare as defined by 38 CFR 3.1(d), **Veteran** means a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable. Participants will be referred by Livingston County Veterans' Services to enter a treatment program to ensure service requirements are met.

## **II. QUALIFICATIONS**

- Counselors with the education and training necessary to provide individual and group therapy services to Veterans within Livingston County and Livingston County Veterans Treatment Court.
- Counselors must have a minimum of three (3) years of experience providing individual/group therapy services.
- Education and previous work history demonstrates vendor's ability to design and implement individual/group therapy curriculum appropriate for Veterans that have a history of trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse disorder or been convicted of a crime.
- Experience demonstrates vendor's ability to successfully manage group therapy sessions that are one and half-hours (1.5 hours) long for a group that ranges in size between 2 to 10 participants per session.
- Experience demonstrates vendor's ability to successfully manage individual therapy sessions that are one hours (1.0 hours).
- Ability to provide accurate, timely progress reports on an as-needed basis.
- Ability to attend scheduled Veterans Court Team Meetings.

## **III. SCOPE OF SERVICES/ SERVICE AGREEMENT TERMS**

The Contractor shall provide individual/group therapy to Veterans within Livingston County and Livingston County Veterans Treatment Court for no more than twenty (20) hours per week.

LOCATION OF CONTRACTOR SERVICES - Services will be provided within Livingston County.

**ATTENDANCE AT LIVINGSTON COUNTY VETERANS TREATMENT COURT** - The Contractor agrees to send a representative to all Livingston County Veterans Treatment Court Team meetings. Attendance and participation in Livingston County Veterans Treatment Court Team meetings is mandatory. The Contractor will not be provided additional compensation for attending Livingston County Veterans Treatment Court Team meetings.

**ACCOUNTING PROCEDURES** - The Contractor's accounting procedures and internal financial controls shall conform to generally accepted accounting practices in order that the costs allowed can be readily ascertained and expenditures verified.

**BILLING PROCEDURE AND METHOD OF PAYMENT** - The Contractor shall submit to the Court on or before the tenth (10th) day of each month, or at any other time requested by the Court, a bill for services rendered during the preceding month. Each bill shall be in a form and contain such information as the Court shall require. The Court, upon verification that the services billed have been performed, shall have the Contractor's bills processed and paid in accordance with the County's/Court's procedure for payment of accounts payable. The Contractor shall notify the Court immediately of any overpayment and, upon documented reconciliation with any underpayment, return the net overpayment to the Court.

**REPORTS** - The Contractor shall provide the Court with reports containing such information in such form and at such time as may be required by the Court.

**RECORDS AND INSPECTIONS** - The Contractor shall maintain full and accurate records with respect to all services performed. Representatives of the County and the Court shall have free access to the records and shall have the right to examine and audit them and to make copies and/or transcripts and to inspect all data, documents, proceedings and activities pertaining to the services provided. Refusal to allow the County's or the Court's representatives access to the records, data, documents, proceedings and activities and to inspect, audit, make copies and/or transcripts, shall constitute a material breach of contract and permit the County or Court to immediately terminate the awarded contract.

**CONFIDENTIALITY** - All information provided to and information contained in records of Livingston County Veterans Treatment Court participants or other recorded information required to be held confidential by Federal or State law, rules or regulations, obtained by the Contractor in connection with services requested shall be privileged communication, and shall be held confidential, and shall not be divulged, except to the Livingston County Veterans Treatment Court team members and as may be required by applicable law or regulation. Such information may be disclosed in summary, statistical or other form which does not directly or indirectly identify particular individuals.

- The Contractor shall establish and maintain procedures to ensure against disclosure of records, reports, confidential communications and visual or audio material containing the identity of individual participants which the Court has referred for services. The only exceptions to this requirement shall be where disclosure is ordered by the Court or where disclosure is required or Authorized by law.
- Under no circumstances may any public reports or findings contain the names of the Livingston County Veterans Treatment Court participants. The confidentiality provisions of the awarded contract shall remain in full force and effect after the termination of the contract.

**COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996** - The Contractor, its personnel and anyone it may contract with for services to be provided,



shall comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, and the rules and regulations promulgated pursuant to HIPAA, 45 CFR Parts 160 and 164, as amended. Breach of this section shall constitute a material breach of contract and permit the County or Court to immediately terminate the awarded contract.

**COMPLIANCE WITH THE LAW** - The Contractor shall render the services required in complete compliance with all applicable Federal, State and local laws, ordinances, rules and regulations. The Contractor shall also comply with all policies, rules and regulations of the Court and Livingston County Jail and orders issued by the Court that relate to the services to be provided.

**NONDISCRIMINATION** - The Contractor, as required by law, shall not discriminate against a person to be served or an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or matters 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.

The Contractor shall adhere to all applicable Federal, State and local laws, ordinances, rules and regulations prohibiting discrimination, including, but not limited to, the following:

- a. Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, 87 Stat 355, as amended and regulations adopted thereunder.
- b. The Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended.
- c. The Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended.
- d. The Americans with Disabilities Act of 1990, P.L. 101-336, 104 Stat 327 (42 USC 12101 et seq.), as amended, and regulations adopted thereunder.

In the event a Federal or State court or Federal or State administrative agency after a due process hearing makes a finding that the Contractor is guilty of discrimination prohibited by law, the Contractor shall forward a copy of the finding to the Court. Breach of this section shall constitute a material breach of contract and permit the County or Court to immediately terminate the Contract.

**INDEPENDENT CONTRACTOR** - The Contractor shall not be considered to be and shall not hold himself out as an employee, servant or agent of either the County or the Court. The Contractor shall be responsible for payment of all income and other taxes to Federal, State and local governments. Neither the County nor the Court shall be responsible for providing the Contractor with workers' compensation insurance coverage.

**AMENDMENTS OR MODIFICATIONS TO THE AGREEMENT** – The awarded contract may be amended or modified only by the written mutual consent of the parties.

**TERMINATION** – Any agreement made as a result of this RFP may be terminated prior to the end of its term upon the occurrence of any of the following:

- a. The agreement may be terminated by either party at any time, without cause by giving thirty (30) days prior written notice to the other party.
- b. In the event the Contractor materially breaches the agreement, the County or Court may terminate the agreement effective immediately upon delivery of notice to the Contractor.

## APPENDIX A: VENDOR QUESTIONNAIRE

VENDOR NAME: \_\_\_\_\_

1. Provide a brief history outlining the qualifications and organization of you or your firm.
2. To demonstrate your organization's ability to provide individual/group therapy services as outlined in the scope of services, please provide summaries of qualifications of any key personnel that you feel will be pertinent (i.e. degree from an accredited university program, certificate or licensure to provide services or membership to professional organizations).
3. Please indicate the number of years of individual/group therapy experience or similar services as outlined in the scope of services. \_\_\_\_\_
4. Please provide a copy of your firm's professional health care providers liability insurance and a current W-9.
5. Please provide the following contact information:
  - Office Telephone - \_\_\_\_\_
  - Cell Phone - \_\_\_\_\_
  - Fax - \_\_\_\_\_
  - E-mail address - \_\_\_\_\_

## APPENDIX B: PRICING PROPOSAL

VENDOR NAME: \_\_\_\_\_

Maximum # \_\_\_\_\_ of participants to be accepted per group.

Minimum # \_\_\_\_\_ of participants to be accepted per group.

COMMENTS:

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## APPENDIX C: VENDOR REFERENCE INFORMATION

VENDOR NAME: \_\_\_\_\_

### Reference 1:

Company Name: _____ _____	Date (s) & Type of Services: _____ _____ _____
Contact Name: _____	Contact Address: _____ _____ _____
Contact E-Mail Address: _____	Contact Phone Number: _____

### Reference 2:

Company Name: _____ _____	Date (s) & Type of Services: _____ _____ _____
Contact Name: _____	Contact Address: _____ _____ _____
Contact E-Mail Address: _____	Contact Phone Number: _____

### Reference 3:

Company Name: _____ _____	Date (s) & Type of Services: _____ _____ _____
Contact Name: _____	Contact Address: _____ _____ _____
Contact E-Mail Address: _____	Contact Phone Number: _____

## APPENDIX D: SIGNATURE PAGE

Vendor Name:	
Address:	Telephone Number:
	Fax Number:
Email Address:	Federal Tax ID Number:
<p>Check <b>ONE</b> of the following:</p> <p> <input type="checkbox"/> Partnership      <input type="checkbox"/> Non-Profit Corporation      <input type="checkbox"/> Profit Corporation  <input type="checkbox"/> DBE <i>(If you have a DBE status, submit current certificate with proposal)</i>  <input type="checkbox"/> Non-DBE  <input type="checkbox"/> Other, Specify: _____         </p>	
<p>If awarded a contract in response to this Proposal, our company:    <input type="checkbox"/> Will    <input type="checkbox"/> Will Not  <u>be able to meet the specifications as required for Insurance Coverages/ Limits.</u>  <i>It is recommended to contact your insurance provider prior checking the above.</i> </p>	
<p><b><i>I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder</i></b>            Signature of Person Authorized to Sign:            _____            _____         </p>	<p>Title and Name of Agency:            _____            _____</p>
Name of Authorized Signatory (print): _____	Date: _____
<p>The above individual is authorized to sign on behalf of the company submitting this proposal. Proposals must be signed by an official authorized to bind the provider to its provisions for a period of at least 90 days.</p>	
How did you learn about this proposal opportunity?	
<p><b>EXCLUSIONS</b>            Please list any <u>exclusions</u> for this RFP: <i>(Check here      if a separate page is necessary, please indicate these are exceptions to any portion of this solicitation)</i>            _____            _____         </p>	
<p><b>EXTENSION OF AWARD</b>            _____ will extend to other Livingston County Departments, other Local Units of government within Livingston County, and the MITN Cooperative, the opportunity to piggyback off of this contract for the same pricing, terms and conditions.</p> <p>COMPANY NAME _____</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <span>YES</span> <span>NO</span> </div>	

**APPENDIX E: CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 517 OF 2012**

I certify that neither \_\_\_\_\_ (Company), nor any of its successors, parent companies, subsidiaries, or companies under common control, are an "Iran Linked Business" engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. In the event it is awarded Contract as a result of this Invitation to Proposal, Company will not become an "Iran linked business" during the course of performing the work under the Contract.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

\_\_\_\_\_  
(Name of Company)

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

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

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

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
Notary Public,

\_\_\_\_\_, County, State of Michigan

My Commission Expires: \_\_\_\_\_

## APPENDIX F: PROPOSAL SUBMISSION CHECKLIST

To enable consistent Proposal evaluation, the following Proposal Contents/Format has been developed. **FAILURE TO SUBMIT THE REQUESTED DOCUMENTS COULD RESULT IN DETERMINING THE SUBMISSION AS NON-RESPONSIVE AND REJECTED.**

Complete?	Item Description
	Appendix A – Vendor Questionnaire
	Certificate of Insurance and W-9
	Appendix B – Pricing Proposal
	Appendix C – Vendor Reference Information
	Appendix D – Signature Page
	Appendix E – Certificate of Compliance with Public Act 517 of 2012
	Appendix F – Proposal Submission Checklist
	Addendum Signature Page (s) *(If applicable)

SUBMITTED PROPOSAL CONTAINS ALL COMPLETED FORMS/CERTIFICATIONS AS LISTED ABOVE

Authorized Signature \_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_

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

Date \_\_\_\_\_



# LIVINGSTON COUNTY ADMINISTRATION

LIVINGSTON COUNTY, MICHIGAN

304 E. Grand River Avenue - Suite 202 - Howell MI 48843

TEL: (517) 546-3669

E-MAIL: [KHinton@livgov.com](mailto:KHinton@livgov.com)

KEN HINTON

COUNTY ADMINISTRATOR

May10, 2018

Dear Sir or Madam:

I am writing on behalf of Livingston County for acceptance and disbursement of \$20,000 of County Incentive Grant funds from Michigan Veterans Affairs Agency. Please refer to the following financial information for payment.

County Treasurer, Jennifer Nash

Routing#

Account Name – Livingston County Treasurer

Account Number

Tax ID – 38-6005819

200 E. Grand River  
Howell, MI 48843

Sincerely,

**KEN HINTON**  
COUNTY ADMINISTRATOR

KH/csj



# EQUIPMENT ORDER AGREEMENT

<b>BILL TO</b>		<b>SHIP TO *</b>	
CUSTOMER NAME <b>SAME AS SHIP TO</b>		CUSTOMER NAME <b>Livingston County Veteran's</b>	
ADDRESS		ADDRESS <b>2300 E Grand River suite 109</b>	
CITY, STATE, ZIP		CITY, STATE, ZIP <b>Howell MI , Michigan, 48843</b>	
CONTACT PERSON	CUSTOMER PHONE NUMBER	CONTACT PERSON <b>Leslie Coffman</b>	DEPARTMENT/ROOM
PURCHASE ORDER #	SHIP TO PHONE # <b>517 540 8777</b>		SHIP TO FAX # <b>-</b>

<b>TERMS OF PAYMENT</b> TERMS ARE NET TEN (10) DAYS FROM DATE OF INVOICE.	* IF THERE IS MORE THAN ONE "SHIP TO" LOCATION, USE SEPARATE MULTIPLE SHIP TO FORM.
--	--

QTY	PRODUCT CODE	DESCRIPTION	SERIAL NO.	UNIT PRICE	EXTD PRICE
1	W7225PT2	WorkCentre 7225 Printer - ON PRECONFIGURED L		4626.65	4626.65
1	097S04123	Integrated OFC FIN		772.00	772.00
Total from Accessories Sheet					\$0.00

<b>CUSTOMER CONTACT FOR CREDIT INFORMATION</b>			<b>PURCHASE PRICE (EXCLUDING TAXES):</b>		5398.65
NAME 0			<b>STATE SALES / USE TAX:</b>		-
PHONE # -			<b>INSTALLATION / DELIVERY CHARGE:</b>		INCLUDED
<b>TRADE-IN EQUIPMENT (List Main Unit First)</b>			<b>SUB-TOTAL:</b>		5398.65
QTY	DESCRIPTION	NET ALLOWED	<b>TRADE-IN ALLOWANCE:</b>		-
0	0	\$ -	<b>MAINTENANCE AGREEMENT:</b>		-
0	0	\$ -	<b>NET AMOUNT:</b>		5398.65
0	0	\$ -	<b>DOWN PAYMENT:</b>		-
<b>SPECIAL INSTRUCTIONS</b>			<b>BALANCE DUE:</b>		5398.65
0					

**THE "CONDITIONS OF SALE" ON THE SECOND PAGE ARE PART OF THIS PURCHASE AGREEMENT.**

**CUSTOMER ACCEPTANCE:** By signing below the customer authorizes MOS to investigate credit worthiness by contacting bank and or trade references provided to MOS by customer. Signature also confirms customer has received a copy of both pages of this Equipment Order Agreement.

<b>AUTHORIZED CUSTOMER SIGNATURE:</b> _____	<b>SalesREP:</b> <u>Shannon Arana</u>
<b>SIGNER'S NAME (printed):</b> _____	<b>MGMT:</b> <u>Scott Wagoner</u>
<b>TITLE:</b> _____	<b>Rep#</b> <u>0</u>

**MICHIGAN OFFICE SOLUTIONS (MOS)**  
 a Xerox Company  
 2859 Walkent Dr. NW GRAND RAPIDS, MI 49544  
 Phone: 800-442-9070 Fax: 616-784-5319



**MICHIGAN OFFICE SOLUTIONS**  
**2859 Walkent Drive NW**  
**Grand Rapids, MI 49544**

**Service Call**  
**Summary**

**Customer** LC08  
**Address** LIVINGSTON CO  
 304 E GRAND RIVER AVE  
 HOWELL, MI 48843  
**Requested By** LESLIE COFFMAN -- 517-540-8777 --  
 lcoffman@livgov.com  
**Request Received** 3/9/2017 9:29 AM  
**Due** 3/9/2017 1:29 PM  
**Contract**  
**PO Number**

**Work Order** WK239723  
**Call** SC266568  
**Technician** JOHN STEFFORIA  
**Call Type** IN-0-Network Install - On Site  
**Equipment** D5671  
  
**Serial** LX5601242  
**Item** W7225PT2  
**Make/Model** XER/XWC7225  
**Installed Location** LIVINGSTON CO HEALTH DEPT  
 2300 E GRAND RIVER  
 HOWELL, MI 48843

**Problem Description** 3.16 ONSITE INSTALL. CONFIRM/INSTALL 360 APP

**Location Remarks**  
**Equipment contact**  
**Contact phone**  
**Contact fax**

**Sales Rep** SHANNON ARANA -- shannon.arana@mos-xerox.com

*Veteran's*

**Labor**

Technician	Dispatch	Arrival	Departure	Travel hours	Standard hours	Overtime hours
JOHN STEFFORIA	3/16/2017 9:19 AM	3/16/2017 10:00 AM	3/16/2017 10:30 AM	0.68	1	0

**Meter Readings**

Meter	Display	Remarks
BLK	771	
CLR	139	
TOT	910	

**Remarks**

Installed. Customer used clone from another machine. Declined 360 app.

## APPENDIX #10

### LIVINGSTON COUNTY PURCHASING POLICY AND PROCEDURES MANUAL



#### LIVINGSTON COUNTY SINGLE-SOURCE VENDOR JUSTIFICATION OF PURCHASE

CENTRAL PURCHASING  
304 E. Grand River Avenue, Howell, Mi 48843

VENDOR NAME: Michigan Office Solutions, Inc

#### REQUESTOR'S JUSTIFICATION (REQUIRED)

- ☐ Only known source that will meet requirements
- ☐ Supplier Able to meet urgent timing requirements
- ☒ Supplier is current vendor of compatible service
- ☐ Repeat of a purchase order recently placed on a competitive basis  
Date of Bid or Award: \_\_\_\_\_
- ☒ Previous experience with this vendor

#### DETAILED EXPLANATION (REQUIRED)

MOS pricing is better than the MIDeal pricing or the NJPA cooperative pricing.

MOS pricing \$ 5398.65

NJPA Price \$ 8866.00

MiDeal Price \$ N/A

\_\_\_\_\_  
Department Signature Date

Jon Waggoner

\_\_\_\_\_  
Typed Name of Requestor

\_\_\_\_\_  
Department Signature Date

\_\_\_\_\_  
Typed Name of Requestor

S:\WP\Policies\Purchasing Policy Docs\Purchasing Policy And Procedures Manual - APP 10.Doc

## SHIP TO ★

# Livingston County, Michigan



08/02/2018 10:18  
Asmiddy

Livingston County  
DEPT REQST BUDGET REQUESTS

P 1  
bgdeptra

## BUDGET PROJECTION 19100 2019 ANNUAL OPERATING BUDGET

ORG	OBJECT PROJ	ACCOUNT DESCRIPTION	CURRENT ADJ BUDGET	PROJECTED ACTUAL	DEPT REQST	PERCENT CHANGE
29568900404000		REAL PROPERTY TAX	-1,010,000.00	-1,010,000.00	-1,000,606.00	-.93
	295-50-55-689-68900-0000-404000-					
29568900404001		REAL PROPETY TAX - CHARGEBACKS	500.00	500.00	.00	-100.00
	295-50-55-689-68900-0000-404001-					
29568900441000		LOCAL COMM STABIL SHARE TAX	.00	.00	.00	.00
	295-50-55-689-68900-0000-441000-					
29568900445000		INTEREST ON TAXES	.00	.00	.00	.00
	295-50-55-689-68900-0000-445000-					
29568900573000		LOCAL COMM STABILIZATION SHARE	.00	.00	.00	.00
	295-50-55-689-68900-0000-573000-					
29568900607025		COPY FEES	.00	.00	.00	.00
	295-50-55-689-68900-0000-607025-					
29568900665000		INTEREST - INVESTMENT	.00	.00	.00	.00
	295-50-55-689-68900-0000-665000-					
29568900666000		APPREC / DEPREC ON INV	.00	.00	.00	.00
	295-50-55-689-68900-0000-666000-					
29568900671000		OTHER REVENUE	.00	.00	.00	.00
	295-50-55-689-68900-0000-671000-					
29568900674000		CONTRIBUTIONS/DONATIONS	.00	.00	.00	.00
	295-50-55-689-68900-0000-674000-					
29568900697000		BUDGET BALANCE	.00	.00	.00	.00
	295-50-55-689-68900-0000-697000-					
29568900699000		TRANSFER IN	.00	.00	.00	.00
	295-50-55-689-68900-0000-699000-					
29568900702000		OTHER PAY/COMPENSATION	.00	.00	.00	.00
	295-50-55-689-68900-0000-702000-					
29568900704000		SALARIES - REGULAR EMPLOYEES	230,031.00	240,031.00	286,767.00	24.66
	295-50-55-689-68900-0000-704000-					
29568900705000		SALARIES - TEMPORARY EMPLOYEES	.00	.00	.00	.00
	295-50-55-689-68900-0000-705000-					
29568900706000		SALARIES- PT (21 HRS OR MORE)	29,213.00	29,213.00	.00	-100.00
	295-50-55-689-68900-0000-706000-					

# Livingston County, Michigan



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DEPT REQST BUDGET REQUESTS

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## BUDGET PROJECTION 19100 2019 ANNUAL OPERATING BUDGET

ORG	OBJECT PROJ	ACCOUNT DESCRIPTION	CURRENT ADJ BUDGET	PROJECTED ACTUAL	DEPT REQST	PERCENT CHANGE
29568900706001		SALARIES - PT (20 HRS OR LESS)	33,511.00	33,511.00	34,676.00	3.48
	295-50-55-689-68900-0000-706001-					
29568900707000		SALARIES - OVERTIME	10,000.00	.00	.00	-100.00
	295-50-55-689-68900-0000-707000-					
29568900715000		FICA - EMPLOYER SHARE	23,160.00	23,160.00	24,591.00	6.18
	295-50-55-689-68900-0000-715000-					
29568900716000		HEALTH INSURANCE ER SHARE	51,715.00	51,715.00	74,646.00	44.34
	295-50-55-689-68900-0000-716000-					
29568900717000		LIFE INSURANCE	495.00	495.00	594.00	20.00
	295-50-55-689-68900-0000-717000-					
29568900718000		MERS - EMPLOYER SHARE	46,928.00	46,928.00	51,492.00	9.73
	295-50-55-689-68900-0000-718000-					
29568900719000		WORKERS COMPENSATION	2,232.00	2,232.00	2,332.00	4.48
	295-50-55-689-68900-0000-719000-					
29568900722000		UNEMPLOYMENT INSURANCE	.00	.00	.00	.00
	295-50-55-689-68900-0000-722000-					
29568900723000		LT/ST DISABILITY INSURANCE	3,046.00	3,046.00	3,640.00	19.50
	295-50-55-689-68900-0000-723000-					
29568900725000		RETIREE HEALTH CARE SAV-ER	3,882.00	3,882.00	1,980.00	-49.00
	295-50-55-689-68900-0000-725000-					
29568900726000		SUPPLIES - OFFICE	2,764.62	2,000.00	2,500.00	-9.57
	295-50-55-689-68900-0000-726000-					
29568900729000		PUBLICATIONS & SUBSCRIPTIONS	4,435.38	200.00	2,500.00	-43.64
	295-50-55-689-68900-0000-729000-					
29568900730000		POSTAGE / METER FEES	450.00	450.00	600.00	33.33
	295-50-55-689-68900-0000-730000-					
29568900743000		UNIFORMS	1,350.00	750.00	600.00	-55.56
	295-50-55-689-68900-0000-743000-					
29568900747000		SUPPLIES - OPERATING EQUIPMENT	1,400.00	1,400.00	1,600.00	14.29
	295-50-55-689-68900-0000-747000-					
29568900747015		OPERATING EQUIP - COPIERS	.00	.00	.00	.00
	295-50-55-689-68900-0000-747015-					

# Livingston County, Michigan



08/02/2018 10:18  
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Livingston County  
DEPT REQST BUDGET REQUESTS

P 3  
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## BUDGET PROJECTION 19100 2019 ANNUAL OPERATING BUDGET

ORG	OBJECT PROJ ACCOUNT DESCRIPTION	CURRENT ADJ BUDGET	PROJECTED ACTUAL	DEPT REQST	PERCENT CHANGE
29568900800000	BOARD/COMMITTEE PER DIEM 295-50-55-689-68900-0000-800000-	2,500.00	2,500.00	2,500.00	.00
29568900815000	DOCUMENT FILMING SERVICES 295-50-55-689-68900-0000-815000-	10,000.00	10,000.00	.00	-100.00
29568900817000	MEMBERSHIP DUES 295-50-55-689-68900-0000-817000-	300.00	300.00	400.00	33.33
29568900847000	VETERANS EMERGENCY ASSISTANCE 295-50-55-689-68900-0000-847000-	312,000.00	312,000.00	312,000.00	.00
29568900851000	TELEPHONE CHARGES 295-50-55-689-68900-0000-851000-	2,696.00	2,696.00	3,477.00	28.97
29568900860000	IN-STATE TRAVEL 295-50-55-689-68900-0000-860000-	2,205.00	195.00	2,500.00	13.38
29568900860010	MILEAGE REIMB 295-50-55-689-68900-0000-860010-	900.00	900.00	500.00	-44.44
29568900860500	OUT OF STATE TRAVEL 295-50-55-689-68900-0000-860500-	3,755.00	2,255.00	2,500.00	-33.42
29568900861000	AUTO LEASING 295-50-55-689-68900-0000-861000-	61,870.00	61,870.00	22,412.00	-63.78
29568900933000	OFFICE EQUIPMENT R&M 295-50-55-689-68900-0000-933000-	.00	.00	.00	.00
29568900940000	FACILITY SERVICE CHARGES 295-50-55-689-68900-0000-940000-	14,478.00	14,478.00	7,957.00	-45.04
29568900940001	FACILITY SERV - DEPT REQUESTS 295-50-55-689-68900-0000-940001-	.00	.00	.00	.00
29568900943010	IT HARDWARE MONTHLY CHARGES 295-50-55-689-68900-0000-943010-	10,992.00	10,992.00	16,965.00	54.34
29568900943012	NEW IT HARDWARE/SOFTWARE 295-50-55-689-68900-0000-943012-	2,000.00	2,000.00	2,000.00	.00
29568900943020	IT SOFTWARE MONTHLY CHARGES 295-50-55-689-68900-0000-943020-	21,099.00	21,099.00	13,699.00	-35.07
29568900956000	MISCELLANEOUS EXPENSE 295-50-55-689-68900-0000-956000-	90.00	.00	6,500.00	7122.22

# Livingston County, Michigan



08/02/2018 10:18  
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Livingston County  
DEPT REQST BUDGET REQUESTS

P 4  
bgdeptra

## BUDGET PROJECTION 19100 2019 ANNUAL OPERATING BUDGET

ORG	OBJECT PROJ	ACCOUNT DESCRIPTION	CURRENT ADJ BUDGET	PROJECTED ACTUAL	DEPT REQST	PERCENT CHANGE
29568900957000		EMPLOYEE PROFESSIONAL DEV	.00	.00	1,000.00	.00
	295-50-55-689-68900-0000-957000-					
29568900959000		TUITION REIMBURSEMENT	16,200.00	16,200.00	.00	-100.00
	295-50-55-689-68900-0000-959000-					
29568900963000		MTT CHARGEBACK INTEREST	100.00	100.00	100.00	.00
	295-50-55-689-68900-0000-963000-					
29568900964000		COST ALLOCATION	12,882.00	12,882.00	12,882.00	.00
	295-50-55-689-68900-0000-964000-					
29568900975000		VEHICLE PURCHASE	.00	.00	.00	.00
	295-50-55-689-68900-0000-975000-					
29568900999000		TRANSFER OUT	.00	.00	.00	.00
	295-50-55-689-68900-0000-999000-					
		BUDGET CEILING:			-90,820.00	
		TOTALS:	-90,820.00	-100,020.00	-104,696.00	15.28

\*\* END OF REPORT - Generated by Adam Smiddy \*\*



## Livingston County Veterans' Services Administrative Report

Jul-18

[illegible]

[illegible]

# Livingston County

## Michigan



08/02/2018 10:27  
Asmidy

Livingston County  
G/L ACCOUNT - MASTER INQUIRY

P 1  
glactinq

Org code: 29568900 VETERANS SERVICES FUND  
Object code: 847000 VETERANS EMERGENCY ASSISTANCE  
Project code:

Type: E  
Status: A  
Budgetary: Y

Fund 295 VETERANS SERVICES FUND  
Function 50 HEALTH AND HUMAN SERVICES  
Authority 55 VETERANS AFFAIRS  
Activity 689 SOLDIERS & SAILORS RELIEF  
Division 68900 SOLDIERS & SAILORS RELIEF  
Drains 0000 UNDEFINED  
\*UNKNOWN\*

Full description: VETERANS EMERGENCY ASSISTANCE Short desc: VET EMERG.  
Reference Acct: Auto-encumber? (Y/N) N

----- CURRENT YEAR MONTHLY AMOUNTS -----				
PER	ACTUAL	ENCUMBRANCE	BUD TRANSFER	BUDGET
00	.00	.00	.00	.00
01	.00	.00	.00	312,000.00
02	-458.89	.00	.00	.00
03	17,134.98	.00	.00	.00
04	27,379.11	.00	.00	.00
05	25,114.81	.00	.00	.00
06	5,858.83	.00	.00	.00
07	7,671.95	.00	.00	.00
08	.00	.00	.00	.00
09	.00	.00	.00	.00
10	.00	.00	.00	.00
11	.00	.00	.00	.00
12	.00	.00	.00	.00
13	.00	.00	.00	.00
Tot:	82,700.79	.00	.00	312,000.00

----- CURRENT YEAR TOTAL AMOUNTS -----			
Actual (Memo)	82,700.79	Original Budget	312,000.00
Encumbrances	.00	Budget Tranfr In	.00
Requisitions	.00	Budget Tranfr Out	.00
Total	82,700.79	Carry Fwd Budget	.00
Available Budget	229,299.21	Carry Fwd Bud Tfr	.00
Percent Used	26.51	Revised Budget	312,000.00
Inceptn to SOY	.00	Inceptn Orig Bud	.00
		Inceptn Revsd Bud	.00
Encumb-Last Yr	.00	BASE	.00
Actual-Last Yr	.00	DEPT REQST	312,000.00
Estim-Actual	312,000.00	RECOMMEND	312,000.00
	.00	FINANCE	312,000.00
		ADOPTED	312,000.00



08/02/2018 10:27  
Asmiddy

Livingston County  
G/L ACCOUNT - MASTER INQUIRY

P 2  
glactinq

PER	ACTUAL	LAST YEAR MONTHLY AMOUNTS ENCUMBRANCE	BUDGET
00	.00	.00	.00
01	.00	.00	310,050.00
02	.00	.00	.00
03	.00	.00	.00
04	.00	.00	.00
05	4,620.00	.00	.00
06	.00	.00	-13,399.00
07	.00	.00	.00
08	.00	.00	.00
09	.00	.00	.00
10	.00	.00	.00
11	-4,620.00	.00	.00
12	.00	.00	.00
13	.00	.00	.00
Tot:	.00	.00	296,651.00

----- PRIOR YEARS TOTAL AMOUNTS -----	
2017 Actual	.00
2017 Closed @ YE	.00
2017 Encumbrance	.00
2017 Memo Bal	.00
2016 Actual	.00
2015 Actual	.00
2014 Actual	.00
2013 Actual	.00
2012 Actual	.00
2011 Actual	.00
2010 Actual	.00
2009 Actual	.00
2008 Actual	.00
2017 Orig Budget	310,050.00
2017 Bud Tfr In	.00
2017 Bud Tfr Out	-13,399.00
2017 C Fwd Budget	.00
2017 Revsd Budget	296,651.00
2016 Orig Budget	.00
2016 Revsd Budget	.00
2015 Orig Budget	.00
2015 Revsd Budget	.00
2017	0.00
2016	0.00
2015	0.00

----- FUTURE YEAR AMOUNTS -----			
PER	2019 BUDGET	2019 BASE	BUDGET
00	.00	.00	.00
01	.00	312,000.00	.00
02	.00	312,000.00	.00
03	.00	312,000.00	.00
04	.00	312,000.00	.00
05	.00	.00	.00
06	.00	.00	.00
07	.00	.00	.00
08	.00	.00	.00
09	.00	.00	.00
10	.00	.00	.00
11	.00	2019 Memo Bal	.00
12	.00	2019 Encumbrance	.00
13	.00	2019 Requisition	.00
Tot:	.00		

----- ACCOUNT NOTES -----

\*\* END OF REPORT - Generated by Adam Smiddy \*\*