

**IONIA COUNTY BOARD OF COMMISSIONERS  
BOARD OF COMMISSIONERS MEETING**

**AUGUST 11, 2026 – 3:00 P.M.  
101 WEST MAIN STREET  
IONIA, MICHIGAN**

**THIS MEETING WILL BE HELD IN PERSON AND TEAMS**

**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)
- VII. Unfinished Business**
- VIII. New Business**
  - A. Request Approval to sign 2026-2031 State Trunkline Contract – Tanner Roe
  - B. Request Approval for Road Department to Contract with Northpoint Financial – Tanner Roe
  - C. Request Approval to Replace Truck Garage Roof at Ionia County Road Department – Tanner Roe
  - D. Request Approval of Amendment #5 to the Agreement between Michigan Department of Health and Human Services and Ionia County – Haleigh Leslie
- IX. Department Reports**
  - A. Health 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**

- **Board of Public Works**
- **Community Corrections Advisory Board-Ionia Community Mental Health Representative**
- **Construction Board of Appeals**
- **Economic Development Corporation/Brownfield Redevelopment Authority**
- **Land Bank Authority**
- **Midwest Michigan Trail Authority**
- **WMRPC Comprehensive Economic Development Strategy Committee**

**Appointments for consideration in the month of August 2026:**

- **None**

**Appointments for consideration in the month of September 2026:**

- **Commission On Aging Board**

**IONIA COUNTY BOARD OF COMMISSIONERS  
REQUEST FOR DISCUSSION/ACTION**

**Title:** 2026-2031 State Trunkline Maintenance approval to sign

**CONTACT:** Tanner Roe, Road Supervisor

**DESCRIPTION:**

Request approval for Heather Melchert to sign the 2026-2031 State Trunkline contract with submitted selections on August 17<sup>th</sup>, 2026 for submission to MDOT. Additional details are included in the attached documentation.

**OTHER DEPARTMENTS/AGENCIES AFFECTED:**

None

**FINANCIAL ANALYSIS:**

The State Trunkline Maintenance contract brought in revenue to the ICRD of 2.3-2.8 million dollars in the last 3 fiscal years.

**LEGAL REVIEW:**

Not applicable

**DEADLINE:**

August 17<sup>th</sup>, 2026

**SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):**

Move to authorize Heather Melchert to sign the 2026-2031 State Trunkline Maintenance contract on 8/17/2026 and submit to MDOT.

**ADMINISTRATOR'S RECOMMENDATION:**

Administrator Recommends Approval of this Request

**IONIA COUNTY BOARD OF COMMISSIONERS  
REQUEST FOR DISCUSSION/ACTION**

**Title:** Request to approve ICRD to contract with Accountant Sydney Sheaks

**CONTACT:** Tanner Roe, Road Supervisor

**DESCRIPTION:**

Request approval for the Ionia County Road Department to contract with Sydney Sheaks (Northpoint Financial) for accounting and financial services. Sydney was working at ICRD on a contractual basis through a previously approved outside accounting firm but has since completed her employment with that firm. ICRD would like to move forward with keeping Sydney contractually on staff. Additional details are included in the attached documentation.

**OTHER DEPARTMENTS/AGENCIES AFFECTED:**

None

**FINANCIAL ANALYSIS:**

This move will be a cost savings to ICRD of \$95 per hour that the services are rendered.

**LEGAL REVIEW:**

Contract has been reviewed and approved by Ionia County Attorney Gordon Love

**DEADLINE:**

None

**SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):**

Move to authorize the attached contract be signed regarding Ionia County Road Department contracting with Northpoint Financial/Sydney Sheaks.

**ADMINISTRATOR'S RECOMMENDATION:**

Administrator Recommends Approval of this Request

## **CONSULTANT SERVICES AGREEMENT**

**THIS AGREEMENT**, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2026, by and between the **COUNTY OF IONIA**, a municipal corporation and political subdivision of the State of Michigan (hereinafter referred to as the "County") and **NORTHPOINT FINANCIAL SERVICES, LLC** with offices at 2943 Herring Road, Arcadia, MI 49613 (hereinafter referred to as the "Consultant").

### **RECITALS:**

**WHEREAS**, the County is in need of as-needed accounting consulting services for the Road Department; and

**WHEREAS**, the Consultant, a qualified and experienced firm, has experience in performing the type of professional services required by the County, and has submitted a proposal to provide the consulting services it requires; and

**WHEREAS**, the County accepts the Consultant's proposal subject to the terms and conditions of this Agreement.

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

**1. Scope of Services/Deliverables.** The services/deliverables the Consultant is to provide shall be to perform as needed accounting functions, as well as providing support for the County Road Department's financial team including assisting in budget creation and budget amendments.

**2. Documents.** Upon completion or termination of this Agreement, all documents prepared by the Consultant in performance of its role under this Agreement, including reports, notes, investigations, data, studies, etc., shall become the property of the County. Consultant shall submit copies of all the above to the County.

**3. Compensation.** The County shall pay the Consultant for the services performed under this Agreement in an amount of \$100.00 (One Hundred and no/100) per hour.

The Consultant shall submit its invoice on a monthly basis Ionia County Administration for all hours billed, unless otherwise advised. The County shall pay the Consultant upon satisfactory receipt of an itemized invoice detailing at a minimum, the services rendered, dates of services, hourly rates, invoice number, and remit to address. Payment from the County to the Consultant shall be made within thirty (30) days following receipt of invoice and upon complete satisfactory receipt of services. The County shall notify the Consultant of any adjustments required to invoice.

**4. Audit.** The Consultant shall follow generally accepted accounting practices (GAAP) and permit representatives of the County to audit and inspect its books and records on the services performed and costs invoiced to the County under this Agreement. Such records shall be

kept available for three (3) years after termination of this Agreement.

**5. Time Period for Performance of Required Services and Completion Date.** This Agreement shall become effective on the date in which it is fully signed by the authorized representatives of both parties and, unless terminated as authorized in this Agreement, continue until all services are completed to the satisfaction of the County.

Notwithstanding any other provision in this Agreement to the contrary, the County or Consultant may terminate this Agreement, with or without cause, upon ten (10) days prior written notice to the Consultant. In the event this Agreement is prematurely terminated by the County without cause (i.e. for reasons other than Consultant's breach of the terms of this Agreement) as set forth herein, the Consultant shall be compensated for services completed as of the effective date of termination in accordance with Section 4 of this Agreement.

**6. Standard of Care.** In providing services under this Agreement, the Consultant shall perform its services in a manner consistent with that degree of care and skill ordinarily exercised by members of the same profession currently practicing under similar circumstances. Failure to meet such standards shall be a material breach of this Agreement.

**7. Disputes.** All questions or disputes which may arise as to the satisfactory and acceptable fulfillment of the terms of this Agreement shall be decided by the County.

**8. Nondiscrimination.** The Consultant, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, sexual orientation, gender identity, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight, marital status, or political affiliation.

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

- A. The Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended.
- B. The Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended.
- C. Section 504 of the Federal Rehabilitation Act of 1973, P. L. 93-112, 87 Stat 355, as amended, and regulations promulgated thereunder.
- D. The Americans with Disabilities Act of 1990, P. L. 101-336, 104 Stat 227 (42 USC § 12101 *et seq.*) as amended, and regulations promulgated thereunder.

The Consultant further agrees that it will require all sub-consultants and subcontractors for this project to comply with the provisions of this Section.

Breach of this Section shall be regarded as a material breach of this Agreement.

**9. Compliance with the Law.** The Consultant shall render the services to be provided pursuant to this Agreement in compliance with all applicable Federal, State and local laws, ordinances, rules, regulations and codes.

**10. Applicable Law and Venue.** This Agreement shall be governed by and construed according to the laws of the State of Michigan, without regard to any Michigan choice of law rules that would apply the law of any other jurisdiction to the extent not inconsistent with or pre-empted by federal law.

The County and Consultant agree that any legal or equitable action under this Agreement shall be in Michigan Courts whose venue is established in accordance with the statutes of the State of Michigan and/or Michigan Court Rules. In the event that any action is brought under this Agreement in or is moved to Federal Court, the venue for such action shall be the Federal Judicial District of Michigan, Western District, Southern Division.

**11. Independent Contractor.** It is expressly understood and agreed that the Consultant is an independent contractor. The Consultant's officers, employees, agents, sub-consultants and subcontractors shall in no way be deemed to be and shall not hold themselves out as employees or agents of the County. The Consultant's officers, employees, and agents shall not be entitled to any fringe benefits of the County such as, but not limited to, health and accident insurance, life insurance, paid vacation leave, paid sick leave or longevity.

The Consultant shall be responsible for paying all salaries, wages and other compensation which may be due its officers, employees, or agents and for the withholding and payment of all applicable taxes, including, but not limited to, income and Social Security taxes to the proper Federal, State and local governments. The Consultant shall maintain workers' compensation insurance and unemployment compensation coverage for its employees, as required by law.

**12. Indemnification and Hold Harmless.** The Consultant shall, at its own expense, protect, defend, indemnify, save and hold harmless the County, the County's elected and appointed officers, employees, servants, and agents, and any agencies participating in the funding for the services to be performed under this Agreement, from all claims, damages, lawsuits, costs and expenses that arises out of this Agreement, including but not limited to, all costs from administrative proceedings, court costs and attorney fees resulting from the willful misconduct, violations of Federal or State laws, rules or regulations or negligent acts or omissions or improper performance or non-performance of the Work required by this Agreement by the Consultant or its officers, employees, agents, sub-consultants or subcontractors.

The Consultant's responsibilities under this Section shall include the sum of damages, costs and expenses which are in excess of the sum of damages, costs and expenses which are paid out in behalf of or reimbursed to the County, the County's officers, employees, servants and agents, the local units of government in which the project is located and any agencies participating in the project's funding, by the insurance coverage obtained and/or maintained by the Consultant.

**13. Insurance.** During the duration of this Agreement, the Consultant shall maintain all

insurances with appropriate minimums as required by the County and any such coverages necessary to perform the work that it is hired to perform under this Agreement.

All insurance coverages required by this Section shall be with insurance carriers licensed and admitted to do business in the State of Michigan and whom are acceptable to the County, and have an A.M. Best Company ([www.ambest.com](http://www.ambest.com)) rating of A+ (Superior) or A or A-(Excellent).

The Consultant shall be responsible for paying any deductibles in insurance coverages it is required to maintain by this Agreement.

All insurances required by this Section shall include an endorsement stating the following: "It is understood and agreed that thirty (30) days advanced written notice of cancellation, non-renewal, reduction and/or material change shall be sent to Ionia County Administration, 101 W. Main St., Ionia, MI 48846." If Consultant's insurers refuse to provide such an endorsement, the Consultant shall be responsible for providing the required notices.

The Consultant shall provide to the County at the time copies of this Agreement are returned to the County for execution with two (2) copies of certificates of insurance for each of the insurance policies/coverages required above in this Section. If so requested, certified copies of all policies shall be furnished.

In the event policies of insurance evidenced in the certificates of insurance expire during the term of this Agreement, new certificates of insurance shall be issued to the County meeting the requirements of this Section evidencing the Consultant's continuation of such insurances at least ten (10) days prior to the expiration date.

**14. Disclaimer.** Any approvals, acceptances, reviews, and inspections of any nature by the County, shall not be construed as a warranty or assumption of liability on the part of the County. It is expressly understood and agreed that any such approvals, acceptances, reviews, and inspections are for the sole and exclusive purposes of the County, which is acting in a governmental capacity under this Agreement, and that such approvals, acceptances, reviews and inspections are a governmental function incidental to the services under this Agreement.

Any such approvals, acceptances, reviews, and inspections by the County will not relieve the Consultant of its obligations hereunder. Such approvals, acceptances, reviews and inspections by the County shall not be construed as a warranty as to the propriety of the Consultant's performance, but are undertaken for the sole use and information of the County.

**15. Third Parties.** This Agreement is not for the benefit of any third party.

**16. Waivers.** No failure or delay on the part of either the County or the Consultant in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege. No modification, amendment, or waiver of any provision of this Agreement, nor consent to any departure from any provision of the Agreement by either party hereto, shall in any event be effective unless the same is in writing and signed by the other party,



and then such waiver or consent shall be effective only in the specific instance and for the purpose for which given.

In no event shall the making by the County of any payment due to the Consultant constitute or be construed as a waiver by the County of any breach of a provision of this Agreement, or any default which may then exist, on the part of the Consultant. The making of any such payment by the County while any such breach or default shall exist, shall in no way impair or prejudice any right or remedy available to the County in respect to such breach or default.

**17. Iran Linked Business.** The Consultant, by entry into this Agreement, has certified to the County that neither it nor any of its successors, parent companies, subsidiaries, or companies under common ownership or control of the Consultant, are an "Iran Linked Business" engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. It is expressly understood and agreed that the Consultant shall not become an "Iran linked business" during the term of this Agreement.

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

**18. Assignment or Subcontracting.** The Consultant may not assign or subcontract for the provision of any of the services required by this Agreement without the prior written approval of the County. It is, however, expressly understood and agreed by the County and the Consultant that any approved assignment or subcontract by the Consultant does not affect the Consultant's responsibility and accountability to the County for the assigned or subcontracted activity.

**19. Modification of Agreement.** Modifications, amendments or waivers of any provisions of this Agreement may be made only by the written mutual consent of the parties hereto.

**20. Purpose of Section Titles.** The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.

**21. Complete Agreement.** This Agreement contains all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

**22. Binding Effect of the Agreement.** The covenants and conditions of this Agreement shall be binding upon and for the benefit of the heirs, administrators, executors, successors and assigns of the parties hereto.

**23. Invalid/Unenforceable Provisions.** If any clause or provision of this Agreement is rendered invalid or unenforceable because of any State or Federal statute or regulation or ruling by any tribunal of competent jurisdiction, that clause or provision shall be null and void, and any such invalidity or unenforceability shall not affect the validity or enforceability of the remainder of this Agreement. Where the deletion of the invalid or unenforceable clause or provision would result in the illegality and/or unenforceability of this Agreement, this Agreement shall be considered to have terminated as of the date in which the clause or provision was rendered invalid or unenforceable.

**24. Certification of Authority to Sign Agreement.** The people signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign on behalf of said parties and that this Agreement has been authorized by said parties.

**THE AUTHORIZED REPRESENTATIVES OF IONIA COUNTY AND MANER COSTERISAN HAVE FULLY EXECUTED THIS CONSULTANT SERVICES AGREEMENT ON THE DAY AND YEAR FIRST ABOVE WRITTEN.**

**COUNTY OF IONIA**

**Northpoint Financial Services, LLC**

By: \_\_\_\_\_  
Terry Frewen, Chairman  
County Board of Commissioners

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

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_  
(Print or Type)

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

APPROVED AS TO FORM  
FOR THE COUNTY OF IONIA  
COHL, STOKER & TOSKEY, P.C.

By: Gordon J. Love 7/31/2026  
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**IONIA COUNTY BOARD OF COMMISSIONERS  
REQUEST FOR DISCUSSION/ACTION**

**Title:** Approval to replace truck garage roof at Ionia County Road Department

**CONTACT:** Tanner Roe – Road Supervisor

**DESCRIPTION:**

The roof on the truck garage at the Ionia County Road department is leaking through several holes and needs replacement. ICRD would like to contract through Weather Shield Roofing Systems to replace this roof. Additional details are included in the attached quotation from Weather Shield Roofing Systems.

**OTHER DEPARTMENTS/AGENCIES AFFECTED:**

None

**FINANCIAL ANALYSIS:**

Quotation for roof replacement and gutter installation totals \$202,520 and includes a 25 year warranty

**LEGAL REVIEW:**

None

**DEADLINE:**

None

**SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):**

Move to approve Ionia County Road Department to contract with Weather Shield Roofing Systems to replace the roof on the truck garage at the Ionia County Road Department.

**ADMINISTRATOR'S RECOMMENDATION:**

Administrator Recommends Approval of this Request



## Roof Assessment & Specification for Roof Replacement

### Ionia County Road Department

**August 4, 2026**

**For the Property Located at:**

170 E Riverside Dr,  
Ionia, MI 48846





## **Consultant-caliber Roof Investigation & Assessment:**

The first thing you will notice about Weather Shield is that our investigation and analysis process is far more in-depth and technologically superior to any of our competitors. We believe that gathering good empirical data is the foundation of a value-driven roof program.

Our roof assessment protocol conforms with the American Society of Testing Materials ASTM E 2018-01 Standard for Roof Assessment. The intent of this is to use a standardized protocol to inspect and identify physical deficiencies and their potential for component or system failure. This establishes the baseline condition of the roof so it can be monitored on an ongoing basis.

The Roof Condition Assessment includes:

1. Inspection of the interior of the facility to assess the overall water-tightness of the building envelope and determine the type of construction and other construction details that affect the roof.
2. Inspection of the exterior of the structure to assess its integrity and document construction details that affect the roof.
3. Detailed visual inspection of the roof and all its related components, including the edge details, the drainage systems, adjacent walls, rooftop equipment, etc.
4. Taking representative core samples of the existing roofing in various areas to determine the exact type(s) and thickness(es) and underlying condition of the existing roofing, insulation, and roof deck.
5. Visual inspection of the roof deck condition where possible and if indicated torque-pull tests to determine its holding strength. Note that visual examination of the roof deck is inherently very limited and is the one thing that we cannot predict with great accuracy.
6. Consideration of the Building Code requirements.
7. Consideration of the design capacity of the structure for the dead-load of the roofing.
8. Creating a roof plan by accurately measuring every roof section and locating each component of the roof, such as the adjacent walls, edge details, drains, pipes, HVAC equipment, skylights, and other rooftop penetrations.





## Roofing System Specifications & Scope of Work:

**Design Copyright:** This document and the original roof design it contains are the property of Weather Shield Roofing Systems Inc. and are protected by copyright. The design, ideas, investigation, and information contained herein is not to be copied, shared, imparted, or otherwise made use of by others outside the entity named above for any reason without the prior written consent of Weather Shield.

### Scope of Work

**I. Free Temporary Repairs:** We know that you would like your leaks to be addressed promptly, so as soon as you sign this contract, we'll make up to a half day service trip to make temporary repairs to your roof at no charge to help tide you over until your new roof is installed. You can contact our Service Department directly at (616) 243-4040, Extension 4, to schedule your free repairs. Please indicate these are free repairs on an upcoming project.

**II. Precautions:** We will prepare and install only as much roof area as can be covered each day.

**III. Rotten Deck Tear Off and Replacement:** Our visual investigation did not reveal any bad roof deck, *but deteriorated deck can only be properly diagnosed after it is exposed by removing the roofing and insulation that cover it.* If any deteriorated roof deck is discovered during construction, we will remove and replace it and will document the quantity. *Due to the safety hazards to our workers and your staff inside and the risk to your building and contents from having an open roof, signing this document below preauthorizes us to perform all required deck replacement and related work immediately on the spot at the unit rate quoted below or on a T&M basis without seeking any further approvals or written Change Orders.*

**IV. New Insulation:** We will install 3" flute fill expanded polystyrene (EPS) between the standing seam ribs and fasten a 1" expanded polystyrene (EPS) coverboard over the top to provide a proper substrate for the new roof.





**V. 60-mil Thermoplastic Roofing System:**

- White color reflects heat & reduces energy costs, helping to pay back roof investment.
- Large roof membrane rolls up to 1,200 square feet reduces field seams & related failures.
- Hot-air welded seams are stronger than the membrane itself.
- Fabric reinforcement resists tearing & punctures.

**VI. 25-Year Warranty:**

- Issued & backed by the manufacturer.
- Full Replacement Warranty: Not limited only to repairs.
- Covers materials and workmanship.
- Excludes physical damage to the roof caused by acts of God or others.
- Inflation-proof: No dollar limit

**VII. Workmanship:** All work will be done in strict accordance with the manufacturer's specifications.

**VIII. Attachment/Wind Design:** The new roof will be mechanically attached in place using screws that must penetrate through the purlins to provide exceptional wind uplift resistance.

**IX. Flashings:** All flashings including roof edges, pipes and other penetrations are included.





**X. East Edge Snow/Ice Guards Option:** Snow Cleats help to minimize (not eliminate) the sudden release of snow and ice from a roof. We have provided an option to install snow guards on the East edge of the building. See the roof diagram for the approximate location of the snow guards. Note that these are excluded from the roof warranty.



**XI. Edge Trim:** At the visible roof edges, we will install new wood blocking and standard colored drip edge fabricated from 24-gauge Kynar 500 painted steel with a finish that is guaranteed not to chip, fade, or peel for 20 years. At the gutter edges, we will install a new extruded aluminum compression bar to secure and seal the flashings.

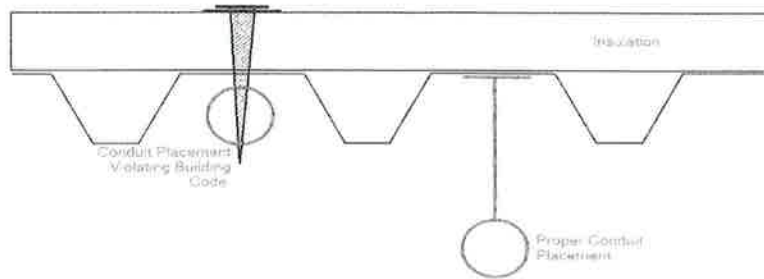
**XII. New Gutter Option:** We will install a new 6" commercial gutter along the east and west edges of the building. We have included outlets and downspouts and all necessary accessories.

**XIII. Damage to Building and Grounds:** Items of the building and grounds that are damaged during construction due to negligence on the part of Weather Shield will be restored to their previous condition at no cost to the Owner. Certain items that are unforeseeable or unavoidable in order to get the work done (such as loading the roof, drilling into substrates, etc.) are excluded from this, including, but not limited to the following specific items:

- **Screws May Damage Electrical Conduits:** The screws that are required to secure the new roofing system may puncture electrical conduits or other items that are installed directly to the underside of the roof deck. Should this occur, repairs must be made by competent professionals at the owner's expense. Because the probability of this happening is statistically very low, we exclude costs or fees to cover repairs of this type from our bid and they will be treated as a Change Order.







- **Piping Across or Under Roof:** There may be electrical or mechanical piping or tubing that extends across or under the roof, and/or services rooftop equipment. It is possible that these items may be damaged in the process of installing the roof. In the event that this occurs, repairs must be made by competent professionals at the owner's expense.
- **Screws May Damage Underdeck Coatings or Insulation:** The work of moving and handling heavy materials and installing a new roof will cause vibration and jarring of the roof deck, and fasteners used to secure insulation and roofing must penetrate the underside of the deck. These items and activities will often dislodge or disturb coatings, insulation, paint, fireproofing, or other building components that are applied to the underside of the roof deck. We have excluded any costs or fees to cover repairs of this type from our bid; they will be treated as a change order.
- **Sensitive Equipment:** The process of loading and unloading the roof, and the roofing process itself will cause vibration and movement of the roof deck which may interrupt or disturb internal systems, processes, or personnel, and may dislodge paint or accumulated dirt and dust. Things such as, but not limited to, fire protection systems, internal equipment, dust-sensitive areas, etc., must be protected by the owner.
- **Uploading with heavy equipment:** Loading and unloading will require the use of heavy equipment, trucks, and trailers. While we will take reasonable precautions to protect your roadways and sidewalks and grass/ landscaping, it is possible that this equipment may damage them. Please note that we cannot be held responsible for damage to these areas.

**XIV. Cleanup:** At the end of each workday, the roof and grounds will be cleaned of insulation and construction debris and contained. At the end of the project, all refuse will be thoroughly cleaned up and properly disposed of in a dumpster or truck that we will provide. Final cleanup will not be considered complete until accepted by the owner's representative.

**XV. Safety:** We have a complete written safety and Right-to-Know program. MSDS sheets on all the products we use are maintained on every jobsite. Proper fall protection and OSHA safety procedures will be followed at all times on your roofing project.

**XVI. Insurance Protection:** For your protection, Weather Shield maintains Workmen's Compensation and Liability and Property Damage Insurance in the amount of Five Million Dollars.





**XVII. Roof Alterations:** If any roof penetrations are added, removed, or modified within the warranty of the roof, the owner must contact Weather Shield to ensure proper roof modification.

**XVIII. Force Majeure, Supply Chain Interruptions and Cost Escalation:** Neither party shall be liable for any delays or failures in performance resulting from acts beyond its reasonable control including, without limitation, acts of God, acts of war or terrorism, shortage of supply or shipping, breakdowns or malfunctions, interruptions or malfunction of computer facilities or data, labor difficulties or civil unrest. Notwithstanding this, in the event of such an occurrence, each party agrees to make a good faith effort to fulfil its obligations hereunder. We reserve the right to substitute products or obtain them from other sources and adjust project scope and timing based on product costs and availability, and in the event of sudden or unanticipated price increases to adjust pricing to accommodate the additional cost.

**XIX. Jurisdiction and Venue:** This Contract is hereby deemed fully executed in the State of Michigan and shall be governed and construed in accordance with Michigan law. The Parties hereby expressly consent to jurisdiction and venue for any breach of, or claims pursuant to, this contract to be held in the District, Circuit, or Federal Courts located in Grand Rapids, Kent County, Michigan.

**XX. Payment Terms:** Fifty percent (50%) of the Contract Price is due upon execution of this Agreement and payable within ten (10) days to permit material procurement. The balance, including approved or mandatory Change Orders ("CO's") and additional Work, is due upon Substantial Completion, defined as when the roof system can be used for its intended purpose notwithstanding minor punch list items. Punch list or warranty items, including minor leaks not materially impairing use, shall not justify withholding payment. In the event any larger items remain incomplete at the end of a project, we will do an interim billing with a reasonable retainage of 5-10% of the amount so as to both protect the Owner and not unduly withhold payment. Amounts unpaid after thirty (30) days shall incur a finance charge of 1.5% per month or the maximum rate permitted by law. A 3% surcharge applies to credit card payments exceeding \$2,500 where permitted by law. Weather Shield ("WS") may suspend Work for nonpayment without breach and shall be entitled to time extensions and additional costs resulting therefrom, and Owner shall pay all costs of collection, including attorneys' fees, expert fees, court costs, and lien foreclosure expenses. Warranties are conditioned upon full payment and are suspended or voided for nonpayment as permitted by law. WS reserves all lien, bond, and statutory rights, and no change, back-charge, offset, or claim is valid unless written notice is delivered within seven (7) days of discovery and approved in writing by WS, failing which it is waived. Due to the imminent risk of leakage and the associated damage that could occur, CO's submitted by WS must be approved or rejected within twenty-four (24) hours; failure to respond timely constitutes acceptance and authorization to proceed at the stated price. Replacement of deteriorated roofing, decking, insulation, or wood blocking discovered during construction is pre-authorized and shall be billed as additional Work. If Owner declines required changes, WS may suspend Work without liability and shall be entitled to all costs incurred, including costs of delay, demobilization and remobilization, plus its normal associated overhead and profit. WS retains ownership of all surplus materials. The Scope reflects WS's interpretation of applicable codes; final authority rests with code officials. Code-required modifications, corrections, or unanticipated compliance measures constitute compensable Change Orders. Permit fees and Factory Mutual (FM) compliance are excluded unless expressly included. Weather suitability and safety shall be determined in WS's sole professional judgment. WS does not provide architectural or engineering services; design adequacy, structural capacity, wind uplift design, drainage design, and overall code compliance remain solely the responsibility of Owner and its Architect or Engineer. Shop drawings, submittals, or recommendations by WS are for construction coordination only and do not create design liability. Due to labor and material volatility, WS may make reasonable substitutions and adjust pricing for material cost increases with written notice and supporting documentation. Owner may cancel the affected portion before materials are ordered; after procurement, cancellation charges, restocking fees, and incurred costs shall apply. WS shall not be liable for delay or extended performance damages arising from, and shall be entitled to equitable adjustments in price and time for, delays, disruptions, or impacts beyond its control, including, but not limited to, restricted access or work hours, concealed conditions, snow, ice, or water removal, labor or material shortages or escalations, inspections, governmental actions, orders, or investigations, immigration or other enforcement actions, weather, or acts of God. Owner shall provide safe, uninterrupted access and shall maintain "all risk" property insurance covering the Work, structure, and contents of the building during construction and shall obtain a waiver of subrogation in favor of WS to the fullest extent commercially available. Owner represents the premises are free of hazardous materials, and WS assumes no responsibility for identification or remediation of hazardous substances. Concealed conduits (including below deck), wiring, utilities, or hidden conditions may exist; repairs to such items impacted during installation shall be at Owner's





expense unless directly caused by WS's failure to follow generally accepted industry standards. Owner expressly acknowledges that roofing operations inherently cause vibration, dust, debris, and at times incidental water intrusion; except to the extent directly caused by WS's failure to meet generally accepted industry standards, WS is not responsible for damage to interiors, contents, equipment, inventory, data systems, or tenant property; nor for pre-existing conditions, latent defects, structural movement, trapped moisture, third-party Work, mold or biological growth, or areas outside its scope. Risk of loss to the structure and contents remains with Owner, who shall protect interiors, furnishings, contents, equipment, inventory, data systems, or tenant property. WS has the right, but not the obligation, to implement reasonable remediation, drying and/or cleanup measures to mitigate damage during roofing operations. To the fullest extent permitted by law, Owner shall indemnify, defend, and hold harmless WS and its officers, employees, and agents from claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of (a) Owner's breach, (b) the negligent or wrongful acts or omissions of Owner or those under its control, (c) injury to Owner's employees, tenants, contractors, or invitees, or (d) site conditions not created by WS, except to the extent caused by WS's sole negligence. To the fullest extent permitted by law, WS's total cumulative liability shall not exceed the Contract Price actually paid to WS. WS shall not be liable for consequential, incidental, indirect, special, punitive, delay, loss-of-use, lost-rent, or business interruption damages, exemplary or liquidated damages, regardless of theory. Other than warranty claims, any claim against WS must be filed within one (1) year of Substantial Completion or it is permanently barred. This Agreement is governed by Michigan law with exclusive venue in Michigan courts. The prevailing party shall recover reasonable attorneys' fees. The parties waive trial by jury. If any provision is held invalid or unenforceable, it shall be modified to the maximum extent permitted by law, and the remainder shall remain in effect. This Agreement constitutes the entire agreement of the parties. Proposal and pricing are valid for thirty (30) days unless extended in writing.





## **Executive Summary & Investment for Ionia County Road Commission:**

*Labor will be compensated at non-prevailing wage rates.*

### **Scope of Work Included:**

1. Includes city of Ionia building permit.
2. Install 3" flute fill expanded polystyrene (EPS) between the standing seam ribs and fasten a 1" expanded polystyrene (EPS) coverboard over the top to provide a proper substrate for the new roof.
3. Install a new 45-mil or 60-mil Thermoplastic roof system complete with all flashings and accessories.
4. Install new wood blocking and 24-gauge standard colored Kynar 500 edge trim at the roof edges.
5. Install new extruded aluminum compression bar at the gutter roof edges.
6. East Edge Snow Guard Option: Install snow guards on the East edge of the building. See the roof diagram for the approximate location of the snow guards. Note that these are excluded from the roof warranty.
7. New Gutter Option: Install a new 6" commercial gutter along the east and west edges of the building. We have included outlets and downspouts and all necessary accessories.
8. Furnish a 15-, 20-, or 25-year warranty on materials and workmanship as described above.

**Investment:** We propose to complete all work as described herein for the sum of (please initial):

\_\_\_\_ 60-mil Thermoplastic Roofing System, 25-year warranty: *R-Value 15.4* \$185,179

\_\_\_\_ New Gutter Option add: \$17,341

**Additional Unit Prices:** In the event that deteriorated roof deck or wood blocking is discovered during construction the unit rates to remove and replace these items are as follows: A Metal Deck - \$13.46 per square foot, B Metal Deck - \$9.89 per square foot, Plywood Deck - \$8.75 per square foot, Wood Plank Deck - \$18.33 per square foot, 2" x 4" Wood Blocking - \$4.25 per lineal foot, 2" x 6" Wood Blocking - \$4.50 per lineal foot, 2" x 8" Wood Blocking - \$4.95 per lineal foot, 2" x 10" Wood Blocking - \$5.78 per lineal foot, 2" x 12" Wood Blocking - \$7.15 per lineal foot. These rates exclude disconnecting and/or supporting equipment, ceilings, or other items that are attached to the underside of the roof deck, and cleanup of dust, dirt, or debris as a result of tear off or deck replacement, which can only be done on a T&M (time and materials) basis. *Due to the safety hazards to our workers and your staff inside and the risk to your building and contents and staff from having an open roof, signing this document below preauthorizes us to perform all required deck or wood blocking replacement and related work immediately on the spot at the unit rates quoted here or on a T&M basis without seeking any further approvals or written Change Orders.*

**Acceptance:** I acknowledge that I have completely read this document and agree to be bound by all its terms and conditions, and that I have the authority to bind the entity named as the owner above:

Accepted By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Respectfully submitted by,  
Patrick Renkes, Sales Executive  
517 855 8081  
Prenkes@weathershieldusa.com





Weather Shield  
Roofing Systems™  
1181 58th St SW  
Wyoming, MI 49509

Project Name:  
Ionia County  
Road Commission

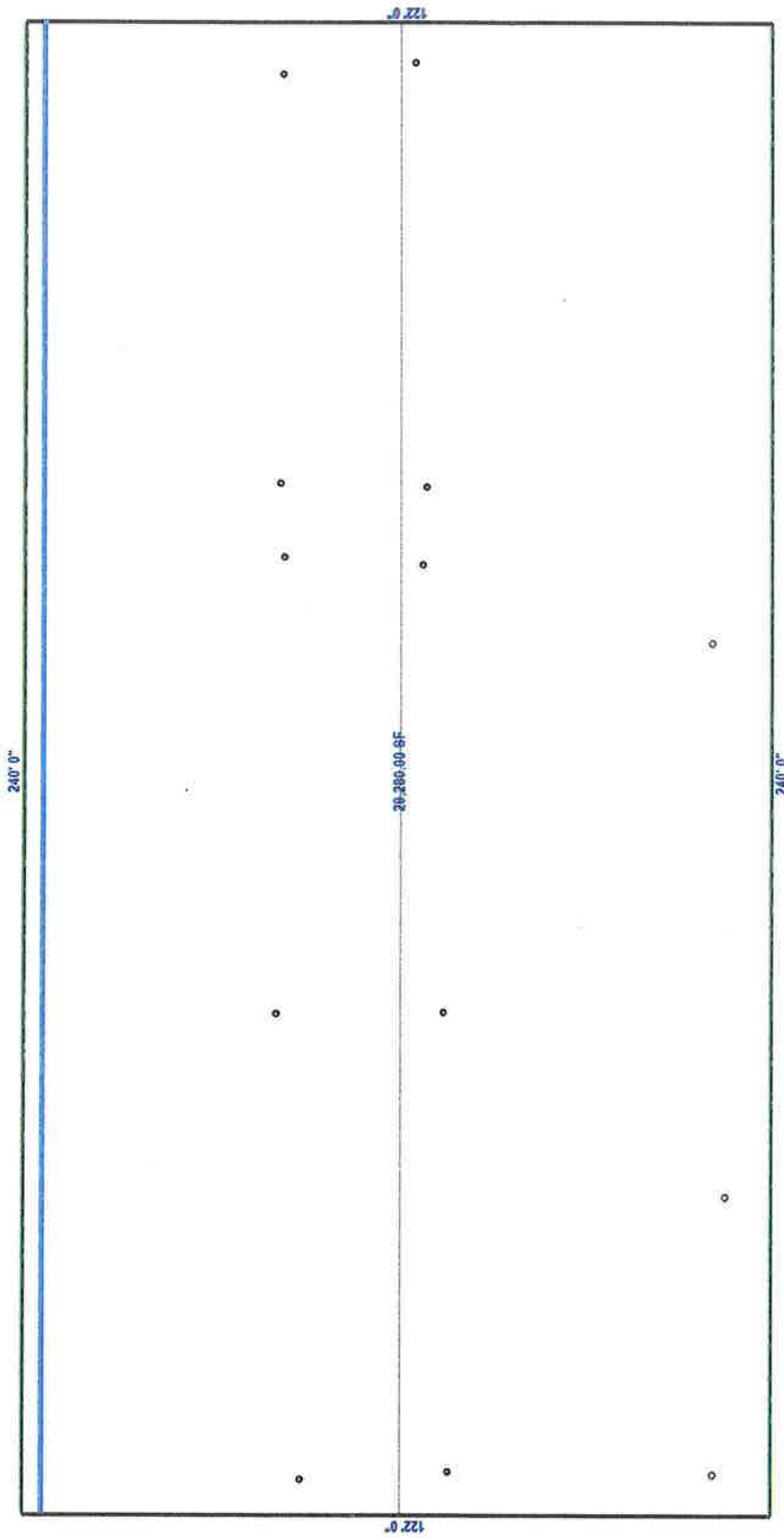
Address:  
170 E Riverside Dr,  
Ionia, MI

Date:  
5/13/26



This drawing is  
the property of  
Weather Shield.  
It may not be  
reproduced  
without consent.

Roof areas not  
specifically shown  
are not included  
in our bid.



### Roof Diagram Key

Only applicable items are incorporated into the roof diagram.

|  |                                  |  |                             |
|--|----------------------------------|--|-----------------------------|
|  | Rotten/Deteriorated Roof Deck    |  | Curb Flashing - Skylights   |
|  | Tapered Drain Set                |  | Stack Elm                   |
|  | Tapered Crickets                 |  | Curb Elm                    |
|  | Scupper                          |  | Conduit & Gas Line          |
|  | Roof Drain                       |  | Edge Metal                  |
|  | Premolded Pipe Boot              |  | Termination Bar             |
|  | Field Fabricated Pipe Seal       |  | Termination Bar - Pre-Drill |
|  | Split Boot                       |  | Termination Bar - Gutter    |
|  | Curb Flashing - Termination Bar  |  | Drip Edge                   |
|  | Curb Flashing - Counter Flashing |  | Tie-into Existing Roof      |

### Standing Seam Metal Profile

- Rib Height: 3 Inches
- On Center: 24 Inches
- Purlin On Center: 5 Feet

Snow Guard Option:



**IONIA COUNTY BOARD OF COMMISSIONERS**  
**REQUEST FOR DISCUSSION/ACTION**

**Agreement with Michigan Department of Health and Human Services- Amendment #5**  
August 11, 2026

**CONTACT:**

*Haleigh Leslie, Health Officer*  
*Brenda Ingersoll, Office Manager*

**DESCRIPTION:**

*Amendment #5 to the Agreement between Michigan Department of Health and Human Services and Ionia County Health Department for FY 10/01/2025 – 09/30/2026. Amendment #5 reduces Public Health Infrastructure funds by \$38,000 and adds \$29,413 in funds for Public Health Emergency Preparedness (PHEP)*

**OTHER DEPARTMENTS/AGENCIES AFFECTED:**

*N/A*

**FINANCIAL ANALYSIS:**

*Amendment #5 reduces our Public Health Infrastructure grant by \$38,000 for FY26, but the \$38,000 will be given back in the FY27 budget. Amendment #5 also adds \$29,413 for PHEP.*

**LEGAL REVIEW:**

*N/A*

**DEADLINE:**

*N/A*

**SPECIFIC ACTION REQUESTED (PROPOSED BOARD MOTION):**

1. *Request approval of Amendment #5 to 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.*

**ADMINISTRATOR'S RECOMMENDATION:**

**Administrator Recommends Approval of this Request.**

## Germain, Amanda

---

**Subject:** FW: MDHHS Local Health Department - 2026 Amendments  
**Attachments:** CPBC Amendment 5.pdf

**From:** [noreply@egrams-mi.net](mailto:noreply@egrams-mi.net) <[noreply@egrams-mi.net](mailto:noreply@egrams-mi.net)>  
**Sent:** Wednesday, July 29, 2026 10:52 AM  
**To:** Ingersoll, Brenda <[bingersoll@ioniacounty.org](mailto:bingersoll@ioniacounty.org)>  
**Cc:** Ingersoll, Brenda <[bingersoll@ioniacounty.org](mailto:bingersoll@ioniacounty.org)>  
**Subject:** MDHHS Local Health Department - 2026 Amendments

07/29/2026

Brenda Ingersoll, Accountant  
Ionia County Health Department  
100 Main ST  
Ionia, MI 48846 1651

Dear Brenda Ingersoll:

The following lists the FY 2026 amendments for your organization for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Agreement. All projects must be budgeted and expended consistent with the requirements contained in your Comprehensive Agreement.

### **Amendment List**

#### i-a. Allocation Changes – Existing Projects

| Project Title                | Current Amount | Amended Amount | New Project |
|------------------------------|----------------|----------------|-------------|
| Public Health Infrastructure | 176,184.00     | -38,000.00     | 138,184.00  |
| TOTAL :                      | 176,184.00     | -38,000.00     | 138,184.00  |

#### i-b. New Allocation – New Projects

| Project Title                                         | Current Amount | Amended Amount | New Project |
|-------------------------------------------------------|----------------|----------------|-------------|
| Public Health Emergency Preparedness (PHEP) 7/1- 9/30 | 0.00           | 29,413.00      | 29,413.00   |
| TOTAL :                                               | 0.00           | 29,413.00      | 29,413.00   |

ii. Budget Category changes  
N/A

### **Next Steps**

The next steps in the MI E-Grants system for amending your applications and budgets and submitting your Comprehensive Agreement Amendment for MDHHS approval are as follows:

1. The project manager will assign the agency users to any new Local Health Department - 2026 projects.
2. For your convenience you can access the "Comprehensive Agreement Training for Grantee" material on the home page by clicking "About EGrAMS" and downloading the PDF. Access the system using the URL: <https://egrams-mi.com/MDHHS/>.
3. Login into MI E-Grants system.
4. Enter the application using the drop down menu's "Grantee>Grant Application>Enter Grant Application" and click on "Go".
5. Select the CO-2026/Local Health Department - 2026 program and click the "Go" button.
6. Select the hyperlink titled "Local Health Department - 2026".
7. Select hyperlink to various projects and amend the application sections. See page 59 for detailed instructions.
8. When the amended application has been entered, validated, and is error free it is ready for submission by the authorized official.

### **Additional Documents**

To view your original and amended agreement use the drop-down menu's "Grantee> Project Director> Application Status" and click the 'Go' button. Select the Grant Program and click on the 'Find' button. Select the agreement from the dropdown menu located at the bottom of the screen. "Draft" is the pending amendment. Click on the 'View Contract' to access the selected agreement.

### **Technical Assistance**

Technical assistance to complete the requested Grant Amendment is available through the Grants Section Help Desk at [MDHHS-EGRAMS-HELP@michigan.gov](mailto:MDHHS-EGRAMS-HELP@michigan.gov) or 517-335-3359. For Programmatic questions, please contact your MDHHS Program Coordinator. You may also refer to your training materials and the yellow book and help icons within MI E-Grants for assistance.

Please complete the requested updates and have your Authorized Official submit the amended Grant Agreement through MI E-Grants within **three weeks**.

Sincerely,

Laura Geist  
Bureau of Grants and Purchasing, Grants Administration Section Manager  
Michigan Department of Health and Human Services



Contract #: 20260415-04

**Amendment Number: 5 to the  
Between  
Michigan Department of Health and Human Services  
and  
on Behalf of Health Department  
Ionia County Health Department**

**AMENDMENT PURPOSE AND JUSTIFICATION**

**1. The purpose of this amendment is to:**

1. Add/revise information in Attachment I - Annual Budget Instructions;
2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
4. Decrease the Department's agreement amount from \$1,569,022 to \$1,560,435, as shown on the Attachment B budget pages.

**2. Amendment Revisions:**

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

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

No Change

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

**NEW:**

Local Health Department (LHD) Sharing Support 3

**REPLACED IN FULL:**

Fetal Infant Mortality Review (FIMR) Case Abstraction

C) The following projects include additions/revisions as highlighted in Attachment IV  
Notes:

No Change

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

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

| <u>Project Title</u> | <u>Current Amount</u> | <u>Amended Amount</u> | <u>New Project Amount</u> |
|----------------------|-----------------------|-----------------------|---------------------------|
|----------------------|-----------------------|-----------------------|---------------------------|

**Performance Level Adjustments**

N/A

**Budget category Adjustments**

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

**3. Signing this amendment**

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

Signature Section

**For Ionia County Health Department**

Haleigh Leslie

Health Officer

07/06/2026

---

Name

Title

Date

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

Terri Smith

07/01/2026

---

Terri Smith, Director

Date

Bureau of Grants and Purchasing

**Attachments**

Attachment I - Instructions for the Annual Budget

Attachment III - Program Specific Assurances and Requirements

DRAFT

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2026  
CONTRACT MANAGEMENT SECTION  
Ionia County Health Department

| Program Element/Funding Source<br>(a)                                   | MDHHS<br>Source | Fed/St | Funding<br>Amount | Reimbursement<br>Method<br>(b) | Performance<br>Target<br>Output<br>Measurement | Total (c)<br>Perform<br>Expect | State (d)<br>Funded<br>Target<br>Perform | State Funded Minimum<br>Performance<br>Number (e) | Minimum<br>Percent | Contractor /<br>Subrecipient<br>(f) |
|-------------------------------------------------------------------------|-----------------|--------|-------------------|--------------------------------|------------------------------------------------|--------------------------------|------------------------------------------|---------------------------------------------------|--------------------|-------------------------------------|
| Body Art Fixed Fee                                                      | Calc. Amt.      | S      | 0                 | Fixed Unit Rate (2)            | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| Children's Special Hlth Care<br>Services (CSHCS) Care<br>Coordination   | Calc. Amt.      | S      | 0                 | Fixed Unit Rate (1),<br>(7)    | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| Children's Special Hlth Care<br>Services (CSHCS) Outreach &<br>Advocacy | Reg. Alloc.     | S      | 50,410            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| CSHCS Medicaid Elevated Blood<br>Lead Case Mgmt                         | Calc. Amt.      | S      | 0                 | Fixed Unit Rate (2)            | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| CSHCS Medicaid Outreach                                                 | Calc. Amt.      | S      | 0                 | Staffing (6)                   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| EGLE Drinking Water and Onsite<br>Wastewater Management                 | Reg. Alloc.     | S      | 237,060           | ELPHS (3), (6)                 | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| Food ELPHS                                                              | Reg. Alloc.     | S      | 100,000           | ELPHS (3), (4)                 | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| Hearing ELPHS                                                           | Reg. Alloc.     | L      | 54,969            | ELPHS (3), (6)                 | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| HIV Prevention                                                          | Reg. Alloc.     | F      | 15,000            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| Immunization Action Plan (IAP)                                          | Reg. Alloc.     | F      | 36,131            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| Immunization Fixed Fees                                                 | Calc. Amt.      | S      | 0                 | Fixed Unit Rate (2),<br>(7)    | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| Immunization Vaccine Quality<br>Assurance                               | Reg. Alloc.     | S      | 9,938             | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| MCH - Children                                                          | Local MCH       | S      | 49,740            | Local MCH (3), (6)             | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| MDHHS-Essential Local Public<br>Health Services (ELPHS)                 | Reg. Alloc.     | S      | 259,768           | ELPHS (3),(6)                  | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| Medicaid Outreach                                                       | Reg. Alloc.     | F      | 0                 | Reimbursement-<br>Medicaid     | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Subrecipient                        |
| MIHP Staffing Cost Assistance                                           | Reg. Alloc.     | S      | 10,000            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |
| Oral Health- Kindergarten<br>Assessment                                 | Reg. Alloc.     | S      | 68,603            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A                | Recipient                           |

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2026  
CONTRACT MANAGEMENT SECTION  
Ionia County Health Department

| Program Element/Funding Source<br>(a)                      | MDHHS<br>Source | Fed/St | Funding<br>Amount | Reimbursement<br>Method<br>(b) | Performance<br>Target<br>Output<br>Measurement | Total (c)<br>Perform<br>Expecl | State (d)<br>Funded<br>Target<br>Perform | State Funded Minimum<br>Performance<br>Number (e) | Percent | Contractor /<br>Subrecipient<br>(f) |
|------------------------------------------------------------|-----------------|--------|-------------------|--------------------------------|------------------------------------------------|--------------------------------|------------------------------------------|---------------------------------------------------|---------|-------------------------------------|
| Public Health Emergency<br>Preparedness (PHEP) 10/1 - 6/30 | Reg. Alloc.     | F      | 91,872            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Subrecipient                        |
| Public Health Infrastructure                               | Reg. Alloc.     | F      | 176,184           | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Subrecipient                        |
| Statewide Lead Case<br>Management - Fixed Fee              | Calc. Amt.      | S      | 0                 | Fixed Unit Rate (7),<br>(11)   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Recipient                           |
| Tuberculosis (TB) Control                                  | Reg. Alloc.     | F      | 349               | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Subrecipient                        |
| Vision ELPHS                                               | Reg. Alloc.     | L      | 54,969            | ELPHS (3), (6)                 | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Recipient                           |
| WIC Breastfeeding                                          | Reg. Alloc.     | F      | 38,684            | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Subrecipient                        |
| WIC Resident Services                                      | Reg. Alloc.     | F      | 315,345           | Actual Cost<br>Reimbursement   | N/A                                            | N/A                            | N/A                                      | N/A                                               | N/A     | Subrecipient                        |

**TOTAL MDHHS FUNDING** **1,569,022**

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

Attachment IV Notes

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**Project Budgets**  
**Summary of Budget**

|                                                                                             |                    |                               |                                                                                                            |                         |
|---------------------------------------------------------------------------------------------|--------------------|-------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>PROGRAM / PROJECT</b><br>Local Health Department - 2026 / Local Health Department - 2026 |                    |                               | <b>DATE PREPARED</b><br>8/3/2026                                                                           |                         |
| <b>CONTRACTOR NAME</b><br>Ionia County Health Department                                    |                    |                               | <b>BUDGET PERIOD</b><br>From : 10/1/2025    To : 9/30/2026                                                 |                         |
| <b>MAILING ADDRESS (Number and Street)</b><br>100 Main ST                                   |                    |                               | <b>BUDGET AGREEMENT</b><br><input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment | <b>AMENDMENT #</b><br>5 |
| <b>CITY</b><br>Ionia                                                                        | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>48846-1651 | <b>FEDERAL ID NUMBER</b><br>38-6004857                                                                     |                         |

|                                | Category                                | Total               | Amount              |
|--------------------------------|-----------------------------------------|---------------------|---------------------|
| <b>DIRECT EXPENSES</b>         |                                         |                     |                     |
| <b>Program Expenses</b>        |                                         |                     |                     |
| 1                              | Salary & Wages                          | 1,272,110.00        | 1,272,110.00        |
| 2                              | Fringe Benefits                         | 516,728.00          | 516,728.00          |
| 3                              | Contractual                             | 68,603.00           | 68,603.00           |
| 4                              | Supplies and Materials                  | 168,916.00          | 168,916.00          |
| 5                              | Travel                                  | 37,083.00           | 37,083.00           |
| 6                              | Communication                           | 9,450.00            | 9,450.00            |
| 7                              | County-City Central Services            | 140,202.00          | 140,202.00          |
| 8                              | Space Costs                             | 9,341.00            | 9,341.00            |
| 9                              | All Others (ADP, Con. Employees, Misc.) | 123,050.00          | 123,050.00          |
| <b>Total Program Expenses</b>  |                                         | 2,345,483.00        | 2,345,483.00        |
| <b>TOTAL DIRECT EXPENSES</b>   |                                         | 2,345,483.00        | 2,345,483.00        |
| <b>INDIRECT EXPENSES</b>       |                                         |                     |                     |
| <b>Indirect Costs</b>          |                                         |                     |                     |
| 1                              | Indirect Costs                          | 0.00                | 0.00                |
| 2                              | Cost Allocation Plan / Other            | 211,135.00          | 211,135.00          |
| <b>Total Indirect Costs</b>    |                                         | 211,135.00          | 211,135.00          |
| <b>TOTAL INDIRECT EXPENSES</b> |                                         | 211,135.00          | 211,135.00          |
| <b>TOTAL EXPENDITURES</b>      |                                         | <b>2,556,618.00</b> | <b>2,556,618.00</b> |

**SOURCE OF FUNDS**

|   | Category                                 | Total      | Amount | Cash       | Inkind |
|---|------------------------------------------|------------|--------|------------|--------|
| 1 | Fees and Collections - 1st and 2nd Party | 158,100.00 | 0.00   | 158,100.00 | 0.00   |



|    |                                  |                     |                     |                   |             |
|----|----------------------------------|---------------------|---------------------|-------------------|-------------|
| 2  | Fees and Collections - 3rd Party | 99,400.00           | 0.00                | 99,400.00         | 0.00        |
| 3  | Federal or State (Non MDHHS)     | 0.00                | 0.00                | 0.00              | 0.00        |
| 4  | Federal Cost Based Reimbursement | 218,474.00          | 0.00                | 218,474.00        | 0.00        |
| 5  | Federally Provided Vaccines      | 90,000.00           | 0.00                | 90,000.00         | 0.00        |
| 6  | Federal Medicaid Outreach        | 28,907.00           | 28,907.00           | 0.00              | 0.00        |
| 7  | Required Match - Local           | 38,094.00           | 0.00                | 38,094.00         | 0.00        |
| 8  | Local Non-ELPHS                  | 85,000.00           | 0.00                | 85,000.00         | 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              | 1,519,282.00        | 1,519,282.00        | 0.00              | 0.00        |
| 14 | MCH Funding                      | 49,740.00           | 49,740.00           | 0.00              | 0.00        |
| 15 | Local Funds - Other              | 228,846.00          | 0.00                | 228,846.00        | 0.00        |
| 16 | Inkind Match                     | 0.00                | 0.00                | 0.00              | 0.00        |
| 17 | MDHHS Fixed Unit Rate            | 40,775.00           | 40,775.00           | 0.00              | 0.00        |
|    | <b>TOTAL</b>                     | <b>2,556,618.00</b> | <b>1,638,704.00</b> | <b>917,914.00</b> | <b>0.00</b> |

# *Ionia County Health Department*

## *Quarterly Board Report*

### *August 11, 2026 Board Meeting*

ICHHD report for the period of April 2026 – June 2026

#### **COMMUNITY HEALTH-**

April, May and June 2026 Charlean Hemminger and Matthew VanCamp completed the following activities:

- In April Char finished up the Too Good for Drugs program at Portland St. Pat's and Portland Westwood Elementary school with 3<sup>rd</sup> & 5<sup>th</sup> grade students. 339 total students.
- Char conducted 52 sessions with youth referred by the courts with Minor in Possession citations using the Teen Intervene Program.
- Char presented Drug Awareness Education 5 times at Mr. R's Driving School to a total of 87 new young drivers.
- In June, Char, along with a youth decoy, conducted the state-required SYNAR tobacco compliance checks for three local retailers; all the retailers passed the check.
- Char, Matthew, and ICHAR coalition members attended the Ionia Community Library event on June 10, 2026, and served an estimated 100 children, and received 44 community survey responses.
- In June Char began TGFD for 1st, 3rd, and 5th grade summer school students at Ionia Summer School. 39 students.
- Char applied and was awarded the Tobacco-Free Michigan Mini Grant for \$10,000.00 to support youth tobacco/nicotine prevention messaging.
- In May, Char completed Too Good for Drugs classes at Saranac Elementary with 3<sup>rd</sup> & 5<sup>th</sup> grade students. 125 total students.
- Char has facilitated 4 meetings with the ICHAR Coalition Workgroup and Advisory Board members.
- Char and Matthew participated in the ALICE training.

#### **PERSONAL HEALTH- Aimee Feehan, BSN, RN**

*Director's Summary* – Staffing issues are resolving - we hired a new RN for CD & Imms in April and a new Program Technician for WIC in June. We have navigated the busy season with most programs having their Annual State meetings in May & June. We completed ALICE training for all staff in April. Several staff were involved in ICS-300 training for County-wide emergencies in June at the ISD w/local law enforcement & emergency services. We continue expanding our community outreach - creating new partnerships & continuing to foster current relationships. We are now preparing for the Back-to-School season, the Ionia Free Fair, and State database changes for at least 3 of our programs (MCIR - Immunizations, MIHP-Home Visiting & MDSS- Communicable Disease) – *Aimee Feehan BSN, RN*

- **Women, Infants & Children (WIC):**
  - Caseload numbers *continue decreasing* overall – 1<sup>st</sup> Qtr-Avg 1173; 2<sup>nd</sup> Qtr-Avg 1126; 3<sup>rd</sup> Qtr-Avg 1103
  - New Michigan WIC pilot program for online shopping w/Meijer & Walmart – coming to Ionia later this year
  - Working w/MIHP staff to increase # of WIC client referrals to our MIHP program
  - Received final approval for 2026 Management Evaluation Corrective Action Plan in April
- **Maternal Infant Health Program (MIHP):**
  - Received supplemental funding from the State MIHP to help offset staffing costs – may continue FY27 also

- Staff attended MIHP Coordinator's Meeting in May
- Pilot w/WMPQC started in May - HV videos in WIC lobby to increase caseload numbers, extra funding rec'd in Sept.
- Caseload numbers are *increasing* from 1<sup>st</sup> Qtr – Avg 35; 2<sup>nd</sup> Qtr – Avg 39; 3<sup>rd</sup> Qtr – Avg 47
- **Children's Special Healthcare Services (CSHCS):**
  - State document processing delays; however, staff worked hard to provide info, advocacy & assistance to families.
  - New RN, Amanda, working well since orientation – starting some Case Management and Transition visits
  - Caseload numbers continue *increasing* – 1<sup>st</sup> Qtr – Avg 413; 2<sup>nd</sup> Qtr – Avg 444, 3<sup>rd</sup> Qtr – Avg 457
  - Staff attended the Annual CSHCS Operations (May) & Clinical Meetings (June)
- **Hearing and Vision:**
  - Slow time of year - screenings at preschools; grade school students are all done as of end of May
  - Staff attended H&V Coordinator Meeting in June
- **Communicable Disease (CD & STI):**
  - Chlamydia & Gonorrhea multi-site testing going well – have done 5 in 2<sup>nd</sup> Qtr; 8 in 3<sup>rd</sup> Qtr
  - Expanding outreach to local businesses, tattoo shops, dispensaries, the hospital & local providers
  - New RN, Jodi Swain, started orientation in June after Immunization Orientation in May
  - Created take-home testing kits to hand out as a pilot program to increase testing #s for Chlamydia & Gonorrhea
  - Bats & animal bites have kept staff busy; Tick reports are up (noted - 5 cases of Lyme disease for 3<sup>rd</sup> Qtr)
  - Staff attended the combined Infectious Disease & Immunizations Conference in June
- **Lead Testing & Nurse Case Management (NCM):**
  - We have continued with Lead for our LMCH grant funding for FY27
  - We had 6 NCM /3 Follow-up visits 1<sup>st</sup> Qtr – 0 NCM visits in 2<sup>nd</sup> Qtr due to staffing changes; 3<sup>rd</sup> Qtr – 1 NCM & 1 F/U
  - New RN, Susan Wilson hired in Feb – has started working to increase outreach, education & acceptance of NCM
- **Immunization Clinic:**
  - New RN, Jodi Swain completed Immunization orientation in May
  - MCIR Modernization – State registry update to new platform – “Go Live” postponed from June 15<sup>th</sup> to Aug 10<sup>th</sup>
  - Staff attended the combined Infectious Disease & Immunizations Conference in June
  - Had our State Annual VFC Site visit in May – no follow-up needed
  - Hybrid waiver process going well – appts now only for signature; reduced staff time from 30 min down to 5 min; 3<sup>rd</sup> Qtr (35 waivers), would have been 1,050 min (17.5 hr), now 175 min (3 hr) or a reduced staff time spent of 14.5 hr
- **Oral Health:**
  - **Fluoride Varnish:** Numbers are steady, not much improvement. FY26 1<sup>st</sup> Qtr was 7; 2<sup>nd</sup> Qtr was 13; 3<sup>rd</sup> Qtr was 9
    - Will be training another RN to do FV in our clinic & trying to promote this service more
  - **Kindergarten Oral Health Assessment (KOHA):**
    - 17/17 schools in Ionia Co. have been assessed; **508** assessments completed for FY26 so far
    - RDH did presentations & gave oral health supplies to some schools and at 9 community events

***\*\*Please also see our attached Quarterly Activity Update to see more of what we are doing in Personal Health.***

## **ENVIRONMENTAL HEALTH-**

Staff participated in ALICE training. Began campground and swimming pool annual inspections. Attended a PFAS webinar. Participated in training with Fetch well and septic program to start the transition from all paper records to online in Fetch. Participated in 2 sessions of vapor intrusion webinar. Participated in lead detection in water webinar. Attended SWMEHA field day. Attended ICS 300 training. Collected 60 water samples. Answering questions about temporary campgrounds in preparation for Ionia Freak Fair in August.

## **PUBLIC HEALTH PREPAREDNESS (PHP) – Abigail Temple, BS**

During this quarter, I successfully completed all required Budget Period 2 deliverables which ended on June 30, 2026.

In April, I attended the National Association for City and County Health Officials (NACCHO)'s Preparedness Summit. I also worked with the County's Emergency Manager to host an all-staff ALICE Training. Following this training, I implemented several safety improvements throughout the building. In May, I attended the Great Lakes Homeland Security Conference hosted by the Michigan State Police (MSP).

Additionally, I completed and received certificates for two emergency management courses:

- L-0958 All Hazards Position Specific Operations Section Chief
- L-0962 All Hazards Position Specific Planning Section Chief courses.

Throughout the quarter, I have continued to coordinate with Health Department staff in preparation for the Ionia Freak Fair. Additionally, I expanded the department's public health messaging efforts through scheduled Facebook posts that highlight key topics and promote healthy behaviors.

Action items for January, February & March 2026 Board of Commissioners' meeting:

- 1) *Request approval of agency Payroll and Accounts Payable for April 2026 in the amount of \$146,832.05*
- 2) *Request approval of agency Payroll and Accounts Payable for May 2026 in the amount of \$122,582.93*
- 3) *Request approval of agency Payroll and Accounts Payable for June 2026 in the amount of \$140,921.89.*
- 4) *Request approval of Amendment #4 to the agreement between MDHHS FY25/26 and ICHD (April 28, 2026)*
- 5) *Request approval of the addendum to the agreement between District Health Department #10 and ICHD for perinatal services (April 28, 2026)*
- 6) *Request approval to apply for the Tobacco Free Michigan Grant (April 28, 2026)*

Attachments:

- 1) Synopsis Agency Financials YTD
- 2) Agency Trending Payable and Payroll
- 3) 2026 Environmental Health Activities
- 4) Personal Health Quarterly Activity Report
- 5) Article from Daily News: "Ionia County Hope & Recovery offers locking marijuana storage bags" (May 21, 2026)

**FINANCIAL STATUS REPORT**  
**Ionia County Health Department**

June 2026

Period

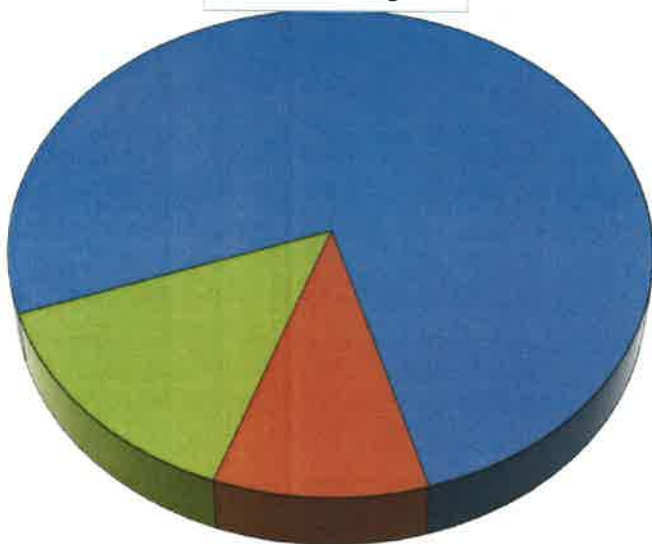
1/1/2026 to 12/31/2026

| REVENUE CATEGORY     | Budget           | REVENUES YEAR-TO-DATE | PERCENT OF BUDGET |
|----------------------|------------------|-----------------------|-------------------|
| Federal/State        | 2,380,553        | 1,020,928             | 42.9%             |
| Fees & Collections   | 310,570          | 173,522               | 55.9%             |
| Other Revenue        | 440,559          | 41,003                | 9.3%              |
| <b>TOTAL FUNDING</b> | <b>3,131,682</b> | <b>1,235,452</b>      | <b>39.5%</b>      |

| EXPENDITURE CATEGORY      | Budget           | EXPENDITURES YEAR-TO-DATE | PERCENT OF BUDGET |
|---------------------------|------------------|---------------------------|-------------------|
| Wages & Fringes           | 2,241,060        | 917,184                   | 40.9%             |
| Supplies                  | 277,211          | 69,974                    | 25.2%             |
| Travel                    | 69,779           | 21,419                    | 30.7%             |
| Other Expenses            | 543,632          | 201,143                   | 37.0%             |
| <b>TOTAL EXPENDITURES</b> | <b>3,131,682</b> | <b>1,209,721</b>          | <b>38.6%</b>      |

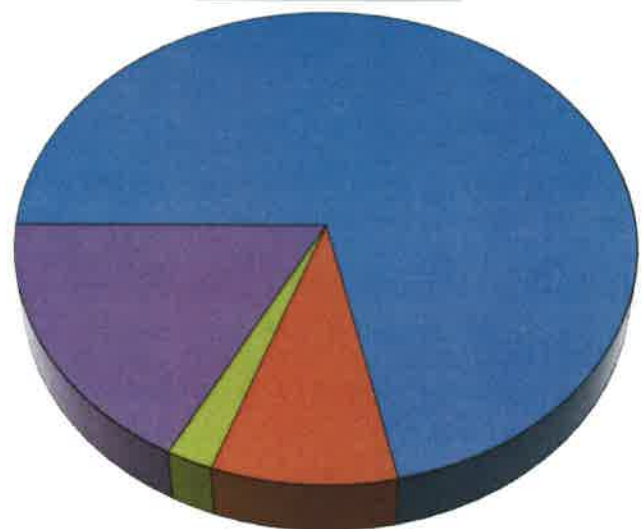
|                    |              |              |              |
|--------------------|--------------|--------------|--------------|
| Management         | 2.00         | 1.08         | 54.0%        |
| Support            | 8.80         | 4.69         | 53.3%        |
| Professional       | 16.30        | 7.39         | 45.3%        |
| <b>Total FTE's</b> | <b>27.10</b> | <b>13.16</b> | <b>48.6%</b> |

Revenue Budget



■ Federal/State ■ Fees & Collections ■ Other Revenue

Expense Budget



■ Wages & Fringes ■ Supplies ■ Travel ■ Other Expenses



## 2026 Environmental Health Activities

| All numbers are based on count as of date this report is completed.<br>Some numbers may change. |          |        |         |          |            |
|-------------------------------------------------------------------------------------------------|----------|--------|---------|----------|------------|
|                                                                                                 | April-26 | May-26 | June-26 | YTD 2026 | Total 2025 |
| <b>ENVIRONMENTAL HEALTH</b>                                                                     |          |        |         |          |            |
| Complaints Received (ALL)                                                                       | 4        | 7      | 8       | 37       | 81         |
| Complaints Closed (ALL)                                                                         | 1        | 0      | 11      | 31       | 54         |
| Food Complaint Investigations                                                                   | 0        | 0      | 3       | 6        | 8          |
| Routine Food Inspections                                                                        | 36       | 26     | 18      | 138      | 300        |
| Plans Received                                                                                  | 0        | 2      | 0       | 3        | 10         |
| Temporary Food Inspections                                                                      | 5        | 5      | 4       | 23       | 42         |
| DHS Inspections                                                                                 | 1        | 4      | 3       | 15       | 32         |
| Campgrounds-Fixed                                                                               | 1        | 5      | 3       | 9        | 9          |
| Campgrounds-Temporary                                                                           | 0        | 0      | 1       | 1        | 6          |
| Swimming Pool Inspections                                                                       | 2        | 6      | 3       | 13       | 15         |
| Loan Evaluations                                                                                | 0        | 0      | 1       | 3        | 6          |
| Radon Test Kits                                                                                 | 2        | 3      | 4       | 52       | 76         |
| Septic Permits Issued                                                                           | 15       | 18     | 14      | 64       | 148        |
| Septic Permits Finals                                                                           | 7        | 21     | 8       | 51       | 138        |
| Land Evaluations                                                                                | 18       | 4      | 9       | 53       | 127        |
| Septage Inspections (Site/Truck)                                                                | 0        | 0      | 0       | 2        | 0          |
| Water Samples Taken                                                                             | 14       | 22     | 24      | 121      | 233        |
| Well Permits Issued                                                                             | 19       | 15     | 11      | 70       | 188        |
| Well Permits Final                                                                              | 7        | 5      | 10      | 48       | 119        |
| Sanitary Survey                                                                                 | 1        | 2      | 0       | 9        | 25         |
| Campground Inspection (All)                                                                     | 1        | 5      | 1       | 7        | 13         |
| Methamphetamine Investigations                                                                  | 0        | 0      | 0       | 0        | 2          |

N/A data not available at time of report



## ICHD Personal Health Quarterly Activity Report - BOC

| Women, Infant's, & Children (WIC)                            | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
|--------------------------------------------------------------|------------|------------|------------|------------|----------|-------------|
| Certification (New Pregnant Wm & Newborns)                   | 113        | 98         | 92         | 109        | 0        | 299         |
| Wm, Infant (6m-1y), & Child (1-5y) Evaluations               | 198        | 181        | 180        | 169        | 0        | 530         |
| BF Education w/Peer Counselor or IBCLC                       | 33         | 27         | 16         | 26         | 0        | 69          |
| Nutrition Education with Registered Dietician                | 7          | 9          | 12         | 19         | 0        | 40          |
| Recertification (Wm after del, 1 yr old, or lapse)           | 268        | 236        | 233        | 235        | 0        | 704         |
| <b>TOTAL VISITS</b>                                          | <b>619</b> | <b>551</b> | <b>533</b> | <b>558</b> | <b>0</b> | <b>1642</b> |
| Maternal Infant Health Program (MIHP)                        | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| Home/Comm/Office/Telehealth visit                            | 42         | 37         | 52         | 57         | 0        | 146         |
| Complex visits (>60 min) Home/Ofc/Telehealth                 | 17         | 17         | 15         | 16         | 0        | 48          |
| Opening visit - Home/Office/Telehealth                       | 13         | 12         | 23         | 16         | 0        | 51          |
| Discharge Visit                                              | 9          | 6          | 8          | 5          | 0        | 19          |
| <b>TOTAL VISITS</b>                                          | <b>81</b>  | <b>72</b>  | <b>98</b>  | <b>94</b>  | <b>0</b> | <b>264</b>  |
| Care Coordination billed (30 min each)                       | 3          | 11         | 8          | 4          | 0        | 23          |
| Discharged clients                                           | 17         | 17         | 9          | 7          | 0        | 33          |
| Children's Special Healthcare Svcs (CSHCS)                   | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| Level I Plan of Care Home/Telehealth                         | 16         | 28         | 35         | 37         | 0        | 100         |
| Level II Care Coordination billed                            | 32         | 40         | 50         | 25         | 0        | 115         |
| Case Management visits                                       | 0          | 0          | 0          | 1          | 0        | 1           |
| Transition visits (14y, 16y, & 18y)                          | 0          | 0          | 0          | 1          | 0        | 1           |
| <b>TOTAL VISITS</b>                                          | <b>48</b>  | <b>28</b>  | <b>35</b>  | <b>39</b>  | <b>0</b> | <b>102</b>  |
| Oral Health - Fluoride Varnish/KOHA                          | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| Fluoride Varnish visits at ICHD                              | 34         | 4          | 13         | 9          | 0        | 26          |
| KOHA assessments done                                        | 96         | 388        | 30         | 90         | 0        | 508         |
| Lead Testing & NCM                                           | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| Active Elevated Blood Lead cases (All Ionia Co.)             | 9          | 11         | 9          | 6          | 0        | 6           |
| Nurse Case Mgmt. visits - Initial/Follow-up                  | 4          | 9          | 0          | 2          | 0        | 11          |
| Lead tests done at ICHD • WIC/Medicaid                       | 91         | 73         | 74         | 74         | 0        | 221         |
| Lead tests done at ICHD • Non-WIC/Private                    | 3          | 6          | 4          | 1          | 0        | 11          |
| Immunization Clinic                                          | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| # of clients seen in Imms Clinic                             | 311        | 205        | 102        | 82         | 0        | 389         |
| # of Vaccines given                                          | 552        | 347        | 221        | 175        | 0        | 743         |
| Immunization Exemptions (MIWAIV 1/12/26)                     | 119        | 49         | 30         | 35         | 0        | 114         |
| VFC & IQIP Site visits                                       | 0          | 0          | 1          | 4          | 0        | 5           |
| Hearing & Vision Screening                                   | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| HEARING • (under 3, Preschool, School-age)                   | 581        | 1760       | 687        | 131        | 0        | 2578        |
| VISION • (under 3, Preschool, School-age)                    | 738        | 2395       | 1522       | 134        | 0        | 4051        |
| Hearing Screens done at ICHD                                 | 8          | 1          | 3          | 5          | 0        | 9           |
| Vision Screens done at ICHD                                  | 7          | 2          | 0          | 0          | 0        | 2           |
| Communicable Disease & STI Clinic                            | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| CD Cases Worked (*See CD Report for Diseases)                | 274        | 276        | 321        | 143        | 0        | 740         |
| TB DOT Visits Home/Video/Text                                | 148        | 9          | 0          | 0          | 0        | 9           |
| STI Cases Worked (*See CD Report for Diseases)               | 53         | 46         | 40         | 49         | 0        | 135         |
| Clients seen at ICHD STI Clinic                              | 21         | 11         | 13         | 17         | 0        | 41          |
| HIV Testing done at ICHD STI Clinic                          | 15         | 8          | 8          | 15         | 0        | 31          |
| Syphilis Testing done at ICHD STI Clinic (End Q2-Restart Q3) | 12         | <6         | 0          | <6         | 0        | 9           |
| Car Seat Checks/CPST                                         | Q4 FY25    | Q1 FY26    | Q2 FY26    | Q3 FY26    | Q4 FY26  | Totals FY26 |
| Car Seat Checks done at ICHD (ON HOLD)                       | 1          | 0          | 0          | 0          | 0        | 0           |



# THE JUMP

May 21, 2026

VIEW Newspaper Group

Thursday, May 21, 2026

## Ionian County Hope & Recovery offers locking marijuana storage bags

TIM MCALLISTER  
timcallister@thedailynews.cc

IONIA — Thanks to a state grant to Ionian County Hope and Recovery, 100 locking marijuana storage bags are currently available to the public at no charge.

"Locking marijuana storage bags help protect children and teens from accidental exposure or access to marijuana," said Hope and Recovery Coalition Coordinator Charlean Hemminger. "They reduce the risk of accidental ingestion and accidental poisoning, and reinforce community education around safe storage practices. These bags play a key role in promoting safety for families throughout Ionian County."

With their cartoonish logos and bright packaging seemingly designed to attract young eyes, it's critical to keep marijuana products out of reach of children.

"The marijuana locking bags are a good way to prevent accidental ingestion, because many edibles look like candies or gummies," noted Hope and Recovery Community Outreach and Recovery Program Coordinator Matthew VanCamp. "If

a child has ingested an edible, we recommend to immediately call Poison Control at (800) 222-1222."

The free locking storage bags were made possible after Ionian County Hope and Recovery was awarded a \$1,929.33 grant from the Cannabis Regulatory Agency of the Michigan Department of Licensing & Regulatory Affairs. They used this money to buy 100 locking marijuana storage bags, which cost just under \$20 each.

"The bags are durable, zippered pouches equipped with a built-in combination lock," Hemminger explained. "They feature a printed 'Lock It Up' logo and are designed to be secure and easy for adults to use for safe marijuana storage. The bags were purchased online from a retail supplier that provides lockable storage pouches suitable for marijuana safety and compliance."

Representatives from Ionian County Hope and Recovery can be found at most community events and will be distributing the locking bags then.

Interested parties can call (616) 723-9006 or email [hopeandrecovery@ioniancounty.org](mailto:hopeandrecovery@ioniancounty.org).



Thanks to a state grant to Ionian County Hope & Recovery, 100 locking marijuana storage bags like this one are currently available to the public at no charge. — Submitted photo | Charlean Hemminger

## Winfield Twp. initiates special assessment process

Continued from Page 1

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