

---

BOARD OF  
COMMISSIONERS'  
MEETING

---



January 17, 2017

**NOTICE AND AGENDA FOR  
JANUARY 17, 2017 MEETING  
OF THE  
KALAMAZOO COUNTY BOARD OF COMMISSIONERS**

**PLEASE TAKE NOTICE** that a regular meeting of the Kalamazoo County Board of Commissioners is scheduled for ***Tuesday, January 17, 2017, at 7:00 p.m.*** in the Board of Commissioners Room, second floor, County Administration Building, 201 West Kalamazoo Avenue, Kalamazoo, Michigan, for the purpose of considering the following items:

- ITEM 1 Call to Order
- ITEM 2 Invocation
- ITEM 3 Pledge of Allegiance
- ITEM 4 Roll Call
- ITEM 5 Approval of Minutes
- ITEM 6 Communications
- ITEM 7 Citizens' Time
- ITEM 8 For Consideration

**CONSENT AGENDA**

Administrative Services

- A. Request for Approval of a Paid Marketing/Communications Internship (General Fund)

Buildings & Grounds

- B. Request for Approval of Consent Contract with Michigan Department of Transportation (MDOT) to Construct Sidewalk Ramps

Circuit Court

- C. Request for Approval of Amended the 2016-2017 Child Care Fund Budget
- D. Request for Approval of the FY2017 Grant Contract with the Edward Byrne Memorial Justice Assistance Grant (JAG) Administered by State Court Administrative Office (SCAO) for Women's Drug Treatment Court Program and the Elimination/Creation of Positions
- E. Request for Approval the FY2017 Grant Contract with the Michigan Drug Court Grant Program (MDCGP) Administered by State Court Administrative Office (SCAO) for Juvenile Drug Treatment Court Program
- F. Request for Approval the FY2017 Grant Contract with Swift and Sure Sanctions Program Grant Award from State Court Administrative Office (SCAO) and the Creation of Position (Grant Funds)
- G. Request for Approval the FY2017 Grant Contract with the Michigan Mental Health Court Grant Program (MMHCGP) Administered by the State Court Administrative Office (SCAO) for Juvenile Mental Health Court Program
- H. Request for Approval the FY2017 Grant Contract with the Edward Byrne Memorial Justice Assistance Grant (JAG) Administered by State Court Administrative Office (SCAO) for Men's Drug Treatment Court Program and the Elimination/Creation of Positions (Grant Funds)
- I. Request for Approval the FY2017 Grant Contract with the Michigan Drug Court Grant Program (MDCGP) Administered by State Court Administrative Office (SCAO) for Family Dependency Drug Treatment Court Program and the Elimination/Creation of Positions (Grant Funds)

Funds)

- J. Request for Approval the FY2017 Grant Contract with the Michigan Drug Court Grant Program (MDCGP) Administered by State Court Administrative Office (SCAO) for Men's Drug Treatment Court Program
- K. Request for Approval the FY2017 Grant Contract with the Michigan Drug Court Grant Program (MDCGP) Administered by State Court Administrative Office (SCAO) for Veterans Drug Treatment Court Program and the Elimination/Creation of a Position (Grant Funds)
- L. Request for Approval of an Agreement with Park Place Counseling Associates

Health & Community Services

- M. Request for Approval of Amendment #1 to the 2016-2017 Comprehensive Agreement with the Michigan Department of Health & Human Services (MDHHS)
- N. Request for Approval of an Agreement the Area Agencies on Aging Association of Michigan (AAAAM)
- O. Request for Approval to Accept Statement of Grant Award #2017-2 from the MI Aging & Adult Services Agency
- P. Request for Approval of Salary Exception for Epidemiologist Position (General Funds)
- Q. Request for Approval of Household Hazardous Waste Program Amendment #1 and Contracts with Multiple Municipalities
- R. Request for Approval of Salary Exception for WIC Coordinator Position (Grant Funds)
- S. Request for Approval to Accept Grant from United Way of Battle Creek & Kalamazoo Region (UWBCKR) for the Fatherhood Initiative and the Creation of a Community Health Educator Position (Grant Funds)
- T. Request for Approval of Creation of a Peer Counselor-WIC Position (Grant Funds)

Planning & Community Development

- U. Request for Approval of an Agreement for In-Kind Contribution to Kalamazoo Area Transportation Study (KATS)

Prosecuting Attorney

- V. Request for Approval of Byrne Justice Assistance Grant (JAG) Program Subcontract with the Michigan State Police
- W. Request for Approval of the FY 2016-2017 Southwest Michigan Enforcement Team (SWET) Agreement

Sheriff

- X. Request for Approval of Snowmobile Law Enforcement Grant Agreement with the Michigan Department of Natural Resources (MDNR)
- Y. Request for Approval of Subcontract Agreement with Byrne Memorial Justice Assistance Grant (JAG) and the Michigan State Police for the Southwest Michigan Enforcement Team (SWET)
- Z. Request for Approval of Indemnification Agreements with Western Michigan University, Kalamazoo City, Kalamazoo Township and Kalamazoo Valley Community College

Treasurer

- AA. Request for Approval of Software Licensing Agreement with Myriad Cyper LLC

Board of Commissioners

- BB. Request for Approval of Transfers and Disbursements

- CC. Request for Approval of Appointments to the Central County Transportation Authority (CCTA)
- DD. Request for Approval of a Resolution for a Planning Grant for the Fountain of the Pioneers
- EE. Request for Approval of a Memorandum of Understanding with the City of Kalamazoo for Planning Grant for the Fountain of the Pioneers

**NON-CONSENT AGENDA ITEMS**

**The following Items are Non-Consent Agenda Items and will be voted on individually.**

- ITEM 9 Old Business
- ITEM 10 New Business
- ITEM 11 County Administrator's Report
- ITEM 12 Chairperson's Report
- ITEM 13 Vice Chairperson's Report
- ITEM 14 Members' Time
- ITEM 15 Adjournment

*Dina Sutton*

---

Dina Sutton  
Office Manager for Administrative Services

JANUARY 11, 2017

MEETINGS OF THE KALAMAZOO COUNTY BOARD OF COMMISSIONERS ARE OPEN TO ALL WITHOUT REGARD TO RACE, SEX, COLOR, AGE, NATIONAL ORIGIN, RELIGION, HEIGHT, WEIGHT, MARITAL STATUS, POLITICAL AFFILIATION, SEXUAL ORIENTATION, GENDER IDENTITY OR DISABILITY. KALAMAZOO COUNTY WILL PROVIDE NECESSARY REASONABLE AUXILIARY AIDS AND SERVICES, SUCH AS SIGNERS FOR THE HEARING IMPAIRED AND AUDIO TAPES OF PRINTED MATERIALS BEING CONSIDERED AT THE MEETING/HEARING, TO INDIVIDUALS WITH DISABILITIES AT THE MEETING/HEARING UPON FOUR (4) BUSINESS DAYS' NOTICE TO THE COUNTY. INDIVIDUALS WITH DISABILITIES REQUIRING AUXILIARY AIDS OR SERVICES SHOULD CONTACT THE COUNTY BY WRITING OR CALLING:

Dina Sutton  
Office Manager for Administrative Services  
KALAMAZOO COUNTY GOVERNMENT  
201 West Kalamazoo Avenue  
Kalamazoo, Michigan 49007  
TELEPHONE: (269)384-8111

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Administrative Services**PREPARED BY:** Tracie Moored**SUBJECT:** Request for Approval of a paid Marketing/Communications Internship**SPECIFIC ACTION REQUESTED:**

Administration requests Board approval of a paid Marketing/Communications Internship position in Administration at a total cost not to exceed \$10,200.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

A paid internship position is requested for a period of 90 days to evaluate and make recommendations regarding the marketing and communications needs of County Administration. In addition, he/she will assist with developing a plan to promote the County through traditional and digital media, provide communication support to the County, and develop communication strategies to disseminate informational, educational, and promotional materials concerning the activities of the County.

**TIME FRAME OF ACTION:**

90 days, effective first day of start.

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

General Fund. An existing intern position vacancy will not be filled until the internship is complete.

**PERSONNEL IF REQUIRED:**

(Indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

Administration will work with local colleges to identify and place an intern into this role. The intern will be paid \$15 per hour plus the applicable fringe benefit rate.

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:****CONTACT PERSON WITH PHONE NUMBER:** Tracie Moored, 383-8843

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF: January 17, 2017****DEPARTMENT: Buildings and Grounds****PREPARED BY: Eric McNamara - Director****SUBJECT: Approval for MDOT use of property for replacing sidewalk ramps.****SPECIFIC ACTION REQUESTED:**

Request for approval and signature for MDOT and its contractors to use and be on the property of 201 W. Kalamazoo (Administration Building) and 317 W. Kalamazoo (Administration Building Parking lot) in order to reconstruct the sidewalk ramps during the 2017 MDOT repaving, roadwork and sidewalk improvement project of Kalamazoo Ave.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

The sidewalk ramps in front of your property at the Kalamazoo County Administration Building at 201 W Kalamazoo Ave and 317 W Kalamazoo Ave. (Parking Lot) are tentatively scheduled to be reconstructed in 2017 along with Kalamazoo Ave. road improvements from MDOT. In order to reconstruct the sidewalk ramps, the Michigan Department of Transportation (MDOT) will need to work outside of its right of way, and may require temporary access to a portion of Kalamazoo County property at the addresses above. Therefore, MDOT is requesting a Consent to Construct/Reconstruct the Sidewalk be signed. This work is considered a mutual benefit, as Kalamazoo County will receive a new ADA sidewalk ramps at no cost and MDOT obtains a better total street project.

The agreement will only be allowing MDOT to be on the portion of Kalamazoo County property needed to reconstruct the ramp and only during the time of construction. No permanent rights are being given to MDOT with this agreement. MDOT will grade and seed the area after construction is complete or repair any damages per the agreement. The MDOT project is scheduled to begin in March of 2017.

**TIME FRAME OF ACTION:**

Immediate for the year of 2017 beginning in March until completion of the work.

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

None Required.

**PERSONNEL IF REQUIRED:**

(Indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)  
Original contract was up for yearly automatic renewal and review. The original contract language provided with the Juvenile Home construction package and Otis was the low bidder. The new price and time frame has been negotiated with Otis, but the contract language is the same.

**CONTACT PERSON WITH PHONE NUMBER:**

For any questions contact Eric McNamara – phone #: 383-8120

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF: January 3, 2017****DEPARTMENT: Circuit Court****PREPARED BY: Susan Sayles****SUBJECT: Child Care Fund Budget****SPECIFIC ACTION REQUESTED:**

The 2016-2017 Child Care Budget needs to be amended. This grant provides 50% of the funding for fund 292 the Child Care Fund. This request is being made because indirect costs of \$756,450 needed to be removed.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

The total budget is \$9,443,200.

**TIME FRAME OF ACTION:**

Year October 1, 2016 through September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State of Michigan \$4,721,600  
Kalamazoo County General Fund \$4,721,600

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

No changes

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

This is an amendment for year 2016-2017

**ANY OTHER PERTINENT INFORMATION:****PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Susan Sayles 383-6415

## BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: January 17, 2017

DEPARTMENT: 9<sup>th</sup> Circuit Court

PREPARED BY: Sara Green

SUBJECT: Contract Acceptance for Women's Drug Treatment Court Program

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Women's Drug Treatment Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Byrne Justice Assistance Grant-Women's Treatment Court Program-\$140,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Federal

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**ELIMINATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
10217-001	Administrative Assistant	K04	\$8,945.44-\$12,080.46	.33	242-160

**CREATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
10217-001	Administrative Assistant	K04	\$13,561.60-\$18,314.40	.50	242-160

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renew

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:**     January 17, 2017

**DEPARTMENT:**                   9<sup>th</sup> Circuit Court

**PREPARED BY:**                 Sara Green

**SUBJECT:**                        **Contract Acceptance for Juvenile Drug Treatment Court Program**

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Juvenile Drug Treatment Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Michigan Drug Court Grant Program-Juvenile Drug Treatment Court Program-\$30,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

None

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

## BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: January 17, 2017

DEPARTMENT: 9<sup>th</sup> Circuit Court

PREPARED BY: Sara Green

SUBJECT: Contract Acceptance for Swift and Sure Sanctions Program

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Swift and Sure Sanctions Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Swift and Sure Sanctions Probation Program-Swift and Sure Sanctions Program-\$190,000 (\$100,000 will be held in reserve for MDOC personnel)

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**ELIMINATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
10217-001	Administrative Assistant	K04	\$9232.32-\$12,467.88	.34	249-160

**CREATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
	Program Assistant	K04	\$27,123.20-\$36,628.80	.34	249-150

**ELIMINATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
	Case Manager	K07	\$36,753.60-\$49,608.00	.50	249-160

**CREATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
TBD	Specialty Court Case Manager	K07	\$18,376.80-\$24,804.00	.50	249-160

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(Indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:**     January 17, 2017

**DEPARTMENT:**                     9<sup>th</sup> Circuit Court

**PREPARED BY:**                   Sara Green

**SUBJECT:**                         Contract Acceptance for Juvenile Mental Health Court Program

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Juvenile Mental Health Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Michigan Mental Health Court Grant Program-Juvenile Mental Health Court Program-\$82,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

None

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

PROPOSED FOR BOARD MEETING OF: January 17, 2017

DEPARTMENT: 9<sup>th</sup> Circuit Court

PREPARED BY: Sara Green

SUBJECT: Contract Acceptance for Men's Drug Treatment Court Program

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Men's Drug Treatment Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Byrne Justice Assistance Grant-Men's Treatment Court Program-\$155,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Federal

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**ELIMINATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
10217-001	Administrative Assistant	K04	\$ \$8,945.44-\$12,080.46	.33	240-160

**CREATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
10217-001	Administrative Assistant	K04	\$13,561.60-\$18,314.40	.50	240-160

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renew

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

PROPOSED FOR BOARD MEETING OF: January 17, 2017

DEPARTMENT: 9<sup>th</sup> Circuit Court

PREPARED BY: Sara Green

SUBJECT: Contract Acceptance for Family Dependency Treatment Court Program

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Family Dependency Treatment Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Michigan Drug Court Grant Program-Family Dependency Treatment Court Program-\$56,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**ELIMINATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
	Case Manager	K07	\$36,753.60-\$49,608.00	.50	292-676

**CREATE**

<b>Position #</b>	<b>Job Title</b>	<b>Band</b>	<b>Salary Range</b>	<b>FTE</b>	<b>Account #</b>
TBD	Specialty Court Case Manager	K07	\$18,376.80-\$24,804.00	.50	292-676

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:**     **January 17, 2017**

**DEPARTMENT:**             **9<sup>th</sup> Circuit Court**

**PREPARED BY:**           **Sara Green**

**SUBJECT:**                 **Contract Acceptance for Men's Drug Treatment Court Program**

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Men's Drug Treatment Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Michigan Drug Court Grant Program-Men's Drug Treatment Court Program-\$45,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

None

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

PROPOSED FOR BOARD MEETING OF: January 17, 2017

DEPARTMENT: 9<sup>th</sup> Circuit Court

PREPARED BY: Sara Green

SUBJECT: Contract Acceptance for Veterans Treatment Court Program

**SPECIFIC ACTION REQUESTED:**

9<sup>th</sup> Circuit Court is requesting permission to enter into a contract with the State Court Administrators Office for the Veterans Treatment Court Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Michigan Veterans Treatment Court Grant Program-Veterans Treatment Court Program-\$35,000

**TIME FRAME OF ACTION:**

October 1, 2016-September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**ELIMINATE**

<u>Position #</u>	<u>Job Title</u>	<u>Band</u>	<u>Salary Range</u>	<u>FTE</u>	<u>Account #</u>
	Case Manager	K07	\$36,753.60-\$49,608.00	.50	

**CREATE**

<u>Position #</u>	<u>Job Title</u>	<u>Band</u>	<u>Salary Range</u>	<u>FTE</u>	<u>Account #</u>
TBD 249-164	Veterans Treatment Court Case Manager	K07	\$18,376.80-\$24,804.00	.50	

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

New

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:**     January 17, 2017

**DEPARTMENT:**                     9<sup>th</sup> Circuit Court

**PREPARED BY:**                   Sara Green

**SUBJECT:**                         Agency contract for Drug Treatment Court Program

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court is requesting permission to enter into a contractual relationship with:  
  
Park Place Counseling Associates

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Park Place Counseling Associates provides treatment services to participants of the Juvenile Drug Treatment Court Program.

**TIME FRAME OF ACTION:**

January 1, 2017 – December 31, 2018

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Mixture of state, local and federal grant funding.

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

N/A

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Health & Community Services**PREPARED BY:** James Rutherford, MPA, Health Officer/Director**SUBJECT: APPROVAL OF AMENDMENT #1 TO THE 2016/2017  
COMPREHENSIVE AGREEMENT WITH THE MICHIGAN  
DEPARTMENT OF HEALTH & HUMAN SERVICES****ACTION REQUESTED**

HCS Administration requests Board approval of amendment #1 to the FY 2016/2017 Comprehensive Agreement with the Michigan Department of Health & Human Services (MDHHS) for the period of October 1, 2016 to September 30, 2017 in an amount of \$3,822,996. The original agreement was approved on 10/4/2016.

**DESCRIPTION OF SUBJECT**

The Comprehensive Agreement is the contracting mechanism whereby funding is provided for the delivery of public health services in accordance with minimum program requirements and applicable federal, state and local laws and regulations. The purpose of amendment #1 is to award an additional \$46,700 for WIC Breastfeeding and to reduce the award amount (\$675) for Public Health Emergency Preparedness (PHEP) 10/1/16 – 6/30/17.

**RELATIONSHIP TO GOALS**

The funding provided through the Comprehensive Agreement is relative to all Health and Community Services Department goals.

**FUNDING SOURCE**

The \$3,822,996 funding level is comprised of a combination of Federal and State funds contracted via the Michigan Department of Health & Human Services.

**PERSONNEL**

No new personnel are required as a result of this request.

**PROCUREMENT**

There are no procurement issues associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions, please contact Jason Pechawer, Interim Deputy Director – Financial Management & Administration, at 373-5257 or [jdpech@kalcounty.com](mailto:jdpech@kalcounty.com).

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Health & Community Services**PREPARED BY:** James Rutherford, MPA, Health Officer/Director**SUBJECT: APPROVAL OF AN AGREEMENT WITH THE AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN AND THE REGION IIIA AREA AGENCY ON AGING****ACTION REQUESTED**

HCS Administration requests Board approval of an agreement with the Area Agencies on Aging Association of Michigan (AAAAM) and the Region IIIA Area Agency on Aging, effective November 1, 2016 and ending October 31, 2017 for an extension of the original grant agreement, approved by the Board of Commissioners on Dec. 16, 2014.

**DESCRIPTION OF SUBJECT**

This grant is an extension of a statewide grant received by the AAAAM from the Michigan Health Endowment Fund for the purpose of supporting expansion of our falls prevention program, Matter of Balance, and Diabetes PATH (Personal Action Toward Health) self-management program developed by Stanford University. The original grant ended October 31, 2016 with unexpended grant funds from other regions now available during the extension period on a first come, first served reimbursement basis for program participants completing a class, as well as reimbursement of certain required trainings.

**RELATIONSHIP TO GOALS**

This initiative will help to address the goal to strengthen the capacity of individuals and families at risk within the community to take control of their lives.

**FUNDING SOURCE**

There are no county funds associated with this request. All funds received are from the Michigan Health Endowment Fund.

**PERSONNEL**

No new personnel are required as a result of this request.

**PROCUREMENT**

There are no procurement issues associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions, please contact Judy Sivak, AAA Director, at 373-5153 or [jasiva@kalcounty.com](mailto:jasiva@kalcounty.com).

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** January 17, 2017

**DEPARTMENT:** Health & Community Services

**PREPARED BY:** James Rutherford, MPA, Health Officer/Director

**SUBJECT: ACCEPTANCE OF STATEMENT OF GRANT AWARD #2017-2  
FROM THE MI AGING & ADULT SERVICES AGENCY TO THE  
KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES  
DEPARTMENT, REGION 3A AREA AGENCY ON AGING**

**ACTION REQUESTED**

HCS Administration requests board approval to accept a Statement of Grant Award from the MI Aging & Adult Services Agency to the Kalamazoo County Health & Community Services Dept., Region 3A Area Agency on Aging, to support older adult service programs in the amount of \$854,953 for the period October 1, 2016 through March 31, 2017.

**DESCRIPTION OF SUBJECT**

This grant award reflects the amount of funds allocated for 6 months of the 2017 fiscal year via federal and state sources. Acceptance of this funding allows the continued provision of a range of services provided by the AAAlIIA and community partners to help older persons remain independent in their own homes and communities and assist residents in licensed long-term care facilities with concerns about care and quality of life issues.

**RELATIONSHIP TO GOALS**

The acceptance of this funding will further the Department's goal to "Strengthen the capacity of individuals and families at risk within the community to take control of their lives and work toward their self-sufficiency."

**FUNDING SOURCE**

The funding represents allocations from the federal Older Americans Act and Older Michiganian's Act through the MI Aging & Adult Services Agency.

**PERSONNEL**

No new personnel are required as a result of this request.

**PROCUREMENT**

There are no procurement issues associated with this request.

**ISSUES AND CONCERNS**

There are no issues or concerns. If you have any questions, please contact Judy Sivak, AAA Director, at 373-5153 or [jasiva@kalcounty.com](mailto:jasiva@kalcounty.com).

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** January 17, 2017

**DEPARTMENT:** Health & Community Services

**PREPARED BY:** James Rutherford, MPA, Health Officer/Director

**SUBJECT: APPROVAL OF SALARY EXCEPTION FOR HEALTH & COMMUNITY SERVICES DEPARTMENT, EPIDEMIOLOGIST POSITION**

**ACTION REQUESTED**

HCS Administration requests Board approval of a K10C salary exception hiring placement for the Epidemiologist position in the Health and Community Services Administration.

**DESCRIPTION OF SUBJECT**

A salary exception is requested to hire an Epidemiologist candidate to fill a vacancy in the in the Health and Community Services Administration. The candidate would be placed at the C step (\$61,963.20).

The Epidemiologist position is a key position within HCS. This candidate was the State of Michigan Regional Epidemiologist for Southwest Michigan for eight years with extensive knowledge of the principal accountabilities of the position and many of the community and state collaborative partners.

**RELATIONSHIP TO GOALS**

The hiring of this position is consistent with the HCS's goal to improve the quality and safety of the physical environment for Kalamazoo County residents.

**FUNDING SOURCE**

The position to be filled is authorized in the Health and Community Services Administration account and is supported by the general fund. This request is covered by the current authorized budget and would not require additional funding support.

**PERSONNEL**

Not applicable.

**PROCUREMENT**

There are no procurement issues associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. Please contact Lynne Norman at 373-5237 or [ldnorm@kalamazocounty.com](mailto:ldnorm@kalamazocounty.com) if you have questions or require additional information.

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Health & Community Services**PREPARED BY:** James Rutherford, MPA, Health Officer/Director**SUBJECT: APPROVAL OF HOUSEHOLD HAZARDOUS WASTE PROGRAM AMENDMENT #1 AND CONTRACT WITH MULTIPLE MUNICIPALITIES****ACTION REQUIRED**

HCS Administration requests Board approval of the following amendments and contract between the county governmental units listed below (both in and out-of-county units) and Kalamazoo County Health and Community Services Department for the Household Hazardous Waste Program. These amendments are for the period of January 1, 2017 to December 31, 2017 and establish each unit's funding for fiscal year 2017. The contract for Parchment City is for the period of January 1, 2017 – December 31, 2017 and established the funding for fiscal year 2017.

**GOVERNMENTAL UNITS AND FUNDING**

1. Richland Village	\$700.00
2. Richland Township	\$8,200.00
3. Schoolcraft Township	\$3,000.00
4. Antwerp Township	\$4,000.00
5. Charleston Township	\$1,600.00
6. Oshtemo Township	\$12,000.00
7. Parchment City	\$1,600.00
8. City of Portage	\$41,000.00
9. Berrien County	\$1,500.00
10. Comstock Township	\$11,140.00
11. Texas Township	\$12,000.00

**DESCRIPTION OF SUBJECT**

The County will provide collection services to each unit's residents at the Household Hazardous Waste Center as long as that unit has funds on account with the County to cover the costs of their citizen's utilization of the service. These amendments adhere to the Household Hazardous Waste fees for FY16 that were approved by the Board on November 17, 2015 for the purpose of supporting HHW program operations, including being open on ten (10) Saturdays throughout the fiscal year.

**RELATIONSHIP TO GOALS**

These amendments will allow the collection of household hazardous waste in 2017 from each unit's residents and will allow removal of household hazardous waste from the waste stream, thus preventing environmental contamination problems. This program is consistent with the HCS's goal to improve the quality and safety of the physical environment for Kalamazoo County residents.

**FUNDING SOURCE**

upon a cost-sharing formula. Both in-county and out-county are charged based on actual participation by individual households. Out-of-county municipalities are charged for actual participation plus a \$34.00 service fee per household. If the funds for a unit are exhausted before the contract period ends, that unit's residents will not receive collection services unless more funds are transferred to the county.

**PERSONNEL**

There are no new personnel associated with this request.

**PROCUREMENT**

There is no procurement associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions, please contact Vern Johnson, Environmental Health Division Manager, at 373-5356 / [vjohn@kalcounty.com](mailto:vjohn@kalcounty.com) or Lynne Norman, Deputy Director – Health Services, at 373-5237 / [ldnorm@kalcounty.com](mailto:ldnorm@kalcounty.com).

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Health & Community Services**PREPARED BY:** James Rutherford, MPA, Health Officer/Director**SUBJECT: APPROVAL OF SALARY EXCEPTION FOR HEALTH & COMMUNITY SERVICES DEPARTMENT, WIC COORDINATOR POSITION****ACTION REQUESTED**

HCS Administration requests Board approval of a K08-D salary exception hiring placement for the WIC Coordinator position in the Maternal & Child Health (MCH) Division.

**DESCRIPTION OF SUBJECT**

A salary exception is requested to hire a WIC Coordinator candidate to fill a vacancy in the Maternal & Child Health Division's WIC Program. The candidate would be placed at the D step (\$53,851.20).

The candidate is currently employed with a local WIC agency and is a State certified Registered Dietitian (RD). The RD status is a preferred qualification for this position. The candidate has over 6.5 years of experience and knowledge of the principal accountabilities of the position and many of the community and state collaborative partners. The candidate has been a team leader in networking and outreach activities to provide better access for community participants.

**RELATIONSHIP TO GOALS**

This funding provides services consistent with the HCS goal to improve the overall health of the community by promoting healthy lifestyles and choices, and addressing the reduction of infant and maternal mortality and morbidity.

**FUNDING SOURCE**

No County funds are required as a result of this request. This position is grant funded through the Michigan Department of Health & Human Services Comprehensive Agreement.

**PERSONNEL**

Not applicable.

**ISSUES/CONCERNS**

There are no issues or concerns. Please contact Deb Lenz, MCH Division Manager at 373-5024 or [dllenz@kalcounty.com](mailto:dllenz@kalcounty.com) if you have questions or require additional information.

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Health & Community Services**PREPARED BY:** James Rutherford, MPA, Health Officer/Director**SUBJECT: APPROVAL OF FATHERHOOD GRANT AWARD  
ACCEPTANCE AND POSITION CREATION IN THE  
MATERNAL & CHILD HEALTH DIVISION****ACTION REQUESTED**

HCS Administration requests Board approval of acceptance of grant award from United Way of the Battle Creek & Kalamazoo Region (UWBCKR) in the amount of \$100,000.00 in support of the Kalamazoo County Fatherhood Initiative project, and approval to create a 1.0 FTE Community Educator position effective November 1, 2016.

**DESCRIPTION OF SUBJECT**

The Fatherhood Initiative is a national initiative that believes the involvement of responsible fathers is essential to the economic, emotional, and social health of children.

Grant funding will be used to support this initiative in Kalamazoo County as we engage fathers and families to improve relationships within the family unit. The fatherhood role has been identified as an essential component in reducing the number of infant deaths in Kalamazoo County.

**RELATIONSHIP TO GOALS**

This funding provides services consistent with the HCS goal to improve the overall health of the community by reducing preventable disabilities and death, and promoting healthy lifestyles and choices.

**FUNDING SOURCE**

No County funds are required as a result of this action. Grant is funded through the United Way of Battle Creek & Kalamazoo Region.

**PERSONNEL***CREATE:*

<u>Account #</u>	<u>Position #</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective</u>
297-165	Community Health Educator #TBD	K06	1.0	\$37,086.40 - \$45,468.80	1/18/2017

**PROCUREMENT**

There is no procurement issue associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have questions please contact Deb Lenz at 373-5024 or at [dlrenz@kalcounty.com](mailto:dlrenz@kalcounty.com).

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Health & Community Services**PREPARED BY:** James Rutherford, MPA, Health Officer/Director**SUBJECT:** **POSITION CREATION IN THE WOMEN'S, INFANT, & CHILDREN'S (WIC) PROGRAM, PEER COUNSELOR POSITION****ACTION REQUESTED**

HCS Administration requests Board approval to create a 1.0 FTE Peer Counselor within the WIC Program, effective 12/21/2016.

**DESCRIPTION OF SUBJECT**

The Special Supplemental Nutritional Program for WIC is funded to serve 2,800 participants each month. To qualify, a person must be a pregnant, postpartum or breastfeeding woman, an infant, or a child up to age 5. Additionally, the participant's family must be at or below 185% of the federal poverty level and have multiple health or nutritional risk factors. In addition to food benefits redeemable for foods of specific nutritional value, nutrition education and linkages with needed health and social services are provided.

The WIC Breastfeeding Peer Counseling funds are intended to enable State agencies to implement an effective breastfeeding peer counselor program. Combining peer counseling with the on-going breastfeeding promotion efforts in WIC agencies has the potential to significantly impact breastfeeding rates among WIC participants and, most significantly, increase the harder to achieve breastfeeding duration rates. The State's long term vision is to require breastfeeding peer counseling as a core service in WIC.

**RELATIONSHIP TO GOALS**

This funding provides services consistent with the HCS goal to improve the overall health of the community by promoting healthy lifestyles and choices, and addressing the reduction of infant and maternal mortality and morbidity.

**FUNDING SOURCE**

No County funds are required as a result of this request. This position is grant funded through the Michigan Department of Health & Human Services Comprehensive Agreement.

**PERSONNEL****CREATE:**

<u>Account #</u>	<u>Position/#</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective</u>
323-160	Peer Counselor-WIC Position #TBD	K03	1.0	\$28,059.20 - \$34,403.20	01/18/2017

**PROCUREMENT**

There is no procurement associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have questions please contact Deb Lenz, Maternal and Child Health Division Manager at 373-5024 or at [dllenz@kaicounty.com](mailto:dllenz@kaicounty.com).

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017 BOC**DEPARTMENT:** Planning and Community Development**PREPARED BY:** Lotta Jarnefelt, Director**SUBJECT:** KATS (Kalamazoo Area Transportation Study) In-kind Contribution for KATS FY 2018 Unified Planning Work Program**SPECIFIC ACTION REQUESTED:**

Approval of Assurances in support of in-kind contributions for KATS

**DESCRIPTION OF ACTION (dollar amount, purpose):**

KATS staff must satisfy federal and state requirements in the planning process in order to remain certified. Being certified allows federal transportation funding to come to Kalamazoo County for use by local county road and public transit agencies. KATS office operations are paid through Federal Highway Administration and Federal Transit Administration planning dollars.

The Assurance is provided in support of KATS's request to use in-kind contributions as match to their legislated funding. The Department of Planning and Community Development reports to KATS the value of hours devoted to planning and costs associated with aerial imagery capture that relate to KATS's function. KATS counts these costs as an in-kind contribution and a part of their match for funding. In addition the County pays \$100 annual dues.

In the KATS FY 2018, the in-kind contribution from the Department of Planning and Community development is estimated at \$6,000. If the Department does not meet this match, and other agency/municipalities also fall short of their match, there is a potential for KATS invoicing the difference of the pledged contribution and the realized contribution. The likelihood of this happening is very slim, but since there is a potential of a contractual expense of more than \$1,000, Board approval for the Assurance is hereby requested.

**TIME FRAME OF ACTION:**

KATS FY 2018 (Oct 2017-Sept 2018)

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

In the unlikely event that in-kind contributions fall short of the \$6,000 value, the difference would be taken from the Planning Department budget (Acct nr 101-801-)

**PERSONNEL IF REQUIRED:**

NA

**NEW OR RENEWAL:**

Renewal of agreement 03/01/2016

**CONTACT PERSON WITH PHONE NUMBER:**Lotta Jarnefelt, ph. 384-8115 or [LMJARN@kalcounty.com](mailto:LMJARN@kalcounty.com)

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** January 17, 2017  
**DEPARTMENT:** Office of the Prosecuting Attorney  
**PREPARED BY:** Lisa Henthorn, Administrator  
**SUBJECT:** FY1617 Byrne JAG Grant Subcontract

**SPECIFIC ACTION REQUESTED:**

Approval and sign **3 originals** of the Byrne Justice Assistance Grant (JAG) Program Subcontract for FY 2016-2017. The agreement is retroactive for the period of October 1, 2016 - September 30, 2017. The Byrne grant continues partial funding for one full-time Assistant Prosecutor to handle the criminal cases generated by the Southwest Enforcement Team (SWET). The Byrne JAG grant will provide \$38,000 and SWET will provide the remaining balance for salaries and fringe. The FY 2016-2017 agreement with SWET to provide the remaining balance of salaries and fringes is also on the KCBOC January 17, 2017 Consent Agenda.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Need approval and required signatures.

**TIME FRAME OF ACTION:**

FY 2016-2017 (October 1, 2016 through September 30, 2017)

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Federal funding through the Michigan State Police Byrne Justice Assistance Grant (Byrne JAG) Program Subcontract. The agreement is for salary and fringe for Cory Johnson, Assistant Prosecutor.

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

Assistant Prosecutor 1.0 FTE; K11; Acct. No. 101-229 & Position #10174-022

**NEW OR RENEWAL:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

None

**CONTACT PERSON WITH PHONE NUMBER:**

Lisa Henthorn, Administrator  
(269) 383-8965

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** January 17, 2017  
**DEPARTMENT:** Office of the Prosecuting Attorney  
**PREPARED BY:** Lisa Henthorn, Administrator  
**SUBJECT:** FY1617 SWET Agreement

**SPECIFIC ACTION REQUESTED:**

Approve and sign **three originals** of the SWET Agreement for FY 2016-2017. The agreement is for the period of October 1, 2016 through September 30, 2017. This document continues funding for one full-time Assistant Prosecutor to handle the criminal cases generated by SWET.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Need approval and required signatures.

**TIME FRAME OF ACTION:**

October 1, 2016 through September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

State/Local funding for actual costs of salary and fringe benefits for one full-time Assistant Prosecutor to handle the criminal cases generated by SWET. This position is currently occupied by Cory Johnson.

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

Assistant Prosecutor, K11

**NEW OR RENEWAL:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

None

**CONTACT PERSON WITH PHONE NUMBER:**

Lisa Henthorn, Administrator  
(269) 383-8965

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** January 17, 2016

**DEPARTMENT:** Sheriff's Office

**PREPARED BY:** Terra Mickolatcher, Financial Administrator

**SUBJECT:** Approve Snowmobile Law Enforcement Grant Agreement

**SPECIFIC ACTION REQUESTED:**

Approve Snowmobile Law Enforcement Grant Agreement for 2016-2017

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Grant agreement amount: \$800.00 for patrolling the paths primarily on the Kalamazoo Trail way and the Kal Haven Traven, and other areas in the County of Kalamazoo.

**TIME FRAME OF ACTION:**

Immediate

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Michigan Department of Natural Resources (DNR)

**PERSONNEL IF REQUIRED:**

None

**NEW OR RENEWAL OR AMENDMENT:**

Renewal, although the amount could potentially vary from year-to-year.

**ANY OTHER PERTINENT INFORMATION**

Grant period; October 1, 2016 to April 30, 2017

The application amount: \$3,203.40/Grant approved \$800.00

Grant amount from YA: \$800.00- No change from YA

**CONTACT PERSON WITH PHONE NUMBER:** Terra Mickolatcher ph: 383-8763

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**DEPARTMENT:** Sheriff's Office**PREPARED BY:** Terra Mickolatcher, Financial Administrator**SUBJECT:** Approve subcontract agreement for SWET position**SPECIFIC ACTION REQUESTED:**

Approve the subcontract agreement with the Byrne Jag Grant and Michigan State Police to partially fund a SWET position.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

\$12,000.00 is the grant contribution for the SWET position that is supplied by the Sheriff's Office for regional drug enforcement.

**TIME FRAME OF ACTION:**

October 1, 2016 to September 30, 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Byrne JAG Grant is a Federal Funding source.

One (1) FTE F-19 position for Oct 1- Dec 31, 2016: \$26,183.34 and for Jan 1 – Sept 30, 2017: \$80,121.02. Total position cost \$106,304.36.

County contribution is \$94,304.36 and grant contribution is \$12,000.

**PERSONNEL IF REQUIRED:**

No new personnel required as this is a continuation of support for SWET.

**NEW OR RENEWAL OR AMENDMENT:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

SWET is a regional cooperative drug enforcement team supervised by the Michigan State Police. MSP is the contractor for the Byrne Jag Grant and the Sheriff's Office is the subcontractor in that personnel is supplied by the Sheriff's Office. The Sheriff's Office has supplied manpower to the SWET Team since its inception in the 1980's.

**PROCUREMENT INFORMATION:****CONTACT PERSON WITH PHONE NUMBER:**

Terra Mickolatcher ph: 383-8763

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** January 17, 2017**OFFICE:** Kalamazoo County Sheriff's Office**PREPARED BY:** Richard C. Fuller III, Sheriff**SUBJECT:** Agreement with Western Michigan University, Kalamazoo City, Kalamazoo Township, and Kalamazoo Valley Community College.

Sign and agree with the Sheriff and Western Michigan University, Kalamazoo City, Kalamazoo Township, and Kalamazoo Valley Community College regarding the indemnification.

This agreement between the parties allows police officers from these agencies to be sworn as deputy sheriffs pursuant to MCL 51.70 to perform particular duties mentioned within the agreement. These agreements may be revoked by the Sheriff with or without reason. The agreement calls for liability insurance to include the Sheriff and the County. Further the agreement calls for the entities to indemnify, saving harmless the Sheriff and the County of Kalamazoo.

**SPECIFIC ACTION REQUESTED:****DESCRIPTION OF ACTION (dollar amount, purpose):****TIME FRAME OF ACTION:**

Upon signing through the last day of 2017.

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

No funding needed.

**PERSONNEL IF REQUIRED:**

(Indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

None.

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Annual Renewal.

**ANY OTHER PERTINENT INFORMATION:****PROCUREMENT INFORMATION:**

(Indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:** Richard C. Fuller III, Sheriff

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** January 17, 2017

**DEPARTMENT:** Treasurer's Office

**PREPARED BY:** Mary Balkema, County Treasurer

**SUBJECT:** Software Licensing Agreement

**SPECIFIC ACTION REQUESTED:**

Requesting that the board approve a licensing agreement between Myriad Cyper LLC and the Kalamazoo County by and through the County Treasurer in the amount of \$10,000 per year.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

Per the approved Accommodation Ordinance, the County Treasurer has the power to administer and enforce the ordinance. In 2016, we collected approximately \$2.5 million dollars manually. The software will interface with PNC Bank and will automate the collection and reporting function.

**TIME FRAME OF ACTION:**

March 2017

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

5% of all proceeds collected under the ordinance are retained by the Treasurer's Office and can be used for collection expenses.

**PERSONNEL IF REQUIRED:**

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Mary Balkema 384-8134



## ADMINISTRATIVE SERVICES MEMORANDUM

**TO:** Board of Commissioners

**FROM:** Tina Harden

**DATE:** December 14, 2016

**SUBJECT:** Central County Transpiration Authority (CCTA)

Kalamazoo Township is recommending the appointment of Ms. Nicolette Leigh to the CCTA as the Kalamazoo Township Representative with Mr. Steve Leuty as the alternate for a term commencing November 1, 2016 through October 31, 2019.

Oshtemo Township is recommending the appointment of Ms. Dusty Farmer to the CCTA as the Oshtemo Township Representative for a term commencing November 1, 2016 through October 31, 2019.

## Tina Harden

---

**From:** Ron Reid <supervisor@ktpw.org>  
**Sent:** Wednesday, December 14, 2016 3:14 PM  
**To:** Tina Harden  
**Subject:** FW: Pamela Brown Goodacre CCTA Replacement

**From:** Molly Cole  
**Sent:** Wednesday, December 14, 2016 8:42 AM  
**To:** Ron Reid <supervisor@ktpw.org>  
**Subject:** RE: Pamela Brown Goodacre CCTA Replacement

Hi Tina,

Yes, we have chosen a replacement, Nicolette Leigh, 3306 Nazareth Rd, Kalamazoo, MI. Phone: (407) 800-1342 Email: [leighn@ktpw.org](mailto:leighn@ktpw.org)

Steve Leuty is our alternate Email: [leutvsc@ktpw.org](mailto:leutvsc@ktpw.org)

Feel free to contact me if you have any other questions,

*Molly K. Cole*

Executive Administrative Assistant  
Charter Township of Kalamazoo  
1720 Riverview Dr.  
Kalamazoo, MI 49004  
Phone: (269) 381-8085 Fax: (269) 381-6930  
[www.Kalamazootownship.org](http://www.Kalamazootownship.org)

## Tina Harden

---

**From:** Deb Everett <DEverett@oshtemo.org>  
**Sent:** Thursday, December 22, 2016 3:40 PM  
**To:** Tina Harden  
**Subject:** CCTA

Good Afternoon Tina,

This will serve as notice that I will be stepping down as Oshtemo representative on the CCTA Board. Dusty Farmer will be our representative effective January 1, 2017.

This action was approved by the Oshtemo Township Board on December 13, 2016.

Please advise if you need anything further.

Thanks.

Deb Everett, CMC  
Oshtemo Charter Township  
7275 West Main Street  
Kalamazoo MI 49009  
269.216.5224

*Confidentiality Notice: The information contained in this electronic mail message and any attachments is intended only for the use of the individual or entity to which it is addressed and may contain legally privileged, confidential information or work product. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or forwarding of the e-mail message is strictly prohibited. If you have received this message in error, please notify me by e-mail reply, and delete the original message from your system.*

Confidentiality Notice: The information contained in this electronic mail message and any attachments is intended only for the use of the individual or entity to which it is addressed and may contain legally privileged, confidential information, or work product. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or forwarding of the e-mail message is strictly prohibited. If you have received this message in error, please notify me by e-mail reply, and delete the original message from your system.



## ADMINISTRATIVE SERVICES MEMORANDUM

**TO:** BOARD OF COUNTY COMMISSIONERS

**FROM:** THOM CANNY, CORPORATE COUNSEL

**DATE:** JANUARY 10, 2017

**SUBJECT:** RECOMMENDATION TO ADOPT AN AMENDED RESOLUTION FOR A PLANNING GRANT FOR THE FOUNTAIN OF THE PIONEERS AND TO ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE CITY OF KALAMAZOO

During the Board of Commissioners' October 4, 2016, Committee of the Whole meeting, Mr. Jeff Chamberlain, Deputy City Manager for the City of Kalamazoo, presented the City's plans and vision for future developments and improvements to Bronson Park. As part of that presentation, Mr. Chamberlain asked, on behalf of the City, that the County adopt a Resolution in support of the City's submission of an application to receive a Michigan State Housing Development Authority (MSHDA) State Historic Preservation Office (SHPO) Certified Local Government (CLG) Grant of \$54,000. If awarded, the grant would be used for Rehabilitation Planning to assist the City in planning the rehabilitation of the Fountain of the Pioneers in Bronson Park. On October 18, 2016, the Board of Commissioners Adopted the Resolution supporting the City's application.

Recently, the City contacted County Administration to advise that in a letter to the City, dated December 1, 2016, MSHDA notified the City of additional requirements that MSHDA was placing on the City's Grant Application. The City has addressed the additional requirements that pertain to the City. However, two of these additional requirements involve the County of Kalamazoo. One of the additional requirements is for the City and County to enter into a written

Memorandum of Understanding (MOU) detailing Agreement Scope, Agreement Period, and Agreement Components between the City and County for administering the Grant funds. The other additional requirement for the County is to adopt an Amendment to the County's October 18, 2016 Resolution. The purpose of the Amendment is to acknowledge the need to enter into the MOU with the City and to reaffirm that the City will be the sole recipient of the Grant Funds and that the County will not receive, administer, fund match, or act as a fiscal agent under the Grant.

County Administration and the Corporate Counsel's Office have worked with the City to draft a MOU that details the Agreement Scope, Agreement Period, and Agreement Components between the City and County for administering the Grant funds. A photocopy of the MOU is attached to this Memorandum for your review and consideration. We have also drafted a proposed Amendment to the October 18, 2016 County Resolution which is intended to meet the additional requirements imposed upon the County by the MSHDA in its December 1, 2016 letter to the City. A photocopy of the Amendment to the Resolution is also attached to this Memorandum.

County Administration and the Corporate Counsel's Office have reviewed the MOU and Amendment to the Resolution and recommend that the Board of Commissioners approve both the MOU and Amendment in order to continue progress on the efforts to rehabilitate the Fountain of the Pioneers.

Thank you for your time and consideration in this matter. Please feel free to contact me at your convenience if you have any questions, comments or concerns regarding this Memorandum or its attachments.

**RESOLUTION TO AMEND THE OCTOBER 18, 2016 RESOLUTION FOR A  
PLANNING GRANT FOR THE FOUNTAIN OF THE PIONEERS**

WHEREAS, on October 18, 2016 the County Board of Commissioners adopted a Resolution Supporting the City of Kalamazoo in the submission of an application to receive a Michigan State Housing Development Authority (MSHDA) State Historic Preservation Office (SHPO) Certified Local Government (CLG) Grant of \$54,000 for Rehabilitation Planning (Catalog Of Federal Domestic Assistance #15.904) for the purpose of assisting The City in planning the full rehabilitation of The Fountain of the Pioneers in Bronson Park in downtown Kalamazoo, which was listed on the National Register of Historic Places on June 28, 2016, as part of the larger Bronson Park 21<sup>st</sup> Century Campaign; and,

WHEREAS, this Resolution is an amendment to, and restatement of, the October 18, 2016 Resolution of the County Board of Commissioners. The amendments contained herein being necessitated by additional requirements made of the City by MSHDA in a December 1, 2016 letter to the City.

**THEREFORE IT IS RESOLVED:**

That the County approves entering into a Memorandum (MOU) with the City of Kalamazoo to detail the Agreement Scope, Agreement Period, and Agreement Components.

**IT IS FURTHER RESOLVED**

That the County Board of Commissioners, reaffirms that the Grant Applicant is The City of Kalamazoo, which is the sole historic lessor of Bronson Park and will be the sole recipient, administrator, fund matcher, and fiscal agent of the Grant; and,

**IT IS FURTHER RESOLVED**

That the County Board of Commissioners, reaffirms that the County of Kalamazoo, as the owner of Bronson Park, will not receive, administer, fund match, or act as a fiscal agent paying vendors or receiving reimbursement from SHPO for the Grant, and resolves its support for the Grant, and authorizes the City to do all transactions as they pertain to any award which may be made as a result of the Grant application.

**RESOLUTION TO AMEND THE OCTOBER 18, 2016 RESOLUTION FOR A  
PLANNING GRANT FOR THE FOUNTAIN OF THE PIONEERS**

WHEREAS, on October 18, 2016 the County Board of Commissioners adopted a Resolution Supporting the City of Kalamazoo in the submission of an application to receive a Michigan State Housing Development Authority (MSHDA) State Historic Preservation Office (SHPO) Certified Local Government (CLG) Grant of \$54,000 for Rehabilitation Planning (Catalog Of Federal Domestic Assistance #15.904) for the purpose of assisting The City in planning the full rehabilitation of The Fountain of the Pioneers in Bronson Park in downtown Kalamazoo, which was listed on the National Register of Historic Places on June 28, 2016, as part of the larger Bronson Park 21<sup>st</sup> Century Campaign; and,

WHEREAS, this Resolution is an amendment to, and restatement of, the October 18, 2016 Resolution of the County Board of Commissioners. The amendments contained herein being necessitated by additional requirements made of the City by MSHDA in a December 1, 2016 letter to the City.

**THEREFORE IT IS RESOLVED:**

That the County approves entering into a Memorandum (MOU) with the City of Kalamazoo to detail the Agreement Scope, Agreement Period, and Agreement Components.

**IT IS FURTHER RESOLVED**

That the County Board of Commissioners, reaffirms that the Grant Applicant is The City of Kalamazoo, which is the sole historic lessor of Bronson Park and will be the sole recipient, administrator, fund matcher, and fiscal agent of the Grant; and,

**IT IS FURTHER RESOLVED**

That the County Board of Commissioners, reaffirms that the County of Kalamazoo, as the owner of Bronson Park, will not receive, administer, fund match, or act as a fiscal agent paying vendors or receiving reimbursement from SHPO for the Grant, and resolves its support for the Grant, and authorizes the City to do all transactions as they pertain to any award which may be made as a result of the Grant application.