

Amendment Number: 1 to the
Between
Michigan Department of Health and Human Services
and
Livingston County Board of Commissioners
hereinafter referred to as the "Local Governing Entity"
on Behalf of Health Department
Livingston County Department of Public Health

AMENDMENT PURPOSE AND JUSTIFICATION

1. The purpose of this amendment is to:

1. Add/revise information in Attachment I - Annual Budget Instructions;
2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
4. Decrease the Department's agreement amount from \$1,695,972 to \$897,888 as shown on the Attachment B budget pages.

2. Amendment Revisions:

The following are the additions/revisions to Attachment I and III

A) The following projects include additions/revisions as highlighted in Attachment I - Annual Budget Instructions:

No Change

B) The following projects include additions/revisions as highlighted in Attachment III - Program Specific Assurance and Requirements:

1. ELC Contact Tracing, Testing, Coord., Infection Prevention
2. Expanding Public Health Workforce - New
3. U4U Tuberculosis Services - New

Following are adjustments to funding levels of the Local Health Department agreement as reflected in Attachment IV:

Budget line item changes are reflected in the attached budgets for the following elements:

<u>Project Title</u>	<u>Current Amount</u>	<u>Amended Amount</u>	<u>New Project Amount</u>
COVID Immunization	917,270	(801,019)	116,251
U4U Tuberculosis Services	0	2,935	2,935
Total Comprehensive Funding	917,270	(798,084)	119,186

Performance Level Adjustments

N/A

Budget category Adjustments

It is understood and agreed that all other conditions of the original agreement remains the same.

3. Signing this amendment

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board official or agency.

Signature Section

For Livingston County Department of Public Health

Matthew Bolang

Health Officer

Name

(please print)

Title

For the Michigan Department of Health and Human Services

Christine H. Sanches

12/06/2022

Christine H. Sanches, Director
Bureau of Purchasing

Date

Attachments

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

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

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ATTACHMENT IV - Emerging Threats- Local Health Department- 2023
 CONTRACT MANAGEMENT SECTION
 Livingston County Department of Public Health

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Percent Number (e)		Contractor / Subreceptient (f)
COVID Immunization	Reg. Alloc.	F	116,251	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
COVID Workforce Development	Reg. Alloc.	F	172,607	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
ELC Contract Tracing, Investigation, Testing Coord., and Infection Prevention	Reg. Alloc.	F	606,095	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
U4U Tuberculosis Services	Reg. Alloc.	F	2,935	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient

TOTAL MDHHS FUNDING 897,888

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

[Attachment IV Notes](#)

Project Budgets

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / COVID Immunization			DATE PREPARED 12/6/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment		AMENDMENT # 1
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	549,382.00	549,382.00
2	Fringe Benefits	192,284.00	192,284.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	165,000.00	165,000.00
6	Travel	0.00	0.00
7	Communication	4,800.00	4,800.00
8	County-City Central Services	0.00	0.00
9	Space Costs	24,000.00	24,000.00
10	All Others (ADP, Con. Employees, Misc.)	65,000.00	65,000.00
Total Program Expenses		1,000,466.00	1,000,466.00
TOTAL DIRECT EXPENSES		1,000,466.00	1,000,466.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		1,000,466.00	1,000,466.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	116,251.00	116,251.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	884,215.00	0.00	884,215.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	1,000,466.00	116,251.00	884,215.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	3.0000	58793.000	0.000	FTE	176,379.00
	Clerk	4.0000	38223.000	0.000	FTE	152,892.00
	Coordinator	2.0000	82162.000	0.000	FTE	164,324.00
	Director	0.5000	111574.000	0.000	FTE	55,787.00
Total for Salary & Wages						549,382.00
2	Fringe Benefits					
	All Composite Rate	0.0000	35.000	549382.000		192,284.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Medical Supplies	0.0000	0.000	0.000		50,000.00
	MISC. CLINIC SUPPLIES	0.0000	0.000	0.000		115,000.00
Total for Supplies and Materials						165,000.00
6	Travel					
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		4,800.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		24,000.00
10	All Others (ADP, Con. Employees, Misc.)					
	IT HARWARE / SOFTARE MONTHLY COSTS	0.0000	0.000	0.000		65,000.00
Total Program Expenses						1,000,466.00
TOTAL DIRECT EXPENSES						1,000,466.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					

	Line Item	Qty	Rate	Units	UOM	Total
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						1,000,466.00

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / U4U Tuberculosis Services			DATE PREPARED 12/6/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 1	
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	6,853.00	6,853.00
2	Fringe Benefits	2,741.00	2,741.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		9,594.00	9,594.00
TOTAL DIRECT EXPENSES		9,594.00	9,594.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		9,594.00	9,594.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	2,935.00	2,935.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	6,659.00	0.00	6,659.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	9,594.00	2,935.00	6,659.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.1000	68529.000	0.000	FTE	6,853.00
2	Fringe Benefits					
	All Composite Rate	0.0000	40.000	6853.000		2,741.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						9,594.00
TOTAL DIRECT EXPENSES						9,594.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						9,594.00

Summary of Budget

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / Emerging Threats- Local Health Department- 2023			DATE PREPARED 12/6/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment		AMENDMENT # 1
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	1,060,086.00	1,060,086.00
2	Fringe Benefits	371,373.00	371,373.00
3	Supplies and Materials	252,500.00	252,500.00
4	Travel	1,100.00	1,100.00
5	Communication	12,550.00	12,550.00
6	Space Costs	36,000.00	36,000.00
7	All Others (ADP, Con. Employees, Misc.)	84,650.00	84,650.00
Total Program Expenses		1,818,259.00	1,818,259.00
TOTAL DIRECT EXPENSES		1,818,259.00	1,818,259.00
INDIRECT EXPENSES			
Indirect Costs			
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		1,818,259.00	1,818,259.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
2	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00

7	Required Match - Local	0.00	0.00	0.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	897,888.00	897,888.00	0.00	0.00
14	MCH Funding	0.00	0.00	0.00	0.00
15	Local Funds - Other	920,371.00	0.00	920,371.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	TOTAL	1,818,259.00	897,888.00	920,371.00	0.00