COUNTY OF OSCEOLA  
BOARD OF COMMISSIONERS  
COMMITTEE OF THE WHOLE  
AGENDA  
Tuesday, August 4, 2015  
301 West Upton Ave., Reed City, Michigan  
2nd Floor, Board of Commissioners Room, 9:30 a.m.

NOTE: Claims will be available for review from 9:00 – 9:30 a.m.

1. Meeting Called to Order by Chairperson.

2. Additions or Deletions to the Agenda – Approval of the Agenda.


4. Employee/Board Comments.


6. Consider Payment of Claims.

7. Old Business:  
   A. Discuss Animal Control Policies – Michelle Kuz.  
   B. Discuss Retiree Supplemental Health Care Plan – Karen Bluhm.  
   C. Update on 2016 County Budget – Sue Vander Pol.  
   D. Consider Other Budget Amendments, Cash Transfers, and Journal Register Reports from Treasurer.  
   E. Discuss E.M.S. Northwest Quadrant / Tustin Station.  
   F. Discuss Sheriff Office Renovation and Addition.

8. New Business:  
   A. Discuss Child Support Enforcement Grant – Tyler Thompson  
   C. Discuss E.M.S. Ambulance Purchase – Jeremy Beebe.  
   D. Discuss E.M.S. Occupational Health Services – Jeremy Beebe.  
   E. Discuss Treasurer Accepting Payments Using Point & Pay Online – Lori Leudeman.  
   F. Discuss Hager Consulting LLC Contract – Sue Vander Pol.  
   H. Discuss Appointment to Mid-State Health Network SUDOPB – Larry Emig.

9. Other Business:  

10. Employee/Board Comments.

11. Extended Public Comments (Six Minute Limit).


Note: A quorum of the Board of Commissioners may be present at the Committee meetings.

PUBLIC COMMENT
The Committee welcomes public comment. We appreciate your attendance and look forward to hearing any concerns you may have. We request that the following rules of procedure be followed: At the beginning and at the end of each Committee meeting, there is time to receive public comment from the audience. If you wish to address the Committee, we ask that you stand, give your name and present your concern. If you wish to speak while the Committee is addressing a specific issue, you are asked to make arrangements ahead of time with the Committee Chairperson. No comments or questions will be taken at any other time.

If you should require special assistance in order to attend the meeting, please notify the County Coordinator at (231) 832-6196, twenty-four (24) hours before the posted meeting time, for arrangements to be made.
OSCEOLA COUNTY
COMMITTEE OF THE WHOLE
MINUTES
July 21, 2015

Meeting was called to order at 9:32 a.m. by Chairman Emig.


Also present: Justin Halladay-Undersheriff, Jennifer Martin-44North, Scott Schryer-C.O.A. Director, Susan Vander Pol-County Coordinator, Karen Bluhm-County Clerk, and a few members of the public.

Motion by Commissioner Elkins, supported by Commissioner Gregory, to approve the agenda as presented. Motion carried.

Brief Public Comment: Roy Thompson-80th Avenue-Marion, Michigan, addressed the Board about a property issue.

Employee Comment: None.

Moved by Commissioner Elkins, supported by Commissioner Nehmer, to approve the minutes of July 7, 2015. Motion carried.

Recommended by Commissioner Tiedt, supported by Commissioner Gregory, to approve the current claims of the County in the amount of $60,471.70. Recommendation was unanimously supported.

Update on County’s Health Insurance Plans
Jennifer Martin, from 44North, brought financial information to the Board regarding the County’s upcoming renewal for health care benefits for employees. She shared comparable information on the Simply Blue program as well as Consumers Mutual. Discussion was held.

Recommended by Commissioner Nehmer, supported by Commissioner Tiedt, to continue with the current Blue Cross Blue Shield Plan and the Blue Care Network Plan for the next insurance plan year with co pays and deductibles the same as presented by 44North. Recommendation was unanimously supported.

Jennifer Martin, 44North, then shared information on a group sponsored health care plan for retirees. She reported that the retirees must be Medicare eligible in order to participate and the cost would still be paid by the retiree. Discussion was held and will continue to the next meeting.

Update on Reed City Senior Center Usage
Scott Schryer, C.O.A. Director, shared information from a recent meeting regarding the Reed City Senior Center. Erin Scott, from Ferris State University, with her knowledge on grants shared information with the group about some of the things they can and cannot do. They will continue to explore possible options to move the meal site into that location and bring back more information as they continue.

Radio Grants
Undersheriff Justin Halladay spoke with the Board about the need to move forward with the radio project and explained some of the recent difficulties encountered by staff with radios not working properly. He advised that some of the grants applied for by the department to assist in the purchase will be coming
soon, but would like to move forward in advance of receiving those grants and explained why to the Board. Discussion was held.

**Recommended by Commissioner Tiedt, supported by Commissioner Gregory, to approve the purchase of radios and equipment per the quote from Grand Traverse Mobile Communications for the Sheriff's Department in the amount of $88,787.73 with payment from the 245 Fund with partial reimbursements from various grants. Recommendation was unanimously supported.**

**Sheriff's Office Renovation and Addition**
Under sheriff Halladay reported they are still waiting on carpeting and furniture, but are close to completion.

**County Picnic Donations**
Susan Vander Pol, County Coordinator, asked for direction as she prepares a flyer for employees to let them know about the upcoming County Picnic. She asked where Board members wished the picnic donations to be sent. Discussion was held and it was decided the funds will be given to local food pantries in the County.

**Budget Amendments, Cash Transfer, and Journal Register Report**
Commissioner Tiedt reviewed the budget amendments and cash transfer received.

**Recommended by Commissioner Tiedt, supported by Commissioner Nehmer, to approve the budget amendments, cash transfer and the Treasurer's June Journal Entries report as presented. Recommendation was unanimously supported.**

**E.M.S. Northwest Quadrant/Tustin Station**
Susan Vander Pol, County Coordinator, shared proposed photos of the exterior of the Tustin station. Commissioner Gregory reported viewing the site and noticed the trusses are on the ground in front of the foundation, but no wood is up yet.

**Annual MERS Conference Appointment**
Karen Bluhm, County Clerk, asked if the Board would be willing to appoint her as the County’s officer delegate to the MERS annual conference being held in Grand Rapids in October.

**Recommended by Commissioner Elkins, supported by Commissioner Tiedt, to approve the County Clerk/alternate and an employee representative to attend the MERS Conference in September and the payment for expenses. Recommendation was unanimously supported.**

**MMRMA Liability Limits**
Susan Vander Pol, County Coordinator, shared information from MMRMA regarding various liability limits available to the County. Discussion was held.

**Appointment to CMHCM Board**
Susan Vander Pol, County Coordinator, advised that Kerry Green has applied to fill the vacancy on the Board for Community Mental Health for Central Michigan.
Recommended by Commissioner Elkins, supported by Commissioner Nehmer, to appoint Kerry Green to the Community Mental Health for Central Michigan Board for a term of three (3) years ending June 19, 2017. Recommendation was unanimously supported.

2016 County Budget
Susan Vander Pol, County Coordinator, shared a tentative time line for the 2016 budget preparation process.

Revised P.A. 7 Agreement/Michigan Works
Paul Griffith, West Central Michigan Works Executive Director, explained the need for Osceola County to approve and adopt the new P.A. 7 Agreement with Michigan Works adding Oceana to the group. He explained this is all part of the Governor's plan for regionalizing various agencies. This will make Region 2 the 2nd largest region in the State for territory covered. He did advise that all entities must approve the agreement. Discussion was held.

Recommended by Commissioner Nehmer, supported by Commissioner Tiedt, to approve the Resolution for Michigan Works! West Central Restated Interlocal Agreement and the revised P.A. 7 Interlocal Charter and Agreement as presented and authorize the Chairman to sign. Recommendation was unanimously supported.

Employee/Board Comment: County Treasurer, Lori Leudeman, brought a budget amendment for Board approval that was not included in today's packet. The transfer is for the purchase of a new computer needed in Equalization.

Recommended by Commissioner Nehmer, supported by Commissioner Tiedt, to approve a budget amendment and cash transfer from the 101 General Fund to the 245 Fund for purchase of a computer for the Equalization Department.

Extended Public Comment: None.

Moved by Commissioner Gregory, supported by Commissioner Nehmer, to adjourn at 12:04 p.m. Motion carried.

Karen J. Bluhm, County Clerk

Larry Emig, Chairman
OSCEOLA County Animal Control
502 Savidge
Reed City, MI 49677

Guide to definitions:
"Healthy," "Treatable," "Unhealthy & Untreatable"

Osceola County Animal Control (OCAC) is an Open Admission Shelter, an agency that accepts animals regardless of health or temperament and remaining classified as such is the best way to serve the economically diverse citizens Osceola County. OCAC plans to adopt the following principals to better define and to set forth best practices in placement of animals that are determined to be Healthy and/or treatable vs those that have serious health or behavioral problems that the average person of Osceola County would not treat. By accepting these practices we hope to place all healthy and/or treatable animals up for adoption – and still maintain our Open Admission Shelter status.

By not euthanizing healthy animals who can be adopted or when the shelter is full, and reserving euthanasia for animals who are unhealthy and untreatable, terminally ill or considered dangerous, we put our shelter on the same footing as our community by saving all healthy and treatable dogs and cats in our care and meeting the standard of care typically provided by our community.

**Healthy:** The term "healthy" means and includes all dogs and cats eight weeks of age or older that, at or subsequent to the time the animal is taken into possession, have manifested no sign of a behavioral or temperamental characteristic that could pose a health or safety risk or otherwise make the animal unsuitable for placement as a pet, and have manifested no sign of disease, injury, a congenital or hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal's health in the future.

**Treatable:** The term "treatable" means and includes all dogs and cats who are "rehabilitatable" and all dogs and cats who are "manageable."

**Rehabilitatable:** The term "rehabilitatable" means and includes all dogs and cats who are not "healthy," but who are likely to become "healthy," if given medical, behavioral, or other care equivalent to the care typically provided to pets by reasonable and caring pet owners/guardians in the existing community.

**Manageable:** The term "manageable" means and includes all dogs and cats who are not "healthy" and who are not likely to become "healthy," regardless of the care provided; but who would likely maintain a satisfactory quality of life, if given medical, behavioral, or other care, including long-term care, equivalent to the care typically provided to pets by reasonable and caring owners/guardians in the community; provided, however, that the term "manageable" does not include any dog or cat who is determined to pose a significant risk to human health or safety or to the health or safety of other animals.
Unhealthy and Untreatable: The term "unhealthy and untreatable" means and includes all dogs and cats who, at or subsequent to the time they are taken into possession,

1) Have a behavioral or temperamental characteristic that poses a health or safety risk or otherwise makes the animal unsuitable for placement as a pet, and are not likely to become "healthy" or "treatable" even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the existing community; or

2) Are suffering from a disease, injury, or congenital or hereditary condition that adversely affects the animal's health or is likely to adversely affect the animal's health in the future, and are not likely to become "healthy" or "treatable" even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the existing community; or

3) Are under the age of eight weeks and are not likely to become "healthy" or "treatable," even if provided the care typically provided to pets by reasonable and caring pet owners/guardians in the existing community.

Adoptable animals include only those animals eight weeks of age or older that, at or subsequent to the time the animal is impounded or otherwise taken into possession, have manifested no sign of a behavioral or temperamental defect that could pose a health or safety risk or otherwise make the animal unsuitable for placement as a pet, and have manifested no sign of disease, injury, or congenital or hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal's health in the future. Adoptable dogs may be old, deaf, blind, disfigured or disabled.

A treatable animal shall include any animal that is not adoptable but that could become adoptable with reasonable efforts." Sick, traumatized, infant or unsocialized dogs need appropriate medical treatment, behavior modification and care to turn them into healthy animals ready for placement.

"Unadoptable" or "non-rehabilitatable" means animals that are neither adoptable or treatable. By way of exclusion, "unadoptable":

1. Animals six weeks of age or younger at or subsequent to the time the animal is impounded;
2. Animals that have manifested signs of a behavioral or temperamental defect;
3. Those that could pose a health or safety risk or otherwise make the animal unsuitable for placement as a pet and
4. Animals that have manifested signs of disease, injury, or congenital or hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal's health in the future.

Some feral cats will fall into the "unhealthy & untreatable" category. Unhealthy & untreatable" does not necessarily mean unsavable.

By OCAC incorporating these aforementioned practices and saving more healthy and treatable animals in our care, we are meeting the standard of care typically provided in our own community, and hope to better serve the community of Osceola County, its residents, and their domestic pets.
STOCK CLAIM
OSCEOLA COUNTY STATE OF MICHIGAN

On the _____ Day of ______, 20____ on property owned by me,
__________________________________________ with the address of ____________________________ in the
Township of ____________________________, located within Osceola County, Michigan report the following:

Dog (s) did kill or cause to be killed the following stock or poultry:

Quantity _______ Breed ____________________________ Apx age _______

Quantity _______ Breed ____________________________ Apx age _______

Quantity _______ Breed ____________________________ Apx age _______

Quantity _______ Breed ____________________________ Apx age _______

Quantity _______ Breed ____________________________ Apx age _______

Dog owner: (known) Insert name/address here: ________________________________,
or (unknown)
Claim: (just) (unjust)
Amount of claim: $______________________________

Claimant: ______________________________________________________________

Address if different from
above: ______________________________________________________________

I am not related to the above claimant nor do I have any interest in the above mentioned claim.

I recommend payment of this claim on this day, Date ______________________

Investigated by (please print) : ________________________________
Title__________________________, Address and contact number
______________________________________________________ Phone __________________________

Township Approval___________________________________________
Title__________________________ Date ______________________

Osceola County Animal Control representative ______________________ Date_______
County of Osceola

BUDGET AMENDMENT

TO: County Treasurer and County Clerk

As provided in the Uniform Budgeting and Accounting Act of 1978, as amended, and as approved by the direction of the Board of Commissioners or as established by policy, it is hereby authorized to record the following adjustments to the budget:

FUND: General ( )  245 Capital (✓)  Special Revenue (✓)  Debt Service ( )  Other ( )

REVENUE:

<table>
<thead>
<tr>
<th>ACCT. NAME</th>
<th>ACCOUNT NUMBER</th>
<th>DECREASE</th>
<th>INCREASE</th>
</tr>
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<tbody>
<tr>
<td>App Fund 60-Sho Op</td>
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<td>Transfer</td>
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<td>$26,000</td>
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<tr>
<td>USDA Radio Grant Exp</td>
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<td>$67,800</td>
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EXPENSES:

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<th>ACCOUNT NUMBER</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans Out  Sho Op</td>
<td>295,620.999,000</td>
<td>$20,000</td>
<td>($)</td>
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<tr>
<td>USDA Fedio Grant Exp</td>
<td>245,903.971,007</td>
<td>$88,800</td>
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<tr>
<td>TOTAL</td>
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<td>($14,800)</td>
<td>($14,800)</td>
</tr>
</tbody>
</table>

Sherrif/Gail Operation  
Department Capital Fund  
L. Hudman  
Department Head Signature  
7-21-15 Date  

Board of Commissioners/Representative  
Recorded ( ) Motion/Resolution No.  
Budget Amendment No.  

EXPLANATION: USDA SHERIFF RADIOS GRANT
COUNTY OF OSCEOLA

AUTHORIZATION TO TRANSFER FUNDS

The County Treasurer is hereby directed to transfer funds in the following manner:

<table>
<thead>
<tr>
<th>FUND/ACCT</th>
<th>BUDGETED</th>
<th>TRANSFER</th>
<th>REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: 295 Sheriff Oper. $</td>
<td>$26,000</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TO: 245 Capital</td>
<td></td>
<td>26,000</td>
<td></td>
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</tbody>
</table>

COMMENTS:

The above transfer has been appropriated by the Board of Commissioners by previous resolution and may be less than the full amount appropriated in the source fund. The appropriating action was by:

- [ ] Appropriation Act
- [ ] Budget Resolution
- [✓] Transfer Resolution

The County Treasurer is to complete the transfer within three business days following the date of this authorization order. A copy of the executed transfer is to be issued to the County Clerk. Should the County Treasurer be unable to complete the transfer, in whole or in part, within the time prescribed, a statement will be sent to the authorizing party within the same time limit, giving reason why the transfer can not be completed.

- [✓] By direction of the Board
- [ ] By direction of the Finance Committee

Date: 7-21 2015

Chairman

Finance Chairperson
Victim Rights Prosecutor-2016

FOR OFFICE USE ONLY: Version # ______ APP # ______

Fiscal Agent Information
(Carefully read the instructions before completing this form)

1. Fiscal Agent Information
   a. Fiscal Agent Name Osceola County of Prosecutor
   b. Organizational Unit
   c. Address 410 W. Upton
   d. Address 2 Courthouse Annex
   e. City Reed City State MI Zip 49677-1191
   f. Federal Id Number 38-6004880 Reference No. 072578016
   g. Fiscal Agent fiscal year (beginning month and day) October-01
   h. Agency Type (Please check one)
      ☐ Private, Non-Profit ☐ Public
      1. Select the appropriate radio button to indicate the agency method of accounting. (Please select one from list)
         ☐ Accrual ☐ Cash
         ☐ Modified Accrual

2. Program Information
   a. Program Name Victim Rights Prosecutor-2016
   b. Is implementing agency same as Fiscal Agent (Please select Yes or No) ☐ Yes ☐ No
   c. Implementing Agency Name
   d. Project Start Date Oct-01-2015 End Date Sep-30-2016
   e. Amount of Funds Requested $43,250.00 Project Cost $43,250.00
3. **Certification / Contacts Information**

   a. **Authorized Official**
      
      | Name            | Larry Emig          |
      | Title           | County Commissioner |
      | Mailing Address | 301 W Upton         |
      | City            | Reed City           |
      | State           | mi                  |
      | Zip             | 49677               |
      | Telephone       | (231) 832-6196      |
      | Fax             | (231) 832-6197      |
      | E-mail Address  | leemig@charter.net  |

   b. **Financial Officer**
      
      | Name            | Lori Leudeman       |
      | Title           | Financial Director  |
      | Mailing Address | 301 W Upton         |
      | City            | Reed City           |
      | State           | mi                  |
      | Zip             | 49677               |
      | Telephone       | (231) 832-6110      |
      | Fax             | (231) 832-6112      |
      | E-mail Address  | treasurer@osceolacounty.mi.com |

   c. **Project Director**
      
      | Name            | Danielle Taylor     |
      | Title           | Project Coordinator |
      | Mailing Address | 410 W Upton Ave     |
      | City            | Reed City           |
      | State           | MI                  |
      | Zip             | 49677               |
      | Telephone       | (231) 832-3226      |
      | Fax             | (231) 832-6147      |
      | E-mail Address  | advocate@osceolacounty.mi.com |
4. Assurances and Certifications

A. SPECIAL CERTIFICATIONS

a. By checking this box, the individual or officer certifies that he or she is authorized to approve this grant application for submission to the Department of Health and Human Services on behalf of the responsible governing board, official or Contractor.

b. By checking this box, the individual or officer certifies that he or she is authorized to sign the agreement on behalf of the responsible governing board, official or Contractor.
5. **Program Synopsis**

Provide victims with information outlining charges, their rights and the name of the person in the prosecutor's office with information relative to their case.

6. **Program Target Area**

**Counties**

Counties project will serve (check all that apply):

- Alcona
- Alger
- Allegan
- Alpena
- Antrim
- Arenac
- Baraga
- Barry
- Bay
- Benzie
- Berrien
- Branch
- Calhoun
- Cass
- Charlevoix
- Cheboygan
- Chippewa
- Clare
- Clinton
- Crawford
- Delta
- Dickinson
- Eaton
- Emmet
- Genesee
- Gladwin
- Gogebic
- Grand Traverse
- Gratiot
- Hillsdale
- Houghton
- Huron
- Ingham
- Ionia
- Iosco
- Iron
- Isabella
- Jackson
- Kalamazoo
- Kalkaska
- Kent
- Keweenaw
- Lake
- Lapeer
- Leelanau
- Lenawee
- Livingston
- Luce
- Mackinac
- Macomb
- Manistee
- Marquette
- Mason
- Mecosta
- Menominee
- Midland
- Missaukee
- Monroe
- Montcalm
- Montmorency
- Muskegon
- Newaygo
- Oakland
- Oceana
- Ogemaw
- Ontonagon
- Osceola
- Oscoda
- Otsego
- Ottawa
- Out Wayne
- Presque Isle
- Roscommon
- Saginaw
- Sanilac
- Schoolcraft
- Shiawassee
- St. Clair
- St. Joseph
- Tuscola
- Van Buren
- Washtenaw
- Wayne
- Wexford

**U.S. Congressional, State and House Districts**

U.S. Congressional Districts
- US Congress District 4

State Senate District
- State Senate District 35

State House Districts
- State House District 102
Narrative for Victim Rights Prosecutor-2016
Agency: Osceola County of Prosecutor
Application: Victim Rights Prosecutor-2016

7. Mission Statement

To provide and protect the victims rights detailed in the CVRA. To advocate and guide victims through the criminal process without further victimizing them as the judicial system can be cold and confusing.

8. Project Resources

Provide a general description of staff needed to implement Victims Rights in your county. Identify the most critical activities that you perform when providing victim rights.

Our county has two victim advocates (60-40%). The advocates meet with victims when necessary but for the most part our communication is through phone calls and letters. They also provide limited information regarding resources in our area. They explain the process of CVR compensation fund when appropriate and assist with the applications if necessary.

We sit in meetings with prosecutors if there is a child (or teen) victim, sometimes with adult victims too. The felony end of VR is overwhelmed with CSC victims and the family dynamics that sometimes accompany these cases. We spend time sitting with victims through court and explaining why the prosecutor may offer plea deal and the flaws in having a jury trial.

If you utilize the services of volunteers in the provision of Victim Rights, please explain how this is accomplished.


Does your agency participate in MCVNN?

☑ Yes ☐ No

Provide the number of victims registered to use MCVNN in your county for court events during the past calendar year.

To obtain statistics for number of Victims Registered with MCVNN visit the website https://www.vinewatch.com/vinewatch/

Please describe your programs efforts to utilize MCVNN.

We have not used this program and should request training. We do advise our victim to contact the sheriff dept to be contacted if defendant is released.

10. Community Coordination

1. Community Coordination Activity 1 - Describe any community activities, projects, or coordination councils that your office is involved in to promote Victim Rights and services.

2. Community Coordination Activity 2 - Describe any community activities, projects, or coordination councils that your office is involved in to promote Victim Rights and services.

3. Community Coordination Activity 3 - Describe any community activities, projects, or coordination councils that your office is involved in to promote Victim Rights and services.
11. Work Plan

**Objective:** Implement the requirements of the William Van Regenmorter, Crime Victim Rights Act, P.A. 87 of 1985

**Activity:** Provide the victim with information relative to the Victim Impact Statement

**Responsible Staff:** Victim Advocate

**Date Range:** 10/01/2015 - 09/30/2016

**Expected Outcome:** Victims given opportunity for written expression of impact of crime.

**Measurement:** ACT/JCT program

**Activity:** Provide victims with information outlining charges, their rights and the name of the person in the Prosecutor’s office with information relative to their case.

**Responsible Staff:** Victim Advocate

**Date Range:** 10/01/2015 - 09/30/2016

**Expected Outcome:** Victims will be notified of their rights.

**Measurement:** ACT/JCT case tracking program.

**Activity:** Provide victims with compensation information

**Responsible Staff:** Victim Advocate

**Date Range:** 10/01/2015 - 09/30/2016

**Expected Outcome:** Assault victims can apply for reimbursement of out-of-pocket costs

**Measurement:** ACT/JCT PROGRAM

**Activity:** Attendance at PAAM training

**Responsible Staff:** Victim Advocate

**Date Range:** 10/01/2015 - 09/30/2016

**Expected Outcome:** VR staff development, increase awareness, empathy & self care

**Measurement:** Evaluation for increased retention, higher morale, increased satisfaction

**Activity:** the grantee will fulfill reporting requirements of the Victim Rights Contract.

**Responsible Staff:** program manager, financial manager, Victim Advocate

**Date Range:** 10/01/2015 - 09/30/2016

**Expected Outcome:** All budget reports are entered correctly and on a timely basis.

**Measurement:** On-line grant system
## Budget

### DIRECT EXPENSES

#### Program Expenses

1. **Salary & Wages**
   - Advocate
     - Qty: 2.0000
     - Rate: 20000.00
     - Units: 0.00
     - Total: 40,000.00

2. **Fringe Benefits**

3. **Travel**
   - Mileage-PACC/PAAM training
     - Qty: 0.0000
     - Rate: 0.00
     - Units: 0.00
     - Total: 600.00

4. **Supplies & Materials**
   - Office Supplies
     - Qty: 0.0000
     - Rate: 0.00
     - Units: 0.00
     - Total: 1,500.00
   - Postage
     - Qty: 0.0000
     - Rate: 0.00
     - Units: 0.00
     - Total: 610.00
   - paper, pens, binders, staples etc
     - Qty: 0.0000
     - Rate: 0.00
     - Units: 0.00
     - Total: 190.00

**Total for Supplies & Materials**: 2,300.00

5. **Contractual**

6. **Equipment**

7. **Other Expense**
   - Telephone
     - Qty: 0.0000
     - Rate: 0.00
     - Units: 0.00
     - Total: 350.00

**Total Program Expenses**: 43,250.00

**TOTAL DIRECT EXPENSES**: 43,250.00

### INDIRECT EXPENSES

#### Indirect Costs
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<th>Line Item</th>
<th>Qty</th>
<th>Rate</th>
<th>Units</th>
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<th>Amount</th>
<th>Total</th>
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<td>Total Indirect Costs</td>
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<td></td>
<td>43,250.00</td>
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## Budget Summary for Victim Rights Prosecutor-2016

### Agency: Osceola County of Prosecutor

#### Application: Victim Rights Prosecutor-2016

**7/29/2015**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td><strong>DIRECT EXPENSES</strong></td>
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<td></td>
</tr>
<tr>
<td>Program Expenses</td>
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</tr>
<tr>
<td>1 Salary &amp; Wages</td>
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<tr>
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<td>3 Travel</td>
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<tr>
<td>4 Supplies &amp; Materials</td>
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<td>7 Other Expense</td>
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### Source of Funds

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<td>Fees and Collections</td>
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<td>----------------</td>
<td>---------</td>
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<td>0.00</td>
<td>43,250.00</td>
<td></td>
</tr>
</tbody>
</table>
15. Supporting documentation, if required
August 4, 2015

To: Osceola County Board of Commissioners

RE: Replacement Ambulance Purchase

There are currently six ambulances in the fleet for the EMS Department. I have listed the Year, Make, Model, and Mileage of each ambulance below:

2014 Chevrolet Road Rescue 35,000 miles
2014 Chevrolet Road Rescue 49,000 miles
2013 Chevrolet Road Rescue 134,000 miles
2009 International Road Rescue 247,000 miles
2003 International PL Custom 239,000 miles
2003 Ford McCoy Miller 250,000 miles

There are four ambulances on duty seven days a week. The Chevrolet ambulances are three of the primary vehicles. The fourth primary vehicle is either the Ford or one of the International ambulances.

The 2016 budget will include the replacement of an ambulance. The build time for a new ambulance is approximately 8-12 months currently due to chassis availability from Chevrolet or Ford. This build time would be accurate for a new purchase or a remount. Effective July 1, 2015 new safety standards were implemented which increase the cost of a new ambulance approximately $5,000-$10,000. The estimated cost for a new ambulance similar to our most recent ambulance purchase is estimated at $180,000-$190,000.

Emergency Vehicles Plus, an ambulance dealer in Holland, has a 2011 Ford Wheeled Coach ambulance for sale. This is a demo vehicle with 6,500 miles on the vehicle and includes the full factory warranty. The total cost of this vehicle including graphics and paint to match our current fleet is $97,345. I have inspected the vehicle and have determined that this vehicle would meet the needs of the EMS Department.

This ambulance is being offered at a significantly lower price than a new ambulance for a few reasons. One reason is the box of the ambulance is used and has been mounted a on a new chassis. An additional reason is the ambulance is 7 inches shorter in length and 4 inches shorter in height compared to the Road Rescue ambulances. Although the ambulance is smaller it will meet the needs of our department and it is hard to pass up the opportunity to purchase a new ambulance for approximately $80,000 less than the normal price.

The components of the ambulance box have a warranty from Emergency Vehicles Plus for 24 months, which is also the standard warranty for new ambulances. The Ford ambulance chassis is covered by the full factory warranty.

The $97,345 price of the 2011 ambulance includes a $5,000 trade in allowance for the 2003 International PL Custom. The 2003 International PL Custom was chosen to be traded in based on the high maintenance costs of a medium duty ambulance, the age and mileage of the vehicle, as well as the PL Custom ambulance box cannot be remounted on a regular duty chassis due to the weight of the ambulance box.
If the purchase of the ambulance is approved today the estimated delivery would be in October of this year. The goal would be to have the new ambulance in service approximately 30 days from date of delivery. All necessary medical equipment to stock the ambulance would be removed from the 2003 ambulance which is being taken in on trade.

The EMS Department is requesting approval to trade in the 2003 International Ambulance with Clerk to sign the title towards the purchase of the 2011 Wheeled Coach Ambulance from Emergency Vehicles Plus in the amount of $97,345 with funds out of the 210 Fund Balance.

I have included the quote for the vehicle from Emergency Vehicles Plus as well as information regarding the new changes in the ambulance standards effective July 1, 2015.

Respectfully Submitted,

Jeremy Beebe
EMS Director
Dear Osceola County EMS,

Thank you for your interest in our 2011 Wheeled Coach Ford E-450 V-10 gasoline powered Type III remount in-stock unit. We are happy to provide you with a quote on this ambulance and as we discussed, we are able to make the changes you desire to make this unit acceptable for your service. The ambulance has all of the items as shown in the photographs plus the following items as requested:

2011 Wheeled Coach Ford E-450 gasoline powered V-10 165" x 68" Type III, full factory warranty, full EV Plus warranty, price .................................................. $97,345.00
Osceola paint stripe and graphics ......................................................... $8,000.00
LED side scene and rear load lights (TecNiq) ........................................... $1,200.00
AliArc front bumper/Grille guard ......................................................... $1,600.00
Vanner Inverter ..................................................................................... $1,200.00
Cool Bar .................................................................................................. $4,000.00
Change squad bench net to A-arm w/sharps and waste container ................ N/C
Change all light heads to clear lenses .................................................... N/C

Price .................................................. $113,345.00
All in-stock unit discount ................................................................. $5,000.00
Ford GPC discount (w/Active Ford "Q" or "K" FIN code) ......................... $6,000.00
PL Medium Duty International trade-in ................................................ $5,000.00

Total .................................................. $97,345.00

Stryker Power Pro and Power Load, installed .......................................... $34,306.20

Terms; 10% deposit w/order, balance C.O.D. upon acceptance at delivery

Thank you again for this opportunity to provide you with a quote. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Scott A. Schalow, Ambulance Sales Manager, Emergency Vehicles Plus, Holland, MI

670 East 16th St. Holland, MI 49423
1-800-320-9749 / 616-396-1391 Fax
June 1, 2015

INFORMING YOU OF CHANGE: Pending Change Notice #8 to Current KKK-A-1822F Ambulance Specifications

Please see the attachment regarding the Pending Change Notice #8 to the current KKK-A-1822F Ambulance Specifications. As stated in the attachment, it is expected that these requirements will be adopted and will be effective July 1, 2015 for all new ambulances ordered after that date.

In short, the price of ambulances is going to increase. These increases will be contingent on several factors. Some of these factors will include:

- SAE Certified seats.
- SAE Certified Cot Mounts.
- SAE Certified Equipment mounts.
- FSAM (final stage ambulance manufacturer) seats, such as bulkhead seating, CPR side seats, Squad Bench, etc. will require new compliance testing to these standards.

For example, as of today ALL “antler type” cot mounts regardless of the manufacturer will NOT meet these new Standards. Currently cot mounts certified to these new SAE Standards would be the “NEW” Ferno Stat-Trac cot mount or the “NEW” Stryker Power Load cot mount. The ambulance cots that would meet these new Standards would be those designed for use in these cot mounts. There may be some level of “backward” compatibility, but this has not been confirmed at this time by either manufacturer.

If you cannot accelerate your buying cycle to avoid these major price increases, you will need to increase your budget for future ambulance purchases. The price increase is estimated to range between $5,000.00 - $10,000.00 depending on your total options and items selected.

This is reminiscent of the major NFPA 1901 Fire Apparatus changes several years ago, increasing the price of a pumper nearly $30,000.00. Do not delay in contacting one of us with any additional orders or questions.

Scott Schalow
Ambulance Sales Manager
Cell: 989-280-1898
Email: scottschalowevp@gmail.com

Mark Genzink
Ambulance Specialist
Cell: 616-405-1802
Email: mark@emergencyvehiclesplus.com

McCOY MILLER
Wheeled Coach
Road Rescue
EMERGENCY VEHICLES PLUS
REMTONS

670 East 16th Street • Holland, MI 49423
800-320-9749 • 616-848-3124 • 616-396-1391 Fax • www.emergencyvehiclesplus.com
NIOSH research/SAE Standards

NIOSH has completed much of their project on researching and developing specific crash standards and testing procedures for ambulance safety criteria. This work is being done in cooperation with the Ambulance Manufacturer's Division of the NTEA.

The final products of the NIOSH efforts are being published as Recommended Practice Standards by the Society of Automotive Engineers. Three of those ambulance standards have been officially approved and published at this time:

- **SAE J3026** Ambulance Patient Compartment Seating Integrity and Occupant Restraint
- **SAE J3027** Ambulance Litter Integrity, Retention and Patient Restraint
- **SAE J3043** Ambulance Equipment Mount Device or Systems (Includes additional criteria and detail from SAE J2917 and J2956).

Inclusion of these standards in the design of a new production ambulance will require moderate to major changes in design, construction and equipment in each specific category.

Additional SAE standards for integrity of modular body, floor and cabinets, as well as surface de-lethalization and occupant excursion are currently under development by NIOSH and will be promulgated when completed and approved.

GSA KKK-A-1822F

It is noted that regulation of ambulance specifications is a function of each individual state, and that only 30 of the 50 states currently require compliance to KKK at some level. At this point in time, no state has yet taken action to adopt another standard.

Change Notice #8 – As part of the Recommended Practice Standards referenced on Page 1 (SAE J3026, SAE J3027 and SAE J3043). GSA opened the comment period April 6, 2015. The comment period closes May 20, 2015. It is our belief these Standards will be adopted. If so:

- **Change Notice #8 will have an effective date of July 1, 2015.** This notice requires compliance with SAE J3026, J3027 and J3043 for new production ambulances contracted for (ordered) after July 1, as well as some other minor clarifications to the document.
The inclusion of these new SAE standards as a requirement in KKK is a major change with significant effect. Some considerations are (in no specific order):

1) These standards are the best science our industry has ever had. Properly executed, they will create a huge improvement in patient compartment safety.

2) Like everything else, improvements come with a price. Implementation of these standards will have a substantial cost impact on the price of compliant vehicles.

3) These new standards will only be required in states that mandate KKK or that somehow otherwise adopt the requirements.

4) The Litter requirements are undoubtedly the most significant change. The SAE J3027 compliant product lines offered by the two existing cot manufacturers may not yet be complete enough to fully satisfy the needs of the market.

5) There are no requirements for existing fleets or for units that are remounted.

Providers will need to contact their state EMS office for direction on required levels of compliance.
August 4, 2015

To: Osceola County Board of Commissioners

RE: Pre-Employment Physicals

In 1996, the Osceola County Board of Commissioners made a motion to require all EMS employees to have a back x-ray performed as part of the pre-employment physical process. Since 1996, there have been numerous medical studies and rulings from the EEOC (Equal Employment Opportunity Commission) regarding pre-employment back x-rays. There is also the component of complying with the ADA during the pre-employment process. If an employer wrongly refuses to hire a qualified individual with a disability, it may be subject to liability under the ADA despite the involvement of a doctor in the decision-making process.

In recent years the Equal Employment Opportunity Commission (EEOC), has litigated many cases involving individuals who were rejected by employers based on the results of a pre-employment examination. Most commonly, applicants are rejected after a back x-ray reveals a back impairment such as spondylolisthesis or degenerative disc changes. The EEOC has taken the position that individuals who are asymptomatic and who routinely do physically demanding work may not be deprived of employment because of back abnormalities shown on radiological films.

I have discussed the subject of back x-rays with Spectrum Health Occupational Health Services. The physician agrees that back x-rays are no longer the standard. In fact the Occupational Health Services physician refuses to order a pre-employment back x-ray based on the studies and rulings from the EEOC and ADA. Spectrum Health Occupational Health Services recommends a comprehensive back exam in lieu of a back x-ray. The comprehensive back exam includes a questionnaire and also a physical exam to determine the perspective employee’s ability to perform EMS work.

The cost for a back x-ray is approximately $200. The charge to perform the comprehensive back exam is $28. This is the same process in which Spectrum Health in Grand Rapids is using as well. I have enclosed a copy of the comprehensive back exam for review.

The EMS Department is requesting the approval of replacing the back x-ray as part of the pre-employment process for the EMS Department with the comprehensive back exam.

Respectfully Submitted,

Jeremy Beebe
EMS Director
**COMPREHENSIVE BACK QUESTIONNAIRE/EXAMINATION - OCCUPATIONAL SERVICES**

Date ____________________  Date of birth: ____________________

**QUESTIONNAIRE FOR BACK HISTORY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1. Have you ever been told you had any of these conditions? (Check which ones)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Sciatica</td>
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<tr>
<td></td>
<td></td>
<td>Spondylolisthenosis</td>
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</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>2. Have you ever seen a physician for back pain? (if yes, complete these questions)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physician name: ____________________  MD/DO  Chiropracter  Orthopedist  Neurosurgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Were you hospitalized?  No  Yes  If yes, how long? ____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Which treatments did you receive?  Rest at home  Medication  Manipulation  Traction  Surgery  Physiotherapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Did you have to be off work?  No  Yes  If yes, how long? ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>3. Are there any current back complaints? (If yes, check which ones you have.)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Pain in the back  Radiation into the legs  Numbness or tingling in legs  Weakness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What makes it worse? __________________________________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What makes it better? ________________________________________________________</td>
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</tbody>
</table>

I certify that I have answered truthfully all questions regarding my back history and have not knowingly withheld any information concerning my health status, either past or present. I agree that all findings of this exam may be released to my employer.

Patient signature ____________________  Date ____________________

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**EXAMINATION**

| Overweight:  No  Yes |
|--------------|------------------|
| Posture:     Normal  List or tilt  Marked lordosis  Marked kyphosis  Scoliosis |
| Flat low back  Marked lordosis  Muscle spasms |

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<td>Hyperextension</td>
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<td>Right rotation</td>
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<td>Left rotation</td>
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<td>Right side bend</td>
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<td></td>
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<td>Left side bend</td>
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<td>Toe walking</td>
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<td>Sensory</td>
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<td>Patellar reflex</td>
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<td>Achilles reflex</td>
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<tr>
<th>Gross atrophy</th>
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<tbody>
<tr>
<td>Leg length difference</td>
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<td>Vascular insufficiency</td>
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</table>

Additional positive findings ____________________

TIME __________ DATE __________ Health Care Provider signature ____________________

X02494 (8/09)  (Spanish X10568)
DATE: July 20, 2015

TO: Osceola County Commissioners

RE: Contract with Point & Pay for online Tax payments

As you know, the county’s delinquent tax information is now online through BS&A. That is working well, and we have already received some revenue with the pay per hit option. Currently I am working with JT and BS&A to get the current tax information posted as well.

The next step is to accept Credit Card payments for taxes online. BS&A recommended 2 companies that interact well with their software programs. After polling other county treasurers, I have chosen Point & Pay. There will be no cost to the county for this service. Taxpayers will pay a 3% fee to use their credit card, with a minimum fee of $2. The funds will be deposited in our local bank within 48 hours. Payments will be posted to the correct tax program and journalized to our General Ledger.

Our office will also be able to use Point & Pay to accept credit cards in the office and by telephone. I will discontinue using Vitalcheck. Vitalcheck did not allow us to accept VISA credit cards, and had some other issues as well. If other departments wish to accept payments online, they can be added at any time.

The contract with Point & Pay is attached and I am asking that the Board enter into it for credit card use for the Treasurer’s Department. Please let me know if you have any questions or concerns.

Thank you!

Lori
PARTIES:

Point & Pay, LLC ("PNP")
A subsidiary of NAB, doing business in Delaware

[Osceola County, MI] ("Client")

TERMS

SECTION 1  E-PAYMENT SERVICES

1.1 Access to Payment Modules
1.1.1 Pursuant to this E-Payment Services Agreement (this "Agreement"), PNP grants Client a limited, non-exclusive, non-transferable and terminable license for the duration of the Term to use the electronic payment services (the "Services") and payment modules (each, a "Module") chosen in the attached product application ("Product Application") to enable Client's customers ("Customers") to make payments to Client using a Payment Device. "Payment Device" means the payment type(s) chosen by Client on the Product Application. A description of all Modules, Services, training and support offered by PNP is attached as Exhibit A (the "Services Description").

1.1.2 At the time of Client's execution of this Agreement, Client shall also return the completed Client Application to PNP. Subject to the terms and conditions of this Agreement, the Services may be also be used by the affiliated offices, bureaus, agencies or departments of Client ("Affiliates"). Each Affiliate shall complete a Client Application prior to commencement of the Services.

1.2 Client Representatives
PNP will provide Client's authorized representatives with a logon and password to access the Counter Module. Client shall be solely responsible for maintaining the confidentiality and security of the logons and passwords provided by PNP. Client will cause each of its representatives to change the initial password, keep the passwords confidential, refrain from sharing passwords and/or logon information with any unauthorized user, and use no other password to access the Counter Module. PNP shall be entitled to rely on any communications it receives under Client's passwords, logon information, and/or account number as having been sent by Client, without conducting any further checks as to the identity of the user of such information. PNP will not be responsible for the operability or functionality of any of Client's computer equipment, system, browser or Internet connectivity.

1.3 Payment Device Transactions
All Payment Device transactions using the Services will be processed through a secured link. The parties to each Payment Device transaction will be the Customer cardholder, the Client and PNP.

1.4 Service Promotion
Client will use reasonable efforts to promote the Services and build awareness of the Services with its customers through various media including, but not limited to:
- Print: Bill inserts, counter displays, and announcements in Client's newsletter
- Online: Home page announcements with an easily accessible, one-click link to payments page.
- Phone/IVR: Pre-recorded message with the ability to transfer to payments IVR (e.g., "Press 2 to make a payment") or provide the IVR phone number to call.
- Joint Press Releases: The parties shall mutually agree upon press releases announcing the availability of electronic payment services and the partnering of Client and PNP.

1.5 Trademark License
PNP grants Client a limited, non-exclusive, non-transferable license to use the PNP trademarks, service marks and logos provided by PNP to Client (the "Trademarks") solely in connection with Client's promotion of the Services to Customers. Client shall not alter the Trademarks nor use the Trademarks in any way which is disparaging, dilutive or otherwise adversely affects the reputation of PNP.

1.6 Client Logo License
Client grants PNP a limited, non-exclusive, non-transferable license to use its applicable logos, copyrighted works and trademarks ("Client Marks") solely in connection with the Services provided to Client. Client shall provide the Client Marks to PNP for use with the Services. Client represents that it has all intellectual property rights required for Client's and PNP's use of Client Marks, and shall indemnify PNP against any third party claims that the Client Marks infringe the intellectual property rights of a third party.
SECTION 2 COMPENSATION

2.1 Services Transaction Fee
PNP will charge the transaction fee to use the Services set forth on the Product Application. If Services fees are charged directly to Customers by PNP, Customers will receive a notice each time they use the Services stating that the Services are provided by PNP and that a convenience fee is charged for use of the Services. PNP may change the amount of such fee by notifying Client of such new amount at least thirty (30) days prior to such change.

2.2 Activation Fee
If applicable, Client shall pay the one-time Activation Fee set forth on the Product Application. If the Activation Fee or any portion of the Activation Fee is waived by PNP and the Client does not implement the Service under this Agreement within six months after the Effective Date, other than due to a material breach by PNP, the waived portion of the Activation Fee shall become immediately due and payable.

2.3 Charge-backs and Returns
Unless otherwise specified in the Product Application, PNP will set off (a) the amount of any charge-backs, refusal to pay and returns from any amounts otherwise owing by PNP to Client and (b) a transaction handling fee for charge-backs and non-sufficient funds (NSF) as specified in the Product Application.

2.4 ACH Debit of Fees
Client hereby authorizes PNP, and any subsidiary or successor thereof, solely with respect to amounts due pursuant to this Agreement and any subsequent agreements between Client and PNP, including but not limited to service fees, transaction fees, charge-backs and returns as set forth in Sections 2.1 and 2.3 of this Agreement, to initiate Automated Clearing House ("ACH") Authorizations to credit and debit Client's bank account as set forth on the Banking Authorization Form attached hereto as Exhibit B or otherwise provided by Client. Client acknowledges that it will be subject to a $25 reject fee if items are returned for insufficient funds.

SECTION 3 INTELLECTUAL PROPERTY; CONFIDENTIALITY

3.1 No Transfer or License
Except for the rights expressly granted to Client in this Agreement, no PNP Intellectual Property Right is transferred or licensed to Client pursuant to this Agreement, by implication or otherwise. PNP reserves and retains all rights, title and interests in and to the PNP Intellectual Property Rights, and all copies, revisions, modifications, updates, and upgrades thereof. Client agrees not to remove, alter or destroy any copyright, patent notice, trademark or other proprietary markings or confidential legends placed on or within any portion of the PNP Intellectual Property Rights. For purposes of this Agreement, "Intellectual Property Rights" means all the intellectual property, industrial and other proprietary rights, protected or protectable, under the laws of the United States, any foreign country, or any political subdivision thereof, including (a) all trade names, trade dress, trademarks, service marks, logos, brand names and other identifiers, (b) copyrights, moral rights (including rights of attribution and rights of integrity), (c) all trade secrets, inventions, discoveries, devices, processes, designs, techniques, ideas, know-how and other confidential or proprietary information, whether or not reduced to practice, (d) all domestic and foreign patents and the registrations, applications, renewals, extensions and continuations (in whole or in part) thereof, and (e) all goodwill associated with any of the foregoing and (f) all rights and causes of action for infringement, misappropriation, misuse, dilution or unfair trade practices associated with (a) through (d) above.

3.2 Ownership and Use of PNP Materials
Any software developed by or on behalf of PNP for use in connection with the Services remains the exclusive property of PNP. Client will not sell, transfer, barter, trade, license, modify or copy any such software. Web pages accessible through use of the Services are the copyrighted intellectual property of PNP and may not be copied in whole or part by anyone. Any training materials (including, but not limited to, webinars and manuals) provided to Client by PNP shall remain the exclusive property of PNP. PNP grants Client and Client's personnel a limited, non-exclusive, non-transferable license to use and to make copies of the training materials with its personnel solely in connection with the Services. Training materials may not be modified by Client or its personnel or disclosed to any third party, including Client's end-user customers. Client shall ensure all personnel shall complete and review all training materials prior to using the Services.

3.3 Reverse Engineering
Client will not reverse engineer, reverse assemble, decompile or disassemble any of PNP's intellectual property, nor will Client attempt to do so or enable any third party to do so or otherwise attempt to discover any source code, modify the Service in any manner or form, or use unauthorized modified versions of the Service, including (without limitation) for the purpose of building a similar or competitive product or service or for the purpose of obtaining unauthorized access to the Service. Client is expressly prohibited from sublicensing use of the Service to any third parties. If Client becomes aware that any person has engaged or is likely to have engaged in any of the activities described in this Section 3.3, Client will promptly notify PNP.
3.4 Confidential Information

3.4.1 Any Confidential Information provided by PNP to Client pursuant to this Agreement will remain the exclusive property of PNP. Client will disclose such Confidential Information only to those of its representatives and employees who need to know such Confidential Information for purposes of performing this Agreement, who are informed of the confidential nature of the Confidential Information and who agree, for the benefit of PNP, to be bound by the terms of confidentiality in this Agreement. Client will, and will cause each of its representatives and employees, to keep confidential and not to disclose in any manner whatsoever any Confidential Information provided by PNP pursuant to this Agreement, and not to use such Confidential Information, in whole or in part, directly or indirectly, for any purpose at any time other than for the purposes contemplated by this Agreement. Notwithstanding the foregoing, if Client is a city, county, township or similar entity, or government agency or department thereof, Client may disclose Confidential Information as necessary to comply with applicable public records laws.

3.4.2 For purposes of this Agreement, "Confidential Information" means all nonpublic or proprietary information of PNP, including proprietary, technical, development, marketing, sales, operating, performances, cost, know-how, business and process information, computer programs and programming techniques, security features (including, without limitation, multi-level access and log-in features, audit trail setup, interfaces between the Counter Module and the Internet or IVR Modules), all record bearing media containing or disclosing such information and techniques, and anything marked confidential, that is disclosed by PNP to Client pursuant to this Agreement. Confidential Information also includes the terms and conditions of this Agreement.

3.5 Exclusions

The term Confidential Information will not apply to information that: (a) is or becomes generally available to the public other than as a result of a disclosure by Client in breach of this Agreement; (b) was within Client's possession prior to its disclosure by or on behalf of PNP, provided that the disclosure of such information was not known by Client to be bound by a confidentiality agreement with, or other contractual, legal or fiduciary obligation of confidentiality to, PNP with respect to such information; (c) becomes available to Client on a non-confidential basis from a source other than PNP, provided that such source is not known by Client to be bound by a confidentiality agreement with, or other contractual, legal or fiduciary obligation of confidentiality to, PNP with respect to such information; or (d) is developed independently by Client, as demonstrated by the written records of Client, without use of such information. The confidentiality obligations of Client pursuant to this Agreement will not apply to any Confidential Information of PNP that Client is legally compelled to disclose. In the event Client becomes legally compelled to disclose any Confidential Information provided pursuant to this Agreement, Client will provide PNP with prompt written notice so that PNP may seek a protective order or other appropriate remedy or waive compliance with the confidentiality provisions of this Agreement.

3.6 Failure to Comply

If Client fails to comply with any of its obligations pursuant to this Section 3, PNP will have the right to immediately terminate this Agreement by providing written notice of such termination to Client.

3.7 Survival

The rights and obligations of the parties provided for in this Section 3 will survive any expiration or termination of this Agreement or its term.

SECTION 4 WARRANTIES; DISCLAIMER

4.1 Warranties

4.1.1 Each party represents and warrants that it has the full legal right, authority and power to enter into this Agreement and perform its obligations hereunder.

4.1.2 PNP represents and warrants that the Services will be provided in a professional, workman-like manner consistent with industry standards.

4.2 Disclaimers

4.2.1 PNP does not represent that Client's or its Customers use of the Services will be uninterrupted or error-free, or that the system that makes the Services available will be free of viruses or other harmful components resulting from the Internet or any third party providers or products outside the control of PNP.

4.2.2 EXCEPT FOR THE WARRANTIES EXPRESSLY SET FORTH IN THIS SECTION 4, PNP DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NON-INFRINGEMENT. THE SERVICE IS PROVIDED TO CLIENT ON AN "AS IS" AND "AS AVAILABLE" BASIS, AND IS FOR COMMERCIAL USE ONLY.
SECTION 5  LIMITATIONS OF LIABILITY AND OBLIGATION

5.1 Damages and Liability Limit
IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER PARTY OR ANY THIRD PARTY IN CONNECTION WITH THIS AGREEMENT FOR INDIRECT, INCIDENTAL, CONSEQUENTIAL, RELIANCE, SPECIAL, EXEMPLARY OR PUNITIVE DAMAGES, INCLUDING DAMAGES FOR LOST PROFITS, EVEN IF THE OTHER PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. EACH PARTY RELEASES THE OTHER PARTY AND ALL OF THE OTHER PARTY’S AFFILIATES, EMPLOYEES, AND AGENTS FROM ANY SUCH DAMAGES. IN NO EVENT WILL PNP HAVE OR INCUR ANY LIABILITY TO CLIENT OR ANY THIRD PARTY IN EXCESS OF THE AGGREGATE COMPENSATION RECEIVED BY PNP FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE EVENT GIVING RISE TO A CLAIM FOR SUCH LIABILITY. THE FOREGOING EXCLUSIONS AND LIMITATIONS WILL APPLY TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, EVEN IF ANY REMEDY FAILS ITS ESSENTIAL PURPOSE.

5.2 Refusals of Payment
PNP will not be liable for charge-backs or other refusals of payment initiated by any Customer. All such charge-backs and other refusals of payment will be refunded by PNP to the Customer and Client will mark and otherwise treat the related Customer account as “unpaid.”

5.3 Errors and Omissions
PNP will not be liable for any errors or omissions in data provided by Client or Customers. Client will be responsible for the accuracy of data provided to PNP for use in providing the Services.

5.4 Bank Actions
PNP will not be liable for any errors, omissions or delays attributable to the acts or omissions of any bank or other third party involved in the processing of any Payment Device payment.

SECTION 6  CARDHOLDER DATA SECURITY
To the extent applicable, each of the parties shall be required to comply at all times with the Payment Card Industry Data Security Standard Program (“PCI-DSS”) in effect and as may be amended from time to time during the term of the Agreement. The current PCI-DSS specifications are available on the PCI Security Standards Council website at https://www.pcisecuritystandards.org.

SECTION 7  EXCLUSIVITY
Client agrees that PNP will be the exclusive provider of fee-based electronic payment services and that Client will not procure similar such services from any other party.

SECTION 8  TERM AND TERMINATION

8.1 Term
The initial term of this Agreement will commence on the Effective Date and will end on the third (3rd) anniversary of the Effective Date (the “Initial Term”). This Agreement will automatically renew for successive one (1)-year terms (each, a “Renewal Term,” and the Initial Term and any Renewal Term may be referred to as a “Term”). The term of this Agreement will terminate at the end of the Initial Term or any subsequent Renewal Term if either party provides written notice of such termination to the other party at least sixty (60) days prior to the expiration of the applicable Term.

8.2 In the Event of Breach; Effect on Affiliates
8.2.1 Subject to the opportunity to cure set forth below, either party may terminate this Agreement upon sixty (60) days written notice to the other party in the event of a material, uncured breach of any provision of this Agreement by the other party. Such notice by the complaining party shall expressly state all of the reasons for the claimed breach in sufficient detail so as to provide the alleged breaching party a meaningful opportunity to cure such alleged breach (“Notice”).

8.2.2 Following receipt of Notice, the alleged breaching party shall have sixty (60) days to cure such alleged breach. Upon termination or expiration of this Agreement, Client shall have no rights to continue use of the Service or the Modules. Expiration or termination of the Agreement by Client or PNP shall also terminate the Affiliates’ rights under the Agreement unless otherwise agreed by the parties in writing. PNP may terminate the Agreement solely with respect to an individual Affiliate without affecting the rights and obligations of Client and other Affiliates under the Agreement.

8.3 Modification to or Discontinuation of the Service
PNP reserves the right at any time and from time to time to modify, temporarily or permanently, the Service (or any part thereof). In addition, PNP will have the right to discontinue accepting any Payment Device by providing not less than ten (10) days’ written notice to Client. In the event that PNP modifies the Service in a manner which removes or disables a feature or functionality on which Client materially relies, PNP, at Client’s request, shall use commercially reasonable efforts to substantially restore such functionality to Client. In the event that PNP is unable to substantially restore such functionality within sixty (60) days, Client shall have the right to terminate the Agreement. Client acknowledges that PNP reserves the right to discontinue offering the Service and any support at the conclusion of Client’s then-current Term. Client agrees that PNP shall not be liable to Client nor to any third party for any modification of the Service as described in this Section.
SECTION 9  PAYMENT DEVICE TRANSACTION DEPOSITS
The exact amount of each approved Payment Device transaction will be electronically deposited into the Client bank account identified on the Client Application. PNP shall initiate such deposits as specified on the attached Client Application. PNP will provide Client’s authorized employees with access to PNP’s online transaction reports for reconciliation purposes.

SECTION 10  FORCE MAJEURE
PNP will not be responsible for its failure to perform under this Agreement due to causes beyond its reasonable control, including acts of God, wars, riots, revolutions, acts of civil or military authorities, terrorism, fires, floods, sabotage, nuclear incidents, earthquakes, storms, or epidemics. If the provision of Services under this Agreement is delayed by such an event or condition, PNP will promptly notify Client thereof. PNP will use commercially reasonable efforts to overcome any such cause for delay as soon as is reasonably practicable.

SECTION 11  GOVERNING LAW
This Agreement will be interpreted, construed and enforced in all respects in accordance with the laws of the State of (Michigan) without reference to its conflicts of law principles.

SECTION 12  NOTICES
All notices or other communications required or permitted by this Agreement must be in writing and will be deemed to have been duly given when delivered personally to the party for whom such notice was intended, or upon actual receipt if sent by facsimile or delivered by a nationally recognized overnight delivery service, or at the expiration of the third day after the date of deposit if deposited in the United States mail, postage pre-paid, certified or registered, return receipt requested, to the respective parties at:

If to Client:  See Merchant Application
If to PNP:  Point & Pay, LLC
110 State St. E, Suite D
Oldsmar, FL 34677

The parties have duly executed this Agreement as of the date of the last signature below (the “Effective Date”).

Point & Pay, LLC
By: __________________________
Name: _______________________
Title: _________________________
Date: ________________________

[Osceola County, MI]
By: __________________________
Name: _______________________
Title: _________________________
Date: ________________________

PNP E-Payment Services Agreement v2.0 rev 071008
Exhibit A
Services Description

The following is a description of all Services and Modules offered by PNP. PNP shall provide the Services to Client and its end-user customers via the specific Modules and Payment Devices chosen by Client in the Client Application. Applicable fees, if any, for Client’s elections are set forth on the Client Application. The Services include support and training outlined below at no additional charge to Client.

Service Modules

- **Counter Module.** The Counter Module allows customers to make payments to Client in a face-to-face environment or over the phone using a Payment Device. PNP will issue unique confirmation numbers to customers who have completed a payment transaction using the Counter Module. The Counter Module also enables Client’s staff to access reports via the web. The Counter Module is required to access the PNP Services. The Counter Module may be used in conjunction with or independently of point-of-sale (POS) terminals.

- **Web Module.** The Web Module allows customers to make payments to Clients online using a Payment Device via a secure website hosted by PNP. Customers who elect to make payments via the Internet can follow a link from the Client website to the Client-branded, PNP-hosted web pages to submit a payment. PNP will issue unique confirmation numbers to customers who have completed a payment transaction using the Web Module. Client may elect bill presentment and account validation functionality for the one-time set-up fee set forth on the Client Application under “Data File Integration.”

- **Interactive Voice Response (IVR) Module.** The IVR Module allows Customers to make payments to Clients over the phone using a Payment Device. The Customer calls a toll-free phone number provided and managed by PNP to access the Client branded IVR. The IVR system recognizes Customer instructions through making a payment; the phone keypad is used to enter Payment Device numbers. The IVR system is configured and tested by PNP. PNP will issue unique confirmation numbers to customers who have completed a payment transaction using the IVR Module. Election of the IVR Module includes a Client-branded IVR environment and, if applicable, Client shall pay the one-time IVR set-up fee for the IVR Module set forth on the Client Application. In addition, Client may elect to have bill presentment and account validation functionality enabled through the IVR for the one-time set-up fee on the Client Application under “Data File Integration.”

Customer Payment Devices

Each of the Modules can provide the Customer with the ability to pay by Credit Card, Debit Card and/or Electronic Check.

Training

PNP shall provide instruction manuals and up to four (4) hours of webinar training to Client and Client personnel in connection with the Modules chosen by Client.

Support

The following support shall be provided to Client and Client’s customers at no additional charge during the term of the Services:

- **First Level Support.** PNP shall provide first-level support to Customers via PNP’s call center. Customer service representatives shall be available 8 a.m. EST to 10 p.m. EST M-F, to handle customer inquiries.

- **Second Level Support.** PNP shall provide first-level support to Client via telephone. Second level support shall be available Monday through Friday during normal business hours.

Support availability shall be exclusive of downtime due to scheduled maintenance or events out of PNP’s control. Support for the Products may be modified, suspended or terminated in PNP’s sole discretion upon prior written notice.
Exhibit B

Client Application

Client Bank Banking Application

Product Application
July 29, 2015

Board of Commissioners,

Attached is a contract for a Third Party Administrator the County will need if it accepts the recently offered Community Development Block Grant (CDBG) from the Michigan State Housing Development Authority. It is similar to previous Third Party Administrator contracts we had with the Mid Michigan Community Action Agency.

Hager Consulting was identified earlier this year through an RFP process. Obtaining a Third Party Administrator to assist in implementing a Homeowner Assistance grant is fairly common, particularly in smaller counties. The Third Party Administrator is paid strictly from administrative funds generated by the grant.

Please sign and return the contract to me.

Thank you,

Dan

Dan Massy
Community Development Coordinator
CONTRACT FOR SERVICES

This agreement to provide services for the Osceola County Housing Rehabilitation Program is made between the Hager Consulting LLC, 222 N. Merchant Avenue, Fremont, MI 49412 hereafter referred to as the “Contractor” and the Osceola County Board of Commissioners, 301 W. Upton, Reed City, MI 49677, hereafter referred to as the “County”.

PREAMBLE

The County wishes to engage the services of the Contractor to operate a Housing Rehabilitation program for the residents of Osceola County. The program will be funded and operated in accordance with a Community Development Block Grant (CDBG); HRF-2014-0541 received from the Michigan State Housing Development Authority, hereafter referred to as “MSHDA.”

Effective date of Contract: August 1, 2015 through August 31, 2017.

WITNESSETH THAT, The County and the Contractor do mutually agree as follows:

1. The Contractor:
   a. Will administer the program in accordance with the procedures set forth by MSHDA in grant HRF-2014-0541, other applicable MSHDA guidelines, and Osceola County Program Guidelines in support of grant HRF-2014-0541.
   b. Recognizes that in addition to completing the number of projects stated in the grant, the County has identified within its application (Grant Application; Section I. Project/Program Description, paragraph 4) the following key success measures:
      (1) Complete the grant within the grant period.
      (2) No findings during any MSHDA monitoring visit.

2. The County:
   a. Will provide the Contractor a copy of the Grant Agreement and Program Guidelines.
   b. Will consult the Contractor prior to requesting any grant amendments.
   c. Will appoint a “local administrator” to assist the Contractor with tasks as stated in the Third Party Management Plan. Additional assistance, within capabilities, may be provided at the local administrator’s discretion.
d. Will provide the Contractor administrative access to its grant thru MSHDA’s Online Project Administration Link (OPAL).

3. It is recognized that both parties have or will invest resources to ensure the successful implementation of the grant. Therefore, both parties will retain a portion of the administrative dollars associated with the grant. The following reimbursement rates and schedules are hereby mutually agreed upon:

   a. Grant HRF-2014-0541 allows eighteen percent (18%) to be retained as administrative costs. The County shall pay to the Contractor a sum equal to sixteen percent (16%) while retaining two percent (2%). Payment of the above said amount (Paragraph 3a) shall be contingent on the amount of rehabilitation work completed per MSHDA guidelines.

   b. Grant HRF-2014-0541 also allows up to a ten percent (10%) Project Delivery Fee for inspections, spec writing, underwriting, and other activities related to coordinating individual projects. The County shall pay to the Contractor all Project Delivery Fees it receives from MSHDA.

   c. Program Income (PI) may be generated by the repayment of loans made from this grant or previous MSHDA County CDBG Allocation grants. The County will pay the Contractor all but two percent (2%) of the administrative fee it bills MSHDA.

4. The invalidity or unenforceability of any provision of this contract shall not affect or impair the validity of any other provision.

5. This contract constitutes the entire agreement between the parties, and no subsequent authorizations of amendments to this contract shall be binding upon the parties unless and until reduced in writing and signed by both the Contractor and the County or their authorized agents.

6. It is mutually understood that the Contractor is an independent contractor and as such will assume all legal obligations, including but not limited to federal and states taxes. It is further understood that the Contractor’s employees will not be entitled to any benefits accorded an employee of the County.
IN WITNESS WHEREOF, The County and Contractor have caused this contract to be executed by their respective officers duly authorized to do so.

Dated at ________________, Michigan this ____ day of ________________, 2015.

for Hager Consulting LLC:

________________________
Authorized Official Signature

________________________
Printed Name & Title of Authorized Official
Witness Signature

Dated at __________________, Michigan this ____ day of ________________, 2015.

for Osceola County:

________________________
Authorized Official Signature

________________________
Larry E. Emig
Chairperson, Osceola County Board of Commissioners
Witness Signature

3 copies
Osceola County
Hager Consulting LLC
Michigan State Housing Development Authority
July 23, 2015

TO: Osceola County Board of Commissioners

FROM: Cyndi J. Hunt, Friend of the Court

RE: 2016 Cooperative Reimbursement Contract

The State of Michigan has extended the Cooperative Reimbursement Agreement/Contract for the Friend of the Court and the Prosecuting Attorney’s office for an additional year. Attached is a copy of the amended Friend of the Court Cooperative Reimbursement Agreement/Contract. The State of Michigan based the 2016 allocation on actual 2014 expenditures and increased that amount by 10%. The State of Michigan Contract Manager stated that the Office of Child Support would authorize an amendment if needed during the 2016 fiscal year. The four year contracts total allocation is $1,234,683.56. The CRP contract reimburses 66% of expenditures for the Friend of the Court office.

The State of Michigan is requiring all billings and procedures regarding the Cooperative Reimbursement Contract to go through “Egrams”. Once approved, the agreement/contract must be electronically signed by the Chairperson through egrams. The Chief Judge and County Chair’s user profiles have been established in the egrams system.

If you have any questions, please feel free to contact me.

Thank you.
AGREEMENT NUMBER: CSFOC13-67001-A1
AMENDMENT NUMBER: 1
Between
THE STATE OF MICHIGAN
DEPARTMENT OF HEALTH & HUMAN SERVICES
And

<table>
<thead>
<tr>
<th>CONTRACTOR</th>
<th>County Of Osceola</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTOR ADDRESS</td>
<td>301 West Upton Avenue, P.O. Box 135 Reed City, Mi 49677 1149</td>
</tr>
<tr>
<td>CONTRACTOR EMAIL</td>
<td><a href="mailto:hillkennedy@gmail.com">hillkennedy@gmail.com</a></td>
</tr>
<tr>
<td>CONTRACT ADMINISTRATOR</td>
<td>Duane Noworyta</td>
</tr>
<tr>
<td>EMAIL</td>
<td><a href="mailto:noworyta@michigan.gov">noworyta@michigan.gov</a></td>
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AGREEMENT SUMMARY

<table>
<thead>
<tr>
<th>SERVICE DESCRIPTION</th>
<th>Child Support Friend of the Court</th>
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</thead>
<tbody>
<tr>
<td>GEOGRAPHIC AREA</td>
<td>Osceola</td>
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<tr>
<td>INITIAL EFFECTIVE DATE</td>
<td>10/01/2012</td>
</tr>
<tr>
<td>CURRENT EXPIRATION DATE</td>
<td>09/30/2015</td>
</tr>
<tr>
<td>CURRENT AGREEMENT VALUE</td>
<td>$958,038.00</td>
</tr>
<tr>
<td>CONTRACT TYPE</td>
<td>Actual Cost</td>
</tr>
</tbody>
</table>

AMENDMENT DESCRIPTION

| EXTEND EXPIRATION DATE  | ☑ YES ☐ NO |
| NEW EXPIRATION DATE     | 09/30/2016 |
| AMENDMENT AMOUNT        | $276,645.56 |
| ESTIMATED REVISED AGGREGATE AGREEMENT VALUE | $1,234,683.56 |
| NATURE OF CHANGE        | Extend the end date of the agreement to 9/30/2016 to add fiscal year (FY) 2016 and include the Budget for FY 2016 and include the selection of an IT technical support model. |

The undersigned have the lawful authority to bind the Contractor and DHS to the terms set forth in this Agreement.

FOR THE CONTRACTOR:

County Of Osceola

Chief Circuit Judge

Date

FOR THE STATE:

DEPARTMENT OF HUMAN SERVICES

Signature of Director or Authorized Designee

Date

FOR THE CONTRACTOR:

County Of Osceola

Chairperson, County Board of Commissioners

Date
Agreement Number : CSFOC13-67001-A1
Amendment Number : 1

Year 1 10/01/2012 through 09/30/2013 $300,930.00
Year 2 10/01/2013 through 09/30/2014 $318,985.00
Year 3 10/01/2014 through 09/30/2015 $338,123.00
Year 4 10/01/2015 through 09/30/2016 $276,645.56
Total Contract Amount : $1,234,683.56

Check all contract years affected by this amendment:
☐ Year 1  ☐ Year 2  ☐ Year 3
☐ Year 4  ☐ Year 5  ☐ Year 6

STATE OF MICHIGAN
DEPARTMENT OF HEALTH & HUMAN SERVICES

WHEREAS, the Department of Health & Human Services of the state of Michigan (hereinafter referred to as "DHHS") entered into a contractual Agreement effective October 1, 2012, with County Of Osceola and the 49 Circuit Court (hereinafter referred to as "Contractor"), having a mailing address of 301 West Upton Avenue, P.O. Box 135 Reed City, Mi 49677 1149, for the provision of certain services as set forth therein; and,

WHEREAS, it is mutually desirable to DHHS and to the Contractor to amend the aforesaid Agreement.

THEREFORE, in consideration of the promises and mutual covenants hereinabove and hereinafter contained, the parties hereto agree to the following amendment of said Agreement. This amendment shall be attached to the Agreement, said Agreement being hereby reaffirmed and made a part hereof.

Article I

This amendment shall be effective on the date of DHHS signature or October 1, 2015, whichever is later.

Article II

DHHS will exercise the first of two, one-year options to extend. Therefore, the end date of the Agreement shall be changed from 09/30/2015 to 09/30/2016.

Article III

The maximum "Net Budget" and the "GF/GP" dollar amounts of the Agreement shall be increased by $378,920.55 from $1,332,877.00 to $1,711,797.55 and increased by $26,558.00 from $78,339.00 to $104,897.00, respectively, for the period 10/01/2012, through 09/30/2016.

From the total "Net Budget" and GF/GP amounts, the maximum amount the Contractor may expend during the following periods is:

<table>
<thead>
<tr>
<th>Agreement Period</th>
<th>Net Budget Amount</th>
<th>GF/GP Amount</th>
<th>Total Amount</th>
</tr>
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<tbody>
<tr>
<td>October 1, 2012, through September 30, 2013</td>
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<td>$378,920.55</td>
<td>$26,558.00</td>
<td>$405,478.55</td>
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</table>
The maximum "Total Contract" dollar amount of the Agreement shall be increased by $276,645.56 from $958,038.00 to $1,234,683.56 for the period 10/01/2012, through 09/30/2016.

From the total "Total Contract" amount, the maximum amount the Contractor may expend during the following periods is:

<table>
<thead>
<tr>
<th>Agreement Period</th>
<th>Total Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2012, through September 30, 2013</td>
<td>$300,930.00</td>
</tr>
<tr>
<td>October 1, 2013, through September 30, 2014</td>
<td>$318,985.00</td>
</tr>
<tr>
<td>October 1, 2014, through September 30, 2015</td>
<td>$338,123.00</td>
</tr>
<tr>
<td>October 1, 2015, through September 30, 2016</td>
<td>$276,645.56</td>
</tr>
</tbody>
</table>

Payment shall be made in accordance with the attached budget.

**Article IV**

The Contractor selects the following Information technology (IT) support model:
- effective immediately if the selection is not a change from the Contractor's current IT support model,
- effective upon a completed conversion of the contractor's current IT support model to the selected IT support model by the Michigan Department of Technology, Management and Budget.

<table>
<thead>
<tr>
<th>IT Support Model</th>
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<tbody>
<tr>
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<tr>
<td>State Managed</td>
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# A. CONTRACT DESCRIPTION

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<th>Osceola</th>
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<tbody>
<tr>
<td>CONTRACT NO:</td>
<td>CSFOC13-67001</td>
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<tr>
<td>PROVIDER:</td>
<td>FOC ✔  PA  COM</td>
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<tr>
<td>FISCAL YEAR:</td>
<td>2013</td>
</tr>
<tr>
<td>AMENDMENT:</td>
<td>✔  LINE ITEM TRANSFER</td>
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## B. SECTION B

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<thead>
<tr>
<th>Allocation Factors</th>
<th>COLUMN I</th>
<th>COLUMN II</th>
<th>COLUMN III</th>
<th>COLUMN IV</th>
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## A. CONTRACT DESCRIPTION

**COUNTY:** Osceola  
**CONTRACT NO:** CSFOC13-67001  
**PROVIDER:**  
**FISCAL YEAR:** 2014  
**AMENDMENT**  
**LINE ITEM TRANSFER**

## COLUMN I
Allocation Factors

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## COLUMN III
Adjustment To 2014 IV-D Budget

| 6. TOTAL EXPENDITURES | | | |
|---|---|---|
| 485,906.85 | 0.00 | 485,906.85 |

| 7. Service Fees | | | |
|---|---|---|
| 0.00 | 0.00 | 0.00 |

| 8. Final Judgment Fees | | | |
|---|---|---|
| 1,192.68 | 0.00 | 1,192.68 |

| 9. Other Income | | | |
|---|---|---|
| 1,404.20 | 0.00 | 1,404.20 |

| 10. SUB TOTAL | | | |
|---|---|---|
| 483,309.97 | 0.00 | 483,309.97 |

| 11. Federal Incentives | | | |
|---|---|---|
| 39,565.00 | 0.00 | 39,565.00 |

| 12. NET BUDGET | | | |
|---|---|---|
| 443,744.97 | 0.00 | 443,744.97 |

| 13. County Share @ 34.00% | | | |
|---|---|---|
| 150,873.00 | 0.00 | 150,873.00 |

| 14. State Share (IV-D) @ 66.00% | | | |
|---|---|---|
| 292,872.00 | 0.00 | 292,872.00 |

| 15. STATE GF/GP AMOUNT | | | |
|---|---|---|
| 26,113.00 | 0.00 | 26,113.00 |

| TOTAL CONTRACT AMOUNT | | | |
|---|---|---|
| 318,985.00 | 0.00 | 318,985.00 |
| SECTION B |  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allocation Factors | COLUMN I | COLUMN II | COLUMN III | COLUMN IV | COLUMN V |
|  | Current 2015 IV-D Budget | Adjustment To 2015 IV-D Budget | Revised 2015 IV-D Budget | Provider's Total Eligible Budget |
|  |  |  |  |  |
| 1. FTE Positions | 5.58 | 0.00 | 5.58 | 6.80 |
| 2. % of Total FTE | 82.06 | 0.00 | 82.06 | 100.00 |
| 3. Caseload % (FOC, COM) | 99.39 | 0.00 | 99.39 | 100.00 |

<p>| SECTION C |  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Categories | COLUMN I | COLUMN II | COLUMN III | COLUMN IV | COLUMN V |
|  | Current 2015 IV-D Budget | Adjustment To 2015 IV-D Budget | Revised 2015 IV-D Budget | Provider's Total Eligible Budget |
|  |  |  |  |  |
| 1. Personnel | 427,374.13 | 0.00 | 427,374.13 | 499,077.40 |
| 2. Data Processing | 0.00 | 0.00 | 0.00 | 0.00 |
| 3. Other Direct | 36,260.67 | 0.00 | 36,260.67 | 44,188.00 |
| 4. Central Services | 51,268.76 | 0.00 | 51,268.76 | 62,477.17 |
| 5. Paternity Testing | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. TOTAL EXPENDITURES | 514,903.56 | 0.00 | 514,903.56 | 605,742.57 |
| 7. Service Fees | 0.00 | 0.00 | 0.00 | 24,000.00 |
| 8. Final Judgment Fees | 1,192.68 | 0.00 | 1,192.68 | 9,200.00 |
| 9. Other Income | 1,404.20 | 0.00 | 1,404.20 | 1,500.00 |
| 10. SUB TOTAL | 512,306.68 | 0.00 | 512,306.68 | 571,042.57 |
| 11. Federal Incentives | 39,565.00 | 0.00 | 39,565.00 | 39,565.00 |
| 12. NET BUDGET | 472,741.68 | 0.00 | 472,741.68 | 531,477.57 |
| 13. County Share @ 34.00% | 160,732.00 | 0.00 | 160,732.00 | 0.00 |
| 14. State Share (IV-D) @ 66.00% | 312,010.00 | 0.00 | 312,010.00 | 0.00 |
| 15. STATE GF/GP AMOUNT | 26,113.00 | 0.00 | 26,113.00 | 0.00 |
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