

**GRAND TRAVERSE COUNTY BOARD OF COMMISSIONERS**

Wednesday, October 2, 2019 @ 8:00 a.m.  
Governmental Center, 2<sup>nd</sup> Floor Commission Chambers  
400 Boardman, Traverse City, MI 49684

General Meeting Policies:

- ❖ Please turn off all cell phones or switch them to silent mode.
- ❖ Any person may make a video, audio or other record of this meeting. Standing equipment, cords, or portable microphones must be located so as not to block audience view.

If you need auxiliary aid assistance, contact 231-922-4760.

**CALL TO ORDER:**

1. **OPENING CEREMONIES, EXERCISES, OR INVOCATION (Hentschel)**  
(If the opening ceremonies include an invocation, the invocation should precede all other ceremonies, such as the singing of the National Anthem or Pledge of Allegiance, and shall be done in accordance with an invocation policy as adopted by the Board of Commissioners.)
2. **ROLL CALL:**
3. **APPROVAL OF MINUTES:**  
(Reading aloud is waived as long as the Board has been furnished a copy in the packet prior to the meeting)
  - a. Minutes of September 18, 2019 (Annual Meeting) ..... 3
4. **FIRST PUBLIC COMMENT**

Any person shall be permitted to address a meeting of the Board of Commissioners which is required to be open to the public under the provisions of the Michigan Open Meetings Act. Public Comment shall be carried out in accordance with the following Board Rules and Procedures:

Any person wishing to address the Board shall state his or her name and address.

No person shall be allowed to speak more than once on the same matter, excluding time needed to answer Commissioners' questions, if any. The Chairperson shall control the amount of time each person shall be allowed to speak, which shall not exceed three (3) minutes. The Chairperson may, at his or her discretion, allow an additional opportunity or time to speak if determined germane and necessary to the discussion.

Public comment will be solicited during the two public comment periods noted in Rule 5.4, Order of Business. However, public comment may be received during the meeting when a specific agenda topic is scheduled for discussion by the Board. Prior to the first public comment, the Chairperson will indicate the topics on the agenda for which public comment will be accepted. Members of the public wishing to comment should raise their hand or pass a note to the clerk in order to be recognized, and shall not address the board until called upon by the chairperson. Please be respectful and refrain from personal or political attacks.

5. **APPROVAL OF AGENDA**
6. **CONSENT CALENDAR:**

The purpose of the Consent Calendar is to expedite business by grouping non-controversial items together to be dealt with by one Commission motion without discussion. Any member of the Commission, staff or the public may ask that any item on the Consent Calendar be removed and placed elsewhere on the agenda for full discussion. Such requests will be automatically respected.

If any item is not removed from the consent calendar, the action noted (receive & file or approval) is approved by a single Commission action adopting the consent calendar.

All Information identified on the Consent Calendar can be viewed in it's entirety at [www.grandtraverse.org](http://www.grandtraverse.org).

|     |  |     |
|-----|--|-----|
| a.  | Receive:   |     |
|     | 1) Traverse Area District Library (TADL) Minutes of 8-15-19 .....  | 9   |
|     | 2) Traverse Area District Library (TADL) Special Minutes of 9-3-19 .....   | 13  |
|     | 3) Legal Counsel Recommendation – Harassment Training.....   | 15  |
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|     | 1) FY2019 Emergency Management Performance Grant Agreement .....   | 19  |
|     | 2) Child & Adolescent Health Center Grant Agreement–K-Town Youth Care Center.....  | 31  |
|     | 3) Child & Adolescent Health Center Grant Agreement–Youth Health & Wellness Center   | 51  |
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|     | 5) Michigan Indigent Defense Counsel (MIDC) Grant Amendment.....   | 204 |
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| c.  | Action:  |     |
| 7.  | SPECIAL ORDERS OF BUSINESS:  |     |
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| 8.  | ITEMS REMOVED FROM CONSENT CALENDAR  |     |
| 9.  | DEPARTMENTAL ITEMS:  |     |
|     | a. Human Resources – Approval of 2020 Benefits.....  | 247 |
|     | b. Grand Traverse Sheriff’s Office:  |     |
|     | 1) Office of Highway Safety Planning Grant - OWI and Seat Belt Traffic.....  | 254 |
|     | 2) Report on Jail Medical Services (Well Path)   |     |
| 10. | UNFINISHED BUSINESS:   |     |
|     | a. Distribution of 2% Allocations of Tribal Funding (action postponed from 9-18-19) .....  | 290 |
|     | b. Ethics Ad Hoc Discussion – requested by Coffia on 9-18-19 .....   | 291 |
|     | c. TIF 97 Resolution (September 4).....  | 292 |
| 11. | NEW BUSINESS:  |     |
| 12. | SECOND PUBLIC COMMENT (Refer to Rules under Public Comment/Input above.)   |     |
| 13. | COMMISSIONER/DEPARTMENT REPORTS:   |     |
| 14. | NOTICES:   |     |
| 15. | CLOSED SESSION:  |     |
| 16. | ADJOURNMENT  |     |

GRAND TRAVERSE COUNTY  
BOARD OF COMMISSIONERS

Annual Meeting  
September 18, 2019

Chairman Hentschel called the meeting to order at 8:02 a.m. at the Governmental Center.

OPENING CEREMONIES, EXERCISES OR INVOCATION

Opening remarks were given by Commissioner Hundley, which was followed by the Pledge of Allegiance to the Flag of the United States of America.

PRESENT: Betsy Coffia (8:05 a.m.), Bryce Hundley, Brad Jewett, Addison Wheelock, Jr.  
Ron Clous, Gordie LaPointe and Rob Hentschel

APPROVAL OF MINUTES

Minutes of September 4, 2019 Regular Meeting

Moved by Clous, seconded by Jewett to approve the minutes listed above. Motion carried.

Commissioner Coffia arrived at 8:05 a.m.

PUBLIC COMMENT

The following people addressed the Commissioners during Public Comment:

**Bruce Moore**  
**David Petrove**  
**Ted Iorio**  
**Ann Rogers**  
**Gretchen Iorio**  
**Dave Nichols**  
**Al McCullough**  
**Silvia McCullough**

APPROVAL OF AGENDA

Add Budget 2020 Process Update under New Business

Moved by Wheelock, seconded by Coffia to approve the agenda with the addition of Budget 2020 Process Update under New Business. Motion carried

Commissioner Coffia requested that a discussion of the Ethics Ad Hoc Committee Recommendations be included on the October 2, 2019 agenda.

CONSENT CALENDAR

The purpose of the Consent Calendar is to expedite business by grouping non-controversial items together to be dealt with by one Commission motion without discussion. Any member of the

Commission, staff or the public may ask that any item on the Consent Calendar be removed and placed elsewhere on the agenda for full discussion. Such requests will be automatically respected.

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**A. RECEIVE AND FILE**

1. Department of Health & Human Services Minutes of July 23, 2019
2. Department of Health & Human Services Minuets of July 26, 2019 (Pavilions)
3. Michigan Township Association Minutes of September 5, 2019
4. Road Commission Report for September 18<sup>th</sup> meeting – *Removed from calendar*
5. Expenditure Report >\$5000
6. Conservation District – August Report

**B. APPROVALS**

1. 

Resolution 133-2019  
Health Department  
Michael Collins  
Contract Renewal for Medical Director
2. 

Resolution 134-2019  
Finance  
August 2019 Claims Approval
3. FY2019 Budget Amendments – Removed from calendar
4. 

Resolution 135-2019  
Administration  
Michigan Indigent Defense Commission (MIDC)  
Amended Compliance Plan

**ACTION ON THE CONSENT CALENDAR**

After the County Clerk read the Consent Calendar for the record, the following items were removed:

|     |         |             |
|-----|---------|-------------|
| b-3 | Page 72 | By LaPointe |
| a-4 | Page 18 | By Coffia   |

Moved by Wheelock, seconded by Clous to approve the Consent Calendar minus items a-4 and b-3.

Roll Call Vote: Yes 7

SPECIAL ORDERS OF BUSINESS

**a. County Clerk**

1) Board of Canvassers Election

Bonnie Scheele, County Clerk, distributed ballots to the Commissioners for the election of a Democratic and Republican canvasser for a term ending October 31, 2023.

The ballots were collected and the County Clerk will report the results under Unfinished Business.

ITEMS REMOVED FROM CONSENT CALENDAR

**a-4 – Road Commission Report for September 18<sup>th</sup> Meeting**

Brad Kluczynski, Road Commission Manager, answered Commissioners' questions.

Moved by Coffia, seconded by Clous to Receive the Road Commission Report for September 18<sup>th</sup> meeting. Motion carried.

**b-3 – FY2019 Budget Amendments**

Dean Bott, Finance Director, answered Commissioners' questions.

Resolution 136-2019

Finance

FY 2019 Budget Amendments

Moved by LaPointe, seconded by Jewett to approve Resolution 136-2019. Motion carried.

Commissioners took a break at 8:47 a.m.

Commissioners returned to regular session at 8:54 a.m.

DEPARTMENT ACTION ITEMS

**a. Grand Traverse Sheriff's Office (GTSO)**

1) Bailiff Program

Tom Bensley, Sheriff, and Carol Stocking, District Court Administrator, spoke about the request to hire part time bailiffs to work in the Hall of Justice. They also played a video from Probate Court Judge, Melanie Stanton, requesting that the Commissioners approve the bailiff program.

Resolution 137-2019

Sheriff's Department

Bailiff Program

Moved by Wheelock, seconded by Clous to approve Resolution 137-2019.

Moved by Coffia, seconded by Hundley to postpone action on the approval of a bailiff program until the first meeting in October.

Roll Call Vote: Yes 2, No 5

Nay: Wheelock, Jewett, LaPointe, Clous and Hentschel

Motion failed.

Vote on motion to approve Resolution 137-2019

Roll Call Vote: Yes 7

Commissioners took a break at 10:34 a.m.

Commissioners returned to regular session at 10:43 a.m.

**b. Administration**

- 1) Proposed Dedicated Millage and Special Surcharge Review Policy  
Chris Forsyth, Deputy County Administrator, explained the new policy.

Resolution 138-2019

Administration

Proposed Dedicated Millage and  
Special Surcharge Review Policy

Moved by LaPointe, seconded by Jewett to approve Resolution 138-2019.

Motion carried.

- 2) Transitional Employee  
Nate Alger, County Administrator, indicated that the Board of Commissioner's Administrative Assistant, Chris Cramer, will be retiring soon and they would like to hire her replacement now to get the new employee trained before Mrs. Cramer leaves.

Resolution 139-2019

Administration

Transitional Employee

Moved by LaPointe, seconded by Wheelock to approve Resolution 139-2019.

Motion carried.

UNFINISHED BUSINESS

**a. Distribution of 2% Allocations of Tribal Funding (Hundley)**

Commissioners discussed the current process for 2% grant allocations from the Grand Traverse Band. Administration staff would like direction on how to proceed with future grant applications.

Moved by Wheelock, seconded by Clous that Grand Traverse County go on record stating that they support 2% grant allocations specifically for services provided by and for Grand Traverse County.

Moved by Jewett, seconded by Coffia to postpone action on Commissioner Wheelock's motion until the next board meeting.

Roll Call Vote: Yes 5, No 2

Nay: Clous and Hentschel

**b. Ethics Policy (Jewett)**

Commissioner Jewett gave an update on the Ethics Ad Hoc Committee meetings.

Moved by Jewett, seconded by Clous to direct staff to review the current ethics policy and bring back any recommended changes to the policy for Board approval.

Roll Call Vote: Yes 6, No 1

Nay: Clous

**c. Board of Canvassers Election Results**

Bonnie Scheele, County Clerk, announced that the Democratic winner is Steve Horne and the Republican winner is Linda Witt.

NEW BUSINESS

**a. Transparency Project (Hentschel)**

Chairman Hentschel would like to have all the past board minutes, packets, and videos put on the County website. Administration and the County Clerk will research the cost to transfer these documents to a digital format and report back to the Board.

PUBLIC COMMENT

None

COMMISSIONER/DEPARTMENT REPORTS

Commissioners gave updates on meetings and events they attended.

NOTICES

**October 2, 2019 – Regular Meeting**

**October 16, 2019 – Regular Meeting**

CLOSED SESSION

None

Meeting adjourned at 11:55 a.m.

\_\_\_\_\_  
Bonnie Scheele, County Clerk

\_\_\_\_\_  
Rob Hentschel, Chairman

APPROVED: \_\_\_\_\_      \_\_\_\_\_  
                  (Date)                   (Initials)





TRAVERSE AREA DISTRICT  
LIBRARY

**Board of Trustees Regular Meeting**  
MINUTES – (approved)  
Thursday, August 15, 2019 at 5:00pm  
**McGuire Community Room**  
610 Woodmere Ave., Traverse City, MI 49686

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**1. Call to Order**

The meeting was called to order by Vice President Vickery at 5:00pm. Present were: Vickery (Vice President); Gillman (Treasurer); Jones (Secretary); Mathewson, Sullivan, and Odgers (Trustees). Gersch (President) was absent. Also present were: Jocks (Counsel); Juett (Director); Radjenovich (Business Manager); and Carpenter (Staff).

**2. Pledge of Allegiance**

All members in attendance stood and recited the Pledge of Allegiance to the Flag of the United States of America.

**3. Approval of Agenda**

Juett requested an amendment to add new business item 7d, resolution for payment to Spence Brothers for the roof venting and insulation project. It was MOVED by Gillman, SUPPORTED by Mathewson, to approve the amended agenda as presented. Motion CARRIED.

**4. Public Comment**

Vice President Vickery opened the floor for public comment. There was none.

**5. Approval of Minutes**

a. *Regular Meeting of June 20, 2019*

It was MOVED by Jones, SUPPORTED by Odgers, to approve the regular meeting minutes of July 18, 2019 as presented. Motion CARRIED.

**6. Reports and Communications**

a. *Director Report*

Juett confirmed her written report and added the following:

- Preliminary phone interviews for the Adult Services Coordinator position will take place on Friday. Juett hopes to fill the position soon.
- TADL's new critical thinking/philosophy collection "ConsiderThis" has drawn interest. Additions to the collection will be made and related programming will begin starting in October.
- The Traverse Area Historical Society, through a Petertyl grant, provided funding for two 40-hour interns to work with TADL's local history collection. At the conclusion of the internships, huge strides were made toward sorting and cataloging some of the special collections.
- Juett is still waiting on new health insurance renewal rates for the upcoming plan year.
- There were over 400 attendees at the Summer Reading Club finale party in Hull Park. Juett was pleased to be able to tie in the 2019's Summer Reading Club "Universe of Stories" theme with the International Space Station Radio Contact event this year. It was a record breaking year for participation.
- Juett has been working with Radjenovich and Howard to bring them up to speed with all their new duties after she retires.

Vice President Vickery noted that Administrative Reports were included in the board packet. There were no additions to those reports.

b. *Financial Report*

Radjenovich confirmed the July 2019 reports and added the following highlights:

- Revenues – The 2<sup>nd</sup> half of the State Aid has been received and will be reflected in the August financial report. State Aid overall is about \$6000 over budget. All penal fines have been received and are under budget by about \$10K, a 4% decrease. Fortunately the increased State Aid will offset some of this decrease. As penal fines have trended downward over the past several years, this will again be taken into account in next year's budget. Rents and royalties have been down, as are Contributions, but the latter will increase following receipt of a bequest in the amount of \$81,200.
- Expenses – Wages are on track. Workman's comp is currently over budget, but a portion will be adjusted for a 2020 pre-pay. Office and general supplies year-to-date were up from last year, but are still trending below budget for the year. Professional and contractual costs are higher due to extra needed legal counsel. Advertising and outreach are up due to the highly successful Summer Reading Club's record breaking enrollment. Participant t-shirts have been popular and have proven to be good advertising as they are worn throughout the Summer Reading Club year and on.

c. *Member Library Reports*

Julie Kintner, Director of Fife Lake Public Library (FLPL), noted that Summer Reading Club at FLPL was very successful. The t-shirts are a big hit which she believes are helping bring more awareness of the library within the community. Three members of the staff attended a MeL workshop offering at TADL's Main library. Kintner has had to deal with many building and grounds repairs lately. They have also installed LED lighting to help keep energy costs down. FLPL was able to update an AV cabinet through donations and a grant from Northland Library Cooperative. The Fife Lake community will be hosting its 1<sup>st</sup> annual Safety Day.

Vicki Shurly, Director of Peninsula Community Library (IPL), announced that the new PCL will open its doors on September 7, 2019. Since December of 2016 the community has raised over \$2.5mil, designed, built, and furnished their new library. Shurly thanked the TADL board for all of the invaluable resources received and for their support, with special thanks to TADL tech team members Scott Morey and Ed Barrett - PCL couldn't do without them!

Amy Barritt, Kingsley Branch Library Manager (KBL), commented on two questions she has gotten a lot since starting her position as branch manager. To the first, "How do you like Kingsley?", she responds that she was born and raised there and sees it as an honor to serve her hometown, the people she loves and knows well. She's excited to be able to change perceptions and make an impact in the community alongside her highly skilled co-workers. To the second question, "What's going on with kids in Kingsley?", she has dived into how the library can play a supportive role along with others in the community. This includes raising the mental health initiative in the area through materials in the library's collection, getting into the schools more, and through making connections and developing programming collaborations geared for teens and young people. KBL will be hosting its first Teen Lock-In and a good number of teens have already signed up. Barritt was proud to report that KBL staff received 65 wonderful thank you notes from kids participating in the Summer Reading Club.

A written report from Renee Kelchak, Director of Interlochen Public Library (IPL), was included in the board packet.

d. *Committee Reports*

Vice President Vickery noted that the Facilities and Services Committee and the Personnel Committee had not met.

- Finance Committee – Gillman reported that the committee had met just prior to the last board meeting and that the information had been covered at that meeting. He also noted that the next committee meeting will cover budgeting and other financial basics and suggested it would be beneficial for newer trustees who are not on the committee to attend the meeting for informational purposes.
- Policy Committee – Sullivan reported that the committee had met and discussed two policies later on the agenda for approval.

e. *Other Reports and Communications*

- Friends’ Report – Doug Weaver, TADL Friends Board President  
Doug Weaver, Friends of TADL President, reported that the TADL Friends board has approved the use of the web-based membership management software program called Wild Apricot. Following an inquiry from Odgers, Weaver will look into whether the program could be shared by other Friends of the Library groups within the district. The annual Fall book sale will be held September 27-29. To date, the Friends have raised \$17K of the \$22K budgeted, and expect to be able to hit that target by year-end. The Friends of TADL are sponsoring the October National Writers Series event, featuring author Susan Orlean. It is hoped that memberships will increase following the event.

7. **New Business**

a. *Marion Talbot Estate – Acceptance of Gift*

Juett provided a brief bio of long-time patron Dr. Marion L. Talbot, who has bequeathed a gift of \$81,200 to the Traverse Area District Library. Juett noted that, per policy, any gifts over \$10,000 must be accepted by the board. Gillman confirmed with Counsel that the bequest was unrestricted as to the use of the funds and that it could be used as best fit the needs of the library. Juett confirmed that the bequest will be recognized on the donor wall and any applicable plaque related to the usage of the gift. It was **MOVED** by Gillman, **SUPPORTED** by Sullivan, to accept the gift of \$81,200 from the Marion L. Talbot Living Trust as described in the executor’s consent, release, indemnification and waiver as presented, and that upon receipt of the funds an amendment be made to the budget accordingly. A roll call vote was taken with the following results:

|                 |                 |                |
|-----------------|-----------------|----------------|
| Odgers – aye    | Mathewson – aye | Sullivan – aye |
| Vickery – aye   | Jones – aye     | Gillman – aye  |
| Gersch – absent |                 |                |

Motion **CARRIED**.

8. **Old Business**

a. *MERS Delegate Certification*

Radjenovich noted that MERS holds an annual conference every October. Delegates who attend have the right to vote for open candidacies to the MERS board. A nomination process and vote were taken among eligible employees, who selected Vicki Carpenter as the employee delegate, with Kristi Jackowski as alternate. The officer delegate, selected by Director Juett from eligible management staff was Deb Radjenovich, with Michele Howard as alternate. It was **MOVED** by Jones, **SUPPORTED** by Mathewson, to authorize the employee and officer delegates as presented and to submit the required 2019 Officer and Employee Delegate Certification Form. A roll call vote was taken with the following results:

|                 |                 |                |
|-----------------|-----------------|----------------|
| Odgers – aye    | Mathewson – aye | Sullivan – aye |
| Vickery – aye   | Jones – aye     | Gillman – aye  |
| Gersch – absent |                 |                |

Motion **CARRIED** and Vickery thanked the delegates for stepping up to those positions.

b. *Policy Revision – 3.2 Borrowing Parameters and Delinquent Charges*

Jones suggested amending the policy by removing the last part of the sentence in the fourth paragraph following the semi-colon, which reads “exceptions may occur where TADL policies



conflict with school district policy at Peninsula Community Library,” and to insert a period after the word ‘district’ because PCL is now a standalone building and no longer located within the school. It was MOVED by Gillman, SUPPORTED by Mathewson to accept the policy revisions presented along with the strike out language and punctuation correction noted by Jones. Motion CARRIED.

c. *Policy Revision – 3.21 Fines and Lending Periods*

Juett reviewed several changes to 3.21 Fines and Lending Periods policy which include: a reduction in loan period for current year magazines to provide more access opportunity; an expansion in loan period to accommodate local book clubs encouraged and supported by TADL; a reduction in puppet fines to align with other youth materials; STEM kits were added to the storytime kit category; and a notation that maximum fines shall not exceed the cost of an item. It was MOVED by Mathewson, SUPPORTED by Odgers, to support and accept the revision to policy 3.21 Fines and Lending Periods as presented. Motion CARRIED.

d. *Resolution – Roof Venting and Insulation Project Invoice Payment*

Juett confirmed that the roof venting and insulation work has been satisfactory to date and that the payment needing approval will be taken from the Public Improvement Fund budget as approved in a prior resolution by the board. This payment is consistent with that resolution. It was MOVED by Gillman, SUPPORTED by Jones, to accept the resolution to approve payment to Spence Brothers for the roof venting and insulation project in the amount of \$129, 018.96. A roll call vote was taken with the following results:

|                 |                 |                |
|-----------------|-----------------|----------------|
| Odgers – aye    | Mathewson – aye | Sullivan – aye |
| Vickery – aye   | Jones – aye     | Gillman – aye  |
| Gersch – absent |                 |                |

Motion CARRIED.

9. **Public Comment**

Vice President Vickery opened the floor for public comment. There was none.

Odgers inquired about TADL logo water bottle sales following the Facebook posting announcing the new water bottle filling water fountains at the Main Library. Having attended the National Writer Series event with author Karl Marlantes, where he related his experience with libraries and librarians, Odgers emphasized the idea libraries change lives. She also suggested using a portion of the Talbot bequest toward health and disability issues since those were topics she knew were dear to Talbot.

Vickery provided insight into his recent visit to the library with his grandchildren and expressed support and appreciation to the staff for the work, thoughtfulness, and quality of the programming offered to the community by the libraries in the district.

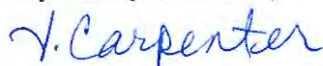
Gillman, on behalf of the board of trustees, offered condolences to TADL’s longest serving employee, Katheryn Carrier, on the death of her husband and asked for a moment of reflection.

Mathewson congratulated the staff on a successful Summer Reading Club program, recognizing the work and dedication involved in making it a success.

10. **Adjournment**

With a motion by Gillman and support from Mathewson, Vice President Vickery adjourned the meeting at 5:47pm.

Respectfully submitted,



V. Carpenter, Recording Secretary

Approved by board vote on September 19, 2019,



J. Jones, Board Secretary



**Board of Trustees**  
**Special Meeting/Finance Committee Meeting**  
**MINUTES (approved)**  
Tuesday, September 3, 2019 at 5:30pm  
**Thirlby Room**  
610 Woodmere Ave., Traverse City, MI 49686

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1. **Call to Order**

The meeting was called to order by Finance Committee Chair, Jason Gillman at 5:30 p.m. Present were: Gillman (Treasurer); Jones (Secretary); Odgers and Sullivan (Trustees). Also present were Juett (Library Director), Howard (Library Director Select) and Radjenovich (Business Manager).

2. **Pledge of Allegiance**

Due to the lack of a flag, this was passed on.

3. **Approval of agenda**

It was MOVED by Jones, SUPPORTED by Odgers, to approve the agenda as presented. Motion CARRIED.

4. **Approval of minutes**

It was MOVED by Jones, SUPPORTED by Odgers, to approve the minutes of the July 18, 2019 Finance Committee as presented. Motion CARRIED.

5. **Public Comment**

There was no public comment.

6. **Financial Review**

Juett noted that with so many new members on the board and with Howard coming in as the new Director that a more in depth review of the financials would be helpful. To do this a copy of the most recent audit was distributed. Juett started by reviewing the Management Discussion and Analysis. A spreadsheet of Tax Receipts from 2006-2018 was handed out. There was discussion about the recession and loss of revenue around 2011 and the impact that the Headlee Rollbacks have had in the last few years. MERS was discussed in regards to the extra payments that have been made which have brought us to 85% funded and whether we should make the minimum payments in the upcoming year or continue with the higher payments that we are currently making. The Unassigned Fund Balance was explained and discussed. Mention was made of several contracts that would be up for renewal in 2019 and 2021. There were handouts and discussion concerning Penal Fines, State Aid, and Tax Capture. The various funds, their balances, and their uses were reviewed and discussed. Juett continued with the Audit review touching on various items. The review concluded with a few questions and discussion.

7. **Public Comment**

There was no public comment.

8. **Next Meeting**

A date of October 1, 2019 at 5:30 p.m. was set for a Finance Committee meeting if needed.



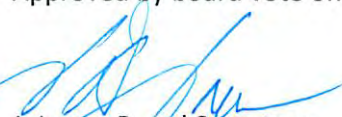
9. **Adjournment**

Meeting was adjourned at 6:35pm.

Respectfully submitted,

  
D. Radjenovich, Recording Secretary

Approved by board vote on September 19, 2019,

  
J. Jones, Board Secretary

NEW BUSINESS

**a. 2020 Census**

Moved by Clous, seconded by Jewett to direct staff to draft a resolution supporting the addition of the citizenship question on future census questionnaires. Further, once the resolution is passed, it will be distributed to President Trump and the other 82 counties in Michigan.

Roll Call Vote: Yes 4, No 3

Nay: Wheelock, Hundley and Coffia

**b. Proposed Board Rule Addition**

Commissioners discussed adding a requirement to the Board Rules that the Commissioners attend a sexual harassment training.

Moved by Coffia, seconded by Hundley that the new board rule be approved and applied to current board members by scheduling a sexual harassment training to be completed by all Board of Commission members no later than September 30, 2019.

Commissioner Coffia amended her motion to remove “sexual harassment training” and replace it with just “harassment training”.

Chairman Hentschel suggested the following motion instead (no second to the motion):

“Orientation type trainings shall be made available to elected officials of Grand Traverse County as appropriate to their elected position including but not limited to Open Meetings Act, Freedom of Information Act, Sexual Harassment training, general county policy orientation and meetings with administrative and/or support staff. It shall be the responsibility of the County Administrator to ensure that such trainings are made available by qualified staff or trainers and proactively promoted to elected officials as early as the day in which election results are certified prior to taking office and no later than within 45 days of taking office. Reimbursement of travel expenses associated with such meetings shall be limited to those allowed under the County Travel Reimbursement policy and are subject to approval by the County Administrator.”

Moved by Jewett, seconded by Coffia to table the proposed board rule addition until legal counsel can review it and make a recommendation. Motion carried.

PUBLIC COMMENT

The following people addressed the Commissioners during Public Comment:

**Matt Schoech**

**Andy Marek**

COMMISSIONER/DEPARTMENT REPORTS

Commissioners gave updates on meetings and events they attended.



**Noelle R. Moeggenberg**  
**Prosecuting Attorney**  
324 Court Street  
Traverse City, Michigan 49684-9958  
(231) 922-4600 FAX (231) 922-4698

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**MEMORANDUM**

**TO:** Chris Cramer, County Administration; Board of County Commissioners  
**FROM:** Christopher Tholen, Deputy Civil Counsel  
**DATE:** September 23, 2019  
**RE:** Sexual Harassment Training

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Commissioners-

I was asked to provide advice on the legal implications of sexual harassment training for County employees and elected officials. Ms. Kinsey will be preparing a memorandum on the Human Resources benefits of such training so I will not be giving you any opinions in that regard.

When a County is sued the defense of “governmental immunity” is generally available. This doctrine states that “a governmental agency is immune from tort liability if the governmental agency is engaged in the exercise or discharge of a governmental function” so long as the governmental agency’s behavior “does not amount to gross negligence”—among other components of the defense.

In such situations, counties are often able to avoid lengthy litigation as well as paying damages to people who sue those counties. Governmental immunity is not a defense to all allegations, however. One situation where “governmental immunity” does not provide protection for a governmental agency is when the allegation is regarding a violation of civil rights such as sexual harassment.


If it were alleged that a Grand Traverse County employee or official sexually harassed a



coworker or member of the public then there would still be defenses available to the County. One of these defenses could be that the employer—in a County’s case someone with the ability to discipline the allegedly offending person or to protect the allegedly victimized person—was either not made aware of the alleged harassment or took appropriate action when made aware. If the employer was not made aware of the problem or if the employer took appropriate action when made aware, then the employer would be dismissed from the lawsuit before it is even determined whether the harassment occurred. The lawsuit could then continue against the alleged harasser; the County, however, would no longer have to defend itself.

Given the unavailability of the defense of governmental immunity it is even more important that sexual harassment training be utilized. The current state of the law allows for the County to be liable if persons with authority do not take appropriate steps when aware of ongoing harassment. Consequently this training would be even more important for those in positions of authority such as department heads and County Commissioners. This training must include not only training on what sexual harassment looks like, but also the steps that are to be taken if sexual harassment is observed. This will help protect Grand Traverse County from a successful civil rights claim because, if the training is effective, then those wielding authority will be better equipped to (1) recognize problems and (2) take appropriate action. If that appropriate action is taken as soon as a person in authority is aware, then the County would be dismissed from a later-filed civil rights lawsuit.

Respectfully,

  
Christopher Tholen (P76948)



## GRAND TRAVERSE COUNTY HUMAN RESOURCES DEPARTMENT

400 BOARDMAN AVENUE, SUITE  
309  
TRAVERSE CITY, MI 49684-2577

HUMAN RESOURCES DEPARTMENT (231) 922-4599  
FAX (231) 922-4796

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September 27, 2019

To: County Commissioners  
From: Donna Kinsey  
Re: Anti-Harassment Training

Standardized training ensures all employees, and elected officials are aware of what behaviors are expected at work. It's vital to clearly define acceptable behaviors as well as any consequences for stepping outside those boundaries.

Proper education not only helps to safeguard against inappropriate behavior by clearly defining violations, but also empowers those who may encounter forms of harassment to recognize and report these cases to the Human Resources Department.

When approached correctly, anti-harassment training should convey that the County truly cares about the work environment and ensure that all are aware of the proper steps to take in the event harassment occurs. Additionally, training builds community and allows employees to work together toward a common goal. Overall, this feeling of safety in the workplace, coupled with the reassurance that all other employees know what is considered unacceptable, can provide long-lasting confidence in a workplace, as employees remain confident that their fellow team members will stand behind them if an incident does occur.

It should be noted that the benefits of anti-harassment training can extend outside the workplace, as well. Often, people don't have the knowledge or resources to combat anti-harassment in their own lives. After completing Grand Traverse County training, individuals are better equipped to identify and respond to harassment – wherever it occurs.



## Action Request

|                    |   |                      |              |
|--------------------|---|----------------------|--------------|
| Meeting Date:      | 10/2/2019   |                      |              |
| Department:        | Emergency Management                                    | Submitted By:        | Gregg Bird   |
| Contact E-Mail:    | gbird@grandtraverse.org                                 | Contact Telephone:   | 231-995-6059 |
| Agenda Item Title: | FY2019 Emergency Management Performance Grant Agreement |                      |              |
| Estimated Time:    | 0   | Laptop Presentation: |              |
|                    | <small>(in minutes)</small>                             |                      |              |

**Summary of Request:**

The Federal Emergency Management Performance Grant (EMPG) Agreement purpose is to provide federal pass-through funds for the development and maintenance of an emergency management program capable of protecting life, property, and vital infrastructure in times of disaster and emergency. The amount of this grant agreement is for \$38,767.00 and for the period of October 1, 2018 through September 30, 2019. The fiscal year 2019 Emergency Management Performance Grant allocation covers 35.69% of the sub recipient's emergency program manager's salary and fringe benefits. The fiscal year 2019 Emergency Management Program Grant has a 50% cost match (cash or in-kind) requirement.

This is a renewal. The terms of the agreement are October 1, 2018 through September 30, 2019.

The amount of the agreement last year for October 1, 2017 through September 30, 2018 was \$38,020.

**Suggested Motion:**

Approve renewal of the Emergency Management Performance Grant agreement for Grand Traverse County for fiscal year of October 1, 2018 to September 30, 2019.

**Financial Information:**

|             |        |                    |        |                     |     |
|-------------|--------|--------------------|--------|---------------------|-----|
| Total Cost: | \$0.00 | General Fund Cost: | \$0.00 | Included in budget: | Yes |
|-------------|--------|--------------------|--------|---------------------|-----|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature | Date |
|--------------------------|-----------|------|
| Finance Director         |           |      |
| Human Resources Director |           |      |
| Civil Counsel            |           |      |

**Administration:**      Recommended      Date: \_\_\_\_\_

Miscellaneous:

**Attachments:**

Attachment Titles: FY2019 Emergency Management Performance Grant Agreement

RESOLUTION

**XX-2019**

**FY2019 Emergency Management Performance Grant Agreement**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on October 2, 2019 and reviewed request from Emergency Management to approve the FY 2019 Emergency Management Performance Grant Agreement; and,

WHEREAS, The Federal Emergency Management Performance Grant (EMPG) Agreement provides federal pass-through funds for the development and maintenance of an emergency management program capable of protecting life, property, and vital infrastructure in times of disaster and emergency; and,

WHEREAS, The amount of this grant agreement is \$38,767.00 for the period October 1, 2018 through September 30, 2019, and covers 35.69% of the sub recipient's emergency program manager's salary and fringe benefits; and,

WHEREAS, The fiscal year 2019 Emergency Management Program Grant has a 50% cost match (cash or in-kind) requirement.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT Grand Traverse County approves renewal of the FY2019 Federal Emergency Management Performance Grant (EMPG) in the amount of \$38,020.00 for the period October 1, 2018 through September 30, 2019.

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: October 2, 2019

Michigan State Police  
Emergency Management  
and  
Homeland Security  
Division



## Grant Agreement

### FEDERAL AWARD IDENTIFICATION

|   |   |  |
|---|---|--|
| SUBRECIPIENT NAME   | GRANT NAME                                    | CFDA NUMBER  |
| County of Grand Traverse  | Emergency Management Performance Grants       | 97.042   |
| SUBRECIPIENT IRS/VENDOR NUMBER  | FEDERAL AWARD IDENTIFICATION NUMBER (FAIN)    | FEDERAL AWARD DATE   |
| 38-6004852  | EMC-2019-EP-00004                             | 7/24/2019  |
| SUBRECIPIENT DUNS NUMBER  | SUBAWARD PERFORMANCE PERIOD                   | FROM TO  |
| 080341472   |   | 10/1/2018 9/30/2019  |
| RESEARCH & DEVELOPMENT  | <b>Funding</b>                                | <b>Total</b>   |
| N/A   | Federal Funds Obligated by this Action        | \$38,767.00  |
| INDIRECT COST RATE  | Total Federal Funds Obligated to Subrecipient | \$38,767.00  |
| None on file  | Total Amount of Federal Award                 | \$8,971,802  |
| FEDERAL AWARD PROJECT DESCRIPTION   |   |  |
| 2019 Emergency Management Performance Grants  |   |  |
| DETAILS   |   |  |
| The 2019 EMPG allocation is 35.69% of the Subrecipient's emergency program manager's salary and fringe benefits. A cost-match is required under this program. The Federal share used towards the EMPG budget shall not exceed 50 percent of the total budget. |   |  |
| FEDERAL AWARDDING AGENCY  |   | PASS-THROUGH ENTITY (RECIPIENT) NAME   |
| Federal Emergency Management Agency<br>Grant Operations<br>245 Murray Lane – Building 410, SW<br>Washington DC 20528-7000   |   | Michigan State Police<br>Emergency Management and<br>Homeland Security Division<br>PO Box 30634<br>Lansing, MI 48909 |

# State of Michigan FY 2019 Emergency Management Performance Grant Grant Agreement

October 1, 2018 to September 30, 2019

|   |
|---|
| CFDA Number: 97.042<br>Grant Number:<br>EMC-2019-EP-00004 |
|---|

This Fiscal Year (FY) 2019 Emergency Management Performance Grant (EMPG) grant agreement is hereby entered into between the Michigan Department of State Police, Emergency Management and Homeland Security Division (hereinafter called the Recipient), and the

## COUNTY OF GRAND TRAVERSE (hereinafter called the Subrecipient)

### I. Purpose

The purpose of this grant agreement is to provide federal pass-through funds to the Subrecipient for the development and maintenance of an emergency management program capable of protecting life, property, and vital infrastructure in times of disaster or emergency.

The FY 2019 EMPG program plays an important role in the implementation of the National Preparedness System (NPS) by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal of a secure and resilient Nation. The objective of the NPS is to facilitate an integrated, all-of-nation/whole community, risk driven, capabilities-based approach to preparedness.

In support of the National Preparedness Goal, the FY 2019 EMPG supports a comprehensive, all-hazard emergency preparedness system to build and sustain core capabilities across the Prevention, Protection, Mitigation, Response, and Recovery mission areas.

For more information on the NPS, federally designated priorities, and the FY 2019 EMPG objectives, as well as guidance on allowable costs and program activities, please refer to the FY 2019 EMPG Notice of Funding Opportunity (NOFO) and the FEMA Preparedness Grants Manual located at <https://www.fema.gov>.

### II. Statutory Authority

Funding for the FY 2019 EMPG is authorized by Section 662 of the *Post-Katrina Emergency Management Reform Act of 2006* (PKEMRA), as amended, (Pub. L. No. 109-295) (6 U.S.C. § 762); the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, as amended (Pub. L. No. 93-288) (42 U.S.C. §§ 5121 et seq.); the *Earthquake Hazards Reduction Act of 1977*, as amended (Pub. L. No. 95-124) (42 U.S.C. §§ 7701 et seq.); and the *National Flood Insurance Act of 1968*, as amended (Pub. L. No. 90-448) (42 U.S.C. §§ 4001 et seq.).

Appropriation authority is provided by the *Department of Homeland Security Appropriations Act, 2019*, (Pub. L. No. 116-6).

The Subrecipient agrees to comply with all EMPG program requirements in accordance with the federal FY 2019 EMPG NOFO located at <http://www.fema.gov/grants>; the *Michigan Emergency Management Act*

of 1976, as amended (Public Act 390) at <http://www.legislature.mi.gov/doc.aspx?mcl-Act-390-of-1976>; and the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, as amended (Pub. L. No. 93-288) (42 U.S.C. §§ 5121 et seq.) located at <http://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended>, and the *FY 2019 EMPG Agreement Articles Applicable to Subrecipients*. The *FY 2019 EMPG Agreement Articles Applicable to Subrecipients* document is included for reference in the grant agreement packet.

The Subrecipient shall also comply with the most recent version of:

2 CFR, Part 200 of the Code of Federal Regulations (CFR), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* located at <http://www.ecfr.gov>.

### III. Award Amount and Restrictions

- A. The **County of Grand Traverse** is awarded **\$38,767.00** under the **FY 2019 EMPG**. The Recipient determined the Subrecipient's EMPG allocation as **35.69%** of the Subrecipient's local emergency manager's salary and fringe benefits. The Subrecipient may receive less than the allocated amount if the Subrecipient's cost share (match) of wages and fringe benefits paid to the local emergency manager are less than the total allocation. The Subrecipient's EMPG program budget must be documented on the Local Budget for Emergency Management Performance Grant form (EMD-17).
- B. The FY 2019 EMPG covers eligible costs from October 1, 2018 to September 30, 2019. The funds awarded in the grant agreement shall only be used to cover allowable costs that are incurred during the agreement period. Grant funds shall not be used for other purposes. For guidance on allowable costs, please refer to the EMPG Appendix in the FEMA Preparedness Grants Manual.
- C. This grant agreement designates EMPG funds for the administration and oversight of an approved emergency management program. **The Subrecipient may utilize grant funds for the reimbursement of salary, overtime, compensatory time off, and associated fringe benefits for the local emergency manager, and up to 5% of the total allocation may be utilized for organization costs.** No other expenditures are allowed. If organization costs are claimed, a narrative must be submitted detailing the expenses that are included in these costs.
- D. The FY 2019 EMPG program has a 50% cost share (cash or in-kind) requirement, as authorized by the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, as amended, (Pub. L. No. 93-288) (42 U.S.C. §§ 5121 et seq.), specifically, Title VI, sections 611(j) and 613. Federal funds cannot exceed 50% of eligible costs. Unless otherwise authorized by law, federal funds cannot be matched with other federal funds.

The Federal Emergency Management Agency (FEMA) administers cost sharing requirements in accordance with 2 CFR § 200.306. To meet matching requirements, the Subrecipient contributions must be reasonable, allowable, allocable, and necessary under the grant program and must comply with all federal requirements and regulations.

See the FY 2019 EMPG NOFO and FEMA Preparedness Grants Manual for additional cost share guidance, definitions, basic guidelines, and governing provisions.

- E. All EMPG funded personnel must complete either the Independent Study courses identified in the Professional Development Series or the National Emergency Management Basic Academy delivered either by the Emergency Management Institute or a sponsored state, local, tribal, territorial, regional or other designated location and record proof of completion. All EMPG

funded personnel must also participate in no less than three exercises in a 12 month period, consistent with the requirements outlined in the EMPG Guidebook. The EMPG Guidebook (EMD-PUB 208) is located at: [www.michigan.gov/emhsd](http://www.michigan.gov/emhsd) under Grant Programs & Publications.

EMPG programs are required to complete a quarterly training and exercise report (Quarterly Training and Exercise Reporting Worksheet) identifying training and exercises completed during the quarter. Guidance for accomplishing these requirements is provided by the Recipient.

- F. Upon request, the Subrecipient must provide to the Recipient information necessary to meet any state or federal subaward reporting requirements.
- G. In the event that the U.S. Department of Homeland Security (DHS) determines that changes are necessary to the award document after an award has been made, including but not limited to, changes to period of performance or terms and conditions, Subrecipients will be notified of the changes in writing. Once notification has been made, any subsequent request for funds will indicate Subrecipient acceptance of the changes to the award.

#### IV. Responsibilities of the Subrecipient

- A. **Grant funds must supplement, not supplant, state or local funds.** Federal funds must be used to supplement existing funds, not replace (supplant) funds that have been appropriated for the same purpose. Potential supplanting will be carefully reviewed in subsequent monitoring reviews and audits. Subrecipients may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.
- B. The Subrecipient agrees to comply with all applicable federal and state regulations; the FY 2019 EMPG NOFO, located at: [www.fema.gov/grants](http://www.fema.gov/grants); the *Agreement Articles Applicable to Subrecipients: Fiscal Year 2019 Emergency Management Performance Grants, included with the grant agreement package for reference*; the EMPG Guidebook (EMD-PUB 208), located at [www.michigan.gov/emhsd](http://www.michigan.gov/emhsd) under Grants Programs & Publications; and the FEMA Preparedness Grants Manual located at <https://www.fema.gov/media-library/assets/documents/178291>.
- C. In addition to this grant agreement, the Subrecipient shall complete, sign, and submit to the Recipient the following documents, which are incorporated by reference into this grant agreement:
  - 1. Subrecipient Risk Assessment Certification
  - 2. Standard Assurances
  - 3. Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
  - 4. Audit Certification (EMD-053)
  - 5. Request for Taxpayer Identification Number and Certification (W-9)
  - 6. Other documents that may be required by federal or state officials
- D. Complete and submit quarterly work reports, the Quarterly Training and Exercise Worksheet, and the Annual Training and Exercise Plan Worksheet in accordance with the schedule outlined in the FY 2019 EMPG Work Agreement/Quarterly Report (EMHSD-31).
- E. Enact enabling legislation establishing the local emergency management program and ensure a copy of the local resolution or ordinance is on file with the Recipient.
- F. Appoint an emergency management program manager who is able to assume responsibility for the functions outlined in section 4 of the EMPG Guidebook.



- G. Provide the Recipient with a complete job description for the federally funded EMPG local emergency manager, including non-EMPG duties.
- H. Notify the Recipient immediately of any changes in the EMPG funded local emergency manager's position.
- I. The Subrecipient will contribute to the development and maintenance of the state's multi-year Training and Exercise Plan (TEP). This will include conducting exercises that comply with local, state, and federal requirements, including the Homeland Security Exercise and Evaluation Program (HSEEP) and the EMPG Guidebook, to accomplish this goal.
- J. Ensure the EMPG funded local emergency manager completes specific training as required by the annual EMPG Work Agreement.
- K. Have an approved and current emergency operations plan on file with the MSP/EMHSD District Coordinator.
- L. The Subrecipient agrees to prepare the form EMD-007 EMPG Expenses Claimed for Local Program Contributions. This form is also referred to as EMHSD-007 - EMPG Quarterly Billing. The Subrecipient agrees to submit this form with supporting documentation, including all required authorized signatures and required reimbursement documentation to the appropriate MSP/EMHSD District Coordinator by the due date following the end of **each** quarter, as identified in FY 2019 Emergency Management Report Schedule. The most current EMD-007 form must be used and can be obtained from the MSP/EMHSD District Coordinator.
- M. Comply with applicable financial and administrative requirements set forth in the current edition of 2 CFR, Part 200, including, but not limited to, the following provisions:
  - 1. Account for receipts and expenditures, maintain adequate financial records, and refund expenditures disallowed by federal or state audit.
  - 2. Retain all financial records, statistical records, supporting documents, and other pertinent materials for at least three years after the grant is closed by the awarding federal agency for purposes of federal and/or state examination and audit.
  - 3. Non-federal organizations which expend \$750,000 or more in all federal funds during their current fiscal year are required to have an audit performed in accordance with the Single Audit Act of 1984, as amended, and 2 CFR, Part 200.
- N. Comply with all reporting requirements, including special reporting, data collection, and evaluation requirements, as prescribed by law or program guidance.
- O. Maintain a valid Data Universal Numbering System (DUNS) number at all times during the performance period of this grant.
- P. The Subrecipient must acknowledge and agree to comply with applicable provisions governing DHS access to records, accounts, documents, information, facilities, and staff. The Subrecipient also agrees to require any subrecipients, contractors, successors, transferees, and assignees to acknowledge and agree to comply with these same provisions. Detailed information on record access provisions can be found in the *DHS Standard Administrative Terms and Conditions* located at <https://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions>, specifically in the DHS Specific Acknowledgements and Assurances on page 1.

#### **V. Responsibilities of the Recipient**

The Recipient, in accordance with the general purposes and objectives of this grant agreement, will:

- A. Administer the grant in accordance with all applicable federal and state regulations and guidelines and submit required reports to the awarding federal agency.
- B. Provide direction and technical assistance to the Subrecipient.
- C. Provide to the Subrecipient any special report forms and reporting formats (templates) required for administration of the program.
- D. Reimburse the Subrecipient, in accordance with this grant agreement, based on appropriate documentation submitted by the Subrecipient.
- E. At its discretion, independently, or in conjunction with the federal awarding agency, conduct random on-site reviews of the Subrecipient(s).

#### **VI. Reporting Procedures**

- A. The Subrecipient agrees to prepare quarterly work reports using the FY 2019 EMPG Work Agreement/Quarterly Report (EMHSD-31) and submit them through EMHSD's online reporting tool by the due date following the end of **each** quarter. Reimbursement of expenditures by the Recipient is contingent upon the Subrecipient's completion of scheduled work activities. Reporting periods and due dates are listed in the FY 2019 EMPG Work Agreement/Quarterly Report (EMHSD-31). The FY 2019 EMPG Work Agreement can be located at [www.michigan.gov/emhsd](http://www.michigan.gov/emhsd) under Grants Programs & Publications, EMPG Publications
- B. If the Subrecipient fails to complete the scheduled work activities during a quarter, the Recipient will withhold reimbursement until either the work is completed, or the Deputy State Director of Emergency Management and Homeland Security approves a delay in the completion of the activity. Forfeiture of funds may result if scheduled work activities are not completed according to established deadlines.
- C. A Subrecipient that fails to complete the annual exercise requirements, as scheduled within the FY 2019 EMPG Work Agreement/Quarterly Report, may be ineligible for EMPG funding for that quarter and all subsequent quarters.
- D. The Subrecipient's failure to fulfill the quarterly reporting requirements, as required by the grant, may result in the suspension or loss of grant funding.

#### **VII. Payment Procedures**

- A. The Subrecipient agrees to prepare the form EMD-007 EMPG Expenses Claimed for Local Program Contributions. This form is also referred to as the EMPG Quarterly Billing. The Subrecipient agrees to submit this form with supporting documentation, including all required authorized signatures and required reimbursement documentation, to the MSP/EMHSD District Coordinator by the due date following the end of **each** quarter, as identified in FY 2019 Emergency Management Report Schedule. The most current EMD-007 form must be used and can be obtained from the MSP/EMHSD District Coordinator.
- B. If the Subrecipient submits required quarterly reports that are late or incomplete, the reimbursement may not be processed until the following quarter. Forfeiture of funds may result if quarterly reports are not completed according to established deadlines.

- C. The Subrecipient agrees to return to the Recipient any unobligated balance of funds held by the Subrecipient at the end of the agreement period or handle them in accordance with the instructions provided by the Recipient.

#### **VIII. Employment Matters**

The Subrecipient shall comply with Title VI of the *Civil Rights Act of 1964*, as amended; Title VIII of the *Civil Rights Act of 1968*; Title IX of the *Education Amendments of 1972 (Equal Opportunity in Education Act)*; the *Age Discrimination Act of 1975*; Titles I, II and III of the *Americans with Disabilities Act of 1990*; the *Elliott-Larsen Civil Rights Act*, 1976 PA 453, as amended, MCL 37.2101 *et seq.*; the *Persons with Disabilities Civil Rights Act*, 1976 PA 220, as amended, MCL 37.1101 *et seq.*, and all other federal, state and local fair employment practices and equal opportunity laws and covenants. The Subrecipient shall not discriminate against any employee or applicant for employment, to be employed in the performance of this grant agreement, with respect to his or her hire, tenure, terms, conditions, or privileges of employment; or any matter directly or indirectly related to employment because of his or her race, religion, color, national origin, age, sex, height, weight, marital status, limited English proficiency, or handicap that is unrelated to the individual's ability to perform the duties of a particular job or position. The Subrecipient agrees to include in every subcontract entered into for the performance of this grant agreement this covenant not to discriminate in employment. A breach of this covenant is a material breach of the grant agreement.

The Subrecipient shall ensure that no subcontractor, manufacturer, or supplier of the Subrecipient for projects related to this grant agreement appears on the Federal Excluded Parties List System located at <https://www.sam.gov>.

#### **IX. Limitation of Liability**

The Recipient and the Subrecipient to this grant agreement agree that each must seek its own legal representative and bear its own costs, including judgments, in any litigation that may arise from performance of this contract. It is specifically understood and agreed that neither party will indemnify the other party in such litigation.

*This is not to be construed as a waiver of governmental immunity for either party.*

#### **X. Third Parties**

This grant agreement is not intended to make any person or entity, not a party to this grant agreement, a third party beneficiary hereof or to confer on a third party any rights or obligations enforceable in their favor.

#### **XI. Grant Agreement Period**

This grant agreement is in full force and effect from October 1, 2018 to September 30, 2019. No costs eligible under this grant agreement shall be incurred before the starting date of this grant agreement, except with prior written approval. This grant agreement package consists of two identical grant agreements, simultaneously executed; each is considered an original having identical legal effect. This grant agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating reasons for termination and the effective date, or upon the failure of either party to carry out the terms of the grant agreement. Upon any such termination, the Subrecipient agrees to return to the Recipient any funds not authorized for use, and the Recipient shall have no further obligation to reimburse the Subrecipient.

## **XII. Entire Grant Agreement**

This grant agreement is governed by the laws of the State of Michigan and supersedes all prior agreements, documents, and representations between the Recipient and the Subrecipient, whether expressed, implied, or oral. This grant agreement constitutes the entire agreement between the parties and may not be amended except by written instrument executed by both parties prior to the grant end date. No party to this grant agreement may assign this grant agreement or any of his/her/its rights, interest, or obligations hereunder without the prior consent of the other party. The Subrecipient agrees to inform the Recipient in writing immediately of any proposed changes of dates, budget, or services indicated in this grant agreement, as well as changes of address or personnel affecting this grant agreement. Changes in dates, budget, or services are subject to prior written approval of the Recipient. If any provision of this grant agreement shall be deemed void or unenforceable, the remainder of the grant agreement shall remain valid.

The Recipient may suspend or terminate grant funding to the Subrecipient, in whole or in part, or other measures may be imposed for any of the following reasons:

- A. Failure to expend funds in a timely manner consistent with the grant milestones, guidance, and assurances.
- B. Failure to comply with the requirements or statutory objectives of federal or state law.
- C. Failure to make satisfactory progress toward the goals or objectives set forth in the annual EMPG Work Agreement.
- D. Failure to follow grant agreement requirements or special conditions.
- E. Failure to submit required reports.
- F. Filing of a false certification in the application or other reports or documents.

Before taking action, the Recipient will provide the Subrecipient reasonable notice of intent to impose corrective measures and will make every effort to resolve the problem informally.

## **XIII. Business Integrity Clause**

The Recipient may immediately cancel the grant without further liability to the Recipient or its employees if the Subrecipient, an officer of the Subrecipient, or an owner of a 25% or greater share of the Subrecipient is convicted of a criminal offense incident to the application for or performance of a state, public, or private grant or subcontract; or convicted of a criminal offense, including, but not limited to any of the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, attempting to influence a public employee to breach the ethical conduct standards for State of Michigan employees; convicted under state or federal antitrust statutes; or convicted of any other criminal offense which, in the sole discretion of the Recipient, reflects on the Subrecipient's business integrity.

## **XIV. Freedom of Information Act (FOIA)**

Much of the information submitted in the course of applying for funding under this program, or provided in the course of grant management activities, may be considered law enforcement-sensitive or otherwise critical to national security interests. This may include threat, risk, and needs assessment information; and discussions of demographics, transportation, public works, and industrial and public health infrastructures. Therefore, each Subrecipient agency Freedom of Information Officer will need to determine what information is to be withheld on a case-by-case basis. The Subrecipient should be familiar with the regulations governing Protected Critical Infrastructure Information (6 CFR, Part 29) and Sensitive Security Information (49 CFR, Part 1520), as these designations may provide additional protection to certain classes of homeland security information.

**XV. Official Certification**

**For the Subrecipient**

The individual or officer signing this grant agreement certifies by his or her signature that he or she is authorized to sign this grant agreement on behalf of the organization he or she represents. The Subrecipient agrees to complete all requirements specified in this grant agreement.

Grand Traverse County  
Subrecipient Name

080341472  
Subrecipient's DUNS Number

**For the Chief Elected Official**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For the Local Emergency Manager**

Gregg Bird  
Printed Name

Emergency Management Coordinator  
Title

  
Signature

9/12/19  
Date

**For the Recipient (Michigan State Police, Emergency Management and Homeland Security Division)**

Capt. Emmitt McGowan, Commander  
Printed Name

Deputy State Director of Emergency Management and Homeland Security  
Title



8/12/19

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Action Request



|                    |   |                      |                      |
|--------------------|---|----------------------|----------------------|
| Meeting Date:      | 10/2/2019   |                      |                      |
| Department:        | Health Department   | Submitted By:        | Wendy Hirschenberger |
| Contact E-Mail:    | whirsch@gtchd.org   | Contact Telephone:   | (231) 995-6100       |
| Agenda Item Title: | Child and Adolescent Health Center Grant Agreement - K-Town Youth Care Center |                      |                      |
| Estimated Time:    | 0   | Laptop Presentation: | No                   |
|                    | <small>(in minutes)</small>   |                      |                      |

**Summary of Request:**

Grant agreement with Michigan Primary Care Association (MPCA) for school-linked health care funding of the K-Town Youth Care Center, located in downtown Kingsley and specializes in teen health for 10-21 year olds and offer both medical and mental health services. The amount of the agreement is \$190,000, which is the same amount as previous years. Payments will be provided from MPCA in quarterly amounts no later than January 15, April 15, July 15 and October 15. All centers will received their entire allocation by October 15, 2020. This is a grant renewal and the terms of the agreement are October 1, 2019 through September 30, 2020. This grant agreement supports services provided through the Child and Adolescent Health Center Program designed specifically for children and adolescents and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program. In the grant fiscal year 2019 (October 1, 2018- September 30, 2019) the K-town Clinic provided 647 client visits for 217 clients through September 15, 2019. Approximately 37% of the visits were for mental health services, 29% for preventative physical examinations and the remainder for acute care and other physical health needs through September 15, 2019.

**Suggested Motion:**

Approve renewal of the Michigan Primary Care Association grant agreement for the K-Town Youth Center for fiscal year of October 1, 2019 through September 30, 2020.

**Financial Information:**

|             |        |                    |        |                     |     |
|-------------|--------|--------------------|--------|---------------------|-----|
| Total Cost: | \$0.00 | General Fund Cost: | \$0.00 | Included in budget: | Yes |
|-------------|--------|--------------------|--------|---------------------|-----|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature   | Date  |
|--------------------------|-------------|-------|
| Finance Director         |             |       |
| Human Resources Director |             |       |
| Civil Counsel            |             |       |
| <b>Administration:</b>   | Recommended | Date: |
| <u>Miscellaneous:</u>    |             |       |

**Attachments:**

Attachment Titles: Grant Agreement between Michigan Primary Care Association and Grand Traverse County Health Department for K Town Youth Adolescent Health-Child & Adolescent Health Centers. Attachment A - Minimum Program Requirements. Attachment B-MSA Bulletin.

RESOLUTION  
**XX-2019**

**Child and Adolescent Health Center Grant Agreement – K-Town Youth Care Center**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on October 2, 2019 and reviewed request from the Grand Traverse County Health Department to approve renewal of the Michigan Primary Care Association grant agreement for the K-Town Youth Center for the period October 1, 2019 through September 30, 2020; and,

WHEREAS, the K-Town Youth Care Center located in downtown specializes in teen health for 10-21 year olds and offer both medical and mental health services; and,

WHEREAS, The amount of the agreement is \$190,000 which is the same as previous years is paid quarterly; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County approves renewal of the Michigan Primary Care Association grant agreement for the K-Town Youth Center for the fiscal year of October 1, 2019 through September 30, 2020 in the amount of \$190,000; and,

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: October 2, 2019

# GRANT AGREEMENT BETWEEN

## MICHIGAN PRIMARY CARE ASSOCIATION

7215 Westshire Drive  
Lansing, MI 48917  
Fed I.D. Number  
Hereinafter referred to as "MPCA"

And

## Grand Traverse County Health Department

2600 LaFranier Road--Suite A  
Traverse City, MI 49686

Fed I.D. Number: 38-6004852  
Hereinafter referred to as the "Contractor"

For

## K Town Youth

## Adolescent Health – Child & Adolescent Health Centers

### Part 1

1. **Period of Agreement:** This agreement shall commence of October 1, 2019 and continue through September 30, 2020. This agreement is in full force and effect for the period specified.

2. **Program Budget and Agreement Amount**

A. **Agreement Amount**

The total amount of this agreement is **\$190000**. Michigan Primary Care Association (MPCA) under the terms of this agreement will provide funding not to exceed **\$190000**. MPCA will provide quarterly payments no later than January 15, April 15, July 15 and October 15. Deviations in the quarterly payment may occur and are attributed to fluctuations in Health Plan enrollment. All centers will receive their entire allocation by October 15, 2020. If a signed contract is not returned to MPCA prior to the first quarterly payment, MPCA will issue a payment within two weeks following the receipt of a signed grant agreement and budget approval from the Michigan Department of Health and Human Services (hereinafter referred to as the "Department"). This grant agreement is designated as a sub recipient relationship.

B. **Equipment Purchases and Title**

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 and shall vest with the Contractor upon



acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

### **C. Deviation Allowance**

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories; subcontracts, equipment items or positions not show in the attached Program Budget Summary and supporting detail schedules.

### **3. Special Provisions**

This agreement is conditionally approved subject to and contingent upon the availability of funds. MPCA will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.

### **4. Purpose**

The purpose of this agreement is to provide funds to the Contractor to enable them to provide outreach services to Medicaid-eligible children, adolescent and families.

### **5. Statement of Work**

The Contractor agrees to undertake, perform and complete the minimum program and service requirements described in *Attachment A*, which is part of this agreement through reference. The Contractor must immediately notify the Department in writing if they are unable to meet any of the requirements outlined in Attachment A. The Contractor agrees to follow the annual work plan that was submitted and approved by the Department for implementation in Fiscal Year 20. The Contractor agrees to comply with providing services to a minimum of unduplicated users indicated in the Performance Output Measures section of the funding application. **Any significant modifications made to the approved work plan, including staffing changes, must be submitted to the Department for approval within 30 days of the planned modification. CAHC's must notify CAHC Agency Consultant at MDHHS in writing within 10 days for any clinical or mental health provider absence.**

### **6. Outreach Requirements**

The Contractor agrees to undertake, perform and complete Medicaid outreach activities as outlined in MSA 04-13 and described in *Attachment B*, which is part of this agreement through reference. The Contractor agrees to work with MPCA and the Medicaid Health Plans to identify children and youth in need of annual preventative services and immunizations.

### **7. Financial Requirements**

The financial requirements shall be followed as described in Part II of this agreement.

**8. General Provisions**

The Contractor agrees to comply with the General Provisions outlined in Part II, which is part of this agreement through reference.

**9. Contractor's Financial Contact for the Agreement:**

The person acting for the Contractor on the financial reporting for this agreement is:

|               |               |
|---------------|---------------|
| _____         |               |
| Name          | Title         |
| _____         |               |
| Email Address | Telephone No. |

**10. Special Conditions**

MPCA and/or MDHHS will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.

**11. Special Certification**

The individual or officer signing this agreement certifies by his/her signature that he/she is authorized to sign on behalf of the responsible governing board, official, or contractor

**Signature Section:**

**FOR THE CONTRACTOR:**

|               |       |
|---------------|-------|
| _____         |       |
| Name/Position | Title |
| _____         |       |
| Signature     | Date  |

**FOR MICHIGAN PRIMARY CARE ASSOCIATION:**

|               |       |
|---------------|-------|
| _____         |       |
| Name/Position | Title |
| _____         |       |
| Signature     | Date  |

## Part II General Provisions

### I. Responsibilities – Contractor

The contractor in accordance with the general purposes and objectives of this agreement will:

#### A. Publication Rights:

1. Where activities supported by this agreement produce books, films, or other such copyrightable materials issued by the Contractor, the Contractor may copyright such but shall acknowledge that the Department reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and to authorize others to reproduce and use such materials. This cannot include service recipient information or personal identification data.
2. Any copyrighted materials or modifications bearing acknowledgment of the Michigan Department of Education and the Michigan Department of Health and Human Services' name must be approved by the Department prior to reproduction and use of such materials.
3. The Contractor shall give recognition to the Michigan Department of Health and Human Services and Michigan Department of Education in any and all publications, papers, and presentations arising from the program and service contract herein; the Departments will do likewise.
4. The Contractor must notify the Michigan Department of Education and Michigan Department of Health and Human Services 30 days before applying to register a copyright with the US Copyright Office. The Contractor must submit an annual report for all copyrighted materials developed by the Contractor through activities supported by this agreement and must submit a final invention statement and certification within 90 days of the end of the agreement period.

#### B. Budget –

The Michigan Department of Health and Human Services must approve the budget before MPCA is authorized to reimburse the Contractor. The Program Budget Summary and Program Budget -- Cost Detail that has been submitted by the Contractor and approved by the Michigan Department of Health and Human Services is attached.

**Indirect is not an allowable expense with this funding.** A minimum 30% local match on BASE CAHC funding is required. Indirect can contribute toward the required 30% local match as long as it is clearly designated on the budget pages.

#### C. Fee Collection

Make reasonable efforts to collect 1<sup>st</sup> and 3<sup>rd</sup> party fees, where applicable, and report these via the online reporting system (billing reports).

**D. Program Operation**

Provide the necessary administrative, professional, and technical staff for operation of the program.

**E. Reporting**

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

**F. Fiscal Record Maintenance/Retention**

Maintain adequate fiscal records and files including source documentation to support all expenditures made under the terms of this agreement, as required. The Contractor must assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than seven (7) years after the close of the fiscal year or until litigation and audit findings have been resolved.

**G. Program Record Maintenance/Retention**

Maintain adequate program records and files, including source documentation to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than three (3) years after the close of the fiscal year or until litigation and audit findings have been resolved. *Note: this excludes fiscal reports (see section F) and medical records. Medical records shall be retained according to sponsored agency policy.*

**H. Reporting Requirements**

Adhere to all reporting requirements as outlined by the Michigan Department of Health and Human Services. Child and Adolescent Health Centers must report quarterly data reports, which are to be submitted via the online Clinical Reporting Tool as well as Goal Attainment Scaling reports which are submitted via e-mail.

**I. Human Subjects**

Submit all research involving human subjects, which is conducted in programs sponsored by the Department, or in programs which receive funding from or through the State of Michigan, to the Department's Institutional Review Board for approval prior to the initiation of the research.

**I. Confidentiality**

Assure that medical services provided to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be

otherwise 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.

## **II. Responsibilities of Michigan Primary Care Association**

MPCA in accordance with the general purposes and objectives of this agreement will:

### **A. Reimbursement**

Provide quarterly payments as outlined in 2-A of this agreement and in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Contractor.

### **B. Report Forms**

Provide any financial and reporting forms required by the Medicaid Health Plans or Michigan Departments of Health and Human Services and Education.

## **III. Assurances**

The following assurances are hereby given to the Department:

### **A. Compliance with Applicable Laws –**

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement.

### **B. Anti-Lobbying Act**

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-208). Further, the Contractor shall require that the language of this assurance be included in the award documents of all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

### **C. Non-Discrimination –**

In the performance of any contract or purchase order resulting herefrom, the contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, sexual orientation, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The contractor further agrees that every subcontract entered into for the performance of any contract or purchase order resulting herefrom will contain a provision as herein specified binding upon each subcontractor. This covenant is

required pursuant to the Elliot-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.

#### **D. Health Insurance Portability and Accountability Act**

To the extent that this act is pertinent to the services that the Contractor provides under this agreement, the Contractor assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Contractor must not share any protected health data and information provided by MPCA, Medicaid Health Plans or the Department that falls within HIPAA requirements except to a subcontractor as appropriate under this agreement.
2. The Contractor must require the subcontractor not to share any protected health data and information from MPCA, Medicaid Health Plans or the Department that falls under HIPAA requirements in the terms and conditions of this subcontract.
3. The Contractor must only use the protected health data and information for the purposes of this agreement.
4. The Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Contractor's employees.
5. The contractor must have a policy and procedure to report to MPCA and the Department unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware.
6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information received by the Contractor from MPCA, the Department, or any other source.

#### **IV. Financial Requirements**

##### **A. Reimbursement Method**

The contractor will be reimbursed in accordance with the performance reimbursement method as follows:

A reimbursement method by which contractors are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) **as long as at least 30% match (hard or soft) is met** up to the contracted amount of base state funding. If performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance. Final reports of Actual Outputs must be received no later than 30 days after the end of the agreement, along with the Financial Status Report (FSR).

**B. Financial Status/Expenditure Report**

Financial Status Reports (FSRs) or expenditure reports shall be prepared and submitted on a quarterly basis via the online reporting system.

The first FSR submitted should cover the period of October 1, 2019 to December 31, 2019. Quarterly FSRs must reflect total actual program expenditures, regardless of the source of funds. The FSR Form is for tracking of expenditures, not for reimbursement for expenses. Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments. The FSR form can be found on the online reporting system.

**C. Unobligated Funds**

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to MPCA or treated in accordance with instructions provided by the Department. **There is no approved carryover with this funding.**

**D. Termination**

This agreement may be terminated by either party providing thirty (30) days written notice to the other party stating the reason(s) for termination and effective date of termination. It may also be terminated with thirty (30) days written notice upon failure of either party to carry out the terms of this agreement.

**E. Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

**F. Amendments**

Any changes to this agreement will be valid only if made in writing and accepted by all parties of this agreement. Any change proposed by the Contractor, which would affect the funding of any project, in whole or in part of the agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change.

**G. Liability**

All liability to third parties, loss, or damage as a result of claims, demands, costs or judgments arising out of activities, such as direct service delivery, to be carried out by

the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of Michigan Primary Care Association, the Medicaid Health Plans, or the Michigan Department of Health and Human Services.

**H. Subrecipient Monitoring**

Per Federal guidelines, subrecipient monitoring will be conducted for this grant. This includes financial risk assessments as well as potential onsite fiscal reviews.



## **MINIMUM PROGRAM REQUIREMENTS CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS**

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### **ELEMENT DEFINITION:**

Services provided through the Child and Adolescent Health Center Program are designed specifically for children and adolescents ages 5 through 21 years and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program.

Included in this element are school-based health centers; and school-linked adolescent-only health centers (which serve only adolescents between the ages of 10 through 21 years) designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

### **MINIMUM PROGRAM REQUIREMENTS:**

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
  - a) Clinical services shall include, at a minimum: primary care including health care maintenance, immunization assessment and administration using the MCIR, care of acute and chronic illness; confidential services including mental health services, STD diagnosis and treatment and HIV counseling and testing as allowed by state and/or federal law; health education and risk reduction counseling; and referral for other services not available at the health center. (See Attachment 1: Services Detail).
  - b) Each health center shall implement two evidence-based interventions with fidelity and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).
2. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment for the population served.
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.
4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.
6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district.

Written approval by the school administration and local school board exists for the following:

- a) Location of the health center
  - b) Administration of a needs assessment process to determine priority health services for the population served; which includes, at a minimum, a risk behavior survey for adolescents served by the health center
  - c) Parental consent policy
  - d) Services rendered in the health center
7. The health center shall be located in a school building or an easily accessible alternate location.
  8. The health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. The school-based health center shall designate specific hours for services to be provided to adolescents only (when the center serves both children aged 5 to 10 and adolescents), and a policy shall exist to this effect. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 12 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall be posted in the health center including external doors, and explained to clients. An after-hours answering service and/or voicemail with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.

10. The health center staff shall operate within their scope of practice as determined by certification and applicable agency policies:
  - a) The center shall be staffed by a certified nurse practitioner (FNP, PNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.
  - b) The health center must be staffed with a minimum of a licensed Masters level mental health provider (i.e. counselor or Social Worker). Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan for medical and mental health services. Components of the plan shall include, at a minimum:
  - a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
  - b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents.
  - c) Conducting a client satisfaction survey at a minimum annually.

13. A local community advisory council shall be established and operated as follows:
  - a) A minimum of two meetings per year
  - b) The council must be representative of the community and include a broad range of stakeholders such as school staff
  - c) One-third of council members must be parents of school-aged children/youth
  - d) Health care providers shall not represent more than 50% of the council
  - e) The council must approve the following policies and the health center must develop applicable procedures:
    1. Parental consent policy
    2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
    3. Confidential services as allowed by state and/or federal law
    4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
  - f) Youth input to the council shall be maintained through either membership on the established advisory council; a youth advisory council; or through other formalized mechanisms of involvement and input.
14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.
16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.
17. The health center shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Clients must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes do not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

**REV 10/2017**

## **MINIMUM PROGRAM REQUIREMENTS SCHOOL WELLNESS PROGRAM**

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1. The School Wellness Program (SWP) shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
  
2. The SWP shall provide clinical nursing services fulltime during the school year. Clinical services shall include individual health services that fall within the current, recognized scope of registered nurse (RN) practice in Michigan.  
Individual health services provided by the RN may include: screening/nursing assessments, case finding, immunization assessment and administration, first aid for minor injuries, chronic care interventions, hearing and vision screening, blood pressure monitoring, blood glucose monitoring, case management and/or referral to other needed primary care and specialty medical services
  
3. Each SWP shall implement two evidence-based programs with fidelity and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).
  
4. The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and/or professional development to teachers and school staff in areas relevant to the SWP and school-specific needs.
  
5. The SWP shall provide direct mental health services fulltime during the school year. Mental health services provided shall fall within the scope of practice of the licensed mental health provider and shall meet the current recognized standards of mental health practice for care and treatment of the population served.  
  
Mental health services should minimally include screening/assessments, short term individual and/or family therapy, crisis intervention, prevention education in a classroom or group setting, case management and/or referral to other needed mental health services.
  
6. The SWP shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
  
7. The SWP shall not prescribe, dispense or otherwise distribute family planning drugs and/or devices on school property.
  
8. The SWP shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities 1 and 2 as outlined in MSA 04-13.
  
9. The SWP shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures, protocols, and standing orders.

10. The SWP nursing staff shall adhere to medical orders/treatment plans written by the prescribing physician and/or standing orders/medical protocols written by other health care providers for individuals requiring health supervision while in school.
11. The SWP shall have a licensed registered nurse (preferably with experience working with child/adolescent populations) on staff, working under the general supervision of a physician during all hours of operation.
12. The SWP shall have a mental health provider on staff. The mental health provider shall hold a minimum of a master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Clinical supervision must be available for all fully licensed providers and provided for any master's level provider with limited licensure while completing hours towards full licensure.
13. The SWP staff shall provide services in no more than two school buildings. The SWP services shall be available during hours accessible to its target population.
14. Written approval by the school administration and local school board exists for the following:
  - a) Location of the SWP within the school building
  - b) Administration of a needs assessment process for students in the school
  - c) Administration of or access to a needs assessment for teachers/staff
  - d) Parental consent policy
  - e) Services rendered through the SWP
15. A current interagency agreement shall define the roles and responsibilities between the local school district and sponsoring agency; and the school-based health center, if one exists in the same school district.
16. Services provided shall not breach confidentiality of the client. Policies and procedures shall be implemented regarding proper notification of parents, school officials (when allowable and appropriate), and/or other health care providers when additional care is needed or when further evaluation is recommended. The SWP must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.

Policies and procedures regarding notification and exchange of information shall comply with all applicable laws e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access consent for care.

17. The SWP shall implement a continuous quality improvement plan for nursing and mental health services. Components of the plan shall include at a minimum:

- a) Practice and client record review shall be conducted at least twice annually by an appropriate peer and/or other peer-level staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted.
- b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents served by the SWP.
- c) Conducting a client satisfaction survey at a minimum annually.

18. A local community advisory council shall be established and operated as follows:

- a) A minimum of two meetings per year
- b) The council must be representative of the community and include a broad range of stakeholders such as school staff
- c) One-third of council members must be parents of school-aged children/youth
- d) Health care providers shall not represent more than 50% of the council
- e) The council must approve the following policies and the SWP must develop applicable procedures:
  1. Parental consent policy
  2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
  3. Confidential services as allowed by state and/or federal law
  4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect

19. The SWP shall have space and equipment adequate for private visits, reception, private counseling, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean and safe.

20. The SWP shall follow all Occupational Safety and Health Act guidelines to ensure protection of SWP personnel and the public.

21. For SWPs participating in billing: the SWP shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Users must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.

22. For SWPs participating in billing: the billing and fee collection processes do not breach the confidentiality of the client.

**REV 10/2017**

# **CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS**

## **Attachment 1: Services Detail**

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**The following health services are required (\*or recommended) as part of the Child and Adolescent Health Center service delivery plan:**

### PRIMARY CARE SERVICES

- Well child care
- EPSDT screenings and exams
- Comprehensive physical exams
- Risk assessment/other screening
- Laboratory services
  1. CLIA Waived testing
  2. Specimen collection for outside lab testing
- \*Other diagnostic, screening and/or preventive services
  1. Hearing and vision screening
  2. Tympanometry
  3. Preventive oral applications
  4. Spirometry
  5. Pulse oximetry
  6. Telehealth capabilities
  7. Office microscopy

### MENTAL HEALTH SERVICES

- Mental Health services provided by a Master's level mental health provider.

### ILLNESS/INJURY CARE

- Minor injury assessment/treatment and follow up
- Acute illness assessment/ treatment and follow up &/or referral

### CHRONIC CONDITIONS CARE

- Includes assessment, diagnosis and treatment of a new condition
- Maintenance of existing conditions based on need, collaborations with PCP/specialist or client/parental request
- Chronic conditions may include: asthma, diabetes, sickle cell, hypertension, obesity, metabolic syndrome, depression, allergy, skin conditions or other specific to a population

### IMMUNIZATIONS

- Screening and assessment utilizing the MCIR and other data
- Complete range of immunizations for the target population utilizing Vaccine for Children and private stock
- Administration of immunizations
- Appropriate protocols, equipment, medication to handle vaccine reactions



## HEALTH EDUCATION

### STI & HIV EDUCATION, COUNSELING, & VOLUNTARY TESTING

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- Education appropriate for age, other demographics of the target population, and needs assessment data
- Risk assessment, historical and physical assessment data informs individualized care
- CAHC-trained HIV counselor/tester is on site
- Testing for and treatment of STI and testing and referral for HIV treatment is on site

### “CONFIDENTIAL SERVICES” AS DEFINED BY MICHIGAN AND/OR FEDERAL LAW

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- Confidential services are those services that may be obtained by minors without parental consent
- Confidential services include: mental health counseling, pregnancy testing & services, STI/HIV testing and treatment, substance use disorder counseling and treatment, family planning (excluding contraceptive prescription/distribution on school property).

## REFERRAL

- PCP, specialists, dental services, community agencies, etc.

**REV 10/2017**

**CHILD AND ADOLESCENT HEALTH CENTERS  
CLINICAL AND ALTERNATIVE CLINICAL MODELS  
and SCHOOL WELLNESS PROGRAMS**

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**Attachment 2: Focus Areas**

Each year, health centers and SWPs should review their needs assessment data to determine priority health issues that are of such significance to their target population to warrant an enhanced “focus” for the upcoming year. Each center is required to implement at least two evidence based programs or clinical interventions to begin to address the needs within the selected focus area(s).

**FOCUS AREAS**

- ALCOHOL/TOBACCO/OTHER DRUG PREVENTION
- CHRONIC DISEASE MANAGEMENT
- HIV/AIDS/STI PREVENTION
- NUTRITION AND PHYSICAL ACTIVITY
- PREGNANCY PREVENTION

Focus areas are meant to provide services above and beyond what would typically be provided in comprehensive primary care. It is expected that each of these focus areas will be a part of comprehensive primary care already, but interventions selected for the focus area requirement should be significantly beyond typical care. Strategies should be intensive, evidence-based, and include appropriate evaluation methods to assess impact and progress on meeting focus areas.

**REV 10/2017**



## Action Request

|                    |  |                      |                      |
|--------------------|--|----------------------|----------------------|
| Meeting Date:      | 10/2/2019  |                      |                      |
| Department:        | Health Department  | Submitted By:        | Wendy Hirschenberger |
| Contact E-Mail:    | whirsch@gtchd.org  | Contact Telephone:   | (231) 995-6100       |
| Agenda Item Title: | Child and Adolescent Health Center Grant Agreement - Youth Health and Wellness |                      |                      |
| Estimated Time:    | 0  | Laptop Presentation: | No                   |
|                    | <small>(in minutes)</small>  |                      |                      |

**Summary of Request:**

Grant agreement with Michigan Primary Care Association (MPCA) for school-based health care funding of the Youth Health and Wellness Center, located on the TBAISD campus and specializes in teen health for 10-21 year olds and offer both medical and mental health services. The amount of the agreement is \$195,000, which is the same amount as previous years. Payments will be provided from MPCA in quarterly amounts no later than January 15, April 15, July 15 and October 15. All centers will received their entire allocation by October 15, 2020. This is a renewal and the terms of the agreement are October 1, 2019 through September 30, 2020. This grant agreement supports services provided through the Child and Adolescent Health Center Program designed specifically for children and adolescents and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program. In the grant fiscal year 2019 (October 1, 2018- September 30, 2019) the Youth Health and Wellness Clinic provided 1086 client visits for 396 clients through September 15, 2019. Approximately 23% of the visits were for mental health services, 30% for preventative services and the remainder for acute care and other physical health needs.

**Suggested Motion:**

Approve renewal of the Michigan Primary Care Association grant agreement for the Youth Health & Wellness Center for fiscal year of October 1, 2019 through September 30, 2020.

**Financial Information:**

|             |        |                    |        |                     |     |
|-------------|--------|--------------------|--------|---------------------|-----|
| Total Cost: | \$0.00 | General Fund Cost: | \$0.00 | Included in budget: | Yes |
|-------------|--------|--------------------|--------|---------------------|-----|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature   | Date  |
|--------------------------|-------------|-------|
| Finance Director         |             |       |
| Human Resources Director |             |       |
| Civil Counsel            |             |       |
| <b>Administration:</b>   | Recommended | Date: |
| Miscellaneous:           |             |       |

**Attachments:**

Attachment Titles: Grant Agreement between Michigan Primary Care Association and Grand Traverse County Health Department for Youth Health and Wellness Adolescent Health-Child & Adolescent Health Centers. Attachment A - Minimum Program Requirements. Attachment B-MSA Bulletin.

RESOLUTION  
**XX-2019**

**Child and Adolescent Health Center Grant Agreement – Youth Health & Wellness Center**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on October 2, 2019 and reviewed request from the Grand Traverse County Health Department to approve renewal of the Michigan Primary Care Association grant agreement for the Youth Health & Wellness Center for the period October 1, 2019 through September 30, 2020; and,

WHEREAS, the Youth Health & Wellness Center located in on the Traverse Bay Area Intermediate School District (TBAISD) campus specializes in teen health for 10-21 year olds and offer both medical and mental health services; and,

WHEREAS, The amount of the agreement is \$195,000 which is the same as previous years is paid quarterly; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County approves renewal of the Michigan Primary Care Association grant agreement for the Youth Health & Wellness Center for the fiscal year of October 1, 2019 through September 30, 2020 in the amount of \$195,000; and,

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: October 2, 2019

# GRANT AGREEMENT BETWEEN

## MICHIGAN PRIMARY CARE ASSOCIATION

7215 Westshire Drive  
Lansing, MI 48917  
Fed I.D. Number  
Hereinafter referred to as "MPCA"

And

## Grand Traverse County Health Department

2600 LaFranier Road--Suite A  
Traverse City, MI 49686

Fed I.D. Number: 38-6004852  
Hereinafter referred to as the "Contractor"

For

## Youth Health and Wellness

## Adolescent Health – Child & Adolescent Health Centers

### Part 1

1. **Period of Agreement:** This agreement shall commence of October 1, 2019 and continue through September 30, 2020. This agreement is in full force and effect for the period specified.

2. **Program Budget and Agreement Amount**

**A. Agreement Amount**

The total amount of this agreement is **\$195000**. Michigan Primary Care Association (MPCA) under the terms of this agreement will provide funding not to exceed **\$195000**. MPCA will provide quarterly payments no later than January 15, April 15, July 15 and October 15. Deviations in the quarterly payment may occur and are attributed to fluctuations in Health Plan enrollment. All centers will receive their entire allocation by October 15, 2020. If a signed contract is not returned to MPCA prior to the first quarterly payment, MPCA will issue a payment within two weeks following the receipt of a signed grant agreement and budget approval from the Michigan Department of Health and Human Services (hereinafter referred to as the "Department"). This grant agreement is designated as a sub recipient relationship.

**B. Equipment Purchases and Title**

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 and shall vest with the Contractor upon

acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

### **C. Deviation Allowance**

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories; subcontracts, equipment items or positions not show in the attached Program Budget Summary and supporting detail schedules.

### **3. Special Provisions**

This agreement is conditionally approved subject to and contingent upon the availability of funds. MPCA will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.

### **4. Purpose**

The purpose of this agreement is to provide funds to the Contractor to enable them to provide outreach services to Medicaid-eligible children, adolescent and families.

### **5. Statement of Work**

The Contractor agrees to undertake, perform and complete the minimum program and service requirements described in *Attachment A*, which is part of this agreement through reference. The Contractor must immediately notify the Department in writing if they are unable to meet any of the requirements outlined in Attachment A. The Contractor agrees to follow the annual work plan that was submitted and approved by the Department for implementation in Fiscal Year 20. The Contractor agrees to comply with providing services to a minimum of unduplicated users indicated in the Performance Output Measures section of the funding application. **Any significant modifications made to the approved work plan, including staffing changes, must be submitted to the Department for approval within 30 days of the planned modification. CAHC's must notify CAHC Agency Consultant at MDHHS in writing within 10 days for any clinical or mental health provider absence.**

### **6. Outreach Requirements**

The Contractor agrees to undertake, perform and complete Medicaid outreach activities as outlined in MSA 04-13 and described in *Attachment B*, which is part of this agreement through reference. The Contractor agrees to work with MPCA and the Medicaid Health Plans to identify children and youth in need of annual preventative services and immunizations.

### **7. Financial Requirements**

The financial requirements shall be followed as described in Part II of this agreement.

**8. General Provisions**

The Contractor agrees to comply with the General Provisions outlined in Part II, which is part of this agreement through reference.

**9. Contractor's Financial Contact for the Agreement:**

The person acting for the Contractor on the financial reporting for this agreement is:

|               |               |
|---------------|---------------|
| _____         |               |
| Name          | Title         |
| _____         |               |
| Email Address | Telephone No. |

**10. Special Conditions**

MPCA and/or MDHHS will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.

**11. Special Certification**

The individual or officer signing this agreement certifies by his/her signature that he/she is authorized to sign on behalf of the responsible governing board, official, or contractor

**Signature Section:**

**FOR THE CONTRACTOR:**

|               |       |
|---------------|-------|
| _____         |       |
| Name/Position | Title |
| _____         |       |
| Signature     | Date  |

**FOR MICHIGAN PRIMARY CARE ASSOCIATION:**

|               |       |
|---------------|-------|
| _____         |       |
| Name/Position | Title |
| _____         |       |
| Signature     | Date  |

**Part II**  
**General Provisions**

**I. Responsibilities – Contractor**

The contractor in accordance with the general purposes and objectives of this agreement will:

**A. Publication Rights:**

1. Where activities supported by this agreement produce books, films, or other such copyrightable materials issued by the Contractor, the Contractor may copyright such but shall acknowledge that the Department reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and to authorize others to reproduce and use such materials. This cannot include service recipient information or personal identification data.
2. Any copyrighted materials or modifications bearing acknowledgment of the Michigan Department of Education and the Michigan Department of Health and Human Services' name must be approved by the Department prior to reproduction and use of such materials.
3. The Contractor shall give recognition to the Michigan Department of Health and Human Services and Michigan Department of Education in any and all publications, papers, and presentations arising from the program and service contract herein; the Departments will do likewise.
4. The Contractor must notify the Michigan Department of Education and Michigan Department of Health and Human Services 30 days before applying to register a copyright with the US Copyright Office. The Contractor must submit an annual report for all copyrighted materials developed by the Contractor through activities supported by this agreement and must submit a final invention statement and certification within 90 days of the end of the agreement period.

**B. Budget –**

The Michigan Department of Health and Human Services must approve the budget before MPCA is authorized to reimburse the Contractor. The Program Budget Summary and Program Budget -- Cost Detail that has been submitted by the Contractor and approved by the Michigan Department of Health and Human Services is attached.

**Indirect is not an allowable expense with this funding.** A minimum 30% local match on BASE CAHC funding is required. Indirect can contribute toward the required 30% local match as long as it is clearly designated on the budget pages.

**C. Fee Collection**

Make reasonable efforts to collect 1<sup>st</sup> and 3<sup>rd</sup> party fees, where applicable, and report these via the online reporting system (billing reports).



**D. Program Operation**

Provide the necessary administrative, professional, and technical staff for operation of the program.

**E. Reporting**

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

**F. Fiscal Record Maintenance/Retention**

Maintain adequate fiscal records and files including source documentation to support all expenditures made under the terms of this agreement, as required. The Contractor must assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than seven (7) years after the close of the fiscal year or until litigation and audit findings have been resolved.

**G. Program Record Maintenance/Retention**

Maintain adequate program records and files, including source documentation to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than three (3) years after the close of the fiscal year or until litigation and audit findings have been resolved. *Note: this excludes fiscal reports (see section F) and medical records. Medical records shall be retained according to sponsored agency policy.*

**H. Reporting Requirements**

Adhere to all reporting requirements as outlined by the Michigan Department of Health and Human Services. Child and Adolescent Health Centers must report quarterly data reports, which are to be submitted via the online Clinical Reporting Tool as well as Goal Attainment Scaling reports which are submitted via e-mail.

**I. Human Subjects**

Submit all research involving human subjects, which is conducted in programs sponsored by the Department, or in programs which receive funding from or through the State of Michigan, to the Department's Institutional Review Board for approval prior to the initiation of the research.

**I. Confidentiality**

Assure that medical services provided to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be

otherwise 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.

## **II. Responsibilities of Michigan Primary Care Association**

MPCA in accordance with the general purposes and objectives of this agreement will:

### **A. Reimbursement**

Provide quarterly payments as outlined in 2-A of this agreement and in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Contractor.

### **B. Report Forms**

Provide any financial and reporting forms required by the Medicaid Health Plans or Michigan Departments of Health and Human Services and Education.

## **III. Assurances**

The following assurances are hereby given to the Department:

### **A. Compliance with Applicable Laws –**

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement.

### **B. Anti-Lobbying Act**

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-208). Further, the Contractor shall require that the language of this assurance be included in the award documents of all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

### **C. Non-Discrimination –**

In the performance of any contract or purchase order resulting herefrom, the contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, sexual orientation, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The contractor further agrees that every subcontract entered into for the performance of any contract or purchase order resulting herefrom will contain a provision as herein specified binding upon each subcontractor. This covenant is

required pursuant to the Elliot-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.

#### **D. Health Insurance Portability and Accountability Act**

To the extent that this act is pertinent to the services that the Contractor provides under this agreement, the Contractor assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Contractor must not share any protected health data and information provided by MPCA, Medicaid Health Plans or the Department that falls within HIPAA requirements except to a subcontractor as appropriate under this agreement.
2. The Contractor must require the subcontractor not to share any protected health data and information from MPCA, Medicaid Health Plans or the Department that falls under HIPAA requirements in the terms and conditions of this subcontract.
3. The Contractor must only use the protected health data and information for the purposes of this agreement.
4. The Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Contractor's employees.
5. The contractor must have a policy and procedure to report to MPCA and the Department unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware.
6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information received by the Contractor from MPCA, the Department, or any other source.

#### **IV. Financial Requirements**

##### **A. Reimbursement Method**

The contractor will be reimbursed in accordance with the performance reimbursement method as follows:

A reimbursement method by which contractors are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) **as long as at least 30% match (hard or soft) is met** up to the contracted amount of base state funding. If performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance. Final reports of Actual Outputs must be received no later than 30 days after the end of the agreement, along with the Financial Status Report (FSR).

**B. Financial Status/Expenditure Report**

Financial Status Reports (FSRs) or expenditure reports shall be prepared and submitted on a quarterly basis via the online reporting system.

The first FSR submitted should cover the period of October 1, 2019 to December 31, 2019. Quarterly FSRs must reflect total actual program expenditures, regardless of the source of funds. The FSR Form is for tracking of expenditures, not for reimbursement for expenses. Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments. The FSR form can be found on the online reporting system.

**C. Unobligated Funds**

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to MPCA or treated in accordance with instructions provided by the Department. **There is no approved carryover with this funding.**

**D. Termination**

This agreement may be terminated by either party providing thirty (30) days written notice to the other party stating the reason(s) for termination and effective date of termination. It may also be terminated with thirty (30) days written notice upon failure of either party to carry out the terms of this agreement.

**E. Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

**F. Amendments**

Any changes to this agreement will be valid only if made in writing and accepted by all parties of this agreement. Any change proposed by the Contractor, which would affect the funding of any project, in whole or in part of the agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change.

**G. Liability**

All liability to third parties, loss, or damage as a result of claims, demands, costs or judgments arising out of activities, such as direct service delivery, to be carried out by

the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of Michigan Primary Care Association, the Medicaid Health Plans, or the Michigan Department of Health and Human Services.

**H. Subrecipient Monitoring**

Per Federal guidelines, subrecipient monitoring will be conducted for this grant. This includes financial risk assessments as well as potential onsite fiscal reviews.

## **MINIMUM PROGRAM REQUIREMENTS CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS**

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### **ELEMENT DEFINITION:**

Services provided through the Child and Adolescent Health Center Program are designed specifically for children and adolescents ages 5 through 21 years and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program.

Included in this element are school-based health centers; and school-linked adolescent-only health centers (which serve only adolescents between the ages of 10 through 21 years) designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

### **MINIMUM PROGRAM REQUIREMENTS:**

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
  - a) Clinical services shall include, at a minimum: primary care including health care maintenance, immunization assessment and administration using the MCIR, care of acute and chronic illness; confidential services including mental health services, STD diagnosis and treatment and HIV counseling and testing as allowed by state and/or federal law; health education and risk reduction counseling; and referral for other services not available at the health center. (See Attachment 1: Services Detail).
  - b) Each health center shall implement two evidence-based interventions with fidelity and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).
2. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment for the population served.
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.
4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.
6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district.

Written approval by the school administration and local school board exists for the following:

- a) Location of the health center
  - b) Administration of a needs assessment process to determine priority health services for the population served; which includes, at a minimum, a risk behavior survey for adolescents served by the health center
  - c) Parental consent policy
  - d) Services rendered in the health center
7. The health center shall be located in a school building or an easily accessible alternate location.
  8. The health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. The school-based health center shall designate specific hours for services to be provided to adolescents only (when the center serves both children aged 5 to 10 and adolescents), and a policy shall exist to this effect. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 12 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall be posted in the health center including external doors, and explained to clients. An after-hours answering service and/or voicemail with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.

10. The health center staff shall operate within their scope of practice as determined by certification and applicable agency policies:
  - a) The center shall be staffed by a certified nurse practitioner (FNP, PNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.
  - b) The health center must be staffed with a minimum of a licensed Masters level mental health provider (i.e. counselor or Social Worker). Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan for medical and mental health services. Components of the plan shall include, at a minimum:
  - a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
  - b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents.
  - c) Conducting a client satisfaction survey at a minimum annually.



13. A local community advisory council shall be established and operated as follows:
  - a) A minimum of two meetings per year
  - b) The council must be representative of the community and include a broad range of stakeholders such as school staff
  - c) One-third of council members must be parents of school-aged children/youth
  - d) Health care providers shall not represent more than 50% of the council
  - e) The council must approve the following policies and the health center must develop applicable procedures:
    1. Parental consent policy
    2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
    3. Confidential services as allowed by state and/or federal law
    4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
  - f) Youth input to the council shall be maintained through either membership on the established advisory council; a youth advisory council; or through other formalized mechanisms of involvement and input.
14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.
16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.
17. The health center shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Clients must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes do not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

**REV 10/2017**

## **MINIMUM PROGRAM REQUIREMENTS SCHOOL WELLNESS PROGRAM**

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1. The School Wellness Program (SWP) shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
  
2. The SWP shall provide clinical nursing services fulltime during the school year. Clinical services shall include individual health services that fall within the current, recognized scope of registered nurse (RN) practice in Michigan.  
Individual health services provided by the RN may include: screening/nursing assessments, case finding, immunization assessment and administration, first aid for minor injuries, chronic care interventions, hearing and vision screening, blood pressure monitoring, blood glucose monitoring, case management and/or referral to other needed primary care and specialty medical services
  
3. Each SWP shall implement two evidence-based programs with fidelity and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).
  
4. The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and/or professional development to teachers and school staff in areas relevant to the SWP and school-specific needs.
  
5. The SWP shall provide direct mental health services fulltime during the school year. Mental health services provided shall fall within the scope of practice of the licensed mental health provider and shall meet the current recognized standards of mental health practice for care and treatment of the population served.  
  
Mental health services should minimally include screening/assessments, short term individual and/or family therapy, crisis intervention, prevention education in a classroom or group setting, case management and/or referral to other needed mental health services.
  
6. The SWP shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
  
7. The SWP shall not prescribe, dispense or otherwise distribute family planning drugs and/or devices on school property.
  
8. The SWP shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities 1 and 2 as outlined in MSA 04-13.
  
9. The SWP shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures, protocols, and standing orders.

10. The SWP nursing staff shall adhere to medical orders/treatment plans written by the prescribing physician and/or standing orders/medical protocols written by other health care providers for individuals requiring health supervision while in school.
11. The SWP shall have a licensed registered nurse (preferably with experience working with child/adolescent populations) on staff, working under the general supervision of a physician during all hours of operation.
12. The SWP shall have a mental health provider on staff. The mental health provider shall hold a minimum of a master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Clinical supervision must be available for all fully licensed providers and provided for any master's level provider with limited licensure while completing hours towards full licensure.
13. The SWP staff shall provide services in no more than two school buildings. The SWP services shall be available during hours accessible to its target population.
14. Written approval by the school administration and local school board exists for the following:
  - a) Location of the SWP within the school building
  - b) Administration of a needs assessment process for students in the school
  - c) Administration of or access to a needs assessment for teachers/staff
  - d) Parental consent policy
  - e) Services rendered through the SWP
15. A current interagency agreement shall define the roles and responsibilities between the local school district and sponsoring agency; and the school-based health center, if one exists in the same school district.
16. Services provided shall not breach confidentiality of the client. Policies and procedures shall be implemented regarding proper notification of parents, school officials (when allowable and appropriate), and/or other health care providers when additional care is needed or when further evaluation is recommended. The SWP must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.

Policies and procedures regarding notification and exchange of information shall comply with all applicable laws e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access consent for care.

17. The SWP shall implement a continuous quality improvement plan for nursing and mental health services. Components of the plan shall include at a minimum:

- a) Practice and client record review shall be conducted at least twice annually by an appropriate peer and/or other peer-level staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted.
- b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents served by the SWP.
- c) Conducting a client satisfaction survey at a minimum annually.

18. A local community advisory council shall be established and operated as follows:

- a) A minimum of two meetings per year
- b) The council must be representative of the community and include a broad range of stakeholders such as school staff
- c) One-third of council members must be parents of school-aged children/youth
- d) Health care providers shall not represent more than 50% of the council
- e) The council must approve the following policies and the SWP must develop applicable procedures:
  1. Parental consent policy
  2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
  3. Confidential services as allowed by state and/or federal law
  4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect

19. The SWP shall have space and equipment adequate for private visits, reception, private counseling, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean and safe.

20. The SWP shall follow all Occupational Safety and Health Act guidelines to ensure protection of SWP personnel and the public.

21. For SWPs participating in billing: the SWP shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Users must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.

22. For SWPs participating in billing: the billing and fee collection processes do not breach the confidentiality of the client.

**REV 10/2017**

# CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS

## Attachment 1: Services Detail

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The following health services are required (\*or recommended) as part of the Child and Adolescent Health Center service delivery plan:

### PRIMARY CARE SERVICES

- Well child care
- EPSDT screenings and exams
- Comprehensive physical exams
- Risk assessment/other screening
- Laboratory services
  1. CLIA Waived testing
  2. Specimen collection for outside lab testing
- \*Other diagnostic, screening and/or preventive services
  1. Hearing and vision screening
  2. Tympanometry
  3. Preventive oral applications
  4. Spirometry
  5. Pulse oximetry
  6. Telehealth capabilities
  7. Office microscopy

### MENTAL HEALTH SERVICES

- Mental Health services provided by a Master's level mental health provider.

### ILLNESS/INJURY CARE

- Minor injury assessment/treatment and follow up
- Acute illness assessment/ treatment and follow up &/or referral

### CHRONIC CONDITIONS CARE

- Includes assessment, diagnosis and treatment of a new condition
- Maintenance of existing conditions based on need, collaborations with PCP/specialist or client/parental request
- Chronic conditions may include: asthma, diabetes, sickle cell, hypertension, obesity, metabolic syndrome, depression, allergy, skin conditions or other specific to a population

### IMMUNIZATIONS

- Screening and assessment utilizing the MCIR and other data
- Complete range of immunizations for the target population utilizing Vaccine for Children and private stock
- Administration of immunizations
- Appropriate protocols, equipment, medication to handle vaccine reactions

## HEALTH EDUCATION

### STI & HIV EDUCATION, COUNSELING, & VOLUNTARY TESTING

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- Education appropriate for age, other demographics of the target population, and needs assessment data
- Risk assessment, historical and physical assessment data informs individualized care
- CAHC-trained HIV counselor/tester is on site
- Testing for and treatment of STI and testing and referral for HIV treatment is on site

### “CONFIDENTIAL SERVICES” AS DEFINED BY MICHIGAN AND/OR FEDERAL LAW

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- Confidential services are those services that may be obtained by minors without parental consent
- Confidential services include: mental health counseling, pregnancy testing & services, STI/HIV testing and treatment, substance use disorder counseling and treatment, family planning (excluding contraceptive prescription/distribution on school property).

## REFERRAL

- PCP, specialists, dental services, community agencies, etc.

**REV 10/2017**

**CHILD AND ADOLESCENT HEALTH CENTERS  
CLINICAL AND ALTERNATIVE CLINICAL MODELS  
and SCHOOL WELLNESS PROGRAMS**

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**Attachment 2: Focus Areas**

Each year, health centers and SWPs should review their needs assessment data to determine priority health issues that are of such significance to their target population to warrant an enhanced “focus” for the upcoming year. Each center is required to implement at least two evidence based programs or clinical interventions to begin to address the needs within the selected focus area(s).

**FOCUS AREAS**

- ALCOHOL/TOBACCO/OTHER DRUG PREVENTION
- CHRONIC DISEASE MANAGEMENT
- HIV/AIDS/STI PREVENTION
- NUTRITION AND PHYSICAL ACTIVITY
- PREGNANCY PREVENTION

Focus areas are meant to provide services above and beyond what would typically be provided in comprehensive primary care. It is expected that each of these focus areas will be a part of comprehensive primary care already, but interventions selected for the focus area requirement should be significantly beyond typical care. Strategies should be intensive, evidence-based, and include appropriate evaluation methods to assess impact and progress on meeting focus areas.

**REV 10/2017**

## Action Request



|                    |   |                      |                      |
|--------------------|---|----------------------|----------------------|
| Meeting Date:      | 10/2/2019   |                      |                      |
| Department:        | Health Department   | Submitted By:        | Wendy Hirschenberger |
| Contact E-Mail:    | <a href="mailto:whirsch@gtchd.org">whirsch@gtchd.org</a>  | Contact Telephone:   | 231-995-6100         |
| Agenda Item Title: | Michigan Department of Health and Human Services Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement |                      |                      |
| Estimated Time:    | 0   | Laptop Presentation: |                      |
|                    | <small>(in minutes)</small>   |                      |                      |

**Summary of Request:**

The Michigan Department of Health and Human Services Comprehensive Planning, Budgeting and Contracting (CPBC) grant is an agreement between the Grand Traverse County Health Department and Michigan Department of Health and Human Services that sets forth funds for facilitating the delivery of public health services to citizens of Michigan. Public health services to be delivered under this agreement include Essential Local Public Health Services (ELPHS) and other specific programs. The funds from this grant are specified to be used for Environmental Health, Community Health and Emergency Preparedness programs. The amount of this grant is \$1,260,689 and includes state and federal funds. The prior year amount of the grant for fiscal year 2018-2019 was \$1,320,239. This is a decrease of \$59,550 for 2020 due largely to receiving one time funds in the prior year for Hepatitis A Outbreak Preparedness in the amount of \$25,000, Epidemiology and Laboratory grant in the amount of \$20,000, PFAS Response grant in the amount of \$10,545, Public Health Emergency Preparedness (PHEP) mini-grant for \$2,800 and additional one time funds for PHEP in the amount of \$1,798 and receiving additional one time funds for the Family Planning program in the amount of \$15,000. In fiscal year 2019-2020, there is an increase in funding in Woman, Infant and Children (WIC) program of \$12,821. This grant is a renewal. The terms of the agreement are October 1, 2019 through September 30, 2020.

**Suggested Motion:**

Approve the renewal of the Michigan Department of Health and Human services Comprehensive Planning, Budgeting and Contracting (CPBC) grant agreement for the period of October 1, 2019 through September 30, 2020.

**Financial Information:**

|             |  |                    |  |                     |     |
|-------------|--|--------------------|--|---------------------|-----|
| Total Cost: |  | General Fund Cost: |  | Included in budget: | Yes |
|-------------|--|--------------------|--|---------------------|-----|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature   | Date  |
|--------------------------|-------------|-------|
| Finance Director         |             |       |
| Human Resources Director |             |       |
| Civil Counsel            |             |       |
| <b>Administration:</b>   | Recommended | Date: |
| <u>Miscellaneous:</u>    |             |       |

**Attachments:**

Attachment Titles: FY20 CPBC Grant Agreement



RESOLUTION

**XX-2019**

**Health Department – Comprehensive Planning, Budgeting and Contracting  
(CPBC) Agreement**

WHEREAS, The Grand Traverse County Board of Commissioners met in regular session on October 2, 2019, and reviewed recommendation to approve and sign the Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement in the amount \$1,260,689 for the period October 1, 2019 through September 30, 2020 and includes state and federal funds; and,

WHEREAS, The CPBC grant sets forth funds for facilitating the delivery of public health services to citizens of Michigan; and,

WHEREAS, Public health services to be delivered under this agreement include Essential Local Public Health Services and other specific programs specified for Environmental Health, Community Health and Emergency Preparedness; and,

WHEREAS, the amount of this grant is \$1,260,689 for the period October 1, 2019 through September 30, 2020.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County approves the FY 2019 Comprehensive Planning, Budgeting and Contracting Agreement in the amount \$1,260,689.

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: October 2, 2019

**Agreement Between**  
**Michigan Department of Health and Human Services**  
**hereinafter referred to as the "Department"**  
**and**  
**Grand Traverse County Board of Commissio**  
**hereinafter referred to as the "Local Governing Entity"**  
**on Behalf of Health Department**  
**Grand Traverse County Health Department**  
**2600 Lafranier Road Suite A**  
**Traverse City MI 49686 8972**  
**Federal I.D.#: 38-6004852, DUNS #: 556788040**  
**hereinafter referred to as the "Grantee"**  
**for**  
**The Delivery of Public Health Services under**  
**the Local Health Department Agreement**

**Part I**

**1. Purpose**

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

**2. Period of Agreement:**

This agreement shall commence on the date of the Grantee's signature or October 1, 2019 whichever is later and continue through September 30, 2020. This agreement is in full force and effect for the period specified.

**3. Program Budget and Agreement Amount**

**A. Agreement Amount**

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this agreement is \$1,260,689.00.

**B. Equipment Purchases and Title**

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

**C. Budget Transfers and Adjustments**

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

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

**4. Agreement Attachments**

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

**5. Statement of Work**

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

**6. Fianancial Requirements**

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

**7. Performance/Progress Report Requirements**

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

**8. General Provisions**

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement .

**9. Administration of the Agreement**

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

Name: Carissa Reece  
Title: Department Analyst  
Telephone No.: 517-335-0940  
E-Mail Address ReeceC@michigan.gov

The person acting for the Grantee on the financial reporting for this agreement is:

Marissa Milliron Financial Director

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Name Title

mmilliro@gtchd.org (231) 995-6102

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E-Mail Address Telephone No.

**10. Special Conditions**

- A. This agreement is valid upon approval and execution by the Department which may be contingent upon State Administrative Board and Signature by the Grantee.
- B. This agreement is conditionally approved subject to and contingent upon availability of funding and other applicable conditions.
- C. The Department has the option to assume no responsibility or liability for costs incurred by the Grantee prior to the signing of this agreement.
- D. The Grantee is required by PA 533 of 2004 to receive payments by electronic funds transfer.

**11. Special Certification**

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

**12. Signature Section**

**For Grand Traverse County Health Department**

Wendy Hirschenberger

Health Officer

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Name

Title

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

Christine H. Sanches

09/17/2019

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Christine H. Sanches, Director  
Bureau of Grants and Purchasing

Date

**Part II**  
**General Provisions**

**I. Responsibilities - Grantee**

The Grantee in accordance with the general purposes and objectives of this agreement will:

**A. Publication Rights**

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

**B. Fees**

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

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

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

**C. Grant Program Operation**

Provide the necessary administrative, professional, and technical staff for operation of the grant program. Obtain and maintain all necessary licenses, permits and insurances consistent with requirements under Part II.1.T. or other authorizations necessary for the performance of this Agreement.

**D. Reporting**

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

**E. Record Maintenance/Retention**

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

**F. Authorized Access**

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector Generals, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.
2. The rights of access in this section are not limited to the required retention period but last as long as the records are retained.
3. Grantee must cooperate and provide reasonable assistance to authorized representatives of the Department and others when those individuals have access to Grantee's grant records.

**G. Audits**

1. Single Audit

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

2. Other Audits

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

3. Due Date and Where to Send

The Single Audit reporting package, management letter (if one is issued) with a response and Corrective Action Plan shall be submitted to the Department within nine months after the end of the Grantee’s fiscal year by e-mail at, MDHHS-AuditReports@michigan.gov. The required submission must be assembled as one document in a PDF file and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit reporting package, management letter (if one is issued) with a response, and Corrective Action Plan within nine months after the end of the Grantee’s fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year’s grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.



b. Delinquent Audit Exemption Notice

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

**H. Subrecipient/Contractor Monitoring**

When passing federal funds through to a subrecipient (if the agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:

1. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.331 (a).
2. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.331(b).
3. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes in compliance with federal statutes, regulations, and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.331(d) are met including reviewing financial and programmatic reports, following up on corrective actions, and issuing management decisions for audit findings.
4. Verify that every subrecipient is audited as required by Subpart F of 2 CFR 200.
5. Monitor the activities of the subrecipient to ensure the subrecipient complies with all the requirements of this grant agreement.

The Grantee must develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Grantee must establish requirements to ensure compliance for for-profit subrecipients as required by Title 2 (CFR), Section 200.501(h), as applicable.

The Grantee must ensure that transactions with contractors comply with laws, regulations, and provisions of contracts or grant agreements in compliance with Title 2 CFR, Section 200.501(h), as applicable.

**I. Notification of Modifications**

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

**J. Software Compliance**

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

**K. Human Subjects**

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

**L. Mandatory Disclosures**

1. Disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor, or an officer or director of Grantee or subcontract, or that arises during the term of this Agreement including:
  - a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the agreement.
  - b. A criminal Proceeding;
  - c. A parole or probation Proceeding;
  - d. A Proceeding under the Sarbanes-Oxley Act;
  - e. A civil Proceeding involving:
    1. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
    2. A governmental or public entity's claim or written allegation of fraud; or
  - f. A Proceeding involving any license that Grantee is required to

possess in order to perform under this Agreement.

2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee's ownership and/or executive management.

**M. Minimum Program Requirements**

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

**N. Annual Budget and Plan Submission**

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

**O. Maintenance of Effort**

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

**P. Accreditation**

1. Comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
  - a. Grantees that fail to meet all accreditation requirements or implement corrective plans of action within the prescribed time period will receive the status of "Not Accredited." Grantees designated as "Not Accredited" may have their Department allocations reduced for costs incurred in the assurance of service delivery.
  - b. Grantees that disagree with on-site review findings or their accreditation status may request an inquiry through written request to the Department. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify information and seek resolution.
2. Consent Agreements/Administrative Compliance Orders/Administrative Hearings for "Not Accredited" Grantees:
  - a. Grantees designated as "Not Accredited", will receive a

Consent Agreement Package from the Department. Grantees and their local governing entities shall be given 75 days to review the package, meet with the Department, and sign and return the Consent Agreement.

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

**Q. Medicaid Outreach Activities Reimbursement**

The Grantee agrees to report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 200 and the requirements in Medicaid Bulletin number: MSA 05-29.

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

The Grantee will submit quarterly FSRs for the Medicaid Outreach activities and an annual FSR for the Children with Special Health Care Services Medicaid Outreach activities in accordance with the instructions contained in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Grantee agrees to target their Medicaid outreach effort toward Department established priorities. For fiscal year 2020, the Department priorities are: lead testing, outreach and

enrollment for the Family Planning waiver, and outreach for pregnant women, mothers and infants for the Maternal and Infant Health Program. The Grantee will submit a report using the MDHHS Local Health Department Medicaid Outreach form describing their outreach activities targeting the priorities 30 days after the end of a fiscal year quarter and at the same time as the final FSR is due to the Department. The Local Health Department Medicaid Outreach report are to be sent through MI E-Grants as an attachment report to the Financial Status Report.

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

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

**S. Travel Costs**

1. Be reimbursed for travel cost (including mileage, meals, and lodging) budgeted and incurred related to services provided under this agreement.
2. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the State of Michigan travel reimbursement rate applies.
3. State of Michigan travel rates may be found at the following website:  
[http://www.michigan.gov/dtmb/0.5552.7-150-9141\\_13132-.00.html](http://www.michigan.gov/dtmb/0.5552.7-150-9141_13132-.00.html)

**T. Insurance Requirements**

1. Maintain a minimum of the insurances or governmental self-insurances listed below and is responsible for all deductibles. All required insurance or self-insurance must:
  - a. Protect the State of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
  - b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the State; and
  - c. Be provided by a company with an A.M. Best rating of "A" or better and a financial size of VII or better.
2. Insurance Types
  - a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self—Insurance, policies must be endorsed to add "the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 2010 07 04 and CG 2037 07 04.

If the Grantee will deal with children, schools, or the cognitively impaired, coverage must not have exclusions or limitations related to sexual abuse and molestation liability.
  - b. Workers' Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Waiver of subrogation, except where waiver is prohibited by law.
  - c. Employers Liability Insurance or Governmental Self-Insurance
  - d. Privacy and Security (Cyber) Liability insurance covering information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
3. Grantees must require that subcontractors maintain the required insurances contained in this Section.
4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this agreement.
5. Each Party must promptly notify the other Party of any knowledge regarding an occurrence which the notifying Party reasonably believes may result in a claim against either Party. The Parties must cooperate with each other regarding such claim.

**U. Fiscal Questionnaire**

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

**V. Criminal Background Check**

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

maintained by the federal government that contains confidential or personal information, including, but not limited to, federal tax information, to have a fingerprint background check performed by the Michigan State Police.

## II. **Responsibilities - Department**

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

### A. **Reimbursement**

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

### B. **Report Forms**

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

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

To notify the Grantee in writing of modifications to federal or state laws, rules and regulations affecting this agreement.

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

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

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

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

### F. **Monitor Compliance**

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

### G. **Technical Assistance**

To make technical assistance available to the Grantee for the implementation of this agreement.

### H. **Accreditation**

The Department agrees to adhere to the accreditation requirements including



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

**I. Medicaid Outreach Activities Reimbursement**

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

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

**III. Assurances**

The following assurances are hereby given to the Department:

**A. Compliance with Applicable Laws**

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

**B. Anti-Lobbying Act**

The Grantee will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-208). Further, the Grantee shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**C. Non-Discrimination**

1. The Grantee must comply with the Department’s non-discrimination statement: The Michigan Department of Health and Human Activities will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan

considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (1976 PA 453, as amended; MCL 37.2101 et seq.) and the Persons with Disabilities Civil Rights Act (1976 PA 220, as amended; MCL 37.1101 et seq.), and any breach thereof may be regarded as a material breach of this Agreement.

2. The Grantee will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
  - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
  - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
  - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of disabilities;
  - d. the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
  - e. the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
  - f. the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
  - g. §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records
  - h. any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,
  - i. the requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority

owned and women owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

**D. Debarment and Suspension**

The Grantee will comply with Federal Regulation, 2 CFR 180 and certifies to the best of its knowledge and belief that the Grantee's local health department employees, official of the Grantee's local health department and the Grantee's subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or Grantee;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

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

1. The Grantee will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal

funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's services.

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

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

The Grantee will comply with the Hatch Political Activity Act, 5 USC 1501-1509 and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

**G. National Defense Authorization Act Employee Whistleblower Protections**

The Grantee will comply with the National Defense Authorization Act "Pilot Program for Enhancement of Grantee Employee Whistleblower Protections".

1. This agreement and employees working on this agreement will be subject to the whistleblower rights and remedies in the pilot program on Grantee employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2012 and FAR 3.908.
2. The Grantee shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
3. The Grantee shall insert the substance of this clause, including this paragraph (3), in all subcontracts over the simplified acquisition threshold.

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

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended.

- a) This agreement and anyone working on this agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must

comply with all applicable standards, orders or regulations issue pursuant to these Acts. Violations must be reported to the Department.

**I. Trafficking Victims Protection Act**

The Grantee will comply with the Trafficking Victims Act of 2000, as amended.

- a) This agreement and anyone working on this agreement will be subject to the Trafficking Victims Protection Act and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to the Department.

**J. Subcontracts**

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

- 1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request.
- 2. That any executed subcontract shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail. A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:
  - a. Contains additional non-conflicting provisions not set forth in this agreement; or
  - b. Restates provisions of this agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
  - c. Requires the subcontractor to perform duties and services in less time than that afforded the Grantee in this agreement.
- 3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
- 4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
- 5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.
- 6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 shall contain provisions or conditions that will:
  - a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the subcontractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.

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

**K. Procurement**

Grantee will ensure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of Title 2 Code of Federal Regulations, Part 200. Funding from this agreement shall not be used for the purchase of foreign goods or services or both. Records shall be sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

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

To the extent that this act is pertinent to the services that the Grantee provides to the Department under this agreement, the Grantee assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

- 1. The Grantee must not share any protected health data and information provided by the Department that falls within HIPAA requirements except as permitted or required by applicable law; or to a subcontractor as

appropriate under this agreement.

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

**M. Home Health Services**

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

1. The Grantee shall not use State ELPHS or categorical grant funds provided under this agreement to unfairly compete for home health services available from private providers of the same type of services in the Grantee's service area.
2. For purposes of this agreement, the term "unfair competition" shall be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for

low-income clients based upon their ability to pay.

3. If the Department finds that the Grantee is not in compliance with its assurance not to use state ELPHS and categorical grant funds to unfairly compete, the Department shall follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978 PA 368 as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

**N. Website Incorporation**

The Department is not bound by any content on Grantee's website unless expressly incorporated directly into this Agreement.

**O. Survival**

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

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

1. The Grantee agrees that it will use Confidential Information solely for the purpose of this agreement. The Grantee agrees to hold all Confidential information in strict confidence and not to copy, reproduce, sell, transfer or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or subcontracts of a party who have a need to know in connection with this Agreement or to use such Confidential Information for any purpose whatsoever other than the performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the Confidential Information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.

2. Meaning of Confidential Information

For the purpose of this Agreement the term "Confidential Information" means all information and documentation that:

- a. Has been marked "confidential" or with words or similar meaning, at the time of disclosure by such part;
- b. If disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning;
- c. Should reasonably be recognized as confidential information of the disclosing party;
- d. Is unpublished or not available to the general public; or
- e. Is designated by law as confidential.

3. The term "Confidential Information" does not include any information or



documentation that was:

- a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
  - b. Already in the possession of the receiving party without an obligation of confidentiality;
  - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights;
  - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
  - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving part).
4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of Confidential Information. The Grantee will cooperate with the Department in every way possible to regain possession of the Confidential Information and prevent further unauthorized use or disclosure.

**Q. Cap on Salaries**

None of the funds awarded to the Grantee through this Agreement shall be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel Management web site, <http://www.opm.gov>, by navigating to Policy - Pay & Leave - Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

**IV. Financial Requirements**

**A. Operating Advance**

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

**B. Payment Method**

**1. Prepayments**

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

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

2. Fixed Fee Reimbursement

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

**C. Financial Status Report Submission**

- 1. A Financial Status Report (FSR) must be submitted on a quarterly basis no later than 30 days after the close of the calendar quarter for all programs listed on Attachment IV and fee for services project budgeted. Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments.
- 2. FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this

agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.

3. By submitting the FSR the individual is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.
4. The instructions for completing the FSR form are available on the website <http://egram-mi.com/dch>. Send FSR questions to [FSRMDHHS@michigan.gov](mailto:FSRMDHHS@michigan.gov).

**D. Reimbursement Method**

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

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds. Any local funds used to support program elements operated under such provisions of this agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part I and Section XIV of Part II. If Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.
2. Actual Cost Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that state dollars will be paid up to total costs in relation to the state's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.
3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee are reimbursed a specific amount for each output actually delivered and reported.

4. Essential Local Public Health Services (ELPHS) - A reimbursement method by which Grantees are reimbursed a share of reasonable and allowable costs incurred for required services, as noted in the current Appropriations Act.

**E. Reimbursement Mechanism**

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

**F. Unobligated Funds**

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

**G. Final Obligation Reporting Requirements**

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

Within 75 days after the agreement fiscal year-end, the Grantee must liquidate any unpaid year-end commitments and obligations. Any obligation remaining unliquidated after 75 days from the end of the agreement period shall revert to the Department for disposition in accordance with applicable state and/or federal requirements, except as specifically authorized in writing by the Department.

**H. Final Financial Status Reporting Requirements**

Final FSRs are due on the following dates following the agreement period

| end date: <u>Project</u>             | <u>Final FSR Due Date</u> |
|--------------------------------------|---------------------------|
| Public Health Emergency Preparedness | 11/15/2020                |
| All Remaining Projects               | 11/30/2020                |

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

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

**I. Penalties for Reporting Noncompliance**

For failure to submit the final total Grantee FSR report by December 15, through MI E-Grants after the agreement period end date, the Grantee may be penalized with a one-time reduction in their current ELPHS allocation for noncompliance with the fiscal year-end reporting deadlines. Any penalty funds will be reallocated to other Local Health Department Grantees. Reductions will be one-time only and will not carryforward to the next fiscal year as an ongoing reduction to a Grantee's ELPHS allocation. Penalties will be assessed based upon the submitted date in MI E-Grants:

ELPHS Penalties for Noncompliance with Reporting Requirements:

1. 1% - 1 day to 30 days late;
2. 2% - 31 days to 60 days late;
3. 3% - over 60 days late with a maximum of 3% reduction in the Grantee's ELPHS allocation.

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

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

1. Costs must be consistently charged as indirect, direct or cost allocated, but may not be double charged or inconsistently charged.
2. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.

3. Grantees using the cost allocation/distribution method must develop certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.
4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

**V. Agreement Termination**

The Department may terminate this agreement without further liability or penalty to the Department for any of the following reasons:

- A. This agreement may be terminated by either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.
- B. This agreement may also be terminated by either party with 30 days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the 30 day period.
- C. This agreement may be terminated immediately if the Grantee's local health department, or an official of the Grantee's local health department, is convicted of any activity referenced in Part II, Section III.D, of this agreement during the term of this agreement or any extension thereof.
- D. This agreement may be terminated or modified immediately upon a finding by the Department in accordance with MCL 333.2235 that the Grantee local health department for the delivery of public health services under this agreement is unable or unwilling to provide any or all of the services as provided in this agreement, and the Department may redirect funds as necessary to ensure that the public health services are provided within the Grantee's jurisdiction.

**VI. Stop Work Order**

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

**VII. Final Reporting upon Termination**

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

advanced to the Grantee in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

### **VIII. Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

### **IX. Amendments**

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

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

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

Amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee at any time prior to May 1. The Department will provide a written response within 30 calendar days.

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

1. Any change proposed by the Grantee which would affect the state funding of any element funded in whole or in part by funds provided by the Department, subject to Part I, Section 3.C, of the agreement, must be submitted in writing to the Department immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

Within thirty (30) days after receipt of the proposed change, the Department shall advise the Grantee in writing of its determination. Subsequently the Department will initiate any necessary formal amendment to the agreement for execution by all parties to the agreement.

Any changes proposed by the Department must be agreed to in writing

by the Grantee and upon such written agreement, the Department shall initiate any necessary formal amendment as above.

2. Other amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee at any time prior to June 2. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department by June 15 through MI E-Grants to assure the amendment can be executed prior to the end of the agreement period.

## **X. Liability**

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

## **XI. Waiver**

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

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

## **XII. State of Michigan Agreement**

This is a State of Michigan Agreement and must be exclusively governed by the laws and construed by the laws of Michigan, excluding Michigan's choice-of-law principle. All claims related to or arising out of this agreement, or its breach, whether sounding in contract, tort, or otherwise, must likewise be governed exclusively by the laws of Michigan, excluding Michigan's choice-of-law principles. Any dispute as a result of this agreement shall be resolved in the State of Michigan.



**XIII. Funding**

- A. State funding for this agreement shall be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds shall be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV, Funding/Reimbursement Matrix.
- B. The funding provided through the Department for this agreement shall not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the agreement.
- C. The Department may periodically redistribute funds between agencies during the agreement period in order to ensure that funds are expended to meet the varying needs for services.

**AA Attachments**

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

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

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

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

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2020  
CONTRACT MANAGEMENT SECTION  
Grand Traverse County Health Department**

| Program Element/Funding Source (a)                                | MDHHS Source         | Fed/St | Funding Amount | Reimbursement Method (b)  | Performance Target Output Measurement | Total (c) Perform Expect | State (d) Funded Target Perform | State Funded Minimum Performance Number (e) | Percent | Contractor / Subrecipient (f) |
|---|----------------------|--------|----------------|---------------------------|---------------------------------------|--------------------------|---------------------------------|---|---------|-------------------------------|
| Body Art Fixed Fee  | Calc. Amt.           |        | 250.00/Numbers | Fixed Unit Rate (2)       | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Recipient                     |
| Children's Special Hlth Care Services (CSHCS) Care Coordination   | Calc. Amt.           |        | 150.00/Various | Fixed Unit Rate (1), (7)  | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Subrecipient                  |
| Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy | Reg. Alloc.          | F      | 20,660         | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Subrecipient                  |
|   | Reg. Alloc.          | S      | 20,660         |                           |                                       |                          |                                 |   |         |                               |
| CSHCS Medicaid Elevated Blood Lead Case Mgmt                      | Calc. Amt.           |        | 201.58/Various | Fixed Unit Rate (2)       | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Subrecipient                  |
| EGLE On-site Wastewater Treatment                                 | ELPHS On-site Wastew | S      | 130,129        | ELPHS (3), (6)            | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Recipient                     |
| EGLE Private and Type III Water Supply                            | ELPHS Private and Ty | S      | 100,177        | ELPHS (3), (6)            | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Recipient                     |
| Enabling Services Women - MCH Family Planning Services            | Local MCH            | S      | 38,283         | Local MCH (3), (6)        | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Subrecipient                  |
|   | Reg. Alloc.          | F      | 10,503         | Performance (5),(8),(13)  | # Unduplicated Clinic Users served    | N/A                      | 179                             | 95  | 170     | Subrecipient                  |
|   | Reg. Alloc.          | F      | 25,067         |                           |                                       |                          |                                 |   |         |                               |
|   | Reg. Alloc.          | S      | 6,694          |                           |                                       |                          |                                 |   |         |                               |
| Food ELPHS<br>General Communicable Disease ELPHS                  | Reg. Alloc.          | S      | 4,355          |                           |                                       |                          |                                 |   |         |                               |
|   | ELPHS Food           | S      | 96,456         | ELPHS (3), (4)            | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Recipient                     |
|   | ELPHS MDHHS Other    | S      | 55,715         | ELPHS (3), (6)            | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Recipient                     |
| Harm Reduction  | Reg. Alloc.          | F      | 50,000         | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Subrecipient                  |
| Hearing ELPHS   | ELPHS Hearing        | S      | 27,847         | ELPHS (3), (6)            | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Recipient                     |
| HIV Prevention  | Reg. Alloc.          | F      | 5,784          | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A     | Subrecipient                  |

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2020  
CONTRACT MANAGEMENT SECTION  
Grand Traverse County Health Department**

| 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 / Subrecipient (f) |
|---|-------------------------|--------|----------------|---------------------------|---------------------------------------|--------------------------|---------------------------------|---|-----|-------------------------------|
| Immunization Action Plan (IAP)                          | Reg. Alloc.             | S      | 14,216         | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Subrecipient                  |
|   | Reg. Alloc.             | F      | 42,884         |                           |                                       |                          |                                 |   |     |                               |
| Immunization Fixed Fees                                 | Calc. Amt.              |        | 300.00/Numbers | Fixed Unit Rate (2), (7)  | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Subrecipient                  |
| Immunization Vaccine Quality Assurance                  | Reg. Alloc.             | S      | 16,340         | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Recipient                     |
| Public Health Emergency Preparedness (PHEP) 10/1 - 6/30 | Reg. Alloc.             | F      | 97,346         | Staffing (6), (14), (18)  | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Subrecipient                  |
| Sexually Transmitted Disease (STD-ELPHS)                | ELPHS<br>MDHHS<br>Other | S      | 18,571         | ELPHS(3), (6)             | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Recipient                     |
| Tuberculosis (TB) Control                               | Reg. Alloc.             | F      | 100            | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Subrecipient                  |
| Vision ELPHS  | ELPHS<br>Vision         | S      | 27,846         | ELPHS (3), (6)            | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Recipient                     |
| WIC Breastfeeding                                       | Reg. Alloc.             | F      | 52,225         | Actual Cost Reimbursement | N/A                                   | N/A                      | N/A                             | N/A   | N/A | Subrecipient                  |
| WIC Resident Services                                   | Reg. Alloc.             | F      | 398,831        | Performance (8)           | # Average Monthly Participation       | N/A                      | N/A                             | 97  | 0   | Subrecipient                  |

**TOTAL MDHHS FUNDING 1,260,689**

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

**Attachment IV Notes**

[Attachment IV Notes](#)

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Administration  |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department            |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total       | Amount      |
|--------------------------------|---|-------------|-------------|
| <b>DIRECT EXPENSES</b>         |   |             |             |
| <b>Program Expenses</b>        |   |             |             |
| 1                              | Salary & Wages                          | 304,000.00  | 304,000.00  |
| 2                              | Fringe Benefits                         | 136,000.00  | 136,000.00  |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00        | 0.00        |
| 4                              | Contractual                             | 0.00        | 0.00        |
| 5                              | Supplies and Materials                  | 12,000.00   | 12,000.00   |
| 6                              | Travel                                  | 6,500.00    | 6,500.00    |
| 7                              | Communication                           | 6,000.00    | 6,000.00    |
| 8                              | County-City Central Services            | 0.00        | 0.00        |
| 9                              | Space Costs                             | 55,000.00   | 55,000.00   |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 80,500.00   | 80,500.00   |
| <b>Total Program Expenses</b>  |   | 600,000.00  | 600,000.00  |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 600,000.00  | 600,000.00  |
| <b>INDIRECT EXPENSES</b>       |   |             |             |
| <b>Indirect Costs</b>          |   |             |             |
| 1                              | Indirect Costs                          | 0.00        | 0.00        |
| 2                              | Cost Allocation Plan / Other            | -600,000.00 | -600,000.00 |
| <b>Total Indirect Costs</b>    |   | -600,000.00 | -600,000.00 |
| <b>TOTAL INDIRECT EXPENSES</b> |   | -600,000.00 | -600,000.00 |
| <b>TOTAL EXPENDITURES</b>      |   | <b>0.00</b> | <b>0.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | Category                                 | Total | Amount | Cash | Inkind |
|----------|--|-------|--------|------|--------|
| <b>1</b> | <b>Source of Funds</b>                   |       |        |      |        |
|          | Fees and Collections - 1st and 2nd Party | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Fees and Collections - 3rd Party         | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Federal or State (Non MDHHS)             | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Federal Cost Based Reimbursement         | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Federally Provided Vaccines              | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Federal Medicaid Outreach                | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Required Match - Local                   | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Local Non-ELPHS                          | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Local Non-ELPHS                          | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Local Non-ELPHS                          | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Other Non-ELPHS                          | 0.00  | 0.00   | 0.00 | 0.00   |
|          | MDHHS Non Comprehensive                  | 0.00  | 0.00   | 0.00 | 0.00   |
|          | MDHHS Comprehensive                      | 0.00  | 0.00   | 0.00 | 0.00   |
|          | ELPHS – MDHHS Hearing                    | 0.00  | 0.00   | 0.00 | 0.00   |
|          | ELPHS – MDHHS Vision                     | 0.00  | 0.00   | 0.00 | 0.00   |
|          | ELPHS – MDHHS Other                      | 0.00  | 0.00   | 0.00 | 0.00   |
|          | ELPHS – Food                             | 0.00  | 0.00   | 0.00 | 0.00   |
|          | ELPHS - Private / Type III Water Supply  | 0.00  | 0.00   | 0.00 | 0.00   |
|          | ELPHS – On-Site Wastewater Treatment     | 0.00  | 0.00   | 0.00 | 0.00   |
|          | MCH Funding                              | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Local Funds - Other                      | 0.00  | 0.00   | 0.00 | 0.00   |
|          | Inkind Match                             | 0.00  | 0.00   | 0.00 | 0.00   |
|          | MDHHS Fixed Unit Rate                    | 0.00  | 0.00   | 0.00 | 0.00   |
|          | <b>Total Source of Funds</b>             | 0.00  | 0.00   | 0.00 | 0.00   |
|          | <b>Totals</b>                            | 0.00  | 0.00   | 0.00 | 0.00   |

3 Program Budget - Cost Detail

|                                | Line Item  | Total       |
|--------------------------------|--|-------------|
| <b>DIRECT EXPENSES</b>         |  |             |
| <b>Program Expenses</b>        |  |             |
| 1                              | Salary & Wages   | 304,000.00  |
| 2                              | Fringe Benefits  | 136,000.00  |
| 3                              | Cap. Exp. for Equip & Fac.                                     |             |
| 4                              | Contractual  |             |
| 5                              | Supplies and Materials   | 12,000.00   |
| 6                              | Travel   | 6,500.00    |
| 7                              | Communication  | 6,000.00    |
| 8                              | County-City Central Services                                   |             |
| 9                              | Space Costs  | 55,000.00   |
| 10                             | All Others (ADP, Con. Employees, Misc.)                        | 80,500.00   |
| <b>Total Program Expenses</b>  |  | 600,000.00  |
| <b>TOTAL DIRECT EXPENSES</b>   |  | 600,000.00  |
| <b>INDIRECT EXPENSES</b>       |  |             |
| <b>Indirect Costs</b>          |  |             |
| 1                              | Indirect Costs   |             |
| 2                              | Cost Allocation Plan / Other                                   |             |
|                                | Other Cost Distributions-Costs allocated out to other programs | -600,000.00 |
| <b>Total Indirect Costs</b>    |  | -600,000.00 |
| <b>TOTAL INDIRECT EXPENSES</b> |  | -600,000.00 |
| <b>TOTAL EXPENDITURES</b>      |  | <b>0.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Public Health Emergency Preparedness (PHEP) 10/1 - 6/30 |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department  |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A   |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 58,796.00         | 58,796.00         |
| 2                              | Fringe Benefits                         | 23,518.00         | 23,518.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 615.00            | 615.00            |
| 6                              | Travel                                  | 5,305.00          | 5,305.00          |
| 7                              | Communication                           | 2,910.00          | 2,910.00          |
| 8                              | County-City Central Services            | 6,173.00          | 6,173.00          |
| 9                              | Space Costs                             | 12,600.00         | 12,600.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 18,693.00         | 18,693.00         |
| <b>Total Program Expenses</b>  |   | 128,610.00        | 128,610.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 128,610.00        | 128,610.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 11,983.00         | 11,983.00         |
| <b>Total Indirect Costs</b>    |   | 11,983.00         | 11,983.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 11,983.00         | 11,983.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>140,593.00</b> | <b>140,593.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 8,985.00     | 0.00          | 8,985.00    | 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                      | 97,346.00    | 97,346.00     | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 34,262.00    | 0.00          | 34,262.00   | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 140,593.00   | 97,346.00     | 43,247.00   | 0.00          |

3 Program Budget - Cost Detail

| Line Item   | Qty    | Rate       | Units     | UOM | Total            |
|---|--------|------------|-----------|-----|------------------|
| <b>DIRECT EXPENSES</b>  |        |            |           |     |                  |
| <b>Program Expenses</b>   |        |            |           |     |                  |
| <b>1 Salary &amp; Wages</b>   |        |            |           |     |                  |
| Coordinator   | 0.7500 | 65367.000  | 0.000     | FTE | 49,025.00        |
| Health Officer  | 0.0375 | 102995.000 | 0.000     | FTE | 3,862.00         |
| Finance Officer   | 0.0412 | 70428.000  | 0.000     | FTE | 2,902.00         |
| Outreach Worker   | 0.0188 | 50915.000  | 0.000     | FTE | 957.00           |
| Office Manager  | 0.0234 | 43649.000  | 0.000     | FTE | 1,021.00         |
| Nurses, sanitarians and clerical staff  | 0.0187 | 55000.000  | 0.000     | FTE | 1,029.00         |
| <b>Total for Salary &amp; Wages</b>   |        |            |           |     | <b>58,796.00</b> |
| <b>2 Fringe Benefits</b>  |        |            |           |     |                  |
| Composite Rate<br>Notes : FICA; health, vision & dental insurance; short-term disability; life insurance; retirement; worker's compensation insurance | 0.0000 | 40.000     | 58796.000 |     | 23,518.00        |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>   |        |            |           |     |                  |
| <b>4 Contractual</b>  |        |            |           |     |                  |
| <b>5 Supplies and Materials</b>   |        |            |           |     |                  |
| Office Supplies   | 0.0000 | 0.000      | 0.000     |     | 165.00           |
| exercise and meeting supplies   | 0.0000 | 0.000      | 0.000     |     | 450.00           |
| <b>Total for Supplies and Materials</b>   |        |            |           |     | <b>615.00</b>    |
| <b>6 Travel</b>   |        |            |           |     |                  |
| Mileage   | 0.0000 | 0.000      | 0.000     |     | 1,083.00         |
| Conferences   | 0.0000 | 0.000      | 0.000     |     | 4,222.00         |
| <b>Total for Travel</b>   |        |            |           |     | <b>5,305.00</b>  |
| <b>7 Communication</b>  |        |            |           |     |                  |
| telephone and cell phone  | 0.0000 | 0.000      | 0.000     |     | 2,910.00         |
| <b>8 County-City Central Services</b>   |        |            |           |     |                  |
| County-City Central Service<br>Notes : County indirect costs at approximately 9% of total payroll costs   | 0.0000 | 0.000      | 0.000     |     | 6,173.00         |
| <b>9 Space Costs</b>  |        |            |           |     |                  |
| Rent  | 0.0000 | 0.000      | 0.000     |     | 12,600.00        |

|  | Line Item  | Qty    | Rate  | Units | UOM | Total             |
|--|--|--------|-------|-------|-----|-------------------|
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>   |        |       |       |     |                   |
|  | Supporting Services<br>Notes : Information technology charges - internet connection, IT supplies | 0.0000 | 0.000 | 0.000 |     | 1,968.00          |
|  | In-Kind expenses<br>Notes : Donated space from County for storage                                | 0.0000 | 0.000 | 0.000 |     | 4,725.00          |
|  | Regional training fund   | 0.0000 | 0.000 | 0.000 |     | 12,000.00         |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |  |        |       |       |     | <b>18,693.00</b>  |
| <b>Total Program Expenses</b>                            |  |        |       |       |     | <b>128,610.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |  |        |       |       |     | <b>128,610.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |  |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |  |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>  |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>  |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14.5% of total payroll costs                    | 0.0000 | 0.000 | 0.000 |     | 11,935.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 5% of EPI payroll cost only                    | 0.0000 | 0.000 | 0.000 |     | 48.00             |
| <b>Total for Cost Allocation Plan / Other</b>            |  |        |       |       |     | <b>11,983.00</b>  |
| <b>Total Indirect Costs</b>                              |  |        |       |       |     | <b>11,983.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |  |        |       |       |     | <b>11,983.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |  |        |       |       |     | <b>140,593.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Body Art Fixed Fee |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department               |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A    |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

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

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>    | <b>Amount</b>   | <b>Cash</b> | <b>Inkind</b> |
|----------|--|-----------------|-----------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                 |                 |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                 |                 |             |               |
|          | Body Art Fee                             | 3,000.00        | 3,000.00        | 0.00        | 0.00          |
|          | <b>Totals</b>                            | <b>3,000.00</b> | <b>3,000.00</b> | <b>0.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

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

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Children's Special Hlth Care Services (CSHCS) Care Coordination |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department  |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A   |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 0.00              | 0.00              |
| 2                              | Fringe Benefits                         | 0.00              | 0.00              |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 0.00              | 0.00              |
| 6                              | Travel                                  | 0.00              | 0.00              |
| 7                              | Communication                           | 0.00              | 0.00              |
| 8                              | County-City Central Services            | 0.00              | 0.00              |
| 9                              | Space Costs                             | 0.00              | 0.00              |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 0.00              | 0.00              |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 100,000.00        | 100,000.00        |
| <b>Total Indirect Costs</b>    |   | 100,000.00        | 100,000.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 100,000.00        | 100,000.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>100,000.00</b> | <b>100,000.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>      | <b>Amount</b>     | <b>Cash</b> | <b>Inkind</b> |
|----------|--|-------------------|-------------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                   |                   |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00              | 0.00              | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00              | 0.00              | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00              | 0.00              | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00              | 0.00              | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00              | 0.00              | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00              | 0.00              | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00              | 0.00              | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00              | 0.00              | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00              | 0.00              | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00              | 0.00              | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00              | 0.00              | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                   |                   |             |               |
|          | CSHCS Care Coordination                  | 100,000.00        | 100,000.00        | 0.00        | 0.00          |
|          | <b>Totals</b>                            | <b>100,000.00</b> | <b>100,000.00</b> | <b>0.00</b> | <b>0.00</b>   |



3 Program Budget - Cost Detail

|                                | Line Item   | Qty    | Rate  | Units | UOM | Total             |
|--------------------------------|---|--------|-------|-------|-----|-------------------|
| <b>DIRECT EXPENSES</b>         |   |        |       |       |     |                   |
| <b>Program Expenses</b>        |   |        |       |       |     |                   |
| 1                              | Salary & Wages  |        |       |       |     |                   |
| 2                              | Fringe Benefits   |        |       |       |     |                   |
| 3                              | Cap. Exp. for Equip & Fac.                              |        |       |       |     |                   |
| 4                              | Contractual   |        |       |       |     |                   |
| 5                              | Supplies and Materials                                  |        |       |       |     |                   |
| 6                              | Travel  |        |       |       |     |                   |
| 7                              | Communication   |        |       |       |     |                   |
| 8                              | County-City Central Services                            |        |       |       |     |                   |
| 9                              | Space Costs   |        |       |       |     |                   |
| 10                             | All Others (ADP, Con. Employees, Misc.)                 |        |       |       |     |                   |
| <b>INDIRECT EXPENSES</b>       |   |        |       |       |     |                   |
| <b>Indirect Costs</b>          |   |        |       |       |     |                   |
| 1                              | Indirect Costs  |        |       |       |     |                   |
| 2                              | Cost Allocation Plan / Other                            |        |       |       |     |                   |
|                                | Cost Distributions for Fees-<br>CSHCS care coordination | 0.0000 | 0.000 | 0.000 |     | 100,000.00        |
| <b>Total Indirect Costs</b>    |   |        |       |       |     | 100,000.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   |        |       |       |     | 100,000.00        |
| <b>TOTAL EXPENDITURES</b>      |   |        |       |       |     | <b>100,000.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / CSHCS Medicaid Outreach |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                    |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A         |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 0.00              | 0.00              |
| 2                              | Fringe Benefits                         | 0.00              | 0.00              |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 0.00              | 0.00              |
| 6                              | Travel                                  | 0.00              | 0.00              |
| 7                              | Communication                           | 0.00              | 0.00              |
| 8                              | County-City Central Services            | 0.00              | 0.00              |
| 9                              | Space Costs                             | 0.00              | 0.00              |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 0.00              | 0.00              |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 181,978.00        | 181,978.00        |
| <b>Total Indirect Costs</b>    |   | 181,978.00        | 181,978.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 181,978.00        | 181,978.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>181,978.00</b> | <b>181,978.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 57,478.00    | 57,478.00     | 0.00        | 0.00          |
|          | Required Match - Local                   | 57,478.00    | 0.00          | 57,478.00   | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 67,022.00    | 0.00          | 67,022.00   | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 181,978.00   | 57,478.00     | 124,500.00  | 0.00          |

3 Program Budget - Cost Detail

|                                | Line Item   | Qty    | Rate  | Units | UOM | Total             |
|--------------------------------|---|--------|-------|-------|-----|-------------------|
| <b>DIRECT EXPENSES</b>         |   |        |       |       |     |                   |
| <b>Program Expenses</b>        |   |        |       |       |     |                   |
| 1                              | Salary & Wages  |        |       |       |     |                   |
| 2                              | Fringe Benefits   |        |       |       |     |                   |
| 3                              | Cap. Exp. for Equip & Fac.                              |        |       |       |     |                   |
| 4                              | Contractual   |        |       |       |     |                   |
| 5                              | Supplies and Materials                                  |        |       |       |     |                   |
| 6                              | Travel  |        |       |       |     |                   |
| 7                              | Communication   |        |       |       |     |                   |
| 8                              | County-City Central Services                            |        |       |       |     |                   |
| 9                              | Space Costs   |        |       |       |     |                   |
| 10                             | All Others (ADP, Con. Employees, Misc.)                 |        |       |       |     |                   |
| <b>INDIRECT EXPENSES</b>       |   |        |       |       |     |                   |
| <b>Indirect Costs</b>          |   |        |       |       |     |                   |
| 1                              | Indirect Costs  |        |       |       |     |                   |
| 2                              | Cost Allocation Plan / Other                            |        |       |       |     |                   |
|                                | Cost Distributions for Fees-<br>CSHCS Medicaid Outreach | 0.0000 | 0.000 | 0.000 |     | 181,978.00        |
| <b>Total Indirect Costs</b>    |   |        |       |       |     | 181,978.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   |        |       |       |     | 181,978.00        |
| <b>TOTAL EXPENDITURES</b>      |   |        |       |       |     | <b>181,978.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / CSHCS Medicaid Elevated Blood Lead Case Mgmt |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department   |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                              |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

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

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>    | <b>Amount</b>   | <b>Cash</b> | <b>Inkind</b> |
|----------|--|-----------------|-----------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                 |                 |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                 |                 |             |               |
|          | CSHCS Medicaid Elevated Blood Lead Case  | 1,500.00        | 1,500.00        | 0.00        | 0.00          |
|          | <b>Totals</b>                            | <b>1,500.00</b> | <b>1,500.00</b> | <b>0.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

|                                | Line Item  | Qty    | Rate  | Units | UOM | Total           |
|--------------------------------|--|--------|-------|-------|-----|-----------------|
| <b>DIRECT EXPENSES</b>         |  |        |       |       |     |                 |
| <b>Program Expenses</b>        |  |        |       |       |     |                 |
| 1                              | Salary & Wages   |        |       |       |     |                 |
| 2                              | Fringe Benefits  |        |       |       |     |                 |
| 3                              | Cap. Exp. for Equip & Fac.   |        |       |       |     |                 |
| 4                              | Contractual  |        |       |       |     |                 |
| 5                              | Supplies and Materials   |        |       |       |     |                 |
| 6                              | Travel   |        |       |       |     |                 |
| 7                              | Communication  |        |       |       |     |                 |
| 8                              | County-City Central Services   |        |       |       |     |                 |
| 9                              | Space Costs  |        |       |       |     |                 |
| 10                             | All Others (ADP, Con. Employees, Misc.)                                |        |       |       |     |                 |
| <b>INDIRECT EXPENSES</b>       |  |        |       |       |     |                 |
| <b>Indirect Costs</b>          |  |        |       |       |     |                 |
| 1                              | Indirect Costs   |        |       |       |     |                 |
| 2                              | Cost Allocation Plan / Other   |        |       |       |     |                 |
|                                | Cost Distributions for Fees-<br>CSHCS elevated blood lead<br>case mgmt | 0.0000 | 0.000 | 0.000 |     | 1,500.00        |
| <b>Total Indirect Costs</b>    |  |        |       |       |     | 1,500.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |  |        |       |       |     | 1,500.00        |
| <b>TOTAL EXPENDITURES</b>      |  |        |       |       |     | <b>1,500.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department  |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A   |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 157,738.00       | 157,738.00       |
| 2                              | Fringe Benefits                         | 70,982.00        | 70,982.00        |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 5,025.00         | 5,025.00         |
| 6                              | Travel                                  | 2,450.00         | 2,450.00         |
| 7                              | Communication                           | 2,850.00         | 2,850.00         |
| 8                              | County-City Central Services            | 20,585.00        | 20,585.00        |
| 9                              | Space Costs                             | 8,500.00         | 8,500.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 4,850.00         | 4,850.00         |
| <b>Total Program Expenses</b>  |   | 272,980.00       | 272,980.00       |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 272,980.00       | 272,980.00       |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | -231,660.00      | -231,660.00      |
| <b>Total Indirect Costs</b>    |   | -231,660.00      | -231,660.00      |
| <b>TOTAL INDIRECT EXPENSES</b> |   | -231,660.00      | -231,660.00      |
| <b>TOTAL EXPENDITURES</b>      |   | <b>41,320.00</b> | <b>41,320.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 41,320.00    | 41,320.00     | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 41,320.00    | 41,320.00     | 0.00        | 0.00          |

3 Program Budget - Cost Detail

|   | Line Item  | Qty    | Rate      | Units      | UOM | Total      |
|---|--|--------|-----------|------------|-----|------------|
| <b>DIRECT EXPENSES</b>                  |  |        |           |            |     |            |
| <b>Program Expenses</b>                 |  |        |           |            |     |            |
| <b>1</b>                                | <b>Salary &amp; Wages</b>  |        |           |            |     |            |
|   | Public Health Nurse  | 2.4750 | 55000.000 | 0.000      | FTE | 136,125.00 |
|   | Social Worker  | 0.1000 | 54746.000 | 0.000      | FTE | 5,475.00   |
|   | Clerk  | 0.4000 | 40345.000 | 0.000      | FTE | 16,138.00  |
| <b>Total for Salary &amp; Wages</b>     |  |        |           |            |     | 157,738.00 |
| <b>2</b>                                | <b>Fringe Benefits</b>   |        |           |            |     |            |
|   | Composite Rate<br>Notes : FICA; health, dental & vision insurance; short-term disability; retirement; life insurance and worker's comp insurance | 0.0000 | 45.000    | 157738.000 |     | 70,982.00  |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>  |        |           |            |     |            |
| <b>4</b>                                | <b>Contractual</b>   |        |           |            |     |            |
| <b>5</b>                                | <b>Supplies and Materials</b>  |        |           |            |     |            |
|   | Office Supplies  | 0.0000 | 0.000     | 0.000      |     | 900.00     |
|   | Printing   | 0.0000 | 0.000     | 0.000      |     | 425.00     |
|   | Postage  | 0.0000 | 0.000     | 0.000      |     | 1,200.00   |
|   | other supplies   | 0.0000 | 0.000     | 0.000      |     | 2,500.00   |
| <b>Total for Supplies and Materials</b> |  |        |           |            |     | 5,025.00   |
| <b>6</b>                                | <b>Travel</b>  |        |           |            |     |            |
|   | Conferences  | 0.0000 | 0.000     | 0.000      |     | 600.00     |
|   | Mileage  | 0.0000 | 0.000     | 0.000      |     | 1,200.00   |
|   | gas and vehicle repairs  | 0.0000 | 0.000     | 0.000      |     | 650.00     |
| <b>Total for Travel</b>                 |  |        |           |            |     | 2,450.00   |
| <b>7</b>                                | <b>Communication</b>   |        |           |            |     |            |
|   | telephone and cell phones  | 0.0000 | 0.000     | 0.000      |     | 2,850.00   |
| <b>8</b>                                | <b>County-City Central Services</b>  |        |           |            |     |            |
|   | County-City Central Service<br>Notes : approximately 9% of total payroll costs   | 0.0000 | 0.000     | 0.000      |     | 20,585.00  |
| <b>9</b>                                | <b>Space Costs</b>   |        |           |            |     |            |
|   | Rent   | 0.0000 | 0.000     | 0.000      |     | 8,500.00   |
| <b>10</b>                               | <b>All Others (ADP, Con. Employees, Misc.)</b>   |        |           |            |     |            |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
|  | Supporting Services<br>Notes : IT services                                  | 0.0000 | 0.000 | 0.000 |     | 4,500.00         |
|  | software and other  | 0.0000 | 0.000 | 0.000 |     | 350.00           |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 4,850.00         |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 272,980.00       |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 272,980.00       |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 32,020.00        |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 18,298.00        |
|  | Other Cost Distributions-Care coordination                                  | 0.0000 | 0.000 | 0.000 |     | -100,000.00      |
|  | Other Cost Distributions-CSHCS Medicaid Outreach                            | 0.0000 | 0.000 | 0.000 |     | -181,978.00      |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | -231,660.00      |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | -231,660.00      |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | -231,660.00      |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>41,320.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Enabling Services Women - MCH |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                          |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A               |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 44,625.00        | 44,625.00        |
| 2                              | Fringe Benefits                         | 20,081.00        | 20,081.00        |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 850.00           | 850.00           |
| 6                              | Travel                                  | 2,325.00         | 2,325.00         |
| 7                              | Communication                           | 1,005.00         | 1,005.00         |
| 8                              | County-City Central Services            | 5,824.00         | 5,824.00         |
| 9                              | Space Costs                             | 2,455.00         | 2,455.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 1,765.00         | 1,765.00         |
| <b>Total Program Expenses</b>  |   | 78,930.00        | 78,930.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 78,930.00        | 78,930.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 14,235.00        | 14,235.00        |
| <b>Total Indirect Costs</b>    |   | 14,235.00        | 14,235.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 14,235.00        | 14,235.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>93,165.00</b> | <b>93,165.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>     | <b>Amount</b>    | <b>Cash</b>      | <b>Inkind</b> |
|----------|--|------------------|------------------|------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                  |                  |                  |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Fees and Collections - 3rd Party         | 5,000.00         | 0.00             | 5,000.00         | 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                          | 32,500.00        | 0.00             | 32,500.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Other Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Comprehensive                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Food                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MCH Funding                              | 38,283.00        | 38,283.00        | 0.00             | 0.00          |
|          | Local Funds - Other                      | 17,382.00        | 0.00             | 17,382.00        | 0.00          |
|          | Inkind Match                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                  |                  |                  |               |
|          | <b>Totals</b>                            | <b>93,165.00</b> | <b>38,283.00</b> | <b>54,882.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

| Line Item  | Qty    | Rate      | Units     | UOM | Total     |
|--|--------|-----------|-----------|-----|-----------|
| <b>DIRECT EXPENSES</b>   |        |           |           |     |           |
| <b>Program Expenses</b>  |        |           |           |     |           |
| <b>1 Salary &amp; Wages</b>  |        |           |           |     |           |
| Public Health Nurse  | 0.8500 | 52500.000 | 0.000     | FTE | 44,625.00 |
| <b>2 Fringe Benefits</b>   |        |           |           |     |           |
| Composite Rate<br>Notes : FICA; health, vision & dental insurance; short-term disability; life insurance; retirement and worker's comp insurance | 0.0000 | 45.000    | 44625.000 |     | 20,081.00 |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>  |        |           |           |     |           |
| <b>4 Contractual</b>   |        |           |           |     |           |
| <b>5 Supplies and Materials</b>  |        |           |           |     |           |
| other supplies   | 0.0000 | 0.000     | 0.000     |     | 310.00    |
| Office Supplies  | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| Printing   | 0.0000 | 0.000     | 0.000     |     | 290.00    |
| Postage  | 0.0000 | 0.000     | 0.000     |     | 150.00    |
| <b>Total for Supplies and Materials</b>  |        |           |           |     | 850.00    |
| <b>6 Travel</b>  |        |           |           |     |           |
| Conferences  | 0.0000 | 0.000     | 0.000     |     | 1,025.00  |
| Mileage  | 0.0000 | 0.000     | 0.000     |     | 1,200.00  |
| gas and vehicle repair   | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| <b>Total for Travel</b>  |        |           |           |     | 2,325.00  |
| <b>7 Communication</b>   |        |           |           |     |           |
| telephone and cell phone   | 0.0000 | 0.000     | 0.000     |     | 1,005.00  |
| <b>8 County-City Central Services</b>  |        |           |           |     |           |
| County-City Central Service<br>Notes : approximately 9% of total payroll costs   | 0.0000 | 0.000     | 0.000     |     | 5,824.00  |
| <b>9 Space Costs</b>   |        |           |           |     |           |
| Rent   | 0.0000 | 0.000     | 0.000     |     | 2,455.00  |
| <b>10 All Others (ADP, Con. Employees, Misc.)</b>  |        |           |           |     |           |
| Insurance  | 0.0000 | 0.000     | 0.000     |     | 15.00     |
| software   | 0.0000 | 0.000     | 0.000     |     | 75.00     |
| Supporting Services<br>Notes : IT charges  | 0.0000 | 0.000     | 0.000     |     | 1,675.00  |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 1,765.00         |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 78,930.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 78,930.00        |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 9,059.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 5,176.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | 14,235.00        |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | 14,235.00        |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | 14,235.00        |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>93,165.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Food ELPHS      |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department            |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 147,500.00        | 147,500.00        |
| 2                              | Fringe Benefits                         | 66,375.00         | 66,375.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 8,450.00          | 8,450.00          |
| 6                              | Travel                                  | 3,850.00          | 3,850.00          |
| 7                              | Communication                           | 2,550.00          | 2,550.00          |
| 8                              | County-City Central Services            | 19,250.00         | 19,250.00         |
| 9                              | Space Costs                             | 17,600.00         | 17,600.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 23,825.00         | 23,825.00         |
| <b>Total Program Expenses</b>  |   | 289,400.00        | 289,400.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 289,400.00        | 289,400.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 45,982.00         | 45,982.00         |
| <b>Total Indirect Costs</b>    |   | 45,982.00         | 45,982.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 45,982.00         | 45,982.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>335,382.00</b> | <b>335,382.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>      | <b>Amount</b>    | <b>Cash</b>       | <b>Inkind</b> |
|----------|--|-------------------|------------------|-------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                   |                  |                   |               |
|          | Fees and Collections - 1st and 2nd Party | 233,000.00        | 0.00             | 233,000.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Federally Provided Vaccines              | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Federal Medicaid Outreach                | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Required Match - Local                   | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Other Non-ELPHS                          | 0.00              | 0.00             | 0.00              | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00              | 0.00             | 0.00              | 0.00          |
|          | MDHHS Comprehensive                      | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - Food                             | 96,456.00         | 96,456.00        | 0.00              | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00              | 0.00             | 0.00              | 0.00          |
|          | MCH Funding                              | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Local Funds - Other                      | 5,926.00          | 0.00             | 5,926.00          | 0.00          |
|          | Inkind Match                             | 0.00              | 0.00             | 0.00              | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                   |                  |                   |               |
|          | <b>Totals</b>                            | <b>335,382.00</b> | <b>96,456.00</b> | <b>238,926.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

| Line Item  | Qty    | Rate      | Units      | UOM | Total      |
|--|--------|-----------|------------|-----|------------|
| <b>DIRECT EXPENSES</b>   |        |           |            |     |            |
| <b>Program Expenses</b>  |        |           |            |     |            |
| <b>1 Salary &amp; Wages</b>  |        |           |            |     |            |
| Director   | 0.1000 | 75000.000 | 0.000      | FTE | 7,500.00   |
| Sanitarian   | 1.2500 | 55000.000 | 0.000      | FTE | 68,750.00  |
| Clerk  | 0.2500 | 35000.000 | 0.000      | FTE | 8,750.00   |
| Coordinator  | 1.0000 | 62500.000 | 0.000      | FTE | 62,500.00  |
| <b>Total for Salary &amp; Wages</b>  |        |           |            |     | 147,500.00 |
| <b>2 Fringe Benefits</b>   |        |           |            |     |            |
| Composite Rate<br>Notes : FICA; health, vision & dental insurance; short-term disability; life insurance, retirement and worker's comp insurance | 0.0000 | 45.000    | 147500.000 |     | 66,375.00  |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>  |        |           |            |     |            |
| <b>4 Contractual</b>   |        |           |            |     |            |
| <b>5 Supplies and Materials</b>  |        |           |            |     |            |
| Office Supplies  | 0.0000 | 0.000     | 0.000      |     | 700.00     |
| Printing   | 0.0000 | 0.000     | 0.000      |     | 750.00     |
| Postage  | 0.0000 | 0.000     | 0.000      |     | 1,000.00   |
| Food for food service trainings  | 0.0000 | 0.000     | 0.000      |     | 2,000.00   |
| Food and meeting supplies  | 0.0000 | 0.000     | 0.000      |     | 4,000.00   |
| <b>Total for Supplies and Materials</b>  |        |           |            |     | 8,450.00   |
| <b>6 Travel</b>  |        |           |            |     |            |
| Conferences  | 0.0000 | 0.000     | 0.000      |     | 2,250.00   |
| Mileage  | 0.0000 | 0.000     | 0.000      |     | 200.00     |
| gas and vehicle repairs  | 0.0000 | 0.000     | 0.000      |     | 1,400.00   |
| <b>Total for Travel</b>  |        |           |            |     | 3,850.00   |
| <b>7 Communication</b>   |        |           |            |     |            |
| Telephone  | 0.0000 | 0.000     | 0.000      |     | 2,550.00   |
| <b>8 County-City Central Services</b>  |        |           |            |     |            |
| County-City Central Service<br>Notes : approximately 9% of total payroll costs   | 0.0000 | 0.000     | 0.000      |     | 19,250.00  |
| <b>9 Space Costs</b>   |        |           |            |     |            |

|  | Line Item  | Qty    | Rate  | Units | UOM | Total             |
|--|--|--------|-------|-------|-----|-------------------|
|  | Rent   | 0.0000 | 0.000 | 0.000 |     | 17,600.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>   |        |       |       |     |                   |
|  | Membership   | 0.0000 | 0.000 | 0.000 |     | 300.00            |
|  | Insurance  | 0.0000 | 0.000 | 0.000 |     | 800.00            |
|  | Supporting Services<br>Notes : Internet and IT support                                   | 0.0000 | 0.000 | 0.000 |     | 4,850.00          |
|  | Bank fees<br>Notes : Bank fees   | 0.0000 | 0.000 | 0.000 |     | 1,000.00          |
|  | System software  | 0.0000 | 0.000 | 0.000 |     | 16,875.00         |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |  |        |       |       |     | <b>23,825.00</b>  |
| <b>Total Program Expenses</b>                            |  |        |       |       |     | <b>289,400.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |  |        |       |       |     | <b>289,400.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |  |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |  |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>  |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>  |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs              | 0.0000 | 0.000 | 0.000 |     | 29,942.00         |
|  | Environmental Hlth Adm Distribution<br>Notes : approximately 7.5% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 16,040.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |  |        |       |       |     | <b>45,982.00</b>  |
| <b>Total Indirect Costs</b>                              |  |        |       |       |     | <b>45,982.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |  |        |       |       |     | <b>45,982.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |  |        |       |       |     | <b>335,382.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Family Planning Services |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                     |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A          |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 205,231.00        | 205,231.00        |
| 2                              | Fringe Benefits                         | 92,354.00         | 92,354.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 35,650.00         | 35,650.00         |
| 6                              | Travel                                  | 3,000.00          | 3,000.00          |
| 7                              | Communication                           | 3,760.00          | 3,760.00          |
| 8                              | County-City Central Services            | 26,783.00         | 26,783.00         |
| 9                              | Space Costs                             | 33,950.00         | 33,950.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 16,350.00         | 16,350.00         |
| <b>Total Program Expenses</b>  |   | 417,078.00        | 417,078.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 417,078.00        | 417,078.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 65,468.00         | 65,468.00         |
| <b>Total Indirect Costs</b>    |   | 65,468.00         | 65,468.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 65,468.00         | 65,468.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>482,546.00</b> | <b>482,546.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>      | <b>Amount</b>    | <b>Cash</b>       | <b>Inkind</b> |
|----------|--|-------------------|------------------|-------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                   |                  |                   |               |
|          | Fees and Collections - 1st and 2nd Party | 10,500.00         | 0.00             | 10,500.00         | 0.00          |
|          | Fees and Collections - 3rd Party         | 65,000.00         | 0.00             | 65,000.00         | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Federal Cost Based Reimbursement         | 175,000.00        | 0.00             | 175,000.00        | 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                      | 46,619.00         | 46,619.00        | 0.00              | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - Food                             | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00              | 0.00             | 0.00              | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00              | 0.00             | 0.00              | 0.00          |
|          | MCH Funding                              | 0.00              | 0.00             | 0.00              | 0.00          |
|          | Local Funds - Other                      | 185,427.00        | 0.00             | 185,427.00        | 0.00          |
|          | Inkind Match                             | 0.00              | 0.00             | 0.00              | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                   |                  |                   |               |
|          | <b>Totals</b>                            | <b>482,546.00</b> | <b>46,619.00</b> | <b>435,927.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

| Line Item  | Qty    | Rate      | Units      | UOM | Total             |
|--|--------|-----------|------------|-----|-------------------|
| <b>DIRECT EXPENSES</b>   |        |           |            |     |                   |
| <b>Program Expenses</b>  |        |           |            |     |                   |
| <b>1 Salary &amp; Wages</b>  |        |           |            |     |                   |
| Supervisor   | 0.3000 | 64645.000 | 0.000      | FTE | 19,394.00         |
| Physician Assistant  | 0.5000 | 75236.000 | 0.000      | FTE | 37,618.00         |
| Nurse Practitioner   | 0.5000 | 75236.000 | 0.000      | FTE | 37,618.00         |
| Accountant   | 0.1000 | 58378.000 | 0.000      | FTE | 5,838.00          |
| Technician   | 0.6500 | 37713.000 | 0.000      | FTE | 24,513.00         |
| Public Health Nurse  | 1.3500 | 55000.000 | 0.000      | FTE | 74,250.00         |
| Part-time, on-call   | 1.0000 | 6000.000  | 0.000      | FTE | 6,000.00          |
| <b>Total for Salary &amp; Wages</b>  |        |           |            |     | <b>205,231.00</b> |
| <b>2 Fringe Benefits</b>   |        |           |            |     |                   |
| Composite Rate<br>Notes : FICA; health, vision & dental insurance; short-term disability, life insurance, retirement and worker's comp insurance | 0.0000 | 45.000    | 205231.000 |     | 92,354.00         |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>  |        |           |            |     |                   |
| <b>4 Contractual</b>   |        |           |            |     |                   |
| <b>5 Supplies and Materials</b>  |        |           |            |     |                   |
| Office Supplies  | 0.0000 | 0.000     | 0.000      |     | 800.00            |
| Printing   | 0.0000 | 0.000     | 0.000      |     | 1,350.00          |
| Postage  | 0.0000 | 0.000     | 0.000      |     | 2,000.00          |
| Medical Supplies   | 0.0000 | 0.000     | 0.000      |     | 5,000.00          |
| Pharmaceuticals  | 0.0000 | 0.000     | 0.000      |     | 25,000.00         |
| misc supplies  | 0.0000 | 0.000     | 0.000      |     | 1,500.00          |
| <b>Total for Supplies and Materials</b>  |        |           |            |     | <b>35,650.00</b>  |
| <b>6 Travel</b>  |        |           |            |     |                   |
| Conferences  | 0.0000 | 0.000     | 0.000      |     | 2,500.00          |
| Mileage  | 0.0000 | 0.000     | 0.000      |     | 500.00            |
| <b>Total for Travel</b>  |        |           |            |     | <b>3,000.00</b>   |
| <b>7 Communication</b>   |        |           |            |     |                   |
| telephone and cell-phones  | 0.0000 | 0.000     | 0.000      |     | 3,760.00          |
| <b>8 County-City Central Services</b>  |        |           |            |     |                   |
| County-City Central Service  | 0.0000 | 0.000     | 0.000      |     | 26,783.00         |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total             |
|--|---|--------|-------|-------|-----|-------------------|
|  | Notes : approximately 9% of total payroll costs                             |        |       |       |     |                   |
| <b>9</b>   | <b>Space Costs</b>  |        |       |       |     |                   |
|  | Rent  | 0.0000 | 0.000 | 0.000 |     | 33,950.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                              |        |       |       |     |                   |
|  | Supporting Services<br>Notes : IT charges                                   | 0.0000 | 0.000 | 0.000 |     | 5,000.00          |
|  | bank fees, software, other  | 0.0000 | 0.000 | 0.000 |     | 11,350.00         |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 16,350.00         |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 417,078.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 417,078.00        |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 41,662.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 23,806.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | 65,468.00         |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | 65,468.00         |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | 65,468.00         |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>482,546.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / General Communicable Disease ELPHS |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                               |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                    |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 115,412.00        | 115,412.00        |
| 2                              | Fringe Benefits                         | 51,935.00         | 51,935.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 2,725.00          | 2,725.00          |
| 6                              | Travel                                  | 1,625.00          | 1,625.00          |
| 7                              | Communication                           | 4,250.00          | 4,250.00          |
| 8                              | County-City Central Services            | 15,061.00         | 15,061.00         |
| 9                              | Space Costs                             | 9,825.00          | 9,825.00          |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 6,810.00          | 6,810.00          |
| <b>Total Program Expenses</b>  |   | 207,643.00        | 207,643.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 207,643.00        | 207,643.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 36,817.00         | 36,817.00         |
| <b>Total Indirect Costs</b>    |   | 36,817.00         | 36,817.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 36,817.00         | 36,817.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>244,460.00</b> | <b>244,460.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 250.00       | 0.00          | 250.00      | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 45,000.00    | 0.00          | 45,000.00   | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 55,715.00    | 55,715.00     | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 143,495.00   | 0.00          | 143,495.00  | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 244,460.00   | 55,715.00     | 188,745.00  | 0.00          |

3 Program Budget - Cost Detail

|   | Line Item   | Qty    | Rate      | Units      | UOM | Total             |
|---|---|--------|-----------|------------|-----|-------------------|
| <b>DIRECT EXPENSES</b>                  |   |        |           |            |     |                   |
| <b>Program Expenses</b>                 |   |        |           |            |     |                   |
| <b>1</b>                                | <b>Salary &amp; Wages</b>   |        |           |            |     |                   |
|   | Supervisor  | 0.2000 | 64645.000 | 0.000      | FTE | 12,929.00         |
|   | Public Health Nurse   | 1.3000 | 55000.000 | 0.000      | FTE | 71,500.00         |
|   | part-time temporary   | 1.0000 | 3000.000  | 0.000      | FTE | 3,000.00          |
|   | Coordinator   | 0.5000 | 55966.000 | 0.000      | FTE | 27,983.00         |
| <b>Total for Salary &amp; Wages</b>     |   |        |           |            |     | <b>115,412.00</b> |
| <b>2</b>                                | <b>Fringe Benefits</b>  |        |           |            |     |                   |
|   | Composite Rate<br>Notes : FICA; health, optical & dental insurance; life insurance; short-term disability; retirement and worker's comp insurance | 0.0000 | 45.000    | 115412.000 |     | 51,935.00         |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>   |        |           |            |     |                   |
| <b>4</b>                                | <b>Contractual</b>  |        |           |            |     |                   |
| <b>5</b>                                | <b>Supplies and Materials</b>   |        |           |            |     |                   |
|   | Office Supplies   | 0.0000 | 0.000     | 0.000      |     | 300.00            |
|   | Printing  | 0.0000 | 0.000     | 0.000      |     | 225.00            |
|   | other supplies  | 0.0000 | 0.000     | 0.000      |     | 300.00            |
|   | Medical Supplies  | 0.0000 | 0.000     | 0.000      |     | 300.00            |
|   | Pharmaceuticals   | 0.0000 | 0.000     | 0.000      |     | 900.00            |
|   | Postage   | 0.0000 | 0.000     | 0.000      |     | 700.00            |
| <b>Total for Supplies and Materials</b> |   |        |           |            |     | <b>2,725.00</b>   |
| <b>6</b>                                | <b>Travel</b>   |        |           |            |     |                   |
|   | Conferences   | 0.0000 | 0.000     | 0.000      |     | 1,000.00          |
|   | Mileage   | 0.0000 | 0.000     | 0.000      |     | 600.00            |
|   | gas   | 0.0000 | 0.000     | 0.000      |     | 25.00             |
| <b>Total for Travel</b>                 |   |        |           |            |     | <b>1,625.00</b>   |
| <b>7</b>                                | <b>Communication</b>  |        |           |            |     |                   |
|   | telephone and cell phones   | 0.0000 | 0.000     | 0.000      |     | 4,250.00          |
| <b>8</b>                                | <b>County-City Central Services</b>   |        |           |            |     |                   |
|   | County-City Central Service<br>Notes : approximately 9% of total payroll costs  | 0.0000 | 0.000     | 0.000      |     | 15,061.00         |
| <b>9</b>                                | <b>Space Costs</b>  |        |           |            |     |                   |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total             |
|--|---|--------|-------|-------|-----|-------------------|
|  | Rent  | 0.0000 | 0.000 | 0.000 |     | 9,825.00          |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                              |        |       |       |     |                   |
|  | Supporting Services<br>Notes : IT charges                                   | 0.0000 | 0.000 | 0.000 |     | 4,685.00          |
|  | software and other expenses   | 0.0000 | 0.000 | 0.000 |     | 2,125.00          |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | <b>6,810.00</b>   |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | <b>207,643.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | <b>207,643.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 23,429.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 13,388.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | <b>36,817.00</b>  |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | <b>36,817.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | <b>36,817.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>244,460.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Harm Reduction  |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department            |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 16,799.00        | 16,799.00        |
| 2                              | Fringe Benefits                         | 7,560.00         | 7,560.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 15,000.00        | 15,000.00        |
| 5                              | Supplies and Materials                  | 585.00           | 585.00           |
| 6                              | Travel                                  | 1,800.00         | 1,800.00         |
| 7                              | Communication                           | 205.00           | 205.00           |
| 8                              | County-City Central Services            | 2,191.00         | 2,191.00         |
| 9                              | Space Costs                             | 0.00             | 0.00             |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 500.00           | 500.00           |
| <b>Total Program Expenses</b>  |   | 44,640.00        | 44,640.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 44,640.00        | 44,640.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 5,360.00         | 5,360.00         |
| <b>Total Indirect Costs</b>    |   | 5,360.00         | 5,360.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 5,360.00         | 5,360.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>50,000.00</b> | <b>50,000.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 50,000.00    | 50,000.00     | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 50,000.00    | 50,000.00     | 0.00        | 0.00          |

3 Program Budget - Cost Detail

| Line Item   | Qty    | Rate       | Units     | UOM | Total     |
|---|--------|------------|-----------|-----|-----------|
| <b>DIRECT EXPENSES</b>  |        |            |           |     |           |
| <b>Program Expenses</b>   |        |            |           |     |           |
| <b>1 Salary &amp; Wages</b>   |        |            |           |     |           |
| Health Officer  | 0.0500 | 102995.000 | 0.000     | FTE | 5,150.00  |
| Deputy Health Officer   | 0.0500 | 85838.000  | 0.000     | FTE | 4,292.00  |
| Supervisor  | 0.0500 | 64645.000  | 0.000     | FTE | 3,232.00  |
| Coordinator   | 0.0750 | 55000.000  | 0.000     | FTE | 4,125.00  |
| <b>Total for Salary &amp; Wages</b>   |        |            |           |     | 16,799.00 |
| <b>2 Fringe Benefits</b>  |        |            |           |     |           |
| Composite Rate<br>Notes : FICA, health insurance,<br>vision and dental insurance, life<br>insurance, short-term disability,<br>long-term disability, retirement | 0.0000 | 45.000     | 16799.000 |     | 7,560.00  |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>   |        |            |           |     |           |
| <b>4 Contractual</b>  |        |            |           |     |           |
| Subcontracting Agency-Harm<br>Reduction and ATS   | 0.0000 | 0.000      | 0.000     |     | 15,000.00 |
| <b>5 Supplies and Materials</b>   |        |            |           |     |           |
| Office Supplies   | 0.0000 | 0.000      | 0.000     |     | 50.00     |
| Printing  | 0.0000 | 0.000      | 0.000     |     | 150.00    |
| Postage   | 0.0000 | 0.000      | 0.000     |     | 25.00     |
| other supplies, meeting supplies  | 0.0000 | 0.000      | 0.000     |     | 360.00    |
| <b>Total for Supplies and Materials</b>   |        |            |           |     | 585.00    |
| <b>6 Travel</b>   |        |            |           |     |           |
| Mileage   | 0.0000 | 0.000      | 0.000     |     | 300.00    |
| Conferences   | 0.0000 | 0.000      | 0.000     |     | 1,500.00  |
| <b>Total for Travel</b>   |        |            |           |     | 1,800.00  |
| <b>7 Communication</b>  |        |            |           |     |           |
| telephone and cell phone  | 0.0000 | 0.000      | 0.000     |     | 205.00    |
| <b>8 County-City Central Services</b>   |        |            |           |     |           |
| County-City Central Service   | 0.0000 | 0.000      | 0.000     |     | 2,191.00  |
| <b>9 Space Costs</b>  |        |            |           |     |           |
| <b>10 All Others (ADP, Con. Employees, Misc.)</b>   |        |            |           |     |           |
| Supporting Services<br>Notes : IT charges   | 0.0000 | 0.000      | 0.000     |     | 500.00    |

|   | Line Item                           | Qty    | Rate  | Units | UOM | Total            |
|---|-------------------------------------|--------|-------|-------|-----|------------------|
| <b>Total Program Expenses</b>                 |                                     |        |       |       |     | 44,640.00        |
| <b>TOTAL DIRECT EXPENSES</b>                  |                                     |        |       |       |     | 44,640.00        |
| <b>INDIRECT EXPENSES</b>                      |                                     |        |       |       |     |                  |
| <b>Indirect Costs</b>                         |                                     |        |       |       |     |                  |
| 1   | <b>Indirect Costs</b>               |        |       |       |     |                  |
| 2   | <b>Cost Allocation Plan / Other</b> |        |       |       |     |                  |
|   | Health Adm Distribution             | 0.0000 | 0.000 | 0.000 |     | 3,410.00         |
|   | Nursing Adm Distribution            | 0.0000 | 0.000 | 0.000 |     | 1,950.00         |
| <b>Total for Cost Allocation Plan / Other</b> |                                     |        |       |       |     | 5,360.00         |
| <b>Total Indirect Costs</b>                   |                                     |        |       |       |     | 5,360.00         |
| <b>TOTAL INDIRECT EXPENSES</b>                |                                     |        |       |       |     | 5,360.00         |
| <b>TOTAL EXPENDITURES</b>                     |                                     |        |       |       |     | <b>50,000.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Hearing ELPHS   |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department            |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 39,981.00        | 39,981.00        |
| 2                              | Fringe Benefits                         | 17,991.00        | 17,991.00        |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 3,210.00         | 3,210.00         |
| 6                              | Travel                                  | 800.00           | 800.00           |
| 7                              | Communication                           | 1,200.00         | 1,200.00         |
| 8                              | County-City Central Services            | 5,218.00         | 5,218.00         |
| 9                              | Space Costs                             | 4,500.00         | 4,500.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 2,650.00         | 2,650.00         |
| <b>Total Program Expenses</b>  |   | 75,550.00        | 75,550.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 75,550.00        | 75,550.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 12,754.00        | 12,754.00        |
| <b>Total Indirect Costs</b>    |   | 12,754.00        | 12,754.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 12,754.00        | 12,754.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>88,304.00</b> | <b>88,304.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>     | <b>Amount</b>    | <b>Cash</b>      | <b>Inkind</b> |
|----------|--|------------------|------------------|------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                  |                  |                  |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Fees and Collections - 3rd Party         | 6,000.00         | 0.00             | 6,000.00         | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal Cost Based Reimbursement         | 8,000.00         | 0.00             | 8,000.00         | 0.00          |
|          | Federally Provided Vaccines              | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal Medicaid Outreach                | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Required Match - Local                   | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Other Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Comprehensive                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 27,847.00        | 27,847.00        | 0.00             | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Food                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MCH Funding                              | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Funds - Other                      | 46,457.00        | 0.00             | 46,457.00        | 0.00          |
|          | Inkind Match                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                  |                  |                  |               |
|          | <b>Totals</b>                            | <b>88,304.00</b> | <b>27,847.00</b> | <b>60,457.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

| Line Item   | Qty    | Rate      | Units     | UOM | Total     |
|---|--------|-----------|-----------|-----|-----------|
| <b>DIRECT EXPENSES</b>  |        |           |           |     |           |
| <b>Program Expenses</b>   |        |           |           |     |           |
| <b>1 Salary &amp; Wages</b>   |        |           |           |     |           |
| Coordinator   | 0.4500 | 37713.000 | 0.000     | FTE | 16,971.00 |
| Technician  | 0.8000 | 28762.000 | 0.000     | FTE | 23,010.00 |
| <b>Total for Salary &amp; Wages</b>   |        |           |           |     | 39,981.00 |
| <b>2 Fringe Benefits</b>  |        |           |           |     |           |
| Composite Rate<br>Notes : FICA; health, optical & dental insurance; short-term disability; life insurance; retirement and worker's comp insurance | 0.0000 | 45.000    | 39981.000 |     | 17,991.00 |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>   |        |           |           |     |           |
| <b>4 Contractual</b>  |        |           |           |     |           |
| <b>5 Supplies and Materials</b>   |        |           |           |     |           |
| Office Supplies   | 0.0000 | 0.000     | 0.000     |     | 400.00    |
| Printing  | 0.0000 | 0.000     | 0.000     |     | 310.00    |
| Postage   | 0.0000 | 0.000     | 0.000     |     | 500.00    |
| other supplies  | 0.0000 | 0.000     | 0.000     |     | 2,000.00  |
| <b>Total for Supplies and Materials</b>   |        |           |           |     | 3,210.00  |
| <b>6 Travel</b>   |        |           |           |     |           |
| Conferences   | 0.0000 | 0.000     | 0.000     |     | 300.00    |
| Mileage   | 0.0000 | 0.000     | 0.000     |     | 500.00    |
| <b>Total for Travel</b>   |        |           |           |     | 800.00    |
| <b>7 Communication</b>  |        |           |           |     |           |
| telephone and cell-phones   | 0.0000 | 0.000     | 0.000     |     | 1,200.00  |
| <b>8 County-City Central Services</b>   |        |           |           |     |           |
| County-City Central Service<br>Notes : approximately 9% of total payroll costs  | 0.0000 | 0.000     | 0.000     |     | 5,218.00  |
| <b>9 Space Costs</b>  |        |           |           |     |           |
| Rent  | 0.0000 | 0.000     | 0.000     |     | 4,500.00  |
| <b>10 All Others (ADP, Con. Employees, Misc.)</b>   |        |           |           |     |           |
| Supporting Services<br>Notes : IT charges   | 0.0000 | 0.000     | 0.000     |     | 1,750.00  |
| software  | 0.0000 | 0.000     | 0.000     |     | 100.00    |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
|  | Equipment Repair  | 0.0000 | 0.000 | 0.000 |     | 800.00           |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 2,650.00         |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 75,550.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 75,550.00        |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 8,116.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 4,638.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | 12,754.00        |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | 12,754.00        |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | 12,754.00        |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>88,304.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / HIV Prevention  |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department            |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 13,944.00        | 13,944.00        |
| 2                              | Fringe Benefits                         | 6,275.00         | 6,275.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 1,679.00         | 1,679.00         |
| 6                              | Travel                                  | 600.00           | 600.00           |
| 7                              | Communication                           | 105.00           | 105.00           |
| 8                              | County-City Central Services            | 1,820.00         | 1,820.00         |
| 9                              | Space Costs                             | 100.00           | 100.00           |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 250.00           | 250.00           |
| <b>Total Program Expenses</b>  |   | 24,773.00        | 24,773.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 24,773.00        | 24,773.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 4,447.00         | 4,447.00         |
| <b>Total Indirect Costs</b>    |   | 4,447.00         | 4,447.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 4,447.00         | 4,447.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>29,220.00</b> | <b>29,220.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 20,000.00    | 20,000.00     | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 9,220.00     | 0.00          | 9,220.00    | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 29,220.00    | 20,000.00     | 9,220.00    | 0.00          |

3 Program Budget - Cost Detail

| Line Item  | Qty    | Rate      | Units     | UOM | Total     |
|--|--------|-----------|-----------|-----|-----------|
| <b>DIRECT EXPENSES</b>   |        |           |           |     |           |
| <b>Program Expenses</b>  |        |           |           |     |           |
| <b>1 Salary &amp; Wages</b>  |        |           |           |     |           |
| Supervisor   | 0.0250 | 57344.000 | 0.000     | FTE | 1,434.00  |
| Nurse Practitioner   | 0.0750 | 73045.000 | 0.000     | FTE | 5,478.00  |
| Public Health Nurse  | 0.1250 | 50000.000 | 0.000     | FTE | 6,250.00  |
| Clerk  | 0.0250 | 31278.000 | 0.000     | FTE | 782.00    |
| <b>Total for Salary &amp; Wages</b>  |        |           |           |     | 13,944.00 |
| <b>2 Fringe Benefits</b>   |        |           |           |     |           |
| Composite Rate<br>Notes : FICA; health, dental & vision insurance; short-term disability; retirement; life insurance and worker's comp insurance | 0.0000 | 45.000    | 13944.000 |     | 6,275.00  |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>  |        |           |           |     |           |
| <b>4 Contractual</b>   |        |           |           |     |           |
| <b>5 Supplies and Materials</b>  |        |           |           |     |           |
| Office Supplies  | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| Printing   | 0.0000 | 0.000     | 0.000     |     | 65.00     |
| Postage  | 0.0000 | 0.000     | 0.000     |     | 10.00     |
| Medical Supplies   | 0.0000 | 0.000     | 0.000     |     | 1,404.00  |
| other supplies   | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| <b>Total for Supplies and Materials</b>  |        |           |           |     | 1,679.00  |
| <b>6 Travel</b>  |        |           |           |     |           |
| Conferences  | 0.0000 | 0.000     | 0.000     |     | 500.00    |
| Mileage  | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| <b>Total for Travel</b>  |        |           |           |     | 600.00    |
| <b>7 Communication</b>   |        |           |           |     |           |
| telephone and cell phones  | 0.0000 | 0.000     | 0.000     |     | 105.00    |
| <b>8 County-City Central Services</b>  |        |           |           |     |           |
| County-City Central Service  | 0.0000 | 0.000     | 0.000     |     | 1,820.00  |
| <b>9 Space Costs</b>   |        |           |           |     |           |
| Rent   | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| <b>10 All Others (ADP, Con. Employees, Misc.)</b>  |        |           |           |     |           |
| Advertising  | 0.0000 | 0.000     | 0.000     |     | 50.00     |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
|  | Supporting Services<br>Notes : IT services                            | 0.0000 | 0.000 | 0.000 |     | 100.00           |
|  | Insurance   | 0.0000 | 0.000 | 0.000 |     | 100.00           |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 250.00           |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 24,773.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 24,773.00        |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>                                   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : Approximately 14% of payroll costs | 0.0000 | 0.000 | 0.000 |     | 2,830.00         |
|  | Nursing Adm Distribution<br>Notes : Approximately 8% of payroll costs | 0.0000 | 0.000 | 0.000 |     | 1,617.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | 4,447.00         |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | 4,447.00         |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | 4,447.00         |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>29,220.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Immunization Action Plan (IAP) |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                           |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 198,564.00        | 198,564.00        |
| 2                              | Fringe Benefits                         | 89,354.00         | 89,354.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 134,357.00        | 134,357.00        |
| 6                              | Travel                                  | 4,415.00          | 4,415.00          |
| 7                              | Communication                           | 5,326.00          | 5,326.00          |
| 8                              | County-City Central Services            | 25,913.00         | 25,913.00         |
| 9                              | Space Costs                             | 18,234.00         | 18,234.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 13,124.00         | 13,124.00         |
| <b>Total Program Expenses</b>  |   | 489,287.00        | 489,287.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 489,287.00        | 489,287.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 183,342.00        | 183,342.00        |
| <b>Total Indirect Costs</b>    |   | 183,342.00        | 183,342.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 183,342.00        | 183,342.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>672,629.00</b> | <b>672,629.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 20,000.00    | 0.00          | 20,000.00   | 0.00          |
|          | Fees and Collections - 3rd Party         | 240,000.00   | 0.00          | 240,000.00  | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 200,000.00   | 0.00          | 200,000.00  | 0.00          |
|          | Federally Provided Vaccines              | 120,000.00   | 0.00          | 120,000.00  | 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                      | 42,884.00    | 42,884.00     | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 49,745.00    | 0.00          | 49,745.00   | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 672,629.00   | 42,884.00     | 629,745.00  | 0.00          |

3 Program Budget - Cost Detail

|   | Line Item  | Qty    | Rate      | Units      | UOM | Total      |
|---|--|--------|-----------|------------|-----|------------|
| <b>DIRECT EXPENSES</b>                  |  |        |           |            |     |            |
| <b>Program Expenses</b>                 |  |        |           |            |     |            |
| <b>1</b>                                | <b>Salary &amp; Wages</b>  |        |           |            |     |            |
|   | Accountant   | 0.0960 | 58378.000 | 0.000      | FTE | 5,604.00   |
|   | Supervisor   | 0.0480 | 64645.000 | 0.000      | FTE | 3,103.00   |
|   | Public Health Nurse  | 1.1037 | 55000.000 | 0.000      | FTE | 60,703.00  |
|   | Coordinator  | 1.1996 | 55966.000 | 0.000      | FTE | 67,137.00  |
|   | Secretary  | 0.6478 | 35256.000 | 0.000      | FTE | 22,839.00  |
|   | part-time, on-call   | 0.9597 | 5000.000  | 0.000      | FTE | 4,799.00   |
|   | Technician   | 0.9116 | 37713.000 | 0.000      | FTE | 34,379.00  |
| <b>Total for Salary &amp; Wages</b>     |  |        |           |            |     | 198,564.00 |
| <b>2</b>                                | <b>Fringe Benefits</b>   |        |           |            |     |            |
|   | Composite Rate<br>Notes : FICA; health, dental & vision insurance; life insurance; short-term disability; retirement and worker's comp insurance | 0.0000 | 45.000    | 198564.000 |     | 89,354.00  |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>  |        |           |            |     |            |
| <b>4</b>                                | <b>Contractual</b>   |        |           |            |     |            |
| <b>5</b>                                | <b>Supplies and Materials</b>  |        |           |            |     |            |
|   | Office Supplies  | 0.0000 | 0.000     | 0.000      |     | 816.00     |
|   | Printing   | 0.0000 | 0.000     | 0.000      |     | 1,344.00   |
|   | Postage  | 0.0000 | 0.000     | 0.000      |     | 3,359.00   |
|   | Medical Supplies   | 0.0000 | 0.000     | 0.000      |     | 2,398.00   |
|   | Pharmaceuticals  | 0.0000 | 0.000     | 0.000      |     | 125,000.00 |
|   | other supplies   | 0.0000 | 0.000     | 0.000      |     | 1,440.00   |
| <b>Total for Supplies and Materials</b> |  |        |           |            |     | 134,357.00 |
| <b>6</b>                                | <b>Travel</b>  |        |           |            |     |            |
|   | Conferences  | 0.0000 | 0.000     | 0.000      |     | 3,359.00   |
|   | Mileage  | 0.0000 | 0.000     | 0.000      |     | 960.00     |
|   | gas  | 0.0000 | 0.000     | 0.000      |     | 96.00      |
| <b>Total for Travel</b>                 |  |        |           |            |     | 4,415.00   |
| <b>7</b>                                | <b>Communication</b>   |        |           |            |     |            |
|   | telephone and cell-phones  | 0.0000 | 0.000     | 0.000      |     | 5,326.00   |
| <b>8</b>                                | <b>County-City Central Services</b>  |        |           |            |     |            |

|  | Line Item  | Qty    | Rate  | Units | UOM | Total             |
|--|--|--------|-------|-------|-----|-------------------|
|  | County-City Central Service<br>Notes : approximately 9% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 25,913.00         |
| <b>9</b>   | <b>Space Costs</b>   |        |       |       |     |                   |
|  | Rent   | 0.0000 | 0.000 | 0.000 |     | 18,234.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                                 |        |       |       |     |                   |
|  | Supporting Services<br>Notes : IT charges                                      | 0.0000 | 0.000 | 0.000 |     | 8,709.00          |
|  | bank fees, software, other   | 0.0000 | 0.000 | 0.000 |     | 4,415.00          |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |  |        |       |       |     | 13,124.00         |
| <b>Total Program Expenses</b>                            |  |        |       |       |     | 489,287.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |  |        |       |       |     | 489,287.00        |
| <b>INDIRECT EXPENSES</b>                                 |  |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |  |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>  |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>  |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs    | 0.0000 | 0.000 | 0.000 |     | 40,309.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs    | 0.0000 | 0.000 | 0.000 |     | 23,033.00         |
|  | Federally Provided Vaccines  | 0.0000 | 0.000 | 0.000 |     | 120,000.00        |
| <b>Total for Cost Allocation Plan / Other</b>            |  |        |       |       |     | 183,342.00        |
| <b>Total Indirect Costs</b>                              |  |        |       |       |     | 183,342.00        |
| <b>TOTAL INDIRECT EXPENSES</b>                           |  |        |       |       |     | 183,342.00        |
| <b>TOTAL EXPENDITURES</b>                                |  |        |       |       |     | <b>672,629.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Medicaid Outreach |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department              |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A   |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 318,435.00        | 318,435.00        |
| 2                              | Fringe Benefits                         | 143,296.00        | 143,296.00        |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 2,500.00          | 2,500.00          |
| 6                              | Travel                                  | 3,425.00          | 3,425.00          |
| 7                              | Communication                           | 5,430.00          | 5,430.00          |
| 8                              | County-City Central Services            | 41,556.00         | 41,556.00         |
| 9                              | Space Costs                             | 25,000.00         | 25,000.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 11,465.00         | 11,465.00         |
| <b>Total Program Expenses</b>  |   | 551,107.00        | 551,107.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 551,107.00        | 551,107.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 101,580.00        | 101,580.00        |
| <b>Total Indirect Costs</b>    |   | 101,580.00        | 101,580.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 101,580.00        | 101,580.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>652,687.00</b> | <b>652,687.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 326,344.00   | 326,344.00    | 0.00        | 0.00          |
|          | Required Match - Local                   | 277,503.00   | 0.00          | 277,503.00  | 0.00          |
|          | Local Non-ELPHS                          | 48,840.00    | 0.00          | 48,840.00   | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 652,687.00   | 326,344.00    | 326,343.00  | 0.00          |

3 Program Budget - Cost Detail

|   | Line Item   | Qty    | Rate       | Units      | UOM | Total             |
|---|---|--------|------------|------------|-----|-------------------|
| <b>DIRECT EXPENSES</b>                  |   |        |            |            |     |                   |
| <b>Program Expenses</b>                 |   |        |            |            |     |                   |
| <b>1</b>                                | <b>Salary &amp; Wages</b>   |        |            |            |     |                   |
|   | Health Officer  | 0.1000 | 102995.000 | 0.000      | FTE | 10,300.00         |
|   | Director  | 0.2000 | 85838.000  | 0.000      | FTE | 17,168.00         |
|   | Supervisor  | 0.7250 | 64000.000  | 0.000      | FTE | 46,400.00         |
|   | Nurse Practitioner  | 0.2000 | 75236.000  | 0.000      | FTE | 15,047.00         |
|   | Physician Assistant   | 0.2500 | 75236.000  | 0.000      | FTE | 18,809.00         |
|   | Public Health Nurse   | 1.3500 | 55000.000  | 0.000      | FTE | 74,250.00         |
|   | Outreach Worker   | 0.7750 | 50914.000  | 0.000      | FTE | 39,458.00         |
|   | Social Worker   | 0.3000 | 54746.000  | 0.000      | FTE | 16,424.00         |
|   | Technician  | 1.1000 | 37713.000  | 0.000      | FTE | 41,484.00         |
|   | Secretary, coordinator, clerk   | 0.8000 | 48869.000  | 0.000      | FTE | 39,095.00         |
| <b>Total for Salary &amp; Wages</b>     |   |        |            |            |     | <b>318,435.00</b> |
| <b>2</b>                                | <b>Fringe Benefits</b>  |        |            |            |     |                   |
|   | Composite Rate<br>Notes : FICA; health, vision & dental insurance; short-term disability, retirement; life insurance; and worker's comp insurance | 0.0000 | 45.000     | 318435.000 |     | 143,296.00        |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>   |        |            |            |     |                   |
| <b>4</b>                                | <b>Contractual</b>  |        |            |            |     |                   |
| <b>5</b>                                | <b>Supplies and Materials</b>   |        |            |            |     |                   |
|   | Office Supplies   | 0.0000 | 0.000      | 0.000      |     | 550.00            |
|   | Printing  | 0.0000 | 0.000      | 0.000      |     | 450.00            |
|   | Postage   | 0.0000 | 0.000      | 0.000      |     | 500.00            |
|   | other supplies  | 0.0000 | 0.000      | 0.000      |     | 1,000.00          |
| <b>Total for Supplies and Materials</b> |   |        |            |            |     | <b>2,500.00</b>   |
| <b>6</b>                                | <b>Travel</b>   |        |            |            |     |                   |
|   | Conferences   | 0.0000 | 0.000      | 0.000      |     | 2,000.00          |
|   | Mileage   | 0.0000 | 0.000      | 0.000      |     | 1,000.00          |
|   | gas and repairs   | 0.0000 | 0.000      | 0.000      |     | 425.00            |
| <b>Total for Travel</b>                 |   |        |            |            |     | <b>3,425.00</b>   |
| <b>7</b>                                | <b>Communication</b>  |        |            |            |     |                   |
|   | telephone and cell phones   | 0.0000 | 0.000      | 0.000      |     | 5,430.00          |

|  | Line Item  | Qty    | Rate  | Units | UOM | Total             |
|--|--|--------|-------|-------|-----|-------------------|
| <b>8</b>   | <b>County-City Central Services</b>  |        |       |       |     |                   |
|  | County-City Central Service<br>Notes : approximately 9% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 41,556.00         |
| <b>9</b>   | <b>Space Costs</b>   |        |       |       |     |                   |
|  | Rent   | 0.0000 | 0.000 | 0.000 |     | 25,000.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                                 |        |       |       |     |                   |
|  | Supporting Services<br>Notes : IT charges                                      | 0.0000 | 0.000 | 0.000 |     | 10,000.00         |
|  | Insurance  | 0.0000 | 0.000 | 0.000 |     | 315.00            |
|  | interpreters and software  | 0.0000 | 0.000 | 0.000 |     | 1,150.00          |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |  |        |       |       |     | 11,465.00         |
| <b>Total Program Expenses</b>                            |  |        |       |       |     | 551,107.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |  |        |       |       |     | 551,107.00        |
| <b>INDIRECT EXPENSES</b>                                 |  |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |  |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>  |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>  |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs    | 0.0000 | 0.000 | 0.000 |     | 64,642.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs    | 0.0000 | 0.000 | 0.000 |     | 36,938.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |  |        |       |       |     | 101,580.00        |
| <b>Total Indirect Costs</b>                              |  |        |       |       |     | 101,580.00        |
| <b>TOTAL INDIRECT EXPENSES</b>                           |  |        |       |       |     | 101,580.00        |
| <b>TOTAL EXPENDITURES</b>                                |  |        |       |       |     | <b>652,687.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / EGLE On-site Wastewater Treatment |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                              |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                   |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 138,250.00        | 138,250.00        |
| 2                              | Fringe Benefits                         | 62,213.00         | 62,213.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 11,750.00         | 11,750.00         |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 2,825.00          | 2,825.00          |
| 6                              | Travel                                  | 7,225.00          | 7,225.00          |
| 7                              | Communication                           | 4,425.00          | 4,425.00          |
| 8                              | County-City Central Services            | 18,042.00         | 18,042.00         |
| 9                              | Space Costs                             | 14,000.00         | 14,000.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 29,225.00         | 29,225.00         |
| <b>Total Program Expenses</b>  |   | 287,955.00        | 287,955.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 287,955.00        | 287,955.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 32,730.00         | 32,730.00         |
| <b>Total Indirect Costs</b>    |   | 32,730.00         | 32,730.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 32,730.00         | 32,730.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>320,685.00</b> | <b>320,685.00</b> |



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>      | <b>Amount</b>     | <b>Cash</b>       | <b>Inkind</b> |
|----------|--|-------------------|-------------------|-------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                   |                   |                   |               |
|          | Fees and Collections - 1st and 2nd Party | 170,000.00        | 0.00              | 170,000.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Federally Provided Vaccines              | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Federal Medicaid Outreach                | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Required Match - Local                   | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Other Non-ELPHS                          | 0.00              | 0.00              | 0.00              | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00              | 0.00              | 0.00              | 0.00          |
|          | MDHHS Comprehensive                      | 0.00              | 0.00              | 0.00              | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00              | 0.00              | 0.00              | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00              | 0.00              | 0.00              | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00              | 0.00              | 0.00              | 0.00          |
|          | ELPHS - Food                             | 0.00              | 0.00              | 0.00              | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00              | 0.00              | 0.00              | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 130,129.00        | 130,129.00        | 0.00              | 0.00          |
|          | MCH Funding                              | 0.00              | 0.00              | 0.00              | 0.00          |
|          | Local Funds - Other                      | 20,556.00         | 0.00              | 20,556.00         | 0.00          |
|          | Inkind Match                             | 0.00              | 0.00              | 0.00              | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                   |                   |                   |               |
|          | <b>Totals</b>                            | <b>320,685.00</b> | <b>130,129.00</b> | <b>190,556.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

|   | Line Item  | Qty    | Rate      | Units      | UOM | Total      |
|---|--|--------|-----------|------------|-----|------------|
| <b>DIRECT EXPENSES</b>                  |  |        |           |            |     |            |
| <b>Program Expenses</b>                 |  |        |           |            |     |            |
| <b>1</b>                                | <b>Salary &amp; Wages</b>  |        |           |            |     |            |
|   | Director   | 0.1500 | 75000.000 | 0.000      | FTE | 11,250.00  |
|   | Sanitarian   | 1.6500 | 55000.000 | 0.000      | FTE | 90,750.00  |
|   | Clerk  | 0.5000 | 35000.000 | 0.000      | FTE | 17,500.00  |
|   | Coordinator  | 0.3000 | 62500.000 | 0.000      | FTE | 18,750.00  |
| <b>Total for Salary &amp; Wages</b>     |  |        |           |            |     | 138,250.00 |
| <b>2</b>                                | <b>Fringe Benefits</b>   |        |           |            |     |            |
|   | Composite Rate<br>Notes : FICA, health, vision & dental insurance; short-term disability; life insurance; retirement and worker's comp insurance | 0.0000 | 45.000    | 138250.000 |     | 62,213.00  |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>  |        |           |            |     |            |
|   | New truck (33% cost allocation)  | 0.0000 | 0.000     | 0.000      |     | 11,750.00  |
| <b>4</b>                                | <b>Contractual</b>   |        |           |            |     |            |
| <b>5</b>                                | <b>Supplies and Materials</b>  |        |           |            |     |            |
|   | Office Supplies  | 0.0000 | 0.000     | 0.000      |     | 650.00     |
|   | Printing   | 0.0000 | 0.000     | 0.000      |     | 375.00     |
|   | Postage  | 0.0000 | 0.000     | 0.000      |     | 250.00     |
|   | meeting supplies and other supplies  | 0.0000 | 0.000     | 0.000      |     | 1,550.00   |
| <b>Total for Supplies and Materials</b> |  |        |           |            |     | 2,825.00   |
| <b>6</b>                                | <b>Travel</b>  |        |           |            |     |            |
|   | Conferences  | 0.0000 | 0.000     | 0.000      |     | 3,200.00   |
|   | Mileage  | 0.0000 | 0.000     | 0.000      |     | 25.00      |
|   | gas and vehicle repair expense   | 0.0000 | 0.000     | 0.000      |     | 4,000.00   |
| <b>Total for Travel</b>                 |  |        |           |            |     | 7,225.00   |
| <b>7</b>                                | <b>Communication</b>   |        |           |            |     |            |
|   | telephone and cell phones  | 0.0000 | 0.000     | 0.000      |     | 4,425.00   |
| <b>8</b>                                | <b>County-City Central Services</b>  |        |           |            |     |            |
|   | County-City Central Service<br>Notes : approximately 9% of total payroll costs   | 0.0000 | 0.000     | 0.000      |     | 18,042.00  |
| <b>9</b>                                | <b>Space Costs</b>   |        |           |            |     |            |

|  | Line Item  | Qty    | Rate  | Units | UOM | Total             |
|--|--|--------|-------|-------|-----|-------------------|
|  | Rent   | 0.0000 | 0.000 | 0.000 |     | 14,000.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>   |        |       |       |     |                   |
|  | Membership   | 0.0000 | 0.000 | 0.000 |     | 100.00            |
|  | Insurance  | 0.0000 | 0.000 | 0.000 |     | 550.00            |
|  | Supporting Services<br>Notes : IT services   | 0.0000 | 0.000 | 0.000 |     | 10,500.00         |
|  | bank fees  | 0.0000 | 0.000 | 0.000 |     | 1,200.00          |
|  | system software  | 0.0000 | 0.000 | 0.000 |     | 16,875.00         |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |  |        |       |       |     | <b>29,225.00</b>  |
| <b>Total Program Expenses</b>                            |  |        |       |       |     | <b>287,955.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |  |        |       |       |     | <b>287,955.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |  |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |  |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>  |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>  |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of<br>total payroll costs                 | 0.0000 | 0.000 | 0.000 |     | 28,065.00         |
|  | Environmental Hlth Adm<br>Distribution<br>Notes : approximately 7.5% of<br>total payroll costs | 0.0000 | 0.000 | 0.000 |     | 4,665.00          |
| <b>Total for Cost Allocation Plan / Other</b>            |  |        |       |       |     | <b>32,730.00</b>  |
| <b>Total Indirect Costs</b>                              |  |        |       |       |     | <b>32,730.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |  |        |       |       |     | <b>32,730.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |  |        |       |       |     | <b>320,685.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Sexually Transmitted Disease (STD-ELPHS) |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                                     |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                          |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 26,035.00        | 26,035.00        |
| 2                              | Fringe Benefits                         | 11,716.00        | 11,716.00        |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 550.00           | 550.00           |
| 6                              | Travel                                  | 400.00           | 400.00           |
| 7                              | Communication                           | 1,000.00         | 1,000.00         |
| 8                              | County-City Central Services            | 3,397.00         | 3,397.00         |
| 9                              | Space Costs                             | 5,000.00         | 5,000.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 3,010.00         | 3,010.00         |
| <b>Total Program Expenses</b>  |   | 51,108.00        | 51,108.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 51,108.00        | 51,108.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 8,305.00         | 8,305.00         |
| <b>Total Indirect Costs</b>    |   | 8,305.00         | 8,305.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 8,305.00         | 8,305.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>59,413.00</b> | <b>59,413.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>     | <b>Amount</b>    | <b>Cash</b>      | <b>Inkind</b> |
|----------|--|------------------|------------------|------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                  |                  |                  |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal Cost Based Reimbursement         | 20,000.00        | 0.00             | 20,000.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal Medicaid Outreach                | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Required Match - Local                   | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Other Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Comprehensive                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Other                      | 18,571.00        | 18,571.00        | 0.00             | 0.00          |
|          | ELPHS - Food                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MCH Funding                              | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Funds - Other                      | 20,842.00        | 0.00             | 20,842.00        | 0.00          |
|          | Inkind Match                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                  |                  |                  |               |
|          | <b>Totals</b>                            | <b>59,413.00</b> | <b>18,571.00</b> | <b>40,842.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

| Line Item   | Qty    | Rate      | Units     | UOM | Total            |
|---|--------|-----------|-----------|-----|------------------|
| <b>DIRECT EXPENSES</b>  |        |           |           |     |                  |
| <b>Program Expenses</b>   |        |           |           |     |                  |
| <b>1 Salary &amp; Wages</b>   |        |           |           |     |                  |
| Nurse Practitioner  | 0.0250 | 75236.000 | 0.000     | FTE | 1,881.00         |
| Physician Assistant   | 0.0500 | 75236.000 | 0.000     | FTE | 3,762.00         |
| Supervisor  | 0.0500 | 64645.000 | 0.000     | FTE | 3,232.00         |
| Public Health Nurse   | 0.2250 | 55000.000 | 0.000     | FTE | 12,375.00        |
| Technician  | 0.0500 | 37713.000 | 0.000     | FTE | 1,886.00         |
| Coordinator   | 0.0250 | 55966.000 | 0.000     | FTE | 1,399.00         |
| part-time - on-call   | 1.0000 | 1500.000  | 0.000     | FTE | 1,500.00         |
| <b>Total for Salary &amp; Wages</b>   |        |           |           |     | <b>26,035.00</b> |
| <b>2 Fringe Benefits</b>  |        |           |           |     |                  |
| Composite Rate<br>Notes : FICA; health, optical & dental insurance; life insurance; short-term disability; worker's comp and retirement | 0.0000 | 45.000    | 26035.000 |     | 11,716.00        |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>   |        |           |           |     |                  |
| <b>4 Contractual</b>  |        |           |           |     |                  |
| <b>5 Supplies and Materials</b>   |        |           |           |     |                  |
| Office Supplies   | 0.0000 | 0.000     | 0.000     |     | 50.00            |
| Printing  | 0.0000 | 0.000     | 0.000     |     | 150.00           |
| Postage   | 0.0000 | 0.000     | 0.000     |     | 25.00            |
| other supplies  | 0.0000 | 0.000     | 0.000     |     | 75.00            |
| Medical Supplies  | 0.0000 | 0.000     | 0.000     |     | 150.00           |
| Pharmaceuticals   | 0.0000 | 0.000     | 0.000     |     | 100.00           |
| <b>Total for Supplies and Materials</b>   |        |           |           |     | <b>550.00</b>    |
| <b>6 Travel</b>   |        |           |           |     |                  |
| Conferences   | 0.0000 | 0.000     | 0.000     |     | 350.00           |
| Mileage   | 0.0000 | 0.000     | 0.000     |     | 50.00            |
| <b>Total for Travel</b>   |        |           |           |     | <b>400.00</b>    |
| <b>7 Communication</b>  |        |           |           |     |                  |
| telephone and cell phones   | 0.0000 | 0.000     | 0.000     |     | 1,000.00         |
| <b>8 County-City Central Services</b>   |        |           |           |     |                  |
| County-City Central Service<br>Notes : approximately 9% of total  | 0.0000 | 0.000     | 0.000     |     | 3,397.00         |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
|  | payroll costs   |        |       |       |     |                  |
| <b>9</b>   | <b>Space Costs</b>  |        |       |       |     |                  |
|  | Rent  | 0.0000 | 0.000 | 0.000 |     | 5,000.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                              |        |       |       |     |                  |
|  | Supporting Services<br>Notes : IT charges                                   | 0.0000 | 0.000 | 0.000 |     | 1,960.00         |
|  | software and other expenses   | 0.0000 | 0.000 | 0.000 |     | 1,050.00         |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | <b>3,010.00</b>  |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | <b>51,108.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | <b>51,108.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 5,285.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 3,020.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | <b>8,305.00</b>  |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | <b>8,305.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | <b>8,305.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>59,413.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Tuberculosis (TB) Control |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                      |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A           |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

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



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 100.00       | 100.00        | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 100.00       | 100.00        | 0.00        | 0.00          |

3 Program Budget - Cost Detail

|                                | Line Item                               | Qty    | Rate  | Units | UOM | Total         |
|--------------------------------|---|--------|-------|-------|-----|---------------|
| <b>DIRECT EXPENSES</b>         |   |        |       |       |     |               |
| <b>Program Expenses</b>        |   |        |       |       |     |               |
| 1                              | Salary & Wages                          |        |       |       |     |               |
| 2                              | Fringe Benefits                         |        |       |       |     |               |
| 3                              | Cap. Exp. for Equip & Fac.              |        |       |       |     |               |
| 4                              | Contractual                             |        |       |       |     |               |
| 5                              | Supplies and Materials                  |        |       |       |     |               |
|                                | Other supplies, incentives              | 0.0000 | 0.000 | 0.000 |     | 100.00        |
| 6                              | Travel                                  |        |       |       |     |               |
| 7                              | Communication                           |        |       |       |     |               |
| 8                              | County-City Central Services            |        |       |       |     |               |
| 9                              | Space Costs                             |        |       |       |     |               |
| 10                             | All Others (ADP, Con. Employees, Misc.) |        |       |       |     |               |
| <b>Total Program Expenses</b>  |   |        |       |       |     | 100.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   |        |       |       |     | 100.00        |
| <b>INDIRECT EXPENSES</b>       |   |        |       |       |     |               |
| <b>Indirect Costs</b>          |   |        |       |       |     |               |
| 1                              | Indirect Costs                          |        |       |       |     |               |
| 2                              | Cost Allocation Plan / Other            |        |       |       |     |               |
| <b>Total Indirect Costs</b>    |   |        |       |       |     | 0.00          |
| <b>TOTAL INDIRECT EXPENSES</b> |   |        |       |       |     | 0.00          |
| <b>TOTAL EXPENDITURES</b>      |   |        |       |       |     | <b>100.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Immunization Fixed Fees |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                    |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A         |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

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

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>    | <b>Amount</b>   | <b>Cash</b> | <b>Inkind</b> |
|----------|--|-----------------|-----------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                 |                 |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00            | 0.00            | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00            | 0.00            | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Local Funds - Other                      | 0.00            | 0.00            | 0.00        | 0.00          |
|          | Inkind Match                             | 0.00            | 0.00            | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                 |                 |             |               |
|          | IMM: VFC - AFIX Visits                   | 3,250.00        | 3,250.00        | 0.00        | 0.00          |
|          | IMM: Nurse Ed.                           | 0.00            | 0.00            | 0.00        | 0.00          |
|          | <b>Totals</b>                            | <b>3,250.00</b> | <b>3,250.00</b> | <b>0.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

|                                | Line Item   | Qty    | Rate  | Units | UOM | Total           |
|--------------------------------|---|--------|-------|-------|-----|-----------------|
| <b>DIRECT EXPENSES</b>         |   |        |       |       |     |                 |
| <b>Program Expenses</b>        |   |        |       |       |     |                 |
| 1                              | Salary & Wages  |        |       |       |     |                 |
| 2                              | Fringe Benefits   |        |       |       |     |                 |
| 3                              | Cap. Exp. for Equip & Fac.                              |        |       |       |     |                 |
| 4                              | Contractual   |        |       |       |     |                 |
| 5                              | Supplies and Materials                                  |        |       |       |     |                 |
| 6                              | Travel  |        |       |       |     |                 |
| 7                              | Communication   |        |       |       |     |                 |
| 8                              | County-City Central Services                            |        |       |       |     |                 |
| 9                              | Space Costs   |        |       |       |     |                 |
| 10                             | All Others (ADP, Con. Employees, Misc.)                 |        |       |       |     |                 |
| <b>INDIRECT EXPENSES</b>       |   |        |       |       |     |                 |
| <b>Indirect Costs</b>          |   |        |       |       |     |                 |
| 1                              | Indirect Costs  |        |       |       |     |                 |
| 2                              | Cost Allocation Plan / Other                            |        |       |       |     |                 |
|                                | Cost Distributions for Fees-<br>Immunization fixed fees | 0.0000 | 0.000 | 0.000 |     | 3,250.00        |
| <b>Total Indirect Costs</b>    |   |        |       |       |     | 3,250.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   |        |       |       |     | 3,250.00        |
| <b>TOTAL EXPENDITURES</b>      |   |        |       |       |     | <b>3,250.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Vision ELPHS    |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department            |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 39,981.00        | 39,981.00        |
| 2                              | Fringe Benefits                         | 17,991.00        | 17,991.00        |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 1,510.00         | 1,510.00         |
| 6                              | Travel                                  | 800.00           | 800.00           |
| 7                              | Communication                           | 1,200.00         | 1,200.00         |
| 8                              | County-City Central Services            | 5,218.00         | 5,218.00         |
| 9                              | Space Costs                             | 4,500.00         | 4,500.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 2,100.00         | 2,100.00         |
| <b>Total Program Expenses</b>  |   | 73,300.00        | 73,300.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 73,300.00        | 73,300.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 12,754.00        | 12,754.00        |
| <b>Total Indirect Costs</b>    |   | 12,754.00        | 12,754.00        |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 12,754.00        | 12,754.00        |
| <b>TOTAL EXPENDITURES</b>      |   | <b>86,054.00</b> | <b>86,054.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>     | <b>Amount</b>    | <b>Cash</b>      | <b>Inkind</b> |
|----------|--|------------------|------------------|------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                  |                  |                  |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Fees and Collections - 3rd Party         | 6,000.00         | 0.00             | 6,000.00         | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal Cost Based Reimbursement         | 8,000.00         | 0.00             | 8,000.00         | 0.00          |
|          | Federally Provided Vaccines              | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Federal Medicaid Outreach                | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Required Match - Local                   | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Other Non-ELPHS                          | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MDHHS Comprehensive                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - MDHHS Vision                     | 27,846.00        | 27,846.00        | 0.00             | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Food                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00             | 0.00             | 0.00             | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00             | 0.00             | 0.00             | 0.00          |
|          | MCH Funding                              | 0.00             | 0.00             | 0.00             | 0.00          |
|          | Local Funds - Other                      | 44,208.00        | 0.00             | 44,208.00        | 0.00          |
|          | Inkind Match                             | 0.00             | 0.00             | 0.00             | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                  |                  |                  |               |
|          | <b>Totals</b>                            | <b>86,054.00</b> | <b>27,846.00</b> | <b>58,208.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

| Line Item   | Qty    | Rate      | Units     | UOM | Total     |
|---|--------|-----------|-----------|-----|-----------|
| <b>DIRECT EXPENSES</b>  |        |           |           |     |           |
| <b>Program Expenses</b>   |        |           |           |     |           |
| <b>1 Salary &amp; Wages</b>   |        |           |           |     |           |
| Coordinator   | 0.4500 | 37713.000 | 0.000     | FTE | 16,971.00 |
| Technician  | 0.8000 | 28762.000 | 0.000     | FTE | 23,010.00 |
| <b>Total for Salary &amp; Wages</b>   |        |           |           |     | 39,981.00 |
| <b>2 Fringe Benefits</b>  |        |           |           |     |           |
| Composite Rate<br>Notes : FICA; health, optical & dental insurance; short-term disability; life insurance; retirement and worker's comp insurance | 0.0000 | 45.000    | 39981.000 |     | 17,991.00 |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>   |        |           |           |     |           |
| <b>4 Contractual</b>  |        |           |           |     |           |
| <b>5 Supplies and Materials</b>   |        |           |           |     |           |
| Office Supplies   | 0.0000 | 0.000     | 0.000     |     | 400.00    |
| Printing  | 0.0000 | 0.000     | 0.000     |     | 310.00    |
| Postage   | 0.0000 | 0.000     | 0.000     |     | 500.00    |
| misc supplies   | 0.0000 | 0.000     | 0.000     |     | 300.00    |
| <b>Total for Supplies and Materials</b>   |        |           |           |     | 1,510.00  |
| <b>6 Travel</b>   |        |           |           |     |           |
| Conferences   | 0.0000 | 0.000     | 0.000     |     | 300.00    |
| Mileage   | 0.0000 | 0.000     | 0.000     |     | 500.00    |
| <b>Total for Travel</b>   |        |           |           |     | 800.00    |
| <b>7 Communication</b>  |        |           |           |     |           |
| telephone and cell-hones  | 0.0000 | 0.000     | 0.000     |     | 1,200.00  |
| <b>8 County-City Central Services</b>   |        |           |           |     |           |
| County-City Central Service<br>Notes : Approximately 9% of total payroll costs  | 0.0000 | 0.000     | 0.000     |     | 5,218.00  |
| <b>9 Space Costs</b>  |        |           |           |     |           |
| Rent  | 0.0000 | 0.000     | 0.000     |     | 4,500.00  |
| <b>10 All Others (ADP, Con. Employees, Misc.)</b>   |        |           |           |     |           |
| Supporting Services<br>Notes : IT charges   | 0.0000 | 0.000     | 0.000     |     | 2,000.00  |
| software  | 0.0000 | 0.000     | 0.000     |     | 100.00    |



|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 2,100.00         |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 73,300.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 73,300.00        |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 8,116.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 4,638.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | 12,754.00        |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | 12,754.00        |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | 12,754.00        |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>86,054.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Immunization Vaccine Quality Assurance |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                                   |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                        |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 8,336.00         | 8,336.00         |
| 2                              | Fringe Benefits                         | 3,751.00         | 3,751.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 395.00           | 395.00           |
| 6                              | Travel                                  | 185.00           | 185.00           |
| 7                              | Communication                           | 224.00           | 224.00           |
| 8                              | County-City Central Services            | 1,088.00         | 1,088.00         |
| 9                              | Space Costs                             | 766.00           | 766.00           |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 551.00           | 551.00           |
| <b>Total Program Expenses</b>  |   | 15,296.00        | 15,296.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 15,296.00        | 15,296.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 2,661.00         | 2,661.00         |
| <b>Total Indirect Costs</b>    |   | 2,661.00         | 2,661.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 2,661.00         | 2,661.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>17,957.00</b> | <b>17,957.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>     | <b>Amount</b>    | <b>Cash</b>     | <b>Inkind</b> |
|----------|--|------------------|------------------|-----------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                  |                  |                 |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Federally Provided Vaccines              | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Federal Medicaid Outreach                | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Required Match - Local                   | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Local Non-ELPHS                          | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Other Non-ELPHS                          | 0.00             | 0.00             | 0.00            | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00             | 0.00             | 0.00            | 0.00          |
|          | MDHHS Comprehensive                      | 16,340.00        | 16,340.00        | 0.00            | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00             | 0.00             | 0.00            | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00             | 0.00             | 0.00            | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00             | 0.00             | 0.00            | 0.00          |
|          | ELPHS - Food                             | 0.00             | 0.00             | 0.00            | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00             | 0.00             | 0.00            | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00             | 0.00             | 0.00            | 0.00          |
|          | MCH Funding                              | 0.00             | 0.00             | 0.00            | 0.00          |
|          | Local Funds - Other                      | 1,617.00         | 0.00             | 1,617.00        | 0.00          |
|          | Inkind Match                             | 0.00             | 0.00             | 0.00            | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                  |                  |                 |               |
|          | <b>Totals</b>                            | <b>17,957.00</b> | <b>16,340.00</b> | <b>1,617.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

|   | Line Item  | Qty    | Rate      | Units    | UOM | Total           |
|---|--|--------|-----------|----------|-----|-----------------|
| <b>DIRECT EXPENSES</b>                  |  |        |           |          |     |                 |
| <b>Program Expenses</b>                 |  |        |           |          |     |                 |
| <b>1</b>                                | <b>Salary &amp; Wages</b>  |        |           |          |     |                 |
|   | Accountant   | 0.0040 | 58378.000 | 0.000    | FTE | 234.00          |
|   | Supervisor   | 0.0020 | 64645.000 | 0.000    | FTE | 129.00          |
|   | Public Health Nurse  | 0.0463 | 55000.000 | 0.000    | FTE | 2,547.00        |
|   | Coordinator  | 0.0504 | 55966.000 | 0.000    | FTE | 2,821.00        |
|   | Technician   | 0.0383 | 37713.000 | 0.000    | FTE | 1,444.00        |
|   | Secretary  | 0.0272 | 35256.000 | 0.000    | FTE | 959.00          |
|   | part-time, on-call   | 0.0403 | 5000.000  | 0.000    | FTE | 202.00          |
| <b>Total for Salary &amp; Wages</b>     |  |        |           |          |     | <b>8,336.00</b> |
| <b>2</b>                                | <b>Fringe Benefits</b>   |        |           |          |     |                 |
|   | Composite Rate<br>Notes : FICA; health, dental & vision insurance; life insurance; short-term disability; retirement and worker's comp insurance | 0.0000 | 45.000    | 8336.000 |     | 3,751.00        |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>  |        |           |          |     |                 |
| <b>4</b>                                | <b>Contractual</b>   |        |           |          |     |                 |
| <b>5</b>                                | <b>Supplies and Materials</b>  |        |           |          |     |                 |
|   | Office Supplies  | 0.0000 | 0.000     | 0.000    |     | 34.00           |
|   | Printing   | 0.0000 | 0.000     | 0.000    |     | 56.00           |
|   | Postage  | 0.0000 | 0.000     | 0.000    |     | 145.00          |
|   | Medical Supplies   | 0.0000 | 0.000     | 0.000    |     | 100.00          |
|   | other supplies   | 0.0000 | 0.000     | 0.000    |     | 60.00           |
| <b>Total for Supplies and Materials</b> |  |        |           |          |     | <b>395.00</b>   |
| <b>6</b>                                | <b>Travel</b>  |        |           |          |     |                 |
|   | Conferences  | 0.0000 | 0.000     | 0.000    |     | 141.00          |
|   | Mileage  | 0.0000 | 0.000     | 0.000    |     | 40.00           |
|   | gas and repairs  | 0.0000 | 0.000     | 0.000    |     | 4.00            |
| <b>Total for Travel</b>                 |  |        |           |          |     | <b>185.00</b>   |
| <b>7</b>                                | <b>Communication</b>   |        |           |          |     |                 |
|   | telephone and cell-phones  | 0.0000 | 0.000     | 0.000    |     | 224.00          |
| <b>8</b>                                | <b>County-City Central Services</b>  |        |           |          |     |                 |
|   | County-City Central Service<br>Notes : approximately 9% of total   | 0.0000 | 0.000     | 0.000    |     | 1,088.00        |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|--|---|--------|-------|-------|-----|------------------|
|  | payroll costs   |        |       |       |     |                  |
| <b>9</b>   | <b>Space Costs</b>  |        |       |       |     |                  |
|  | Rent  | 0.0000 | 0.000 | 0.000 |     | 766.00           |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                              |        |       |       |     |                  |
|  | Supporting Services<br>Notes : IT charges                                   | 0.0000 | 0.000 | 0.000 |     | 366.00           |
|  | bank fees, software, other  | 0.0000 | 0.000 | 0.000 |     | 185.00           |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | 551.00           |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | 15,296.00        |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | 15,296.00        |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                  |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 1,693.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 968.00           |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | 2,661.00         |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | 2,661.00         |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | 2,661.00         |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>17,957.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / WIC Breastfeeding |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department              |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A   |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total            | Amount           |
|--------------------------------|---|------------------|------------------|
| <b>DIRECT EXPENSES</b>         |   |                  |                  |
| <b>Program Expenses</b>        |   |                  |                  |
| 1                              | Salary & Wages                          | 30,050.00        | 30,050.00        |
| 2                              | Fringe Benefits                         | 9,015.00         | 9,015.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00             | 0.00             |
| 4                              | Contractual                             | 0.00             | 0.00             |
| 5                              | Supplies and Materials                  | 300.00           | 300.00           |
| 6                              | Travel                                  | 4,050.00         | 4,050.00         |
| 7                              | Communication                           | 1,080.00         | 1,080.00         |
| 8                              | County-City Central Services            | 3,516.00         | 3,516.00         |
| 9                              | Space Costs                             | 2,500.00         | 2,500.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 2,600.00         | 2,600.00         |
| <b>Total Program Expenses</b>  |   | 53,111.00        | 53,111.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 53,111.00        | 53,111.00        |
| <b>INDIRECT EXPENSES</b>       |   |                  |                  |
| <b>Indirect Costs</b>          |   |                  |                  |
| 1                              | Indirect Costs                          | 0.00             | 0.00             |
| 2                              | Cost Allocation Plan / Other            | 8,594.00         | 8,594.00         |
| <b>Total Indirect Costs</b>    |   | 8,594.00         | 8,594.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 8,594.00         | 8,594.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>61,705.00</b> | <b>61,705.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federally Provided Vaccines              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Federal Medicaid Outreach                | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Required Match - Local                   | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Other Non-ELPHS                          | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MDHHS Comprehensive                      | 52,225.00    | 52,225.00     | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 9,480.00     | 0.00          | 9,480.00    | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 61,705.00    | 52,225.00     | 9,480.00    | 0.00          |

3 Program Budget - Cost Detail

| Line Item  | Qty    | Rate      | Units     | UOM | Total     |
|--|--------|-----------|-----------|-----|-----------|
| <b>DIRECT EXPENSES</b>   |        |           |           |     |           |
| <b>Program Expenses</b>  |        |           |           |     |           |
| <b>1 Salary &amp; Wages</b>  |        |           |           |     |           |
| Counselor  | 1.0000 | 27300.000 | 0.000     | FTE | 27,300.00 |
| Public Health Nurse<br>Notes : Salaries for Deb Deering and Cynthia Purvis (who are both IBCLC) to attend IBCLC related trainings and conferences. | 0.0500 | 55000.000 | 0.000     | FTE | 2,750.00  |
| <b>Total for Salary &amp; Wages</b>  |        |           |           |     | 30,050.00 |
| <b>2 Fringe Benefits</b>   |        |           |           |     |           |
| Composite Rate<br>Notes : FICA; health, optical & dental insurance; short-term disability; life insurance; retirement and worker's comp insurance  | 0.0000 | 30.000    | 30050.000 |     | 9,015.00  |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>  |        |           |           |     |           |
| <b>4 Contractual</b>   |        |           |           |     |           |
| <b>5 Supplies and Materials</b>  |        |           |           |     |           |
| Office Supplies  | 0.0000 | 0.000     | 0.000     |     | 50.00     |
| Printing   | 0.0000 | 0.000     | 0.000     |     | 125.00    |
| Postage  | 0.0000 | 0.000     | 0.000     |     | 25.00     |
| misc supplies  | 0.0000 | 0.000     | 0.000     |     | 100.00    |
| <b>Total for Supplies and Materials</b>  |        |           |           |     | 300.00    |
| <b>6 Travel</b>  |        |           |           |     |           |
| Mileage  | 0.0000 | 0.000     | 0.000     |     | 250.00    |
| Conferences<br>Notes : Portion of conferences is for IBCLC employees to attend IBCLC related trainings and conferences.                            | 0.0000 | 0.000     | 0.000     |     | 3,750.00  |
| gas and oil  | 0.0000 | 0.000     | 0.000     |     | 50.00     |
| <b>Total for Travel</b>  |        |           |           |     | 4,050.00  |
| <b>7 Communication</b>   |        |           |           |     |           |
| telephone and cell phone   | 0.0000 | 0.000     | 0.000     |     | 1,080.00  |
| <b>8 County-City Central Services</b>  |        |           |           |     |           |
| County-City Central Service  | 0.0000 | 0.000     | 0.000     |     | 3,516.00  |



|   | Line Item   | Qty    | Rate  | Units | UOM | Total            |
|---|---|--------|-------|-------|-----|------------------|
|   | Notes : approximately 9% of total payroll costs                             |        |       |       |     |                  |
| <b>9</b>                                      | <b>Space Costs</b>  |        |       |       |     |                  |
|   | Rent  | 0.0000 | 0.000 | 0.000 |     | 2,500.00         |
| <b>10</b>                                     | <b>All Others (ADP, Con. Employees, Misc.)</b>                              |        |       |       |     |                  |
|   | Supporting Services<br>Notes : IT charges                                   | 0.0000 | 0.000 | 0.000 |     | 2,600.00         |
| <b>Total Program Expenses</b>                 |   |        |       |       |     | 53,111.00        |
| <b>TOTAL DIRECT EXPENSES</b>                  |   |        |       |       |     | 53,111.00        |
| <b>INDIRECT EXPENSES</b>                      |   |        |       |       |     |                  |
| <b>Indirect Costs</b>                         |   |        |       |       |     |                  |
| <b>1</b>                                      | <b>Indirect Costs</b>   |        |       |       |     |                  |
| <b>2</b>                                      | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                  |
|   | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 5,469.00         |
|   | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 3,125.00         |
| <b>Total for Cost Allocation Plan / Other</b> |   |        |       |       |     | 8,594.00         |
| <b>Total Indirect Costs</b>                   |   |        |       |       |     | 8,594.00         |
| <b>TOTAL INDIRECT EXPENSES</b>                |   |        |       |       |     | 8,594.00         |
| <b>TOTAL EXPENDITURES</b>                     |   |        |       |       |     | <b>61,705.00</b> |

1 Program Budget Summary

|  |                    |                               |  |  |
|--|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / WIC Resident Services |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                  |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A       |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|  |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 188,389.00        | 188,389.00        |
| 2                              | Fringe Benefits                         | 84,775.00         | 84,775.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 0.00              | 0.00              |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 5,975.00          | 5,975.00          |
| 6                              | Travel                                  | 2,450.00          | 2,450.00          |
| 7                              | Communication                           | 4,425.00          | 4,425.00          |
| 8                              | County-City Central Services            | 24,585.00         | 24,585.00         |
| 9                              | Space Costs                             | 28,800.00         | 28,800.00         |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 11,900.00         | 11,900.00         |
| <b>Total Program Expenses</b>  |   | 351,299.00        | 351,299.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 351,299.00        | 351,299.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 60,096.00         | 60,096.00         |
| <b>Total Indirect Costs</b>    |   | 60,096.00         | 60,096.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 60,096.00         | 60,096.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>411,395.00</b> | <b>411,395.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b> | <b>Amount</b> | <b>Cash</b> | <b>Inkind</b> |
|----------|--|--------------|---------------|-------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |              |               |             |               |
|          | Fees and Collections - 1st and 2nd Party | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 12,000.00    | 0.00          | 12,000.00   | 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                      | 398,831.00   | 398,831.00    | 0.00        | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Food                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 0.00         | 0.00          | 0.00        | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00         | 0.00          | 0.00        | 0.00          |
|          | MCH Funding                              | 0.00         | 0.00          | 0.00        | 0.00          |
|          | Local Funds - Other                      | 564.00       | 0.00          | 564.00      | 0.00          |
|          | Inkind Match                             | 0.00         | 0.00          | 0.00        | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |              |               |             |               |
|          | <b>Totals</b>                            | 411,395.00   | 398,831.00    | 12,564.00   | 0.00          |

3 Program Budget - Cost Detail

| Line Item  | Qty    | Rate      | Units      | UOM | Total             |
|--|--------|-----------|------------|-----|-------------------|
| <b>DIRECT EXPENSES</b>   |        |           |            |     |                   |
| <b>Program Expenses</b>  |        |           |            |     |                   |
| <b>1 Salary &amp; Wages</b>  |        |           |            |     |                   |
| Supervisor   | 0.0250 | 64645.000 | 0.000      | FTE | 1,616.00          |
| Accountant   | 0.0500 | 58378.000 | 0.000      | FTE | 2,919.00          |
| Public Health Nurse  | 1.8000 | 55000.000 | 0.000      | FTE | 99,000.00         |
| Technician   | 2.2500 | 37713.000 | 0.000      | FTE | 84,854.00         |
| <b>Total for Salary &amp; Wages</b>  |        |           |            |     | <b>188,389.00</b> |
| <b>2 Fringe Benefits</b>   |        |           |            |     |                   |
| Composite Rate<br>Notes : FICA; health, dental & vision insurance; short-term disability; life insurance, retirement and worker's comp insurance | 0.0000 | 45.000    | 188389.000 |     | 84,775.00         |
| <b>3 Cap. Exp. for Equip &amp; Fac.</b>  |        |           |            |     |                   |
| <b>4 Contractual</b>   |        |           |            |     |                   |
| <b>5 Supplies and Materials</b>  |        |           |            |     |                   |
| Office Supplies  | 0.0000 | 0.000     | 0.000      |     | 750.00            |
| Printing   | 0.0000 | 0.000     | 0.000      |     | 425.00            |
| Postage  | 0.0000 | 0.000     | 0.000      |     | 300.00            |
| Medical Supplies   | 0.0000 | 0.000     | 0.000      |     | 3,000.00          |
| other supplies   | 0.0000 | 0.000     | 0.000      |     | 1,500.00          |
| <b>Total for Supplies and Materials</b>  |        |           |            |     | <b>5,975.00</b>   |
| <b>6 Travel</b>  |        |           |            |     |                   |
| Conferences  | 0.0000 | 0.000     | 0.000      |     | 1,500.00          |
| Mileage  | 0.0000 | 0.000     | 0.000      |     | 750.00            |
| gas and vehicle repairs  | 0.0000 | 0.000     | 0.000      |     | 200.00            |
| <b>Total for Travel</b>  |        |           |            |     | <b>2,450.00</b>   |
| <b>7 Communication</b>   |        |           |            |     |                   |
| telephone and cell phones  | 0.0000 | 0.000     | 0.000      |     | 4,425.00          |
| <b>8 County-City Central Services</b>  |        |           |            |     |                   |
| County-City Central Service<br>Notes : approximately 9% of total payroll costs   | 0.0000 | 0.000     | 0.000      |     | 24,585.00         |
| <b>9 Space Costs</b>   |        |           |            |     |                   |

|  | Line Item   | Qty    | Rate  | Units | UOM | Total             |
|--|---|--------|-------|-------|-----|-------------------|
|  | Rent  | 0.0000 | 0.000 | 0.000 |     | 28,800.00         |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>                              |        |       |       |     |                   |
|  | Insurance   | 0.0000 | 0.000 | 0.000 |     | 250.00            |
|  | Supporting Services<br>Notes : IT charges                                   | 0.0000 | 0.000 | 0.000 |     | 10,200.00         |
|  | service contracts and interpreters  | 0.0000 | 0.000 | 0.000 |     | 1,450.00          |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | <b>11,900.00</b>  |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | <b>351,299.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | <b>351,299.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 38,243.00         |
|  | Nursing Adm Distribution<br>Notes : approximately 8% of total payroll costs | 0.0000 | 0.000 | 0.000 |     | 21,853.00         |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | <b>60,096.00</b>  |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | <b>60,096.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | <b>60,096.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>411,395.00</b> |

1 Program Budget Summary

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / EGLE Private and Type III Water Supply |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                                   |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                        |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

| Category                       |   | Total             | Amount            |
|--------------------------------|---|-------------------|-------------------|
| <b>DIRECT EXPENSES</b>         |   |                   |                   |
| <b>Program Expenses</b>        |   |                   |                   |
| 1                              | Salary & Wages                          | 71,375.00         | 71,375.00         |
| 2                              | Fringe Benefits                         | 32,119.00         | 32,119.00         |
| 3                              | Cap. Exp. for Equip & Fac.              | 11,750.00         | 11,750.00         |
| 4                              | Contractual                             | 0.00              | 0.00              |
| 5                              | Supplies and Materials                  | 1,500.00          | 1,500.00          |
| 6                              | Travel                                  | 2,325.00          | 2,325.00          |
| 7                              | Communication                           | 1,000.00          | 1,000.00          |
| 8                              | County-City Central Services            | 9,314.00          | 9,314.00          |
| 9                              | Space Costs                             | 5,325.00          | 5,325.00          |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 21,465.00         | 21,465.00         |
| <b>Total Program Expenses</b>  |   | 156,173.00        | 156,173.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 156,173.00        | 156,173.00        |
| <b>INDIRECT EXPENSES</b>       |   |                   |                   |
| <b>Indirect Costs</b>          |   |                   |                   |
| 1                              | Indirect Costs                          | 0.00              | 0.00              |
| 2                              | Cost Allocation Plan / Other            | 22,251.00         | 22,251.00         |
| <b>Total Indirect Costs</b>    |   | 22,251.00         | 22,251.00         |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 22,251.00         | 22,251.00         |
| <b>TOTAL EXPENDITURES</b>      |   | <b>178,424.00</b> | <b>178,424.00</b> |

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

|          | <b>Category</b>                          | <b>Total</b>      | <b>Amount</b>     | <b>Cash</b>      | <b>Inkind</b> |
|----------|--|-------------------|-------------------|------------------|---------------|
| <b>1</b> | <b>Source of Funds</b>                   |                   |                   |                  |               |
|          | Fees and Collections - 1st and 2nd Party | 65,000.00         | 0.00              | 65,000.00        | 0.00          |
|          | Fees and Collections - 3rd Party         | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Federal or State (Non MDHHS)             | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Federal Cost Based Reimbursement         | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Federally Provided Vaccines              | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Federal Medicaid Outreach                | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Required Match - Local                   | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Local Non-ELPHS                          | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Other Non-ELPHS                          | 0.00              | 0.00              | 0.00             | 0.00          |
|          | MDHHS Non Comprehensive                  | 0.00              | 0.00              | 0.00             | 0.00          |
|          | MDHHS Comprehensive                      | 0.00              | 0.00              | 0.00             | 0.00          |
|          | ELPHS - MDHHS Hearing                    | 0.00              | 0.00              | 0.00             | 0.00          |
|          | ELPHS - MDHHS Vision                     | 0.00              | 0.00              | 0.00             | 0.00          |
|          | ELPHS - MDHHS Other                      | 0.00              | 0.00              | 0.00             | 0.00          |
|          | ELPHS - Food                             | 0.00              | 0.00              | 0.00             | 0.00          |
|          | ELPHS - Private / Type III Water Supply  | 100,177.00        | 100,177.00        | 0.00             | 0.00          |
|          | ELPHS - On-Site Wastewater Treatment     | 0.00              | 0.00              | 0.00             | 0.00          |
|          | MCH Funding                              | 0.00              | 0.00              | 0.00             | 0.00          |
|          | Local Funds - Other                      | 13,247.00         | 0.00              | 13,247.00        | 0.00          |
|          | Inkind Match                             | 0.00              | 0.00              | 0.00             | 0.00          |
|          | <b>MDHHS Fixed Unit Rate</b>             |                   |                   |                  |               |
|          | <b>Totals</b>                            | <b>178,424.00</b> | <b>100,177.00</b> | <b>78,247.00</b> | <b>0.00</b>   |

3 Program Budget - Cost Detail

|   | Line Item  | Qty    | Rate      | Units     | UOM | Total            |
|---|--|--------|-----------|-----------|-----|------------------|
| <b>DIRECT EXPENSES</b>                  |  |        |           |           |     |                  |
| <b>Program Expenses</b>                 |  |        |           |           |     |                  |
| <b>1</b>                                | <b>Salary &amp; Wages</b>  |        |           |           |     |                  |
|   | Director   | 0.1000 | 75000.000 | 0.000     | FTE | 7,500.00         |
|   | Sanitarian   | 0.7500 | 55000.000 | 0.000     | FTE | 41,250.00        |
|   | Clerk  | 0.2000 | 35000.000 | 0.000     | FTE | 7,000.00         |
|   | Coordinator  | 0.2500 | 62500.000 | 0.000     | FTE | 15,625.00        |
| <b>Total for Salary &amp; Wages</b>     |  |        |           |           |     | <b>71,375.00</b> |
| <b>2</b>                                | <b>Fringe Benefits</b>   |        |           |           |     |                  |
|   | Composite Rate<br>Notes : FICA; health, vision & dental insurance; short-term disability; life insurance; retirement and worker's comp insurance | 0.0000 | 45.000    | 71375.000 |     | 32,119.00        |
| <b>3</b>                                | <b>Cap. Exp. for Equip &amp; Fac.</b>  |        |           |           |     |                  |
|   | New truck (33% cost allocation)  | 0.0000 | 0.000     | 0.000     |     | 11,750.00        |
| <b>4</b>                                | <b>Contractual</b>   |        |           |           |     |                  |
| <b>5</b>                                | <b>Supplies and Materials</b>  |        |           |           |     |                  |
|   | Office Supplies  | 0.0000 | 0.000     | 0.000     |     | 300.00           |
|   | Printing   | 0.0000 | 0.000     | 0.000     |     | 200.00           |
|   | Postage  | 0.0000 | 0.000     | 0.000     |     | 225.00           |
|   | other supplies   | 0.0000 | 0.000     | 0.000     |     | 775.00           |
| <b>Total for Supplies and Materials</b> |  |        |           |           |     | <b>1,500.00</b>  |
| <b>6</b>                                | <b>Travel</b>  |        |           |           |     |                  |
|   | Conferences  | 0.0000 | 0.000     | 0.000     |     | 1,500.00         |
|   | Mileage  | 0.0000 | 0.000     | 0.000     |     | 25.00            |
|   | gas and vehicle repair   | 0.0000 | 0.000     | 0.000     |     | 800.00           |
| <b>Total for Travel</b>                 |  |        |           |           |     | <b>2,325.00</b>  |
| <b>7</b>                                | <b>Communication</b>   |        |           |           |     |                  |
|   | telephone and cell phone   | 0.0000 | 0.000     | 0.000     |     | 1,000.00         |
| <b>8</b>                                | <b>County-City Central Services</b>  |        |           |           |     |                  |
|   | County-City Central Service<br>Notes : approximately 9% of total payroll costs   | 0.0000 | 0.000     | 0.000     |     | 9,314.00         |
| <b>9</b>                                | <b>Space Costs</b>   |        |           |           |     |                  |



|  | Line Item   | Qty    | Rate  | Units | UOM | Total             |
|--|---|--------|-------|-------|-----|-------------------|
|  | Rent  | 0.0000 | 0.000 | 0.000 |     | 5,325.00          |
| <b>10</b>  | <b>All Others (ADP, Con. Employees, Misc.)</b>  |        |       |       |     |                   |
|  | Insurance   | 0.0000 | 0.000 | 0.000 |     | 215.00            |
|  | Membership  | 0.0000 | 0.000 | 0.000 |     | 75.00             |
|  | Supporting Services<br>Notes : IT services  | 0.0000 | 0.000 | 0.000 |     | 4,000.00          |
|  | bank fees   | 0.0000 | 0.000 | 0.000 |     | 300.00            |
|  | system software   | 0.0000 | 0.000 | 0.000 |     | 16,875.00         |
| <b>Total for All Others (ADP, Con. Employees, Misc.)</b> |   |        |       |       |     | <b>21,465.00</b>  |
| <b>Total Program Expenses</b>                            |   |        |       |       |     | <b>156,173.00</b> |
| <b>TOTAL DIRECT EXPENSES</b>                             |   |        |       |       |     | <b>156,173.00</b> |
| <b>INDIRECT EXPENSES</b>                                 |   |        |       |       |     |                   |
| <b>Indirect Costs</b>                                    |   |        |       |       |     |                   |
| <b>1</b>   | <b>Indirect Costs</b>   |        |       |       |     |                   |
| <b>2</b>   | <b>Cost Allocation Plan / Other</b>   |        |       |       |     |                   |
|  | Health Adm Distribution<br>Notes : approximately 14% of total payroll costs             | 0.0000 | 0.000 | 0.000 |     | 14,489.00         |
|  | Environmental Hlth Adm Distribution<br>Notes : approximately 7.5% of total payroll cost | 0.0000 | 0.000 | 0.000 |     | 7,762.00          |
| <b>Total for Cost Allocation Plan / Other</b>            |   |        |       |       |     | <b>22,251.00</b>  |
| <b>Total Indirect Costs</b>                              |   |        |       |       |     | <b>22,251.00</b>  |
| <b>TOTAL INDIRECT EXPENSES</b>                           |   |        |       |       |     | <b>22,251.00</b>  |
| <b>TOTAL EXPENDITURES</b>                                |   |        |       |       |     | <b>178,424.00</b> |

**Summary of Budget**

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2020 / Local Health Department - 2020 |                    |                               | <b>DATE PREPARED</b><br>9/17/2019  |  |
| <b>CONTRACTOR NAME</b><br>Grand Traverse County Health Department                           |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2019 To : 9/30/2020  |  |
| <b>MAILING ADDRESS (Number and Street)</b><br>2600 Lafranier Road<br>Suite A                |                    |                               | <b>BUDGET AGREEMENT</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment |  |
|   |                    |                               | <b>AMENDMENT #</b><br>0  |  |
| <b>CITY</b><br>Traverse City  | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>49686-8972 | <b>FEDERAL ID NUMBER</b><br>38-6004852   |  |

|                                | Category                                | Total               | Amount              |
|--------------------------------|---|---------------------|---------------------|
| <b>DIRECT EXPENSES</b>         |   |                     |                     |
| <b>Program Expenses</b>        |   |                     |                     |
| 1                              | Salary & Wages                          | 2,123,441.00        | 2,123,441.00        |
| 2                              | Fringe Benefits                         | 947,301.00          | 947,301.00          |
| 3                              | Cap. Exp. for Equip & Fac.              | 23,500.00           | 23,500.00           |
| 4                              | Contractual                             | 15,000.00           | 15,000.00           |
| 5                              | Supplies and Materials                  | 220,801.00          | 220,801.00          |
| 6                              | Travel                                  | 53,530.00           | 53,530.00           |
| 7                              | Communication                           | 48,945.00           | 48,945.00           |
| 8                              | County-City Central Services            | 235,534.00          | 235,534.00          |
| 9                              | Space Costs                             | 248,655.00          | 248,655.00          |
| 10                             | All Others (ADP, Con. Employees, Misc.) | 251,633.00          | 251,633.00          |
| <b>Total Program Expenses</b>  |   | 4,168,340.00        | 4,168,340.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |   | 4,168,340.00        | 4,168,340.00        |
| <b>INDIRECT EXPENSES</b>       |   |                     |                     |
| <b>Indirect Costs</b>          |   |                     |                     |
| 1                              | Cost Allocation Plan / Other            | 87,427.00           | 87,427.00           |
| <b>Total Indirect Costs</b>    |   | 87,427.00           | 87,427.00           |
| <b>TOTAL INDIRECT EXPENSES</b> |   | 87,427.00           | 87,427.00           |
| <b>TOTAL EXPENDITURES</b>      |   | <b>4,255,767.00</b> | <b>4,255,767.00</b> |

**SOURCE OF FUNDS**

|  | Category | Total | Amount | Cash | Inkind |
|--|----------|-------|--------|------|--------|
|--|----------|-------|--------|------|--------|

|    |  |                     |                     |                     |             |
|----|--|---------------------|---------------------|---------------------|-------------|
| 1  | Fees and Collections - 1st and 2nd Party | 498,500.00          | 0.00                | 498,500.00          | 0.00        |
| 2  | Fees and Collections - 3rd Party         | 334,250.00          | 0.00                | 334,250.00          | 0.00        |
| 3  | Federal or State (Non MDHHS)             | 0.00                | 0.00                | 0.00                | 0.00        |
| 4  | Federal Cost Based Reimbursement         | 456,000.00          | 0.00                | 456,000.00          | 0.00        |
| 5  | Federally Provided Vaccines              | 120,000.00          | 0.00                | 120,000.00          | 0.00        |
| 6  | Federal Medicaid Outreach                | 383,822.00          | 383,822.00          | 0.00                | 0.00        |
| 7  | Required Match - Local                   | 343,966.00          | 0.00                | 343,966.00          | 0.00        |
| 8  | Local Non-ELPHS                          | 81,340.00           | 0.00                | 81,340.00           | 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                      | 765,665.00          | 765,665.00          | 0.00                | 0.00        |
| 14 | ELPHS - MDHHS Hearing                    | 27,847.00           | 27,847.00           | 0.00                | 0.00        |
| 15 | ELPHS - MDHHS Vision                     | 27,846.00           | 27,846.00           | 0.00                | 0.00        |
| 16 | ELPHS - MDHHS Other                      | 74,286.00           | 74,286.00           | 0.00                | 0.00        |
| 17 | ELPHS - Food                             | 96,456.00           | 96,456.00           | 0.00                | 0.00        |
| 18 | ELPHS - Private / Type III Water Supply  | 100,177.00          | 100,177.00          | 0.00                | 0.00        |
| 19 | ELPHS - On-Site Wastewater Treatment     | 130,129.00          | 130,129.00          | 0.00                | 0.00        |
| 20 | MCH Funding                              | 38,283.00           | 38,283.00           | 0.00                | 0.00        |
| 21 | Local Funds - Other                      | 669,450.00          | 0.00                | 669,450.00          | 0.00        |
| 22 | Inkind Match                             | 0.00                | 0.00                | 0.00                | 0.00        |
| 23 | MDHHS Fixed Unit Rate                    | 107,750.00          | 107,750.00          | 0.00                | 0.00        |
|    | <b>TOTAL</b>                             | <b>4,255,767.00</b> | <b>1,752,261.00</b> | <b>2,503,506.00</b> | <b>0.00</b> |

**Source of Funds**

## Action Request



|                    |  |                      |   |
|--------------------|--|----------------------|---|
| Meeting Date:      | October 2, 2019  |                      |   |
| Department:        | Administration   | Submitted By:        | Chris Forsyth   |
| Contact E-Mail:    | cforsyth@grandtraverse.org   | Contact Telephone:   | 922-4780  |
| Agenda Item Title: | Michigan Indigent Defense Commission (MIDC) Amendment to Allow for Expenditure of Fiscal Year (FY) 2019 Unexpended Funds |                      |   |
| Estimated Time:    | 5 minutes<br><small>(in minutes)</small>   | Laptop Presentation: | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Summary of Request:**

On September 15, 2019, we received a letter from MIDC Director Loren Khogali addressed to all local funding units that if a funding unit wanted to use FY 2019 grant funds for expenditures occurring in FY 2020, then that unit had to complete an amendment to the grant agreement permitting such allowance. Ms. Khogali requested that the funding units execute a form amendment included with her letter, and return it to MIDC by September 25, 2019. On September 24th, the County Administrator executed the amendment on behalf of Grand Traverse County and transmitted it to MIDC. Because we did not have sufficient time to review the amendment and add it on the Board of Commissioners' September 18th agenda, we are requesting that the Board of Commissioners ratify the Administrator's execution on behalf of the County. A copy of the executed amendment is included with this action request.

**Suggested Motion:**

Resolved, the Grand Traverse County Board of Commissioners ratify the County Administrator's execution of an Amendment to the MIDC FY 2019 Grant Agreement to Allow for Expenditure of FY 2019 Unexpended Funds.

**Financial Information:**

|             |                    |                     |   |
|-------------|--------------------|---------------------|---|
| Total Cost: | General Fund Cost: | Included in budget: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------|--------------------|---------------------|---|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature | Date |
|--------------------------|-----------|------|
| Finance Director         |           |      |
| Human Resources Director |           |      |
| Civil Counsel            |           |      |

**Administration:**     Recommended    Date: \_\_\_\_\_

Miscellaneous:

**Attachments:**

Attachment Titles:

RESOLUTION

**XX-2019**

**Michigan Indigent Defense Commission (MIDC) Amendment to Allow for Expenditure of  
FY 2019 Unexpended Funds**

WHEREAS, The Grand Traverse County Board of Commissioners met in regular session on October 2, 2019, and reviewed recommendation to ratify the County Administrator's execution of an Amendment to the MIDC FY2019 Grant Agreement to Allow for Expenditure of FY 2019 Unexpended Funds, and,

WHEREAS, a letter was received from MIDC that if a funding unit wanted to use FY 2019 grant funds for expenditures occurring in FY 2020, an amendment allowing same must be completed; and,

WHEREAS, the executed amendment was due by September 25, 2019, which did not allow sufficient time to present to the board so the County Administrator executed the amendment on behalf of the County; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County ratifies the County Administrator's execution of an Amendment to the MIDC FY2019 Grant Agreement to Allow for Expenditure of FY 2019 unexpended fund to be spent for expenditures in FY 2020.

APPROVED: October 2, 2019

## **AMENDMENT TO ALLOW FOR EXPENDITURE OF FISCAL YEAR 2019 UNEXPENDED FUNDS**

Subject to the terms and conditions below, the State of Michigan, the Michigan Indigent Defense Commission (MIDC), and the Department of Licensing and Regulatory Affairs (LARA) (collectively "Grantor") and Grand Traverse County ("Grantee") enter into this Agreement to allow Grantee to use funds remaining from Grant No. 2019-54 after September 30, 2019.

### **BACKGROUND**

In June 2018, the Michigan Legislature appropriated funds to cover the cost of indigent defense services under the Michigan Indigent Defense Commission Act. Funding for fiscal year 2019 was distributed to funding units pursuant to a grant contract executed between each funding unit and Grantor. The funds distributed under these grant contracts included the state grant amount and the local share. The amount of the grants included funding for a full fiscal year--October 1, 2018, through September 30, 2019.

Pursuant to the MIDC Act, all indigent defense grant funds are required to be held in a restricted fund. MCL 780.993(14)(b). The MIDC Act also provides that unexpended funds in a system's restricted fund (not subject to MCL 780.993(11)) will be included in the system's subsequent fiscal year's expenditures through the subsequent year's compliance plan and cost analysis.

The Parties are unable to execute a new grant contract for fiscal year 2020 on or before October 1, 2019. The Parties agree, however, that Grantee should make indigent defense-related expenditures with unexpended funds from fiscal year 2019 in order to ensure the uninterrupted provision of indigent defense services.

### **TERMS**

1. *Scope of Authority:* This agreement incorporates by reference the fiscal year 2019 grant contract and associated fiscal year 2019 compliance plan and cost analysis. If Grantee received a budget adjustment during fiscal year 2019, it should continue spending funds in accordance with the budget adjustment. Any funds used pursuant to this agreement shall be used consistent with the FY 19 approved compliance plan and cost analysis and shall not be used for any other purpose.
2. *Variation from Fiscal Year 2019 Spending:* Any variation in Grantee's spending requires prior written approval from the MIDC. Grantee must follow MIDC policy and procedure when applying for approval. The MIDC's approval of Grantee's fiscal year 2020 plan and/or cost analysis does not qualify as approval to deviate from Grantee's fiscal year 19 spending.
3. *Offset:* The state grant for fiscal year 2020 will be offset by the amount of unexpended funds (not subject to MCL 780.993(11)) remaining on September 30, 2019.
4. *Fund Balance Reporting:* Michigan Compiled Laws 780.993(15) requires Grantee to report all unexpended funds as of September 30<sup>th</sup> by October 31, 2019, to the MIDC.

5. *Incorporation:* All terms and conditions of the Parties' fiscal year 2019 grant agreement (including attachments) are incorporated into this Agreement. But if there is a conflict between the terms and conditions of the fiscal year 19 grant agreement and this Agreement, this Agreement prevails.

#### MISCELLANEOUS PROVISIONS

6. *Local Share:* Nothing in this agreement affects the calculation of the local share pursuant to the MIDC Act. That share is adjusted on an annual basis.

7. *Modification:* This Agreement, and all documents incorporated hereto, constitute the Parties' entire Agreement. This Agreement can only be modified by the Parties' written agreement.

8. *Waiver:* Failure to enforce any provision of this Agreement shall not constitute a waiver.

9. *Severability:* If any court of competent jurisdiction finds any part of this Agreement to be invalid or unenforceable, that part will be deemed deleted from this Agreement. The severed part will be replaced with a mutually agreeable provision that achieves the same or similar objectives. The remaining Agreement will continue in full force and effect.

10. *Headings:* The use of headings in this Agreement is for convenience only. Headings shall not affect the interpretation of any provision of this Agreement or any of the rights or obligations of the Parties.

11. *Termination:* This agreement shall terminate on December 31, 2019, or the date that the parties sign their FY 20 grant contract—whichever date is earlier. Expenditures made under this Agreement, however, shall be included and supported with documentation in the first report required under the FY20 grant contract.

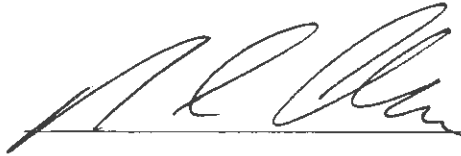
12. *Signatories:* The signatories warrant that they are empowered to enter into this Agreement and agree to be bound by it.

\_\_\_\_\_  
LeAnn Droste, Director  
Bureau of Finance and Administrative Services  
Department of Licensing and Regulatory Affairs  
State of Michigan

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

\_\_\_\_\_  
Loren Khogali, Executive Director  
Michigan Indigent Defense Commission  
Department of Licensing and Regulatory Affairs

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



---

NATHAN ALGER  
Name of Authorized Signer

COUNTY ADMINISTRATOR  
Title

GRAND TRAVERSE COUNTY  
System Name

9-24-19  
Date:



## Action Request



|                    |   |                      |   |
|--------------------|---|----------------------|---|
| Meeting Date:      | October 2, 2019                                 |                      |   |
| Department:        | Administration                                  | Submitted By:        | Chris Forsyth   |
| Contact E-Mail:    | cforsyth@grandtraverse.org                      | Contact Telephone:   | 922-4780  |
| Agenda Item Title: | Surplus Property; Unused Food Service Equipment |                      |   |
| Estimated Time:    | 5 minutes<br><small>(in minutes)</small>        | Laptop Presentation: | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Summary of Request:**

There is unused food service equipment in the basement of the Governmental Center that belongs to the County. The Equipment has not been used in several years. Both the Facilities Manager and Finance Director have determined that this equipment has no value and should be disposed.

**Suggested Motion:**

Resolved, the Grand Traverse County Board of Commissioners declares that the food services equipment located in the basement of the Governmental Center is declared to be surplus and approves same for disposal.

**Financial Information:**

|             |                    |                     |   |
|-------------|--------------------|---------------------|---|
| Total Cost: | General Fund Cost: | Included in budget: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------|--------------------|---------------------|---|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature | Date |
|--------------------------|-----------|------|
| Finance Director         |           |      |
| Human Resources Director |           |      |
| Civil Counsel            |           |      |

**Administration:**     Recommended    Date: \_\_\_\_\_

Miscellaneous:

**Attachments:**

Attachment Titles:

RESOLUTION

**XX-2019**

**Grand Traverse County – Surplus Food Service Equipment**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on October 2, 2019 and reviewed request from the Grand Traverse County Deputy Administrator to declare food service equipment in the basement of the Governmental Center surplus as it has no value and should be disposed; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County food service equipment in the basement of the Governmental Center surplus and approves same for disposal.

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: October 2, 2019

## Action Request



|                    |   |                      |   |
|--------------------|---|----------------------|---|
| Meeting Date:      | October 2, 2019   |                      |   |
| Department:        | Administration  | Submitted By:        | Chris Forsyth   |
| Contact E-Mail:    | cforsyth@grandtraverse.org  | Contact Telephone:   | 922-4780  |
| Agenda Item Title: | Carlisle Wortman Associates Evaluation of the County Construction Code Department |                      |   |
| Estimated Time:    | 30 minutes<br><small>(in minutes)</small>   | Laptop Presentation: | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Summary of Request:**

Richard Carlisle and Craig Strong with Carlisle Wortman Associates will present their report of the evaluation of the Construction Code Department. Included in the report, are recommendations to implement a Coordinated Permit Processing Program (CP3). CP3 is an online electronic application system provided through Tyler Technologies EnerGov software. Implementation of CP3 would meet a 2019 Board of Commissioners goal of streamlining permitting for development, construction and all other permits. A copy of the evaluation report is included with this action request.

**Suggested Motion:**

**Financial Information:**

|             |  |                    |  |                     |   |
|-------------|--|--------------------|--|---------------------|---|
| Total Cost: |  | General Fund Cost: |  | Included in budget: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------|--|--------------------|--|---------------------|---|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature | Date |
|--------------------------|-----------|------|
| Finance Director         |           |      |
| Human Resources Director |           |      |
| Civil Counsel            |           |      |

**Administration:**  Recommended Date: \_\_\_\_\_

Miscellaneous:

**Attachments:**

Attachment Titles:

# Grand Traverse County

## Evaluation of County Construction Code Department and Permit Processing System



**Carlisle | Wortman**  
ASSOCIATES, INC.



**Code Enforcement**  
SERVICES

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# Executive Summary

## ***Observations***

- Grand Traverse County (GTC) enforces the State Construction Code for all jurisdictions in the County, except Garfield Township which issues their own building permits. GTC issues permits and performs inspections for all trades in Garfield Township.
- The County Construction Code Department is extremely busy and has issued an average of 17,200 permits a year over the past three years.
- The County Board of Commissioners approved the hiring of Tyler Technologies to provide construction code and permitting EnerGov software and Carlisle | Wortman Code Enforcement Division (CES) to evaluate the Construction Code Department and the permitting process.
- CES conducted extensive stakeholder interviews with representatives of business, the construction building industry, local officials, architects and County staff.
- Stakeholder reviews of the Construction Code Department were favorable. Improvements were recommended to the phone system, website, plan review turnaround time, level of staffing, and communication and customer service.
- Major stakeholder complaint focused on the delays experienced receiving a land use permit for local jurisdictions and duplicative requirements prior to applying for a building permit.

## ***Recommendations***

- Full implementation of a Coordinated Permit Processing Program (CP3) will be a tremendous advancement. CP3 will require more than new permitting software.
- CP3 will offer a “one-stop shop right from your desktop” approach. However, the County needs to complement the roll out of the new permitting software with a strong public education program.
- To assist an enhanced coordination effort with local jurisdictions, the County should consider creating a Community Development Coordinator position. An individual with a strong planning and zoning background would be best suited to assist local units with CP3.
- Additional Construction Code Department staffing is needed. A Deputy Building Official would free the Building Official from many of the routine duties he currently performs. A deputy could also assist with plan review.
- An office manager is also needed, particularly on who will understand the new software and be able to assist others.



# Executive Summary

- Inspection turnaround and average daily inspections can improve with new software, especially by field equipping inspectors with smart phones and tablets, or laptops.
- Transferring addressing from Equalization to the Construction Code Department may also increase permitting efficiency.
- The new software and CP3 offers the opportunity for concurrent processing of all permits, including land use permits. Coordination with local jurisdictions will allow the new permitting software to be used to the maximum benefit.



# Introduction

**Grand Traverse County** (GTC) is described in the County's Master Plan as northern Michigan's most popular resort destination. As a result, it is also one of the fastest growing counties in Michigan.

Effective building, planning, and zoning administration activities form the foundation for a sustainable community. The built environment of Grand Traverse County requires strong building code compliance activities for the provision of safe, sanitary and decent structures both for housing and non-residential sites. Enforcement of construction codes and zoning regulations is an investment in the future of the County protecting the value of the County's tax base. Codes and regulation protect existing and new structures, alleviate blighting influences, improve structure quality and extend useful life and value. Effective building, planning and zoning programs are essential in attracting economic development and redevelopment.

Safety of residents and visitors is a major concern. Strict code compliance leads to long-term reinvestment and the future vitality of the community. The impact is cumulative and does not occur overnight. The community is enhanced one structure at a time and one site at a time.

The County Construction Code Department is extremely active, providing full-time services to all Grand Traverse County municipalities, except Garfield Township. Even with the large volume of activity, the County Construction Code Department is operating on a paper-permitting system and is not making use of technology in the application, permit review and inspection process.

Thus, the County Board of Commissioners authorized the hiring of Tyler Technologies to develop EnerGov construction code and permitting software and asked Carlisle Wortman Associates (CWA) to evaluate the existing construction code department.



# CES Scope of Work

## Observations

- *CWA assisted the County in developing a better understanding of the County permitting system in conjunction with other agencies and local units of government.*
- *The Construction Code Department was evaluated to determine its efficiency, timeliness, level of service and generation of revenue.*

The County retained CWA to evaluate the Construction Code Department and identify options to improve the delivery of Construction Code Department Services. In the course of this evaluation, CWA assisted the County in creating a greater understanding of how the county level construction permitting system needed to be coordinated with permitting by other County agencies and local units of government.

The Construction Code Department was evaluated to determine if it is delivering service efficiently and within an acceptable time frame. A major focus of this study has been the process of interaction with client communities and how service delivery may be improved. A major component of improved service delivery is the use of technology. The work of CWA has involved close coordination with the County Administration, County staff and the software vendor, Tyler Technologies.

A final component of the study was to evaluate sources of revenue. CWA reviewed fees to determine whether they are on par with other jurisdictions and properly reflect the costs of operating the Department.

When asked to evaluate the performance of a Construction Code Department, CWA starts by asking these basic questions:

1. **How long does it take to approve a permit from the day it was submitted?**
2. **Are there delays in the process while a permit waits in someone's inbox or waits to be delivered?**
3. **How many days is the application idle?**
4. **Are some parts of the process repeated? Are some parts of the application reviewed multiple times?**
5. **What percent of applicants have to request assistance to complete the forms?**

# CES Scope of Work

6. What percent of submitted applications have missing or inaccurate information?
7. Do reviewers need multiple data systems to find the information they need to review applications?
8. How many times do customers have to come to the permitting office?
9. What can customers tell us about the process?
10. What would make the process easier?



# Project Goals

## Overall Goal

- *Create a new electronic permitting system that will allow for a one-stop shop.*

## Observations

1. *Build Mutual Understanding*
2. *Analyze Process, Performance and Costs*
3. *Use Information Technology*

The ultimate goal of the County’s effort and CWA’s evaluation is to assist the County in improving the delivery of service during the development and launching of the new EnerGov software with the focus of creating a one-stop shop permitting system. Given the geography and number of jurisdictions involved, the new permitting system will allow for a virtual “one stop shop” process.

To implement this over-arching goal, the following objectives have been identified that will be in place on an ongoing basis and need periodic evaluation and fine-tuning. These objectives include:

### 1. Build Mutual Understanding

Bring agencies, industry, elected officials, and the public together to build mutual understanding of the “how” and “why” of the permit process. Work together and educate all participants about how to be more effective during permit review.

### 2. Analyze Process, Performance, and Costs

Analyze and continually monitor the process, its performance, and costs of service. Mapping the full permit process can reveal opportunities for improvement and assist applicants and reviewers to know how to execute the steps. Establish performance standards to build expected results into the process.

### 3. Use Information Technology

Assist in identifying technology such as electronic permit tracking systems, geographic information systems (GIS), and the interconnection of these systems online to improve communication, create efficiencies, reduce paperwork and build easily accessible project records.



# Constituent Input

## Observations

- *The overall impression of the County Construction Code Department is favorable.*
- *Phone correspondence is preferred by applicant, however, the phone system is inadequate.*
- *Clarity as to what is required for applications is necessary.*
- *The timeliness of the department's plan review could be improved as it is a lengthy process that easily is extended.*
- *It is difficult to determine where in the process applications or plans are, making it difficult to gauge the timeline of projects.*

In the course of its investigation, CWA has involved leadership, staff, community and business organizations throughout the evaluation. Both one-on-one and group interviews were conducted with business and building and construction organizations, design professionals, local government officials and their staff, and County staff.

The overall impression of the County Construction Code Department is favorable. Comments heard from interviews are summarized as follows:

- Regarding the website, mixed responses were received. Applicants with experience don't use the website. Most indicated they call the office because they don't know if the website is up to date. However, even with relying on calling the office, the phone system is inadequate.
- There were a number of comments on the applications. Several comments were received that there is a disconnect between permitting entities as to what is required for a completed application resulting in frustration for architects and builders.
- There is a general consensus that the timeliness of the department's plan review could be improved. The land use and building permit process make it a lengthy process, and it's easy to get further behind as the department gets busier. It's also hard to tell where in the process applications or plans are, and it's difficult to gauge the timeline of the project because of that.
- There were a number of positive comments regarding Building Official Bruce Remai who is described as good to work with and a problem solver. But, he is spread too thin. A deputy Building Official is needed.
- The County permitting process is fine but can't start until address and Township land use permits are issued. The time to get an address takes too long. That is when delays occur.

# Constituent Input

## Observations

- *Additional staffing is needed.*
  - *Time to obtain an address creates delays.*
  - *Inspection processes can be improved by providing transparency as to what inspectors are looking for, as well as scheduling.*
  - *Communication between entities could be improved.*
  - *Correspondence with design professionals regarding updates in project timelines, reviews and code updates would be beneficial.*
  - *Improving customer service of staff could foster positive relationships between the Department and design professionals.*
- The Department is understaffed. Staffing levels are considerably less than pre-recession.
  - The process of calling for inspections is cumbersome and slow. Staff turnover makes inspections difficult, and communication as to what inspectors are looking for would be helpful because repeat inspections are necessary. Inspection times are posted the morning of the inspection often after an inspection was supposed to happen. Inspectors also won't complete an inspection if the project doesn't match drawings in entirety. This elongates timelines. Also, often failed inspections occur based upon comments that are not relevant to the Code.
  - Overall, communication could be improved, including communication between entities as to what is required, corresponding with design professionals as to updates in project timelines, reviews and code updates.
  - Some comments were received about customer service and the politeness of staff. Effort should be directed toward improving the relationship between the Department and design professionals.

# Constituent Input

## Observations

- *The process should be clarified through the creation of a checklist.*
- *A sense of urgency should be established in issuing permits and performing inspections.*
- *There should be the creation of a culture of customer service.*
- *IT upgrades are necessary.*
- *Staffing levels should be improved.*
- *Improved communication should be prioritized.*

In a meeting with the Chamber of Commerce, a collaborative effort between the Chamber, Builders Exchange and Home Builders Association was discussed. In that collaborative effort, recommendations were made that would improve the overall permitting process. The key points identified through these joint discussions were the following:

- There needs to be a online checklist of the process. It is not often clear.
- Time accountability, transparency and creation of a sense of urgency in issuing permits and performing inspections is necessary.
- Build on a culture of customer service.
- IT upgrades to the permitting process are essential.
- It should be ensured that the office is adequately staffed.
- It should be ensured that permit fees are staying in the Department.
- Improved communication should be prioritized.

Finally, a meeting was held on August 28, 2019 with the local jurisdictions that are served by the Construction Code Department where the new Tyler software and streamlined permitting process was discussed. The County's efforts were generally well received and there was a thorough and straightforward discussion about potential issues with implementation.





# Evaluation of Construction Code Department and Permitting Process

## Observations

- *The Grand Traverse County Construction Code Department is responsible for the administration and enforcement of the Stille-DeRosset-Hale Single State Construction Code Act, Act 230 of 1972, as amended.*
- *The State has established certification standards and continuing education requirements for building officials, inspectors, examiners and trade inspectors.*
- *All applicable laws and ordinances to be administered and enforced must be coordinated with both internal County departments as well as City, Village and Township jurisdictions.*
- *The Act provides guidelines regarding permit fees and restricts use of revenues generated.*
- *Current staff consists of 11 full time staff and 4 contractual inspectors.*
- *Staffing levels have decreased significantly following the collapse of the residential construction market in 2008.*

GTC construction code enforcement activities are handled at the county level of government for all jurisdictions except Garfield Township. This includes the City of Traverse City, Village of Kingsley, Village of Fife Lake and twelve townships. While Garfield Township has its own Construction Code Department, the County provides plumbing, electrical and mechanical trade inspections.

### **Statutory Authority**

The Construction Code Department of Grand Traverse County operates under and is subject to the Stille-DeRossett-Hale Single State Construction Code Act, Act 230 of 1972, as amended. Act 230 allows a County to establish a Construction Code Department which, in turn, becomes responsible for the administration and enforcement of the act and building code for each jurisdiction. In Grand Traverse County, the County administers the construction code for all jurisdictions except Garfield Township.

Under Act 230, local units are permitted to administer and enforce the adopted State Construction Code, which includes regulations developed by national (and international) code authorities for standards on building construction, electrical, mechanical, and plumbing installations. In Michigan, these codes are adopted and modified from time to time by the State Construction Code Commission. The issuance of all building permits and inspections in the State are conducted under the authority of Public Act 230 of 1972, as amended. The State has established certification standards and continuing education requirements for all building officials, building inspectors, plans examiners and trade inspectors.

The Act also provides strict guidelines regarding permit fees and restricts the use of such revenues to construction code department functions only.

The Construction Code Act, section 11 (1) authorizes the Construction Code Department to issue a permit when an application conforms to the building code and the requirements of applicable laws and ordinances. In the case of Grand Traverse County, the applicable laws and ordinances



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *The current phone menu is too long, and has deficiencies.*
- *Inspectors make themselves available from 7am to 9am daily to provide technical questions and feedback to citizens.*
- *The current turnaround for residential permits is 5 to 6 days.*
- *The current turnaround for commercial project permits are 7 to 14 days.*
- *Staff supports the implementation of new permitting software.*

that are administered and enforced must be coordinated with both internal County departments as well as City, Village and Township jurisdictions.

## Permit Activity

With the population growth and development experienced within the County, the Department is extremely active, issuing an average of 6,000 permits over the past three years and conducting an average of 17,200 building, electrical and mechanical inspections per year. The large majority of building activity is occurring within Traverse City and adjacent townships. Table 1 illustrates the amount of permit activity over the past three years.

## Staff Interviews

Detailed interviews were conducted with members of the construction code department regarding their duties and perceptions of the department. We found a dedicated staff of individuals performing their duties in an efficient and effective manner. The Building Official advised us that the department underwent a tremendous change since the collapse of the residential construction market in 2008. Prior to this event staffing levels were at 21 full time team members and it has since been reduced to just 11 full time staff and 4 contractual inspectors.

Current staffing is as follows:

- Building Official
- Plans Examiner
- Building Inspector (2)
- Plumbing Inspector (1)
- Mechanical Inspector (1)
- Electrical Inspector (2)
- Administrative Staff (3)



# Evaluation of Construction Code Department and Permitting Process

**Table 1: County Permit Activity (2016-2018)**

| Grand Traverse County Construction Code Department<br>Permit Activity (2016-2018) |             |             |             |
|---|-------------|-------------|-------------|
|   | 2016        | 2017        | 2018        |
| <b>Total Permits</b>  | 5,520       | 5,455       | 7,011       |
| Building  | 1,034       | 1,102       | 1,313       |
| Electrical  | 1,662       | 1,547       | 1,997       |
| Plumbing  | 1,753       | 1,806       | 1,553       |
| Mechanical  | 1,071       | 1,000       | 2,148       |
| <b>Number of Inspections</b>  | 16,365      | 13,648      | 21,595      |
| Building  | 5,131       | 4,879       | 6,220       |
| Electrical  | 4,407       | 3,696       | 5,833       |
| Plumbing  | 2,827       | 2,814       | 4,130       |
| Mechanical  | 4,000       | 2,259       | 5,412       |
| <b>Permit Fees (\$)</b>   | \$1,389,961 | \$1,675,751 | \$1,699,713 |

The table above shows the total permit activity between 2016 and 2018 for the Grand Traverse County Construction Code Department.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *New positions are needed including a Deputy Building Official, Plans Examiner and Office Manager.*
- *A Deputy may be able to fill the Plans Examiner role.*
- *The Department makes appropriate use of contract inspectors.*
- *Contracts should be amended to require registration and license be kept current.*
- *A wage study of inspectors needs to be conducted to ensure qualified staff can be hired and maintained.*
- *The office floor plan is inefficient and needs to be evaluated.*

A general consensus during interviews was that the staffing levels were generally adequate but perhaps to achieve a quicker permit turnaround time an additional plans examiner would be needed to achieve this. The Building Official indicated that he would like to fill the vacant Deputy position and perhaps add an office manager position. The Deputy could also assist with plan review and the office manager could oversee the entire administrative operations, and assist with permit coordination.

Another observation was the phone answering menu is too long and causes the building inspectors to receive most of the calls because they are the first on the menu and citizens just want to speak with someone. We were also advised of a glitch in the system, whereas; if someone is listening to a phone message and a call comes in the call takes precedence and interrupts the message requiring the person to start the message over.

The administrative staff has correctly observed that the current office layout is inefficient. Circulation paths for staff workflow are not well laid out and could be improved to promote greater office efficiency. The current floor plan needs to be evaluated and redesigned.

The inspectors make themselves available every morning from 7am to 9am to meet with citizens at the counter to answer technical questions and review their projects. This is a recommended practice as it does allow for a quicker turnaround of permits. The current turnaround time for residential permits is 5 to 6 days. Commercial projects are 7 to 14 days depending on the completeness of the plans. The staff seem to support the implementation of the permit software.

In regards to staffing, there is a significant challenge throughout the State to hire and retain qualified inspectors. Compensation is a key factor. Although it is beyond the scope of this study, a follow-up evaluation of wages for all inspectors, including building inspectors, is recommended.

The department makes use of contractor inspectors, primarily in the trades. Each contractor is required to sign a contract which establishes the rate of pay, performance, insurance coverage and miscellaneous requirements. The only recommendation regarding these contracts is to add language to require contractors to maintain their registration and license while working under contracted agreement with the County.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *In late 2018, the department was evaluated for its overall effectiveness.*
- *On a scale of 1 (best) to 10 (worst), the department received exemplary scores.*
- *Additional training could assist in maintaining this high ISO rating.*

## Insurance Service Office (ISO) Evaluation

In November of 2018, the department was evaluated by the ISO for the purpose of examining the overall effectiveness of its operations which include:

- Background information
- Code Adoption
- Education, training and certification
- Staffing levels
- Floodplain management

The ISO has evaluated over 14,000 code enforcement departments across the United States. In each of these communities, three elements of building code adoption and enforcement are reviewed. These three elements are the administration of codes (54% of the score), plan review (23%) and field inspection (23%). The overall rating received is a number from 1 (best) to 10 (worst). The department received a score of 3 for residential construction and 2 for all other. These scores are the best that CWA has observed as both consultants and as a company that provides building operation services and operates building departments.

Continuing education for code officials is mandated by the State to maintain valid state registrations. In the ISO report it compared four categories of training (administrative, legal, mentoring and technical) to a county, state and national average. Grand Traverse County Building was above the average for administration and legal but the lowest for mentoring and technical. Although not mandated, additional training would help maintain the high ISO rating.





# Evaluation of Construction Code Department and Permitting Process

## Observations

- *Contract inspectors are employed as necessary.*
- *Although the ISO rating for the plan review process was satisfactory, assistance would reduce wait times.*
- *Inspectors average 8.6 inspections per day. With electronic permit processing and improved scheduling, this average can increase.*
- *Inspectors need to be equipped with smartphones and tablets or laptops.*

With regard to staffing levels the ISO sets the following benchmarks to compare the department with other jurisdictions:

- 10 inspections per day per full time inspector
- 1 commercial plan review per day per full time plan reviewer
- 2 residential plan reviews per day per full time plan reviewer

Based on the last three years of data from the department, the following are the inspection statistics:

|               |  |
|---------------|--|
| <b>17,202</b> | Average number of inspections per year |
| <b>250</b>    | Number of inspection days              |
| <b>8</b>      | Inspectors                             |
| <b>8.6</b>    | Inspections per day per inspector      |

While the average number of inspections per day is slightly lower than the recommended average, it may not have taken into account the extensive geography that must be covered by each inspector on a daily basis. To improve on the average daily number of inspections, several things need to occur:

- Inspector scheduling can be improved.
- Inspectors can be equipped with smart phones and tablets or laptops and be notified of inspection requests without visiting the office.
- To the extent possible, daily inspection requests can be geographically organized. This will also necessitate improved GIS services to the Construction Code Department.

Even though the ISO rated the plan reviews as satisfactory we recommend assistance to cut down on wait times. Stakeholder interviews indicated a level of frustration with wait time for plan review.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *In order to apply for a Building Permit within any of the 15 jurisdictions of Grand Traverse County, a Land Use Permit is required.*
- *Table 2 located on page 19 provides a summarization of each local jurisdiction's requirements for a land use permit.*
- *Duplicate information is required for land use permits and building permits.*

## Permit Coordination with Local Jurisdictions

Currently, the Construction Code Department will not accept a Building Permit application until a Land Use Permit has been issued by the local jurisdiction. All fifteen (15) jurisdictions for whom the Construction Code Department administers the code require a land use permit to be issued. The permit verifies that local zoning requirements are met. This approval is consistent with Section 11 of the Construction Code Act.

The Zoning Ordinances for each local jurisdiction were reviewed to determine the requirements for a land use permit. The results of this review are provided in Table 2 and summarized below:

- All jurisdictions require some form of site plan or sketch plan be submitted with the application
- All but two (2) jurisdictions require an address be issued prior to land use permit approval
- All jurisdictions require health department or in the case where sewer and water available, Department of Public Works approval.
- All but one (1) jurisdiction requires a soil erosion permit
- Eleven (11) of the fifteen (15) jurisdictions require a driveway permit be issued by the Road Commission
- Five (5) of fifteen (15) jurisdictions require an applicable fire department review

After reviewing a representative sample of land use permit applications from jurisdictions served by the County, CES determined that it is possible to have a single application. A copy of a sample application is provided as Attachment I.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *Before a building application can commence, an address and land use permit must be obtained as requirement of County Street Address Ordinance.*
- *The County Street and Road Naming and Numbering Ordinance needs to be amended to allow a concurrent permit process.*
- *Consider transferring addressing to the Construction Code Department.*

In the constituent interviews, which were conducted, there were some opinions expressed that the County Construction Code Department does not have to wait for local land use approval before issuing a building permit. However, such an approach would be contrary to Section 11 of the Construction Code Act. In a survey of a sample of five (5) other County Building Departments (Marquette, Sanilac, Antrim, Cheboygan, and Manistee), it is clear that at least 4 out of 5 clearly require a land use permit. A stakeholder interview indicated that Manistee County does not require a land use permit prior to issuing a building permit. However, reviewing the process for at least the City of Manistee and Manistee, Onekama and Arcadia Townships, CES found that they do require a land use permit prior to a building permit.

The conclusion of this review is that most jurisdictions are requiring duplicate information for both land use and building permits. Under the current paper system of permit processing, the Construction Code Department is constrained from starting the building permit process until land use permits have been issued and physically provided.

Another significant issue is that County Street and Road Naming and Numbering Ordinance states:

*“No land use permit will be issued by a local municipality until an address has been assigned by the GTC Equalization Department.”*

As the online permitting system continues to progress, the County should consider transferring addressing to the Construction Code Department. It is quite common for Building Departments to be responsible for addressing.



# Evaluation of Construction Code Department and Permitting Process

## Table 2: Grand Traverse County Land Use Permit Requirements

### GRAND TRAVERSE COUNTY LAND USE PERMIT REQUIREMENTS

| Grand Traverse County Land Use Permitting             | Ordinance Year                  | Application | Site Plan or Sketch Plan | Proof of Ownership | Address | Health Department or DPW | Soil Erosion Permit | MDEQ/MDEGLE/DNR | Driveway Permit | METRO Fire Site Plan Review |
|---|---------------------------------|-------------|--------------------------|--------------------|---------|--------------------------|---------------------|-----------------|-----------------|-----------------------------|
| City of Traverse City                                 | 2016                            | X           | X                        |                    |         | X                        | X                   | X               |                 | X                           |
| Green Lake Township                                   | 2006                            | X           | X                        |                    | X       | X                        | X                   |                 | X               |                             |
|   | Amendments through 2015         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Blair Township  | 2005                            | X           | X                        | X                  | X       | X                        | X                   |                 |                 | X                           |
|   | Amendments through 2016         |             |                          |                    |         |                          |                     |                 |                 |                             |
| East Bay Township                                     | 2003                            | X           | X                        | X                  | X       | X                        | X                   |                 | X               |                             |
|   | Amendments through 2015         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Acme Township   | 2008                            | X           | X                        | X                  |         | X                        | X                   | X               |                 | X                           |
|   | Amendments through 2018         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Peninsula Township                                    | 1972                            | X           | X                        | X                  | X       | X                        | X                   | X               | X               |                             |
|   | Amendments through 2009         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Fife Lake Township                                    | 2010                            | X           | X                        |                    |         | X                        |                     |                 | X               |                             |
| Fife Lake Village                                     | Adopted 2004<br>Revised in 2009 | X           | X                        | X                  |         | X                        |                     | X               | X               |                             |
| Grant Township  | 2011                            | X           | X                        | X                  | X       | X                        | X                   | X               | X               |                             |
| Kingsley Village                                      | 2017                            | X           | X                        |                    |         | X                        |                     |                 | X               |                             |
| Long Lake Township                                    | 2010                            | X           | X                        | X                  | X       | X                        | X                   | X               | X               |                             |
|   | Amendments through 2015         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Mayfield Township                                     | 1981                            | X           | X                        | X                  |         | X                        | X                   |                 | X               | X                           |
| Paradise Township                                     | 2008                            | X           | X                        | X                  | X       |                          | X                   |                 | X               |                             |
| Union Township  | 1994                            | X           |                          |                    | X       | X                        |                     |                 |                 |                             |
|   | Amendments through 2004         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Whitewater Township                                   | 1972                            | X           | X                        | X                  | X       | X                        | X                   |                 |                 |                             |
|   | Amendments through 2018         |             |                          |                    |         |                          |                     |                 |                 |                             |
| Garfield Township<br>(Not administered by the County) | 2015                            | X           | X                        | X                  |         | X                        |                     | X               | X               | X                           |
|   | Amendments through 2018         |             |                          |                    |         |                          |                     |                 |                 |                             |

The table above shows land use permit requirements for the various jurisdictions within Grand Traverse County. As one can see, each jurisdiction requires different information.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *All departments require separate permit applications.*
- *With the exception of the Construction Code Department all other applications are available online using fillable forms.*

## ***Permit Coordination with Other Departments***

The primary function of the Construction Code Department is to administer PA 230 to ensure that all construction projects are code compliant. Upon receiving construction documents and a permit application, the plans are reviewed for code compliance and the permit is issued. Throughout the project inspections are performed at various stages and corrections made when identified. Upon completion and final inspections, a Certificate of Occupancy is issued (when applicable) and the permit is closed. The department also works closely with various other county departments depending upon their requirements. Working in cooperation with these departments ensures that all state laws, other than the building codes, are complied with.

Depending on the type of project (residential or commercial), the Construction Code Department is requiring permits be obtained from the County Departments summarized in Table 3. Currently, each Department requires separate permit applications. All Departments except the Construction Code Department are using fillable forms online.





# Evaluation of Construction Code Department and Permitting Process

**Table 3: An Overview of the Building Permit Process**

**The Building Permit Process**

| Permits & Documents Required                                      | New House, Additions and Remodels | New Commercial Additions and Remodels | Commercial Demolition | Non-Commercial Demolition |
|---|-----------------------------------|---------------------------------------|-----------------------|---------------------------|
| Building Permit Application                                       | X                                 | X                                     | X                     | X                         |
| 2 Sets of Plans   | X                                 | X                                     |                       |                           |
| Address Permit  | X                                 | X                                     |                       |                           |
| Land Use Permit   | X                                 | X                                     | X                     | X                         |
| Well and Septic or DPW Permit<br><i>Dependent on water system</i> | X                                 | X                                     | X                     | X                         |
| Driveway Permit   | X                                 | X                                     |                       |                           |
| Soil and Erosion Permit   | X                                 | X                                     | X                     | X                         |
| Energy Code Compliance Documentation                              | X                                 |                                       |                       |                           |
| Fire Department Plan Review                                       |                                   | X                                     |                       |                           |
| Commercial Plan Review  |                                   | X                                     |                       |                           |
| ASHRAE Report   |                                   | X                                     |                       |                           |
| DEQ   |                                   |                                       | X                     |                           |
| Electrical Service Shut Off Letter                                |                                   |                                       | X                     | X                         |
| Gas Shut Off Letter   |                                   |                                       | X                     | X                         |

*The table above shows the building permit process overall, and what information is required for various types of projects.*



# Evaluation of Construction Code Department and Permitting Process

## Observations

- Applicants must engage each separate permit issuing entity prior to submitting to the construction code department (shown in Figure 1).
- Upon adoption of Tyler software, the overall process will be quicker and applications can occur concurrently (Shown in Figure 2).

## Permit Process

Applications are received with the required documentation:

- Equalization address assignment
- Land use permit from jurisdiction
- Site plan
- Well and septic permits/County Health or DPW
- Driveway permit from /County Road Commission
- Soil erosion permit/County Health Dept.
- DEQ (when applicable)
- 2 sets of construction documents (plans, specification and energy code compliance)

Upon receiving the application, the department assigns a permit number and a corresponding file number as finalized permits are not filed by permit number. The plans are then assigned to the plans examiner to be reviewed. Upon completion of the review the applicant is notified that the permit is ready to be issued. Miscellaneous permits, such as minor trade work, re-roofing, siding and window replacements are issued over the counter. The current process is shown in Figure 1.

Currently the applicant must engage each of the permit issuing authorities before submitting to the Construction Code Department. Once the County transitions over to Tyler software, and each jurisdiction and department are linked with the system, the process can begin with the applicant submitting the application online through a portal. The project can then be reviewed concurrently which should effectively speed up the overall process. This is shown in Figure 2.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *The permit numbering system in Grand Traverse County is unique.*
- *Expired permits are a challenge, although administrative staff has enacted procedures to alert applicants about permits that are nearing expiration.*
- *Electronic permit processing will improve on the handling of expired permits.*

The current permit numbering system is not typically seen in other building departments. For example, a building permit number (B45550) only identifies the type of permit and then followed by a seemingly never ending succession of numbers without resetting.

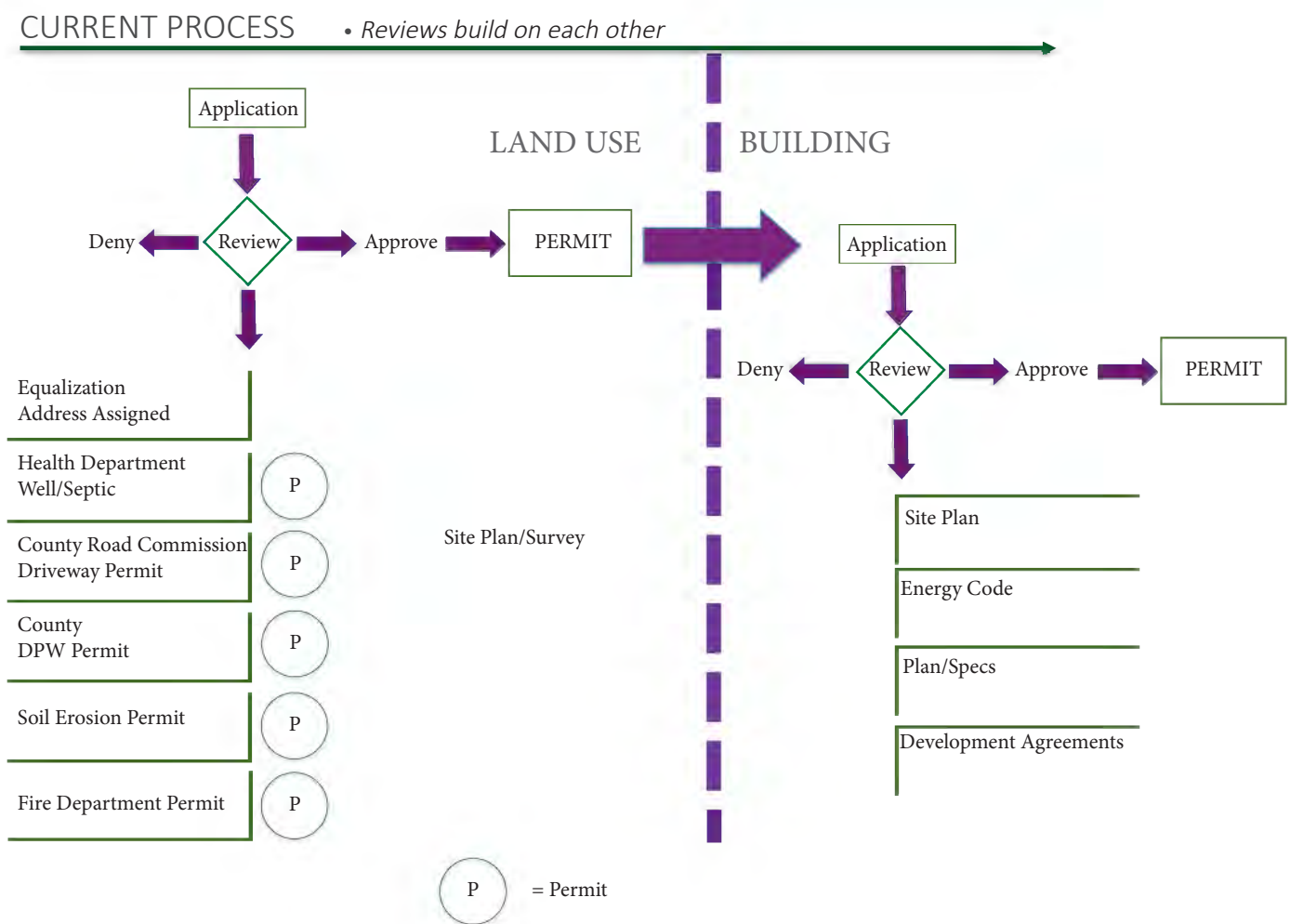
Expired permits are an issue with every building department. Permits are valid for 180 days from the date of issuance, and if no inspection activity occurs within that time the permit expires. The applicant has an opportunity to ask the Building Official, in writing, for an extension. For various reasons, applicants fail to follow procedures and let the permit expire. Administrative staff has put in place a procedure to track these permits that have expired or are about to expire by sending out notices and perform subsequent follow up if needed.

There is tremendous opportunity to automate much of this process to help inspectors perform more timely follow-up. This will have the ultimate benefit of making the county safe.



# Evaluation of Construction Code Department and Permitting Process

**Figure 1: Current Process Flowchart**



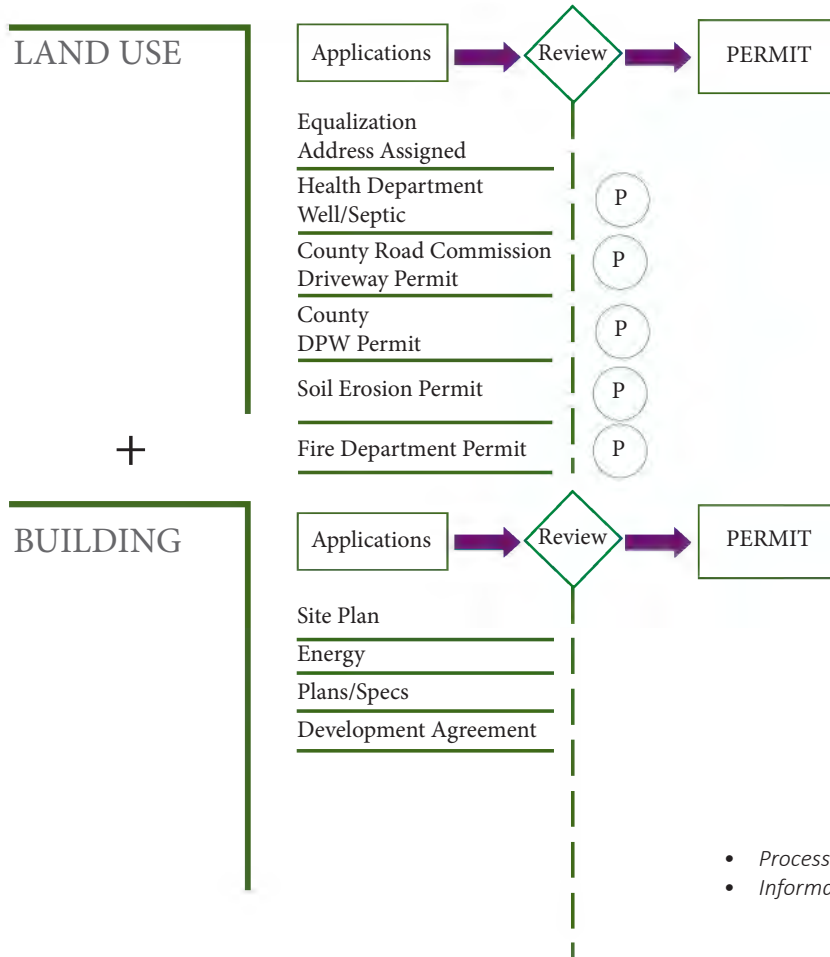
The flowchart above provides a visual representation of the current permitting process. As one can see, reviews build on each other as the timeline moves horizontally. In order to be able to apply for a building permit, the land use permit must first be obtained.



# Evaluation of Construction Code Department and Permitting Process

**Figure 2: Proposed Process Flowchart**

PROPOSED PROCESS • *Reviews occur simultaneously*



- *Process is aligned in time*
- *Information can be shared as necessary*

The flowchart above provides a visual representation of the proposed permitting process. As one can see, permits are simultaneously pulled, and the information can be cross populated as necessary to create a more efficient timeline, and allow for easy viewing of what items are still outstanding.



# Evaluation of Construction Code Department and Permitting Process

## Observations

- *The International Code Council (ICC) building permit fee method has been adopted.*
- *County fees are in line with similar Departments.*

## Permit Fees

The County adopted the International Code Council's (ICC) building permit fee method. The ICC developed this system so that enforcement jurisdictions do not need to revisit their fee schedules from time to time. The Construction Code Departments' fees were compared with 7 other like jurisdictions throughout the State for the purpose of determining whether the fees were in line with other departments. The study uses 3 scenarios; a new residential home, a residential addition, and a commercial building. In general, the County is in line with their current fees and that they could defend them to the State upon any complaints. Tables can be found in Attachment II.

## Observations/Recommendations

In scenario one, the plumbing fees are lower than the other trades and the average. The County may consider a review and possible adjustment at some point.

Once the County has implemented EnerGov permitting software process, CES recommends that a target surplus number be identified at a rate of 1.5 times higher than the department's annual budget, and if needed, adjust the fees to maintain the target amount. After that, CES would recommend at least a bi-annual review of the Construction Code fund surplus and fee review for possible adjustments.

A proven method for establishing the appropriate permit fee is to take the current department annual budget and divide it into a three year average of the construction valuation (total cost of construction). This will give you a permit fee multiplier.





# Evaluation of Construction Code Department and Permitting Process



Example:

Grand Traverse' last three year average of construction value was: \$137,776,756.00

The 2018 operating budget was: \$865,106.00

$865,106 / 137,776,756 = .006$  multiplier

So in scenario one, the building permit fee would be \$1,380 plus the basement and garage.

$$\begin{array}{r}
 \$230,000 \\
 \times \quad .006 \\
 \hline
 \$1,380
 \end{array}$$

# Recommendations

## Observations

1. *The Coordinated Processing Program (CP3) will be a tremendous advancement.*
2. *A CP3 Task Force is recommended to assist implementation.*
3. *With rollout of EnerGov, a strong public education program is needed.*
4. *A new position of Community Development Coordinator would provide staff level coordination with local jurisdictions and County departments.*

## ***Coordinated Permit Processing Program (CP3) Recommendations***

In the case of Grand Traverse County, instituting new EnerGov permitting software will be a tremendous step forward, but constitutes only one component on having and maintaining an effective and efficient permitting process. Given the number of local government and county agency partners there are in the permitting process, an ongoing commitment to improvement is essential.

Adopting a comprehensive Coordinated Permit Processing Program or CP3 is recommended. While the core of CP3 is to make best use of the new permitting software a great deal of more work is required to institute a “one-stop shop from your desktop” permitting system.

CP3 should be led by a Task Force whose role will be to assist in the implementation of a coordinated and improved permit processing system. The CP3 Task Force should be composed of representatives of:

- County Construction Code Department
- County Departments involved in permitting
- Building and construction industry
- Business community
- Local government

For CP3 to be fully effective, users will need assistance and education. Therefore, a strong public education program along with website redesign is recommended. Public education should include press releases, brochures and information on the County’s website. The website will be the initial point of entry into the permit portal. Redesign should include:

- Intuitive navigation
- Clear instructions
- Understandable forms
- Sample applications





# Recommendations

## ***Observations***

1. *Alter the permit numbering method.*
2. *Review functions of the phone system and revise menu as necessary.*
3. *Increase staffing.*
4. *Review construction code department revenue.*
5. *Provide additional training funds as necessary.*
6. *Create fillable applications.*
7. *Publish fee schedules online in their entirety.*

CP3 will require a great deal of cooperation and coordination between the County and local jurisdictions to fully implement the program. It also offers an unprecedented opportunity for intergovernmental cooperations.

However, the County Board and Administration will need to consider whether the Construction Code Department is in the best position to fully implement all aspects of CP3. The County may consider adding a Community Development Coordinator position to assist with the type of outreach and coordination that will be needed. An individual with a strong background in local government would best be suited to assist local units with CP3. In conjunction with other assigned responsibilities, it is possible that most of this position could be funded from fees.

## ***Department Recommendations***

1. Once the new EnerGov software system is active we recommend that the permit numbering method be changed so the permit number itself can easily identify the project by year, type and project. For example; PBC19-0000 identifies it as a permit/building/commercial/year-number. The number sequence restarts each new year. This system allows any program to search and sort data easily for reporting purposes. It will also make ISO reporting faster as the data needs to be sorted by commercial/residential and by permit type.
2. We recommend that your IT department review the functions of the phone system regarding the interruptions while listening to messages. The menu should also be reviewed and shortened if possible.
3. Fill the vacant Deputy Building Official position to assist with excess plan reviews and support the Building Official with administrative functions. Create an office manager position to manage the administrative operations.



# Recommendations

4. Review the Construction Code Departments revenue surplus and adjust the fee multiplier if needed to maintain no more than 1.5 times of the annual budget.
5. Provide additional training funds for inspectors with extra construction related credentials.
6. Equip inspectors with tablets or laptops to improve upon scheduling.
7. Create fillable application forms in preparation of the launch of the Tyler system.
8. Publish the entire permit fee schedule online rather than just the miscellaneous fees.
9. Conduct wage study to ensure Department can hire and maintain qualified inspectors.
10. Evaluate office floor plan.



# Attachment I

## LAND USE PERMIT APPLICATION

### General Information:

Jurisdiction: \_\_\_\_\_  
 Parcel ID: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Is Applicant also the Owner?  Yes  No

Is Applicant also the Contractor?  Yes  No

### Project Details:

Residential

Nonresidential

House

Commercial

Accessory Building

Commercial Addition

Deck/Fence/Porch

Sign (Type \_\_\_\_\_ Size: \_\_\_\_\_)

Addition

Other: \_\_\_\_\_

Home Occupation

Dimensions: \_\_\_\_\_

Structure Square Footage: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Height of Structure: \_\_\_\_\_

Height of Structure: \_\_\_\_\_

Percent Lot Coverage

Setbacks: (Front): \_\_\_\_\_

(sqft divided by area of parcel): \_\_\_\_\_

(Side): \_\_\_\_\_

(Rear): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(required)*

Builder/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if applicable)*

### For Office Use Only:

Date Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee Paid \_\_\_\_\_

Assigned Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Inspected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_





# Attachment II

Total fees for 2500 sf house w/construction value of \$230,000.  
 Full unfinished basement with an attached 576 sf garage.

|                             | Building   | Plumbing | Electrical | Mechanical | Total fees |
|-----------------------------|------------|----------|------------|------------|------------|
| Presque Isle County         | \$965.00   | \$385.00 | \$553.00   | \$370.00   | \$2,273.00 |
|                             |            |          |            |            |            |
| Houghton County             | \$695.00   | \$365.00 | \$485.00   | \$350.00   | \$1,895.00 |
|                             |            |          |            |            |            |
| Marquette County            | \$589.00   | \$210.00 | \$245.00   | \$210.00   | \$1,254.00 |
|                             |            |          |            |            |            |
| Cheboygan County            | \$1,335.60 | \$365.00 | \$380.00   | \$340.00   | \$2,420.60 |
|                             |            |          |            |            |            |
| Antrim County               | \$1,162.98 | \$350.00 | \$385.00   | \$340.00   | \$2,237.98 |
|                             |            |          |            |            |            |
| Gladwin County              | \$470.00   | \$310.00 | \$320.00   | \$320.00   | \$1,420.00 |
|                             |            |          |            |            |            |
| State                       | \$695.00   | \$385.00 | \$553.00   | \$370.00   | \$2,003.00 |
|                             |            |          |            |            |            |
| Grand Traverse County       | \$1,210.00 | \$282.00 | \$435.00   | \$365.00   | \$2,292.00 |
|                             |            |          |            |            |            |
| Average for 8 jurisdictions | \$890.32   | \$331.50 | \$419.50   | \$333.13   | \$1,974.45 |



# Attachment II

Based on a 1,000 sf addition/remodel with a construction value of \$75,000.

|                             | Building | Plumbing | Electrical | Mechanical | Total fees |
|-----------------------------|----------|----------|------------|------------|------------|
| Presque Isle County         | \$119.00 | \$0.00   | \$0.00     | \$0.00     | \$119.00   |
| Houghton County             | \$360.00 | \$0.00   | \$0.00     | \$0.00     | \$360.00   |
| Marquette County            | \$235.00 | \$0.00   | \$0.00     | \$0.00     | \$235.00   |
| Cheboygan County            | \$330.03 | \$0.00   | \$0.00     | \$0.00     | \$330.03   |
| Antrim County               | \$254.81 | \$0.00   | \$0.00     | \$0.00     | \$254.81   |
| Gladwin County              | \$160.00 | \$0.00   | \$0.00     | \$0.00     | \$160.00   |
| State                       | \$435.00 | \$0.00   | \$0.00     | \$0.00     | \$435.00   |
| Grand Traverse County       | \$607.00 | \$0.00   | \$0.00     | \$0.00     | \$607.00   |
| Average for 8 jurisdictions | \$312.61 | \$0.00   | \$0.00     | \$0.00     | \$312.61   |



# Attachment II

Based on a 18,000 sf commercial project with a construction value of \$4,500,000.

|                             | Building    | Plumbing | Electrical | Mechanical | Total fees  |
|-----------------------------|-------------|----------|------------|------------|-------------|
| Presque Isle County         | \$5,900.00  | \$0.00   | \$0.00     | \$0.00     | \$5,900.00  |
| Houghton County             | \$13,235.00 | \$0.00   | \$0.00     | \$0.00     | \$13,235.00 |
| Marquette County            | \$13,000.00 | \$0.00   | \$0.00     | \$0.00     | \$13,000.00 |
| Cheboygan County            | \$22,812.79 | \$0.00   | \$0.00     | \$0.00     | \$22,812.79 |
| Antrim County               | \$5,782.80  | \$0.00   | \$0.00     | \$0.00     | \$5,782.80  |
| Gladwin County              | \$6,823.00  | \$0.00   | \$0.00     | \$0.00     | \$6,823.00  |
| State                       | \$13,235.00 | \$0.00   | \$0.00     | \$0.00     | \$13,235.00 |
| Grand Traverse County       | \$8,475.00  | \$0.00   | \$0.00     | \$0.00     | \$8,475.00  |
| Average for 8 jurisdictions | \$11,157.95 | \$0.00   | \$0.00     | \$0.00     | \$11,157.95 |



## Action Request

|                    |                           |  |              |
|--------------------|---------------------------|--|--------------|
| Meeting Date:      | October 2, 2019           |  |              |
| Department:        | Human Resources           | Submitted By:  | Donna Kinsey |
| Contact E-Mail:    | dkinsey@grandtraverse.org | Contact Telephone:   |              |
| Agenda Item Title: | 2020 Benefits             |  |              |
| Estimated Time:    | <input type="text"/>      | Laptop Presentation: <input type="radio"/> Yes <input checked="" type="radio"/> No |              |

**Summary of Request:**

For the 2020 benefit plan year, Grand Traverse County Human Resources went out to bid for the medical plan through our broker, Advantage Benefits Group. During the process, we also received bids on the ancillary benefits; group life, voluntary life, short term, and long term disability. The dental and vision plans are in rate guarantees for the 2020 year.

As a public employer it is required to take our benefit plans to bid every three years per PA 106. Through this process there was a cost savings of over \$90,000.00 in our ancillary benefits and the health insurance benefits were almost flat compared to 2019 rates.

For the 2020 year, it is recommended to remain with Priority Health in the HMO High Deductible Health Plan. Deductibles for 2020 will increase to \$1,400 for an individual and \$2,800 for a double/family due to the requirements of the IRS.

Overall, we believe this is an incredibly strong and competitive offering that represents tremendous cost savings to the County. We anticipate a more streamlined approach to our ancillary offerings and plan to have online benefits enrollment for the first time for the 2020 benefit plan year.

**Suggested Motion:**

Approve .

**Financial Information:**

|             |                      |                    |                      |   |
|-------------|----------------------|--------------------|----------------------|---|
| Total Cost: | <input type="text"/> | General Fund Cost: | <input type="text"/> | Included in budget: <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------|----------------------|--------------------|----------------------|---|

If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature | Date |
|--------------------------|-----------|------|
| Finance Director         |           |      |
| Human Resources Director |           |      |
| Civil Counsel            |           |      |

**Administration:**  Recommended  Not Recommended      Date:

Miscellaneous:

**Attachments:**

Attachment Titles:



RESOLUTION

**XX-2019**

**2020 Benefit Renewal**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on October 2, 2018 and reviewed recommendation from the Human Resources Director to approve renewal of the Benefits for 2020; and,

WHEREAS, The County Human Resources Department received bids for the Medical Plan as well as bids on the ancillary benefits (group life, voluntary life, short term and long term disability) with dental and vision plans being rate guaranteed through 2020; and,

WHEREAS, Through this process, there is a cost savings of over \$90,000 in our ancillary benefits and health insurance benefits were almost flat compared to 2019 rates.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT Grand Traverse County the renewal of Benefits for 2020 as recommended and outlined by the Human Resources Director.

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: October 2, 2019





# 2020 Grand Traverse County Benefits

Presented by:

Donna Kinsey, Human Resources Director

Wednesday, October 2, 2019



# Summary of Recommendations

| Line of Coverage                            | Recommendation   | Estimated Annual Cost  |
|---|--|--|
| Medical                                     | Maintain current Priority Health plan<br><i>Priority Health provided a flat renewal to the current medical plan, with a small increase to the deductible as mandated by the ACA, and the elimination of the well vision exam per Priority Health requirements</i>                          | \$3,612,729  |
| Dental                                      | Maintain current Delta Dental plan<br><i>Delta Dental provided a flat renewal to the current dental plan with <u>no benefit changes</u></i>  | \$470,226  |
| Vision                                      | Maintain current EyeMed plan<br><i>Currently in a rate guarantee until January 2023</i>  | Employees Pay<br>Single - \$7.42<br>Two Person - \$14.10<br>Family - \$20.70 |
| Life & Disability                           | Move to Mutual of Omaha<br><i>Mutual of Omaha is offering approximately \$93,000, annually, in savings by moving the Group and Voluntary Life &amp; AD&amp;D coverage from Lincoln Financial Group and maintaining the Short and Long Term Disability, with <u>no benefit changes</u>.</i> | \$187,949  |
| Accident & Critical Illness                 | Offer a new coverage to employees through Mutual of Omaha.<br><i>This Accident and Critical Illness Insurance compliment the qualified deductible medical plan by offsetting out of pocket expenses.</i>   | Cost covered by employees  |
| Dependent Care FSA                          | Move to Health Equity<br><i>Priority Health is no longer offering to administer the Dependent Care FSA, but will be partnering with Health Equity beginning in January 2020.</i>   | \$588  |
| Total Annual Cost to GTC (Recommendation):  |  | \$4,271,492  |
| Estimated Change in Cost from Current Year: |  | -\$92,971  |







# Medical Plan Recommendation

## Current Plan Financial Details:

| # of Contracts  | Current Monthly Rate | Renewal Monthly Rate |
|-----------------|----------------------|----------------------|
| Single: 115     | \$375.94             | \$375.95             |
| Two Person: 102 | \$902.25             | \$902.28             |
| Family: 147     | \$1,127.82           | \$1,127.85           |
| Monthly Total   | \$301,052            | \$301,061            |
| Annual Total    | \$3,612,626          | \$3,612,729          |

## Alternative Proposals Reviewed:

- Alternative plan design options from Priority Health were reviewed, including increased deductible and increased prescription copay options. It was determined the value in changing the benefits by increasing member out of pocket was not equal to the value in premium reduction.
- Other carriers reviewed included:
  - United Healthcare - declined to quote due to location and inability to match current union negotiated plans
  - Blue Care Network- provided a competitive option (estimated \$154,000 in annual savings / -4.3%), however there were several reasons the GTC HR team did not believe BCN would be a good fit for 2020, including benefit changes that would not be in the employee's favor. A few examples include:
    - Telemedicine - Priority Health offers 24/7 telemedicine coverage for \$45 before the deductible, then at no cost to the member after the deductible has been met. BCN offers 24/7 telemedicine coverage for \$49 before the deductible, then subject to 20% cost sharing once the deductible is met.
    - Rehabilitation - the rehabilitation limit would have been reduced from 30 visits per year, to one 60 day period per year.
    - Skilled Nursing - the skilled nursing limitation would be reduced from the current benefit of 120 days per year to 45 days per year.
    - Prescription Drugs - the BCN plan would provide multiple increased copays in addition to an entirely new formulary of drugs. While the full impact to members cannot be estimated due to HIPAA privacy laws, we know impact would include prescriptions changing from one copay tier to another, some prescriptions covered today being excluded under BCN, and members having to coordinate with their physicians for prior authorization and step therapy restriction satisfaction.



# Dental & Vision Plan Recommendation

## Current Dental Plan Financial Details:

| # of Contracts  | Current Monthly Rate | Renewal Monthly Rate |
|-----------------|----------------------|----------------------|
| Single: 118     | \$37.54              | \$37.54              |
| Two Person: 132 | \$90.09              | \$90.09              |
| Family: 203     | \$112.63             | \$112.63             |
| Monthly Total   | \$39,186             | \$39,186             |
| Annual Total    | \$470,226            | \$470,226            |

## Alternative Proposals Reviewed:

- A self funded option with Delta Dental was reviewed. With minimal savings (-3.95%) to the County, it was determined remaining fully insured under the current fully funded arrangement was the best course for renewal.

## Current Vision Plan Financial Details:

- The vision is in a rate guarantee with EyeMed to January 2023
- One item to note is that Priority Health will no longer be offering the well vision exam as part of the medical plan. They have eliminated the administration of this benefit effective January 2020.

| # of Contracts | Current Monthly Rate | Renewal Monthly Rate        |
|----------------|----------------------|-----------------------------|
| Single:        | \$7.42               | Renewing<br>January<br>2023 |
| Two Person:    | \$14.10              |                             |
| Family:        | \$20.70              |                             |
| Monthly Total  | \$1,982              |                             |
| Annual Total   | \$23,786             |                             |





# Life and Disability Recommendation

## Current Life and Disability Financial Details:

| Plan (Carrier)                                | Current Rate (Monthly / Annual Total)       | Renewal Rate (Monthly / Annual Total)       |
|---|---|---|
| Group Life and AD&D (Lincoln Financial Group) | \$0.293 per \$1,000<br>(\$6,533 / \$78,393) | \$0.270 per \$1,000<br>(\$6,020 / \$72,239) |
| Voluntary Life (Mutual of Omaha)              | Varies by Age                               | Varies by Age<br>No change                  |
| Short Term Disability (Mutual of Omaha)       | \$0.468 per \$10<br>(\$12,832 / \$153,985)  | \$0.240 per \$10<br>(\$6,580 / \$78,966)    |
| Long Term Disability (Mutual of Omaha)        | \$0.250 per \$100<br>(\$4,043 / \$48,5200)  | \$0.210 per \$100<br>(\$3,396 / \$40,757)   |
| Total Monthly Paid by GTC                     | \$23,408                                    | \$15,997                                    |
| Total Annual Paid by GTC                      | \$280,896                                   | \$191,962                                   |

## Alternative Proposals Reviewed:

- A full request for proposal was executed with 4 carriers showing significant savings:
  - MetLife: -37.2% (-\$104,515)
  - Lincoln Financial Group: -32% (-\$89,889)
  - Mutual of Omaha: -33.09% (-\$92,948)
  - Aflac: -27.97% (-\$78,558)
- Due to a cumulative positive experience in overall plan management and administration among the GTC HR team with Mutual of Omaha, it is the recommendation that GTC maintains the current plans with Mutual of Omaha, and transition the Group Life and AD&D to them as well, for a total annual savings of **\$92,948**.
- The savings are presented with a guarantee the Group Life and AD&D policy under Mutual of Omaha will match the current Lincoln Financial Group policy with no changes to the benefits.
- The estimated cost for each are as follows:
  - Accident Coverage (Employee Only Coverage): \$39,223 annually
  - Critical Illness (\$10,000 in Employee Only Coverage): \$72,384 annually
  - Total Cost for Both Plans (Employee Only Coverage): \$111,607 annually
- Both plans, specifically the Accident plan, are very popular among employers who offer Qualified Deductible Plans (such as the medical plan offered by GTC) to offset the out of pocket cost associated with unforeseen accidents and illnesses.



## Action Request

|                    |   |                      |   |
|--------------------|---|----------------------|---|
| Meeting Date:      | October 2, 2019   |                      |   |
| Department:        | Sheriff's Office  | Submitted By:        | Lt. Brian Giddis  |
| Contact E-Mail:    | bgiddis@gtsheriff.org   | Contact Telephone:   | 231-995-5004  |
| Agenda Item Title: | Request to submit final application for annual Office of Highway Safety Planning Grant (2020-0058) to fund Operating While Intoxicated and Seat Belt Traffic <span style="float: right;">+</span> |                      |   |
| Estimated Time:    | 10<br><small>(in minutes)</small>   | Laptop Presentation: | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Summary of Request:**

In 2018, the Office of Highway Safety Planning (OHSP) offered the Grand Traverse Sheriff's Office (GTSO) a \$30K grant for their 2019 fiscal year to address an observed statistical increase in drunk and drugged driving crashes resulting in serious injuries in Blair Twp. The OHSP Grant (PT-19-32) for drunk and drugged driving (Blair Twp) and seat belt (Garfield Twp) traffic enforcement concluded this past Labor Day. OHSP offered GTSO another \$30K grant for the 2020 fiscal year for the same purpose- drunk and drugged driving and seat belt traffic enforcement.

Enforcement campaign is made up of five enforcement periods. They are seat belt traffic enforcement in October and May. These will take place in Garfield Twp and East Bay Twp in October 2019 and May 2020. The OWI enforcement periods will take place in Garfield Twp and Blair Twp in December 2019, July 2020, and August 2020.

This grant allows for extra traffic enforcement patrols during peak holiday times to keep motorist safe and increase awareness of the danger of drunk and drugged driving and encourage compliance with seat belt use and other traffic laws. This funding from the Office of Highway Safety Planning will provide for hundreds of hours of dedicated traffic enforcement for drugged and drunk driving and seat belt traffic enforcement during the times of the year it is most needed.

**Suggested Motion:**

For Board of Commissioners Chair, Rob Hentschel to submit the final application of OHSP Grant (2020-0058).

**Financial Information:**

|             |          |                    |     |                     |   |
|-------------|----------|--------------------|-----|---------------------|---|
| Total Cost: | \$30,972 | General Fund Cost: | \$0 | Included in budget: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------|----------|--------------------|-----|---------------------|---|

If not included in budget, recommended funding source:  
 Funding comes from the Office of Highway Safety Planning.

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

| Reviews:                 | Signature | Date |
|--------------------------|-----------|------|
| Finance Director         |           |      |
| Human Resources Director |           |      |
| Civil Counsel            |           |      |

**Administration:**  Recommended      Date: \_\_\_\_\_

Miscellaneous:

**Attachments:**

Attachment Titles:  
 OHSP Grant 2020-0058 Application

RESOLUTION

**XX-2019**

**GTSO - Office of Highway Safety Planning Grant**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on October 2, 2019 and reviewed recommendation to approve submission of the grant application from the State of Michigan, Office of Highway Safety Planning for drunk and drugged driving and seat belt traffic enforcement; and,

WHEREAS, the allocation identified by the Office of Highway Safety Planning for FY 2019 is \$30,972; and,

WHEREAS, Enforcement campaign is made up of five enforcement periods from October 2019 through August 2020; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT Grand Traverse County authorize the chair's signature on the grant application submitted to the Office of Highway Safety Planning in the amount of \$30,972, to fund operating while intoxicated and seat belt traffic enforcement.

APPROVED: October 2, 2019

**MICHIGAN OFFICE OF HIGHWAY SAFETY PLANNING  
FY2020 GRANT MANAGEMENT REQUIREMENTS (GMRs)**

1. All correspondence to the Office of Highway Safety Planning (OHSP) regarding this project shall include the project number, example: OP-20-01.
2. Each grant is required to have, at a minimum, an authorizing official, a project director, and a financial officer. A change in project director, agency contact, financial officer, authorizing official, addresses, email, or telephone numbers requires written notification to the OHSP. The project director is responsible for also making these changes to the web-based grant application.
3. The OHSP is required by NHTSA to evaluate and document the risk for each entity applying for federal grant funds prior to making an award. The grantee (and all sub-recipients and contractors) must register or update in SAM (System for Award Management) annually online to be eligible for federal and state grants. The OHSP will verify within SAM there are no outstanding issues or concerns.
4. The OHSP may conduct a monitoring review of highway safety grants to determine adherence to project objectives, to review financial procedures, and to ensure compliance with grant requirements. All grantees (and all sub-recipients and contractors) are expected to cooperate with all reasonable requests for information as part of the monitoring review process.
5. A subrecipient must take reasonable measures to safeguard protected, personally identifiable information. The information and other information NHTSA or the OHSP designate as sensitive or that the subrecipient considers sensitive consistent with applicable federal, state and local laws regarding privacy and obligations of confidentiality as prescribed under 2 CFR Part 200.303.
6. All published reports generated from this project must include the following disclosure statement:

This report was prepared in cooperation with the Michigan Office of Highway Safety Planning and U.S. Department of Transportation, National Highway Traffic Safety Administration. The opinions, findings, and conclusions expressed in this publication are those of the author(s) and not necessarily those of the Michigan Office of Highway Safety Planning or the U.S. Department of Transportation, National Highway Traffic Safety Administration.

**NONDISCRIMINATION  
(applies to sub-recipients as well as States)**

The State highway safety agency will comply with all Federal statutes and implementing regulations relating to nondiscrimination ("Federal Nondiscrimination Authorities"). These include but are not limited to:

- **Title VI of the Civil Rights Act of 1964** (42 U.S.C. 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin) and 49 CFR part 21;
- **The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970**, (42 U.S.C. 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- **Federal-Aid Highway Act of 1973**, (23 U.S.C. 324 et seq.), and **Title IX of the Education Amendments of 1972**, as amended (20 U.S.C. 1681-1683 and 1685-1686) (prohibit discrimination on the basis of sex);
- **Section 504 of the Rehabilitation Act of 1973**, (29 U.S.C. 794 et seq.), as amended, (prohibits discrimination on the basis of disability) and 49 CFR part 27;
- **The Age Discrimination Act of 1975**, as amended, (42 U.S.C. 6101 et seq.), (prohibits discrimination on the basis of age);
- **The Civil Rights Restoration Act of 1987**, (Pub. L. 100-209), (broadens scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal aid recipients,



sub-recipients and contractors, whether such programs or activities are Federally-funded or not);

- **Titles II and III of the Americans with Disabilities Act** (42 U.S.C. 12131-12189) (prohibits discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing) and 49 CFR parts 37 and 38;
- **Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations** (prevents discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations); and
- **Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency** (guards against Title VI national origin discrimination/discrimination because of limited English proficiency (LEP) by ensuring that funding recipients take reasonable steps to ensure that LEP persons have meaningful access to programs (70 FR at 74087 to 74100).

The State highway safety agency—

- Will take all measures necessary to ensure that no person in the United States shall, on the grounds of race, color, national origin, disability, sex, age, limited English proficiency, or membership in any other class protected by Federal Nondiscrimination Authorities, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any of its programs or activities, so long as any portion of the program is Federally-assisted.
- Will administer the program in a manner that reasonably ensures that any of its sub-recipients, contractors, subcontractors, and consultants receiving Federal financial assistance under this program will comply with all requirements of the Non-Discrimination Authorities identified in this Assurance;
- Agrees to comply (and require any of its sub-recipients, contractors, subcontractors, and consultants to comply) with all applicable provisions of law or regulation governing US DOT's or NHTSA's access to records, accounts, documents, information, facilities, and staff, and to cooperate and comply with any program or compliance reviews, and/or complaint investigations conducted by US DOT or NHTSA under any Federal Nondiscrimination Authority;
- Acknowledges that the United States has a right to seek judicial enforcement with regard to any matter arising under these Non-Discrimination Authorities and this Assurance;
- Insert in all contracts and funding agreements with other State or private entities the following clause:

"During the performance of this contract/funding agreement, the contractor/funding recipient agrees—

- a. To comply with all Federal nondiscrimination laws and regulations, as may be amended from time to time;
- b. Not to participate directly or indirectly in the discrimination prohibited by any Federal non-discrimination law or regulation, as set forth in Appendix B of 49 CFR part 21 and herein;
- c. To permit access to its books, records, accounts, other sources of information, and its facilities as required by the State highway safety office, US DOT or NHTSA;
- d. That, in event a contractor/funding recipient fails to comply with any nondiscrimination provisions in this contract/funding agreement, the State highway safety agency will have the right to impose such contract/agreement sanctions as it or NHTSA determine are appropriate, including but not limited to withholding payments to the contractor/funding recipient under the contract/agreement until the contractor/funding recipient complies; and/or cancelling, terminating, or suspending a contract or funding agreement, in whole or in part; and
- e. **To insert this clause, including paragraphs a through e, in every subcontract and sub-agreement and in every**

*solicitation for a subcontract or sub-agreement, that receives Federal funds under this program.*

**POLITICAL ACTIVITY (HATCH ACT)**

**(applies to sub-recipients as well as States)**

The State will comply with provisions of the Hatch Act (5 U.S.C. 1501-1508), which limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

**CERTIFICATION REGARDING FEDERAL LOBBYING**

**(applies to sub-recipients as well as States)**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-award at all tiers (including subcontracts, sub-grants, and contracts under grant, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**RESTRICTION ON STATE LOBBYING(applies to sub-recipients as well as States)**

None of the funds under this program will be used for any activity specifically designed to urge or influence a State or local legislator to favor or oppose the adoption of any specific legislative proposal pending before any State or local legislative body. Such activities include both direct and indirect (e.g., "grassroots") lobbying activities, with one exception. This does not preclude a State official whose salary is supported with NHTSA funds from engaging in direct communications with State or local legislative officials, in accordance with customary State practice, even if such communications urge legislative officials to favor or oppose the adoption of a specific pending legislative proposal.

**CERTIFICATION REGARDING DEBARMENT AND SUSPENSION(applies to sub-recipients as well as States)**

Instructions for Primary Certification (States)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below and agrees to comply with the requirements of 2 CFR Parts 180 and 1200.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into

this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default or may pursue suspension or debarment.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms *covered transaction*, *debarment*, *suspension*, *ineligible*, *lower tier*, *participant*, *person*, *primary tier*, *principal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and coverage sections of 2 CFR Part 180. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by NHTSA.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Instructions for Lower Tier Certification" including the "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions and will require lower tier participants to comply with 2 CFR Parts 180 and 1200.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the list of Parties Excluded from Federal Procurement and Non-procurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, the department or agency may disallow costs, annul or terminate the transaction, issue a stop work order, debar or suspend you, or take other remedies as appropriate.

#### *Certification Regarding Debarment, Suspension, and Other Responsibility Matters-Primary Covered Transactions*

(1) The prospective primary participant certifies to the best of its knowledge and belief, that its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### Instructions for Lower Tier Participant Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below and agrees to comply with the requirements of 2 CFR Parts 180 and 1200

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms *covered transaction*, *civil judgment*, *debarment*, *suspension*, *ineligible*, *participant*, *person*, *principal*, and *voluntarily excluded*, as used in this clause, are defined in 2 CFR parts 180 and 1200. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Instructions for Lower Tier Participant Certification" including the "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions and will require lower tier participants to comply with 2 CFR Parts 180 and 1200.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant is responsible for ensuring that its principals are not suspended, debarred, or otherwise ineligible to participate in covered transactions. To verify the eligibility of its principals, as well as the eligibility of any prospective lower tier participants, each participant may, but is not required to, check the System for Award Management Exclusions website (<https://www.sam.gov>)

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.

*Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions :*

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**BUY AMERICA ACT**  
**(applies to sub-recipients as well as States)**

The State and each sub-recipient will comply with the Buy America requirement (23 U.S.C. 313) when purchasing items using Federal funds. Buy America requires a State, or sub-recipient, to purchase with Federal funds only steel, iron and manufactured products produced in the United States, unless the Secretary of Transportation determines that such domestically produced items would be inconsistent with the public interest, that such materials are not reasonably available and of a satisfactory quality, or that inclusion of domestic materials will increase the cost of the overall project contract by more than 25 percent. In order to use Federal funds to purchase foreign produced items, the State must submit a waiver request that provides an adequate basis and justification to and approved by the Secretary of Transportation.

**PROHIBITION ON USING GRANT FUNDS TO CHECK FOR HELMET USAGE**  
**(applies to sub-recipients as well as States)**

The State and each sub-recipient will not use 23 U.S.C. Chapter 4 grant funds for programs to check helmet usage or to create checkpoints that specifically target motorcyclists.

**POLICY ON SEAT BELT USE**

In accordance with Executive Order 13043, Increasing Seat Belt Use in the United States, dated April 16, 1997, the Grantee is encouraged to adopt and enforce on-the-job seat belt use policies and programs for its employees when operating company-owned, rented, or personally-owned vehicles. The National Highway Traffic Safety Administration (NHTSA) is responsible for providing leadership and guidance in support of this Presidential initiative. For information and resources on traffic safety programs and policies for employers, please contact the Network of Employers for Traffic Safety (NETS), a public-private partnership dedicated to improving the traffic safety practices of employers and employees. You can download information on seat belt programs, costs of motor vehicle crashes to employers, and other traffic safety initiatives as [www.trafficsafety.org](http://www.trafficsafety.org). The NHTSA website ([www.nhtsa.gov](http://www.nhtsa.gov)) also provides information on statistics, campaigns, and program evaluations and references.

**POLICY ON BANNING TEXT MESSAGING WHILE DRIVING**

In accordance with Executive Order 13513, Federal Leadership On Reducing Text Messaging While Driving, and DOT Order 3902.10, Text Messaging While Driving, States are encouraged to adopt and enforce workplace safety policies to decrease crashes caused by distracted driving, including policies to ban text messaging while driving company-owned or -rented vehicles, Government-owned, leased or rented vehicles, or privately-owned when on official Government business or when performing any work on or behalf of the Government. States are also encouraged to conduct workplace safety initiatives in a manner commensurate with the size of the business, such as establishment of new rules and programs or re-evaluation of existing programs to prohibit text messaging while driving, and education, awareness, and other outreach to employees about the safety risks associated with texting while driving.

**PUBLIC INFORMATION AND EDUCATION REQUIREMENTS**

1. All original electronic files including designs, concepts, photographs, video, and audio financed with grant funds shall be delivered to the OHSP by an agreed upon due date between the OHSP and the grantee (and all sub-recipients and contractors). The items will remain the property of the OHSP and shall not be subject to copyright protection by the vendor or their agents. Items will be submitted to the OHSP immediately after production of the item. **The OHSP will hold the final grant reimbursement until all the above items have been submitted.** The grantee (and all sub-recipients and contractors) shall not enter into an agreement that includes any time limits on rights for music, talent, artwork, or photographs. The grantee (and all sub-recipients and

contractors) shall inform all vendors, subcontractors, or their agents of this requirement before authorizing work to be performed.

2. All printed public information and education materials and videos are required to contain logos as designated by the OHSP, which are available in electronic formats upon request. See printing requirements below for more details. Audio materials must include an OHSP tag line, (see State of Michigan Printing Requirements #3 below). All materials, including audio and video materials and scripts must be submitted for review and approval by the OHSP prior to production.

3. All businesses performing printing services must meet one of the following conditions: (a) bear the label of the branch of the allied printing trades council of the locality in which it is printed; (b) have on file with the secretary of state, a sworn statement indicating that employees producing the printing are receiving the prevailing wage rate in the locality in which the work is performed; or (c) have a collective bargaining agreement in effect formed by an organization that is not in any way influenced or controlled by management. (Per State of Michigan Procurement Policy Manual-Revised 6/12/18-Section: 1.3.13-State Printing Act)

4. All videos, print photography, or graphics shall depict drivers and passengers to be properly restrained by seat belts or child passenger safety devices unless the lack of restraints is for demonstration or educational purposes.

5. Messaging costs which are of a public relations nature and designed in-whole or in-part to promote either an individual or an agency is prohibited and not eligible for reimbursement.

6. Closed Captioning: All DVDs must be closed captioned. This includes online videos.

7. Social Media Use and Approval: The creation of social media accounts such as Facebook and Twitter for state or federally funded grants and projects require prior approval from the OHSP before release to the public.

8. The purchase of program advertising space by grantees on TV, radio, magazines, newspapers, billboards, etc., may be approved on a case-by-case basis.

9. The following items require the prior approval of the OHSP program coordinator:

- flyers, posters, brochures
- annual reports
- newsletters

10. Funding requirement statement:

The following byline shall be placed on all printed public information and education materials:

"This material was developed through a project funded by the Michigan Office of Highway Safety Planning and the U.S. Department of Transportation."

#### **COPIES**

1. The OHSP will require one electronic copy of any publication produced with traffic safety grant funds if print copies are not available or if the items are not distributed statewide, and it is not available online. The copy can be submitted via email, CD, or flash drive.

2. The OHSP will require one copy of any of the following produced with traffic safety grant funds if they are distributed statewide and are not available online. This copy is distributed throughout the state of Michigan's library system:

- annual reports
- manuals, handbooks, and training materials
- news releases
- statistics

3. The OHSP will require two of any of the following produced with traffic safety grant funds if they are distributed statewide and are not available online. These copies are housed as part of the state of Michigan's library system:

- posters

- brochures
- flyers

4. If the publication is available on a publicly accessible website, no printed copy is required. However, an email which includes a link to the document must be provided to the OHSP. The State of Michigan's library system will then include it in its digital archive.

#### PROGRAM REQUIREMENTS

1. Progress reports are required to be submitted throughout the grant period. The due dates for these reports are specified in the grant approval letter and must be submitted online. Reports shall describe activities undertaken to accomplish each project goal, reason for non-activity if necessary, activities planned for the next quarter, and obstacles encountered or anticipated. Progress reports must be submitted and approved for the OHSP to process financial reimbursement. For traffic safety enforcement projects, enforcement reports must be submitted to the OHSP to process financial reimbursement.

2. The final progress report is due on the date stated in the grant approval letter and shall include a summary of all activities and accomplishments for the entire grant period. Include the following information in the project summary:

- A list of significant accomplishments or activities of this project that addressed the project objectives.

3. Out-of-state travel requires prior written approval by the OHSP Division Director. A written request shall be submitted on the form provided. **Requests shall be submitted at least 30 days in advance of anticipated travel.** Financial commitment (i.e. travel arrangements, conference fees, hotel reservations, etc.) shall not be made prior to the OHSP approval.

4. If a project revision is required, the grantee shall contact the OHSP program coordinator for prior approval.

#### 5. For Overtime Traffic Enforcement Grants Only:

a. The grantee (and all sub-recipients and contractors) shall verify all officers working the OHSP federally funded overtime have completed the NHTSA-International Association of Chiefs of Police (IACP) approved Standardized Field Sobriety Testing (SFST) curriculum.

b. All law enforcement officers participating in an OHSP grant-funded traffic enforcement detail shall wear a properly fastened seat belt in accordance with state law. Officers found in violation of this requirement while working a grant-funded detail may be ineligible for funding reimbursement from the OHSP.

c. Law enforcement agencies are encouraged to have a written vehicle pursuit policy in place.

d. Traffic enforcement activity data shall be submitted to the OHSP within five days of the conclusion of the enforcement period. Agencies shall use the enforcement report connected to the web-based grant system.

e. Only Michigan Commission On Law Enforcement Standards certified police officers or Michigan State Police Motor Carrier officers shall be used on enforcement projects.

f. Use of part-time officers on enforcement projects is restricted and must comply with the OHSP policy. **PRIOR APPROVAL IS REQUIRED.** Contact the OHSP for a copy of this policy.

g. Grant funds **CANNOT** be used for activities such as traffic control, motorcades, and dignitary protection. The OHSP grant funds can only be used for activities approved in the grant.

h. If a police emergency occurs requiring officers on a grant-funded detail to respond, officers shall have up to one hour to respond and return to the detail. If officers must remain beyond the hour or additional emergencies arise during this detail, the time charged to the grant shall cease immediately and the agency shall incur the costs.

i. Traffic enforcement shifts shall be scheduled for a minimum of two consecutive hours.

j. Traffic enforcement efforts shall be publicized by supporting media events as requested by the OHSP.

- The grantee (and all sub-recipients and contractors) shall assist the OHSP with media events that will be conducted locally.
- Banners or other signage provided by the OHSP shall be displayed when patrols are conducted .

k. The grantee recipient (and all sub-recipients and contractors) and the chief or sheriff from each participating agency is required to sign the OHSP GMRs Acknowledgement and Agreement form signifying receipt of the GMRs and their agreement to comply with them as part of the online grant application process.

l. The grantee (and all sub-recipients and contractors) must keep track of funds spent. In some cases, multiple funding sources are assigned to law enforcement grants. In these situations, the grantee must assign, document, and monitor expenditures to each designated funding source separately each grant and federal funding sources may not be used interchangeably. In the event the grantee overspends, the difference will need to be covered by the grantee . Additional funding will not be provided to support overspending of any federal or state program.

m. A daily activity log with a listing of activities performed must be completed for all time requested for reimbursement . It must include the following information in the body of the document to be acceptable documentation:

- The start time of the grant-funded enforcement detail.
- A brief description of every stop.
- The end time of the grant-funded detail.
- All grant time must be accounted for. **Time must be documented at a minimum of every hour, regardless of whether a traffic stop is made.** This includes time spent on traffic stops , arrest, transporting and lodging of arrested subjects, report writing, serving as "zone spotters".

The time on the daily must match the hours requested for reimbursement and supervisor approval must be documented electronically or in writing. If supervisors' approval is given by means other than a signature on the daily, explanation of the approval process must be provided at the OHSP's request.

#### **GENERAL FINANCIAL REQUIREMENTS**

1. Only program activities and expenses detailed in the approved grant budget and incurred during the grant period are eligible for reimbursement. Expenses incurred that are not detailed in the approved grant budget or outside of the grant period will not be reimbursed. **Costs cannot EXCEED the approved grant award.**
2. Goods purchased through the grant shall be received in acceptable condition. If goods are not received in acceptable condition within thirty (30) days prior to the grant ending date, the grantee shall contact the OHSP program coordinator.
3. The grantee (and all sub-recipients and contractors) shall use generally accepted accounting principles.
4. Costs charged to this grant cannot be charged to any other program. Law enforcement agencies cannot offer comp time in lieu of overtime pay.
5. All costs shall be actual and supported by source documentation. Financial reimbursement will be delayed until all backup documentation is received by the OHSP. A document entitled "Acceptable Backup Documentation for Federal Cost Claims" is available from the OHSP to assist with identifying adequate backup documentation . The OHSP utilizes this guidance for all grant recipients regardless if the source is federal or state grant funds.
6. A separate account or fund must be established for this project . A separate account is required to be maintained by all agencies receiving grant funds from the OHSP regardless of the dollar amount . In addition, the grantee (and all sub-recipients and contractors) receiving funds from the OHSP for multiple grant projects must have a separate account for each grant project . It is the responsibility of the lead agency to insure all sub-agencies meet this requirement. The general ledgers of the sub-agencies are not required to be submitted with requests for payment unless specifically requested by the OHSP.
7. Costs must be net of all applicable credits such as purchase discounts, rebates or adjustments of overpayments, or erroneous charges



8. The following deviations from the approved budget require **PRIOR approval from the OHSP**: Once approved, appropriate revisions will need to be made to the grant agreement.

- a. A specific item of cost not included in the approved budget.
- b. An increase in the number of a specific item over and above the total authorized.
- c. A transfer between major budget categories in excess of 10 percent of the category being increased.

9. Procurement Methods:

- a. Competition: The grantee shall conduct all procurement and contractual transactions, without regard to dollar value, to provide maximum, open, and free competition. Maximum, open, and free competition shall be assured through the distribution of an adequate number of proposal solicitations.
- b. Small Purchase Procedures: Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, or other property that do not cost more than \$25,000 in total. If small purchase procedures are used, price or rate quotations must be obtained from at least three (3) Buy America Act qualified sources.
- c. The grantee shall follow their competitive bid process providing it is at least as restrictive as the process required by the State of Michigan and complies with the Buy America Act. (A copy of the State of Michigan procurement policy is available upon request.) The grantee (and all sub-recipients and contractors) agrees to ensure that minority business enterprises, as defined in 49 CFR Part 23, have the maximum opportunity to participate in the performance of contracts and subcontracts financed, in whole or in part, with funds provided under this agreement. In those instances where three bids were not able to be obtained, the grantee shall submit a written statement that the bid(s) were the "sole sources."
- d. No employee, officer or agent of the grantee shall participate in selection, or in the award or administration of a contract or bid supported by Federal funds if a conflict of interest, real or apparent, would be involved.
- e. A copy of the subrecipient's established procurement procedures must be readily available for audit purposes upon request from the OHSP. Records must sufficiently detail the procurement history for all purchases and should detail the rationale for the method of procurement and selection of contract type, written selection procedures, documented reasons for rejections, and the basis for the contract price.

10. Documentation for costs shall be maintained for three years following final reimbursement.

11. Any program income received shall be used exclusively to further traffic safety project activities. Program income is defined as gross income earned by the prospective primary participant from grant supported activities. Some examples are proceeds from the sale of items purchased or developed with grant funds, or revenue received from attendees at trainings or conferences paid for with grant funds. Program income must be netted against costs incurred within the grant or returned to the OHSP, unless prior permission is obtained from the OHSP to use the funds for other traffic safety projects. Contact the OHSP for further information.

12. **General Cost of Business (formerly referred to as Supplanting):** The replacement of routine and/or existing expenditures with the use of state or federal grant funds for costs of activities that constitute general expenses required to carry out the overall responsibilities of a state or local agency or other grantee is general cost of business and is not allowable.

The grantee (and all sub-recipients and contractors) shall not use grant funds to supplant state or local funds, or, other resources that would otherwise have been made available for this program. Further, if a position created by a grant is filled from within, the vacancy created by this action must be filled within 30 days. If the vacancy is not filled within 30 days, the grantee (and all sub-recipients and contractors) must stop charging the grant for the new position. Upon filling the vacancy, the grantee (and all sub-recipients and contractors) may resume charging the grant position.

The Financial Officer or Authorizing Official's straight time costs may not be funded under this grant.

## **COST REIMBURSEMENT**

1. All OHSP projects are based on the cost reimbursement concept; i.e., state, local, or private funds shall be expended before reimbursement is provided.
2. Reimbursement is based on submission of progress and financial reports. All requested information should be submitted electronically through the web-based application whenever possible. Otherwise backup information may be submitted via US mail, by fax, or by email. A financial report submitted to the OHSP by the grantee shall contain the following to be considered complete :
  - a. Electronic signatures for the agency's Financial Officer or Project Director.
  - b. A copy of a report for the current period generated by the grantee's official accounting system which shows a description of the item and the actual amount spent. Some examples of acceptable reports include a detailed general ledger, a transaction ledger, a payroll journal, or a detailed budget/expenditure report. The report must match the amount being requested for reimbursement.
  - c. For enforcement grants: Officer names, dates, and amounts paid for each agency participating in grant funded patrols.
  - d. For non-enforcement grants with personnel costs: Activity logs as described in "Personnel Costs" under "Budget Cost Category Requirements."
  - e. Copies of invoices must be included.
  - f. Additional documentation as requested by the OHSP.
3. Financial reports are due, at a minimum, on a **quarterly** basis. Financial report due dates are specified in the grant approval letter. Financial reports must be submitted even when the project experiences no costs. In this case, a "zero" Financial report shall be submitted. The submission of financial reports is mandatory and non-compliance can result in termination of the grant. Financial reports will be considered delinquent unless prior approval is received from the OHSP Program Coordinator .
4. The Project Director shall ensure that financial reports are submitted in compliance with reporting deadlines. If the financial report is submitted electronically without backup documentation, the financial report is not considered submitted and the grantee will receive a delinquent letter stating the same.
5. A delay in submitting support documentation may result in the suspension of all grant activity .
6. Failure to submit cost statements with adequate supporting documentation prior to the fiscal year close out deadline will result in non-reimbursement of those costs. Costs from one fiscal year cannot be paid in a subsequent fiscal year.

## **BUDGET COST CATEGORY REQUIREMENTS**

*(PLEASE REFER TO THE FOLLOWING FOR SPECIFIC REQUIREMENTS OF BUDGET COST CATEGORIES. ONLY REQUIREMENTS FOR COST CATEGORIES CONTAINED WITHIN YOUR APPROVED GRANT BUDGET APPLY.)*

### **PERSONNEL COSTS**

1. Includes itemized monthly or hourly salary rate. Fringe benefits are included under personnel costs.
2. Payments for salaries and wages shall be supported by a time and attendance report, based on an after-the-fact distribution of time, which shows details of the activities performed.
3. Federal guidelines prohibit using federal grant funds to pay for routine and/or existing state or local expenditures.
4. If the grant contains personnel services as part of the award, a job description for each position listed in the budget must be available to the OHSP upon request.

**For enforcement grants** (and all sub-recipients and contractors) - See program requirements Section 5.

**For non-enforcement grants** – The grantee (and all sub-recipients and contractors) must maintain activity logs which document the actual amount of time spent on the grant project and describe the nature of the activities performed. If the grant is funded from multiple sources, the logs must show the activity by fund source. This documentation must be submitted with the financial reimbursement request.

5. Reimbursement for wages and fringe benefits shall be based on actual costs NOT budgeted rates . Only those fringe benefit costs that increase because of hours worked on this project can be claimed for reimbursement. For overtime wages, those costs typically include FICA, workers comp, and retirement, but if any of these costs are structured so that they don't increase with overtime, they cannot be reimbursed. For straight-time grant-funded positions, all fringe benefits associated with the position may be claimed to the extent that the position has been approved for reimbursement (e.g., if 50% of the position is grant funded, 50% of the fringes benefits can be claimed.) Fringe benefit rates must be reasonable and in accordance with federal cost principles.

6. The rate of pay for grant-funded enforcement shall be determined according to the grantee's (and all sub-recipients and contractors) policy, contract, or employment agreement. Overtime rates must be applied consistently to all activities of an agency – higher rates may not be established just for federal grants.

7. Agencies shall comply with all state labor laws.

### **CONTRACTUAL SERVICES**

Contractual services are services of individual consultants or consulting firms engaged in performing special services pertinent to highway safety. Contracts are allowable when necessary to achieve the goals of the grant agreement. Costs are allowable for products, highway safety consultants, personal services, and/or individuals for support services, provided applicable state and local procurement procedures are followed and documentation is available that describes the official contract and procurement practices . Contracts and procurements must include "special provisions" as provided by the OHSP. The grantee is responsible for verifying contractor eligibility by checking the national List of Parties Excluded from Federal Procurement and Non-Procurement Programs list available at or adding a self-certification clause or condition to the contract. ([www.govinfo.gov](http://www.govinfo.gov)).

All grantees (and all sub-recipients and contractors) awarding contracts or sub-contracts shall comply with the terms and conditions of Title 49 Code of Federal Regulations, Part 18-Uniform Administrative Requirements for Grant and Cooperative Agreements to State and Local Governments, §18.36 Procurement. A signed copy of the contract, including federal certifications and assurances, shall be submitted to the OHSP upon completion and is required for processing and approval of financial reimbursement requests .

The grantee is responsible for managing all contracts issued using the OHSP grant funds including :

- Ensuring the contractor complies with all contract provisions.
- Ensuring services are performed according to the quality, quantity, objectives, timeframes, and manner specified in the contract.
- Ensuring that all work is completed and accepted before the contract expires.
- Assessing and requesting amendments, renewals or new contracts as required allowing sufficient time to process and execute these changes before the contract expires to prevent lapse in service.
- Ensuring that contracts are amended after any grant agreement revision that affects the contract terms .
- Reviewing and approving invoices for payment, ensuring payments are made in accordance with contract terms, all costs are budgeted and allowable, and work has been performed.
- Monitoring contract expenditures to ensure there are sufficient funds to pay for all services rendered as required by the contract.
- Verifying all requirements of the contract are fulfilled before submitting the final invoice .
- Ensuring that all Personnel Activity log requirements are met .

### **OPERATING COSTS**

1. Only eligible operating costs specifically listed in the approved grant budget will be reimbursed. These are costs not covered under other budget categories, including services not requiring contractual agreements and minor equipment such as office supplies , printing, and educational materials.

2. Automotive expenses submitted shall be based on actual costs incurred. In most cases, this will be calculated by multiplying actual miles driven times a mileage rate. The rate will be determined when the grant is approved, but will generally be the IRS business mileage rate. With prior approval, reimbursement may be allowed based on the actual costs incurred for gasoline, maintenance, insurance, and other vehicle expenses.

Out-of-state travel funded by federal grant funds requires prior written approval by the OHSP Division Director. A written request shall be submitted on the form provided. **Requests shall be submitted at least 30 days in advance of anticipated travel.** Financial commitment (i.e. travel arrangements, conference fees, hotel reservations, etc.) shall not be made prior to OHSP approval.

3. Reimbursements for travel (meals, lodging, mileage, etc.) cannot exceed the lesser of the grantee's published travel rates or the allowable State of Michigan travel rates. Exceptions to this for unusual situations require approval by OHSP prior to incurring the expense.

4. Postage, telephone, and grant-related travel costs shall be documented by log or meter and submitted with the reimbursement request.

#### **EQUIPMENT (includes software)**

1. Only eligible equipment specifically listed in the equipment section of the approved grant budget will be reimbursed. Equipment costs shall be reimbursed according to the match requirements as specified in the approved grant budget.

2. Equipment purchases shall be initiated within the time period specified in the approved grant. "Initiated" means bids were solicited, accepted, and items have been ordered. If there is a reason a grantee is unable to meet this requirement, the OHSP program coordinator shall be contacted immediately.

3. Equipment purchased through this grant shall be used only for highway safety activities throughout its useful life, whether the project or program continues to be supported by the Federal award.

4. If the equipment is disposed of, or ceases to be used for highway safety activities, and the equipment is determined to have a Current Fair Market Value of \$5,000 or more, the OHSP reserves the right to retain or transfer title to all items. The OHSP may allow the holder of the equipment to retain title of the equipment and reimburse the federal or State share of the fair market value of such equipment. The Current Fair Market Value shall be determined as follows:

a. Appraisal by an independent source with expertise in valuation of similar items is the preferred method of valuation for equipment.

b. For vehicles, Kelly Blue Book values may be used when taking into consideration the physical condition of the vehicle.

c. If a fair market value based on appraisal or Kelly Blue Book values cannot be determined, the value may be based on IRS depreciation schedules. Only straight line depreciation may be used.

5. Equipment with a cost of \$5,000 or more shall be tagged by the grantee for inventory control purposes. In addition, the OHSP Equipment Record System Form with all applicable information completed shall be submitted with the prospective participant's or sub-recipient's reimbursement request. The grantee (and all sub-recipients and contractors) shall complete an equipment inventory form sent to them by the OHSP each year that the value remains \$5,000 or more, and shall make the item available for physical review by the OHSP staff when requested.

6. All equipment purchases with NHTSA funds shall comply with the Buy America Act requirements before costs will be reimbursed. Please refer to section eleven under the heading Grant Management Requirements for specific terms of the Buy America Act.

7. Direct cost allocation principles. If a cost benefits two or more projects or activities in proportions that can be determined without undue effort or cost, the cost must be allocated to the projects based on the proportional benefit. If a cost benefits two or more projects or activities in proportions that cannot be determined because of the interrelationship of the work involved, then, notwithstanding paragraph (c) of this section, the costs may be allocated or transferred to benefitted projects on any reasonable

documented basis. Where the purchase of equipment or other capital asset is specifically authorized under a Federal award, the costs are assignable to the Federal award regardless of the use that may be made of the equipment or other capital asset involved when no longer needed for the purpose for which it was originally required.

### COLLECTION OF UNALLOWABLE COSTS

Payments made for costs determined to be unallowable by either the Federal awarding agency, cognizant agency for indirect costs, or pass-through entity, either as direct or indirect costs, must be refunded (including interest) to the Federal Government in accordance with instructions from the Federal agency that determined the costs are unallowable unless Federal statute or regulation directs otherwise. See also Subpart D—Post Federal Award Requirements of this part, and Part 200.300 Statutory and national policy requirements through 200.309 Period of performance.

### INDIRECT COSTS

Indirect costs cannot be specified in all situations because of the diverse characteristics and accounting practices of governmental units. Typical examples of indirect costs may include certain state/local central service costs, general administration of the grantee department or agency, accounting and personnel services performed within the grantee department or agency, depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, etc. Indirect costs shall be provided at a negotiated rate mutually acceptable to the grantee and the OHSP.

The indirect cost rate shall be developed in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (also known as the Super Circular) and shall be supported by the grantee's central service cost allocation plan or its equivalent. The indirect cost rate must be approved by the grantee's federal cognizant agency, with written documentation maintained by the grantee. If the grantee or sub-recipients does not have a federal cognizant agency, the OHSP will serve in this capacity.

#### Examples/Comparison of Direct and Indirect Costs:

| Direct Costs  | Indirect Costs  |
|---|---|
| Salaries, wages and fringe benefits such as: principal investigator, program coordinator, research assistant, and law enforcement personnel for activities directly related to the grant. | Salaries, wages and fringe benefits for administrative and clerical salaries such as: fiscal officer, accountant, department administrator, secretary, and staff assistant. |
| Postage for mailing a large quantity of questionnaires, research surveys or technical information to accomplish the goals of the project.   | Postage for routine correspondence.   |
| Meetings held for specific grant tasks; e.g., meetings with consultants or key players.   | Meetings held for the general administration of the organization; e.g., Board meetings.   |
| Computer software directly related to project; the task cannot be completed without it.   | Computer software and supplies (general purpose, such as word processing, spreadsheet programs, diskettes, toner cartridges, printer paper).                                |
| Specific supplies purchased to use solely for the grant project.  | General office supplies, such as paper, pencils, pens, tablets, staples, files, folders, binders, etc.  |
| Telephone charges (include cell phones) for long distance calls; detailed log required.   | Telephone charges – monthly fees for cell phone, basic and long-distance lines, pagers, local calls, voice mail.  |
| Rental of facility for grant activity such as a conference or training.   | Rent, utilities, office equipment leases and other administrative overhead.   |

## TERMINATION

The OHSP retains the right to terminate a grant for failure to meet the grant management requirements . When a grant is terminated by the OHSP, the grantee or sub-recipient shall not be eligible to seek grant funding for a period of two years. To obtain a grant after the two-year period, the grantee or sub-recipients will be required to submit written assurance that the identified deficiencies have been corrected. Additionally, the agency may be required to submit monthly financial reports to allow for increased financial monitoring.

Project Director Agreement (required to submit Draft Application):  Click here to affirm that you have read and agree to comply with the Grant Management Requirements. \*

Authorized Official Agreement (required to submit Final Application):  Click here to affirm that you have read and agree to comply with the Grant Management Requirements. \*

**HIGHWAY SAFETY GRANT APPLICATION**

**Application Information**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

\* Project Title            Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

\* Activity Start Date (mm/dd/yyyy) 10/1/2019

\* Activity End Date (mm/dd/yyyy) 9/30/2020

\* Are you applying for a Truck Safety Grant?     Yes     No

\* Project Type

- Enforcement  
Enforcement Type (Select one)
- Traffic
- Pedestrian and Bicycle
- Other (describe)

Does this project include funding for multiple agencies?             Yes     No

Does this project include part-time officers?                             Yes     No

Non-Enforcement

\* Please select your OHSP Program Coordinator            Patricia Eliason

\* County(ies) in which the project will operate

|             |              |             |  |           |
|-------------|--------------|-------------|--|-----------|
| State Wide  | Alcona       | Alger       | Allegan  | Alpena    |
| Antrim      | Arenac       | Baraga      | Barry  | Bay       |
| Benzie      | Berrien      | Branch      | Calhoun  | Cass      |
| Charlevoix  | Cheboygan    | Chippewa    | Clare  | Clinton   |
| Crawford    | Delta        | Dickinson   | Eaton  | Emmet     |
| Genesee     | Gladwin      | Gogebic     | <input checked="" type="checkbox"/> Grand Traverse | Gratiot   |
| Hillsdale   | Houghton     | Huron       | Ingham   | Ionia     |
| Iosco       | Iron         | Isabella    | Jackson  | Kalamazoo |
| Kalkaska    | Kent         | Keweenaw    | Lake   | Lapeer    |
| Leelanau    | Lenawee      | Livingston  | Luce   | Mackinac  |
| Macomb      | Manistee     | Marquette   | Mason  | Mecosta   |
| Menominee   | Midland      | Missaukee   | Monroe   | Montcalm  |
| Montmorency | Muskegon     | Newaygo     | Oakland  | Oceana    |
| Ogemaw      | Ontonagon    | Osceola     | Oscoda   | Otsego    |
| Ottawa      | Presque Isle | Roscommon   | Saginaw  | St. Clair |
| St. Joseph  | Sanilac      | Schoolcraft | Shiawassee   | Tuscola   |
| Van Buren   | Washtenaw    | Wayne       | Wexford  |           |

**HIGHWAY SAFETY GRANT APPLICATION**  
**Statement of the Problem and Background Information**  
**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

The actions drivers take can have devastating consequences. The National Highway Traffic Safety Administration (NHTSA) data indicates driver related factors contribute to 94 percent of crashes.

A review of Michigan traffic crash data from 2013-2017 shows the number of people seriously injured or killed where the crash was coded as alcohol-involved and/or drug-involved was 7,518. The number of people seriously injured or killed in passenger vehicles where the occupant was coded as no belts used, or child restraint not used/used improperly was 3,820. Observed seat belt use is 94.4 percent.

In Grand Traverse County the number of people seriously injured or killed where the crash was coded as alcohol-involved and/or drug-involved was 93. The number of people seriously injured or killed in passenger vehicles where the occupant was coded as no belts used, or child restraint not used/used improperly was 52.

Law enforcement officers will implement an evidence-based, highly visible enforcement program to educate community members about potentially dangerous driving behaviors and enforce traffic laws designed to protect them.

Traffic safety campaigns are most successful when accompanied by public information. The Grand Traverse County Sheriff's Office requests that OHSP develop and assist with distribution of public information materials on our behalf to enhance the enforcement campaigns.



**HIGHWAY SAFETY GRANT APPLICATION**

**Goals and Activities: 1**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

**\* Goal(s):**

To prevent unrestrained passenger vehicle occupant fatal injuries from increasing from 0 in Grand Traverse County by September 30, 2020.

**\* Activity:**

1. Conduct high-visibility seat belt enforcement patrols. Officers will stop vehicles for hazardous moving violations and take appropriate enforcement action each week during the seat belt enforcement mobilizations from October 17-31, 2019 and May 11 - 31, 2020.
2. Promote enforcement efforts by utilizing public information materials provided by OHSP through September 30, 2020.
3. Publicize enforcement efforts by supporting media events as requested by OHSP through September 30, 2020.

**\* Date of Anticipated Activity Accomplishment:**

9/30/2020

**HIGHWAY SAFETY GRANT APPLICATION**

**Goals and Activities: 2**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

**\* Goal(s):**

To prevent fatalities in alcohol- and/or drug-involved crashes from increasing from 2 in Grand Traverse County by September 30, 2020.

**\* Activity:**

1. Conduct high-visibility DUI enforcement patrols. Officers will stop vehicles for hazardous moving violations and take appropriate enforcement action each week during the impaired driving crackdowns from December 18, 2019 – January 1, 2020; July 1 - 19, 2020; and August 14 - September 7, 2020.

2. Promote enforcement efforts by utilizing public information materials provided by OHSP through September 30, 2020.

3. Publicize enforcement efforts by supporting media events as requested by OHSP through September 30, 2020.

**\* Date of Anticipated Activity Accomplishment:**

9/30/2020

HIGHWAY SAFETY GRANT APPLICATION

Acceptance of Audit Requirements

FY 2020

Project Title: Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

Applicant: Grand Traverse County Sheriff's Department

**NOTE: The Audit Period is the organization's fiscal or calendar year to be audited. If your audit requirement period exceeds 365 days, sections 1.b. and 2.b. must be utilized to complete the audit requirement dates.**

My reporting entity\* receives less than \$750,000 a year.

The following information on the next organization-wide audit(s) which will include this agency:

1.a. Audit Period 1: Beginning 1/1/2019 Ending 12/31/2019

2.a. Audit or written certification will be submitted to MSP by: 6/30/2020

1.b. Audit Period 2: Beginning 1/1/2020 Ending 12/31/2020

2.b. Audit or written certification will be submitted to MSP by: 6/30/2021

This project is federally funded and therefore is subject to the Single Audit Act of 1984 (P.L. 98-502).

Effective July 1, 1996, if your agency receives \$750,000 or more in federal financial assistance a year, the grantee shall agree to have an audit conducted in compliance with OMB Circulars A-128 or A-133 if required. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$750,000). If required, we will forward a copy of the completed audit(s), *including the management letter covering the entire grant period to:*

ATTN: Matt Opsommer

Michigan State Police Headquarters, 3rd Floor

7150 Harris Drive, Dimondale, MI 48821

**NOTE: The audit or written certification must be submitted to OHSP *no later than the ninth month after the end of the audit period.***

Additionally, we have or will notify our auditor of the above audit requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite specifically that the audit was done in accordance with OMB Circulars A-128 or A-133. Any information regarding the OMB Circular audit requirements will be furnished by OHSP.

\* **NOTE: The reporting entity is the government unit responsible for the overall administration of the grant, not just your agency. Failure to complete this section may result in your grant award being delayed or cancelled.**

**HIGHWAY SAFETY GRANT APPLICATION**

**Sub-Recipient Informational Form**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

|  |  |
|--|--|
| * Sub-Recipient DUNS Number (Format: xx-xxx-xxxx):   | 080341472  |
| * Does your agency or institution receive less than \$25,000 of federal funding from the Office of Highway Safety Planning?            | Yes [ ] No [ <input checked="" type="checkbox"/> ] |
| In the preceding fiscal year, did your agency or institution receive 80 percent or more of its annual gross revenues in federal award? | Yes [ ] No [ <input checked="" type="checkbox"/> ] |
| In the preceding fiscal year, did your agency's or institution's annual gross revenues equal or exceed \$25,000,000 in federal awards? | Yes [ ] No [ <input checked="" type="checkbox"/> ] |

Sub-Recipient Highly Compensated Officer

Officer Name

Officer Compensation

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**HIGHWAY SAFETY GRANT APPLICATION**

**Local Contribution**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

\* Local Contribution:

1. Provide patrol vehicles and/or motorcycles where applicable. This shall include fuel, maintenance and proper police equipment.
2. Assume liability incurred through the use of volunteers, including, but not limited to, personal injury, civil liability, and workman's compensation responsibility.
3. Pay dispatchers and officer wages for training and court time.
4. Attend meetings and/or media events as requested by OHSP.

**HIGHWAY SAFETY GRANT APPLICATION**

**Project Continuation**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

**Project Continuation:**

The Grand Traverse County Sheriff's Office will continue to participate in the project if federal funding is provided by OHSP.

**HIGHWAY SAFETY GRANT APPLICATION**  
**Overtime Salaries, Wages and Fringe Benefits: Grand Traverse County Admin - Impaired**  
**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

^ Are there Overtime Fringe Benefits expenses associated with this budget item?       Yes     No

|   |               |             |       |
|---|---------------|-------------|-------|
| ^ Provide a specific description of this budget item: | Federal/State | Local Match | Total |
| Grand Traverse County Admin - Impaired                | \$844         | \$0         | \$844 |

Enter the number of hours and hourly rate associated with this budget item.

\* Number of hours (base):    18.00

\* Overtime Hourly Rate:    \$46.89

|   |               |             |       |
|---|---------------|-------------|-------|
| ^ Enter Fringe Benefits associated with this budget item. | Federal/State | Local Match | Total |
|   | \$157         | \$0         | \$157 |

**\*Fringe Benefits.** Check all that apply

|                         |                                     |       |        |
|-------------------------|-------------------------------------|-------|--------|
| FICA:                   | <input checked="" type="checkbox"/> | Rate: | 7.6500 |
| Retirement:             | <input checked="" type="checkbox"/> | Rate: | 9.0000 |
| Workers Compensation:   | <input checked="" type="checkbox"/> | Rate: | 2.0080 |
| Unemployment Insurance: | N/A                                 |       |        |
| Insurances:             | N/A                                 |       |        |
| Other:                  | <input type="checkbox"/>            | Rate: |        |

*Describe:*

Overall Rate:            18.658%

Attach fringe benefit support documentation here if rate exceeds 40%.

|   |                |
|---|----------------|
| <b>Total Overtime Salaries, Wages and Fringe Benefits</b> | <b>\$1,001</b> |
|---|----------------|

**HIGHWAY SAFETY GRANT APPLICATION**  
**Overtime Salaries, Wages and Fringe Benefits: Grand Traverse County Admin - Seat Belt**  
**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

\* Are there Overtime Fringe Benefits expenses associated with this budget item?       Yes     No

|   |               |             |       |
|---|---------------|-------------|-------|
| * Provide a specific description of this budget item: | Federal/State | Local Match | Total |
| Grand Traverse County Admin - Seat Belt               | \$281         | \$0         | \$281 |

Enter the number of hours and hourly rate associated with this budget item.

\* Number of hours (base):    6.00

\* Overtime Hourly Rate:    \$46.89

|   |               |             |       |
|---|---------------|-------------|-------|
| * Enter Fringe Benefits associated with this budget item. | Federal/State | Local Match | Total |
|   | \$52          | \$0         | \$52  |

**\*Fringe Benefits.** Check all that apply

|                         |                                     |       |        |
|-------------------------|-------------------------------------|-------|--------|
| FICA:                   | <input checked="" type="checkbox"/> | Rate: | 7.6500 |
| Retirement:             | <input checked="" type="checkbox"/> | Rate: | 9.0000 |
| Workers Compensation:   | <input checked="" type="checkbox"/> | Rate: | 2.0080 |
| Unemployment Insurance: | N/A                                 |       |        |
| Insurances:             | N/A                                 |       |        |
| Other:                  | <input type="checkbox"/>            | Rate: |        |

*Describe:*

Overall Rate:            18.658%

Attach fringe benefit support documentation here if rate exceeds 40%.

|   |              |
|---|--------------|
| <b>Total Overtime Salaries, Wages and Fringe Benefits</b> | <b>\$333</b> |
|---|--------------|



**HIGHWAY SAFETY GRANT APPLICATION**

**Overtime Salaries, Wages and Fringe Benefits: Grand Traverse County Deputies - Impaired  
FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

\* Are there Overtime Fringe Benefits expenses associated with this budget item?       Yes     No

|   |               |             |          |
|---|---------------|-------------|----------|
| Provide a specific description of this budget item: | Federal/State | Local Match | Total    |
| Grand Traverse County Deputies - Impaired           | \$18,392      | \$0         | \$18,392 |

Enter the number of hours and hourly rate associated with this budget item.

\* Number of hours (base):    442.00

\* Overtime Hourly Rate:    \$41.61

|   |               |             |         |
|---|---------------|-------------|---------|
| * Enter Fringe Benefits associated with this budget item. | Federal/State | Local Match | Total   |
|   | \$3,432       | \$0         | \$3,432 |

**\*Fringe Benefits.** Check all that apply

- FICA:                        Rate:        7.6500
- Retirement:            Rate:        9.0000
- Workers Compensation:     Rate:        2.0080
- Unemployment Insurance:    N/A
- Insurances:            N/A
- Other:                        Rate:

*Describe:*

Overall Rate:        18.658%

Attach fringe benefit support documentation here if rate exceeds 40%.

**Total Overtime Salaries, Wages and Fringe Benefits        \$21,824**

**HIGHWAY SAFETY GRANT APPLICATION**  
**Overtime Salaries, Wages and Fringe Benefits: Grand Traverse County Deputies - Seat Belt**  
**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement  
**Applicant:** Grand Traverse County Sheriff's Department

\* Are there Overtime Fringe Benefits expenses associated with this budget item?       Yes     No

|   |               |             |         |
|---|---------------|-------------|---------|
| * Provide a specific description of this budget item: | Federal/State | Local Match | Total   |
| Grand Traverse County Deputies - Seat Belt            | \$5,825       | \$0         | \$5,825 |

Enter the number of hours and hourly rate associated with this budget item.

\* Number of hours (base):    140.00

\* Overtime Hourly Rate:    \$41.61

|   |               |             |         |
|---|---------------|-------------|---------|
| * Enter Fringe Benefits associated with this budget item. | Federal/State | Local Match | Total   |
|   | \$1,087       | \$0         | \$1,087 |

\* **Fringe Benefits.** Check all that apply

|                         |                                     |       |        |
|-------------------------|-------------------------------------|-------|--------|
| FICA:                   | <input checked="" type="checkbox"/> | Rate: | 7.6500 |
| Retirement:             | <input checked="" type="checkbox"/> | Rate: | 9.0000 |
| Workers Compensation:   | <input checked="" type="checkbox"/> | Rate: | 2.0080 |
| Unemployment Insurance: | N/A                                 |       |        |
| Insurances:             | N/A                                 |       |        |
| Other:                  | <input type="checkbox"/>            | Rate: |        |

*Describe:*

Overall Rate:            18.658%

Attach fringe benefit support documentation here if rate exceeds 40%.

|   |                |
|---|----------------|
| <b>Total Overtime Salaries, Wages and Fringe Benefits</b> | <b>\$6,912</b> |
|---|----------------|

**HIGHWAY SAFETY GRANT APPLICATION**

**Overtime Salaries, Wages and Fringe Benefits: Grand Traverse County Sergeant - Impaired  
FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

\* Are there Overtime Fringe Benefits expenses associated with this budget item?       Yes     No

|   |               |             |       |
|---|---------------|-------------|-------|
| * Provide a specific description of this budget item: | Federal/State | Local Match | Total |
| Grand Traverse County Sergeant - Impaired             | \$646         | \$0         | \$646 |

Enter the number of hours and hourly rate associated with this budget item.

\* Number of hours (base):    12.00

\* Overtime Hourly Rate:    \$53.82

|   |               |             |       |
|---|---------------|-------------|-------|
| * Enter Fringe Benefits associated with this budget item. | Federal/State | Local Match | Total |
|   | \$121         | \$0         | \$121 |

**\*Fringe Benefits.** Check all that apply

|                         |                                     |       |        |
|-------------------------|-------------------------------------|-------|--------|
| FICA:                   | <input checked="" type="checkbox"/> | Rate: | 7.6500 |
| Retirement:             | <input checked="" type="checkbox"/> | Rate: | 9.0000 |
| Workers Compensation:   | <input checked="" type="checkbox"/> | Rate: | 2.0080 |
| Unemployment Insurance: | N/A                                 |       |        |
| Insurances:             | N/A                                 |       |        |
| Other:                  | <input type="checkbox"/>            | Rate: |        |

*Describe:*

Overall Rate:            18.658%

Attach fringe benefit support documentation here if rate exceeds 40%.

|   |              |
|---|--------------|
| <b>Total Overtime Salaries, Wages and Fringe Benefits</b> | <b>\$767</b> |
|---|--------------|

**HIGHWAY SAFETY GRANT APPLICATION**

**Overtime Salaries, Wages and Fringe Benefits: Grand Traverse County Sergeant - Seat Belt  
FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

\* Are there Overtime Fringe Benefits expenses associated with this budget item?       Yes     No

|   |               |             |       |
|---|---------------|-------------|-------|
| * Provide a specific description of this budget item: | Federal/State | Local Match | Total |
| Grand Traverse County Sergeant - Seat Belt            | \$108         | \$0         | \$108 |

Enter the number of hours and hourly rate associated with this budget item.

\* Number of hours (base):    2.00

\* Overtime Hourly Rate:    \$53.82

|   |               |             |       |
|---|---------------|-------------|-------|
| * Enter Fringe Benefits associated with this budget item. | Federal/State | Local Match | Total |
|   | \$20          | \$0         | \$20  |

\* **Fringe Benefits.** Check all that apply

|                         |                                     |       |        |
|-------------------------|-------------------------------------|-------|--------|
| FICA:                   | <input checked="" type="checkbox"/> | Rate: | 7.6500 |
| Retirement:             | <input checked="" type="checkbox"/> | Rate: | 9.0000 |
| Workers Compensation:   | <input checked="" type="checkbox"/> | Rate: | 2.0080 |
| Unemployment Insurance: | N/A                                 |       |        |
| Insurances:             | N/A                                 |       |        |
| Other:                  | <input type="checkbox"/>            | Rate: |        |

*Describe:*

Overall Rate:        18.658%

Attach fringe benefit support documentation here if rate exceeds 40%.

|   |              |
|---|--------------|
| <b>Total Overtime Salaries, Wages and Fringe Benefits</b> | <b>\$128</b> |
|---|--------------|

**HIGHWAY SAFETY GRANT APPLICATION**

**Budget Summary**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

|             |                      |                    |                    |
|-------------|----------------------|--------------------|--------------------|
| <b>FEIN</b> | <b>Starting Date</b> | <b>Ending Date</b> | <b>Fiscal Year</b> |
| 38-6004852  | 10/1/2019            | 9/30/2020          | 2020               |

| <b>Budget Summary</b>          |                      |                    |                 |
|--------------------------------|----------------------|--------------------|-----------------|
| <b>Line Item Titles</b>        | <b>Federal/State</b> | <b>Local Match</b> | <b>TOTAL</b>    |
| Salary and Wages               | \$0                  | \$0                | \$0             |
| Salary Fringe Benefits         | \$0                  | \$0                | \$0             |
| Overtime Wages                 | \$26,096             | \$0                | \$26,096        |
| Overtime Fringe Benefits       | \$4,869              | \$0                | \$4,869         |
| Contractual Services           | \$0                  | \$0                | \$0             |
| Travel                         | \$0                  | \$0                | \$0             |
| Supplies/Operating             | \$0                  | \$0                | \$0             |
| Equipment                      | \$0                  | \$0                | \$0             |
| <b>SUBTOTAL</b>                | <b>\$30,965</b>      | <b>\$0</b>         | <b>\$30,965</b> |
| Indirect Cost Rate<br>%        | \$0                  |                    | \$0             |
| * Override indirect amount \$0 |                      |                    |                 |
| <b>TOTAL</b>                   | <b>\$30,965</b>      | <b>\$0</b>         | <b>\$30,965</b> |

\* For multiple indirect cost rates, check override box and enter the total indirect cost. Please attach documentation of your calculations.

| <b>Budget Category Cost Totals</b> |                      |                    |                 |
|------------------------------------|----------------------|--------------------|-----------------|
| <b>Function Titles</b>             | <b>Federal/State</b> | <b>Local Match</b> | <b>TOTAL</b>    |
| Personnel Costs                    | \$30,965             | \$0                | \$30,965        |
| Contractual Services               | \$0                  | \$0                | \$0             |
| Operating Costs                    | \$0                  | \$0                | \$0             |
| Equipment                          | \$0                  | \$0                | \$0             |
| Indirect                           | \$0                  |                    | \$0             |
| <b>TOTAL</b>                       | <b>\$30,965</b>      | <b>\$0</b>         | <b>\$30,965</b> |

|   |
|---|
| Approved Indirect Cost Rate (if applicable) |
|---|

**Michigan State Police  
Office of Highway Safety Planning**

7150 Harris Drive  
P.O.Box 30634  
Dimondale, Michigan 48821  
(517) 284-3332

\*\*\*\*\*

**HIGHWAY SAFETY GRANT APPLICATION**

|   |   |
|---|---|
| <b>1. PROJECT TITLE</b><br>Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement |   |
| <b>2. APPLICANT</b><br>Grand Traverse County Sheriff's Department                           |   |
| <b>3. ADDRESS OF APPLICANT</b><br>851 Woodmere Avenue , Traverse City, Michigan 49686       |   |
| <b>7. FEDERAL IDENTIFICATION NO.</b><br>38-6004852  | <b>8. ANTICIPATED ACTIVITY START-UP DATE</b><br>10/1/2019 |

**HIGHWAY SAFETY GRANT APPLICATION**

**Certification**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

**CERTIFICATION BY PROJECT DIRECTOR**

I certify and agree that a grant received as a result of this application is subject to the general requirements governing Office of Highway Safety Planning projects and Grant Management Requirements, including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that funds received through OHSP will not be used to supplant state or local funds.

|  |  |
|--|--|
| NAME<br>Lt. Brian Giddis                                 | TITLE<br>Lieutenant                    |
| ADDRESS<br>851 Woodmere Ave Traverse City Michigan-49686 |  |
| AGENCY<br>Grand Traverse County Sheriff's Office         | PHONE NUMBER<br>231-995-5004           |
| FAX NUMBER   | EMAIL ADDRESS<br>bgiddis@gtsheriff.org |

**AGENCY CONTACT PERSON**  
**(if different than grant Project Director)**

|            |               |
|------------|---------------|
| NAME       | TITLE         |
| ADDRESS    |               |
| AGENCY     | PHONE NUMBER  |
| FAX NUMBER | EMAIL ADDRESS |

**HIGHWAY SAFETY GRANT APPLICATION**

**Certification**

**FY 2020**

**Project Title:** Grand Traverse County DUI/Seat Belt Overtime Traffic Enforcement

**Applicant:** Grand Traverse County Sheriff's Department

**CERTIFICATION BY FINANCIAL OFFICER**

I certify and agree that a grant received as a result of this application is subject to the general requirements governing Office of Highway Safety Planning projects and Grant Management Requirements, including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the fiscal terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that funds received through OHSP will not be used to supplant state or local funds.

|  |   |
|--|---|
| <b>NAME</b><br>Ms. Cheryl Wolf                                     | <b>TITLE</b><br>Deputy Finance Director         |
| <b>ADDRESS</b><br>400 Boardman Avenue Traverse City Michigan-49684 |   |
| <b>AGENCY</b><br>Grand Traverse County                             | <b>PHONE NUMBER</b><br>231-922-4682             |
| <b>FAX NUMBER</b><br>231-922-4636                                  | <b>EMAIL ADDRESS</b><br>cwolf@grandtraverse.org |

**CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN**

I certify and agree that a grant received as a result of this application is subject to the general requirements governing Office of Highway Safety Planning projects and Grant Management Requirements, including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that funds received through OHSP will not be used to supplant state or local funds.

|  |  |
|--|--|
| <b>NAME</b><br>Mr. Rob Hentschel                                 | <b>TITLE</b><br>Chairman                             |
| <b>ADDRESS</b><br>400 Boardman Ave. Traverse City Michigan-49684 |  |
| <b>AGENCY</b><br>County of Grand Traverse                        | <b>PHONE NUMBER</b><br>231-946-4277                  |
| <b>FAX NUMBER</b>  | <b>EMAIL ADDRESS</b><br>rhentschel@grandtraverse.org |



**Attachments**

**FY 2020**

**Title:** Vehicle Pursuit Policy

Seat Belt Use Policy

**Document Source:** [https://msp.intelligrants.com/\\_Upload/131461\\_953483-3016OperationDeptVehicle sandPursuits.pdf](https://msp.intelligrants.com/_Upload/131461_953483-3016OperationDeptVehicle sandPursuits.pdf)  
[https://msp.intelligrants.com/\\_Upload/131461\\_953483\\_2-3037 VehicleSafetyBeltU se.pdf](https://msp.intelligrants.com/_Upload/131461_953483_2-3037 VehicleSafetyBeltU se.pdf)

Moved by Wheelock, seconded by Clous that Grand Traverse County go on record stating that they support 2% grant allocations specifically for services provided by and for Grand Traverse County.

Moved by Jewett, seconded by Coffia to postpone action on Commissioner Wheelock’s motion until the next board meeting.

Roll Call Vote: Yes 5, No 2

Nay: Clous and Hentschel

**b. Ethics Policy (Jewett)**

Commissioner Jewett gave an update on the Ethics Ad Hoc Committee meetings.

Moved by Jewett, seconded by Clous to direct staff to review the current ethics policy and bring back any recommended changes to the policy for Board approval.

Roll Call Vote: Yes 6, No 1

Nay: Clous

**c. Board of Canvassers Election Results**

Bonnie Scheele, County Clerk, announced that the Democratic winner is Steve Horne and the Republican winner is Linda Witt.

NEW BUSINESS

**a. Transparency Project (Hentschel)**

Chairman Hentschel would like to have all the past board minutes, packets, and videos put on the County website. Administration and the County Clerk will research the cost to transfer these documents to a digital format and report back to the Board.

PUBLIC COMMENT

None

COMMISSIONER/DEPARTMENT REPORTS

Commissioners gave updates on meetings and events they attended.

NOTICES

**October 2, 2019 – Regular Meeting**

**October 16, 2019 – Regular Meeting**

CLOSED SESSION

None

Meeting adjourned at 11:55 a.m.

GRAND TRAVERSE COUNTY  
BOARD OF COMMISSIONERS

Annual Meeting  
September 18, 2019

Chairman Hentschel called the meeting to order at 8:02 a.m. at the Governmental Center.

OPENING CEREMONIES, EXERCISES OR INVOCATION

Opening remarks were given by Commissioner Hundley, which was followed by the Pledge of Allegiance to the Flag of the United States of America.

PRESENT: Betsy Coffia (8:05 a.m.), Bryce Hundley, Brad Jewett, Addison Wheelock, Jr.  
Ron Clous, Gordie LaPointe and Rob Hentschel

APPROVAL OF MINUTES

Minutes of September 4, 2019 Regular Meeting

Moved by Clous, seconded by Jewett to approve the minutes listed above. Motion carried.

Commissioner Coffia arrived at 8:05 a.m.

PUBLIC COMMENT

The following people addressed the Commissioners during Public Comment:

**Bruce Moore**  
**David Petrove**  
**Ted Iorio**  
**Ann Rogers**  
**Gretchen Iorio**  
**Dave Nichols**  
**Al McCullough**  
**Silvia McCullough**

APPROVAL OF AGENDA

Add Budget 2020 Process Update under New Business

Moved by Wheelock, seconded by Coffia to approve the agenda with the addition of Budget 2020 Process Update under New Business. Motion carried

Commissioner Coffia requested that a discussion of the Ethics Ad Hoc Committee Recommendations be included on the October 2, 2019 agenda.

CONSENT CALENDAR

The purpose of the Consent Calendar is to expedite business by grouping non-controversial items together to be dealt with by one Commission motion without discussion. Any member of the

RESOLUTION

XX-2019

**Grand Traverse County Board of Commissioners Position on the Extension of  
Tax Increment Finance Development Plan 97**

WHEREAS, on October 27, 1997, the City of Traverse City Commission adopted a tax increment finance development plan (referred to as “TIF 97”), which provides for a proposed tax capture from certain local units of government to finance various projects in the northern section of downtown Traverse City within the Downtown Development District (“DDA”); and

WHEREAS, on October 29, 1997 the Grand Traverse County Board of Commissioners adopted a resolution to partner with Traverse City in support of TIF 97, for a 30-year term, in order to fund core infrastructure improvements within the TIF district; and

WHEREAS, in the last twenty-one years, TIF 97 has been an important tool in promoting economic development within the TIF district and will have fulfilled its purpose by December 31, 2027; and

WHEREAS, the TIF 97 plan stipulates that the last date of capture is December 31, 2027, and thereafter Grand Traverse County and other local units of government that had relinquished significant tax revenue for a 30-year period, would as a result experience a significant increase in revenue to be used to provide improved services within the County; and

WHEREAS, an ad hoc committee composed of DDA board representatives and City Commission members have adopted a resolution recommending that the City Commission extend TIF 97 for an additional eight to thirteen years, beyond the 30 year term agreed to by Grand Traverse County, to finance the construction of a proposed public parking deck on the west end of downtown; and

WHEREAS, if the City Commission accepts the recommendation of the ad hoc committee to extend TIF 97 beyond the initial 30-year term Grand Traverse County will lose unforeseen millions of dollars in tax revenue due to the extension. A loss of revenue that will negatively impact future levels of service the county is obligated to provide to the residents and businesses within the County;

THEREFORE, be it resolved that the Grand Traverse County Board of Commissioners requests that the Traverse City Commission take into serious consideration the impact of the County’s significant loss in revenue should TIF 97 be extended, and

BE IT FURTHER RESOLVED that the Board of Commissioners request that the City Commission conclude the TIF 97 tax capture for Grand Traverse County at the end of the initial 30-year term.

BE IT FINALLY RESOLVED that the County Clerk shall submit a copy of this resolution to the Traverse City DDA, City Commission and all other local units of governments that would also be negatively impacted by the proposed extension of TIF 97.