

The seal of Calumet County Government is a semi-circular emblem. It features a stylized landscape with a row of evergreen trees in the foreground and a mountain range in the background. The text "CALUMET COUNTY GOVERNMENT" is written in a semi-circle along the top edge of the seal.

**Board of  
Commissioners'  
Meeting**

**November 5, 2014**

**NOTICE AND AGENDA FOR  
NOVEMBER 5, 2014 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 Wednesday, November 5, 2014, 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**

Circuit Court

- A.      Request for Approval of the Elimination/Creation of Positions (Operating Funds)
- B.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) for the Juvenile Drug Treatment Court Program
- C.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) for the Family Dependency Court Program
- D.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) for the Men's Drug Treatment Court Program
- E.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) for the Women's Drug Treatment Court Program
- F.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) Byrne Justice Assistance Grant (JAG) for the Men's Drug Treatment Court Program
- G.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) for Swift and Sure Sanctions Probation Program (SSSPP) for the Drug Treatment Program

Community Corrections

- H.      Request for Approval of Appointments to the Community Corrections Advisory Board
- I.      Request for Approval of FY2015 Agreement for Comprehensive Plans and Services with the State of Michigan Department of Corrections

District Court

- J.      Request for Approval of an Agreement with the Michigan State Court Administrative Office (SCAO) for Grant funding through the Michigan Drug Court Program (MDCPG) for the Sobriety Court Program
- K.      Request for Approval of an Agreement with the Michigan Drug Court Program (MDCPG) Subcontract Agreement with Office of Community Corrections

### Health & Community Services

- L. Request for Approval to Waive Cremation Permit Fee for Unclaimed Bodies
- M. Request for Approval to Accept Statement of Grant Award from the Michigan Office of Services to the Aging (OSA) for Area Agency on Aging Program
- N. Request for Approval of a Business Associate Agreement with Harmony Information Systems
- O. Request for Approval of Amendment #1 with Michigan Medicare/Medicaid Assistance Program (MMAAP) for Area Agency on Aging Program
- P. Request for Approval to Accept Notice of Funds Available #8 (NFA) from the Michigan Department of Human Services (MDHS) for LCA13-39015 Low Income Home Energy Assistance Program Crisis Assistance (LCA) Deliverable Fuel Award
- Q. Request for Approval for Contract Extension with Valley City Electronic Recycling, Inc. for Electronics Recycling Services
- R. Request for Approval of a Contract with the Michigan Department of Environmental Quality (MDEQ) for Multiple Environmental Health Programs
- S. Request for Approval to Submit a Grant Application to Southwest Michigan Affiliate of the Susan G. Komen for the Cure for the Breast & Cervical Cancer Control Program (BCCCCP)
- T. Request for Approval of an Agreement with Southwest Michigan Behavioral Health for Healthy Babies Healthy Start (HBHS) Project and HIV/Communicable Disease Services
- U. Request for Approval of Position Creation in the Healthy Families America (HFA) Maternal, Infant, Child Health, Home Visitation (MIECHV) Program (Grant Funded)

### Michigan Works

- V. Request for Approval of Appointments to the Workforce Development Board

### Prosecuting Attorney

- W. Request for Approval of an Agreement for the FY 2014-2015 Crime Victims Rights Grant with the Michigan Department of Community Health (MDCH)
- X. Request for Approval of an Agreement of the FY 2014-2015 Michigan Department of Human Services (MDHS) Contract

### Purchasing

- Y. Request for Approval of a Contract Extension with Knapp Energy for Gasoline & Diesel Fuel

### Sheriff

- Z. Request for Approval of an Agreement with Michigan Department of Natural Resources (MDNR) for Off-Road Vehicle Safety Education

### Board of Commissioners

- AA. Request for Approval of Transfers and Disbursements
- BB. Request for Approval of Waiver with Cytec Industries Request to Install a Non-Contact Groundwater Well and a Groundwater Restricted Use Zone
- CC. Request for Approval of Management Agreement with Discover Kalamazoo

### **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

OCTOBER 29, 2014

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  
TDD PHONE: (269)383-6464

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF: October 21, 2014**

**DEPARTMENT: Circuit Court**

**PREPARED BY: Suzanne Darling**

**SUBJECT: Elimination/Creation of Positions.**

**SPECIFIC ACTION REQUESTED:**

The Circuit Court is requesting the elimination and creation of three positions in the family division.

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

**TIME FRAME OF ACTION:**

Effective November 1, 2014

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

There is no change in the funding source. These positions are part of the Child Care fund which is funded 50% State and 50% Local.

**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)

**CREATE**

<u>Position #</u>	<u>Job Title</u>	<u>Grade</u>	<u>Salary Range</u>	<u>FTE</u>	<u>Account Number</u>
xxxxx-xxx	Juv Home Deputy Admin	k11	55,224.00-74,547.20	1.0	292-662-704.00
10132-xxx	Psychologist	k10	48,776.00-65,832.00	0.8	292-662-704.00
xxxxx-xxx	Juvenile Services Supervisor	k09	44,470.00-60,049.60	0.5	292-664-704.00
				0.5	292-672-704.00
10558-xxx	Juvenile Probation Officer II (3)	j12	42,494.40-55,244.80	3.0	292-664-704.00

**ELIMINATE**

<u>Position #</u>	<u>Job Title</u>	<u>Grade</u>	<u>Salary Range</u>	<u>FTE</u>	<u>Account Number</u>
10845-001	Sub Abuse Interventionist	j12	42,494.40-55,244.80	1.0	292-668-704.00
10289-001	Day Treatment Supervisor	k11	55,224.00-74,547.20	1.0	292-668-704.00
10179-001	Secure Detention Prog. MGR	k10	48,776.00-65,832.00	1.0	292-662-704.00
10573-xxx	Fam Intervent/Mediator II (2)	j12	42,494.40-55,244.80	2.0	292-668-704.00
10572-001	Group Leader II	j12	42,494.40-55,244.80	1.0	292-668-704.00

**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)

N/A

**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)

N/A

**CONTACT PERSON WITH PHONE NUMBER:**

Suzanne Darling 383-8928

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

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

**PREPARED BY:** Ann Filkins

**SUBJECT:** Juvenile Drug Treatment Court Grant Funds

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court is requesting permission to accept grant funding for the Juvenile Drug Treatment Court Program.

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

\$42,000 to be used for operating expenses for the Juvenile Drug Treatment Court Program.

**TIME FRAME OF ACTION:**

Grant start date is October 1, 2014 through September 30, 2015.

**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)

N/A

**NEW OR RENEWAL:**

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:**

Ann Filkins (269) 384-8253

C.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

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

**PREPARED BY:** Ann Filkins

**SUBJECT:** Family Dependency Treatment Court Grant Funds

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court Drug Treatment Court Program is requesting permission to accept grant funding for the Family Dependency Treatment Court Program.

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

\$76,000 to be used for operating expenses for the Family Dependency Treatment Court Program.

**TIME FRAME OF ACTION:**

October 1, 2014 – September 30, 2015

**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)

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:**

N/A

**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:**

Ann Filkins 384-8253

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

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

**PREPARED BY:** Ann Filkins

**SUBJECT:** Men's Drug Treatment Court Grant Funds

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court Drug Treatment Court Program is requesting permission to accept grant funding for the Men's Drug Treatment Court Program.

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

\$55,000 to be used for operating expenses for the Men's Drug Treatment Court Program.

**TIME FRAME OF ACTION:**

October 1, 2014 – September 30, 2015

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

State - by the Michigan State Court Administrative Office

**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:**

N/A

**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:**

Ann Filkins 384-8253

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

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

**PREPARED BY:** Ann Filkins

**SUBJECT:** Women's Drug Treatment Court Grant Funds

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court Drug Treatment Court Program is requesting permission to accept grant funding for the Women's Drug Treatment Court Program.

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

\$140,000 to be used for operating expenses for the Women's Drug Treatment Court Program.

**TIME FRAME OF ACTION:**

October 1, 2014 – September 30, 2015

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

Federal Byrne Funding administered by the Michigan State Court Administrative Office

**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:**

N/A

**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:**

Ann Filkins 384-8253

F.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

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

**PREPARED BY:** Ann Filkins

**SUBJECT:** Men's Drug Treatment Court Grant Funds

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court Drug Treatment Court Program is requesting permission to accept grant funding for the Men's Drug Treatment Court Program.

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

\$145,000 to be used for operating expenses for the Men's Drug Treatment Court Program.

**TIME FRAME OF ACTION:**

October 1, 2014 – September 30, 2015

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

Federal Byrne Funding administered by the Michigan State Court Administrative Office

**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:**

N/A

**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:**

Ann Filkins 384-8253

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

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

**PREPARED BY:** Ann Filkins

**SUBJECT:** Swift and Sure Sanctions Probation Program Grant Funds

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court Drug Treatment Court Program is requesting permission to accept grant funding for the Swift and Sure Sanctions Probation Program.

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

\$282,975 (\$108,547 will be held in reserve for Michigan Department of Corrections – for the designated SSSPP Probation Officer)

The Swift and Sure Sanctions Probation Program (SSSPP) is an intensive probation supervision program that targets high-risk felony offenders with a history of probation violations or failures. Governed by MCL 771A.1 et seq., SSSPP is modeled on Hawaii's Opportunity Probation with Enforcement (HOPE) program, which studies have shown to be very successful in improving the rate of successful completion of probation among high-risk probationers.

SSSPP participants are closely monitored, including being subjected to frequent random testing for drug and alcohol use and being required to attend frequent meetings with probation. SSSPP aims to improve probationer success by promptly imposing graduated sanctions, including small amounts of jail time, for probation violations.

**TIME FRAME OF ACTION:**

October 1, 2014 – September 30, 2015

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

State – Michigan State Court Administrative Office

**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:**

N/A

**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:**

Ann Filkins 384-8253

# BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 04 November 2014

**DEPARTMENT:** Community Corrections

**PREPARED BY:** Kenneth D. Bobo

**SUBJECT:** Appointment of Advisory Board Members

**SPECIFIC ACTION REQUESTED:**

See attached.

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

See attached.

**TIME FRAME OF ACTION:**

N/A.

**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)

None required.

**NEW OR RENEWAL:**

N/A

**ANY OTHER PERTINENT INFORMATION:**

See attached.

**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)

N/A

**CONTACT PERSON WITH PHONE NUMBER:**

Kenneth D. Bobo. 269.383.6434

**BOARD AGENDA REQUEST FORM**  
**ADDENDUM**  
21 October 2014 Meeting  
Appointment of CCAB Advisory Board Members

Pursuant to 1988 PA 511 (MCL 791.401, *et seq*) and Article III of the Kalamazoo Community Corrections Advisory Board (CCAB) bylaws, all members of the Kalamazoo Community Corrections Advisory Board must be appointed by the county Board of Commissioners.

An announcement was posted on the Kalamazoo County website announcing the expiration of 2014 terms and soliciting applications for new members. From the applications received, the following recommendations for appointment are made:

<b>Position</b>	<b>Nominee</b>	<b>Term Expiring</b>
Local Law Enforcement	Tim Bourgeois	09-30-2016
Circuit Court	Alexander Lipsey	09-30-2016
District Court	Judge Paul Bridenstine	09-30-2016
Service Area Representative	Robert Butkiewicz	09-30-2016
Prosecuting Attorney	Jeffrey Getting	09-30-2016
Business Community	Antonio Mitchell	09-30-2016

\* \* \* **END** \* \* \*

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** 04 November 2014

**DEPARTMENT:** Community Corrections

**PREPARED BY:** Kenneth D. Bobo, Director

**SUBJECT:**  
FY2015 Agreement for Comprehensive Plans and Services between the State of Michigan - Department of Corrections and Kalamazoo County.

**SPECIFIC ACTION REQUESTED:**  
Approval of Grant Number CPS-2015-1-39, from the Michigan Department of Corrections, to support the Kalamazoo County Community Corrections Program.

**DESCRIPTION OF ACTION (dollar amount, purpose):**  
Programs and services in the amount of \$424,138.00.  
Felony Drunk Driver Funding in the amount of \$6,069.

**TIME FRAME OF ACTION:**  
Grant year is October 1, 2014 through September 30, 2015.

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**  
State of Michigan - Department of Corrections. ("PA 511 Funds")

**PERSONNEL IF REQUIRED:**  
The Grant provides funding for 7.25 of 9 OCC positions.

**NEW OR RENEWAL OR AMENDMENT:**  
This is a renewal. First grant received in 1990.

**ANY OTHER PERTINENT INFORMATION:**  
This funding will support Community Corrections Advisory Board Administration, Cognitive Behavioural Training, Electronic Monitoring Program, Intensive Supervision Program, Drug Testing Program, Pretrial Supervision Program, Mental Health and Substance Abuse Screening and a Felony Drunk Driver Community Treatment program. The Grant also funds the placement of felony offenders into Probation Residential Centers, in conjunction with the Michigan Department of Corrections.

**CONTACT PERSON WITH PHONE NUMBER:**  
Kenneth D. Bobo. 269.383.6434.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF: Wed. Nov. 5, 2014**

**DEPARTMENT: 8<sup>th</sup> District Court**

**PREPARED BY: Lynn Kirkpatrick, Probation Services Director**

**SUBJECT:**

8<sup>th</sup> District Court requests the approval of contract between the Court and the State Court Administrative Office (SCAO) for grant funding through the Michigan Drug Court Program Grant (MDCPG).

**SPECIFIC ACTION REQUESTED:**

8<sup>th</sup> District Court requests Board approval of the contract awarding \$55,000 to the Sobriety Court Program. Grand award was accepted by Board approval on Oct. 21, 2014.

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

Funding from SCAO is in the amount of \$55,000 and will cover costs for drug testing, supplies and training.

**TIME FRAME OF ACTION:**

This contract runs the length of the grant: 10-1-14 to 9-30-15.

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

FY 2015 Michigan Drug Court Grant Program; State Court Administrators Office

**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 new personnel required at this time.

**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:**

The 8<sup>th</sup> District Court Sobriety Court program is in its eighth year of operation with funding from SCAO, with the specific mission of holding repeat drinking & driving offenders to a higher level of accountability. By entering into this agreement with SCAO, our program will have the opportunity to maintain its purpose and mission.

**PROCUREMENT INFORMATION:**

K.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** Nov. 5, 2014

**DEPARTMENT:** 8<sup>th</sup> District Court

**PREPARED BY:** Lynn Kirkpatrick, Probation Services Director

**SUBJECT:**

8<sup>th</sup> District Court requests approval of Michigan Drug Court Program Grant (MDCPG) subcontracts between 8<sup>th</sup> District Court and Office of Community Corrections.

**SPECIFIC ACTION REQUESTED:**

8<sup>th</sup> District Court requests Board approval of this subcontract. State Court Administrative Office's MDCPG grant award of \$55,000 was accepted by Board approval on Oct. 21, 2014.

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

Funding from SCAO is in the amount of \$55,000. This contract allows for up to \$51,480 to Office of Community Corrections for drug testing of Sobriety Court participants.

**TIME FRAME OF ACTION:**

This contract runs the length of the grant: 10-1-14 to 9-30-15.

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

FY 2015 Michigan Drug Court Grant Program; State Court Administrators Office

**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 new personnel required at this time.

**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:**

The 8<sup>th</sup> District Court Sobriety Court program is in its eighth year of operation with funding from SCAO, with the specific mission of holding repeat drinking & driving offenders to a higher level of accountability. By entering into this agreement with SCAO, our program will have the opportunity to maintain its purpose and mission.

**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)

L.-K.



*Kalamazoo County*

# Health & Community Services

3299 Gull Road, P.O. Box 42, Nazareth, MI 49074-0042

**DATE:** November 5th, 2014  
**TO:** County Board of Commissioners  
**FROM:** Gillian A. Stoltman, Ph.D, M.P.H, Director/Health Officer  
**RE:** ITEMS FOR YOUR CONSIDERATION

## **A. APPROVAL TO WAIVE CREMATION PERMIT FEE FOR UNCLAIMED BODIES IN KALAMAZOO COUNTY**

### **ACTION REQUIRED**

HCS Administration requests Board approval to waive the fee for cremation permits for unclaimed bodies in Kalamazoo County.

### **DESCRIPTION OF SUBJECT**

In accordance with the Fee for Service revenue policy adopted by the Board and incorporated into budget policy, HCS Administration recommends that the cremation permit fee for unclaimed bodies be waived.

Funeral homes throughout Kalamazoo County, on an occasional basis, arrange cremations for unclaimed bodies. With minimum or no reimbursement to the funeral homes for these unclaimed bodies, waiving the cremation permit fee is recognition of the costs incurred by the funeral home on behalf of Kalamazoo County. Research supports this recommendation as several other counties also waive the fee for unclaimed bodies. The current cremation permit fee is \$11.

### **RELATIONSHIP TO GOALS**

The Health & Community Services Department seeks to improve the overall health of the community by reducing preventable diseases and deaths and promoting healthy lifestyles and choices.

### **FUNDING SOURCE**

All funding for the medical examiner's office is generated through a combination of fee for services and the general fund. Due to the low volume of unclaimed bodies in Kalamazoo County there is no predicated affect to this funding.

**PERSONNEL**

There are no new personnel associated with this item.

**PROCUREMENT**

There is no procurement associated with this request.

**CONCERNS/ISSUES**

There are no issues or concerns. If you have any questions, please contact Ryan Post, Financial Systems Supervisor at 373-5254 or at [rjpost@kalcounty.com](mailto:rjpost@kalcounty.com).

**B. ACCEPTANCE OF STATEMENT OF GRANT AWARD FROM THE MI OFFICE OF SERVICES TO THE AGING (OSA) TO THE KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES DEPARTMENT, REGION IIIA AREA AGENCY ON AGING**

**ACTION REQUESTED**

HCS Administration requests Board approval to accept Statement of Grant Award (SGA) 2015 - #1 for CMP funding of Long-Term Care Ombudsman (LTC) services in the amount of \$11,997 for the period of October 1, 2014 to December 31, 2014.

**DESCRIPTION OF SUBJECT**

The CMP fund - LTC Ombudsman award #1 will allow for assistance to local ombudsmen in regions served. Acceptance of these funds allows for the continued provision of a range of services provided by the AAAlIA and community partners, designed to help older persons remain independent in their own homes and communities, along with assisting 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 Older Michiganian's Act and Older American's Act through the MI Office of Services to the Aging.

**PERSONNEL**

There are no new personnel associated with this request.

## **PROCUREMENT**

There is no procurement associated with this request.

## **ISSUES AND CONCERNS**

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

## **C. APPROVAL OF BUSINESS ASSOCIATE AGREEMENT BETWEEN HEALTH & COMMUNITY SERVICES AND HARMONY INFORMATION SYSTEMS**

### **ACTION REQUESTED**

HCS Administration requests Board approval to enter into a Business Associate Agreement (BAA) with Harmony Information Systems, Inc. (Harmony) to commence October 1, 2014.

### **DESCRIPTION OF SUBJECT**

Harmony develops and maintains the web based information and referral service system that will be utilized by KCHCS – AAAllIA. Due to the potential exchange of personal health information (PHI), KCHCS wishes to establish a business associate relationship between our two entities to ensure all information is accurately and appropriately exchanged, transported and stored. This BAA corresponds with the Harmony contract that was approved by the Board on 10.21.14.

### **RELATIONSHIP TO GOAL**

This partnership supports and aids KCHCS in its overall goal of reducing preventable disabilities and deaths and promoting healthy lifestyles and choices for all Kalamazoo County Residents.

### **FUNDING SOURCE**

No funds are required as a result of this request.

### **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 questions, please contact Courtney Davis, HCS Administrative Coordinator, at 373-5197 or at [cldavi@kalamazoo.org](mailto:cldavi@kalamazoo.org)

**D. ACCEPTANCE OF AMENDMENT #1 FOR THE SMP EXPANSION PROJECT FROM THE MICHIGAN MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP) TO THE HEALTH AND COMMUNITY SERVICES DEPT/AREA AGENCY ON AGING IIIA**

**ACTION REQUESTED**

HCS Administration requests Board approval to accept a grant award from the Michigan Medicare/Medicaid Assistance Program to Kalamazoo County HCS/Region IIIA Area Agency on Aging for the Senior Medicare Patrol Expansion Project to support local MMAP activities that increase recognition, reporting and avoidance of Medicare and Medicaid waste, fraud, and abuse, in the amount of \$1,485 for the period of September 30, 2014 through September 29, 2015.

**DESCRIPTION OF SUBJECT**

These funds are generated from the Department of Health & Human Services, Administration for Community Living and are then directed to the regional Area Agency on Aging. The funds are intended to carry out education, outreach and prevention of fraud and abuse efforts as it relates to Medicare and Medicaid.

**RELATIONSHIP TO GOALS**

This program meets the goal of strengthening the capacity of individuals and families at risk within the community to take control of their lives and work towards self-sufficiency.

**FUNDING SOURCE**

There are no County general funds associated with this request. All funds are federally designated.

**PERSONNEL**

There are no new personnel associated with this request.

**PROCUREMENT**

There is no procurement associated with this request.

**CONCERNS/ISSUES**

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

**E. ACCEPTANCE OF NOTICE OF FUNDS AVAILABLE #8 (NFA) FOR LCA13-39015 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM CRISIS ASSISTANCE (LCA) DELIVERABLE FUEL AWARD, FROM THE MICHIGAN DEPARTMENT OF HUMAN SERVICES**

**ACTION REQUESTED**

HCS Administration requests Board approval to accept the NFA #8 from the Michigan Department of Human Services (DHS) for the program grant LCA13-39015. NFA #8 is the Year 2 funding for LCA13-39015 in the amount of \$71,400.00. Amendment #7 for year 2 funding was approved on 8-19-14.

**DESCRIPTION OF SUBJECT**

The acceptance of this agreement allows for the continued provision of deliverable fuel assistance and services to low income and at risk families that are in the Kalamazoo County community. The use of Crisis Assistance (LCA) funds will provide heating fuel assistance in the form of deliverable fuels such as: propane, fuel oil, coal, wood, kerosene, and heating fuel pellets. Energy assistance, through LCA grant funds, will assist families to remain self-sufficient through the heating season.

**RELATIONSHIP TO GOAL**

This agreement will help to foster and build stronger inter-agency relationships. This agreement also continues to further the HCS Community Action Agency's goal to promote and create a means to self-sufficiency for Kalamazoo County residents by assisting them to take control of their lives, while helping to improve the conditions of the families served.

**FUNDING SOURCE**

There are no County General funds associated with this action. All funding is from the Michigan Department of Human Services LCA - MEAP Grant Award.

**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 questions, please contact Amber Leverette, Housing & Neighborhoods Coordinator, Community Action Agency, 373-5101 or [arleve@kalcouny.com](mailto:arleve@kalcouny.com).

**F. APPROVAL OF A CONTRACT EXTENSION WITH VALLEY CITY  
ELECTRONIC RECYCLING FOR ELECTRONICS RECYCLING SERVICES**

**ACTION REQUIRED**

HCS Administration requests Board approval of a Contract Extension to the current contract between the County of Kalamazoo, through the Health & Community Services Department/Environmental Health Program and Valley City Electronic Recycling, Inc. for electronics recycling services. The original agreement was approved on 12-18-12.

**DESCRIPTION OF SUBJECT**

The County initially entered into a one-year contract with Valley City Electronic Recycling for recycling of electronics collected at the Household Hazardous Waste Center. The contract contained the option for two contract extensions, if performance and pricing remained competitive. The first extension was approved by the BOC for the period of January 1, 2014 through December 31, 2014. We are seeking BOC approval of a second extension that will be through December 31, 2015.

Valley City Electronic Recycling has performed quite well and current pricing for recycling services is still competitive. The proposed contract assigns final responsibility to Valley City for acceptance, dismantling and recycling of electronics collected by the County at its Household Hazardous Waste Center.

Under the terms of the contract, Valley City will pay the County \$0.025 per pound for computers, monitors, printers, and all other electronic equipment. Valley City will accept televisions and projection units at a cost of \$0.02 and \$.35 per pound respectively. Additionally, Valley City will cover the cost of transportation to their facility.

**RELATIONSHIP TO GOALS**

The contract assures that the collected electronics are properly recycled, so that these electronics are no longer a threat to the environment. Environmentally safe recycling is consistent with the Health & Community Services Department's goal to improve the quality and safety of the physical environment, and in particular, protection of groundwater in Kalamazoo County.

**FUNDING SOURCE**

This Agreement will generate approximately \$5,000 per year in revenue for the Household Hazardous Waste program.

**PERSONNEL**

There are no new personnel associated with this item.

## **PROCUREMENT**

This service will be bid out according to the County's RFP Purchasing Policy when this contract ends.

## **CONCERNS/ISSUES**

There are no issues or concerns. If you have any questions regarding this information, please contact Deb Cardiff, Director of Environmental Health, at 373-5347 or [dacard@kalamazoo.org](mailto:dacard@kalamazoo.org).

## **G. APPROVAL OF A GRANT CONTRACT WITH THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)**

### **ACTION REQUIRED**

HCS Administration requests Board approval of a grant contract with the MDEQ to provide services to Kalamazoo County residents in the multiple environmental health programs as listed below for FY 2014/15. The total amount of funds associated with this contract is \$43,294 for the period of 10/1/2014 to 9/30/2015.

### **DESCRIPTION OF SUBJECT**

This contract is associated with services that the Environmental Health Division has provided for many years in partnership with the MDEQ.

Briefly, the Non-community Water Supply Program involves working with water supplies that provide water to the public. Our responsibility is to oversee construction of new supplies, issuance of permits, monitoring water sampling activity and quality, taking enforcement actions as necessary and surveying each supply every 5 years. There are 179 of these types of water supplies in the County. The Long Term Drinking Water Monitoring Program pertains to the monitoring of water wells around contamination sites. This includes sampling and communicating with affected citizens. The Public Swimming Pool Inspection program involves inspections, consultations and plan reviews related to these facilities. There are 184 public swimming pools in the County. Last, the campground inspection program involves annual inspections of approximately 7 public campgrounds.

### **RELATIONSHIP TO GOALS**

Each of these activities involves working to assure that citizen's exposures to harmful or toxic substances are reduced and the community's health is protected. This is consistent with the HCS goal to protect the community from health threatening conditions by assessing and improving the physical environment.

### **SOURCE OF FUNDS**

The total amount of funds associated with this contract is expected to be \$43,294. This includes \$33,469 for the Non-community Public Drinking Water Supply Program, \$3,700 for Long Term Drinking Water Monitoring, \$5,900 for Public Swimming Pools and \$225 for Campgrounds.

### **PROCUREMENT**

There is no procurement associated with this request.

### **PERSONNEL**

There are no new personnel associated with this request.

### **ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions, please contact Deb Cardiff, Manager of Environmental Health at 373-5347 or at [dacard@kalcounty.com](mailto:dacard@kalcounty.com).

## **H. APPROVAL TO APPLY FOR GRANT FUNDING FROM THE SOUTHWEST MICHIGAN AFFILIATE OF THE SUSAN G. KOMEN FOR THE CURE**

### **ACTION REQUESTED**

HCS Administration requests Board approval to submit a grant application to SW MI Affiliate of the Susan G. Komen for the Cure for funding for Breast Screening and Diagnostics for Women and Men who cannot get into BCCCP and have no other resource to pay for these services. The amount to be requested is \$22,750 for the period of April 1, 2015 to March 31, 2016. While no grant was awarded during the most recent funding cycle, we have a long history of funding granted from this Komen Affiliate.

### **DESCRIPTION OF SUBJECT**

The Breast and Cervical Cancer Control Program (BCCCP) is a Center for Disease Control and Prevention funded program under Title XV, which seeks to reduce the high prevalence of breast and cervical cancer among underserved women. Kalamazoo County Health & Community Services Department serves an eight county region through contracted providers who serve the targeted populations.

Grant funding will be used to expand services beyond those funded under BCCCP. Specifically the grant would target women under the age of 40 who have no health insurance and are experiencing a breast abnormality or are at high risk for breast cancer, and adult men who have symptoms. Services will be provided utilizing the BCCCP provider network.

### **RELATIONSHIP TO GOALS**

Health & Community Services works to improve the overall health of the community by reducing preventable disabilities and deaths. Deaths from breast cancer are preventable, and this program assists underserved women in obtaining early diagnosis of breast cancer.

### **FUNDING SOURCE**

No additional County funds are required as a result of this action. Funding would be requested for the expanded target groups from the SW MI Affiliate of the Susan G. Komen for the Cure.

**PERSONNEL**

Acceptance of this grant award does not require any changes in HCS personnel.

**PROCUREMENT**

There is no procurement associated with this request.

**ISSUES/CONCERNS**

There are no special issues or concerns. If you have any questions or concerns regarding the requested action, please contact Lynn Ann Jones, Women's Health Supervisor at 373-5383 or [lajone@kalamazoo.org](mailto:lajone@kalamazoo.org)

**I. APPROVAL OF AGREEMENT BETWEEN SOUTHWEST MICHIGAN BEHAVIORAL HEALTH AND THE HEALTH & COMMUNITY SERVICES DEPARTMENT (HCS)**

**ACTION REQUESTED**

HCS Administration requests Board approval for the agreement between Southwest Michigan Behavioral Health and HCS for services with the Maternal & Child Health Division through the Healthy Babies Healthy Start project for the amount of \$68,000 and the HIV/Communicable Disease Services in the amount of \$10,300 for a total amount of \$78,300 and covers the period of 10/1/14 through 9/30/15.

**DESCRIPTION OF SUBJECT**

This is a renewal agreement with Southwest Michigan Behavioral Health (SWMBH). In response to a collaborative partnership with SWMBH, HCS will provide case management services to Kalamazoo County pregnant residents who may already be receiving mental health and/or substance abuse services. The services include social, behavioral, and nutritional services.

As it pertains to HIV/Communicable Disease Services the agreement will allow HCS staff to provide training and education to SWMBH staff and their subcontractors, as well as complete testing within the SWMBH region.

**RELATIONSHIP TO GOALS**

The acceptance of this funding will further HCS'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**

No County general funds are associated with this request.

**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 Deb Lenz, Maternal & Child Health Division Manager at 373-5024 or [dllenz@kalcounty.com](mailto:dllenz@kalcounty.com) or contact Lynne Norman, Deputy Director – Health Services at 373-5237 or [ldnorm@kalcounty.com](mailto:ldnorm@kalcounty.com)

**J. POSITION CREATIONS IN THE HEALTHY FAMILIES AMERICA (HFA)  
MIECHV PROGRAM**

**ACTION REQUESTED**

HCS Administration requests Board approval to create three 1.0 FTE Care Coordinator positions for the Healthy Families America (HFA) program effective October 1, 2014.

**DESCRIPTION OF SUBJECT**

Healthy Families America (HFA) is an evidence-based home visitation model established through Prevent Child Abuse America. HFA offers home visits and case management to high risk families. HFA program goals include: cultivating the growth of nurturing, responsive parent child relationships, promoting healthy childhood growth and development, building foundations for strong family functioning, and offering resources and support based on the family strengths and circumstances. This is a new State initiative.

**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 request. Funding to support the position creations is allocated through the CPBC grant as a new initiative utilizing Maternal, Infant, Child Health, Home Visitation (MIECHV) funds.

**PERSONNEL**

Create:

<u>Account #</u>	<u>Position/#</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective</u>
303-143	Care Coordinator #TBD	K06	3.0	\$31,824-\$42,972	10/1/2014

**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@kalcounty.com](mailto:dllenz@kalcounty.com).



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A Private-Public Partnership serving Branch, Calhoun, Kalamazoo and St. Joseph Counties

V.

**DATE:** October 15, 2014  
**TO:** Kalamazoo County Board of Commissioners  
**FROM:** Ben Damerow  
**SUBJECT:** Workforce Development Board Appointments

We are requesting consideration and approval of the individuals listed below for appointment to the Branch, Calhoun, Kalamazoo, and St. Joseph Workforce Development Board.

These appointments are three-year terms, for non-private sector members, beginning October 1, 2014.

<u>Name</u>	<u>Sector</u>	<u>Representing</u>
Kim Luther	At-large - Corrections	Michigan Dept of Corrections
Windy Rea (non-voting)	At-large - Other	Michigan Job Corps
Patty Vanaman (non-voting)	Employment Service/ Workforce Development Agency (WDA)	Michigan Workforce Development Agency (WDA)

Additionally, we are requesting consideration and approval of the individual listed below for appointment to the Branch, Calhoun, Kalamazoo, and St. Joseph Workforce Development Board as an alternate member.

This appointment is for a three-year term, for a non-private sector member, beginning October 1, 2014.

<u>Name</u>	<u>Sector</u>	<u>Representing</u>	<u>Alternate To</u>
Donald Martin	At-Large – Corrections	Michigan Dept of Corrections	Kim Luther

**BOARD AGENDA REQUEST FORM**

PROPOSED FOR BOARD MEETING OF: November 5, 2014

DEPARTMENT: Office of the Prosecuting Attorney

PREPARED BY: Kristine Cunningham, Administrator

SUBJECT: Crime Victim Rights Grant

SPECIFIC ACTION REQUESTED:

Approve and sign THREE COPIES of the contract for the FY 2014-2015 Crime Victim Rights Grant.

DESCRIPTION OF ACTION (dollar amount, purpose):

The amount of the agreement is \$206,957. This agreement allows us to retain 2.5 Victim Advocates who provide constitutionally mandated and critical services to victims of crime (i.e., notices of court hearings, escort to court, information and support regarding the court process, referrals for counseling, etc). These services ensure compliance with the law and reduce victimization. Due to the increase in our allocation, we have moved .5 FTE Legal Assistant II to the grant (from county funding).

TIME FRAME OF ACTION:

The grant begins on 10/1/2014 and ends on 9/30/2015.

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

In FY 2014-2015, we have been allocated \$206,957 by the Michigan Department of Community Health.

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)

This grant provides continued funding for 2.5 FTE Victim Advocates (Nicole Gorscak – K7 ½ FTE), (Stella Chivikas – K7), and (Rhonda Baxter-Todd, K7) from account #278-000-704.00 and additional funding for .5 FTE Legal Assistant II (Amanda Reeves – K4).

NEW OR RENEWAL:

Renewal

CONTACT PERSON WITH PHONE NUMBER:

Jeff Getting, Prosecuting Attorney, (269) 383-8900

## BOARD AGENDA REQUEST FORM

X.

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014  
**DEPARTMENT:** Office of the Prosecuting Attorney  
**PREPARED BY:** Jeff Getting, Prosecuting Attorney  
**SUBJECT:** MDHS Contract FY 2014-2015

**SPECIFIC ACTION REQUESTED:**

The approval and signature on THREE copies of the attached FY 2014-2015 Michigan Department of Human Services (MDHS) Contract.

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

MDHS will reimburse the County for a percentage of the salary and fringe for OPA staff working on Neglect Cases in Family Court, up to \$317,981.50. This meets the vision and mission of the OPA to "enhance the quality of life in our community".

**TIME FRAME OF ACTION:**

October 1, 2014 through September 30, 2015

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

Michigan Department of Human Services.

**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 new personnel required.

**NEW OR RENEWAL:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

None

**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)

Not applicable.

**CONTACT PERSON WITH PHONE NUMBER:**

Jeff Getting (383-8955)

Y.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF: November 5, 2014**

**DEPARTMENT: Office of Finance – Purchasing**

**PREPARED BY: Thomas G. O'Brien**

**SUBJECT: Gasoline and Diesel Fuel Contract Extension**

**SPECIFIC ACTION REQUESTED:**

Approval of contract extension with Knapp Energy for gasoline and diesel fuel to County departments per the attached agreement.

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

**TIME FRAME OF ACTION:**

January 1, 2015 to December 31, 2015

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

**PERSONNEL IF REQUIRED:**

N.A.

**NEW OR RENEWAL:**

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

The contract was jointly bid out on October 20, 2011 with City of Kalamazoo. Contract with Knapp Energy was approved at the BOC Meeting of November 16, 2011 for one year with four (4) one-year (1) periods upon mutual agreement of all parties.

**CONTACT PERSON WITH PHONE NUMBER:**

Thomas G. O'Brien, Purchasing Coordinator 383-8967

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** November 5, 2014

**DEPARTMENT:** Sheriff's Office

**PREPARED BY:** Paul Matyas, Undersheriff

**SUBJECT:** Approval ORV Safety Education Grant

**SPECIFIC ACTION REQUESTED:**

Approve acceptance of the ORV Safety Education Grant

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

\$100 maximum to instruct 50 students in ORV safety

**TIME FRAME OF ACTION:**

October 1, 2014 to September 30, 2015

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

Michigan Department of Natural Resources

**PERSONNEL IF REQUIRED:**

None

**NEW OR RENEWAL OR AMENDMENT:**

Renewal but for a lesser amount

**ANY OTHER PERTINENT INFORMATION:**

The grant amount is less than last year due to a "drastically reduced funding limit", the Sheriff's Office will continue with the program with anticipation that funding will be restored in the future.

**PROCUREMENT INFORMATION:**

NA

**CONTACT PERSON WITH PHONE NUMBER:**

Paul Matyas, Undersheriff ph: 385-6176