IONIA COUNTY BOARD OF COMMISSIONERS
BOARD OF COMMISSIONERS MEETING
JUNE 24, 2025 – 3:00 P.M.
101 WEST MAIN STREET
IONIA, MICHIGAN

THIS MEETING WILL BE HELD IN PERSON AND ZOOM

AGENDA

I. Call to Order

II. Pledge of Allegiance

III. Invocation

IV. Approval of Agenda
A. Consideration of additional items

V. Public Comment (Three-minute time limit per-speaker – please state name/organization)

VI. Action on Consent Calendar
A. Approve minutes of the previous meeting (s)
B. Approve per diem and mileage
C. Approve payments of Common Cash and General Fund Payroll for the month of May 2025- $ 2,304,266.78
D. Approve payments of Health Department payroll and accounts payable for the month of May 2025-$ 156,598.48
E. Approve payments of Road Department payroll and accounts payable for the month of May 2025-$ 1,315,629.76
F. Approval of payments from Trust and Agency for the month of May 2025- $ 285,950.36

VII. Unfinished Business
A.

VIII. New Business
A. Appointment for the Park Advisory Board
- Amanda Helmen, two-year term

B. Request Approval of new MGT contract for services related to Title IV funding- Rebecca Shermack
C. Request Approval of Medical Director Sharing Agreement – Haleigh Leslie
D. Request Approval of Agreement with Michigan Department of Health and Human Services – Haleigh Leslie
E. Request Approval to renew contract with Catch Basin Cleaning – Linda Pigue

F. Request Disposal of Surplus Equipment – Linda Pigue
G. Resolution of Support for TAP Grant – Linda Pigue
H. Request Approval of Central Dispatch Telephone System Upgrade – Lance Langdon
I. Request Approval of Opioid Funding – Chad Shaw

IX. Department Reports

A. Road Department

X. Reports of Officers, Boards, and Standing Committees

A. Chairperson
B. Board of Commissioners
C. County Administrator

XI. Reports of Special or Ad Hoc Committees

XII. Public Comment (3-minute time limit per speaker)

XIII. Closed Session

A. NONE

XIV. Adjournment

Board and/or Commission Vacancies

- **Community Corrections Advisory Board- Ionia Community Mental Health Representative**
- **Land Bank Authority**
- **Mid-West Michigan Trail Authority- Ionia County Representative**

Appointments for consideration in the month of June 2025:

- **NONE**

Appointments for consideration in the month of July 2025:

- **NONE**

IONIA COUNTY BOARD OF COMMISSIONERS

Jack Shattuck, Chairman

June 10, 2025, 3:00 p.m.
Minutes

Members Present: County Commissioner Terence Frewen, County Commissioner Gordon Kelley, County Commissioner Scott Wirtz, County Commissioner David Hodges, County Commissioner Phil Hesche, County Commissioner Jack Shattuck.

Members Absent: County Commissioner Larry Tiejema,

Others Present: County Administrator Chad Shaw, County Clerk Greg Geiger.

I. Call to Order

Shattuck called the meeting to order at 3:00 pm.

II. Pledge of Allegiance

Shattuck led the Pledge of Allegiance.

III. Invocation

Kelley led the invocation.

IV. Approval of Agenda

Board discussed agenda

Motion to Approve Agenda
Moved by Kelley
Supported by Frewen
Motion carried by voice vote

V. Public Comment

No public comment.

VI. Action on Consent Calendar

Board approved the consent calendar by unanimous consent.

VII. Unfinished Business

No unfinished business.

VIII. New Business

Board discussed appointment of Haleigh Leslie to the Community Corrections Advisory Board.

Motion to Appoint
Moved by Frewen
Supported by Wirtz
Motion carried by voice vote

Board discussed appointment of Haleigh Leslie to the Economic Development Corporation Brownfield Redevelopment Authority.

Motion to Appoint
Moved by Frewen
Supported by Hodges
Motion carried by voice vote

Board discussed appointment of Charlene Hemminger and Margery Briggs to the Substance Use Disorder Oversight Policy Board for three-year terms.

Motion to Appoint
Moved by Wirtz
Supported by Frewen
Motion carried by voice vote

Board discussed adoption of Resolution regarding Hazard Mitigation Plan. Emergency Management Director Sgt. Straubel presented the resolution and recommended adoption.

Motion to Adopt Resolution
Moved by Frewen
Supported by Hodges
Motion carried by roll call vote
Yes – Hodges, Wirtz, Hesche, Kelley, Shattuck, Frewen
No –

Board discussed Mutual Aid Agreement with Region 6. Emergency Management Director Sgt. Straubel presented the agreement and recommended approval.

Motion to Approve
Moved by Frewen
Supported by Kelley
Motion carried by voice vote

Board discussed Act 51 Annual Reimbursement of Engineer costs. Road Department Director Linda Pigue presented the request and recommended approval.

Motion to Approve
Moved by Frewen
Supported by Hodges
Motion carried by voice vote

Board discussed adoption of MDOT Resolution for Contract 25-5271 on Hawley Highway. Road Department Director Linda Pigue presented the resolution and recommended adoption

Motion to Adopt Resolution
Moved by Frewen
Supported by Hodges
Motion carried by roll call vote
Yes – Hodges, Wirtz, Hesche, Kelley, Shattuck, Frewen
No –

Board discussed adoption of MDOT Resolution for Contract 25-5302 on Keefer Highway. Road Department Director Linda Pigue presented the resolution and recommended adoption

Motion to Adopt Resolution
Moved by Hodges
Supported by Frewen
Motion carried by roll call vote
Yes – Hodges, Wirtz, Hesche, Kelley, Shattuck, Frewen
No –

Board discussed approval of reallocation of Road Supervisors and Fleet Supervisors. Road Department Director Linda Pigue presented the request and recommended approval.

Motion to Approve
Moved by Frewen
Supported by Hesche
Motion carried by voice vote
Shattuck Dissented

Board discussed approval of 911 Phone Service Agreement. Road Department Director Linda Pigue presented the request and recommended approval.

Motion to Approve
Moved by Kelley

Supported by Frewen
Motion carried by voice vote

Board discussed approval of 2026 Budget Calendar. Shaw presented the calendar and recommended approval.

Motion to Approve
Moved by Frewen
Supported by Wirtz
Motion carried by voice vote

IX. Department Reports

No department reports.

X. Reports of Officers, Boards, and Standing Committees

Shaw commented on Finance Director position, Janitorial Supervisor position, updates on buildings including courthouse portico, district court probation office, and airport runways.

XI. Reports of Special or Ad Hoc Committees

No reports of special or ad hoc committees.

XII. Public Comment (3-minute time limit per speaker)

No public comment.

XIII. Closed Session

No Closed Session.

XIV. Adjournment

Board discussed adjournment.

Motion to Adjourn
Moved by Hodges
Supported by Frewen
Motion carried by voice vote

Jack Shattuck, Chairman

Greg Geiger, County Clerk

County of Ionia

Request for Per Diem and Mileage

Commissioner Frewen

May, 2025

Board/Commission	Date	Hours	Per Diem	Miles	Mileage
Commissioners Afternoon Meeting	05/13/2025	1.5	$50.00	38.6	$27.02
Commissioners Afternoon Meeting	05/27/2025	1	$50.00	38.6	$27.02
Finance Committee	05/20/2025	1.5	$50.00	38.6	$27.02
Facilities Committee	05/20/2025	1.25	$50.00	0	$0.00
ICEA Meeting	05/22/2025	1	$50.00	zoom	
				0	$0.00
DHHS Board Meeting	05/01/25	absent	$0.00		$0.00
Tax Allocation Board	5/19/2025	0.1	$50.00	38.6	$27.02
Road Dept Meeting	05/05/2025	1.5	$50.00	36	$25.20
Road Dept Meeting	05/19/25	1	$50.00	36	$25.20
Parks Advisory Board	05/14/25	1	$50.00	44	$30.80
Other:					
Road Dept/Safe Routes to School	5/29/2025	1	$50.00	zoom	
				270.4	
Total Per Diem Requested:			$500.00		
Total Mileage Requested:					$189.28
			Total	$689.28	

Terence M. Frewen

06/02/2025

Signed Terence M. Frewen ***Date***

Per Diem Rates: $50 for meetings up to three hours; $75 for meetings more than three hours

Mileage for 2025 is 70 cents /mile

County of Ionia
Request for Per Diem and Mileage

Commissioner Hesche

May 2025

Board/Commission	Date	Hours	Per Diem	Miles	Mileage
Commissioners Meeting	May 13		50	24	
Commissioners Meeting	May 27		50	24	
Special Board Meeting					
Grievance Hearing Committee					
Personnel Committee	May 15		50	24	
Lake Board-Morrison Lake					
Mid-West Trail Authority	May 22		50	84	
Road Department Meeting	May 5		50	24	
	May 19		50	24	
Other					

Total Per Diem Requested: $300

Total Mileage Requested: 204 $142.80

Phil Hesche

Signed

27-May-25

Date

Per Diem Rates: $50 for meetings up to three hours; $75 for meetings more than three hours

Mileage for 2025 is .70 cents per mile.

County of Ionia
Request for Per Diem and Mileage

Commissioner Hodges

May 2025

Board/Commission	Date	Hours	Per Diem	Miles	Mileage
Commissioners Meeting	5/13		50.00	38	
Commissioners Meeting	5/27		50.00	38	
Special Board Meeting					
Township- otisco	5/13		50.00	0	
Audit Committee					
Facilities Committee	5/20		50.00	0	
Finance Committee	5/20		50.00	38	
Airport Board	5/6		50.00	38	
Community Mental Health	5/12		50.00	38	
Park Advisory Board	5/14		50.00	36	
West Michigan Regional Planning Comm	5/9		50.00	64	
Other:					

Total Per Diem Requested: $450.00

Total Mileage Requested: $203.00

David A Hilger

Signed

6-5-25

Date

Per Diem Rates: $50 for meetings up to three hours; $75 for meetings more than three hours

Mileage for 2025 is .70 cents per mile.

County of Ionia
Request for Per Diem and Mileage

Commissioner Kelley

MAY 2025

Board/Commission	Date	Hours	Per Diem	Miles	Mileage
Commissioners Meeting	5/13	1-1/2	50		
Commissioners Meeting	5/27	1	50		
Special Board Meeting					
Facilities Committee	5/20	1-1/4	50		
Personnel Committee	5/15	3/4	50		
Bargaining Committee					
Brownfield Redevelopment Authority					
Commission on Aging Board	5/15	1-1/2	50		
Eight-CAP Governing Board	5/23	1	50		
Mid-West Trail Authority	5/22	1	50	54	37.80
Road Department Advisory	5/19	1-1/2	50		
Road Department Advisory					
SMART					
West Michigan Regional Planning Comm					
Other:					

Total Per Diem Requested: 400-

Total Mileage Requested: 37.80

J Kelley

Signed

5/30/2025

Date

Per Diem Rates: $50 for meetings up to three hours; $75 for meetings more than three hours

Mileage for 2025 is .70 cents per mile.

County of Ionia
Request for Per Diem and Mileage

Commissioner Chair Shattuck

April **2025**

Board/Commission	Date	Hours	Per Diem	Miles	Mileage
Commissioners Meeting	4-8				
Commissioners Meeting	4-22		50.00		13.00
Special Board Meeting					
Grievance Hearing Committee					
Airport Board					
Airport Zoning Board					
Emergency Management Advisory Council					
Lake Board-Jordan Lake					
MAC Workers' Comp Board					
Materials Mangement					
MSU Extenstions Council					
Other:					

Total Per Diem Requested: 50.00

Total Mileage Requested: 13.00

Jack Shattuck

Signed

5-13-25

Date

Per Diem Rates: $50 for meetings up to three hours; $75 for meetings more than three hours

Mileage for 2025 is .70 cents per mile.

County of Ionia
Request for Per Diem and Mileage

Commissioner Chair Shattuck

May **2025**

Board/Commission	Date	Hours	Per Diem	Miles	Mileage
Commissioners Meeting	5-13		50.00		13.00
Commissioners Meeting	5-27		50.00		13.00
Special Board Meeting					
Grievance Hearing Committee					
Airport Board	0				
Airport Zoning Board					
Emergency Management Advisory Council					
Lake Board-Jordan Lake	5-7		50.00		20.00
MAC Workers' Comp Board					
Materials Mangement	5-22		50.00		13.00
MSU Extenstions Council					
Other:					

Total Per Diem Requested: 200.00

Total Mileage Requested: 59.00

Signed Jack S. Shattuck

Date 6/10/25

Per Diem Rates: $50 for meetings up to three hours; $75 for meetings more than three hours

Mileage for 2025 is .70 cents per mile.

IONIA COUNTY

Application for Committee or Board Position

Name: Amanda Helman
Address: [redacted]

Telephone Number: [redacted]

Email: [redacted]

Board, Council, or Committee Position Desired: Bertha Brock Park Rep (ICFHC)

Please give a brief resume of your qualifications for the desired position.

I am currently the membership and newsletter chair for the Ionia County Hunting and Fishing club. Our past park rep has had to step down and I have volunteered to fill this position if approved.

Amanda Helman
Signature

Please mail completed application to:

Ionia County Administration Office
3rd Floor
101 Main Street
Ionia, MI 48846

Fax: 616.527.5380

Email: jelliott@ioniacounty.org

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Approval of new MGT contract for services related to Title IV funding
Click here to enter text.

CONTACT:
Rebecca Shermak, Director
Ionia County Friend of the Court

DESCRIPTION:
MGT provides billing services and coordination of funds through the Title IV Cooperative Reimbursement Program for the Friend of the Court. They are increasing their prices starting 10/1/25.

OTHER DEPARTMENTS/AGENCIES AFFECTED:
None

FINANCIAL ANALYSIS:
The net cost to the county is going from $2,775 to $3,940 annually, for an increase of $1,165.38.

LEGAL REVIEW:

DEADLINE:
Click here to enter text.

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):
Approval of the Master Services Agreement with MGT, effective 10/1/2025, and authorization of signature.

ADMINISTRATOR'S RECOMMENDATION:
County Administrator Recommends Approval of this Request.

MASTER SERVICES AGREEMENT

THIS MASTER SERVICES AGREEMENT ("Agreement") is entered into as of October 1, 2025 ("Effective Date") between MGT Impact Solutions, LLC ("MGT"), with offices located at 4320 West Kennedy Boulevard, Tampa, FL 33609, and Ionia County, Michigan ("Client"), located at 100 W. Main Street, Ionia, MI 48846, collectively referred to herein as the "Parties".

WHEREAS, MGT offers global technological, educational, organizational and staffing consulting solutions services to the public and private sectors;

WHEREAS, Client anticipates a need within its organization for MGT's services; and

WHEREAS, the Parties intend for this Agreement to serve as the governing, contractual basis of MGT's provision of future project-level services to Client.

NOW, THEREFORE, for and in consideration of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. THIS AGREEMENT AND STATEMENTS OF WORK. The Parties enter into this Agreement to set forth the general terms and conditions that will govern MGT's provision of services to Client. Such services will be subsequently agreed upon by the Parties in individual Statements of Work ("SOW").

Each SOW will state all details required for the proper provision of project-level services, including scope, pricing, period of performance, and other required information ("Services") each an Exhibit A, Statement of Work, attached hereto and incorporated into the Agreement. Unless otherwise stated in an SOW, all Services shall be performed remotely. Each SOW will require signature by both parties to be effective.

2. CONTRACT DOCUMENTS AND ORDER OF PRECEDENCE. The contract documents consist of this Agreement and all exhibits, attachments, amendments, and SOWs subsequently executed by the Parties and all exhibits, attachments, amendments, and other documents made a part of the SOW ("Contract Documents"). Upon signature by the Parties, all SOWs executed during the Term shall be considered incorporated into and made a part of this Agreement.

In the event of a conflict among the terms and conditions in this Agreement and any SOW, unless that SOW expressly states the intention for the SOW to control with regard to the conflicting term or condition, then this Agreement shall control. Any terms or conditions contained in documents issued by Client other than the Contract Documents, including purchase orders, shall be voidable at MGT's discretion.

3. TERM. The term of this Agreement shall commence on the Effective Date and will continue for a period of one (1) year or until terminated in accordance with this Agreement. This Agreement will automatically renew for additional one (1) year terms unless terminated by either party at least thirty (30) days prior to the expiration date.

4. TERMINATION. This Agreement or any individual SOW may be terminated with cause by either party: (a) if the other party materially breaches the terms of this Agreement and fails to cure the breach within thirty (30) calendar days following written notice specifying the breach, or (b) immediately upon written notice if the other party fails to comply with applicable law or regulation.

5. INSURANCE. During the Term of this Agreement and any SOW, MGT will maintain the minimum insurance coverages below. MGT shall provide Certificates of Insurance to Client upon request and as required under SOWs.

a.	Commercial General Liability	$1,000,000 per occurrence $2,000,000 annual aggregate
c.	Business Automobile Liability	$1,000,000 combined single-limit, non-owned and hired. (MGT does not own autos)
d.	Umbrella/Excess Liability	$10,000,000 per occurrence & aggregate, follows form
e.	Worker's Compensation	Per Statute
f.	Employer's Liability	$1,000,000 each accident
f.	Professional Liability	$6,000,000 aggregate

6. INDEMNIFICATION. To the extent permitted by law, each Party shall fully defend, indemnify and hold harmless the other Party and its officers, directors, employees, agents, representatives, successors and assigns (collectively, "Indemnified Parties") from any and all claims, demands, causes of actions, costs, expenses, liability, losses, or damages including attorney's fees and expenses ("Claims"), whether in law or in equity, for bodily injury, death or property damage arising out of, relating to or caused by, in whole or part, the negligence, errors, omissions or willful misconduct of the indemnifying party or its officials, officers, employees, subcontractors, consultants or agents, relating to or connected with performance under this Agreement, unless Claims are caused wholly by the sole negligence or willful misconduct of the Indemnified Parties.

A Party's indemnity obligations under this Section are contingent upon the indemnified party: a) promptly notifying indemnifying party of each claim; provided, however, that the indemnified party's failure to give prompt notice to the indemnifying party of any such claim shall not relieve the indemnified party of any obligation under this Section except and to the extent that such failure materially prejudices the indemnifying party's ability to defend against such claim; b) providing the indemnifying party with sole control over the defense and/or settlement thereof, provided however, that indemnifying party shall not settle any claim that includes an admission of wrongdoing by indemnified parties or otherwise adversely affects indemnified parties' interests without prior consent; and c) at the indemnifying party's request and expense, providing full information and reasonable assistance to the indemnifying party with respect to such claim.

7. LIMITATION OF LIABILITY. MGT shall not be held liable for factors outside of its reasonable control, including losses or damages as a result of Client's provision of inaccurate data, or changing laws, regulations, political conditions.

TO THE EXTENT PERMITTED BY LAW AND EXCEPT AS EXPRESSLY PROVIDED IN THIS AGREEMENT, NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF PROFITS, REVENUE, DATA OR DATA USE, OR LOSS OR INTERRUPTION OF BUSINESS, ARISING OUT OF ANY OF THE TERMS OR CONDITIONS OF THIS AGREEMENT OR WITH RESPECT TO ITS PERFORMANCE HEREUNDER, WHETHER ARISING OUT OF BREACH OF CONTRACT, BREACH OF WARRANTY, TORT (INCLUDING NEGLIGENCE), PRODUCT LIABILITY, STRICT LIABILITY OR ANY OTHER THEORY. THE FOREGOING LIMITATION OF LIABILITY AND EXCLUSION OF DAMAGES APPLIES EVEN IF A PARTY HAD OR SHOULD HAVE HAD KNOWLEDGE OF THE POSSIBILITY OF SUCH DAMAGES.

To the extent permitted by law, except for actions or claims resulting from MGT's gross negligence or intentional or willful misconduct, MGT's total aggregate liability to Client shall be limited to the amount of compensation paid by Client to MGT under this Agreement in the twelve (12) months prior to the action giving rise to liability.

8. GOVERNING LAW, JURISDICTION AND CONSENT TO SUIT. This Agreement shall be governed by and construed and interpreted in accordance with the laws of the state of Michigan, irrespective of the choice of laws principles of the state of Michigan, as to all matters including validity, construction, effect, enforceability, performance, and remedies. Client submits itself and its property in any legal action or proceeding relating to this Agreement to the exclusive jurisdiction of any state or federal court within Ionia County, Michigan and Client hereby accepts venue in each such court.

9. DISPUTE RESOLUTION PROCEDURE. In the event of a dispute, controversy or claim by and between the Parties arising out of matters related to this Agreement, the Parties will first attempt in good faith to resolve through negotiation any such dispute, controversy, or claim. Either party may initiate negotiations by providing written notice to the other party setting forth the subject of the dispute and the relief requested. The recipient of such notice will respond in writing within five (5) business days with a statement of its position on, and recommended solution to, the dispute. If the dispute is not resolved by this exchange of correspondence, then senior management representatives of each party with full settlement authority will meet at a mutually agreeable time and place within fifteen (15) business days of the date of the initial notice to exchange relevant information and perspectives and to attempt to resolve the dispute.

If the dispute is not resolved by negotiation, either party may commence mediation by written request to the other party. The Parties will cooperate in selecting a mediator and in scheduling the mediation proceedings. The mediation shall take place in Ionia County, Michigan. The Parties will participate in the mediation in good faith and will share equally in its costs. All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by either of the parties, their agents, employees, experts or attorneys, or by the mediator, are confidential, privileged and inadmissible for any purpose, including impeachment, in any litigation or other proceeding involving the parties; provided, however, that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation.

Either party may seek equitable relief prior to the mediation to preserve the *status quo* pending the completion of that process. Except for such an action to obtain equitable relief, neither party shall commence a civil action with respect to the matters submitted to mediation until after the completion of the initial mediation session, at which time suit may be brought in any court of competent jurisdiction. The prevailing party shall be entitled to an award of all reasonable costs, expenses, and attorneys' fees. In addition, should the dispute under this Agreement involve the failure to pay fees, and the matter is not resolved through negotiation or mediation, Client shall pay all costs of collection, including, but not limited to, MGT's legal fees and costs should MGT prevail.

10. CONFIDENTIALITY. Each party shall maintain in confidence and protect from unauthorized disclosure all information exchanged between the Parties that is reasonably understood under the circumstances to be confidential, whether disclosed orally, in writing or marked as confidential ("Confidential Information").

The receiving party shall make all reasonable efforts to protect Confidential Information from disclosure to unauthorized third parties. Confidential Information may be disclosed to third parties with a need-to-know under the circumstances and who are bound by confidentiality obligations no less restrictive than

those herein. Neither party shall use such Confidential Information except in performance of the Services. MGT may, however, disclose Client's name and the general nature of MGT's work for Client sales proposals.

The above obligations of confidentiality shall not apply to the extent that the receiving party can show that the relevant information (a) was at the time of receipt already in the receiving party's possession; (b) is, or becomes in the future, public knowledge through no fault or omission of the receiving party; (c) was received from a third-party having the right to disclose; or (d) is required to be disclosed by law.

11. FORCE MAJEURE. Neither party shall be liable or considered at fault for any delay (except for payment) resulting from circumstances beyond the party's reasonable control, including but not limited to fire, flood, earthquake, elements of nature, epidemics, global pandemics, quarantines, acts of God, acts of war, labor disputes, and supply chain disruptions ("Excusable Delays"). The delayed party shall notify the other party in writing upon the discovery of any significant Excusable Delay. During an Excusable Delay, the delayed party shall use reasonable efforts to mitigate costs and damages and to resume performance under this Agreement.

The Parties recognize that MGT's ability to timely perform under a SOW is contingent upon Client's timely provision of any agreed-upon data, personnel access, or other requirements. If Client's failure to provide to such data, access or other requirements causes significant delays to MGT's progression of Services, and MGT incurs losses or damages as a result, then the Parties shall negotiate and execute a SOW amendment for an equitable adjustment to the schedule and for additional costs. MGT shall provide all substantiating documentation of costs reasonably requested by Client in consideration for any equitable adjustment. Excusable Delays shall not give rise to an equitable adjustment.

12. FEES AND PAYMENT. Unless otherwise set forth in a SOW, all correct invoices submitted by MGT to Client shall be due and payable upon receipt. If Client disputes an invoice or portion thereof in good faith, then Client shall pay any undisputed portion and provide MGT with written notice of the dispute, in reasonable detail, and the Parties shall promptly meet to resolve such dispute. MGT reserves the right to impose an interest charge equal to the lesser of one and one-half percent (1.5%) per month or the maximum allowable by law in respect of any invoice which is outstanding for more than thirty (30) days. MGT may stop work after sixty (60) days of Client's non-payment of undisputed invoiced amounts.

13. MODIFICATION. This Agreement and any SOW shall only be modified by written amendment signed by the Parties. All signed amendments shall be deemed incorporated into this Agreement by reference.

14. NON-SOLICITATION. During the term of this Agreement and for a period of two (2) years following termination or expiration, neither party shall knowingly, directly or indirectly, solicit nor encourage the solicitation of any person who is, or was within a 12-month period prior to such solicitation, an employee of the other party or its affiliates that became known to the other party as a result of this Agreement, except with the prior written consent of the other party. This provision shall not restrict the right of either party to solicit by public advertisement.

15. ASSIGNMENT. Neither party may assign any rights nor delegate any duties or obligations under this Agreement without the express written consent of the other party. Notwithstanding the foregoing, MGT, or its permitted successive assignees or transferees, may assign or transfer this Agreement or delegate any rights or obligations hereunder without consent: (i) to any entity controlled by, or under common control with, MGT, or its permitted successive assignees or transferees; or (ii) in connection with a merger, reorganization, transfer, sale of assets or change of control or ownership of MGT, or its permitted successive assignees or transferees.

16. INDEPENDENT CONTRACTOR. It is expressly understood that at all times, while rendering the Services, MGT is acting as an independent contractor and not as an officer, agent, or employee of the Client. MGT shall not be required to keep specific work hours (except in the case of specific hours required under employee leasing contracts), equipment, or a specific office, and shall use independent means and methods for performing the Services. For all purposes, including Medicare, Social Security taxes, the Federal Unemployment Act ("FUTA"), income tax withholding, worker's compensation, and unemployment insurance, MGT, its personnel and contractors will be treated and deemed independent contractors and not employees of Client.

17. NON-DISCRIMINATION/EQUAL EMPLOYMENT PRACTICES. Neither party shall unlawfully discriminate or permit discrimination against any person or group of persons in any matter prohibited by federal, state, or local laws. During the performance of this Agreement, neither party or their employees, agents, or subcontractors, if any, shall discriminate against any employee or applicant for employment because of age, marital status, religion, gender, sexual orientation, gender identity, race, creed, color, national or ethnic origin, medical conditions, physical disability, or any other classifications protected by local, state, or federal laws or regulations. The parties further agree to be bound by applicable state and federal rules governing equal employment opportunity and non-discrimination.

18. NOTICES. All legal notices required by this Agreement are deemed to have been given when notices are both (1) delivered by email to the email address below, and (2) following such email delivery, a mailed copy of the notice is delivered to the mailing address below.

To MGT:		**To Client:**	
Name:	MGT Impact Solutions, LLC	Name:	Ionia County, Michigan
ATTN:	Legal Notice/Contracts	ATTN:	Rebecca Shermak,
Address:	4320 West Kennedy Blvd. Tampa, FL 33609	Address	100 W. Main Street, Ionia, MI 48846
Email:	contracts@mgt.us	Email:	shermakr1@michigan.gov

If the email address and mailing address is incomplete for a party, then notice shall be mailed to the address on the first page of this Agreement.

19. SEVERABILITY. If any provision of this Agreement shall be declared illegal or invalid for any reason, said illegality or invalidity shall not affect the remaining provisions hereof, but such illegal or invalid provision shall be fully severable, and this Agreement shall be interpreted and enforced as if such illegal or invalid provision had never been included herein.

20. COUNTERPARTS AND EXECUTION. This Agreement and any SOW may be executed in counterparts, each of which when so executed shall be deemed an original and all of which together shall constitute one and the same instrument. The counterparts may be executed by electronic signature and delivered by scanned signature or other electronic means by any of the parties to any other party and the receiving party may rely on the receipt of this Agreement so executed and delivered as if the original had been received.

21. SURVIVAL. The sections Term, Termination, Insurance, Indemnification, Limitation of Liability, Governing Law, Jurisdiction, Consent to Suit, Dispute Resolution Procedure, Confidentiality, and Non-Solicitation, of this Agreement and the payment obligations described in any SOW shall survive the termination or expiration of the Agreement or SOW.

22. ENTIRE AGREEMENT. This Agreement and all exhibits constitute the entire and only agreement between the Parties. Each party acknowledges that in entering into this Agreement it has not relied on any representation or undertaking, whether oral or in writing, except for those expressly stated herein. Any purchase order provided by the Client will be limited by, and subject to, the terms and conditions of this Agreement.

23. **NON-EXCLUSIVITY**. This Agreement is non-exclusive, and both Parties remain free to enter into similar agreements with third parties. During the term of this Agreement, MGT may perform Services for any other clients, persons, or companies as MGT sees fit, so long as the performance of such Services does not interfere with MGT's performance of obligations under this Agreement, and do not create a conflict of interest.

24. **THIRD PARTY BENEFICIARIES**. Except as specifically set forth herein, nothing in this Agreement is intended or shall be construed to confer upon any person or entity, other than the parties hereto and their successors or assigns, any rights or remedies under or by reason of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Master Services Agreement.

MGT IMPACT SOLUTIONS, LLC	**IONIA COUNTY, MICHIGAN**
_____	_____
Name: A. Trey Traviesa	Name:
Title: CEO	Title:
Date:	Date:

EXHIBIT A
STATEMENT OF WORK

Title IV-Claiming and Time Log Processing for Ionia County Friend of the Court

As of October 1, 2025 ("Effective Date"), **MGT Impact Solutions, LLC ("MGT")** and **Ionia County, Michigan** ("**Client**") execute this Statement of Work ("SOW") pursuant to the Master Services Agreement between the Parties dated October 1, 2025 ("Agreement").

1. PROJECT: MGT shall provide **Title IV-Claiming services to Client,** specifically including**:**

- Preparation of Client's annual Title IV-D Cooperative Reimbursement Program (CRP) application through EGrAMS for funding from the Michigan Department of Human Services – Office of Child Support ("OCS")
- Monthly Title IV-D invoices through EGrAMS for claiming with all supporting documentation required for reimbursement under the Title IV-D CRP program.
- Development and maintenance of all required depreciation schedules for equipment purchases over $5,000
- Assistance to Client in selecting staff required to perform time studies and training of identified staff in the proper completion of time accounting documentation
- Periodic status of budgetary position and provision of proactive assistance in the preparation and presentation of all required budgetary amendments and line item transfers required by OCS under terms specified
- Technical assistance in response to any and all audits performed on Client's CRP program, whether by the Client's auditor or OCS auditor
- Technical assistance to Client as required to identify policies and procedures to assist in compliance with the various state and federal policies regarding the proper reporting and accounting for the Title IV-D Child Support program.
- Assistance with completing/submission of various reports in **EGrAMS** during the year including, but not limited to: User Verification Report, Tax Data Confidentiality Questionnaire, Obligation Report, Security Assessment, LIT's, Amendments, Annual CRP Budget.
- Guidance in setting up users in **EGrAMS** for approval and submissions.

MGT shall also provide an **automated time log processing service to Client**, specifically including:

- Assistance to Client in identification of those staff members required to participate in the State of Michigan – OCS daily time studies
- Assistance to Client in reviewing job descriptions, organizational charts and other documents used in the determination of the staff members covered by the time study mandate, and development of the various categories to be identified by the time study and to be collected by Client
- Development of the database necessary to track identified employees and the programs or tasks to be identified with the automated system. MGT will "pre-propulate" the automated timesheets for distribution prior to the beginnng of the month covered by the subject timesheets
- Phone support to Client during the time period, responding to any questions from Client or Client's staff members regarding the subject timesheets and their proper completion

- Upon receipt of completed timesheets, MGT will process each sheet and identify the percentage of effort spent on the various identified programs of each employee subject to the guidance provided by OCS and Client
- Monthly recap of the staff members covered by the time study including cumulative averages for use in the budget monitoring process and any subsequent budget preparation calculations
- Once time sheets are processed, MGT will scan the original sheets and maintain the scanned images for a period of time as determined by the OCS for record retention.

2. RENEWALS. This Statement of Work may be renewed indefinitely on an annual basis upon written agreement by the Parties.

3. PERIOD OF PERFORMANCE/PROJECT TIMELINE: MGT shall perform all services and deliver all products of the services by the date(s) required to meet the State of Michigan OCS's deadlines, as shall be established and adjusted by the State of Michigan from time to time.

4. COMPENSATION AND REIMBURSABLE EXPENSES:

For its work under this SOW, MGT shall be paid a fixed fee of $6,800.00 per year for the Title IV-D Claiming and $2.00 per timesheet processed for the automated time log processing service.

5. INVOICING AND PAYMENT SCHEDULE

Payment Milestones:	$1,700.00 per quarter plus $2.00 per processed timesheet
FOC Cumulative Fees:	$6,800.00 fixed plus processed timesheet costs (TBD)

6. MGT Project Manager: Donna Smigiel

MGT IMPACT SOLUTIONS, LLC	**IONIA COUNTY, MICHIGAN**
_____	_____
Name: A. Trey Traviesa	Name:
Title: CEO	Title:
Date:	Date:

Outlook

Proposed MGT price increase

From Donna Smigiel <dsmigiel@mgt.us>
Date Tue 3/11/2025 2:07 PM
To Shermak, Rebecca (DHHS) <ShermakR1@michigan.gov>

Dear Rebecca: I hope this message finds you well. First and foremost, I want to express our sincere appreciation for our partnership with Ionia County. It has been a privilege to support your team in delivering high-quality Title IV-D billing services, and we truly value the collaboration and trust we have built over the years.
Since our last contract was signed in May 2021, we have remained committed to providing exceptional service, ensuring accuracy, compliance, and efficiency in all aspects of our work. As part of our corporate mandate and a broader review of our service agreements, we have identified the need to adjust our pricing structure to align with current operational costs and the value of services provided.
To continue delivering the level of excellence you expect, we are proposing an adjustment to the annual contract amount from $4,800 to $6,800, plus $2.00 per scanned timesheet, effective October 1, 2025, for FY 2026. This increase will allow us to maintain the high standards you have come to rely on while supporting ongoing enhancements in our processes, technology, and service delivery.
Below is a recap of your current and proposed increase:

MGT IV-D BILLING AND AUTOMATED TIMESHEET SCANNING CONTRACT & STATE REIMBURSEMENT					
CURRENT CONTRACT			**PROPOSED CONTRACT**		
Annual Billing Contract:	$	4,800	Annual Billing Contract:	$	6,800
Annual Timesheets:	$	1,820	Annual Timesheets:	$	2,600
Total Contract Amount:	**$**	**6,620**	**Total Contract Amount:**	**$**	**9,400**
Overall IV-D %:		88%	Overall IV-D %:		88%
State Reimb:		66%	State Reimb:		66%
Amount Reimb by State:	$	3,845	Amount Reimb by State:	$	5,460
Annual Net County Costs:	**$**	**2,775**	**Annual Net County Costs:**	**$**	**3,940**
Net Monthly County Costs:	$	231.26	Net Monthly County Costs:	$	328.37
Monthly Difference in Net County Costs:			**$**		**97.11**
Net County Annual Increase				**$**	**1,165.38**

After your approval, a new contract will be forthcoming reflecting the updated price. This contract will also include our new legal name, **MGT Impact Solutions, LLC**, ensuring alignment

with our current business operations and ensures transparency and consistency across all agreements.
If you have any questions or need further clarification, please do not hesitate to reach out. We appreciate your understanding and thank you for your continued partnership with MGT.

Donna Smigiel

Manager

MGT

2343 Delta Road

Bay City, MI, 48706

O: 989.316.2220 | C: 989.450.7701

dsmigiel@mgt.us

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Medical Director Sharing Agreement
June 24, 2025

CONTACT:
Haleigh Leslie, Health Officer

DESCRIPTION:
Michigan law requires that each health department employ a medical director. The Medical Director Sharing Agreement between Barry-Eaton District Health Department (BEDHD) and Ionia County Health Department renewal provides continued medical director services to Ionia County Health Department through September 30, 2027.

OTHER DEPARTMENTS/AGENCIES AFFECTED:
N/A

FINANCIAL ANALYSIS:
50% split with BEDHD for Medical Director costs through September 30, 2027

LEGAL REVIEW:
N/A

DEADLINE:
N/A

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):
Request renewal of the Medical Director Sharing Agreement between Barry-Eaton District Health Department and Ionia County Health Department and authorize the signature of Haleigh Leslie, Health Officer.

ADMINISTRATOR'S RECOMMENDATION:
County Administrator Recommends Approval of this Request.

MEDICAL DIRECTOR SHARING AGREEMENT

THIS MEDICAL DIRECTOR SHARING AGREEMENT (the "Agreement") is entered into effective as of **October 1, 2025,** by and between **BARRY-EATON DISTRICT HEALTH DEPARTMENT**, a duly authorized Michigan district health department, with offices at 1033 Healthcare Drive, Charlotte, Michigan 48813 ("BEDHD"), **IONIA COUNTY HEALTH DEPARTMENT**, a duly authorized Michigan health department, with offices at 175 E. Adams Street, Ionia, Michigan 48846 ("IONIA HD"), and **JULIE M. KEHDI, D.O** ("Dr. Kehdi").

WHEREAS, Michigan law requires each health department to employ a medical director;

WHEREAS, Julie M. Kehdi, D.O. is employed as the Medical Director for BEDHD;

WHEREAS, IONIA HD is in need of a Medical Director;

WHEREAS, BEDHD and Dr. Kehdi are agreeable to sharing access to Dr. Kehdi's services with IONIA HD to assist IONIA HD in obtaining a qualified Medical Director;

WHEREAS, BEDHD and IONIA HD wish to memorialize certain understandings with respect to the foregoing Medical Director sharing arrangement.

NOW THEREFORE, in consideration of the parties' respective mutual promises and the covenants herein contained, the parties, intending to be legally bound, agree as follows:

1. **Medical Director Employment Agreement.** The parties agree that Dr. Kehdi is employed by BEDHD pursuant to a Medical Director Employment Agreement dated **January 1, 2023** which outlines the terms and conditions of her employment.

2. **Availability of Dr. Kehdi.** The parties understand and agree that Dr. Kehdi's time commitment is not being expanded by this Agreement. BEDHD and Ionia HD agree to reasonably cooperate to share Dr. Kehdi's availability.

3. **Payment of Dr. Kehdi.** BEDHD shall remain responsible for payment of Dr. Kehdi's compensation pursuant to Paragraph 3 of her Medical Director Employment Agreement. In consideration of the sharing of Dr. Kehdi's services as outlined herein, Ionia HD agrees to pay **50% of Dr. Kehdi's employment costs** by the 1st day of each month. Effective October 1, 2025, BEDHD will bill Ionia HD monthly for wages and expenses related to Dr. Kehdi. Expenses will include wages, benefits, tuition reimbursement, liability insurance, required licenses, training costs, and business-related mileage and other travel expenses. BEDHD will send a detailed invoice to Ionia HD with these respective costs. Dr. Kehdi's rate is $1558.56/16-hour work week through 12/31/2025. Beginning 1/1/2026, the rate increases to $1613.11/16-hour work week and to $1645.37/16-hour work week on 1/1/2027.

4. **Professional Liability Insurance.** Dr. Kehdi is obligated to maintain professional liability insurance pursuant to Paragraph 3 of the Medical Director Employment Agreement, for which BEDHD reimburses Dr. Kehdi for costs specific to her role as Medical Director at BEDHD. Dr. Kehdi agrees to notify her professional liability carrier of this Agreement and maintain

professional liability insurance for services provided to or on behalf of Ionia HD. Any additional cost to Dr. Kehdi will be reimbursed by BEDHD and included in the Ionia cost share.

5. **Term and Termination.** The term of this Agreement shall be two years, and shall be renewed by **9/30/2027**, provided that it is not earlier terminated. Notwithstanding the foregoing, either party may terminate this Agreement at any time and for any reason, without any liability. Further, this Agreement shall terminate when the Medical Director Employment Agreement between Dr. Kehdi and BEDHD terminates.

6. **Expenses.** Ionia HD shall be responsible for reimbursing Dr. Kehdi directly for any expenses incurred with respect to services provided to or on behalf of Ionia HD. Mileage or other travel costs for Ionia will be paid by BEDHD to Dr. Kehdi and charged to Ionia. Prior to approval for training or other costs that are not required by Michigan Department of Health and Human Services BEDHD will consult with the Ionia HD Health Officer for approval. If training or cost is not approved by Ionia HD, then BEDHD will incur the expense upon their approval.

7. **Miscellaneous.**

(a) No Third Party Beneficiaries. Nothing in this Agreement shall be construed to confer any benefit or right on any person or entity not a party hereto.

(b) Modification and Waiver. This Agreement shall not be amended or modified except in writing signed by both of the parties hereto. No waiver of any provision of this Agreement shall be valid unless permitted by applicable law, and then, only if in writing and signed by the party against whom such waiver is sought to be enforced.

(c) Entire Agreement. This agreement contains the entire agreement between the parties relating to the subject matter hereof. Any oral representations or modifications concerning this instrument shall be of no force and effect except in a subsequent modification in writing, signed by the parties.

(d) Applicable Law. This Agreement shall be deemed to have been executed and delivered within the State of Michigan, and the rights and obligations of the parties hereunder shall be construed and enforced in accordance with, and governed by, the laws of the State of Michigan without regard to principles of conflict of law.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their respective authorized representatives, effective as of the date first set forth above.

BARRY-EATON DISTRICT HEALTH DEPARTMENT

By: **Colette Scrimger, Health Officer**

6/16/2025

IONIA COUNTY HEALTH DEPARTMENT

By: **Haleigh Leslie, Health Officer**

Cc: Julie M. Kehdi, D.O.
Colette Scrimger, Health Officer
Haleigh Leslie, Health Officer

Certificate Of Completion

Envelope Id: 6E91F388-DFB1-4107-9CF1-3133E7539D19
Status: Delivered
Subject: Complete with Docusign: 2025-5 BEDHD-Ionia MD Sharing agreement.pdf
Source Envelope:
Document Pages: 3
Signatures: 1
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Rebekah Condon
1033 Health Care Drive
Charlotte, MI 48813
rcondon@bedhd.org
IP Address: 96.27.111.35

Record Tracking

Status: Original
6/16/2025 10:21:23 AM
Holder: Rebekah Condon
rcondon@bedhd.org
Location: DocuSign

Signer Events	Signature	Timestamp
Colette Scrimger cscrimger@bedhd.org Health Officer Barry-Eaton District Health Dept. Security Level: Email, Account Authentication (None)	 Signature Adoption: Drawn on Device Using IP Address: 96.27.111.35	Sent: 6/16/2025 10:22:33 AM Viewed: 6/16/2025 12:49:01 PM Signed: 6/16/2025 12:49:13 PM
Electronic Record and Signature Disclosure: Accepted: 6/16/2025 12:49:01 PM ID: 778f861e-4537-4fb2-8c38-ecf4cbbf65de		
Haleigh Leslie hleslie@ioniacounty.org Security Level: Email, Account Authentication (None)		Sent: 6/16/2025 12:49:14 PM Viewed: 6/16/2025 2:02:28 PM
Electronic Record and Signature Disclosure: Accepted: 6/16/2025 2:02:28 PM ID: 51a7f691-5051-4927-a066-ef3274aa470a		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/16/2025 10:22:33 AM
Certified Delivered	Security Checked	6/16/2025 2:02:28 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Barry-Eaton District Health Department (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Barry-Eaton District Health Department:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: aroush@bedhd.org

To advise Barry-Eaton District Health Department of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at aroush@bedhd.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Barry-Eaton District Health Department

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to aroush@bedhd.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Barry-Eaton District Health Department

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to aroush@bedhd.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Barry-Eaton District Health Department as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Barry-Eaton District Health Department during the course of your relationship with Barry-Eaton District Health Department.

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Agreement with Michigan Department of Health and Human Services
June 24, 2025

CONTACT:
Haleigh Leslie*, Health Officer*

DESCRIPTION:
Agreement between Michigan Department of Health and Human Services and Ionia County Health Department for FY 10/01/2025 – 09/30/2026

OTHER DEPARTMENTS/AGENCIES AFFECTED:
N/A

FINANCIAL ANALYSIS:
$1,540,390 total grant funding. See attached allocation amount table.

LEGAL REVIEW:
N/A

DEADLINE:
N/A

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):

1. *Request approval of the Agreement between Michigan Department of Health and Human Services FY 25/26 and Ionia County Board of Commissioners on behalf of Ionia County Health Department and authorize the signature of Haleigh Leslie, Health Officer.*

**Note: The State has electronic contracting software which sends the filled in version of the contract after it has been reviewed by Michigan Department of Health and Human Services (MDHHS) staff. This is a draft contract for your review.*

ADMINISTRATOR'S RECOMMENDATION:
County Administrator Recommends Approval of this Request.

Agreement #:

Agreement Between

Services

hereinafter referred to as the "Department"

and

on Behalf of Health Department

Ionia County Health Department
100 Main ST
Ionia MI 48846 1651
Federal I.D.#: 38-6004857, Unique Entity Identifier: VVZDLA7H4EC5
hereinafter referred to as the "Grantee"
for
The Delivery of Public Health Services under
the Local Health Department Agreement

Part 1

1. Purpose

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

2. Period of Agreement

This Agreement will commence on the date of the Grantee's signature or October 1, 2025, whichever is later, and continue through September 30, 2026. Throughout the Agreement, the date of the Grantee's signature or October 1, 2025, whichever is later, will be referred to as the start date. This Agreement is in full force and effect for the period specified.

3. Program Budget and Agreement Amount

A. Agreement Amount

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this Agreement is $0.00.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this Agreement must be listed in the supporting Equipment Inventory Schedule which should be attached to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of $10,000 or more per unit. Title to items having a unit acquisition cost of less than $10,000 will vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of $10,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Budget Transfers and Adjustments

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

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

4. Agreement Attachments

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

5. Statement of Work

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

6. Financial Requirements

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

7. Performance/Progress Report Requirements

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

8. General Provisions

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

9. Administration of the Agreement

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

Name: Anita Miko
Title: Department Analyst
E-Mail Address mikoa@michigan.gov

Grantee's Financial Contact for the Agreement

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

Brenda Ingersoll	Admin Assistant
Name	Title
bingersoll@ioniacounty.org	(616) 527-5341
E-Mail Address	Telephone No.

10. Special Conditions

A. This Agreement is valid upon approval and execution by the Department which may be contingent upon approval by the State Administrative Board and signature by the Grantee.

B. This Agreement is conditionally approved subject to and contingent upon availability of funding and other applicable conditions.

C. The funding provided by the Department under this Agreement is in exchange for all of the duties and restrictions placed on the Grantee through this agreement.

D. Based on the availability of funding, the Department may specify the amount of funding the Grantee may expend during a specific time period within the Agreement Period.

E. The Department has the option to assume no responsibility or liability for costs incurred by the Grantee prior to the start date of this Agreement.

F. The Grantee is required by MCL 18.1101 et seq to receive payments by electronic funds transfer.

11. Special Certification

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

12. Signature Section

For Ionia County Health Department

Haleigh Leslie Health Officer

_____

Name Title

For the Michigan Department of Health and Human Services

Terri Smith 06/18/2025

_____

Terri Smith, Director Date
Bureau of Grants and Purchasing

Part 2
General Provisions

I. Responsibilities - Grantee

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

A. Publication Rights

1. For materials produced in collaboration with both parties, ownership vests in both parties. For materials produced solely by grantee, grantee retains ownership, but provides the Department a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials. The copyrighted materials cannot include recipient information or personal identification data
2. Obtain prior written authorization from the Department's Office of Communications to use the Department's name for any materials copyrighted by the Grantee or modifications prior to reproduction and use of such materials.
3. 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
4. Obtain written authorization, prior to publication or presentations, at least 14 days in advance, from the Department's Office of Communications and give recognition to the Department in any and all publications, papers and presentations arising from the Agreement activities.
5. 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.
6. Not make any media releases related to this Agreement, without prior written authorization from the Department's Office of Communications.

B. Fees

1. Guarantee that any claims made to the Department under this Agreement will not be financed by any sources other than the Department under the terms of this Agreement. If funding is received through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.
2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any under recoveries of otherwise available fees resulting from failure to bill for eligible activities will be excluded from reimbursable expenditures.

C. Grant Program Operation

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

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

D. Reporting

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

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this Agreement, as required. The Grantee must assure that all terms of the Agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this Agreement will be maintained for a period of not less than four (4) years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved. The retention schedule may be modified if required. This section applies to the Grantee, any parent, affiliate, or subsidiary organization of the Grantee and any subcontractor that performs activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, federal grantor agency, Inspectors General, Comptroller

General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this Agreement, to the extent authorized by applicable state or federal law, rule or regulation.

2. Acknowledge the rights of access in this section are not limited to the required retention period. The rights of access will last as long as the records are retained.

3. Cooperate and provide reasonable assistance to authorized representatives of the Department when those individuals request access to the Grantee's grant records. This includes requests to obtain records and provide information regarding those records.

G. Audits

1. Single Audit

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

The Grantee must assure that the Schedule of Expenditures of Federal Awards includes expenditures for all federally-funded grants.

2. Other Audits

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

3. Due Date and Where to Send

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

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit or

Financial Related Audit, including any management letter and applicable corrective action plan(s), within nine months after the end of the Grantee's fiscal year, the Department may withhold from any payment from the Department to the Grantee 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. The Department may terminate any current grant agreements if the Grantee is more than 180 days delinquent in meeting the filing requirements.

b. Delinquent Audit Exemption Notice

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

H. Subrecipient/Contractor Monitoring

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

The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits and maintaining regular contact with subrecipients.

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

I. Notification of Modifications

Provide notification to the Department within 14 days or sooner if circumstances warrant, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of activities, funding or compliance with operational procedures.

J. Software Compliance

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

K. Human Subjects

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

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days, or sonner if circumstances warrant, of receiving notice of any litigation, investigation, arbitration or other proceeding (collectively, “Proceeding”) involving Grantee, a subcontractor or an officer or director of Grantee or subcontractor that arises during the term of this Agreement including:
   a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the Agreement.
   b. A criminal Proceeding;
   c. A parole or probation Proceeding;
   d. A Proceeding under the Sarbanes-Oxley Act;
   e. A civil Proceeding involving:
      1. A claim that might reasonably be expected to adversely affect Grantee’s viability or financial stability; or
      2. A governmental or public entity’s claim or written allegation of fraud; or
      3. Any complaint filed in a legal or administrative proceeding alleging the Grantee or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the term of this Agreement; or
   f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
   g. Any criminal activity that occurs by an employee, agent, or subcontractor of Grantee while conducting activities pursuant to this Agreement.
2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee’s ownership or executive management.

M. Minimum Program Requirements

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

N. Annual Budget and Plan Submission

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

in the deferral of Department payments until these documents are submitted.

O. Maintenance of Effort

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

P. Accreditation

1. Comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
   a. Failure to meet all accreditation requirements or implement corrective plans of action within the prescribed time period will result in the status of “Not Accredited.” Grantees designated as “Not Accredited” may have their Department allocations reduced for costs incurred in the assurance of service delivery.
   b. Submit a written request for inquiry to the Department should the Grantee disagree with on-site review findings or their accreditation status. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify information and seek resolution.
2. Consent Agreements/Administrative Compliance Orders/Administrative Hearings for "Not Accredited" Grantees:
   a. If designated as “Not Accredited”, the Grantee will receive a Consent Agreement Package from the Department. Grantees and their local governing entities will be given 75 days to review the package, meet with the Department, and sign and return the Consent Agreement.
   b. Fulfillment of the terms and conditions of the Consent Agreement will not affect accreditation status, but impacts the Grantees’ ability to fulfill its contractual obligations under the Local Health Department Grant Agreement. Grantees designated as “Not Accredited”, will retain this designation until the subsequent accreditation cycle.
   c. Failure to fulfill the terms and conditions of the Consent Agreement within the prescribed time period will result in the issuance of an Administrative Compliance Order by the Department.
   d. Within 60 working days after receipt of an Administrative

Compliance Order and proposed compliance period, a local governing entity may petition the Department for an administrative hearing. If the local governing entity does not petition the Department for a hearing within 60 days after receipt of an Administrative Compliance Order, the order and proposed compliance date will be final. After a hearing, the Department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.

e. If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the Department may petition the appropriate circuit court for a writ of mandamus to compel correction.

Q. Medicaid Outreach Activities Reimbursement

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

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

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

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

R. Conflict of Interest and Code of Conduct Standards

1. Be subject to the provisions of MCL 15.321 et seq, as amended, MCL Act 15.341 et seq, as amended, and 2 CFR 200.318 (c)(1) and (2).
2. Uphold high ethical standards and be prohibited from the following:
   a. Holding or acquiring an interest that would conflict with this Agreement;
   b. Doing anything that creates an appearance of impropriety with

respect to the award or performance of this Agreement;

c. Attempting to influence or appearing to influence any state employee by the direct or indirect offer of anything of value; or

d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.

3. Immediately notify the Department of any violation or potential violation of these standards. This section applies to Grantee, any parent, affiliate or subsidiary organization of Grantee, and any subcontractor that performs activities in connection with this Agreement.

S. Travel Costs

1. Be reimbursed for travel costs (including mileage, meals, and lodging) budgeted and incurred related to activities provided under this Agreement.

a. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the state of Michigan travel reimbursement rate applies.

b. Federally funded Grantees must comply with Title 2 CRF 200.475.

c. State of Michigan travel rates may be found at the following website: http://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html.

d. International travel must be pre-approved by the Department and itemized in the budget.

T. Insurance Requirements

1. Maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance or self-insurance must:

a. Protect the state of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;

b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the state; and

c. Be provided by a company with an A.M. Best rating of "A-" or better and a financial size of VII or better or governmental self-insurance.

2. Insurance Types

a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self-Insurance, policies must be endorsed to add “the state of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents” as additional insureds using endorsement CG 20 10 11 85, or both CG 2010 12 19 and CG 20 37 12 19.

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

b. Workers’ Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Policies must include waiver of subrogation, except where waiver is prohibited by law.

c. Employers Liability Insurance or Governmental Self-Insurance.

d. Privacy and Security Liability (Cyber Liability) Insurance: cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.

3. Require that subcontractors maintain the required insurances contained in this Section.

4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this Agreement.

5. Grantee must promptly notify the Department of any knowledge regarding an occurrence which the Grantee reasonably believes may result in a claim against the Department. The Grantee must cooperate with the Department regarding such claim.

U. Fiscal Questionnaire

1. Complete and upload the yearly fiscal questionnaire to the EGrAMS agency profile within three months of the start of the Agreement.

2. The fiscal questionnaire template can be found in EGrAMS documents.

V. Criminal Background Check

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with clients or has access to client information.

    a. ICHAT: Home Page - ICHAT Menu (michigan.gov)

    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 new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with children.

    a. Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html

3. Require each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or reported criminal felony conviction or perpetrator identification.
5. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with children under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee, or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed.
1. Real property means land, including land improvements, structures and appurtenances thereto, but excludes moveable machinery and

equipment.

2. Adhere to the following if property acquisition is supported in whole or in part through this Agreement:
   a. The property will be used to support the expansion of the services identified through this Agreement.
   b. The property shall not be conveyed, transferred, or leased, either wholly or partially, whether in fee, by easement, or otherwise, for a period of seven years, unless the Department provides written approval and consent
   c. These restrictions must be recorded with the Warranty Deed and a copy must be provided to the Department.
   d. The above property acquisition requirements are continuing obligations that survive the termination or expiration of the Agreement.

II. Responsibilities - Department

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

A. Reimbursement

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

B. Report Forms

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

C. Notification of Modifications

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

D. Identification of Laws

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

E. Modification of Funding

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

governor or the legislature. Implementation of the modifications will be determined jointly by the Grantee and the Department.

F. Monitor Compliance

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

G. Technical Assistance

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

H. Accreditation

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

I. Medicaid Outreach Activities Reimbursement

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

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

III. Assurances

The Grantee gives the following assurances the Department:

A. Compliance with Applicable Laws

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

B. Anti-Lobbying Act

The Grantee will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and

Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the Grantee must require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

C. Non-Discrimination

1. The Grantee must comply with the Department's non-discrimination statement: "The Michigan Department of Health and Human Services does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy"
2. 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 (MCL 37.2101 et seq.) and the Persons with Disabilities Civil Rights Act MCL 37.1101 et seq.), and any breach thereof may be regarded as a material breach of this Agreement.
3. The Grantee will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
   a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color or national origin;
   b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, 1685-1686), which prohibits discrimination based on sex;
   c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination based on disabilities;
   d. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination based on age;
   e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination based on drug abuse;
   f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination based on alcohol abuse

or alcoholism;

g. Sections 523 and 527 of the Public Health Service Act of 1944 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of alcohol and drug abuse patient records;

h. Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,

i. The requirements of any other nondiscrimination statute(s) which may apply to the application.

4. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee must include language in all contracts awarded under this Agreement which (1) prohibits discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) makes discrimination a material breach of contract.

D. Debarment and Suspension

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

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

E. Pro-Children Act

1. The Grantee will comply with the Pro-Children Act of 1994 (P.L. 103-227; 20 U.S.C. 6081, et seq.), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development activities, education or library activities to children under the age of 18, if the activities are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's activities that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's activities provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; activity providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's activities.
2. The Grantee also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities must be smoke-free.

F. Hatch Act and Intergovernmental Personnel Act

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

G. Employee Whistleblower Protections

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

H. Clean Air Act and Federal Water Pollution Control Act

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1388), as amended.

This Agreement and anyone working on this Agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders or regulations issued pursuant to these Acts. Violations must be reported to the Department.

I. Victims of Trafficking and Violence Protection Act

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

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

J. Procurement of Recovered Materials

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

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

K. Subcontracts

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

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

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

   a. Contains additional non-conflicting provisions not set forth in this Agreement;
   b. Restates provisions of this Agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
   c. Requires the subcontractor to perform duties and services in less time than that afforded the Grantee in this Agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.
6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of $10,000 must contain provisions or conditions that will:

   a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the subcontractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
   b. Provide for termination by the Grantee, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal

government of amounts in excess of $100,000 must contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).

8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of $2,000 for construction or repair, awarded by the Grantee must include a provision:
   a. For compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
   b. For compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR, Part 5) (if required by Federal Program Legislation).
   c. For compliance with Section 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor regulations (29 CFR, Part 5). This provision also applies to all other contracts in excess of $2,500 that involve the employment of mechanics or laborers.

L. Procurement

1. Grantee will ensure that all purchase transactions, whether negotiated or advertised, are conducted openly and competitively in accordance with the principles and requirements of 2 CFR 200.
2. The funds must not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available
3. Preference must be given to goods and services manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality.
4. Preference must be given to goods and services that are manufactured or provided by Michigan businesses owned and operated by veterans, if they are competitively priced and of comparable quality.
5. Records must be sufficient to document the significant history of all purchases and must be maintained for a minimum of four (4) years after the end of the Agreement period.

M. Health Insurance Portability and Accountability Act

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee

assures that it is in compliance with requirements of HIPAA including the following:

1. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or required by applicable law, or to a subcontractor as appropriate under this Agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this Agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
6. Failure to comply with any of these contractual requirements may result in the termination of this Agreement in accordance with Part 2, Section V.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.
8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

N. Home Health Services

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

1. The Grantee must not use State ELPHS or categorical grant funds

provided under this Agreement to unfairly compete for home health services available from private providers of the same type of services in the Grantee's service area.

2. For purposes of this Agreement, the term "unfair competition" will be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.

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

O. Website Incorporation

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

P. Survival

The provisions of this Agreement, including all attachments and addendums, that impose continuing obligations will survive the expiration or termination of this Agreement.

Q. Non-Disclosure of Confidential Information

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

2. Meaning of Confidential Information

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

a. Has been marked “confidential” or with words of similar meaning, at the time of disclosure by such party;

b. If disclosed orally or not marked “confidential” or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked “confidential” or with words of similar meaning;

c. Should reasonably be recognized as confidential information of the disclosing party;

d. Is unpublished or not available to the general public; or

e. Is designated by law as confidential.

3. The term “confidential information” does not include any information or documentation that was:

a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);

b. Already in the possession of the receiving party without an obligation of confidentiality;

c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party’s proprietary rights;

d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or

e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving party).

4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of confidential information. The Grantee will cooperate with the Department in every way possible to regain possession of the confidential information and prevent further unauthorized use or disclosure.

R. Cap on Salaries

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

merely limits the portion of that salary that may be paid with funds from this Agreement.

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 EGrAMS system.

   b. Prepayments for the months of October thru January will be based upon the initial Agreement amounts in Attachment IV. Subsequent monthly prepayments may be adjusted based upon Agreement amendments or Grantee adjustment requests.

   c. If the sum of the prepayments does not equal at least 90% of the Grantee's expenditures for a quarter of the contract period, the Grantee may submit documentation for an adjustment to the monthly prepayment amount via the following process:

      i. Submit a written request for the adjustment to the Department's Accounting Expenditure Operations Division.

      ii. The adjustment request must be itemized by program and must list the amount received from the Department, the expenditure amount reported per the quarterly Financial Status Report (FSR), and the difference. The amount received from the Department and the expenditures must be for the same reporting quarterly FSR period.

      iii. The Department will review the requests and if an adjustment is approved, it will be included in the next scheduled monthly prepayment.

      iv. Adjustment requests will not be accepted prior to submission of the FSR for the quarter ending December 31. No adjustments will be made prior to the February monthly prepayment.

      v. The ability of the Department to approve adjustments may be limited by the quarterly allotments of spending authority in the Department's appropriation account mandated by the Office of the State Budget Director. The quarterly allotment limits the amount of each account (program) that

the Department may expend during each fiscal quarter.

2. Fixed Fee Reimbursement

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

C. Financial Status Report Submission

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

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

2. FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this Agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.

3. The Grantee representative who submits the FSR is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this Agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

4. The instructions for completing the FSR form are available on the website http://egrams-mi.com/dch. Send FSR questions to FSRMDHHS@michigan.gov.

D. Reimbursement Method

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

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds. Any local funds used to support program elements operated under such provisions of this Agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part 1. If

Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.

2. Actual Cost Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that state dollars will be paid up to total costs in relation to the state's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.

3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee is reimbursed a specific amount for each output actually delivered and reported.

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

E. Reimbursement Mechanism

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

F. Recoupment

The Department reserves the right to recoup, reclaim or otherwise collect any funding disbursed under this agreement that are unspent, misused or outstanding from the grantee.

1. Unobligated Funds Any unobligated balance of funds held by the Grantee at the end of the Agreement period will be returned to the Department within 30 days of the end of the Agreement or treated in accordance with instructions provided by the Department.

2. Misused Funds If the Department reasonably determines the funds allocated for an executed grant agreement under this section were misused or their use misrepresented by the grantee, the Department shall not award any additional funds under that executed grant agreement and shall refer the grant for review following internal audit

protocols. Funds are considered misused if they are spent in a manner that is not consistent with the terms, conditions, or purpose(s) outlined in this agreement. Misuse of funds may also include, but is not limited to, fraudulent or illegal activities.

G. Final Obligation Reporting Requirements

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

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

H. Final Financial Status Reporting Requirements

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

Project	Final FSR Due Date
Public Health Emergency Preparedness	11/15/2026
All Remaining Projects	11/30/2026

Upon receipt of the final FSR electronically through EGrAMS, the Department will determine by program, if funds are owed to the Grantee or if the Grantee owes funds to the Department. If funds are owed to the Grantee, payment will be processed. However, if the Grantee underestimated their year-end obligations in the Obligation Report as compared to the final FSR and the total reimbursement requested does not exceed the Agreement amount that is due

to the Grantee, the Department will make every effort to process full reimbursement to the Grantee per the final FSR. Final payment may be delayed pending final disposition of the Department's year-end obligations. If funds are owed to the Department, it will generally not be necessary for Grantee to send in a payment. Instead, the Department will make the necessary entries to offset other payments and as a result the Grantee will receive a net monthly prepayment. When this does occur, clarifying documentation will be provided to the Grantee by the Department's Bureau of Finance and Accounting.

I. Penalties for Reporting Noncompliance

For failure to submit the final total Grantee FSR report by November 30, through EGrAMS 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 EGrAMS:

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, 15% 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 15% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.
3. Grantees using the cost allocation/distribution method must develop certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.
4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

V. Agreement Termination

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

A. By either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.

B. Immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Part 2 Section III. D. of this Agreement during the term of this Agreement or any extension thereof.

1. Endangers the value, integrity, or security of any facility, data, or personnel; or,
2. Engages in any conduct that may expose the State to liability ; or,
3. Violates this agreement.

C. Immediately by mutual agreement of both parties.

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

VI. Stop Work Order

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

VII. Final Reporting upon Termination

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

VIII. Severability

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

IX. Amendments

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

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

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

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

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

X. Liability

The Grantee assumes all liability to third parties, including loss, or damage because of claims, demands, costs, or judgments arising out of activities, such as but not limited to direct activity delivery, to be carried out by the Grantee in the performance of this Agreement, under the following conditions:

A. The liability, loss, or damage is caused by, or arises out of, the actions of or failure to act on the part of the Grantee, any of its subcontractors, anyone directly or indirectly employed by the Grantee, or anyone performing activities at the direction of the Grantee under this agreement.

B. Nothing herein will be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by statute or court decisions.

The Department is not liable for consequential, incidental, indirect or special damages, regardless of the nature of the action.

C. In the event of data and/or security breaches, the Grantee must:

1. Cooperate with the Department in investigating the occurrence, making available all relevant records, logs, files, data reporting, and other

materials required to comply with applicable law or as otherwise required by the Department;

2. In the case of unauthorized disclosure or breach of confidential information, at the Department's sole election, with approval and assistance from the Department, notify the affected individuals with comprised Personally Identifiable Information (PII) or Protected Health Information (PHI) as soon as practicable but no later than is required to comply with applicable law and provide third-party credit and identity monitoring services to each of the affected individuals for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals;

3. Perform or take any other actions required to comply with applicable law as a result of the occurrence, including pay for: any costs associated with the occurrence, any costs incurred by the Department in investigating and resolving the occurrence, and reasonable attorney's fees associated with such investigation and resolution.

XI. Waiver

Failure by the Department to enforce any provision of this Agreement will not constitute a waiver of the Department's right to enforce any other provision of this Agreement.

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

XII. State of Michigan Agreement

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in Michigan Court of Claims, if brought by Grantee, and in a Michigan state court of competent jurisdiction, if brought by MDHHS. Grantee consents to venue in a Michigan court of competent jurisdiction, and waives any objections, such as lack of personal jurisdiction or forum non conveniens. Grantee must appoint agents in Michigan to receive service of process.

XIII. Funding

A. State funding for this Agreement will be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds will be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV,

Funding/Reimbursement Matrix.

B. The funding provided through the Department for this Agreement will not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the Agreement.

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

AA Attachments

A1 Attachment I - Instructions for the Annual Budget

Attachment I - Instructions for the Annual Budget

A2 Attachment III - Program Specific Assurances and Requirements

Attachment III - Program Specific Assurances and Requirements

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Local Health Department - 2026
CONTRACT MANAGEMENT SECTION
Ionia 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 / Subrecepient (f)

Attachment IV Notes

Attachment IV Notes

Summary of Budget

PROGRAM / PROJECT Local Health Department - 2026 / Local Health Department - 2026			**DATE PREPARED** 6/18/2025	
CONTRACTOR NAME Ionia County Health Department			**BUDGET PERIOD** From : 10/1/2025 To : 9/30/2026	
MAILING ADDRESS (Number and Street) 100 Main ST			**BUDGET AGREEMENT** ☑ Original ☐ Amendment	**AMENDMENT #** 0
CITY Ionia	**STATE** MI	**ZIP CODE** 48846-1651	**FEDERAL ID NUMBER** 38-6004857	

	Category	Total	Amount

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
2	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
7	Required Match - Local	0.00	0.00	0.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	0.00	0.00	0.00	0.00
14	MCH Funding	0.00	0.00	0.00	0.00
15	Local Funds - Other	0.00	0.00	0.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	TOTAL	**0.00**	**0.00**	**0.00**	**0.00**

Germain, Amanda

From: Ingersoll, Brenda
Sent: Wednesday, June 18, 2025 7:59 AM
To: Leslie, Haleigh; Germain, Amanda
Cc: Ingersoll, Brenda
Subject: MDHHS Fiscal Year (FY) 2026 Project Allocations
Attachments: CPBC Original Budget.pdf

Mandy
Could you please do the RFD for the FY 2026 CPBC contract? The funding begins 10/01/2025.
The award amounts are listed below and the draft contract is attached.
Thanks!
Brenda

From: noreply@egrams-mi.net <noreply@egrams-mi.net>
Sent: Monday, June 2, 2025 5:04 PM
To: Shaw, Chad <cshaw@ioniacounty.org>
Cc: FSRMDHHS@michigan.gov
Subject: MDHHS Fiscal Year (FY) 2026 Project Allocations

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

June, 2 2025

Chad Shaw, Health Officer
Ionia County Health Department
100 Main ST
Ionia, MI 48846 1651

Dear Chad Shaw:

Subject: Fiscal Year (FY) 2026 Projected Allocations

The following chart is a list of the FY 2026 Local Health Department (Comprehensive) Agreement allocations for your Local Health Department (LHD) for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Agreement. These allocations are based on anticipated FY 2026 Appropriations for MDHHS and are subject to the availability of funds, MDHHS's Appropriation Act for FY 2026, MDHHS approval, and State Administrative Board approval.

Please complete the applications, including the budgets, for these projects and submit your applications through MI E-Grants within **five weeks**. When each individual project application is completed, please

have your Authorized Official submit it. This will facilitate timely processing of your agreement. If you are not able to submit your application within this time period, please contact your Grants Section team member, Anita Miko, at mikoa@michigan.gov. All allocations must be budgeted and expended consistent with the requirements contained in the Agreement. The effective date for the executed agreement is based on the Grantee's signature or October 1, 2025, whichever is later.

The following are the projects available for budgeting the Maternal Child Health (MCH) allocations:

1. MCH- Children
2. MCH - All Other

We have tried to anticipate the projects you will need for FY 2026 based on the FY 2025 budgets. If you need additional projects, or if you do not need a project which was released to your agency, please send your requests to mikoa@michigan.gov.

Allocation Table

PROJECT TITLE	ALLOCATION AMOUNT
Administration	0.00
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	88,240.00
Body Art Fixed Fee	0.00
Children's Special Hlth Care Services (CSHCS) Care Coordination	0.00
CSHCS Medicaid Outreach	0.00
CSHCS Medicaid Elevated Blood Lead Case Mgmt	0.00
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	50,410.00
MCH - Children	0.00
Food ELPHS	100,000.00
Hearing ELPHS	54,969.00
Immunization Action Plan (IAP)	36,131.00
Local MCH	49,740.00
Oral Health- Kindergarten Assessment	68,603.00
Medicaid Outreach	0.00
MDHHS-Essential Local Public Health Services (ELPHS)	259,768.00
Public Health Infrastructure	176,184.00
Statewide Lead Case Management - Fixed Fee	0.00
Tuberculosis (TB) Control	349.00
Immunization Fixed Fees	0.00
Vision ELPHS	54,969.00
Immunization Vaccine Quality Assurance	9,938.00
WIC Breastfeeding	38,684.00
WIC Resident Services	315,345.00
EGLE Drinking Water and Onsite Wastewater Management	237,060.00
TOTAL	**1,540,390.00**

Next Steps

The DUNS number has been replaced by the Unique Entity Identifier (UEI). Please ensure the face sheet of your agency's application includes your agency's UEI. If your agency needs to apply for a new UEI, please visit http://www.sam.gov.

The next steps in the MI E-Grants system for completing your budgets and submitting your Local Health Department Agreement for MDHHS approval are as follows:

- 1. The Project Manager will assign the agency users to the Local Health Department - 2026 program.

2. For your convenience, you can access the "Grantee: Comprehensive Agreement Instructions" material on the home page by clicking "About EGrAMS" and downloading the PDF. Access the system using the URL http://egrams-mi.com/mdhhs.

3. Login to the MI E-Grants system at the URL http://egrams-mi.com/mdhhs.

4. Access the application using the drop-down menus "Grantee>Grant Application>Enter Grant Application" and click on "Go."

5. Select the CO-2026 / Local Health Department - FY 2026 program and click on the "Go" button.

6. Select the hyperlink titled "Local Health Department FY 2026."

7. Complete the face sheet, including the fiscal month, day, and contact information. Click the "Save" button before advancing to the next screen(s). Detailed instructions are available on page 36 of the training materials.

8. Select the hyperlinks to the various program elements and complete the application, including the face sheet, certifications, and budget. Detailed instructions are available on page 37 of the training materials.

9. When completing the "Budget" tab, it is highly recommended that you use the "Copy" button to initially populate the data and modify the information to fit the current-year spending plan. Detailed instructions are available on page 34 of the training materials. When copying the prior-year budge, please note funds budgeted for MCH may need to be moved to match the new projects available for these funding sources.

10. When the application has been entered, validated, and is error-free, it is ready for submission by the Authorized Official. Detailed instructions are available on page 81 of the training materials.

Additional Guidance

A blank version of the FY 2026 Comprehensive Boilerplate and attachments is available on the MI E-Grants home page (http://egrams-mi.com/MDHHS/). To access documents, click "Comprehensive Agreements" located under the "Current Grants" header. Select the hyperlink for the CO-2026 agreement and click on the "Documents" tab to access the documents.

Grantees can generate the Schedule of Finance Assistance on-demand using MDHHS EGrAMS. To generate the Schedule of Finance Assistance, access MDHHS EGrAMS at http://egrams-mi.com/mdhhs. Once logged in, path to Grantee > Grant Application > Schedule of Finance Assistance. Click Generate, enter 2024 in the Fiscal Year field, and click Find. The Schedule can be saved as either an Excel or PDF using the available buttons on the screen. The Schedule will reflect the most up-to-date funding information at the time it is generated, and MDHHS recommends generating revised versions periodically to capture any funding updates.

Technical Assistance

Technical Assistance to complete the budgets is available through your Grants Section team member, Anita Miko, at mikoa@michigan.gov. In addition, you may refer to your training materials, the yellow book, and help icons within MI E-Grants for assistance.

Thank you for your cooperation and support. Please contact your Grants Section team member if you have any questions.

Sincerely,

Laura Geist

Grants Administration Section Manager
Michigan Department of Health and Human Services

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Title: CONTRACT RENEWAL 25-26 Catch Basin Cleaning
Date: June 24, 2025

CONTACT: Linda Pigue, Managing Director

DESCRIPTION: Contract 24-02 for Catch Basin Cleaning was awarded to Rogue Industrial Services LLC. The Contract provided for additional renewals with no change in prices or terms. Rogue Industrial Services, LLC has indicated they would like to extend Contract 24-02 for an additional year.

OTHER DEPARTMENTS/AGENCIES AFFECTED: None.

FINANCIAL ANALYSIS: The cost of catch basin cleaning is included in the Road Department's 2025 budget. The 2024 cost for catch basin cleaning was: State Trunkline system $60,621 and the County system $21,538. Cleaning on the State Trunkline system is reimbursed through the Maintenance contract with the State of Michigan..

LEGAL REVIEW: Not applicable.

DEADLINE: June 24, 2025.

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):

Request the Board approve the contract renewal.

ADMINISTRATOR'S RECOMMENDATION:

The CountyAdministrator recommends approval.

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Title: Auction - Road Department Surplus Equipment
Date: June 24, 2025

CONTACT: Linda Pigue, Road Dept. Managing Director & Wes Shafer, Fleet Supervisor

DESCRIPTION:

The Road Department needs to dispose of surplus equipment. We would like to include it on the next Miedema's Rangerbid on-line auction. A list of the items to be auctioned is attached.

OTHER DEPARTMENTS/AGENCIES AFFECTED:

None

FINANCIAL ANALYSIS:

Rangerbid does not charge the Road Department for their services.

LEGAL REVIEW: Not applicable.

DEADLINE:

June 24, 2025

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):

Request the Board authorize disposal of Road Department surplus equipment

ADMINISTRATOR'S RECOMMENDATION:

County Administrator recommends approval.

06/10/2025

Linda,

Here is a list of the equipment that I would like board approval on for liquidation. We will use the same auction company as last time (RangerBid) this service is free of charge to us, they make their commission by adding a buyer's fee to the buyers.

2005 International tandem axle dump truck

1997 Trail King low boy trailer

2007 International bucket truck

2001 Cimline cement saw

2017 Stihl pole pruning saw

Stihl gas powered drill

Old 5 yrd. Dump truck box

All items listed above are either non-working or in need of a lot of repairs and are being sold in as is condition for parts or repair.

Thank you,

Wes

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Title: Resolution of Support for TAP Grant

Date: June 24, 2025

CONTACT: Linda Pigue, Managing Director

DESCRIPTION: The Road Department has applied for a MDOT Transportation Alternatives Program (TAP) grant and is requesting a Board of Commissioners' Resolution of Support. The TAP grant application is seeking funds to construct a non-motorized shared use path along Tuttle Road east of the intersection with M-66 to the Ionia Public Schools tennis courts.

OTHER DEPARTMENTS/AGENCIES AFFECTED: None

FINANCIAL ANALYSIS: The Department's budget includes funds to cover its portion of project costs.

LEGAL REVIEW: Not applicable.

DEADLINE: June 24, 2025.

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION): Request the Board adopt the Resolution of Support and authorize signing by the Board's chairman, Jack Shattuck..

ADMINISTRATOR'S RECOMMENDATION: The Administrator recommends the Board adopt the Resolution and authorize signing.

RESOLUTION OF SUPPORT

Transportation Alternatives Program (TAP) Grant

Non-Motorized Connectivity Improvement M-66 and East on Tuttle Road

WHEREAS, It has been determined that creating a non-motorized path, between the City of Ionia and the businesses, schools and residential area south of the City, would benefit the County's residents; and

WHEREAS, the Ionia County Road Department applied to the Michigan Department of Transportation (MDOT) for said project and

WHEREAS, this proposed project aims to maximize the improvements being included as part of MDOT's 2027 M-66 reconstruction project between Tuttle Road and Wells Street (approximately 2 miles).

NOW, THEREFORE, BE IT RESOLVED that the Ionia County Board of Commissioners wishes to request affirmative consideration of our application for Transportation Alternative Program Funds and agrees to provide the necessary local funds for this project if awarded.

BOARD OF COUNTY COMMISSIONERS OF IONIA COUNTY, MICHIGAN

BY: _____

JACK SHATTUCK

BOARD CHAIRMAN

DATE: _____

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

Central Dispatch Telephone System Upgrade
June 24, 2025, Meeting

CONTACT:
Lance Langdon, ENP, Director Central Dispatch

DESCRIPTION:
Ionia County Dispatch uses a Central Square telephone system for our 9-1-1 and administrative calls. With our remodel project last year, the Board has requested that I postpone what I could, to address after that project was completed. The workstations were all updated with the remodel, but we did delay the replacement of the back-room servers this year. The phone servers have been in place I believe in 2015/2016, and these servers need replacement.

Central Square provided two different proposals for our upgrade. One puts the server hardware in the server room at a cost of $164,016.82, the second using a cloud-based system at a reduced cost $73,400.30. A cloud-based system is new and the latest technology that providers are all moving to.

OTHER DEPARTMENTS/AGENCIES AFFECTED:
None

FINANCIAL ANALYSIS:
I have reached out through our Directors association to see what the cost of a phone system as been recently to other centers. I have been advised that a new system for a center our size has been between $400K to a million dollars depending on the vendor. As a result, the upgrade of our system is much more cost-effective moving forward.

Cloud system move	$73,400.30.
New system recurring fees	$43,482.30 per year
Current System fees	$33,408.07 per year
Increase from current fees	$10,074.23 per year

These fees increase 5% per year per contractual language for a 5-year agreement.

There may be some county system updates with firewalls or switches that may be identified in the system implementation. As such a $5,000.00 contingency fund is requested.

The Dispatch Centers Funds will cover the costs of this update, and this was identified in the budget projects for the 2025 budget process.

LEGAL REVIEW:
The contract is currently under review by the County Attorney

DEADLINE:
Central Square advised that this price is good until the end of June 2025, and that discounts included will not be available after that date. The quote they provided does indicate it expires in November of 2025.

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):
The Ionia Board of Commissioners approves the purchase/upgrade of the Central Dispatch phone system with Central Square for their cloud-based phone solution, at a cost of $73,400.30.

The BOC also approves the Dispatch director a contingency fund amount of $5,000.00 for possible county infrastructure updates that may be needed to implement the system to be approved by the County Administrator.

The BOC approves the Center Director to sign the purchase and services agreement on approval of the County Attorney to make the system purchase.

ADMINISTRATOR'S RECOMMENDATION:
County Administrator recommends approval of this request.

CENTRALSQUARE

Quote prepared on:
May 08, 2025
Quote prepared by:
Becky Ireland
rebecca.ireland@centralsquare.com

Quote #: Q-216810
Primary Quoted Solution: 911
Quote expires on: November 04, 2025

Quote prepared for:
Lance Langdon
Ionia County Central Dispatch
545 Apple Tree Drive
Ionia, MI 48846
616-527-5611

Thank you for your interest in CentralSquare. CentralSquare provides software that powers over 8,000 communities. More about our products can be found at www.centralsquare.com.

WHAT SOFTWARE IS INCLUDED?

	PRODUCT NAME	QUANTITY	UNIT PRICE	DISCOUNT	TOTAL
1.	911 Backup Position Annual Subscription Fee	2	2,520.00	- 1,512.00	3,528.00
2.	CentralSquare Vertex 911 Cloud Call-taker Position Annual Subscription Fee	4	8,000.00	- 9,600.00	22,400.00
3.	CentralSquare Vertex 911 Cloud Platform Annual Subscription Fee	1	10,000.00	- 3,000.00	7,000.00
4.	Vertex NG911 Text Translation & Audio Transcription Annual Subscription Fee	4	2,340.00	- 2,808.00	6,552.00

Software Subtotal	56,400.00 USD
Discount	- 16,920.00 USD
Software Total	39,480.00 USD

WHAT SERVICES ARE INCLUDED?

	DESCRIPTION	TOTAL
1.	Public Safety Project Management Services - Fixed Fee	2,730.00
2.	Public Safety Technical Services - Fixed Fee	23,010.00
3.	Public Safety Travel & Living Expenses Estimate	6,900.00
4.	Vertex 911 Cloud Migration (5 pos./Single Site) Services - Fixed Fee	5,000.00

Services Subtotal	37,640.00 USD
Discount	- 7,722.00 USD
Services Total	29,918.00 USD

Quote prepared on:
May 08, 2025
Quote prepared by:
Becky Ireland
rebecca.ireland@centralsquare.com

WHAT HARDWARE IS INCLUDED?

	PRODUCT NAME	QUANTITY	UNIT PRICE	TOTAL
1.	911 System Hardware Annual Subscription	1	4,002.30	4,002.30
			Hardware Total	4,002.30 USD

QUOTE SUMMARY

Software Subtotal	56,400.00 USD
Services Subtotal	37,640.00 USD
Hardware Subtotal	4,002.30 USD
Quote Subtotal	98,042.30 USD

Quote prepared on:
May 08, 2025
Quote prepared by:
Becky Ireland
rebecca.ireland@centralsquare.com

	Discount	- 21,642.00 USD

Quote Total **73,400.30 USD**

Net Recurring Fees will increase in the amount of $10,074.23. For products being replaced in this project, this is an estimate based on the client's current recurring fees of $33,408.07. The increase amount may change based on any adjustments to scope or pricing and depending on the final project timeline. Your new renewal estimate is $43,482.30. Any items not being replaced by this order will continue in addition to the renewal estimate listed.

TOTAL RECURRING FEES

TYPE	AMOUNT
TOTAL RECURRING FEES	$43,482.30
CURRENT RECURRING FEES	-$33,408.07
NET RECURRING FEE INCREASE	**$10,074.23**

This Quote is not intended to constitute a binding agreement. The terms herein shall only be effective once incorporated into a definitive written agreement with CentralSquare Technologies (including its subsidiaries) containing other customary commercial terms and signed by authorized representatives of both parties.

Quote prepared on:
May 08, 2025
Quote prepared by:
Becky Ireland
rebecca.ireland@centralsquare.com

BILLING INFORMATION

Fees will be payable within 30 days of invoicing.

Please note that the Unit Price shown above has been rounded to the nearest two decimal places for display purposes only. The actual price may include as many as five decimal places. For example, an actual price of $21.37656 will be shown as a Unit Price of $21.38. The Total for this quote has been calculated using the actual prices for the product and/or service, rather than the Unit Price displayed above.

Prices shown do not include any taxes that may apply. Any such taxes are the responsibility of Customer. This is not an invoice.

For customers based in the United States or Canada, any applicable taxes will be determined based on the laws and regulations of the taxing authority(ies) governing the "Ship To" location provided by Customer on the Quote Form.

PAYMENT TERMS

Travel & Living Expenses

- Due as Incurred

Quote prepared on:
May 08, 2025
Quote prepared by:
Becky Ireland
rebecca.ireland@centralsquare.com

PURCHASE ORDER INFORMATION

Is a Purchase Order (PO) required for the purchase or payment of the products on this Quote Form? (Customer to complete)

Yes [ ] No [ ]

Customer's purchase order terms will be governed by the parties' existing mutually executed agreement, or in the absence of such, are void and will have no legal effect.

PO Number: _____

Initials: _____

IONIA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR DISCUSSION/ACTION

June 24, 2025

CONTACT:
Chad Shaw, County Administrator

DESCRIPTION:
The Opioid Settlement Steering Committee met to discuss the 3 applications received.
3 of the 3 received unanimous approval for full awards. Have Mercy, Ionia County Health Department and The Right Door all provided very positive opioid prevention programming measures the funds will assist with prevention and recovery in Ionia County.

OTHER DEPARTMENTS/AGENCIES AFFECTED:
Administration

FINANCIAL ANALYSIS:
Awards of Opioid Settlement funds of $30,500 to Have Mercy and $65,482 to The Right Door, and $103,508 to the Ionia County Health Department Substance use prevention program. We currently have $300,000 budgeted in the program for 2025 and these submissions come to $199,490 which is well within the budget. We're set to receive, according to settlement orders from the Federal Court, $3,224,919.56 over the course of 18 years.

LEGAL REVIEW:
None needed

DEADLINE:
None

SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):
Motion to approve awards of $30,500 to Have Mercy and $65,482 to The Right Door and $103,508 to the Ionia County Health Department community health fund.

ADMINISTRATOR'S RECOMMENDATION:
Administrator recommends.

Opioid Settlement Funds

Application - 2025

Responsible Party: Have Mercy Date: 5 / 30 / 25

Contact Name: Kim Cain Contact Email: kcain@havemercymi.org

Contact Phone: (616) 225- 8055 Organization Address: 1015 E Washington Street, Greenville, MI 48838

Time Frame: July 1, 2025 - June 30, 2025

Questions to be answered by the applicant, along with the criteria reviewers will use to evaluate the responses, are below. Unless otherwise specified, applicant responses are limited to 5,000 characters.

Evidence Based Strategy – 20 Points

Describe how the proposal uses an Evidence Based Strategy.

Have Mercy works to help clients rebuild their lives after they've had devastating results from their addiction. We provide wrap-around services that help in obtaining documents like ID's so they can get a job and an apartment, connecting them to DHHS for insurance, mental health providers and any other resources available for them. We work with them as they complete their drug court and sobriety court programs, complete probation or parole and find a new place to live. Since we operate on the Social Model, residents are able to maintain their sobriety as they live and work alongside others experiencing the same things that they are.

In order to achieve this, we utilize Evidence Based Strategies such as Motivational Interviewing, Relapse Prevention, Trauma Informed Care, Individual Peer-to-Peer Counseling, the Twelve Step Program, Individual and group IOP's, Sponsors and MAT's. We also do Cognitive Behavioral Therapy through classwork curriculum. All of these strategies are utilized while up to 14 clients live in a transitional housing setting.

When we work with the general homeless population, the national model of "housing first" is followed. Using this model, housing is the main focus because it ends homelessness quickly. The program is known as "rapid rehousing". This philosophy deems that housing is a human right, and that people don't need to do anything first (mental health or sobriety) in order to qualify.

This model works well for the majority of homeless clients. However, we've found that a "housing first" approach is not the best one for people fighting addictions. Transitional housing alongside others on the same journey and a "housing last" approach works better for them. They need time to learn about their addiction, develop new habits, make new friends, and find constructive ways to spend their time. Being isolated in their own home and fighting this battle alone, without support, is a recipe for relapse.

While we do spend some time focusing on housing in our program, it's done with the intention of getting a client onto waitlists to obtain housing a few months down the road. During that time, there's much work to be done rebuilding the damaged or destroyed areas of their life. In the six years we've worked specifically with men in recovery, we've found that "housing last" is the best approach for our clients. Instituting the Evidence Based Strategies listed above while clients live in-house has given the majority of our clients a firm road to recovery.

Feasibility – 25 Points

Demonstrate that the organization has the ability to deliver on the proposal.

Have Mercy was founded in 2011 to combat homelessness in families and has grown to have shelter facilities for singles as well as the sober living house for men in recovery for both Montcalm and Ionia Counties. Our facilities are staffed 24/7 by utilizing state and federal funding, contracts with MDOC for returning citizens, Recovery Court, as well as community support.

We have constructed a sober living floor with a capacity of 14 men consisting of a day room, locker room and sleeping areas. This facility operates under a special land use permit and is zoned appropriately for this purpose.

We are able to subsidize client living expenses with other grant funding that allows them to work on recovery first before seeking employment. We anticipate using the funding from Ionia County's opioid grant to a fund a portion of our SUD Program Director's salary as well as cover current client expenses for the Step-Up Recovery program that would otherwise force them to seek immediate employment.

The Step-Up Recovery program consists of 4 phases of goals which are designed to address the barriers our clients face by breaking them down into strategic and targeted modules. Each module contains classwork using curriculum developed specifically for recovery, IOP's (intensive outpatient group class work), AA/NA meetings, individual peer-to-peer 12-step work, and self-sufficiency training.

The self-sufficiency training addresses the skills each client needs to have for independent living and is structured alongside each of the phase modules. This training is developing the cooking, cleaning, budgeting and maintenance skills that each client needs in order to maintain their own housing once the program is completed. Part of our program involves teaching kitchen which allows clients to learn kitchen basics both for their own use and for future employment.

Our relationships with community partners is critical to our client's success. We work closely with Samaritas, DHHS, West MI Works, MDOC, Montcalm and Ionia County Court systems, P.O.'s, Montcalm Care Network, The Right Door, Randy's House and EightCAP. All of these relationships help us to meet the diverse needs of each client as they go through the process of rebuilding their lives.

Our SUD program is currently overseen by a CCAR trained and experienced peer recovery coach.

Evaluation – 15 Points

Submit a work plan listing outcomes to be measured.

Standard measurement of outcomes are the positive goals that a client achieves and the alignment with the goal sheets. The Step-Up goal sheets for Phases 1 through 4 have been established and are customized to each client depending on their individual situation.

These goals include things like: obtaining ID's, obtaining a job, applying for housing, completing drug or sobriety court program, completing parole, securing a sponsor, attending meetings, obtaining housing, etc. (See attachment 1 - Step Up Program Work Plan and Goal Sheets.)

At the moment, we are utilizing a statewide database (HMIS) to track progress for our transitional clients in recovery. This will be changing to a Recovery Capital goal setting software that helps each client track his recovery progress and helps us evaluate overall success.

Suitability – 25 Points

Indicate how the proposal fits Ionia County's needs. How will the proposal be sustainable? Will the proposal involve a person or persons with lived experiences?

Our program mainly works with people after they've completed detox/rehab and are ready to begin the hard work of rebuilding their life. We've found that clients in need of our services come from multiple situations. We receive referrals from county agencies, work with homeless people that want rehab, and have even had a judge sentence clients to our facility. We frequently work with drug and sobriety courts and with the P. O's that oversee our clients.

Many of our clients come from the homeless population in Ionia County and we are able to safely house them as well as work with them on substance use disorders and even co-occurring mental health disorders. We believe this work is crucial to the big picture of promoting a clean and sober Ionia County and work alongside other agencies doing the work of awareness, education, prevention, harm reduction, and counseling.

Because our program is designed to benefit the client after he has returned from an inpatient rehab program, we work with clients to find a detox/rehab bed, provide transportation to the facility when needed, and receive them back once the program has been completed. Since we are funded through state and federal grants, community support, and MDOC and court contracts, we are able to provide the facility with 24/7 staffing that benefits our recovery program. Sustainability is derived from multiple streams of income into the agency, and this funding will go to support the program and sponsor the clients as they complete it.

Our current SUD Program Director is CCAR certified, has 5 years of sobriety and experience as a peer coach and sponsor in the community before coming to work for us.

Equity – 5 Points

Describe how the project addresses community needs in a fair and equitable manner.

Have Mercy has always offered services on a first come/first served basis as people present with their various needs. The only exception to that is extreme vulnerability which places a client into a life-or-death situation due to the situation or the weather. In that case, the most vulnerable person will be placed first.

Our Emergency Relief Case Manager triages clients based on their presenting needs and which of our programs best fits those needs. We do not discriminate and are bound by Fair Housing regulations through the State of Michigan for all of our programs.

We are working to serve both single men and women with our Step-Up program at segregated facilities

Reach – 5 Points

Describe how the project reaches/targets those most impacted by the opioid epidemic in Ionia County.

There are three factors in the life of an addict that have the power to influence them to make changes and that's usually the point where we meet them.

The first factor is relational. Sometimes family members will stage an intervention. Sometimes a divorce is threatened - or carried out. Some addicts will make a decision to get help when faced with losing everyone that's important to them and seek help voluntarily. Most often, we meet people after they've burned every bridge and are on-the-streets homeless. At this point, we are able to ask if detox/rehab is something they're interested in. Often times, this is the option they take, and they start on the road to recovery.

The second factor is legal. When they get caught up in the court system, they can be a candidate for a court program and because of our history with the courts, we get the referral into our program. We've had Judges sentence people into our program as they needed a place to tether while they work through their court program. Sometimes, these are the hardest to work with because they're being forced into sobriety, and they resent it. However, we've had several people work through the Recovery Court program and graduate to a successful future.

The third factor is medical. When they've done their substance long enough to do physical damage and create a health issue, they have the choice to make a change. If they heed this wakeup call and reach out for help, we connect them with a rehab and work with them from there. When people are at this phase, successful recovery is much more difficult, and relapse/overdose is more frequent.

Because Have Mercy works with the general homeless population, the recovery community and the courts in two counties, we've developed quite an extensive network of agencies that we collaborate with. We receive referrals from multiple sources for our program as well as refer clients to many different agencies for specific assistance. We are part of a thriving ecosystem designed to offer the assistance that clients need to get clean and stay clean.

Additional Items – 5 Points

Indicate how the budget is comprehensive and meets the criteria for indirect costs not exceeding 10% of awarded funds.

The budget addresses the cost of supporting 20 Ionia County individuals as they work through the Step-Up Recovery program. These are the hard costs they will be confronted with when they are not working, and we need them to be able to focus on recovery instead of finding a job to cover these costs.
The budget is made up of 100% direct costs to the program with no indirect costs.
(See Attachment 2 - Budget Worksheet)

Applicant Signature: Kim Cain

Date: ___/___/

Have Mercy - Opioid Settlement Fund Budget	
2025 STEP-UP Program Expenses	
Activity	**Amount**
SUD Program Director - Peer Support	$ 22,000.00
Direct Support:	
Documentation	$ 300.00
Prescriptions	$ 300.00
Court costs	$ 1,800.00
Transportation/meetings	$ 1,000.00
Drug Screening	$ 4,200.00
Workbooks	$ 900.00
Total Step Up Program 2025 Expenses	**$30,500.00**

Recovery – Step Up Recovery Program Ph I – 1 to 4 Weeks

Client Name: _____ Intake Date: _____ Phase I Start Date: _____

Assigned	Completed Date	Program Goals
☐	_____	Complete Screening (Substance, Health, Mental, Spiritual and Emotional)
☐	_____	NA/AA 12 Steps Program
☐	_____	Set up SUD Counseling
☐	_____	Regular Drug Drops
☐	_____	One-on-One Meetings with Program Director
☐	_____	Class: Relapse Prevention/Getting Started/Anger/Coping Skills
☐	_____	Complete the referral for any Medical/Mental Health Appointment(s)
		Basic Needs & Documentation Goals
☐	_____	Obtain Birth Certificate
☐	_____	Obtain Picture Identification
☐	_____	Obtain Social Security Card
☐	_____	Transfer/Open DHHS account (No Food Stamps, Medical Only)
☐	_____	Transfer any prescriptions to local pharmacy
☐	_____	Provide Social Security Award Letter or Proof of Income for the last 30 days
☐	_____	Get set up for a free phone
☐	_____	Notify Friend of the Court
☐	_____	Clear up outstanding warrants
☐	_____	Communication Class
☐	_____	Set up appointment for M.A.T. (if on Suboxone)
		Life Skills Goals (Circle one)
☐	_____	Kitchen Skills Janitorial Skills Maintenance Skills Landscape/Garden Skills
		Other Goals
☐	_____	Positive Reward for Completion of PH I: _____
☐	_____	Other: _____

Must prove progress in completing your goals to be considered for the next STEP.

Notes:_____

_____

Staff Meeting Date: _____ Approved for Phase II: ☐ Yes ☐ No, Reason: _____

Employment – Step up Recovery Program Ph II – 4 to 8 Weeks

Client Name: _____ Intake Date: _____ Phase II Start Date: _____

Assigned	Completed Date	Program Goals
☐	_____	NA/AA 12 Steps Program
☐	_____	Random Drug Drops
☐	_____	One-on-One Meetings with Program Director
☐	_____	Class: Change Plan/Substance Using Behavior/Self-Worth/The Power of Self Talk
☐	_____	Continue to meet for any Medical/Mental Health Appointment(s)
		Need Income
☐	_____	MiWorks! (Job Skills Assessment)
☐	_____	Complete Work History Form/Develop a Resume
☐	_____	If unable to work full-time – M.R.S Program
☐	_____	Need SSI – Speak to a Lawyer or S.O.A.R. Program
		Basic Money Management
☐	_____	Secure Employment
☐	_____	GED/College/Tech Schooling
☐	_____	Get Your Money In Order Video (MSU Ext.)
☐	_____	Pull credit report/attend credit repair workshop (MSU Ext.)
☐	_____	Attend Budget Workshop (Glennes)
☐	_____	Resume payment plan for FOC/Court Fees
☐	_____	Open Savings Account – Saving for 1st months' rent & deposit/ all vehicle expenses.
		Life Skills Goals (Circle one)
☐	_____	Kitchen Skills Janitorial Skills Maintenance Skills Landscape/Garden Skills
		Other Goals
☐	_____	Positive Reward for Completion of PH II: _____
☐	_____	Other: _____

Must prove progress in completing your goals to be considered for continuing for the next STEP.

Notes:_____

_____

Staff Meeting Date: _____ Approved for Phase III: ☐ Yes ☐ No, Reason: _____

Transportation – Step Up Recovery Program Ph III – 4 Weeks

Client Name: _____ Intake Date: _____ Phase III Start Date: _____

Assigned	Completed Date	Program Goals
☐	_____	NA/AA 12 Steps Program
☐	_____	Occasional Drug Drops
☐	_____	One-on-One Meetings with Program Director
☐	_____	Class: Life Management/Recovery Maintenance/Successful Living w/Co-Occurring Dis
☐	_____	Continue to meet for any Medical/Mental Health Appointment(s)
☐	_____	Mentoring Program
☐	_____	Start the Pay to Stay Program (30% of Gross Income)
		Obtaining Transportation
☐	_____	Drivers' License Reinstatement
☐	_____	Vehicle Ownership
☐	_____	Vehicle Insurance
☐	_____	Vehicle Registration
		Life Skills Goals (Circle one)
☐	_____	Kitchen Skills Janitorial Skills Maintenance Skills Landscape/Garden Skills
		Other Goals
☐	_____	Basic Home Ownership Video (MSU Ext.)
☐	_____	Positive Reward for Completion of PH III: _____
☐	_____	Other: _____
☐	_____	Other: _____

Must prove progress in completing your goals to be considered for the next STEP.

Notes:_____

_____

Staff Meeting Date: _____ Approved for Phase IV: ☐ Yes ☐ No, Reason: _____

Housing – Step up Recovery Program Ph IV – 4 Weeks

Client Name: _____ Intake Date: _____ Phase III Start Date: _____

Assigned	Completed Date	Program Goals
☐	_____	NA/AA 12 Steps Program
☐	_____	Random Drug Drops
☐	_____	One-on-One Meetings with Program Director
☐	_____	Class: Responsible Thinking/Feelings/Family & Other Relationships
☐	_____	Continue to meet for any Medical/Mental Health Appointment(s)
		Housing Goals
☐	_____	Complete Housing Assessment
☐	_____	Complete Landlord History Form
☐	_____	Understanding the Rental Process - Video
☐	_____	Being a Good Tenant - Video
☐	_____	Complete 4 applications/2 private landlords for 1st target area (ongoing till housed)
☐	_____	Complete 4 applications/2 private landlords for 2nd target area (ongoing till housed)
☐	_____	Work with Previous Landlord for a Payment Agreement
☐	_____	Contact utility companies for any unpaid balances
☐	_____	Come up with a Plan B if unable to be housed
		Life Skills Goals (Circle one)
☐	_____	Kitchen Skills Janitorial Skills Maintenance Skills Landscape/Garden Skills
		Other Goals
☐	_____	Positive Reward for Completion of PH IV: _____
☐	_____	Other: _____

Must prove progress in completing your goals to be considered for the next STEP.

Notes:_____

_____

Staff Meeting Date: _____ Completed All Phases (I-IV) _____ Housed Date: _____

Opioid Settlement Funds

Application - 2025

Responsible Party: Ionia County Health Department Date: 05/30/25

Contact Name: Charlean Hemminger Contact Email: chemminger@ioniacounty.org

Contact Phone: (616) 527 - 5341 Organization Address: 175 E. Adams St. Ionia MI 48846

Time Frame: July 1, 2025 - June 30, 2025

Questions to be answered by the applicant, along with the criteria reviewers will use to evaluate the responses, are below. Unless otherwise specified, applicant responses are limited to 5,000 characters.

Evidence Based Strategy – 20 Points

Describe how the proposal uses an Evidence Based Strategy.

Health Educators use an evidence based curriculum Too Good for Drugs in local elementary and middle school to build social resistant skills and to increase youth awareness of various social influences that support substance use. Currently the we have facilitated the Too Good for Drugs program to over 650 students during the 24-25 school year. Using this grant fund we plan to expand and reach an additional 300 students. Health Educators are receiving more referrals from schools and juvenile court for the Teen Intervene program. a program that educates the youth using facts to dispel the inaccurate beliefs that substance use is acceptable and not dangerous. 32 youth from ages 9 yrs - 18 yrs have completed Teen Intervene from October 1, 2024 to May 1, 2025. Health Educators are working closely with youth at Saranac Jr/Sr High School, Ionia, Belding and Portland High schools to provide events and activities that can provide education and skills to students. We have reached an estimated 1500 students with our outreach events such as Nugs Not Drugs, Say Nope to Dope, Mental Health Matters-Gain Hope and Lose the Dope, and Art in the Park. Partnering with todays youth allows health educators to be responsive to the trends affecting our youth.

Feasibility – 25 Points

Demonstrate that the organization has the ability to deliver on the proposal.

Ionia County Health Department Community Health currently supplies naloxone (Narcan),and fentanyl testing strips to the community.
Community Health Educators provide presentations on Understanding an Overdose and How to Respond to One.
Health educators use the Too Good for Drugs curriculum to teach youth about safe use of prescription medication and over the counter medications.
We plan to use the Opioid Settlement funds to continue our prevention education program and to increase our ability to work in the community by training people to become Peer Recovery Coaches which is an evidence based intervention as noted in Michigan's Opioid remediation plan.

Evaluation – 15 Points

Submit a work plan listing outcomes to be measured.

1. Facilitate Too Good for Drugs Grade 3, 5, 6 and 7 to Ionia, Belding, Portland, Saranac and Pewamo/ Westphalia Schools. To measure outcomes the students will be given a Pre Test and a Post Test to assess student learning, and understanding of the materials.
2. Provide Naloxone (Narcan) training to empower individuals to recognize and respond to opioid overdoses. To measure outcomes participants will be given a Pre Test and Post test to assess knowledge, attitudes and self-perceived ability to manage and overdose.
3. Facilitate Self-Managment & Recovery Training (SMART) meetings to provide support and tools to people who working towards/in recovery. Outcomes wil be measured by the number of participants attending meetings.
4. Facilitate community events to increase awareness of the risk and harm drug use can have on our youth and adults. Outcomes will be measured using the Youth Drug Survey and the Community Risk Assessment Survey. The youth Survey will be administered yearly with school officials support and assistance. The Community Risk Assessment Survey is provided to adults attending community events where substance ues prevention education and harm reduction messaging is provided by Ionia County Community Health Educators.
5. Provide Teen Intervene to youth referred by the Ionia County Juvenile courts and Ionia County Schools. To measure outcomes the teen involved in the program will be given a Pre-Program Tests and Post-Program Tests to assess student learning and understanding of the risk drugs can do to their bodies and brains.
6. Provide Peer Recovery Coach training to adults in the community. Outcomes will be measured by number of participants successfully completing the training and becoming certified as Peer Recovery Coach
7. Community Health Educators will engage with youth at Ionia County High Schools to encourage them to become Youth Leaders in their communities, we will take them to CADCA's Mid-Year Youth Leadership Training. They will take courses to develop critical thinking skills and to equip them with the necessary tools to come back to their community and do community assessments, interventions, and create an action plan for change.

Suitability – 25 Points

Indicate how the proposal fits Ionia County's needs. How will the proposal be sustainable? Will the proposal involve a person or persons with lived experiences?

Ionia County Health Department Community Health proposal fits the needs of Ionia County. Health Educators use data from the 2023 Ionia County Risk Assessment Survey,as well as information and feedback
from our Community Assessment Surveys, Teen Intervene interviews, and stakeholder interviews to see what is clearly happening within our county. Utilizing our staff and our already established Peer
Recovery Coach, we will be able to reach more of the community as youth and adult alike struggle with various forms of substance abuse. We are sustained by those individuals who will be successful in recovery and begin to do service work in the community as well as the newly made Peer Recovery Coaches being able to volunteer their time to
help others in their time of need. We work diligently to help combat the pressures youth face in our schools, our streets and even their homes by building pretective factors through our Too Good For Drugs
Programs, talking with parents at events we organize, hosting recovery meetings, utilizing the Teen Intervene program, and having our current Peer Recovery Coach become a Peer Recovery Coach facilitator.
Our person with lived experience is already part of the team and has been working with us since January 2024.

Equity – 5 Points

Describe how the project addresses community needs in a fair and equitable manner.

Using data from the 2023 Ionia County Risk Assessment which showed a higher than state average of adult e-cigarette user (13.3%), and heavy and binge drinking among adults is much higher that the state or nation average. 76% of Ionia County Marijuana users state they use solely recreationally. Knowing these risky behaviors are happening all across Ionia County Health Educators are planning to develop strategies to provide education, build skills and provide support to the Northern parts of Ionia County, where the youth are bused into Ionia, and Belding for school. Health Educators will go to trailer parks and provide Narcan trainings and provide information on smoking cessation to people who would not normally seek services.

Reach – 5 Points

Describe how the project reaches/targets those most impacted by the opioid epidemic in Ionia County.

Health Educators will work closely with the Right Door and Samaritas to provide Ionia County people with the information on where they can go to receive treatment and recovery help. Health Educators provide SMART recovery meetings currently we have over 13 active members at every meeting and on average we have 18-25 members joining online each week.

Additional Items – 5 Points

Indicate how the budget is comprehensive and meets the criteria for indirect costs not exceeding 10% of awarded funds.

Ionia County Health Department is seeking a total of $103,508 in grant funds for the initial annual budget July 1, 2025 - June 30, 2026. Funds will be utilized to fund one full time Health Educator. Funds will also be used to purchase evidence based curriculum, Too Good for Drugs, Teen Intervene, and substance use prevention poster on Opioid facts, and purchasing SMART recovery handbooks.

Applicant Signature: 5-30-25

Date: 5/30/2025

PROGRAM BUDGET SUMMARY

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Use WHOLE DOLLARS Only

ATTACHMENT B.1

PROGRAM			DATE PREPARED 5/30/2025		Page	Of
GRANTEE NAME Ionia County Health Department			BUDGET PERIOD From: 7/1/2025 To: 6/30/2026			
MAILING ADDRESS (Number and Street) 175 E. Adams St			BUDGET AGREEMENT ☑ ORIGINAL ☐ AMENDMENT		AMENDMENT #	
CITY Ionia	STATE MI	ZIP CODE 48846	FEDERAL ID NUMBER 38-6004857			

EXPENDITURE CATEGORY				TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES				$51,853
2. FRINGE BENEFITS				$16,930
3. TRAVEL				$12,000
4. SUPPLIES & MATERIALS				$10,000
5. CONTRACTUAL (Subcontracts/Subrecipients)				$0
6. EQUIPMENT				$0
7. OTHER EXPENSES				
				$5,847
8. **TOTAL DIRECT EXPENDITURES** (Sum of Lines 1-7)	**$0**	**$0**	**$0**	$96,630
9. INDIRECT COSTS: Rate #1 %				$6,878
INDIRECT COSTS: Rate #2 %				$0
10. TOTAL EXPENDITURES	**$0**	**$0**	**$0**	$103,508

SOURCE OF FUNDS:

11. FEES & COLLECTIONS				
12. Opioid Settlement				$103,508
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	**$0**	**$0**	**$0**	**$103,508**

AUTHORITY: P.A. 368 of 1978
COMPLETION: Is Voluntary, but is required as a condition of funding.

The Department of Health and Human Services is an equal opportunity employer, services and programs provider.

DCH-0385(E) (Rev. 08/15) (Excel) Previous Edition Obsolete.

Evidence Based Strategy – 20 Points Describe how the proposal uses an Evidence Based Strategy.

The Right Door for hope, recovery, and wellness (TRD) is proposing the hiring of 2 part-time employees, 20 hours each week, of Recovery Coach(es) who will work with inmates in the Ionia County Jail providing specialized group facilitation, "pre-out date" individual services to assist with strengthening the community supports available to inmates (with a history of SUD) upon discharge and "post out date" individual services to aid in successful community transition.

The recovery coaches will focus on screening for and promoting the Social Determinants of Health with the inmates they are working with to enhance stability as the inmate transitions out of the local jail and into the community. Elements of the social determinants of health include food insecurity, interpersonal safety, housing insecurity, transportation insecurity, education, employment, finances, family and community support, substance use, physical activity, mental health, disabilities and utilities. The use of recovery coaches is an evidenced based intervention noted throughout SAMSHA literature as well as one of the areas noted within Michigan's Opioid Remediation Plan ("Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose." ~Opioid Remediation Uses).

TRD will supply Naloxone distribution sites throughout the County including free Naloxone availability at all three TRD locations (Belding, Ionia, and Portland), and Samaritas' Belding office, as well as targeted other locations in the community. Naloxone (commonly known as Narcan, the brand name) may be used to reverse the impact of an opioid overdose. Naloxone distribution is considered a beneficial means to reducing the number of accidental overdose deaths and considered part of a model of best practices related to abating the negative impact of opioids.

Additionally, with support from the Ionia County Jail, inmates will be discharged with Naloxone. "Individuals with a history of incarceration are, in general, at higher risk of overdose. Periods immediately following release from supervision or treatment, when a person's opioid tolerance is low, are especially dangerous: an individual is more than twenty-five-times more likely to overdose in the first weeks following the cessation of treatment than during treatment, and release from incarceration, also defined by abrupt reintegration in the context of lowered opioid tolerance, places individuals with opioid dependency at similar risk. Naloxone distribution programs operated within treatment and correctional settings are an effective way to train and equip this extremely high-risk group— as well as their friends and family members—with life-saving naloxone." (cdc.gov).

Feasibility – 25 Points Demonstrate that the organization has the ability to deliver on the proposal.

TRD has a long-standing history of fulfilling grant funder expectations, including local, State and Federal grantors. This proposal will involve the hiring and training of 2 part-time staff as Recovery Coaches who will work both within the Ionia County Jail and in the community with those being discharged from the jail. The process will involve posting the position prior to being awarded the grant to expedite the hiring process. TRD will follow internal hiring practices including background checks and additional security clearance checks provided to TRD employees who provide services within the Ionia County Jail. TRD has employed a Recovery Coach who has provided some group and individual services to inmates at the Ionia County Jail for 7 years, so TRD does have experience in providing these types of services within the jail and community settings.

Evaluation – 15 Points Submit a work plan listing outcomes to be measured.

Outcomes:

Enhanced Peer Recovery Services will be provided to inmates with SUD history in and recently discharged from the Ionia County Jail, including group and individual services.
Enhanced Peer Recovery Services will secure a minimum of one warm hand-off to community providers within 30-days post discharge for a minimum of 80% of inmates discharged from the Ionia County Jail with substance use diagnosis and/or substance related charges.

Workplan:

Timeframe:	**Activity:**	**Comments:**
Pre-grant award	Post for Peer Recovery Coach position(s) (pending grant approval)	
June 2025	Grant awarded to TRD	
July 2025	Interview and hire for Recovery Coach positions	
8.1.25	Free Naloxone will be on-sites for distribution; Marketing will be initiated	
August 2025	Recovery Coach will begin providing services at the jail	
September 2025	Peer Recovery Coach will complete CARR training	

Prior to 6.1.26	Peer Recovery Coach will apply for MCBAP CPRM (Certified Peer Recovery Mentor) certification; requirements include training (eg CARR), additional 15 CEs in ethics, etc., plus 500 hours of work experience.	

Suitability – 25 Points Indicate how the proposal fits Ionia County's needs. How will the proposal be sustainable? Will the proposal involve a person or persons with lived experiences.

TRD utilized feedback from a person with lived experience for this proposal. Additionally, TRD has recently completed a Stakeholder Survey as part of an Annual Community Needs Assessment. The Stakeholder Survey identified substance use disorders as the second most significant mental health need that is not currently being adequately addressed within Ionia County. Substance Use Disorders was an area of need identified by DHHS, Justice System-Law Enforcement, Courts, Jail, Non-profit Organizations, Persons Served/Advocates, Primary Health Care, Public Health, and the schools, in the most recent Stakeholder Survey completed by TRD.

The 2023 Michigan Opioid Annual Report noted that justice-involved individuals are an identified population that is more vulnerable to the harms caused by the opioid crisis and less likely to engage with or access services or experience health disparities. A Recovery Coach would be able to work with the person while in jail to make for a more planful "out-date" from the jail and then follow the person post incarceration to help them link up to on-going community supports and resources.

Currently, the free Naloxone distribution sites within Ionia County are isolated to Ionia City proper. Having free Naloxone distribution sites in multiple, easily accessible locations throughout the County will encourage those most vulnerable to have the ability to secure this potentially life-saving tool. "MDHHS believes that naloxone kits should be in as many locations as possible….The American Medical Association (AMA) House of Delegates, the legislative and policy-making body of the AMA, supports the widespread implementation of easily accessible naloxone rescue stations (such as public availability of naloxone through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for automated external defibrillator (AED)." ~2023 Michigan Department of Health and Human Services Opioid Annual Report.

The majority of this proposal for grant funding would be utilized to secure and maintain the 2 part-time staff as Recovery Coaches. A person with lived experience is a requirement to become a Peer Recovery Coach and for Certification as Peer Recovery Mentor (CPRM). CPRM is a component of this proposal.

Should this grant funding not be available for continuation of free Naloxone distribution nor for the one total FTE of peer recovery coaching, funding will need to be sought via other avenues to secure the necessary resources. The Right Door does not have sufficient funding to provide these services within the jail setting currently. Alternative funding would need to be explored and The Right Door is committed to taking the lead in attempting to secure continuation funding should this particular grant funding not be available.

Equity – 5 Points Describe how the project addresses community needs in a fair and equitable manner.

The need for the interventions this proposal identifies is great and reflected in Stakeholder Surveys completed by The Right Door for Hope, Recovery, and Wellness. The Peer Recovery Coach functions outlined in this proposal will be available to all inmates within the Ionia County Jail who have a substance use diagnosis or who have been charged with substance related crimes, regardless of religion, race, color, national origin, genetic information, sex, age, height, weight, marital status, and disability. The Naloxone distribution will be available free to all community members.

Reach – 5 Points Describe how the project reaches/targets those most impacted by the opioid epidemic in Ionia County

As noted above, the 2023 Michigan Opioid Annual Report noted that justice-involved individuals are an identified population that is more vulnerable to the harms caused by the opioid crisis. This proposal specifically targets those persons who are most vulnerable and most impacted by the opioid epidemic in Ionia County.

The Ionia County Community Corrections Advisory Board FY24/25 grant submission document indicated "Defendant and offenders are screened for substance use services beginning with the COMPAS Criminogenic Needs and Risk Profile." Substance abuse is ranked as the top need at 76%.

Additional Items – 5 Points Indicate how the budget is comprehensive and meets the criteria for indirect costs not exceeding 10% of awarded funds.

TRD is seeking a total of $62,980 grant funds for the initial annual budget (July 1, 2025-June 30, 2026). The monies would be utilized to fund 1 FTE of peer recovery coach (either 1 FTE or 2 part-time (0.5) FTEs), related expenses (e.g.-fringe benefits, cell phone and travel expenses), Narcan display cases and potentially Narcan, if it is not able to be obtained free from State and Federal sources. At this time, TRD is able to secure free Narcan and is not anticipating it to be a significant cost to the grant during this year. TRD has included 10% ($5,725) indirect costs to cover administrative and associated costs.

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

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Use WHOLE DOLLARS Only

PROGRAM	BUDGET PERIOD From:	BUDGET PERIOD To:	DATE PREPARED
			1/14/2022
GRANTEE NAME	**BUDGET AGREEMENT** ☑ ORIGINAL ☐ AMENDMENT		**AMENDMENT #**

1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
Recovery Coach		0.500	$ 23,161
Recovery Coach		0.500	$ 23,161
	1. TOTAL SALARY & WAGES:	1.000	$ 46,323

2. FRINGE BENEFITS: (Specify) Composite Rate 16% — $ 7,412

☑ FICA ☑ LIFE INS ☐ DENTAL INS
☑ UNEMPLOY INS ☐ VISION ☑ WORK COMP ☐ Tuition Remission (list amount)
☐ HOSPITAL ☐ HEARING INS
☑ RETIREMEN ☑ OTHER:specify- STD/LTD

2. TOTAL FRINGE BENEFITS: $ 7,412

3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures) $1,200

3. TOTAL TRAVEL: $ 1,200

4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)

Narcan Boxes-x5 $ 1,600

4. TOTAL SUPPLIES & MATERIALS: $ 1,600

5. CONTRACTUAL: (Subcontracts/Subrecipients)

Name	Address	Amount

5. TOTAL CONTRACTUAL: $ -

6. EQUIPMENT: (Specify) Amount

6. TOTAL EQUIPMENT: $ -

7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures) Amount

Communication: **Cell Phone** $ 720
Space Cost:
Others (explain):

7. TOTAL OTHER EXPENSES: $ 720

8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7) **8. TOTAL DIRECT EXPENDITURES $ 57,254**

9. INDIRECT COST CALCULATIONS:

Rate #1 Base $ 57,254 x Rate 10.00% = $ 5,725
Rate #2 Base $ - x Rate = $ -

9. TOTAL INDIRECT EXPENDITURES: $ 5,725

10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9) $ 62,980

AUTHORITY: P.A. 368 of 1978 The Department of Health and Human Services is an equal opportunity employer, services and

COMPLETION: Is Voluntary, but is required as a condition of funding.	programs provider.
DCH-0386(E) (Rev 8/15) (EXCEL) Previous Edition Obsolete	***Use Additional Sheets as Needed***

Ionia County Board of Commissioners

Road Department Report

June 24, 2025

Current Activities & Accomplishments

- Gravel Haul & Brining is underway
- VanVleck between Powell & Judevine: Crush & Shape and Paving is underway
- Preparation for Hawley Hwy project is completed
- Two $50,000 TWAs M-50 culvert repair preparation is underway
- Ditching and tree removal continues
- Received MDOT approval for changing local roads to primary – additional MTF funds $232,757.
- Submitted application for TAP grant for non-motorized path
- HVAC system replacement completed
- Primary & Local roadside mowing completed.
- Bridge Decks and curb sweeping competed

Upcoming Plans & Events

- Continue grading and repairing gravel roads
- Patching crews are out daily or as needed
- MDOT received bids for Zahm Road ($25,700 below estimate), Hawley Hwy ($111,000 below estimate) Grand River ($69,000 below estimate); construction will start soon.
- Have cost estimate for repairing most of the county's 67 bridges - $2,048,100. Need to review and determine what is feasible.
- Have cost estimate for replacing 9 bridges - $12,171,000. Applied for 2028 federal funding $1,966,000 for 2 of these bridges.
- Conduct Paser ratings
- Create GIS layers for culverts, guardrail & cable barrier, bridges, signs & signals.
- Begin work on 2026 budget.