COUNTY OF OSCEOLA
BOARD OF COMMISSIONERS
COMMITTEE OF THE WHOLE
AGENDA
Tuesday, May 3, 2016
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.

5. Consider Approval of the Minutes of April 19, 2016.

6. Consider Payment of Claims.

7. Old Business:
   A. Consider Other Budget Amendments, Cash Transfers, and Journal Register Reports from Treasurer.

8. New Business:
   A. Discuss C.O.A. AAAWM Three-Year Funding Plan – Scott Schryer.
   B. Discuss E.M.S. Ambulance Rates – Dan Yoder.
   C. Discuss E.M.S. Items – Jeremy Beebe:
      1. 1st Qtr. 2016 Bad Debt Report.
      2. Pager Replacement Purchase.
      3. Ambulance Replacement Purchase.
      4. Cardiac Monitor Replacement Purchase.
      5. Service Agreement with Physio Control.
   D. Discuss Sheriff Part-Time Grant Employee – Justin Halladay.

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
APRIL 19, 2016

The Committee meeting was called to order at 9:36 a.m. by Chairman Emig.


Also present: Jeremy Beebe-E.M.S. Director, Scott Schryer-C.O.A. Director, Justin Halladay-Undersheriff, Susan Vander Pol-County Coordinator, Karen Bluhm-County Clerk, and other members of the public.

Motion by Commissioner Tiedt, seconded by Commissioner Nehmer, to approve the agenda as presented. Motion carried.

Brief public comment: Alan Gingrich from Rose Lake Township spoke about running for re-election to the Osceola County Road Commission and some of the changes in the future.

Employee/Board comment: None.

Motion by Commissioner Nehmer, seconded by Commissioner Halladay, to approve the minutes from April 5, 2016 as presented. Motion carried.

Recommended by Commissioner Tiedt, seconded by Commissioner Wayne, to approve the current claims of the County in the amount of $43,186.96. Recommendation was unanimously supported.

Update on Tustin Parking Lot Paving/C.O.A.
Susan Vander Pol, County Coordinator, reported we are waiting to hear back from the Pine River School Board regarding a proposed agreement from the County for the paving project at the Tustin Meal Site. Discussion was held.

Marion Renovations/C.O.A.
Scott Schryer, C.O.A. Director, spoke of meeting with the architect regarding designs for the building. These drawings will need to be completed before doing RFP's. He then spoke about the demolition permit needed for the Marion building prior to renovation. Discussion was held.

Recommended by Commissioner Gregory, seconded by Commissioner Tiedt, to correct the Building Department application for demolition work at the Marion C.O.A. building and authorize the Chairman to sign.

C.O.A. Millage Increase
C.O.A. Director, Scott Schryer, spoke to Board members about an increase in millage for the senior programs in the County. He spoke about various reasons for the requested increase. Discussion followed.
Recommended by Commissioner Gregory, seconded by Commissioner Tiedt, to approve the ballot language to place the Senior Citizens Services Millage Proposal on the August ballot. Recommendation was unanimously supported.

Update on Health Department Space Review
Commissioner Gregory updated Board members on the vacant space located at the Health Department. He reported the space is much smaller square footage compared to the space currently occupied by MSU Extension. He also noted there would be some investment in bringing the space up to office space usage. Discussion was held.

Budget Amendments, Cash Transfers & Journal Register Report
Commissioner Tiedt advised there were no budget amendments, however he did ask for approval of the Journal Register Report.

Recommended by Commissioner Tiedt, seconded by Commissioner Wayne, to approve the February Journal Register Report from the County Treasurer as submitted. Recommendation was unanimously supported.

2015 Statistics/E.M.S.
Jeremy Beebe, E.M.S. Director, shared department statistics for the 2015 year. He then asked direction from Board members regarding options for either repairing a 2003 ambulance or beginning the search for a new one. Discussion was held.

Merchant Agreement with GoVPayNet
E.M.S. Director Jeremy Beebe spoke about the need for an updated credit card payment method allowing use of flexible spending cards. Discussion was briefly held.

Recommended by Commissioner Elkins, seconded by Commissioner Nehmer, to approve the Merchant Agreement with GoVPayNet for Emergency Medical Services and authorize the Chairman to sign. Recommendation was unanimously supported.

Corrective Action Policy Change
E.M.S. Director Jeremy Beebe spoke about the need to change our discipline process in the current policies per the advice of County Counsel. He explained that everything else within the policy would remain the same. Discussion was held.

Recommended by Commissioner Nehmer, seconded by Commissioner Tiedt, to approve the amended Corrective Action Policy for the Emergency Medical Services Department and authorize the Chairman to sign. Recommendation was unanimously supported.

MDHHS Ambulance Revenue Exemption
E.M.S. Director Jeremy Beebe spoke about PA 104 of June 2015, which put an assessment of up to 6% on the billing revenue generated by the department. He explained the purpose of the Public Act. He explained some of the requirements and asked that the Board approve and sign.
Recommended by Commissioner Tiedt, supported by Commissioner Elkins, to approve the Michigan Department of Health and Human Services (MDHHS) Ambulance Provider Tax FOIA Exemption Selection Option 3 and authorize Chairman to sign. Recommendation was unanimously supported.

**Road Patrol Millage**
Undersheriff Justin Halladay requested the Board place the County Road Patrol Millage on the August 2016 ballot.

Recommended by Commissioner Elkins, supported by Commissioner Nehmer, to approve the ballot language for the renewal of the County Road Patrol Millage and place it on the August ballot. Recommendation was unanimously supported.

**Sheriff’s Department Activity 2016 First Quarter Report**
Justin Halladay, Undersheriff, provided statistics to Board members regarding their departmental activity for the first quarter of 2016. He shared comparisons to the first quarter of 2015 and explained some of the detail. He also gave a report for Corrections. A brief discussion was held.

**E.M.D. Hazard Mitigation Plan**
Annamaria Herrera, from Emergency Management, presented the County's Hazard Mitigation Plan for approval. She reported FEMA has approved it, and now the County needs to do so.

Recommended by Commissioner Elkins, supported by Commissioner Wayne, to approve the resolution adopting the Osceola County Hazard Mitigation Plan. Recommendation was unanimously supported.

**70th Avenue Bridge Funding Application**
Chairman Emig spoke about the County possibly passing a resolution of support to be sent with the Road Commission's funding application for the 70th Avenue bridge. Discussion was held.

Recommended by Commissioner Nehmer, supported by Commissioner Gregory, to approve a resolution of support for local bridge program funding for the 70th Avenue Bridge. Recommendation was unanimously supported.

**Update on Personnel & Administration Committee Meeting**
Chairman Emig gave an update to Board members from a recent Personnel & Administration Committee meeting. He shared two recommendations from the committee relating to county policies and explained the need to update them.

Recommended by Commissioner Nehmer, supported by Commissioner Wayne, to allow department heads to hire both part-time and full-time positions up to Step 3 of the classification level of the position based on an applicant's qualifications. Recommendation was unanimously supported.
Recommended by Commissioner Gregory, seconded by Commissioner Tiedt, that an applicant may not begin employment with the County until the pre-employment medical and background check requirements have been successfully met and reported to the County. Recommendation was unanimously supported.

Employee/Board Comment: Susan Vander Pol, County Coordinator, spoke about the use of the County's logo.

Extended Public Comment: None.

Moved by Commissioner Nehmer, seconded by Commissioner Gregory, to adjourn at 11:19 a.m. Motion carried.

Karen J. Bluhm, County Clerk
Larry Emig, Chairman
Directions for Submission:

1. Submit one (1) signed original paper proposal.
2. Submit seventeen (17) copies.
3. Submit one electronic copy to proposal@aaawm.org
4. Paper submission should be 3-hole punched, double-sided, and clipped, not stapled or placed in a binder.
5. NO proposals will be accepted by fax.
6. Proposal paper copies will not be accepted after the 12:00 p.m. deadline.

Proposal Workshop – Wednesday, April 13, 2016 at 1:00 p.m.
Area Agency on Aging of Western Michigan
Conference Room
3215 Eaglecrest Dr NE, Grand Rapids MI 49525

Questions: Contact Anne Ellermets 616.222.7014 or Anne@aaawm.org
Proposal Content

I. Introduction

II. Proposal
A. Agency Overview (complete once)
B. Organization Summary (complete once)
C. Agency Budget (complete once)
D. Service Design and Description (complete once for each service)
E. Service Budget (complete once for each service)
F. Additional Questions for Proposers of Disease Prevention/Health Promotion Services
G. Additional Questions for Proposers of Caregiver Support Services
H. Additional Questions for Proposers of Senior Center Staffing
I. General Nutrition Program Questions for Congregate Meals and/or Home Delivered Meal Proposers
J. Additional Questions for Proposers of Congregate Meals
K. Additional Questions for Proposers of Home Delivered Meals
L. Additional Questions for Proposers of Elder Abuse Prevention Education

III. Attachments:
   Items A and B: Attach to Proposal Packet,
   New Proposers Only:
   (Those agencies that are not currently contracted to provide OAA services)
   A. Collaboration Letters – three (3) letters are required as part of the proposal packet* 
   B. Third Party Assessments as part of the proposal packet

   Items C through E: Do Not attach to proposal,
   New Proposers Only:
   (Those agencies that are not currently contracted to provide OAA services)
   C. Single Audit or Financial Audit - submit two (2) copies separately

All Proposers submit only one (1) copy:
D. Proposing Agency Agreement
E. Assurances/Certification of Compliance

*Five (5) collaboration letters are required if a third party assessment is not available.
Note: *As part of the proposal packet* means the one original and 17 paper copies along with the electronic version.

Fundable Services
You can only propose for a service from the following list:

- Adult Day Services
- Caregiver Education/Support/Training Programs
- Caregiver Focal Point
- Congregate Meals
- Counseling
- Disease Prevention/Health Promotion Programs
- Elder Abuse Prevention Education
- Grandparent Education/Support/Training
- Programs
- Home Delivered Meals
- Homemaker (outside Kent County)
- Legal Assistance
- Long Term Care Ombudsman
- Nutrition Education
- Outreach and Assistance
- Respite Care (outside Kent County)
- Senior Center Staffing
- Transportation – Assisted and Public

Region
The Area Agency on Aging of Western Michigan (AAAWM) encompasses nine counties which are referred to as Region 8. Those counties are Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo and Osceola. Proposed services must be provided within this nine county region.

Packet Assembly
Assemble the proposal in the following order.

Cover page, followed by Proposal Sections II and III as appropriate. Submit one original signed and seventeen copies for a total of eighteen (18) paper copies. Pages should be sequentially numbered in upper right-hand corner, double sided and three-hole punched. Secure each copy with binder clips (preferred) or other similar temporary fastener. Do not use other binding materials such as three (3) ring binders, portfolios or staples.

Required: Submit one electronic file of the proposal document (minus the brochures, annual report and attachments) to proposal@aaawm.org.

Note: Answer all questions. If you believe a question does not apply – indicate N/A and explain why.

Part III: New Proposers are required to submit Sections A, B, and C. All Proposers submit one copy of Sections D and E. All components should be in order and secured with a binder clip or other similar temporary fastener.

Proposal deadline for submission is no later than 12:00 p.m. (noon) on Monday, May 2, 2016 to AAAWM
3215 Eaglecrest Dr NE, Grand Rapids MI 49525
(616) 456-5664

No proposals will be accepted after the 12:00 p.m. deadline.

Final funding decisions will be made by the end of July 2016.

Services will begin October 1, 2016.
I. INTRODUCTION

The Area Agency on Aging of Western Michigan (AAAWM) is the administrator of the Older Americans Act and Older Michiganders Act for a nine (9) county area called Region 8.

Established in April 1974, the AAAWM exists to help older adults and persons with disabilities live in their community with independence and dignity. AAAWM and their partner agencies provide older persons, including those with the greatest social and economic needs, with an array of human services.

Services proposed for funding in this document are based on need, service provider availability, past experience providing services, and the use of approved service definitions, components and standards. The variety of services must address the needs of older adults aged 60 years or older. This proposal encompasses hands-on care in the home, nutritional needs, healthy aging initiatives, volunteer, and community services.

Having created a provider network, with quality service for over 40 years, we are seeking proposers who will continue to bring expertise and experience to communities in West Michigan. We are seeking providers who are actively involved with innovative older adult programs as well as traditional services.

As you prepare to complete this FY 2017-2019 proposal, keep in mind that funding decisions are based on the proposal document, the oral presentation scheduled for June 20 or 21, 2016 and the service priorities set by the Proposal Review Committee and AAAWM staff.

II. PROPOSAL

AUTHORIZED SIGNATURE PAGE

I certify that all information contained in this Proposal is accurate and complete to the best of my knowledge.

Key agency staff has read the policies and procedures contained within the AAAWM Policies and Procedures Manual, as amended.

On behalf of my applying organization, I agree, if chosen as a grantee, to follow all terms and conditions contained within the AAAWM Policies and Procedures Manual, as amended. I also agree to have appropriate staff attend an orientation training tentatively planned for September 2016.

Signature ________________________________ Date ________________________________
Larry Emig ________________________________ Osceola County Board Chairperson
Printed Name ________________________________ Title ________________________________

Must be signature of person authorized to sign contracts

*The AAAWM Policies and Procedures Manual can be found on our website: www.aaawm.org
II - A. AGENCY OVERVIEW

Proposing Agency Name: Osceola County Board of Commissioners
Phone: 231-734-5559
Fax: 231-734-6009
E-mail: sschryer@osceolacoa.org
Address: 301 Upton Ave, Reed City, MI 49677

Executive Director Name: Scott Schryer
Phone: 231-734-5559
E-mail: sschryer@osceolacoa.org

Proposal Contact Name: Scott Schryer
Phone: 231-734-5559
E-mail: sschryer@osceolacoa.org

Program Contact Name: Scott Schryer
Phone: 231-734-5559
E-mail: sschryer@osceolacoa.org

Fiscal (Accounting) Contact Name: Scott Schryer
Phone: 231-734-5559
E-mail: sschryer@osceolacoa.org

Proposing Agency Board Chair Name: Larry Emig, Chairperson Board of Commissioners

Board Chair Mailing Address: 301 W. Upton Ave.
City, State, Zip: Reed City, MI 49677
Phone: 231-832-4880
Email: sschryer@osceolacoa.org

Board Chair’s term expires: 2016
Year Incorporated: 30+ years
Is Proposing Agency a minority agency? Yes: ☐ No: ☒

Legal Status of Proposing Agency:
☒ Public Agency ☐ Private Non-Profit Agency ☐ For-Profit Agency

☐ Other (Describe): Other

A for-profit agency should list contact information for Company President.
Definition is found in the Proposal General Information packet.

Proposed Services and Funding Requested Summary:

<table>
<thead>
<tr>
<th>Proposed Service</th>
<th>2017 Funding Request (Whole Dollars)</th>
<th>2016 Funding (if applicable)</th>
<th>Is this a new service for the Agency? (Yes or No)</th>
<th>Geographic Area Service Will Be Provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Transportation (IIIB)</td>
<td>$ 19,458</td>
<td>$ 19,458</td>
<td>☐ Yes ☒ No</td>
<td>Osceola County</td>
</tr>
<tr>
<td>Respite (IIIE, SRC, &amp; Tob)</td>
<td>$ 49,549</td>
<td>$ 39,549</td>
<td>☐ Yes ☒ No</td>
<td>Osceola County</td>
</tr>
<tr>
<td>Homemaking (IIIB &amp; SAC)</td>
<td>$ 28,950</td>
<td>$ 22,950</td>
<td>☐ Yes ☒ No</td>
<td>Osceola County</td>
</tr>
<tr>
<td>Disease Prevention/Health Promotion Programs (IIID)</td>
<td>$ 2,250</td>
<td>$ 3,000</td>
<td>☐ Yes ☒ No</td>
<td>Osceola County</td>
</tr>
<tr>
<td>Home Delivered Meals (IIIC2, State HDM &amp; NSIP)</td>
<td>$ 116,410</td>
<td>$ 101,226</td>
<td>☐ Yes ☒ No</td>
<td>Osceola County</td>
</tr>
</tbody>
</table>

Congregate Meals (IIIC1 & NSIP) $ 35,298 $ 29,298 ☐ Yes ☒ No Osceola County

* See list of approved services on Proposal Content page.

Geographic Area could be a county, part of a county or more than one county within Region 8.

END OF AGENCY OVERVIEW
II – B. ORGANIZATION SUMMARY

Prepare eighteen (18) “Organization Summary Information” packets. Provide one (1) copy of each of the items listed below in each packet. Label the packets “Organization Summary Information.” Clip with binder clips. Do not include any additional information.

- Organizational Chart
- List of Board of Directors with their affiliations
- Agency or Service Brochures (if available)
- Annual Report (if available)

Provide responses to the following questions only once. Responses are limited to one additional page for the questions in this section.

**Agency Mission**

1. Describe your agency’s mission.

   The Commission on Aging’s duties, responsibilities and objectives continue to make available a full range of quality, effective services, employment opportunities and activities to the Osceola County residents ranging from 60 to 100+ years of age.

   The Commission on Aging’s mission continues to be providing the necessary assistance our Senior Adults require in order to remain in their own homes and age with independence and dignity. We are committed to insuring our services continue to expand in order to better serve the senior residents of Osceola County.

2. List and describe the services your agency provides.

   **Transportation** is generally provided by one of our many volunteer drivers. If, however, a driver is not available, our maintenance/van driver will provide the request using one of the Commission on Aging vans. The COA owns and operates a handicapped van with a wheelchair lift, along with a mini-van. These vans assist those most frail and disabled clients in retaining their independence. We offer service up to twice a month for medical appointments, and a third if approved and funding allows. As medical resources are limited in Osceola County, a majority of these are runs outside the county.

   **Basic Homemaking Services** are provided to seniors needing assistance due to failing health, injuries, surgery or just the aging process in general. It is the intention of the COA to make the clients’ home safer, cleaner, and more sanitary due to their having received our homemaking services.

   **Respite Care** is provided to clients requiring a 24 hour a day caregiver. As we perform homemaking and personal care during respite, the services through the In-Home Respite program will include the provision of companionship, supervision and/or assistance with activities of daily living for mentally and/or physically disabled and frail elderly persons in the absence of the primary caregiver.

   **Home Delivered Meals** are provided through the COA. Clients are able to receive hot or frozen, nutritious meals thus meeting one of their basic needs. This service contributes immensely to the client’s ability to stay in their own home.

**Congregate Meals** are served in four sites located throughout Osceola County. In addition to providing hot, nutritious meals, these sites provide activities, education and socialization.

**Disease Prevention/Health Promotion Programs** are being held at the three congregate sites throughout the county. They are to increase mobility and decrease falling, assisting the senior in remaining in the home as long as possible.

3. List all of your organization’s current professional accreditations, certifications, awards and memberships in associations.

   The Osceola Commission on Aging Director has a bachelor’s degree in business leadership and a master’s degree in health care administration. He is a member of the Osceola County Human Service Coordinating body and a trained mediator through the State of Michigan to include the topics of general social, domestic relations, child placement, guardianship and conservator-ship. We have memberships with the Michigan Directors Service Association, Hospital Purchasing Services, Michigan Association Nutritional Aging Service Program (MANASP), represent Human Service on the Human Service Committee with Emergency Management.

   The Osceola Commission on Aging staff continues to attend conferences and training sessions pertaining to senior issues. Alzheimer’s continues to be a high priority in our trainings. The Commission on Aging also employs two part time nurses that supervise our home assessments. Our meals program staff is Serve Safe certified and our case worker is certified in the Medicare/Medicaid Assistance Program (MMAP).

**Targeting**

1. How does your agency ensure that minority and low income older adults are aware of and able to access services? Reference 2010 Census demographics in the answer.

   Clients are informed of the services the Commission on Aging has available in many ways, including presentations, press, Outreach & Assistance, brochures, word of mouth, referrals and our county website. The COA works closely with the local DHHS office, Mid-Michigan Community Action Agency, Salvation Army, Love Inc., the Veterans Administration, Experience Works, food pantries, churches and other agencies providing services to low income seniors to us for assistance when warranted. The 2010 Census indicates that our county residents 60 and over comprise 24% of the county’s population compared to the state average of 19%. Currently 27% of our current clients are at or below 125% of poverty level. These statistics indicate that we are indeed reaching those low income seniors with our services.

2. Does your agency employ bilingual staff? If yes, please describe what language(s) and their role in reaching clients with language barriers. Describe how you ensure services are provided to limited English speaking clients. No

3. Are agency brochures and/or service information printed in any language besides English? ☐ Yes ☐ No If yes, what language(s)?

4. Describe how clients and/or service frequency will be prioritized if all requests for service cannot be filled (attach copy of prioritization form used):
Osceola County is a rural county. The population over 65 increased 23% between 2000 and 2010 making Osceola the highest population increase in the region. All referrals are outreach and service needs are assessed. If indicated, referrals are made to other agencies. Clients are prioritized according to our priority tool attached. If immediate services cannot be initiated, clients are placed on waiting lists and will be served in accordance with their priority numbers. Because we are dealing with human lives and not just numbers, Caseworkers are encouraged to bring unique situations to case review for special consideration. At this point; we have been able to clear our waiting list within two weeks from initiating them, and currently we have three people on a waiting list for homemaking services.

**Volunteer Use** (This applies to the entire agency, not just to the proposed service(s).)

How many volunteers were utilized in your agency last year? 41 volunteers, up from 34 in the previous year.

What activities did they perform?

Medical transportation drivers, MMAP Counselor, Meal site assistants, Advisory Board members, and after hour activities.

How many service hours did they provide?

4,375 total hours. Medical transportation drivers 1,167; Meal site assistants 2,496; MMAP volunteer 312; Advisory Board 400 hours.

Who coordinates/trains your volunteers?

Each program coordinator coordinates their own volunteers. All employees and volunteers are supervised by the director.

How do you retain and recognize volunteers?

During the annual training, the staff does a potluck for them, we have fund restrictions from doing more.

**Fund Development**

List and explain additional funding opportunities your agency has pursued in the past 12 months. Include all grants written and/or agencies who were contacted, the amount of funding requested, reason for the request and the results of your efforts in your response. Be specific.

<table>
<thead>
<tr>
<th>Funding Agency or Fundraising Effort(s)</th>
<th>Funding Request</th>
<th>Reason for Request (be concise)</th>
<th>Results *</th>
<th>Funding Cycle Dates**</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way</td>
<td>$30,000</td>
<td>Raw Food Cost</td>
<td>$25,000</td>
<td>1 Oct - 30 Sept</td>
</tr>
<tr>
<td>Taste of Osceola</td>
<td>N/A</td>
<td>Fund Raiser</td>
<td>$2,155</td>
<td>April 2015</td>
</tr>
<tr>
<td>Golf Outing</td>
<td>N/A</td>
<td>Fund Raiser</td>
<td>$2,648</td>
<td>June 2015</td>
</tr>
<tr>
<td>Bowl-A-thon</td>
<td>N/A</td>
<td>Fund Raiser</td>
<td>$3,425</td>
<td>August 2015</td>
</tr>
<tr>
<td>Dances</td>
<td>N/A</td>
<td>Activities</td>
<td></td>
<td>Sept- April</td>
</tr>
</tbody>
</table>

* Results can be answered as yes, no or denied, pending, etc. If yes, specify amount of funding in the results column.

** Funding Cycle Dates are to include the length of the grant or to be used in a specific fiscal year. e.g. 10/1/2016 – 09/30/2017.
II – C. AGENCY BUDGET

- Fill in the information below. This budget should reflect all revenue and expenses for all programs of the agency for the current budget year.
- If your organization does not provide service to older adults (age 60+) as its primary function, please use information from the senior services department of your agency.

Dates of Agency budget year: 1 January  to  31 December
This is a: ☑ Full Agency Budget or  ❌ Senior Department Budget? (check only one)

<table>
<thead>
<tr>
<th>Line Item Description</th>
<th>Percent of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenues:</td>
<td>$ 1,037,903</td>
</tr>
<tr>
<td>Older Americans Act</td>
<td>21%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>6%</td>
</tr>
<tr>
<td>United Way</td>
<td>3%</td>
</tr>
<tr>
<td>Community Foundations</td>
<td>0%</td>
</tr>
<tr>
<td>Agency Fundraisers</td>
<td>2%</td>
</tr>
<tr>
<td>Other Government Sources</td>
<td>4%</td>
</tr>
<tr>
<td>Local Senior Millage</td>
<td>57%</td>
</tr>
<tr>
<td>Program Income/Client Donation</td>
<td>5%</td>
</tr>
<tr>
<td>Cost Sharing</td>
<td>1%</td>
</tr>
<tr>
<td>Private Pay</td>
<td>0%</td>
</tr>
<tr>
<td>Other:</td>
<td>1%</td>
</tr>
</tbody>
</table>

Total Expenditures: $ 1,037,903

<table>
<thead>
<tr>
<th>Line Item Description</th>
<th>% of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenues:</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Older Americans Act</td>
<td>30%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>5%</td>
</tr>
<tr>
<td>United Way</td>
<td>5%</td>
</tr>
<tr>
<td>Community Foundations</td>
<td>1%</td>
</tr>
<tr>
<td>Agency Fundraisers</td>
<td>25%</td>
</tr>
<tr>
<td>Other Government Sources</td>
<td>2%</td>
</tr>
<tr>
<td>Local Senior Millage</td>
<td>12%</td>
</tr>
<tr>
<td>Program Income/Client Donation</td>
<td>5%</td>
</tr>
<tr>
<td>Cost Sharing</td>
<td>0%</td>
</tr>
<tr>
<td>Private Pay</td>
<td>0%</td>
</tr>
</tbody>
</table>

Total Expenditures: $1,000,000

1. Describe the methods to be used to encourage client donations (program income) for all services.

A letter from the Director emphasizing the importance of donations to our program is included in intake packets left with client by the RN’s. Also, donation letters are sent monthly. There are donation boxes at each meal site and if a veteran transportation trip gets reimbursement, we require it to be turned into us.

1. Describe any changes to the revenue sources in the Agency Budget that are anticipated for your agency’s next budget year.

Hopefully, gas prices will not rise again as the travel dollars can only stretch so far and we are connected to the IRS rate of reimbursement. We are looking into more fund raising events to help offset the losses but with a rural community there are only so many fund raisers that can be run per year before people stop donation. We are going to ask for more millage in an attempt to stay off a waiting list. The county just implemented a new wage study scale and it increased our payroll budget.
AGENCY BUDGET DETAIL

REVENUES:

Program Income:
Program income includes all contributions made toward the cost of service by or on behalf of a client for a service. See AAAWM Policies and Procedures Manual* for a complete definition.

Cost Sharing:
Cost Sharing is defined as all income received from established cost sharing. Cost sharing is required for Adult Day Services and all Respite Services. See AAAWM Policies and Procedures Manual* for a more complete definition.

Private Pay:
All income received as a result of clients paying the entire cost of their service.

EXPENDITURES:

Administration:
Expenses may include but are not limited to: wages of administrative staff such as supervision, financial, data entry and administrative support, which contribute to the delivery of a typical unit of service. Expenses for activities such as coordinating with the AAAWM, budgeting, scheduling staff, grant writing, collaboration with other agencies, legislative advocacy, staff recruitment, collection of cost sharing (if applicable) and client contributions, quality assurance and accountability are also allowable.

Direct Service Cost:
Expenses included in the cost of directly providing the service(s). This may include wages of direct service staff, direct staff training, direct service supplies, direct service mileage reimbursement, general intake, client assessment, re-assessment and service plan development. No program administration activities are allowable in this section.

Equipment:
Equipment is defined as an item with an acquisition cost of $1,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one (1) year or more regardless of acquisition cost.

Other:
Program costs that cannot be attributed to any other line item.

*The AAAWM Policies and Procedures Manual can be found on our website: www.aaawm.org

END OF AGENCY BUDGET

II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request includes start-up costs (see question #7).

<table>
<thead>
<tr>
<th>Proposed Service: Assisted Transportation</th>
<th>Funding Dollars Requested: $19,458</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed # of Units: 1,052</td>
<td>Proposed # of Clients: 130</td>
</tr>
<tr>
<td>Estimated Program Income: $2,000</td>
<td>Unit Rate: 18.49</td>
</tr>
</tbody>
</table>

Cost Share is required for Adult Day Services and All Respite Services.

<table>
<thead>
<tr>
<th>Define Unit (See Service Standards): One way trip = 1 Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Director or Supervisor: Scott Schryer, Director</td>
</tr>
<tr>
<td>Phone: 231-734-5559</td>
</tr>
<tr>
<td>Address (if different from agency): P.O. Box 594, Evart, MI 49631</td>
</tr>
<tr>
<td>Fax: 231-734-6009</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:sschryer@osceolacoa.org">sschryer@osceolacoa.org</a></td>
</tr>
</tbody>
</table>

Could this service be provided in a reduced capacity if not funded at the above request?

☑ Yes ☐ No If No, Explain.

1. Describe how this service is delivered, using a real client example:

At a minimum, incorporate the following in your response:
- How the client will find out about and access the service
- Intake process
- How the service will be delivered
- Frequency of the service
- Termination from the service, if applicable
- Other

The Osceola COA provides medically related transportation in and out of the county for basic and/or specialized treatment up to 3 times a month. Special needs are evaluated individually. Extra trip exceptions are built into our transportation policy to include cancer treatment, dialysis, and pre and post-operative appointments.

Clients have many ways of finding out about our services, which include but are not limited to hospital discharge personnel, doctors, pharmacies, other service agencies, printed information and public speaking events. Request for transportation services usually begins with a telephone call to our office. The Receptionist/Transportation Coordinator will then enter the referral/intake information into our computerized CAREeVantage Program. This information includes name, address, date of birth, phone number, emergency contact and approximate income if available.

At this point, a determination is made as to whether or not this individual is eligible for transportation elsewhere such as Department of Health and Human Services and Veterans
Administration and if a volunteer driver is an appropriate option versus our wheelchair-equipped van. If the client is deemed eligible to be a recipient of our transportation service, they will be sent a packet consisting of our transportation policy, brochure and donation request letter. After arranging the transportation with one of our volunteer drivers or our van driver, the Transportation Coordinator confirms arrangements with client indicating the pick up time and identifying the assigned driver.

Generally, clients are terminated from this service only when the decision is made that they can no longer live independently at home.

Clients are encouraged to donate to these services. A letter from the Director emphasizing the importance of donations to our program is included in intake packets left with the client by the RN. Also, donation letters are sent monthly.

2. Does your agency currently provide this service: ☒ Yes ☐ No
   If yes, provide the following information:
   • List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.
   Data has been collected from the 2015 client survey received in September 2015.
   o 81% of our 68 responding transportation clients have indicated their medical needs where met by utilizing our transportation.
   o 96% of our 51 responding transportation clients where able to get to their scheduled appointments promptly due to our services.
   • 93% of the 61 responding transportation clients feel they are better able to maintain their health due to regular doctor visits.
   • Describe the tool or form that was used to measure the outcomes.
   Client Survey and computer generated statistics. (see attached)
   • How were/are the results used?
   Results were used to determine areas needing improvement and to identify unmet needs that we might be able to address. The client feedback reinforces the fact that we are meeting most of our clients transportation needs and inspires us to be more resolute in our efforts to fulfill all transportation requirements either internally or by collaboration efforts.

3. List the outcome measurements planned for FY 2017 for this service.
   • 85% of our responding clients report they are better able to maintain their health through medical appointments and/or community connections
   • 85% of our responding clients report they were able to get to their scheduled appointment on time.
   • 85% of our responding clients report their overall transportation service was positive.
   • 85% of our responding clients report the transportation service has reduced their stress and help them maintain their independence.

4. Describe any other quality measures your agency will use for this service.
   Employees are formally evaluated yearly. At which time problems, concerns, strengths and weaknesses are discussed and options for correction presented. Driver’s records are checked and any new violations are reported via the State database. Clients are randomly called to discuss satisfaction with volunteers driving, courtesy, etc. If a problem area is revealed, the issue is addressed. The open door policy remains in effect whereby volunteer drivers, clients, and staff are encouraged to bring their concerns, problems or acknowledgements to the Director. The Osceola Commission on Aging has been providing this service to the age 60 and over residents for over 30 years. Our staff is experienced and very dedicated.
   We are collaborating with the local law enforcement agencies to set up automobile safety checks for our volunteer drivers.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.
   We replaced our mini-van with a new one in 2014. Our service increased by 30% in miles of the 2015 calendar year.

6. Will any part of the proposed service be sub-contracted? ☐ Yes ☒ No
   If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2016. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.
   Will you need startup funds? ☐ Yes ☒ No
   If yes, provide the following information:
   • Staffing needs (address hiring and training)
   • Equipment needs (include cost of equipment to be purchased)
   • Marketing
   • Transition of current clients from another Older Americans Act provider (if applicable)
   • Other (please describe)
   • When will you serve the first client?

END OF SERVICE DESIGN AND DESCRIPTION
II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request includes start-up costs (see question #7).

<table>
<thead>
<tr>
<th>Proposed Service: Respite</th>
<th>Funding Dollars Requested: $ 49,549</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed # of Units: 3,086</td>
<td>Proposed # of Clients: 65</td>
</tr>
<tr>
<td>Estimated Program Income: 1,100</td>
<td>Unit Rate: 16.16</td>
</tr>
<tr>
<td>Estimated Cost Share (if applicable): 1,000</td>
<td></td>
</tr>
</tbody>
</table>

Cost Share is required for Adult Day Services and All Respite Services.

<table>
<thead>
<tr>
<th>Define Unit (See Service Standards):</th>
<th>1 hour of respite care = 1 unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Director or Supervisor:</td>
<td>Scott Schryer, Director</td>
</tr>
<tr>
<td>Phone:</td>
<td>231-734-5559</td>
</tr>
<tr>
<td>Address (if different from agency):</td>
<td>P.O. Box 594, Evart, MI 49631</td>
</tr>
<tr>
<td>Fax:</td>
<td>231-734-6009</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:sschryer@osceolacoo.org">sschryer@osceolacoo.org</a></td>
</tr>
</tbody>
</table>

Could this service be provided in a reduced capacity if not funded at the above request?

☑ Yes ☐ No If No, Explain.

1. Describe how this service is delivered, using a real client example:

At a minimum, incorporate the following in your response:
- How the client will find out about and access the service
- Intake process
- How the service will be delivered
- Frequency of the service
- Termination from the service, if applicable
- Other

The services through the In-Home Respite program will include the provision of companionship, supervision and/or assistance with activities of daily living for mentally and/or physically disabled and frail elderly persons in the absence of the primary caregiver. In-Home Respite care is basically a service that provides temporary substitute care to the care recipient with the primary purpose of providing relief to the caregiver, utilizing a certified Home Health Aide from the Commission on Aging staff.

Referrals are usually made by a friend, family member, hospital discharge coordinator, or caregiver. An intake form containing as much pertinent information as needed, is filled out by the Service Coordinator or other appropriate office personnel. The Service Coordinator then refers to one of the two RN's for an assessment. A five page initial assessment if filled out and case file is then opened if client is deemed eligible for Respite Services, according to the Policies and Procedure manual of AAWM, Inc. Upon admission to the program, one of our two Registered Nurses completes their assessment, and draws up a care plan with approval of the client's physician. The caregiver then works with an assigned Home Health Aide to set up respite which can accommodate both schedules, usually four hours per week, not to exceed 400 hours per year.

For the "extended" weekend respite, which are scheduled well in advance, we cover up to 72 hours of continual care. The service provider (home health aide or homemaker trained in Alzheimer's care, staying in 8 to 12 hours shifts. They are instructed not to leave until replacements arrive. The Service Coordinator, Nurse or OCOA Director, are always available by phone on these weekends to assist with guidance if necessary.

A typical Special Respite case might begin by one of our In-Home respite caregivers calling their caseworker to advise that they have an appointment scheduled in 2 weeks for minor surgery. The caregiver has to be admitted the night before surgery and is expected to stay in the hospital 24 hours after surgery. There is no family available to assist. A Special Respite Care Information sheet, Plan of Service (which includes an emergency care plan) and medical release (if necessary) will be completed. Originals remain in the clients file with copies being sent to the Specialized Respite Care workers providing the service. Because the respite is to be overnight or more, the caregiver will be required to sign the service plan both prior to leaving and upon return indicating all specific instructions are approved and carried out. This respite will be provided by two or more of our fourteen Home Health Aides usually in 8 hour shifts.

Cases will be closed at the caregivers request or when client's condition deteriorates to the point placement becomes a necessity, or when client passes away.

Respite services are subject to the co-pay regulation through AAWM, Inc. Clients are expected to pay a percentage of their service if their income warrants. If income is below the co-pay amount then clients are encouraged to donate to these services. A letter from the Director emphasizing the importance of donations to our programs is included in intake packets left with the client by the RN. Also, donation letters are sent monthly.

2. Does your agency currently provide this service: ☐ Yes ☑ No

If yes, provide the following information:

- List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.

Data has been collected from the 2015 client survey received in September 2015.
- 58% of family/caregivers being assessed report a decrease (or Maintained level) in "caregiver burnout".
- 98% of families/caregivers being assessed report an increase in personal well-being.
- 98% of families/caregivers being assessed report they felt respite helped them accomplish tasks.

- Describe the tool or form that was used to measure the outcomes.

Client survey (see attached) and computer generated statistics, along with the Montgomery Borgatta Caregiver Burden Scale.

- How were/are the results used?
Results were used to determine areas needing improvement and to identify unmet needs we might be able to address. The client feedback reinforces the fact that we are meeting most of our clients' respite needs and inspires us to be more resolute in our efforts to fulfill all respite requirements.

3. List the outcome measurements planned for FY 2017 for this service.
   - 65% of family/caregivers being assessed will report a decrease in “caregiver burnout”.
   - 95% of family/caregivers being assessed will report an increase in personal well-being.
   - 95% of family/caregivers being assessed will report respite helping them accomplish things.

4. Describe any other quality measures your agency will use for this service.
   We will continue to have all Commission on Aging staff receive specialized Alzheimer’s training. Our aspirations of opening an “Adult Day Care” and Senior Center facility are a little closer to reality. Our Boomers Rendezvous location in Tustin has officially opened as a senior center in June of 2013. The Adult Day Care is in the five year vision, but no start date has been decided yet.

   Employees are formally evaluated annually. At which time problems, concerns, strengths and weaknesses are discussed and options for corrections presented. Meetings have been established every three months with Homemakers, Home Health Aides, Caseworkers, Director, Registered Nurses and Service Coordinator. These meetings have many practical purposes. In addition to providing in-services, these meetings allow the field staff to share experiences and gain knowledge from their peers.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.
   As we continue to provide services to an aging population, many of whom are late 90’s to over 100 years of age, we are gaining a lot of younger clients in their early 60’s. I expect service delivery will need to expand in order to meet the new challenges of the “Baby Boomers”.

   Due to the fact our clients are living longer, Alzheimer’s is on the rise and caregivers are more apt to be of the “baby boomer” generation. We are ever vigilant in exploring new avenues of care giving. This is why we have gone from contracting with RNs and having care workers doing our in-home assessments to hiring two RNs and having them do all in-home assessments. The case worker is now our O&A specialist assisting with MMAP, Home Heating Assistance, VA and other social needs.

6. Will any part of the proposed service be sub-contracted? □ Yes ☑ No
   If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2016. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.
II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request includes start-up costs (see question #7).

<table>
<thead>
<tr>
<th>Proposed Service: Homemaking</th>
<th>Funding Dollars Requested: $ 28,950</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed # of Units: 1,687</td>
<td>Proposed # of Clients: 135</td>
</tr>
<tr>
<td></td>
<td>Unit Rate: 15.26</td>
</tr>
<tr>
<td>Estimated Program Income: 1,900</td>
<td>Estimated Cost Share (if applicable): N/A</td>
</tr>
</tbody>
</table>

Cost Share is required for Adult Day Services and All Respite Services.

Define Unit (See Service Standards): 1 hour of homemaking service = 1 unit

Service Director or Supervisor:
Scott Schryer, Director
Phone: 231-734-5559

Address (if different from agency):
P.O. Box 594, Evart, MI 49631
Fax: 231-734-6009

E-mail: sschryer@osceolacoa.org

Could this service be provided in a reduced capacity if not funded at the above request?

☐ Yes ☐ No If No, Explain.

1. Describe how this service is delivered, using a real client example:

   At a minimum, incorporate the following in your response:
   - How the client will find out about and access the service
   - Intake process
   - How the service will be delivered
   - Frequency of the service
   - Termination from the service, if applicable
   - Other

   Many older citizens due to failing health, arthritis, stroke, osteoporosis or just the aging process in general find themselves unable to continue with their homemaking chores. Heart patients and people with breathing problems such as emphysema, find it especially hard to push a vacuum and change bedding. Even standing to cook a meal or do dishes can be a monumental task for a person with physical limitations.

   Without assistance with general homemaking chores, clients may not be able to clean, do laundry or cook adequately. Therefore, their health could be affected more greatly by the presence of dirt, dust, unsanitary eating conditions, and general unhealthy living conditions.

   Clients are usually referred to our agency by friends, family members, hospital discharge planners or themselves. As much intake information as possible will be gathered upon that initial contact, be it in person or by phone with the Service Coordinator. The Service Coordinator then refers the case to one of our two RNs, who then make a home visit within three days to complete intake procedures anc service plan according to the policies and procedures manual of AAAWM, Inc. If client is determined to be eligible for services, one of our fourteen Home Health Aides are assigned the case depending on location and availability of homemaking.

   Due to budget restraints and increased number of homemaking clients, we are only able to provide 2-4 hours of basic homemaking monthly per basic client. Time allotted depends on home size, condition, chores to be performed and whether laundry assistance is required. Basic chores such as vacuuming, sweeping, mopping, dusting, washing dishes, counters and appliances in the kitchen, making/changing bed, laundry, cleaning the bathroom, removing trash, cleaning entrances and exits of debris are performed.

   Client is reassessed at least every 6 months to determine if need still exists at same level.

   Service would be discontinued when a client’s condition improves enough to where he/she no longer requires assistance, natural support increases, client relocates or is admitted to an Adult Foster Care Facility, nursing home or when client is deceased.

   Clients are encouraged to donate to these services. A letter from the Director emphasizing the importance of donations to our program is included in intake packets left with the client by the RN. Also, donation letters are sent monthly.

2. Does your agency currently provide this service: ☐ Yes ☐ No
   If yes, provide the following information:

   List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.

   Data has been collected from the 2015 client survey received in September 2015.
   - 94% of homemaking clients have indicated the homemaking services have enhanced their daily living.
   - 96% have indicated our homemaking services have helped in their effort to live at home independently.
   - 95% of our homemaking clients indicated their homemaking services have helped to reduce isolation.

   - Describe the tool or form that was used to measure the outcomes.

   Client survey and computer generated statistic.

   - How were/are the results used?

   Results were used to determine areas needing improvement and to identify unmet need we might be able to address. The client feedback reinforces the fact that we are meeting most of our clients’ homemaking needs and inspires us to be more resolute in our efforts to fulfill all homemaking requirements.

3. List the outcome measurements planned for FY 2017 for this service.
95% of homemaking clients will indicate the homemaking services have enhanced their daily living.

95% will indicate our homemaking services have helped in their effort to live at home independently.

95% of our homemaking clients will indicate their homemaking services have helped to reduce isolation.

4. Describe any other quality measures your agency will use for this service.

Employees are formally evaluated yearly. At which time problems, concerns, strengths and weaknesses are discussed and options for corrections presented. Quarterly meetings have been established with Homemakers, Home Health Aides, Caseworkers, Director, Registered Nurses and Service Coordinator. These meetings have many practical purposes. In addition to providing in-services, these meetings allow the field staff to share experiences and gain knowledge from their peers. The Commission on Aging currently employs two RN’s that prove to be invaluable to our service delivery.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.

As we continue to provide services to an aging population, many of whom are late 90’s to over 100 years of age, we are getting a lot of younger clients in their early 60’s. I expect service delivery will need to expand in order to meet the new challenges of the “Baby Boomers”. As for recent changes in an attempt to stretch current funds further, we have made a policy for number of hours of homemaking per household to be 4 hours per month for a house and 2 hours per month for an apartment or mobile home. This change was made in early 2012 and has proven to work well so far. We continue to monitor cases with special circumstances.

6. Will any part of the proposed service be sub-contracted?  □ Yes  □ No

If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2016. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.

Will you need startup funds?  □ Yes  □ No

If yes, provide the following information:

- Staffing needs (address hiring and training)
- Equipment needs (include cost of equipment to be purchased)
- Marketing
- Transition of current clients from another Older Americans Act provider (if applicable)
- Other (please describe)

END OF SERVICE DESIGN AND DESCRIPTION
II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request includes start-up costs (see question #7).

<table>
<thead>
<tr>
<th>Proposed Service: Disease Prevention/Health Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Dollars Requested: $ 2,250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed # of Units: 3</th>
<th>Proposed # of Clients: 36</th>
<th>Unit Rate:$ 750</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Program Income: N/A</th>
<th>Estimated Cost Share (if applicable): N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cost Share is required for Adult Day Services and All Respite Services.

<table>
<thead>
<tr>
<th>Define Unit (See Service Standards): 1 class = 1 unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Director or Supervisor: Scott Schryer, Director</td>
</tr>
<tr>
<td>Phone: 231-734-5559</td>
</tr>
<tr>
<td>Address (if different from agency): P.O. Box 594, Evart, MI 49631</td>
</tr>
<tr>
<td>Fax: 231-734-6009</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:sschryer@osceolacoa.org">sschryer@osceolacoa.org</a></td>
</tr>
</tbody>
</table>

Could this service be provided in a reduced capacity if not funded at the above request?
- Yes [ ] No [ ] If No, Explain.

1. Describe how this service is delivered, using a real client example:

   At a minimum, incorporate the following in your response:
   - How the client will find out about and access the service
   - Intake process
   - How the service will be delivered
   - Frequency of the service
   - Termination from the service, if applicable
   - Other

   For this program the Osceola COA has a simple process. We accept anyone over the age of 60 that lives in the county. The client will find out about the service through presentations, advertising, and word of mouth. At this point word of mouth is the primary source of participants for the classes. We intend to do three classes, one Matter of Balance, one Path Diabetes, and one Tai-Chi. As these classes are eight weeks, there is no termination of the service. If a participant does not want to fulfill the class they do not have to. With that said, we have not run into that issue. Most people are trying to bring a friend after the first class.

2. Does your agency currently provide this service: [ ] Yes [ ] No
   If yes, provide the following information:
   - List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.

Our Path classes have averaged 14 completers over the last 2 years. Matter of Balance is slowing down but we have offered it for 8 years now.Tai Chi will be new this year and we are hoping to get our Matter of Balance completers to attend.

- Describe the tool or form that was used to measure the outcomes.

   At the end of each class the participants fill out a class evaluation, which is forwarded to the AAAWM, Inc.

- How were/are the results used?

   The results of the class evaluations are used to make minor adjustments to improve future classes.

3. List the outcome measurements planned for FY 2017 for this service.

   For the Osceola COA to consider the classes a success, we are looking to hold three classes with 8 to 12 participants in each. Good group communication during the class and feedback at the end are the other two factors we are looking for.

4. Describe any other quality measures your agency will use for this service.

   Employees are formally evaluated yearly. At which time problems, concerns, strengths and weaknesses are discussed and options for corrections presented. Quarterly meetings have been established with Homemakers, Home Health Aides, Caseworkers, Director, Registered Nurses and Service Coordinator. These meetings have many practical purposes. In addition to providing in-services, these meetings allow the field staff to share experiences and gain knowledge from their peers. The Commission on Aging currently employs two RN’s that prove to be invaluable to our service delivery.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.

   This year we went from 3 classes to 4.

6. Will any part of the proposed service be sub-contracted? [ ] Yes [ ] No
   If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2016. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.

   Will you need startup funds? [ ] Yes [ ] No
   If yes, provide the following information:
   - Staffing needs (address hiring and training)
   - Equipment needs (include cost of equipment to be purchased)
II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request includes start-up costs (see question #7).

<table>
<thead>
<tr>
<th>Proposed Service: Congregate Meals</th>
<th>Funding Dollars Requested: $35,298</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed # of Units: 5,628</td>
<td>Proposed # of Clients: 175</td>
</tr>
<tr>
<td>Unit Rate: 6.06</td>
<td></td>
</tr>
<tr>
<td>Estimated Program Income: $13,000</td>
<td>Estimated Cost Share (if applicable): N/A</td>
</tr>
</tbody>
</table>

Cost Share is required for Adult Day Services and All Respite Services.

Define Unit (See Service Standards): 1 meal = 1 unit

Scott Schryer, Director
231-734-5559

Address (if different from agency):
P.O. Box 594, Evart, MI 49631
231-734-6009

E-mail: sschryer@osceolacoa.org

Could this service be provided in a reduced capacity if not funded at the above request?

☑ Yes ☐ No If No, Explain.

1. Describe how this service is delivered, using a real client example:

At a minimum, incorporate the following in your response:
- How the client will find out about and access the service
- Intake process
- How the service will be delivered
- Frequency of the service
- Termination from the service, if applicable
- Other

Clients may learn of our congregate meal sites in many ways. Our RNs inform clients about our meal program when visiting them. Brochures as well as menus in the local papers advertise our four congregate sites located in Reed City, Evart, Tuskin and Marion. Our local churches advertise in their monthly newsletters. The Caseworkers, RNs and Case Coordinator will encourage clients that are not eligible for Home Delivered Meals to visit congregate sites. The Evart meal site is open from 9am – 2:30pm, Monday, Tuesday and Thursday while the Tuslin, Marion and Reed City sites are open from 10:30am – 2:30pm also on Monday, Tuesday and Thursday.

2. Does your agency currently provide this service: ☑ Yes ☐ No

If yes, provide the following information:

List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.
Data has been collected from the 2015 client survey received in September 2015.
- 99% of our clients stated they liked the taste of their meals at least most of the time.
- 35% of clients stated their congregate meal is the main source of food.
- 89% of clients indicated the portion size was appropriate.
- 85% indicated they believed our suggested donation of $2.00 to be fair.
- 80% indicated their outlook on life has improved by attending the meal site.
- 81% indicated they participate with the activities at the meal site.
• Describe the tool or form that was used to measure the outcomes.
  Client Survey and computer generated data.
• How were/are the results used?
  We use this tool to determine strength and weaknesses. This tool determines if the client's needs have been met or if changes are needed.

3. List the outcome measurements planned for FY 2016 for this service.
- 95% of our clients to state they liked the taste of their meals at least most of the time.
- 90% of clients to indicated the portion size is appropriate.
- 85% will indicated they believe our suggested donation of $2.00 to be fair.
- 70% will indicate their outlook on life has improved by attending the meal site.
- 75% of our clients to indicate they participate with the activities at the meal site.

4. Describe any other quality measures your agency will use for this service.
   We are always looking to improve our food and activities. We use other COA newsletters for ideas as well as attend MASC meeting.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.
   We fully cook all our food our self and contract out none of this program.

6. Will any part of the proposed service be sub-contracted? □ Yes □ No
   If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2016. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.
   Will you need startup funds? □ Yes □ No
   If yes, provide the following information:
   • Staffing needs (address hiring and training)
   • Equipment needs (include cost of equipment to be purchased)
   • Marketing
   • Transition of current clients from another Older Americans Act provider (if applicable)
   • Other (please describe)
   • When will you serve the first client?

END OF SERVICE DESIGN AND DESCRIPTION
II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request includes start-up costs (see question #7).

<table>
<thead>
<tr>
<th>Proposed Service:</th>
<th>Funding Dollars Requested:</th>
<th>$ 116,410</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed # of Units:</td>
<td></td>
<td>21,282</td>
</tr>
<tr>
<td>Proposed # of Clients:</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Unit Rate:</td>
<td></td>
<td>5.47</td>
</tr>
<tr>
<td>Estimated Program Income:</td>
<td></td>
<td>$14,000</td>
</tr>
<tr>
<td>Estimated Cost Share:</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Cost Share is required for Adult Day Services and All Respite Services.**

**Define Unit (See Service Standards):** 1 meal = 1 unit

**Service Director or Supervisor:**
Scott Schryer, Director

**Phone:** 231-734-5559

**Address (if different from agency):**
P.O. Box 594, Evart, MI 49631

**Fax:** 231-734-6009

**E-mail:** sshryer@osceolacoa.org

Could this service be provided in a reduced capacity if not funded at the above request?

☐ Yes ☐ No If No, Explain.

---

1. Describe how this service is delivered, using a real client example:

- At a minimum, incorporate the following in your response:
  - How the client will find out about and access the service
  - Intake process
  - How the service will be delivered
  - Frequency of the service
  - Termination from the service, if applicable
  - Other

Clients are referred to Osceola Commission on Aging through hospital release, family or self-referral and the Waiver program. Once a referral is made to the Commission on Aging, the Case Coordinator assigns an RN. The RN has 3 days to assess the potential client. If the client is a hospital release, the meals program will deliver the next day. Once an assessment has been completed by the RN and eligibility has been determined the meals will be delivered by one of our paid delivery drivers. Hot meals are delivered to clients five days a week, with the option of receiving frozen meals for the weekend. Once a client is able and willing to cook on his/her own we will terminate meal service, if a client is undeliverable on a consistent basis we will reassess this client to determine if eligibility has changed.

2. Does your agency currently provide this service?: ☐ Yes ☐ No

If yes, provide the following information:

- List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.

Date has been collected from the 2015 client survey received in September 2015.

- 55% of our HDM clients stated the HDM meal is their main source of food.
- 97% of HDM clients stated they liked the taste of their meals at least most of the time.
- 95% indicated the portion size was appropriate.
- 94% indicated they usually eat most of the meal.
- 91% stated they believe our suggested donation of $2.00 to be fair.
- 88% feel their eating habits have improved since receiving HDM's.
- 78% also stated their health has improved since receiving HDM's.
- 84% also stated they believe the meals have helped them remain in their homes.

- Describe the tool or form that was used to measure the outcomes.
  - Client Survey and computer generated data.

- How were/are the results used?

We use this tool to determine strength and weaknesses. This tool determines if the client’s needs have been met or if changes are needed.

3. List the outcome measurements planned for FY 2016 for this service.

- 95% of HDM clients to state they like the taste of their meals at least most of the time.
- 85% of HDM clients indicate the portion size was appropriate.
- 95% will state they believe our suggested donation of $2.00 to be fair.
- 88% will indicate their eating habits have improved since receiving HDM’s.
- 78% of HDM clients to state their health has improved since receiving HDM’s.
- 84% of HDM clients to state they believe the meals have helped them remain in their homes.

4. Describe any other quality measures your agency will use for this service.

We are always looking to improve our food and activities. We use other COA newsletters for ideas as well as attend MASC meeting.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.
We fully cook all our food our self and contract out none of this program.

6. Will any part of the proposed service be sub-contracted? □ Yes ☑ No
   If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2016. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.
   Will you need startup funds? □ Yes ☑ No
   If yes, provide the following information:
   • Staffing needs (address hiring and training)
   • Equipment needs (include cost of equipment to be purchased)
   • Marketing
   • Transition of current clients from another Older Americans Act provider (if applicable)
   • Other (please describe)
   • When will you serve the first client?

END OF SERVICE DESIGN AND DESCRIPTION

II – E. SERVICE BUDGET

Service: Transportation
• Complete this section separately for EACH service proposed. (Duplicate this attachment II-E for each service.)
• We expect all services to request client donations and cost share when applicable.
• The Consumer Price Index and Inflation rates will be considered when looking at any increase in unit rates.

All services except nutrition complete items 1 thru 4.

1. Unit Rate Service Budget for October 1, 2016 - September 30, 2017.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Funds Requested:</td>
<td>$ 19,458</td>
<td></td>
</tr>
<tr>
<td>2. Units To Be Provided</td>
<td>1,052</td>
<td></td>
</tr>
</tbody>
</table>

A. Administration
   $ 1.92

B. Direct Service Cost
   $ 17.94

C. Equipment
   $ .20

D. Other
   $ .48

Proposed Unit Rate*
   $ 20.54

Line 1 divided by Line 2 = Proposed Unit Rate
A+B+C+D=Proposed Unit Rate

*The Unit Rate will be the rate at which the program will be reimbursed per unit of service.

2. If you are a current service provider, explain any changes in this unit rate from the FY 2016 unit rate.

   No change, although this proposal does not subtract the AAA 10% match which brings us to $20.54 – $2.05 = $18.49

Program Income and Cost Share

3. Describe the methods that will be used to encourage clients to donate (program income) toward the cost of their service.
We give each client a letter from the Director explaining the importance of donating to the program they receive. We then follow up monthly with a donation request that give a specific amount as a suggested donation for what services they have received that month. We give both the cost of the services that were received and suggested donation amount.

4. If required for the proposed service, describe your agency’s process for collecting cost share funds.

N/A

---

**II – E. SERVICE BUDGET**

**Service: Respite**
- Complete this section separately for EACH service proposed. (Duplicate this attachment II-E for each service.)
- We expect all services to request client donations and cost share when applicable.
- The Consumer Price Index and Inflation rates will be considered when looking at any increase in unit rates.

All services except nutrition complete items 1 thru 4.

1. Unit Rate Service Budget for October 1, 2016 - September 30, 2017.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Funds Requested</td>
<td>$ 49,549</td>
</tr>
<tr>
<td>2. Units To Be Provided</td>
<td>3,066</td>
</tr>
<tr>
<td>A. Administration</td>
<td>$ .86</td>
</tr>
<tr>
<td>B. Direct Service Cost</td>
<td>$ 16.70</td>
</tr>
<tr>
<td>C. Equipment</td>
<td>$ .15</td>
</tr>
<tr>
<td>D. Other</td>
<td>$ .25</td>
</tr>
<tr>
<td>Proposed Unit Rate*</td>
<td>$ 17.96</td>
</tr>
</tbody>
</table>

Line 1 divided by Line 2 = Proposed Unit Rate
A+B+C+D=Proposed Unit Rate

*The Unit Rate will be the rate at which the program will be reimbursed per unit of service.

2. If you are a current service provider, explain any changes in this unit rate from the FY 2016 unit rate.

No change, although this proposal does not subtract the AAAWM 10% match which brings us to $17.96 - $1.80 = $16.16

**Program Income and Cost Share**

3. Describe the methods that will be used to encourage clients to donate (program income) toward the cost of their service.
We give each client a letter from the Director explaining the importance of donating to the program they receive. We then follow up monthly with a donation request that give a specific amount as a suggested donation for what they have received that month. We give both the cost of the services that were received and a suggested donation amount.

4. If required for the proposed service, describe your agency’s process for collecting cost share funds.

As part of our assessment the prospective client is put through the cost share tool provided by AAAWM, Inc. Once they know the cost share portion they are responsible for and agree to pay that portion monthly, we set them up with services. Once services have begun, we will send a bill for the amount of their cost share to them monthly.

II – E. SERVICE BUDGET

Service: Homemaking
- Complete this section separately for EACH service proposed. (Duplicate this attachment II-E for each service.)
- We expect all services to request client donations and cost share when applicable.
- The Consumer Price Index and inflation rates will be considered when looking at any increase in unit rates.

All services except nutrition complete items 1 thru 4.

1. Unit Rate Service Budget for October 1, 2016 - September 30, 2017.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Funds Requested</td>
<td>$28,950</td>
</tr>
<tr>
<td>2. Units To Be Provided</td>
<td>1,887</td>
</tr>
<tr>
<td>A. Administration</td>
<td>$0.86</td>
</tr>
<tr>
<td>B. Direct Service Cost</td>
<td>$15.70</td>
</tr>
<tr>
<td>C. Equipment</td>
<td>$0.15</td>
</tr>
<tr>
<td>D. Other</td>
<td>$0.25</td>
</tr>
<tr>
<td>Proposed Unit Rate*</td>
<td>$16.96</td>
</tr>
</tbody>
</table>

Line 1 divided by Line 2 = Proposed Unit Rate
A+B+C+D=Proposed Unit Rate

*The Unit Rate will be the rate at which the program will be reimbursed per unit of service.

2. If you are a current service provider, explain any changes in this unit rate from the FY 2016 unit rate.

A 3% increase has been added as our direct service cost has increased. This proposal does not subtract the AAAWM 10% match which brings us to $16.96 - $1.70 = $15.26.

Program Income and Cost Share

3. Describe the methods that will be used to encourage clients to donate (program income) toward the cost of their service.
II – E. SERVICE BUDGET

Service: Disease Prevention

- Complete this section separately for EACH service proposed. (Duplicate this attachment II-E for each service.)
- We expect all services to request client donations and cost share when applicable.
- The Consumer Price Index and Inflation rates will be considered when looking at any increase in unit rates.

All services except nutrition complete items 1 thru 4.

1. Unit Rate Service Budget for October 1, 2016 - September 30, 2017.

<table>
<thead>
<tr>
<th>1. Total Funds Requested:</th>
<th>$ 2,250</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Units To Be Provided</td>
<td>3</td>
</tr>
</tbody>
</table>

   A. Administration  
   B. Direct Service Cost  
   C. Equipment  
   D. Other  

\[
\text{Proposed Unit Rate}^* = \frac{\text{Line 1}}{\text{Line 2}} = \frac{\text{A+B+C+D}}{\text{Proposed Unit Rate}}
\]

*The Unit Rate will be the rate at which the program will be reimbursed per unit of service.

2. If you are a current service provider, explain any changes in this unit rate from the FY 2016 unit rate.

   No change, although this proposal does not subtract the 10\$ AAAWM match which brings us to $833 - $83 = $750

Program Income and Cost Share

3. Describe the methods that will be used to encourage clients to donate (program income) toward the cost of their service.
We give each client a letter from the director explaining the importance of donating to the program they receive. We then follow up monthly with a donation request that give a specific amount as a suggested donation for what they have received that month. We give both the cost of the services that were received and a suggested donation amount.

4. If required for the proposed service, describe your agency’s process for collecting cost share funds.

N/A

**Only Nutrition Services answer items 5 and 6.**

5. Nutrition Services Unit Rate Service Budget for October 1, 2016 - September 30, 2017. Fill one out for each proposed service.

This information is for ☑ Congregate  ☐ Home Delivered Meals

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Funds Requested:</td>
<td>$ 35,298</td>
<td></td>
</tr>
<tr>
<td>2. Units To Be Provided</td>
<td>5,825</td>
<td></td>
</tr>
<tr>
<td>Explain each Expense Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Administration</td>
<td>$ 1.66</td>
<td></td>
</tr>
<tr>
<td>B. Direct Service Cost</td>
<td>$ 3.07</td>
<td></td>
</tr>
<tr>
<td>C. Equipment</td>
<td>$ 3.08</td>
<td></td>
</tr>
<tr>
<td>D. Other</td>
<td>$ 2.33</td>
<td></td>
</tr>
<tr>
<td>E. Total Cost Per Unit</td>
<td>$10.14</td>
<td></td>
</tr>
<tr>
<td>F. Less NSIP</td>
<td>$ 5.58</td>
<td></td>
</tr>
<tr>
<td>G. Less Unit Match</td>
<td>$ 1.75</td>
<td></td>
</tr>
<tr>
<td>H. Less Program Income</td>
<td>$ 1.75</td>
<td></td>
</tr>
<tr>
<td>I. Proposed Unit Rate</td>
<td>$ 6.06</td>
<td></td>
</tr>
</tbody>
</table>

6. If you are a current nutrition service provider, explain any changes in this unit rate from the FY 2016 unit rate.

No rate change.

**Only Nutrition Services answer items 5 and 6.**

5. Nutrition Services Unit Rate Service Budget for October 1, 2016 - September 30, 2017. Fill one out for each proposed service.

This information is for ☑ Congregate  ☐ Home Delivered Meals

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Funds Requested:</td>
<td>$ 116,410</td>
<td></td>
</tr>
<tr>
<td>2. Units To Be Provided</td>
<td>21,282</td>
<td></td>
</tr>
<tr>
<td>Explain each Expense Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Administration</td>
<td>$ 1.66</td>
<td></td>
</tr>
<tr>
<td>B. Direct Service Cost</td>
<td>$ 3.10</td>
<td></td>
</tr>
<tr>
<td>C. Equipment</td>
<td>$ 3.35</td>
<td></td>
</tr>
<tr>
<td>D. Other</td>
<td>$ 1.90</td>
<td></td>
</tr>
<tr>
<td>E. Total Cost Per Unit</td>
<td>$10.01</td>
<td></td>
</tr>
<tr>
<td>F. Less NSIP</td>
<td>$ 5.58</td>
<td></td>
</tr>
<tr>
<td>G. Less Unit Match</td>
<td>$ 1.98</td>
<td></td>
</tr>
<tr>
<td>H. Less Program Income</td>
<td>$ 1.98</td>
<td></td>
</tr>
<tr>
<td>I. Proposed Unit Rate</td>
<td>$ 5.47</td>
<td></td>
</tr>
</tbody>
</table>

Line 1 divided by Line 2 = Proposed Unit Rate
A+B+C+D = E (Total Cost Per Unit)
E - F - G - H = I (Proposed Unit Rate)

Nutrition Services Incentive Program (NSIP) is a standardized amount based upon average earned per unit
Unit Match: Calculate required Unit Match by dividing Proposed Unit Rate by nine (9) (roundup)
Program Income: Amount of program income per unit projected

6. If you are a current nutrition service provider, explain any changes in this unit rate from the FY 2016 unit rate.

We have added a 3% increase to help offset the increase cost of food, gas and number of new clients.
UNIT RATE SERVICE BUDGET DETAIL

REVENUES:
Total Funds Requested:
Funds listed here should equal the amount requested in Section II-A.

For Nutrition budget only:

NSIP is Nutrition Services Incentive Program reimbursement provided by the Federal government.

Match:
All funds requested are required to have a 10% match. Match can either be in-kind or cash, however, cash cannot be other Federal funds.

Program Income:
Program income includes all contributions made toward the cost of service by or on behalf of a client for a service. See AAWM Policies and Procedures Manual for a complete definition.*

EXPENDITURES:

Administration:
Expenses may include but are not limited to: wages of administrative staff such as supervision, financial, data entry and administrative support, which contribute to the delivery of a typical unit of service. Expenses for activities such as coordinating with the AAWM, budgeting, scheduling staff, grant writing, collaboration with other agencies, legislative advocacy, staff recruitment, collection of cost sharing (if applicable) and client contributions, quality assurance and accountability are also allowable.

Direct Service Cost:
Expenses included in the cost of directly providing the service(s). This may include wages of direct service staff, direct staff training, direct service supplies, direct service mileage reimbursement, general intake, client assessment, re-assessment and service plan development. No program administration activities are allowable in this section.

Equipment:
Equipment is defined as an item with an acquisition cost of $1,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one (1) year or more regardless of acquisition cost.

Other:
Program costs that cannot be attributed to any other line item.

Proposed Unit Rate:
The Unit Rate will be the funding amount at which the program will be reimbursed per unit of service provided. This unit rate may be negotiated prior to the finalization of the contract.

*The AAWM Policies and Procedures Manual can be found on our website: www.aawm.org

END OF SERVICE BUDGET

II – F. DISEASE PREVENTION/HEALTH PROMOTION SERVICES

- Answer the following questions ONLY if you are proposing for this service. Refer to the AAWM Policies and Procedures Manual and Proposal General Information packet for allowable services.
- Complete this section separately for EACH Disease Prevention/Health Promotion service proposed. (Duplicate this attachment II-F for each service.)
- Your program must be one of the approved evidence based services listed in Appendix C of the Proposal General Information packet

Service: Matter of Balance


A unit of service is equal to 1 completed class.

2. Identify staff credentials and/or experience.

We have 3 staff and 1 volunteer trained to instruct this class.

3. Is this a program that utilizes professional volunteers or trained peer leaders? ☑ Yes ☐ No

If yes, please describe.

This class is set up to use either professional volunteers or trained peer leaders. We use both.

4. How will you recruit participants?

This is our first year for this program, we are planning on recruiting our prior Matter of Balance participants, as well as our RNs recruiting clients at assessment time. We will be utilizing public service announcements in the newspapers and community calendars.

5. List planned dates, times and locations classes will be held. Be specific.

One class at our Evart site on Tuesdays and Thursdays starting at 1:00 p.m., running from February 7 to March 2.

6. Will this program eventually become self-sufficient? ☐ Yes ☑ No

If yes, how long will it take to become self-sufficient? Describe your plan.

7. How many clients are needed in the program in order to consider it successful and cost-effective?

We prefer 6 or more, but will do a class if we have at least 4 signed up.

8. If your agency currently provides this service or has provided it in the past, describe any challenges you’ve faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.
We have done this service for 8 years and our biggest challenge is finding new people to go through. This year we are going from 2 classes to 1.

END OF DISEASE PREVENTION/HEALTH PROMOTION SERVICES

II – F. DISEASE PREVENTION/HEALTH PROMOTION SERVICES

- Answer the following questions ONLY if you are proposing for this service. Refer to the AAAWM Policies and Procedures Manual and Proposal General Information packet for allowable services.
- Complete this section separately for EACH Disease Prevention/Health Promotion service proposed. (Duplicate this attachment II-F for each service.)
- Your program must be one of the approved evidence based services listed in Appendix C of the Proposal General Information packet

Service: Path Diabetes

   1 completed class = 1 unit

2. Identify staff credentials and/or experience.
   We have 2 RNs trained and 1 volunteer Health Educator from MSU Extension.

3. Is this a program that utilizes professional volunteers or trained peer leaders? ☒ Yes ☐ No
   If yes, please describe.
   We use both staff and volunteers.

4. How will you recruit participants?
   As we are in our sixth year of this program we find our best recruiting is done through previous participants. We use our assessments to identify participants as well as work with local doctor offices. We are starting to get public service announcements in the newspapers and community calendars.

5. List planned dates, times and locations classes will be held. Be specific.
   One class at our Tustin site on Tuesday at 1:00 p.m. running from April 4 to May 9.

6. Will this program eventually become self-sufficient? ☐ Yes ☒ No
   If yes, how long will it take to become self-sufficient? Describe your plan.

7. How many clients are needed in the program in order to consider it successful and cost-effective?
   We prefer 10 – 18 in a class with no less than 10.

8. If your agency currently provides this service or has provided it in the past, describe any challenges you’ve faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.
   This program is new to us over that past year, we have not run into any hiccups yet.
II – F. DISEASE PREVENTION/HEALTH PROMOTION SERVICES

- Answer the following questions ONLY if you are proposing for this service. Refer to the AAAWM Policies and Procedures Manual and Proposal General Information packet for allowable services.

- Complete this section separately for EACH Disease Prevention/Health Promotion service proposed. (Duplicate this attachment II-F for each service.)

- Your program must be one of the approved evidence based services listed in Appendix C of the Proposal General Information packet

Service: Tia Chi

   1 completed class = 1 unit

2. Identify staff credentials and/or experience.
   We will have 1 staff member trained and 1 volunteer assistant.

3. Is this a program that utilizes professional volunteers or trained peer leaders? ☑ Yes ☐ No
   If yes, please describe.
   We will use both staff and volunteers

4. How will you recruit participants?
   As we are in our sixth year of this program we find our best recruiting is done through previous participants. We use our assessments to identify participants as well as work with local doctor offices. We are starting to get public service announcements in the newspapers and community calendars.

5. List planned dates, times and locations classes will be held. Be specific.
   One class at our Evart site on Mondays from 9:30 a.m. – 10:30 am starting January 2 through February 6.

6. Will this program eventually become self-sufficient? ☑ Yes ☐ No
   If yes, how long will it take to become self-sufficient? Describe your plan.

7. How many clients are needed in the program in order to consider it successful and cost-effective?
   We prefer 6 or more, but will do a class if we have at least 4 signed up.
8. If your agency currently provides this service or has provided it in the past, describe any challenges you've faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.

This is a new program for us.

END OF DISEASE PREVENTION/HEALTH PROMOTION SERVICES

II - G. CAREGIVER SUPPORT SERVICES

Service: Respite

- Answer the following questions if you are proposing for any of these caregiver services:
  - Adult Day Services
  - Caregiver Support Groups
  - Caregiver Education Programs
  - All Respite Services
  - Grandparent Support Groups
  - Caregiver Training Programs

- Complete this section separately for EACH Caregiver Support service proposed (Duplicate this attachment II-G for each service.)


   1 hour of Respite = 1 unit

2. Identify staff credentials and/or experience.

   The Osceola Commission on Aging is a well established public agency which has served as a focal point for Osceola County seniors for over 30 years. Our Agency is held accountable to the Osceola County Board of Commissioners, Area Agency on Aging of Western Michigan, Inc. and Osceola County residents.

   The Commission on Aging staff continually strives to maintain the highest standards of quality care necessary to provide the assistance that our “Older Adults” require in order to remain in their own home and age with “independence and dignity”.

   This program is overseen by two registered nurses and we have 14 home health aides that provide the hands on services. Some of them have certified nurse’s assistance (CENA) certifications while others do not. One advantage of having the RNs on staff is that they can renew the CENA certifications.

3. Is this a program that utilizes professional volunteers or trained peer leaders? ☑ Yes ☐ No

   If yes, please describe.

4. How will the program be promoted or advertised?

   Newspapers, speaking engagements, church newsletters and brochures continue to be a good way of advertising. Whereas these sources will be utilized, our top source of referrals continues to be word of mouth.

5. Will this program eventually become self-sufficient? ☑ Yes ☐ No

   If yes, how long will it take to become self-sufficient? Describe your plan.

6. How many clients are needed in the program in order to consider it successful and cost-effective?

   With respite services helping one caregiver from burning out makes the service a success. With that said we have approximately 90 clients on this program currently.
7. If your agency currently provides this service or has provided it in the past, describe any challenges you’ve faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.

One challenge we have faced in our Respite service is convincing caregivers that the provision of Respite service will indeed allow them to remain a caregiver for their loved one for an extended period of time. Sometimes they do not recognize the fact that they cannot “do it all”.

8. Is your organization currently a member of the Caregiver Resource Network? ☒ Yes ☐ No

www.caregiverresource.net

END OF CAREGIVER SUPPORT SERVICES

II – H. SENIOR CENTER STAFFING

The National Institute of Senior Centers defines a senior center as a place where “older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community.”

Not only do senior centers offer helpful resources to older adults, they serve the entire community with information on aging; support for family caregivers, training professionals, lay leaders and students; and development of innovative approaches to addressing aging issues.

While senior centers typically provide nutrition, recreation, social and educational services, and comprehensive information and referral, many centers are adding new programs such as fitness activities, Internet training, and intergenerational programming to meet the needs and interests of the new generation of older adults.

Answer the following questions ONLY if you are proposing for funding for senior center staffing.

1. Explain how your agency plans to offer senior center activities to attract the wide spectrum of seniors with varied interests?

2. List a minimum of two (2) AAAWM approved evidence based health promotion classes you will be offering at your senior center(s). (This could be two (2) classes of the same program.)

3. How will you market and promote the programs being offered at your senior center(s)?

4. How will you measure if the programs have been successful?

END OF SENIOR CENTER STAFFING
II-I. GENERAL NUTRITION PROGRAM QUESTIONS

To be completed by all proposers requesting either congregate or home delivered meal funding.

1. If not currently funded by AAAWM for nutrition services, does your agency/company currently provide congregate or home delivered meals for any Older Americans Act nutrition provider or Area Agency on Aging?
   □ Yes □ No or □ Currently Funded by AAAWM

   If yes, list the names of all agencies, their contact persons and phone numbers.

2. Name and location where meals will be prepared (if a new proposer, attach copy of food service license):
   Boomers Rendezvous, 213 Neilson, Tustin Michigan

3. Are any staff members ServSafe Certified (or equivalent)? □ Yes □ No
   If yes, list names and date certification expires.
   Robin Fuermeisen 2015-2020
   Scott Schryer 2013-2018
   Sue Peppey 2013-2018

4. Is your agency currently completing a computerized nutrition analysis of the menu?
   □ Yes □ No If yes, name of software used:
   If no, date this will be implemented:
   We are in the middle of being trained on the GFS software. I plan on being fully up and running with this by September 30, 2016.

5. Only answer if not a current provider: Attach a copy of the most recent menu of each type of meal served; include the nutrition analysis if available.

END OF GENERAL NUTRITION PROGRAM QUESTIONS

II-J. CONGREGATE MEALS

- Answer the following questions ONLY if you are proposing for funding for congregate meals.

1. Will the menu have choices/alternatives available to accommodate client preferences?
   □ Yes □ No

   If yes, explain how this is accomplished and to what extent?

2. Describe agency efforts in the past year to increase participation at congregate meal sites (if applicable):

3. Complete the following information on all sites where congregate meals will be served: (add additional rows if needed, please format table so that it falls on one page)

<table>
<thead>
<tr>
<th>Location</th>
<th>Days Open</th>
<th>Hours</th>
<th>Current average of OAA eligible meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example)</td>
<td>M, W, F</td>
<td>10am-2pm</td>
<td>23</td>
</tr>
<tr>
<td>Marion</td>
<td>M, T, Th</td>
<td>10:30am-2:30pm</td>
<td>10</td>
</tr>
<tr>
<td>Reed City</td>
<td>M, T, Th</td>
<td>10:30am-2:30pm</td>
<td>13</td>
</tr>
<tr>
<td>Evart</td>
<td>M, T, Th</td>
<td>9am-2:30pm</td>
<td>20</td>
</tr>
<tr>
<td>Tustin</td>
<td>M, T, Th</td>
<td>10:30am-2:30pm</td>
<td>10</td>
</tr>
</tbody>
</table>

* Found on Congregate Report. Please specify month used    March 2016

4. Are there any changes planned to the number of congregate meal sites (openings or closings), days open or hours for FY 2017? □ Yes □ No

   If yes, please describe in detail: We plan on adding Wednesdays to all four sites.

5. Give specific examples of activities and programs that are conducted at congregate meal sites.

   A list of activities have begun at the sites to include but not limited to: card games, quilting club, line dancing, Matter of Balance program, bingo, music groups, Will Bowling, and more. We have opened up to the clients to see what they want for programming and these are the ones that have taken off so far.

6. How are congregate meal sites promoted?

   Once a month area churches advertise our menu in their monthly newsletter. Area newspapers list location and menu once a week in the paper. Our Advisory Council Board is helping advertise at special events and fundraisers.

7. List the suggested meal donation. $ 2.00

END OF CONGREGATE MEALS
II - K. HOME DELIVERED MEALS PROGRAM

1. List all modified diets that will be provided (include texture modification, liquid, and doctor ordered special diets).

We offer liquid on a private pay basis.

2. Will the menu have choices/alternatives available to accommodate client preferences?

☐ Yes ☐ No If yes, describe:

3. Mark the days meals will be available and the meal type:

<table>
<thead>
<tr>
<th></th>
<th>Hot Meal</th>
<th>Cold Meal</th>
<th>Frozen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

4. Mark which days of the week the typical client will receive a delivery (contact with the driver).

☐ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☐ Friday ☑ Saturday ☑ Sunday

☐ Once a week ☐ Other (describe)

5. Will the following meals be available for every client who needs them?

- Second meals: ☘ Yes ☐ No ☚ Limited
- Liquid meals: ☘ Yes ☐ No ☚ Limited
- Weekend meals: ☘ Yes ☐ No ☚ Limited

Explain:

5 How do you connect with clients on non-delivery days?

Our Caseworker, RNs, and in-home staff keep in contact with certain clients on a daily basis, these are very ill or frail clients that have no family close by or are very isolated.

7. List the suggested meal donation. $2.00

END OF HOME DELIVERED MEALS PROGRAM

II - L. ELDER ABUSE PREVENTION EDUCATION

- Answer the following questions ONLY if you are proposing for this service. Refer to the AAAWM Policy and Procedure Manual and in the Proposal General Information packet for allowable services.

1. The Elder Abuse Prevention Education (EAPE) provider plans and implements monthly Kent County Elder Abuse Coalition meetings which include an educational component and discussion facilitation. In addition, provider coordinates at least 12 elder abuse presentations to both the community and aging network providers in Region Eight (8). These presentations should include locations with diverse income and ethnic environments. EAPE presentation topics could include but are not limited to: The basics of abuse, financial exploitation/scams common to seniors, caregiver stress, understanding dementia and mental health issues, and senior bullying.

   a. List training ideas and presenters for the monthly Kent County Elder Abuse Coalition meetings.
   b. List presentation ideas, speakers, and locations for the community and providers of service.
   c. Describe your marketing efforts to reach seniors, caregivers and providers of service.

2. Describe any collaborative projects the EAPE provider would lead or participate within the community.

3. Describe committee membership with local agencies or organizations that serve victims of elder abuse (if any).

4. Would your agency seek other revenue sources for this program? If so, how?

5. Identify EAPE staff credentials and/or experience:

6. Would the program utilize professional volunteers or trained peer leaders?

☐ Yes ☐ No If yes, please describe.

END OF ELDER ABUSE PREVENTION EDUCATION
III. ATTACHMENTS

NEW PROPOSERS SUBMIT:

III-A. Three (3) Collaboration Letters

Use the instructions for Composing a Collaboration Letter of Support to request supportive information from three agencies with which your organization collaborates. If these collaborating agencies have any questions, they should contact you, not AAAWM.

Copies of the collaboration letters should be submitted with each copy of the proposal.

Do not submit more than the required collaboration letters.

III-B. Third Party Assessments

Attach the most recent third-party (professional and/or governmental agency) program assessment of the Proposing Agency to each copy of the proposal. Third-party program assessments are official reports from a monitoring agency, which cover program operations. A third-party assessment is preferred.

If program assessments are not available, provide TWO (2) ADDITIONAL collaboration letters (for a total of five [5]).

Copies of Third Party Assessments should be submitted with each copy of the proposal.

III-C. Single or Financial Audit – two (2) copies only

Submit TWO (2) COPIES TOTAL of the Proposing Agency’s most recent Single Audit or Financial Audit.

Do not attach the audit to this proposal.

ALL PROPOSERS:

Submit only one (1) signed copy of each of the following

III-D. Proposing Agency Agreement

III-E. Assurances/Certificate of Compliance
III - D. PROPOSING AGENCY AGREEMENT
(All Proposers Complete Once)

AGREEMENT BETWEEN PROPOSING AGENCY AND AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC. UPON SUBMISSION OF A FY 2017-2019 PROPOSAL FOR FUNDING

Oceola County Board of Commissioners

(Proposing Agency’s Legal Name)

understands and agrees that the following provisions are part of its official proposal and as such become binding on it subsequent to the award of any funds by the Area Agency on Aging of Western Michigan, Inc. (AAAWM).

Proposing Agency:

AUTHORITY

1. Warrants that it possesses legal authority to apply for funding; has officially adopted or passed a resolution, motion or similar action, authorizing completion of the proposal including all understandings and assurances and authorizing its official representative to act in connection with submitting the proposal and providing any additional information required.

2. Agrees to submit to AAAWM all information requested about names of persons with an ownership or control interest in the Proposing Agency, any actual or potential conflict of interest, past business transactions, current or pending legal action against the Proposing Agency, and certain other disclosing entities. Further, agrees to disclose whether any persons with an ownership or controlling interest in the Proposing Agency have been convicted of a criminal offense related to their involvement in any programs under Titles III, XVIII, XIX, or XX of the Social Security Act since the inception of these programs. The AAAWM may refuse to consider the proposal of any Proposing Agency that does not comply. Subsequently, AAAWM may immediately terminate a contract granted if a Proposing Agency does not comply with any future requests.

3. Upon award of funds, if a non-governmental Proposing Agency, agrees to submit copies of its Articles of Incorporation and Bylaws prior to signing a contract.

COMPLIANCE WITH LOCAL, STATE AND FEDERAL LAWS/REGULATIONS

4. Agrees that services will be carried out according to the regulations, policies, procedures, terms and conditions of its proposal as approved by AAAWM in making an award of funds.

5. Agrees to comply with all applicable laws, regulations, policies, minimum standards and procedures established by AAAWM, Aging and Adult Services Agency (AASA), and the United States Administration on Aging (AOA) in the execution of a contract award, including the “Code of Ethics” adopted by AAAWM.

6. Agrees to operate in full compliance with all applicable state and local standards including fire, health, safety and sanitation standards, prescribed in laws or regulations.

7. Agrees to conform to applicable provisions of the Older Americans Act, and Title 45 of the Code of Federal Regulations, Part 74 “Administration of Grants”, August 2, 1978, (Subpart O – Property), as amended, in the acquisition, transfer, replacement, or disposition of real property, equipment, or supplies.

8. Agrees to not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or in any matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, sexual orientation, height, weight, or marital status pursuant to P.A. 453 of 1976, Section 209. The Proposing Agency shall also comply with the provisions of the Michigan Persons With Disabilities Civil Rights Act, P.A. 220 of 1976, and Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 394 which states that no employee or client or otherwise qualified disabled individual shall, solely by reason of his or her disability, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Proposing Agency shall comply with the Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, 104 Stat. 328 (as amended by the ADA Amendment’s Act of 2008 P.L. 110-325), which prohibits discrimination against individuals with disabilities and provides enforcement standards. Further, the Proposing Agency shall comply with all other Federal, State or local laws, regulations and standards, and any amendments thereto, as they may apply to the performance of this Agreement.

9. Agrees to obtain and maintain public liability insurance in amounts necessary to cover all claims which may arise out of the Proposing Agency’s operations under the terms of the contract and provide proof of such insurance coverage to AAAWM prior to the effective date of the contract. Unemployment compensation coverage and workers compensation insurance shall be maintained in accordance with applicable federal and state laws and regulations.

10. Certification: Service Provider certifies that it has not been suspended or debarred by the U.S. government from receiving federal dollars.

COORDINATION WITH THE AGING NETWORK

11. Agrees to not make any statement attributable to or on behalf of AAAWM without prior written approval from AAAWM.

12. Agrees to participate in service activity promotion through the various news and public media; and agrees to acknowledge the sponsorship of AAAWM and Older Americans Act on all announcements and public information materials.

13. Agrees to cooperate with AAAWM in its efforts toward developing a comprehensive and coordinated system of services by participating in joint planning efforts and referral networks, and other activities to meet this goal.

14. Agrees to facilitate referrals by giving other service agencies minimum eligibility criteria for each service.

15. Agrees to establish linkages with other area service providers, including volunteer organizations for continuity of services especially in order to address the comprehensive range of needs any recipient may present.
FUND USE, AUDITS, ASSESSMENTS

16. Agrees to seek other sources of funding for the services and to demonstrate effective planning for progressive project maintenance through its own resources.

17. Agrees to not use local matching funds, for this proposal, which match other state or federal grants of other contracts. Proposing Agency also agrees that federal cash or in-kind resources acquired during current or prior years may not be used to match funds provided under this proposal unless otherwise specifically authorized by state and/or federal statute.

18. Agrees that state and/or federal funds made available will in no event supplant existing state, local, and/or federal funds already in use by the Proposing Agency and which are supporting services.

19. Agrees to submit a copy of the single audit, if they are required to have one by the "Single Audit Act of 1984" as it applies (see O.M.B. circular A-128 & A-133). A "single audit" is required from an organization receiving at least $500,000 a year in Federal (and related State) awards from all grantors (not just AAAWM). If an organization is not subject to the "single audit act", then only a financial audit will be required. A copy of the "single audit" report or the financial audit report (as it applies) shall be forwarded to AAAWM within nine (9) months of the end of the period audited. Audits shall usually be performed annually but not less frequently than every two years.

20. Agrees to cooperate and assist in efforts taken by the AAAWM, AASA, AOA, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and cost of the proposed service.

21. Agrees to maintain such books, accounts, vouchers, and all other documentation necessary to permit expeditious determination and disposition of all monies received from AAAWM as well as the nature and amount of all charges claimed against such funds.

22. Agrees that AAAWM, AASA, Michigan Department of Community Health, AOA, Department of Health and Human Services (HHS), or any of their authorized representatives shall have the right of access to any books, documents, papers, or other records of the Proposing Agency, in order to make audits, examinations, excerpts, and transcripts, so long as such is in conformity with the Privacy Act of 1974. Proposing Agency agrees to retain all books, records, and other documents relevant to this contract for a period of three (3) years. The retention period starts on the day the Proposing Agency submits to AAAWM its last expenditure report for the proposed service.

23. Agrees to comply with all program and fiscal reporting established in its contract and the AAAWM Policies and Procedures Manual, and to cooperate with AAAWM assessment of proposed service performance.

CLIENT SERVICES

24. Agrees that all persons 60 years of age or older, who meet the criteria established for contracted services, shall be eligible for any or all services, with preference given to providing services to older individuals with the greatest economic needs, with particular attention to frail/disabled elderly and to individuals with dementia.

25. Agrees that a standard client intake procedure for all services will be established and maintained at the Proposing Agency level. The intake procedure must enable the Proposing Agency to report required information to AAAWM.

26. Agrees that the confidentiality will be protected at all times in conformance with AAAWM policies and any applicable laws.

27. Agrees that: (a) cost sharing determination shall be included in the eligibility of an older person for specified services; (b) cost sharing requirements must be tracked and billed; and (c) all client contributions and cost share income (where applicable) received by the proposing agency will be utilized on a monthly basis to expand the service by providing additional units.

28. Agrees to: (a) afford all individuals, not required to cost share, the opportunity to freely and voluntarily contribute to all or part of the cost of the services provided; (b) protect the privacy of each older person with respect to his/her contribution; (c) establish procedures to safeguard and account for all contributions; and (d) use client contributions for each respective service to expand services.

29. Agrees to establish and follow procedures for obtaining the views of service recipients about the services they receive.

30. Agrees to have a grievance procedure in place to address complaints by individual recipients and to make that procedure known to the recipients.

PROPOSING AGENCY MANAGEMENT

31. Agrees to allow designated AAAWM staff to attend advisory councils, community groups and committees created for, and specifically relating to, the proposed service, and further agrees to provide AAAWM with advance notice of such meetings.

32. Agrees to provide for training, as necessary, to enable paid and volunteer personnel to perform effectively in their positions.

33. Agrees to establish safeguards to prohibit employees from using their positions for any purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others and, further, to abide by the "Code of Ethics" adopted by AAAWM.
34. Agrees not to assign the contract or enter into subcontracts without obtaining prior written approval of AAAWM. When subcontracts are proposed, agrees to use bidding procedures that conform to the Federal Procurement Standards as outlined in Title 45 of the Code of Federal Regulations, Part 74 “Administration of Grants”. Assignees or subcontractors shall be subject to all conditions and provisions of the contract. The Proposing Agency shall be responsible for the performance of all assignees or subcontractors. The AAAWM shall annually monitor and assess the performance of subcontractors. The Proposing Agency shall submit copies of subcontracts to AAAWM, for review and approval. Following approval a copy of the signed contract must be sent to AAAWM before service begins.

SPECIFIC CONTRACT TERMS

35. Agrees that the conditions, under which AAAWM would place the Proposing Agency on probation, suspension, or termination, shall be specified in the contract language. Actions to be undertaken by AAAWM and the Proposing Agency in these circumstances shall also be specified in the contract language.

36. Agrees that the method of amending the contract shall be specified in the contract language. The circumstances under which funds may be reprogrammed and redistributed by AAAWM will also be specified in the contract language.

37. Agrees, when providing services, to give priority to AAAWM Care Management clients, as long as the requirements of paragraph #24 are met.

Signature of Policy Board Chairperson or duly authorized person. Attach Policy Board Resolution.

[Signature]

Date

Larry Emig
Typed Name

Osceola County Board Chairperson
Title

III – E. ASSURANCES/CERTIFICATION OF COMPLIANCE
(All Proposers Complete Once)

Assurance of Compliance
With
Title VI of The Civil Rights Act of 1964
Section 504 of the Rehabilitation Act of 1973
And
The Drug Free Workplace Act of 1988

Osceola County Board of Commissioners
(Proposing Agency’s Legal Name)

Agrees that it will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and all requirements and regulations of the Department of Health and Human Services issued pursuant to such laws. The Proposing Agency assures that no person shall on the grounds of race, color, religion, sex, age, national origin, marital status, height, weight, or handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any project or activity for which the Proposing Agency receives financial assistance from the Area Agency on Aging of Western Michigan, Inc.; and agrees that it will immediately take any measures necessary to effectuate this assurance.

Certifies that it will comply with the Drug Free Workplace Act of 1988 and provide a drug free workplace by carrying out the requirements of the Act.

The Drug Free Workplace Act of 1988 requirements include:

(A) publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specify the actions that will be taken against employees for violations of such prohibition;

(B) establish a drug-free awareness program to inform employees about -
   (i) the dangers of drug abuse in the workplace;
   (ii) the policy of maintaining a drug-free workplace;
   (iii) any available drug counseling, rehabilitation, and employee assistance programs; and
   (iv) the penalties that may be imposed upon employees for drug abuse violations;

(C) require that each employee, to be engaged in the performance of the contract, be given a copy of the statement required by subparagraph (A);

(D) notify employees in the statement required by subparagraph (A), that, as a condition of employment on the contract, the employees will -
   (i) abide by the terms of the statement; and
   (ii) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
(E) notify AAAWM within 10 days after receiving notice under subparagraph (D)(ii) from an employee or otherwise receiving actual notice of such conviction;

(F) impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted; and

(G) make a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (A), (B), (C), (D), (E), and (F).

The Proposing Agency recognizes and agrees that if a contract be extended, it will be in reliance on the representations and agreements made in these assurances/certification, and that the Area Agency on Aging of Western Michigan, Inc., the Aging and Adult Services Agency (AASA), or the United States Government, shall have the right to seek judicial enforcement of these assurances/certification. These assurances/certification are binding on the Proposing Agency, its successors, transferees, and assignees.

Project Director's Signature

Chairperson of Policy Board's Signature
(Or duly authorized person- attach Policy Board resolution)

Scott Schryer
Project Director - Typed Name

Larry Emig
Chairperson of Policy Board - Typed Name

Date

Date
April 13, 2016

Osceola County EMS

The attached report includes outstanding accounts for Jan, Feb and March 2016. We have exhausted all effort to collect on these accounts. These accounts have been written off as bad debt and have been turned over to our collections company.

Thank you,

Jamie Cornelius
Billing Specialist

Jeremy Beebe
EMS Director
<table>
<thead>
<tr>
<th>MONTH</th>
<th>W/O AMT</th>
<th># OF ACCTS</th>
<th>RECEIVED FROM COLLECTION AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0</td>
<td>0</td>
<td>553.66</td>
</tr>
<tr>
<td>Feb</td>
<td>16,779.55</td>
<td>57</td>
<td>261.11</td>
</tr>
<tr>
<td>March</td>
<td>0</td>
<td>0</td>
<td>702.22</td>
</tr>
</tbody>
</table>

$16,779.55 \quad 57 \quad $1,516.99
May 3, 2016

To: Osceola County Board of Commissioners

RE: EMS Department Agenda Items

Pager Replacement Purchase

EMS staff is alerted of an emergency call from Meceola Dispatch with Motorola pagers. These pagers are essential to daily operations and a pager failure may result in delayed response or a missed call. The pagers currently being used by staff were purchased in 2007 and are at the end of their life cycle. We are using spare pagers to keep the current pagers operational. The 2016 budget included $8,000 to replace pagers.

We have researched and sampled different pagers and have decided to request the purchase of the Unication G5 pager. The G5 pager is very durable, is waterproof, and also has a repeat function which allows voice communication to be recorded and replayed. This will eliminate EMS staff contacting dispatch on the radio and requesting important information that may have been missed. The battery life on the pager is 24-36 hours. The pager has the ability to scan and page on the current VHF radio system, as well as the 800 MHZ statewide system.

The price for 10 pagers is $7,520. This price is the state of Michigan price. The price includes software for programming the pagers and a 5 year warranty. The price is approximately $3,500 less than the regular price due to a promotion which is valid until June 30, 2016.

I am requesting Board approval for the purchase of 10 Unication G5 pagers from Grand Traverse Mobile Communications in the amount of $7,520 from line item 210.000.979.001, Capital Equipment. The quote is attached.

I have met with Emergency Management who has expressed interest in our old Motorola pagers. I am requesting Board approval to allocate the Motorola Pagers to the Emergency Management Department for use.

Ambulance Replacement Purchase

I have been searching for a suitable replacement for our 2003 ambulance. I have asked the 2 ambulance dealers that we work with for options. Kodiak Emergency Vehicles has a 2015 Braun ambulance with a Ford gas chassis available at the factory. Braun is very comparable in construction, workmanship, and warranty to a Road Rescue ambulance. The box configuration is quite a bit different than our current fleet. The ambulance box has fewer storage compartments than our current fleet and the compartments in are different locations. The vehicle is brand new and the cost of the vehicle is $157,983, which includes a trade in allowance for the 2003 ambulance. This cost includes paint and graphics to match our current fleet, as well as the Grill Guard which we place on our ambulances.
Emergency Vehicles Plus has found a 2013 Road Rescue Demo unit in Minnesota. This unit is almost the same box configuration as our current fleet. The ambulance has approximately 6,000 miles on the unit. The cost of this vehicle is $152,700 which includes a trade in allowance for the 2003 ambulance. This cost includes paint and graphics to match our current fleet, as well as the Grill Guard which we place on our ambulances.

I requested a quote from Emergency Vehicles Plus for the same vehicle as above, but a 2016 model. The cost for a 2016 model of the same ambulance is $198,663. Emergency Vehicles Plus also has an additional 2015 Road Rescue available at the factory in Florida for $170,000.

I am requesting approval to trade in the 2003 Ford Ambulance, with Clerk to sign the title, towards the purchase of the 2013 Road Rescue Ambulance from Emergency Vehicles Plus in the amount of $152,700 with funds out of the 210 Fund Balance. The 210 Fund Balance currently sits at $1,036,615. This will remove the purchase or remount of an ambulance from the 2017 budget. The specifications and price quotes are attached from both dealers.

**Cardiac Monitor Replacement Purchase**

The 2016 EMS Department budget includes funds to replace cardiac monitors. The 2016 budget includes $50,000 towards replacement of cardiac monitors. The projected 2017 and 2018 budget also includes $50,000 for cardiac monitor payments. The thought process behind this was to purchase brand new monitors in 2016 and use a lease/purchase option which would spread the payments over 3-4 years. Part of the presentation for the last millage renewal/increase also included the purchase of new cardiac monitors.

The current cardiac monitor is outdated, and parts and service are becoming difficult to obtain. The current cardiac monitors were purchased in 2004 and are used on every emergency call for the Department. The current monitor is not able to transmit EKG data to the hospital which is an important advancement in technology for patients experiencing a heart attack. In 2014, the Department purchased 1 new Lifepak 15 monitor for $33,000. The Lifepak 15 has the capability to transmit EKG data to the hospital from the field.

In March 2016 EMS staff was invited to attend a demonstration held at the EMS base for the Zoll Cardiac Monitor. Staff was given the opportunity to use the monitor and provide feedback. Feedback about the monitor was mixed. More staff requested to stay with Lifepak 15 than staff who wanted to switch to Zoll. The cost of a Zoll monitor would be approximately $35,000 per unit, $210,000 total. There would also be additional costs as we would have to replace the mounting brackets in all of our ambulances.

Mecosta County EMS currently uses the Lifepak 15 monitor. Mecosta County EMS has recently chosen to purchase new cardiac monitors from Phillips and trade in their current Lifepak 15 monitors towards the purchase price of the new Phillips monitor. I approached Mecosta County EMS and inquired if their Lifepak 15 monitors would be available to purchase instead of trade in. Mecosta County EMS has advised they would be willing to sell their 6 Lifepak 15 monitors for the trade in price of $15,000 each for a total cost of $90,000. This $90,000 price includes all accessories, batteries, and chargers that Mecosta County EMS owns.
Five of the six monitors have additional features that our current Lifepak 15 does not have. This feature is the ability to monitor blood pressure through a central line for critical care transports. This feature is an approximate three to five thousand dollar additional option. Our current mounting brackets will also support the Lifepak 15 and will not need to be replaced. The only feature that the Mecosta County EMS cardiac monitors do not have is the ability to transmit EKGs to the local hospitals. These add on module is available for an additional $1,000 per unit.

To purchase a new Lifepak 15 with the features that Mecosta County EMS has is estimated at $36,000-$40,000 per unit for a total cost of $216,000-$240,000. Mecosta County EMS has a current service agreement with Physio Control and these monitors have been maintained well by Physio Control.

The purchase of 6 cardiac monitors would also give the EMS Department a total of 7 Lifepak 15 monitors. This would allow a spare monitor to replace a monitor if a failure occurs and an ambulance would not need to be taken out of service.

I am requesting Board approval to purchase 6 used Lifepak 15 cardiac monitors with all accessories, batteries, and chargers from Mecosta County in the amount of $90,000. The funds to purchase would be used as follows; $50,000 from line item 210.000.979.001, Capital Equipment and the additional $40,000 from the 210 Fund Balance. The remaining fund balance if the recommended ambulance purchase and cardiac monitor purchase are approved would be $843,915.

Service Agreement with Physio Control

The contract with Physio Control to provide on-site maintenance of our current cardiac monitors expires on May 4, 2016. The cost to renew our agreement for a 2 year period for the same level of service is $8,107 per year. This is a 20% increase from the last agreement signed in 2014 and a 34% increase from the agreement signed in 2012. My opinion is the cost of the service agreement is beginning to outweigh the benefits of the agreement.

I am requesting the Board NOT approve the renewal of the service agreement with Physio Control and let the current agreement expire. I will explore alternative service agreements from Physio Control and other vendors and then bring back quotes at a future meeting. The quote for the service agreement renewal is attached.

Respectfully Submitted,

Jeremy Beebe
EMS Director
4/21/2016
Osceola County EMS

**Unication GS Multi-Band Pagers**
Full Color Display, Micro-USB Charging Port, P25 Conventional & Trunking, Analog 2-Tone Paging, 2-Year Manufacturer Warranty

<table>
<thead>
<tr>
<th>QTY</th>
<th>ITEM NUMBER</th>
<th>DESCRIPTION</th>
<th>LIST</th>
<th>NET</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>G5-PAGER-PROMO</td>
<td>VHF+700/800MHz Analog/P25 Stored Voice Pager (MPSCS Promo Pricing)*</td>
<td>$995.00</td>
<td>$605.50</td>
<td>$6,055.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Includes: Pager, Micro-USB Charger, Battery Pack, Antenna, and Belt Clip)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>EXTWARRANTY-G5</td>
<td>Unication Warranty Extension to Five Total Years</td>
<td>$129.00</td>
<td>$129.00</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>TEMPLATE</td>
<td>Create Custom Pager Template for GS Pagers</td>
<td>$75.00</td>
<td>$75.00</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>PROGRAM</td>
<td>Program Pagers with Template and Test</td>
<td>$10.00</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** | **$7,520.00**

**Accessories/Options**
- **5999CA-SXXXEN1X** Drop-In Amplified Charger System | $149.00
- **USB-CAR** Micro-USB Car Charger for GS Pager | $39.00
- **T65G428001-R** 2800mAh Li-Ion Battery Pack (Spores) | $29.95
- **LC-G4** Leather Holster | $49.95

*Please Note: This price requires a minimum of ten units*

Quote By: Neil Pickard
Quote Valid: Through June 30th, 2016
April 27, 2016

Osceola County EMS
306 N Patterson Road
Reed City, MI 49677

EMS Director Beebe and the County Board of Commissioners,

Kodiak Emergency Vehicles is pleased to have the opportunity to present this proposal to you. We feel confident that these specifications will not only go above and beyond what you are used to seeing from other ambulance manufactures but will also offer to you the strongest and safest ambulance module in the industry. Please also consider the following when comparing a Braun ambulance to other manufacturers:

- Braun offers a standard **Lifetime** Warranty on the module/structure *(including the interior aluminum cabinets)* that is **Transferable** if sold or traded-in. This Lifetime Warranty would also continue if you decided to remount your vehicle at Braun or with an authorized dealer. *(others claim to offer a “lifetime” warranty but then define “lifetime” as well as not allow it to be transferred)*
- A Braun Ambulance is built with Solid Body construction. *(heavy duty, light weight, fully welded, no extrusions, no tape holding the walls together)*
- The Braun ambulance quoted to you is constructed with **NO wood**, in the structure as well as the interior cabinets and floor.
- MasterTech IV peer to peer multiplex electrical system with a 7 year warranty
- Vital Max Lighting
- SealTite Doors
- Superior thermal and acoustic insulation. Spray in foam on the entire interior body, doors and undercoating as opposed to plank insulation
- **ANTI CORROSION PACKAGE**
- The Braun manufacturing and remount facility is located in Van Wert, OH – **Approximately 4 1/2 hours from Reed City**.

We take great pride in knowing we are proposing to you the best ambulance in the industry to not only serve you and your community, but our friends and family in the community as well.

Thank you for this opportunity,

Ahren J. Taszreak
Kodiak Emergency Vehicles - Vice President of Sales and Operations
Office: 517-803-4268  Cell: 517-667-1861  Fax: 517-827-4969
ahren@kodiak-ev.com
PROPOSAL OVERVIEW

PROPOSAL TO:    Osceola County EMS
                 306 N Patterson Road
                 Reed City, MI 49677

PROPOSAL FOR:   One (1) 2015 Braun Chief XL on a Ford E-450 Gas Chassis. Proposal
                 includes paint and graphics to match current fleet and the purchase
                 and install of an AliArc bumper.

                 *Vehicle was ordered prior to July 1, 2015 and meets the safety
                 requirements for cot retention.*

                 **Vehicle is currently located in Ohio and is being offered to dealers
                 throughout the United States. Vehicle can be sold at any time**

LEAD-TIME/DELIVERY: Vehicle is available for immediate delivery. Paint, Graphics and
Bumper shall be installed and the lead-time for this is approximately
4 weeks (the bumper is the longest lead time item)

PAYMENT TERMS: $1,000 due at time of award/signed agreement in order to secure the
vehicle. $139,000 due within 5 working days after award. $17,983.00
due at time of completion of the paint/graphics/bumper and final
inspection. Payment to be in the form of a municipal, certified, or
cashier’s check made out to Kodiak Emergency Vehicles.

PRICE(S):

Ambulance Price Includes:
- Ambulance per the attached drawings
- Delivery
- Graphics to match current fleet
- Paint line on cab and module to match current fleet
- Trade-in of 2003 McCoy Miller E-350
- All rebates and discounts

TOTAL COST $157,983.00
(Includes all chassis rebates, manufacturer discounts and “trade-in” of used ambulance)
AGREEMENT

THIS AGREEMENT is made between Kodiak Emergency Vehicles, 10130 W. Grand River Highway, Grand Ledge, MI 48837 ("COMPANY") and Osceola County EMS, 306 N Patterson Road, Reed City, MI 49677 ("Buyer"). THE COMPANY agrees to sell and the BUYER agrees to purchase One (1) 2015 Braun Chief XL on a Ford E-450 Gas Chassis (unit number 6944), with an Ali-Arc bumper installed as well as paint and graphics to match current fleet, all in accordance with the terms and conditions of the Agreement. The ambulance shall be delivered by the COMPANY personnel to Osceola county EMS.

BUYER AGREES to pay a CONTRACT PRICE of $157,983.00

- Balance Due at time of agreement: $1,000.00
- Balance Due within 5 working days of agreement: $139,000.00
- Balance Due at final delivery (after paint, graphics and bumper installed): $17,983.00

NOTE - Other changes or equipment additions will be invoiced OR credited separately upon completion and delivery. Unless otherwise specified, the Purchase Price is exclusive of all Federal, State, and Local Taxes of any nature.

________________________________________
________________________________________
________________________________________
(Initials)

PAGE 1 OF 2
BUYER AGREES that the terms of down payment and final payment, unless otherwise specified, shall be made in the form of a cashier's check, money order, or municipal check made out to Kodiak Emergency Vehicles. THIS AGREEMENT, including its attachments and exhibits, constitutes the entire understanding between the parties relating to the subject matter contained herein, and merges all prior discussions and agreements. NO agent or representative of the company has authority to make any representations, statements, warranties or agreements not herein expressed and all modifications or amendments of the agreement, including its attachments and exhibits, must be in writing, signed by an authorized representative of each of the parties hereto.

IN WITNESS WHEREOF, the Company and the Buyer have caused this Agreement to be executed by their duly authorized representatives as of the date set forth by each.

BUYER: Osceola County, Michigan

By: ___________________________ SIGNATURE
   PRINT

Title: ___________________________ Date: ___________________________

By: ___________________________ SIGNATURE
   PRINT

Title: ___________________________ Date: ___________________________

By: ___________________________ SIGNATURE
   PRINT

Title: ___________________________ Date: ___________________________

COMPANY: Kodiak Emergency Vehicles

By: AHREN TASZREAK SIGNATURE
    PRINT

Title: VP of Sales and Operations Date: ____________________________

PAGE 2 OF 2
DIMENSIONS FOR OVERALL HEIGHT AND LENGTH ARE APPROXIMATE
OVERALL HEIGHT = 106.5"
OVERALL WIDTH WITH RUB RAILS & FENDERETTES = 98"

(7) WHELEN 900 SUPER LED WARNING LIGHTS
RED/RED/RED/WHITE/RED/RED/RED
WITH CLEAR LENSES

PRE-WIRE BEHIND PANEL ON EACH SIDE FOR AMBER LED TURN ARROWS

(5) TECNIO S330 AMBER MINI-LED MARKER LIGHTS

CONVEX MIRROR IN CAB TO VIEW PATIENT COMPARTMENT

OEM POWER ADJUSTABLE MIRRORS

FLASHING HEADLIGHTS W/DAYTIME RUNNING LIGHTS

WHELEN MINI-LED RUNNING BOARD LIGHTS

(4) WHELEN 500 SERIES RED SUPER LED GRILLE LIGHTS IN CPI HOUSINGS WITH CLEAR LENSES

(2) WHELEN SA315 SERIES SIREN SPEAKERS BEHIND GRILLE AREA

HIDDEN UNLOCK SWITCH IN GRILLE AREA

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION. DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.
DIMENSIONS FOR OVERALL HEIGHT AND LENGTH ARE APPROXIMATE
OVERALL HEIGHT = 106.5"
OVERALL WIDTH WITH RUB
RAILS & FENDERETTES = 98"
FLOOR HEIGHT = 33"

(1) WHELEN 600 AMBER SUPER LED WITH CLEAR LENS
ALLOW ROOM FOR POSSIBLE FUTURE INSTALL OF TRAFFIC ADVISOR
(FOR REFERENCE, WHELEN TAL85 PROFILE SHOWN)

(2) WHELEN 600 CLEAR LED LOAD LIGHTS

(5) TECNIQ S330 RED
MINI-LED MARKER LIGHTS

LOCATION FOR DOOR GRABBERS

LED LICENSE PLATE LIGHT

MUD FLAPS

REAR VIEW CAMERA

(2) WHELEN 900 RED
SUPER LED WITH CLEAR LENSES

(1) EACH SIDE, WHELEN
600 LED BRAKE/TAI, 600 LED TURN 600 LED BACK-UP

DOCK BUMPERS

INDEPENDENT BUMPER WITH NON-SKID Flip-UP CENTER STEP AND COT PROTECTOR ON STEP EDGE. TOW HOOKS LOCATED BELOW STEP/BUMPER.

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION. DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.
TECNIQ S330 RED MINI-LED MARKER LIGHT TO ALSO FLASH WITH TURN SIGNAL

(2) WHELEN 900 RED SUPER LED WARNING LIGHTS WITH CLEAR LENSES

(2) WHELEN 900 24-DIODE LED SCENE LIGHTS

KUSSMAUL 20 AMP SUPER AUTO-EJECT SHORELINE INLET

WHELEN 700 RED SUPER LED WITH CLEAR LENS IN 15" CPI HOUSING

NON-SKID RUNNING BOARD SURFACE

(4) TECNIQ RUB RAIL LIGHTS RED/WHITE/RED/WHITE

WHELEN 700 RED SUPER LED WITH CLEAR LENS

EXHAUST VENT

GASOLINE TANK FILL

COMPARTMENT
O.S.S. #1
CLEAR OPENING: 70.00h x 18.25w
INSIDE DIM'S.: 79.75h x 24.25w x 20.75d
"EZ O2 LIFT" OXYGEN SYSTEM
(1) ADJUSTABLE SHELF ABOVE OXYGEN

O.S.S. #2
CLEAR OPENING: 37.50h x 38.50w
INSIDE DIM'S.: 40.50h x 43.75w x 20.75d
(1) ADJUSTABLE SHELF
STAIR CHAIR POCKET/STRAP ON INSIDE OF DOOR
-COMPARTMENTS TO HAVE LED LIGHTING

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION
DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.
TECNIO S330 RED MINI-LED MARKER
LIGHT TO ALSO FLASH WITH TURN SIGNAL

(2) WHELEN 900 RED SUPER LED
WARNING LIGHTS WITH CLEAR LENSES

(2) WHELEN 900 24-DIODE LED SCENE LIGHTS

WHELEN 700 RED SUPER
LED WITH CLEAR LENS
IN 15' CPI HOUSING

WHELEN 700 RED SUPER
LED WITH CLEAR LENS

BATTERY COMPARTMENT:
(1) OEM BATTERY IN
SLIDE-OUT TRAY,
(1) UNDER HOOD

(4) TECNIO RUB RAIL LIGHTS
WHITE/RED/WHITE/RED

COMPARTMENT
O.S.S #4
CLEAR OPENING: 68.00h x 24.75w
INSIDE DIM'S. 4A: 77.75h x 15.00w x 20.75d
BACKBOARD/SCOOP STORAGE
INSIDE DIM'S. 4B: 77.75h x 13.50w x 20.75d
(2) ADJUSTABLE SHELVES WITH INSIDE/OUTSIDE ACCESS

O.S.S #5
CLEAR OPENING: 46.75h x 17.25w
INSIDE DIM'S. 5: SEE PARTITION INTERIOR VIEW
INSIDE/OUTSIDE ACCESS WITH (2) ADJUSTABLE SHELVES

COMPARTMENTS TO HAVE LED LIGHTING

DIMENSIONS FOR OVERALL HEIGHT AND LENGTH ARE APPROXIMATE
OVERALL HEIGHT = 106.5"
OVERALL LENGTH = 272.75"
MODULE LENGTH = 169"

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION. DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.

2015 CURBSIDE EXTERIOR VIEW
CHIEF XL-III/FORD E-450 CHASSIS

DATE: 18 SEP 15
DRAWING NO. 4
REV. AAB NR
CABINETS #1 & #2 HAVE LIFT-UP RESTOCKING FRAMES

(3) LED LIGHTS

(2) OHIO MED OXYGEN OUTLETS
AND BYPASS VALVE

12 VDC/125 VAC OUTLETS

STAINLESS STEEL

COVERED FLOOR

RECESSED IMPACT
#324 SUCTION

EV'S SEAT WITH INTEGRAL CHILD SAFETY
SEAT AND ADULT 2-POINT LAP BELT,
MOUNTED ON SWIVEL BASE

FLAT PORTION OF ACP
FOR RADIO MOUNTING, ETC.

OXYGEN ACCESS

SOLID ACRYLIC
COUNTERTOPS

WELDON VISTA CONTROL SCREEN MOUNTED ON ANGLED
FLIP-DOWN PANEL WITH CHROME LEVER LATCHES.
TECNIQ SILHOU LED ACP LIGHT BELOW CABINET #2.

EXHAUST VENT

ALUMINUM 3-POCKET BOX HOLDER

12 VDC/125 VAC OUTLETS

COMPARTMENT

#1 DOOR OPENING: 10.75h x 31.00w
INSIDE DIMS: 13.25h x 33.00w x 17.25d
(1) ADJ SHELF EACH SIDE OF CENTER_DIVIDER
SLIDING ACRYLIC CABINET DOORS

#2 DOOR OPENING: 10.75h x 44.00w
INSIDE DIMS: 13.25h x 46.00w x 17.25d
(1) ADJ SHELF EACH SIDE OF CENTER_DIVIDER
SLIDING ACRYLIC CABINET DOORS

#3 DOOR OPENING: 26.25h x 28.50w
INSIDE DIMS: O.S.S. #3
RECESSED .375" ACRYLIC DOORS WITH FULL LENGTH HANDLES
LOCKING STAINLESS STEEL FLUSH PULL LATCHES

#4 = TWO DRAWERS THAT PULL-OUT TOWARD CPR SEAT
INSIDE DIMS: 3.50h x 9.00w x 12.00d
LOCKING STAINLESS STEEL FLUSH PULL LATCHES

#5 PULL-OUT DRAWER WITH HINGED ACRYLIC WRITING SURFACE
INSIDE DIMS: 4.50h x 14.50w x 13.25d
LOCKING STAINLESS STEEL FLUSH PULL LATCH

INVENTORY CONTROL SYSTEM

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION. DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.
OHIO MED OXYGEN OUTLET

(2) LED LIGHTS

3-GLOVE BOX HOLDER

EZ GLIDE DOOR

HEADPAD

PAD

DVR-DIRSLG SLIDE

DVR-DIRSLG SLIDE

PAD

BACKPAD

ATTENDANT NET

ALUMINUM PANEL WITH LATCH ACCESS

RECESSED SHARPS/WASTE WITH HINGED ACRYLIC LID

COMPARTMENT

#1 DOOR OPENING: 30.00h x 7.25w
INSIDE DIMS: OSS #4B
RECESSED .375" ACRYLIC DOOR
(1) LOCKING STAINLESS STEEL FLUSH PULL LATCH INSIDE/OUTSIDE ACCESS
#2 INSIDE DIM'S: 14.25h x 56.00w x 21.00d

CABINETS TO BE ALUMINUM
INVENTORY CONTROL SYSTEM

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.
PROAIR IW-3856
HEAT/AC SYSTEM

ANGLED ACP
OXYGEN ACCESS WINDOW

PDQ COUNTERTOP
PARTITION DOOR

12VDC POWER POINT OUTLET,
125 VAC OUTLET
SYSTEM ACTIVE/CHECK-OUT SWITCH,
SIDE SCENE DISABLE,
POWER DOOR LOCK SWITCH
INSIDE/OUTSIDE ACCESS
ASSIST HANDLE

VENTED RADIO CABINET
WITH CHROME LOCKING
LEVER LATCH. INSIDE
DIMS: 9h x 11.75w x 19.50d

COMPARTMENT
1 DOOR OPENING: 14.25h x 25.50w
INSIDE DIMS: 16.00h x 27.25w x 17.00d
SLIDING ACRYLIC CABINET DOORS
(1) ADJUSTABLE SHELF

2 DOOR OPENINGS: 46.00h x 25.25w
INSIDE DIMS: 50.00h x 31.50w x 20.75d
RECESSED .375" ACRYLIC DOORS WITH FULL LENGTH HANDLES
LOCKING STAINLESS STEEL FLUSH PULL LATCHES
(2) ADJUSTABLE SHELVES

CABINETS TO BE ALUMINUM
INVENTORY CONTROL SYSTEM

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION.
DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.
RECESSED SHARPS/TRASH
ATTENDANT NET

(8) LED DOME LIGHTS

INVERTER

64" & 96" GRAB RAILS
CEILING OXYGEN OUTLET

"EZ O2 LIFT" OXYGEN SYSTEM

AOP PROFILE

STAIR CHAIR

[LED] = (3) RECESSED CEILING IV HANGER LOCATIONS

* (2) ANTENNA BASES LOCATED OUTBOARD OF DOME LIGHTS WITH COAX SERVICE LOOP

STRYKER CENTER MOUNT COT HARDWARE

MODULE WIDTH = 96"
MODULE LENGTH = 169"
MODULE HEAD ROOM = 72"

THIS DRAWING IS FOR REPRESENTATIONAL PURPOSES ONLY. DETAILS ARE CONCEPTUAL AND ARE SUBJECT TO CHANGE DURING DESIGN AND CONSTRUCTION. DIMENSIONS ARE APPROXIMATE UNLESS NOTED OTHERWISE TO MEET A SPECIFIC CUSTOMER NEED.

2015 FLOOR INTERIOR VIEW
CHIEF XL-III

DRAWN: [Signature]
DRAWING NO. 9
DATE: 18 SEP 15
SCALE: 1:22
Dear Osceola County EMS,

Thank you for your interest in unit #6400, Road Rescue UltraMedic, 2013 conversion on a 2011 Ford E-450 chassis, V-10 gas powered, with approximately 6,000 miles. This unit is available on a first-come, first-served basis, and is available immediately. The unit is equipped as described in the attached work order and shown in the attached drawings. The following price includes:

Delivery
Removal of old graphics
Installation of new grapgics
Osceola County Paint scheme
RCI Electric ALS cabinet lock
AliArc grille guard/front bumper, Aluminum

Total price, including all rebates and discounts..................................................$155,700.00

2003 McCoy-Miller trade-in..............................................................$3,500.00

Total..................................................................................$152,700.00

Please note, I took all of these specifications and re-priced this unit on a 2016 Ford E-450 V-10 gas chassis, with today's pricing, and the price for this unit if replaced today... $198,663.00

(Including all of the additions listed above. Apples-to-apples comparison)

Thank you again for this opportunity. 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
### QUOTATION

**Everest Emergency Vehicles**  
1133 Rankin St, Suite D-1  
St. Paul, MN 55116  
800-889-6143  

**Everest Emergency Vehicles, Inc.**  
1133 Rankin Street Suite D-1  
St Paul, MN 55116  
800-889-6143  

**Quote No:** REV 2-1915  
**Job/Order No:** 6400  
01/20/2016 12:11:44

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-01-0999</td>
<td>Information - Scope, Purpose and Classification</td>
<td>1</td>
</tr>
<tr>
<td>00-02-8100</td>
<td>Warranty - Documentation</td>
<td>1</td>
</tr>
<tr>
<td>00-02-8200</td>
<td>Warranty - Module Structural</td>
<td>1</td>
</tr>
<tr>
<td>00-02-8300</td>
<td>Warranty - Electrical, Standard System</td>
<td>1</td>
</tr>
<tr>
<td>00-02-8400</td>
<td>Warranty - Paint</td>
<td>1</td>
</tr>
<tr>
<td>00-02-8500</td>
<td>Warranty - Conversion</td>
<td>1</td>
</tr>
<tr>
<td>01-01-2002</td>
<td>Ford, E-450, 158&quot; WB - 168&quot; Bodies - 2012.008 09/20/12</td>
<td>1</td>
</tr>
</tbody>
</table>

**01- CHASSIS REQUIREMENTS**

- 2011 Ford E450, 6.8L Gas, 100"C/A, 158" WB 14,500 GVWR 13-1
- 6.8L EFI V10 Gas engine, Ford "TorqShift" 5-Speed transmission, 225 Amp single alternator, 4.10 limited slip rear axle, 4-wheel disc ABS, block heater, cruise control, daytime running lights, power windows, power door locks, AM/FM with CD player, 55 gallon fuel tank, manual telescoping power mirrors, driver/passenger air bag, OEM rubber floor, spare tire. Does not include spare tire tools.

Due to the low alternator output install an additional 145 Amp alternator.  

**NOTE:** The 225 Amp alternator output @ normal operating temp. is approximately 180 Amps. Chassis consumes 68 Amps only leaving 112 amps remaining for the module.

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-06-0700</td>
<td>Shocks - Bilstein Comfort-Trac for Ford E-Series</td>
<td>1</td>
</tr>
<tr>
<td>01-07-0200</td>
<td>Rear Suspension - Ford E-Series OEM</td>
<td>1</td>
</tr>
<tr>
<td>01-07-1020</td>
<td>Sway Bar Front - IFD/Roadmaster, E450</td>
<td>1</td>
</tr>
<tr>
<td>01-17-4900</td>
<td>Block Heater - Wired to OEM Plug (STANDARD)</td>
<td>1</td>
</tr>
</tbody>
</table>

This option does not include a switch... (STANDARD).

**CAB EXTERIOR OPTIONS**

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-20-0100</td>
<td>Mirrors - OEM Standard</td>
<td>1</td>
</tr>
</tbody>
</table>

**CAB INTERIOR OPTIONS**

- ** TIRES / WHEELS **

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-23-4100</td>
<td>Spare Tire Bracket - Delete</td>
<td>1</td>
</tr>
<tr>
<td>01-23-8300</td>
<td>Jack, 8 Ton W/Tools for E SERIES (SHIP LOOSE)</td>
<td>1</td>
</tr>
<tr>
<td>01-24-2001</td>
<td>SS Wheel Simulators - Phoenix Brand w/ Lug Nut covers, E-Series</td>
<td>1</td>
</tr>
</tbody>
</table>

Includes valve extension kit for rear inboard tires.

**== Type 3 - UM 168" Module, E-450 - 2012.008 09/20/12 ==**

**02 - MODULE REQUIREMENTS**

- Ultramedic III - 168"L x 96"W Type III (A.D.) Walk-Through Module. Aisle width to be 50". The interior headroom shall be 72".

**MATERIALS**

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-02-1000</td>
<td>Materials, Type I &amp; Type III</td>
<td>1</td>
</tr>
</tbody>
</table>

**UNDERCOATING**

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-02-0200</td>
<td>Module Undercoating (STANDARD)</td>
<td>1</td>
</tr>
</tbody>
</table>

The entire underbody (excluding drive shaft, wheels, fuel tank and 12 inches either side of exhaust system) shall be sprayed with undercoating for rust prevention, corrosion protection and added sound deadening.
<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-03-1400</td>
<td>Module Roof Radius, 3 inch High (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-03-1500</td>
<td>Extreme Bonding Tape (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-03-1600</td>
<td>Sub-floor Gusset Supports (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-03-1700</td>
<td>One Piece Side Body Panels (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-03-1800</td>
<td>Reinforce Rear Header (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-03-1900</td>
<td>Single Sheet Module Roof Sheet (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-03-2010</td>
<td>Drop Curbside Forward Body Skirt - 5&quot; Add Double Step, Light Duty Chassis</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Drop Curbside Forward Body Skirt, Add Double Step ahead of the Curbside</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wheelwell - Drop curbside forward body skirt a total of 5 inches lower than</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the rearward skirt and Incorporate a Double Step in the Side Entry Step well</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase the depth of stepwell inboard as far as substructure permits.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Side surfaces to be Diamond Plate. Step surface to be NFPA Diamond Plate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sweep out style step to be 1/4&quot; above top of weather strip with a 45 degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>chamfered edge. The second step to be fabricated of NFPA Diamond Plate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and installed so that the step surface is midway between the stepwell floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>surface and the module floor surface making two equal steps into the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>vehicle. THE REMAINING DEPTH OF THE BOTTOM OF THE STEP WELL WILL BE CLOSED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OFF WITH THE SECOND STEP. Add a close out drop down door below the second</td>
<td></td>
</tr>
<tr>
<td></td>
<td>step of the curbside entrance drop step area to access the closed off</td>
<td></td>
</tr>
<tr>
<td></td>
<td>storage area. Door to be held closed with (2) chrome lift and turn style</td>
<td></td>
</tr>
<tr>
<td></td>
<td>latches.</td>
<td></td>
</tr>
<tr>
<td>03-03-8000</td>
<td>Fuel Fill - Standard Pocket - Round</td>
<td>1</td>
</tr>
<tr>
<td>03-03-8304</td>
<td>Fuel Fill Protection Plate, Stainless Steel- Ford E-Series</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Fuel Fill Splash Protection Plate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Stainless Steel fuel fill splash protection plate installed below Cast</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Products fuel fill bezel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sikaflex adhesive/sealant shall be used to mount the plate and to seal plate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>edges.</td>
<td></td>
</tr>
</tbody>
</table>

**MODULE ENTRANCE**

<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-03-0100</td>
<td>Module Access - Standard</td>
<td>1</td>
</tr>
<tr>
<td>03-06-0100</td>
<td>Entry Doors - Hidden Hinge, Seal on Door, W/Fail Safe Latching, STD</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The Hidden Hinge Entrance Door Design as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Module entrance jamb to be extruded aluminum with no flange</td>
<td></td>
</tr>
<tr>
<td></td>
<td>overlapping the exterior wall panels. The entry doors to be single box pan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>formed door skin with reinforced extruded aluminum door frame. Polystyrene</td>
<td></td>
</tr>
<tr>
<td></td>
<td>foam planking insulation between the outer skin and the interior door panel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weather stripping to be secured to the door so the latching system is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>protected from the elements. The door hinge to be hidden behind the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>exterior door skin.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The finish of the interior door panels entry doors shall be stainless steel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes Fail-Safe Latching.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: ASSURE THAT ALL PAINTED DEGES ARE SMOOTH PRIOR TO PAINT.</td>
<td></td>
</tr>
<tr>
<td>03-06-1200</td>
<td>Rotary Latches - (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-06-1300</td>
<td>Nader Pins - (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>03-06-1400</td>
<td>Door Handles, Interior - Paddle TriMark</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Entry Door Interior Paddle Handles - TriMark 4 point cast. Polished chrome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>finish. Locking and non-locking. Mounted in CNC cut opening in each entry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>door access panel w/OEM clamp assembly. Mounted to Interior Access Panel.</td>
<td></td>
</tr>
<tr>
<td>03-06-1700</td>
<td>Door Lubrication - Paddle Handles and Latches (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Lubricate all Door Hardware - All paddle handles, latches, rods and springs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>shall be lubricated prior to delivery.</td>
<td></td>
</tr>
<tr>
<td>03-08-3010</td>
<td>Kinquip flexible LED lighting ILOS step well light. (2) Vertical strips in</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>the step well, installed on inside of door flanges facing in. (1) strip on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>each side of the step well.</td>
<td></td>
</tr>
</tbody>
</table>

**WINDOWS**
<table>
<thead>
<tr>
<th>PART NO</th>
<th>DESCRIPTION</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-09-0030</td>
<td>Module Window Requirements</td>
<td>1</td>
</tr>
<tr>
<td>03-09-2910</td>
<td>Dry Erase Boards, Over Squad Bench. Slides to each side.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Over curbside squad bench window in sliding glass track. Each side</td>
<td></td>
</tr>
<tr>
<td></td>
<td>recessed behind the corresponding side's backrest cushion when in the open</td>
<td></td>
</tr>
<tr>
<td></td>
<td>position. Writing board to be polished white laminate on aluminum.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INCREASE THE WIDTH OF THE SLIDING GREASE BOARD FRAME 4 INCHES FROM STANDARD.</td>
<td></td>
</tr>
<tr>
<td>03-10-1000</td>
<td>Module to chassis mounting system-Light Duty (10)</td>
<td>1</td>
</tr>
<tr>
<td>03-11-1000</td>
<td>Cab to Module Attachment, Type III</td>
<td>1</td>
</tr>
<tr>
<td>03-12-1800</td>
<td>&lt; Rear Bumper - Recessed 9&quot; Pocket, Flip-up</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The 9&quot; grip strut center section of the bumper shall flip up into a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>recessed pocket in the lower diamond plate wrapper. The recess shall be</td>
<td></td>
</tr>
<tr>
<td></td>
<td>finished in polished diamond plate to match the wrapper and shall be deep</td>
<td></td>
</tr>
<tr>
<td></td>
<td>enough to make the flipped up bumper flush with the outside of the vehicle.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: Recessed pocket to be reinforced at bottom to eliminate flex.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UTILIZE SKID PLATE WITH TOW SLOT DESIGN BUMPER ASSEMBLY SUPPORTS.</td>
<td></td>
</tr>
<tr>
<td>03-14-4000</td>
<td>&lt; Electrolysis Prevention, Fluid Film (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Fluid Film is used at Every Point Where the Mounting Process has the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Propensity to Break Paint (STANDARD)</td>
<td></td>
</tr>
<tr>
<td>03-15-2000</td>
<td>&lt; Crash Rail and Fender Ring (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Extruded Black Rubber Crash Rail and Fender Ring - The lower body Rub</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rail/Crash Rail and Fender Ring to be Black extruded rubber. The rubber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rail will be snap-on mount with no fasteners. The extrusion that the rubber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rail fastens to will be secured to the body with aluminum rivets for ease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of replacement. The lower body crash rail and the transition to the Fender</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ring will have Polished Aluminum end caps. The extrusion to accept multiple</td>
<td></td>
</tr>
<tr>
<td></td>
<td>color inserts. (STANDARD)</td>
<td></td>
</tr>
<tr>
<td>03-16-1800</td>
<td>&lt; Mud Flaps - Rear, Black w/ RR Logo (Standard)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Heavy Duty Rubber Mud Flaps w/ RR Logo</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Heavy Duty Rubber Mud Flaps to be bolted to the wheel liner behind the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rear duals with with 1/4&quot; x 20 Stainless Steel bolts, washer and nylon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>locknut for ease of maintenance and repair</td>
<td></td>
</tr>
<tr>
<td>(STANDARD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03-16-3000</td>
<td>Running Board Inserts - 7&quot; Grip Strut , E-Series</td>
<td>1</td>
</tr>
<tr>
<td>03-17-1000</td>
<td>&lt; Drip Rails</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Polished Aluminum Drip Rails - Above All Doors, Entry and Compartment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Standard)</td>
<td></td>
</tr>
<tr>
<td>03-18-1000</td>
<td>&lt; Wheel well liners</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Aluminum Wheelwell Liners - Formed Aluminum liner Extending to Bottom of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skirt (Standard)</td>
<td></td>
</tr>
<tr>
<td>03-19-2000</td>
<td>&lt; Cab to Module - Walk Through Door, (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The cab to module walk/crawl through to include a clear fixed window and a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>self latching hinged door in the open or closed position with the actuator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>latch being on the cab side. Overall door height to accommodate a fluid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dam. (STANDARD)</td>
<td></td>
</tr>
<tr>
<td>04-01-0100</td>
<td>&lt; Exterior Compartment Construction, Light Duty</td>
<td>1</td>
</tr>
<tr>
<td>04-01-3000</td>
<td>Door Sill Protection, Stainless Steel. (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Door Sill Protection - Install Stainless Steel sill protector on lower edge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of all door frames to prevent paint damage. (STANDARD)</td>
<td></td>
</tr>
<tr>
<td>04-02-0100</td>
<td>&lt; Compartment Door - Hidden Hinge, Seal on Door (UM)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Module exterior compartment door jams to be extruded aluminum. There will</td>
<td></td>
</tr>
<tr>
<td></td>
<td>be no visible door jam flange that overlaps the exterior wall skin. The</td>
<td></td>
</tr>
<tr>
<td>PART NO</td>
<td>S</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>----------</td>
<td>---</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>04-03-2401</td>
<td>X</td>
<td>Custom switching for compartment lights in #4, #6, and Lower right stack #L8 Kinequip flexible LED lighting compartment lighting to be wired 'On' with compartment door switch or interior cabinet light switch. (#2, 4, 6, and lower #8 Compartments).</td>
</tr>
<tr>
<td>04-04-1000</td>
<td></td>
<td>Exterior Compartment - Interior Finish, Scorpion Rubberized Exterior Compartment Interior Scorpion Rubberized Liner Color Choice. Scorpion rubberized polyurethane coating applied to the surfaces of ALL exterior compartment walls and dividers. Does not include slide out battery tray or mounting angles. Battery Tray to be raw aluminum. NOTE: If there is not a slide out battery compartment in the order the #8.5 exterior compartment area will be Scorpion lined.</td>
</tr>
<tr>
<td>04-05-0001</td>
<td></td>
<td>Exterior Compartment Shelving and Unistrut - Standard All exterior shelving Unistrut shall be welded to the walls prior to any compartment wall finish. Where specified, exterior adjustable shelves shall be box pan formed of a minimum .125 inch Aluminum Diamond Plate and corners shall be welded. Shelves shall be infinitely adjustable, and securely mounted to heavy gauge aluminum Unistrut track. (Standard)</td>
</tr>
<tr>
<td>04-06-1935</td>
<td></td>
<td>Strap, equipment(1) Seat belt Style,Metal Buckle There shall be (1) equipment restraint strap with quick release buckle provided in this compartment. State Location: From left hand wall to fixed divider for stairchair.</td>
</tr>
<tr>
<td>04-09-4520</td>
<td></td>
<td>Shelf Adjustable - (1) Additional, Compartment #4 Align retaining lip with Upper inside/outside access door opening. The width of this shelf will be reduced to accommodate the compartment notch.</td>
</tr>
<tr>
<td>04-11-4510</td>
<td></td>
<td>Shelf Adjustable - Compartment #6 Installed forward of fixed divider. Align retaining lip with inside/outside access door opening.</td>
</tr>
<tr>
<td>04-11-4520</td>
<td></td>
<td>Shelf Adjustable - (1) Additional, Compartment #6 Located in the center portion of the inside/outside access.</td>
</tr>
<tr>
<td>04-11-4600</td>
<td></td>
<td>Dividers, Adjustable - (2) Backboard Storage, 24&quot;H x 10&quot;D</td>
</tr>
<tr>
<td>04-11-4620</td>
<td></td>
<td>(2) Cushions on Back Wall for Backboards The cushions to be 2&quot; thick x 6&quot; high x the width of backboard area. Install the cushions on the inner wall above and below the dividers. Cushions to be held on with Velcro. Secure aluminum plate to compartment wall for Velcro to stick to.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>INTERIOR TRIM AND FEATURES</strong> New Interior Trim - All cabinet and wall panel aluminum trim to be Gray anodized. (No Black trim to be used). All protective corner trim will be Opaque and will include a matching domed end cap. (STANDARD)</td>
</tr>
<tr>
<td>05-06-1200</td>
<td></td>
<td>Headliner - Vinyl Ceiling, No Seams (STANDARD)</td>
</tr>
<tr>
<td>04-08-0001</td>
<td></td>
<td>FLOORING</td>
</tr>
<tr>
<td>04-08-0002</td>
<td></td>
<td>HEAD BUMPERS</td>
</tr>
<tr>
<td>04-08-0003</td>
<td></td>
<td>BACKRESTS</td>
</tr>
<tr>
<td>PART NO</td>
<td>S</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-----------</td>
<td>-----</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>05-11-4000</td>
<td></td>
<td>IV Hangers - CPI #V2008 (STANDARD)</td>
</tr>
<tr>
<td>05-13-1100</td>
<td>S</td>
<td>Angled Upper Left #2 Cabinet, Full Length Switch Panel Configuration Custom upper Left #2 cabinet w/Switch Panel Cabinet. The upper left #2.5 cabinet has been deleted and replaced with a padded beveled panel. The upper left #2 cabinet to be approximately 43&quot; wide. Includes (1) adjustable shelf. The lower 6&quot; area of upper left #2 to be a separate enclosed cabinet area that is full length with the entire length of the face of the cabinet tilted slightly down for ease of accessibility to the attendant.</td>
</tr>
<tr>
<td>05-14-1200</td>
<td>S</td>
<td>Cabinet - Upper Left U3, 9&quot;H x 34&quot;W, 72&quot; Headroom ONLY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Upper left #3 Cabinet with 3/8&quot; Lexan lift up door with restocking feature and a locking latch. Does not include shelf. Cabinet to be approximately 9&quot;H x 10-3/4&quot; D x 34&quot;W. Reduce the height of the CPR seat to 15&quot; from floor and the bottom of seat cushion. The cushion on the under side of #3 cabinet to utilize 1/2&quot; foam. The distance between top of the CPR seat and bottom of the cabinet cushion to be a minimum of 43&quot; in compliance with KKK-A-1822F. NOTE: Requires 72&quot; headroom.</td>
</tr>
<tr>
<td>05-15-4700</td>
<td></td>
<td>Countertop - 24&quot; Aft of CPR Seat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counter aft of CPR seat to be 24&quot; wide. Requires notching the #4 compartment. The door frame notch close out at the rear of the counter to be 24&quot; wide.</td>
</tr>
<tr>
<td>05-15-4900</td>
<td>S</td>
<td>Lower interior Access - Sliding Acrylic Doors, to Exterior Compartment #4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inside/Outside access to the center portion of compartment #4 with sliding Acrylic doors. Exterior shelf retaining lip to be aligned with door opening.</td>
</tr>
<tr>
<td>05-15-4920</td>
<td>S</td>
<td>Upper interior Access - Lexan Hinged Doors, to Exterior Compartment #4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inside/Outside access to the upper portion of compartment #4 with double Hinged Lexan doors and locking latches. Exterior shelf retaining lip to be aligned with door opening.</td>
</tr>
<tr>
<td>05-16-1210</td>
<td></td>
<td>Utility Net - Head of the Squad Bench without 'A' Bar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The utility net to be securely mounted to the ceiling and the curbside wall with aircraft style hardware to allow the net to be removed if necessary. Aircraft style hardware at the wall and ceiling attachment points must be fastened with 1/4-20 stainless steel flat head machine screws into threaded inserts. There will be a 1/4&quot; aluminum plate welded between the overhead roof extrusions for securing the net to the ceiling. NOTE: Includes deletion of the standard 'A' bar and sharps and waste containers.</td>
</tr>
<tr>
<td>05-16-1323</td>
<td></td>
<td>Storage, Resessed (2) O2 Brackets - Open, Head of Squad Bench</td>
</tr>
<tr>
<td>05-16-8400</td>
<td></td>
<td>Cabinet - Upper Squad Bench, 9&quot;H, 72&quot; Headroom ONLY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cabinet to be Approximately 8-1/2&quot;D x 9&quot;H x length of squad bench. Cabinet to be mounted at ceiling level and include (2) sets of 3/8&quot; Lexan lift up doors with restocking feature and locking latches. Does not include shelves. The cushion on the under side of the cabinet to utilize 1/2&quot; foam. NOTE : REDUCE OVERALL LENGTH OF OVERHEAD SQUAD BENCH CABINET 1.5&quot; TO ACCOMMODATE UTILITY NET INSTALLATION. SEE PART NUMBER 05-16-1210 FOR NET.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The distance between top of the squad bench cushion and bottom of the cabinet cushion to be a minimum of 43&quot; in compliance with KKK-A-1822F. Reduce the height of the squad bench 1/2&quot;. NOTE: Requires 72&quot; headroom.</td>
</tr>
<tr>
<td>05-17-3800</td>
<td>S</td>
<td>Drawer - Waste, Slide-out, Forward of CPR Seat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slide out Waste storage drawer in lower left forward of the CPR seat. Supplied with a 8 quart Waste container. Drawer held closed with a locking latch.</td>
</tr>
<tr>
<td>PART NO</td>
<td>DESCRIPTION</td>
<td>QTY</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>-----</td>
</tr>
<tr>
<td>05-17-3801 X</td>
<td>Drawer - Sharps, Slide-out, Aft of CPR Seat</td>
<td>1</td>
</tr>
<tr>
<td>05-18-1900</td>
<td>Right Stack ALS, Locking Middle Drug Drawer</td>
<td>1</td>
</tr>
<tr>
<td>05-18-9440</td>
<td>(2) 14GA SS Shelves ILOS</td>
<td>1</td>
</tr>
<tr>
<td>05-19-6000</td>
<td>Attendant Seat - EVS Vac Form, 5-Point Harness W/ Child Seat, Swivel Base</td>
<td>1</td>
</tr>
<tr>
<td>05-21-4000</td>
<td>Interior Cabinet Lights, Kinquip LED Strip</td>
<td>1</td>
</tr>
<tr>
<td>05-21-7000</td>
<td>Interior Access, #6 Compartment, w/ Hinged Lexan Door</td>
<td>1</td>
</tr>
<tr>
<td>06-06-1000</td>
<td>Camera - Exterior Back-Up, Over Rear Doors for Smart Display II</td>
<td>1</td>
</tr>
<tr>
<td>06-07-7400 S</td>
<td>Speakers - Mounted in Ceiling w/Volume Control in Action Wall</td>
<td>1</td>
</tr>
<tr>
<td>09-51-0500</td>
<td>Front Warning - Intersectors</td>
<td>1</td>
</tr>
<tr>
<td>09-80-3700</td>
<td>Warning Light Flasher - Whelen ULF44 Flasher</td>
<td>1</td>
</tr>
<tr>
<td>09-95-9220</td>
<td>Housings, Cast, 500 series, Grille, Ford, E-series, Pair</td>
<td>1</td>
</tr>
<tr>
<td>10-01-1050 S</td>
<td>Rear Brake/Tail, Turn Signal and Backup, Whelen M6 LED.</td>
<td>1</td>
</tr>
<tr>
<td>10-01-7900</td>
<td>Marker/Clearance Lights, Side - Crash Rail TruckLite Model 33 LED, Red/Amber</td>
<td>1</td>
</tr>
<tr>
<td>10-02-1020</td>
<td>Scene Lighting - (4) Whelen M9 Series Super LED</td>
<td>1</td>
</tr>
<tr>
<td>10-02-2050</td>
<td>Rear Load Lights - (2) Whelen M6 Series Super LED, WHITE, Steady Burn</td>
<td>1</td>
</tr>
<tr>
<td>10-02-3010</td>
<td>Lighting Operation - Side Scene, Rear Load and Back-Up Lights, Standard Side Scene, Rear load and Back-Up Light Operations: The upper curbside Scene Lights will operate when the curbside entry door is opened. The upper rear Load Lights and the lower Back-Up Lights will operate</td>
<td>1</td>
</tr>
<tr>
<td>PART NO</td>
<td>DESCRIPTION</td>
<td>QTY</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>10-02-3020</td>
<td>Lighting Operation, Feature - Side Scene, Activated in Reverse</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The rearmost streetside and curbside scene lights shall be activated when</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the curb side rear door is open or the vehicle is placed in reverse.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cab Enty - Lighting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INTERIOR LIGHTING - CEILING</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SPOTLIGHTS / HANDHELD LIGHTS</td>
<td>1</td>
</tr>
<tr>
<td>11-02-1000</td>
<td>Handheld Spotlight - Sho-Me 200,000 CP (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>12-02-0200</td>
<td>Receptacles, Interior - 110V-15A (1) Action Wall, (1) Right Stack</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(1) in the forward action wall and (1) at the top of lower Right Stack/ALS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cabinet on the plenum wall.</td>
<td></td>
</tr>
<tr>
<td>12-03-1110</td>
<td>Inverter Charger - Vanner 1050W, Indicator on Console</td>
<td>1</td>
</tr>
<tr>
<td>13-02-0100</td>
<td>Exhaust Fan - Standard 100 CFM</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Exhaust fan, 100 CFM high output single speed exhaust with intake aft of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Left #4 and exhaust cowl vent installed on the rear of the module on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the streetside rear panel.</td>
<td></td>
</tr>
<tr>
<td>14-01-1010</td>
<td>Cot Mounting - Hardware</td>
<td>1</td>
</tr>
<tr>
<td>14-02-0100</td>
<td>Oxygen System - Smart System II</td>
<td>1</td>
</tr>
<tr>
<td>14-02-4100</td>
<td>O2 Outlet - Relocate (1) Action Wall Outlet to Ceiling</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>VACUUM SYSTEM</td>
<td>1</td>
</tr>
<tr>
<td>14-03-1010</td>
<td>Suction System - SSCOR On-Board (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SSCOR suction system with wall mounted regulator, canister, Lexan holding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bracket and associated tubing on action wall. Includes On/Off switch on rear</td>
<td></td>
</tr>
<tr>
<td></td>
<td>switch panel. Regulator to be plumbed directly to the canister.</td>
<td></td>
</tr>
<tr>
<td>14-04-1000</td>
<td>Fire Extinguisher - 5# (ABC) w/ Mounting Bracket. (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>15-00-0100</td>
<td>Road Rescue Paint Process - Standard</td>
<td>1</td>
</tr>
<tr>
<td>15-02-1000</td>
<td>CLICK TO ADD - Paint Design</td>
<td>1</td>
</tr>
<tr>
<td>15-03-3900</td>
<td>RR Badge Logos (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>15-03-4000</td>
<td>RR Logos and Model Name (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>15-03-4001</td>
<td>Ultramedic - Black Logos</td>
<td>1</td>
</tr>
<tr>
<td>15-04-1010</td>
<td>Nomenclature Plaques. UNLEADED. (STANDARD)</td>
<td>1</td>
</tr>
<tr>
<td>16-01-0200</td>
<td>Owner's Manual (STANDARD)</td>
<td>1</td>
</tr>
</tbody>
</table>

16 - REFERENCES AND STANDARDS

== Dealer Provided - EMS Equipment - 2012.008 09/20/12 ==
To: Jeremy Beebe  
OSCEOLA CTY EMS  
306 PATTERSON  
REED CITY, MI 49677  
(231) 832-6152  
ibebee@oc-ems.com

Quote Number: 00036967
Revision #: 1
Created Date: 4/21/2016
Sales Consultant: Stevan Vogt  
616-304-2111
FOB: Redmond, WA
Terms: All quotes subject to credit approval and the following terms and conditions
NET Terms: NET 30

Renewal of PB160423  
Coverage Period: 5/4/16 to 5/3/18  
Payable In Annual Installments  
Fax: 800-772-3340

 Territory Code: WEMM54  
15% DISCOUNT ON ALL ELECTRODES  
15% DISCOUNT ON ACCESSORIES
PO #: 

Please provide a PO with the approved quote.

Expiration Date: 7/21/2016

<table>
<thead>
<tr>
<th>Product</th>
<th>Product Description</th>
<th>Quantity</th>
<th>List Price</th>
<th>Unit Discount</th>
<th>Unit Sales Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>50099-000119</td>
<td>Zone3: (51 to 100 Mi) or (82 to 161 Km)</td>
<td>2.00</td>
<td>200.00</td>
<td>0.00</td>
<td>200.00</td>
<td>400.00</td>
</tr>
</tbody>
</table>
| LP12-OSCOMP-2 | LIFEPAK 12 Service - 2 YEAR.  
On-site Comprehensive Coverage. | 5.00     | 2,622.00   | -131.10      | 2,490.90        | 12,454.50   |
| LP15-OSCOMP-2 | LIFEPAK 15 Service - 2 YEAR.  
On-site Comprehensive Coverage. | 1.00     | 3,360.00   | 0.00          | 3,360.00        | 3,360.00    |

Subtotal: USD 16,214.50
Estimated Tax: USD 0.00
Estimated Shipping & Handling: USD 0.00

Grand Total: USD 16,214.50

Pricing Summary Totals
List Price Total: USD 16,870.00
Total Contract Discounts Amount: USD 0.00
Total Discount: USD -655.50

Quote Number: 00036967
PHYSIO-CONTROL, INC. REQUIRES WRITTEN VERIFICATION OF THIS ORDER. A PURCHASE ORDER IS REQUIRED ON ALL ORDERS $5,000 OR GREATER BEFORE APPLICABLE FREIGHT AND TAXES. THE UNDERSIGNED IS AUTHORIZED TO ACCEPT THIS ORDER IN ACCORDANCE WITH THE TERMS AND PRICES DENOTED HEREIN.

CUSTOMER APPROVAL (AUTHORIZED SIGNATURE)

NAME

TITLE

DATE

Reference Number: SC/12809103/06955

General Terms for all Products, Services and Subscriptions.

Physio-Control, Inc. ("Physio") accepts Buyer's order expressly conditioned on Buyer's assent to the terms set forth in this document. Buyer's order and acceptance of any portion of the goods, services or subscriptions shall confirm Buyer's acceptance of these terms. Unless specified otherwise herein, these terms constitute the complete agreement between the parties. Amendments to this document shall be in writing and no prior or subsequent acceptance by Seller of any purchase order, acknowledgment, or other document from Buyer specifying different or additional terms shall be effective unless signed by both parties.

Pricing. Prices do not include freight insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services unless Physio receives a copy of a valid exemption certificate prior to delivery. Discounts may not be combined with other special terms, discounts, and/or promotions.

Payment. Payment for goods and services shall be subject to approval of credit by Physio. Unless otherwise specified by Physio in writing, the entire payment of an invoice is due thirty (30) days after the invoice date for deliveries in the USA, and sixty (60) days after the invoice date for exports outside the USA.

Minimum Order Quantity. Physio reserves the right to charge a service fee for any order less than $200.00.

Indemnity. Physio shall indemnify Buyer and hold harmless from and against all demands, claims, damages, losses, and expenses, arising out of or resulting from, any action by a third party against Buyer that is based on any claim that the services infringe a United States patent, copyright, or trademark, or violate a trade secret or any other proprietary right of any person or entity. Physio's indemnification obligations hereunder shall be subject to (i) receiving prompt written notice of the existence of any claim, (ii) being able to, at its option, control the defense and settlement of such claim (provided that, without obtaining the prior written consent of Buyer, Physio will enter into no settlement involving the admission of wrongdoing); and (iii) receiving full cooperation of Buyer in the defense of any claim.

Limitation of Liability. Through the purchase of Physio products, services, or subscriptions, Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products or services. Buyer expressly agrees not to reverse engineer or decompile such products or related software and information.

Delays. Physio will not be liable for any loss or damage of any kind due to its failure to perform or delays in its performance resulting from an event beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio's inability to obtain goods from its usual sources.

Limited Warranty. Physio warrants its products and services in accordance with the terms of the limited warranties located at http://www.physio-control.com/Documents/. The remedies provided under such warranties shall be Buyer's sole and exclusive remedies. Physio makes no other warranties, express or implied, including, without limitation, NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.

Compliance with Confidentiality Laws. Both parties acknowledge their respective obligations to maintain the security and confidentiality of individually identifiable health information and agree to comply with applicable federal and state health information confidentiality laws.

Compliance with Law. The parties agree to comply with any and all laws, rules, regulations, licensing requirements or standards that are now or hereafter promulgated by any local, state, and federal governmental authority/agency or accrediting/administrative body that governs or applies to their respective duties and obligations hereunder.

Regulatory Requirement for Access to Information. In the event 42 USC § 1395w(v)(1)(G) is applicable, Physio shall make available to the Secretary of the United States Department of Health and Human Services, the Commissioner General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of these terms, such books, documents and records as are necessary to certify the nature and extent of the costs of the products and services provided by Physio.

No Debarment. Physio represents and warrants that it and its directors, officers, and employees (i) are not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 USC § 1320a-7b(i), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services; and (iii) are not under investigation which may result in Physio being excluded from participation in such programs.

Choice of Law. The rights and obligations of Physio and Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the state where Buyer is located. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorney's fees, shall be reimbursed by the other party.

Quote Number: 00036987
Additional Terms for Purchase and Sale of Service Plans.

In addition to the General Terms above, the following terms apply to all Physio Service Plans.

Service Plans. Physio shall provide services according to the applicable Service Plan purchased by Buyer and described at http://www.physio-control.com/service-plans.html for the length of the subscription purchased and for the devices specified as covered by the Service Plan ("Covered Equipment").

Pricing. If the number or configuration of Covered Equipment changes during the Service Plan subscription, pricing shall be pro-rated accordingly. For Preventative Maintenance, Inspection Only, Comprehensive, and Repair & Inspect Service Plans, Buyer is responsible to pay for preventative maintenance and inspections that have been performed since the last anniversary of the subscription start date and such services shall not be pro-rated.

Device Inspection Before Acceptance. All devices that are not covered under Physio's Limited Warranty or a current Service Plan must be inspected and repaired (if necessary) to meet specifications at then-current list prices prior to being covered under a Service Plan.

Unavailability of Covered Equipment. If Covered Equipment is not made available at a scheduled service visit, Buyer shall be responsible to reschedule with the Physio Service Technician, or ship the Equipment to a Physio service depot. Physio reserves the right to charge Buyer a surcharge for a return visit. Surcharge will be based on then-current Physio list price of desired services, less 10% for labor and 15% for parts, plus applicable travel costs. The return visit surcharge will be in addition to the subscription price of the Service Plan. To avoid the surcharge, Buyer may ship devices to a Physio service depot. Buyer shall be responsible for round-trip freight for ship-in-service.

Unscheduled or Uncovered Services. If Buyer requests services to be performed on Covered Equipment which are not covered by a Service Plan, or are outside of designated Services frequency or hours, Physio-Control will charge Buyer for such services at 10% off Physio-Control's standard rates (including overtime, if applicable) and applicable travel charges. Repair parts required for such repairs will be made available at 15% off the then-current list price.

Loans. If Covered Equipment must be removed from service to complete repairs, Physio will provide Buyer with a loaner device, if one is available. Buyer assumes complete responsibility for the loaner and shall return the loaner to Physio in the same condition as received, normal wear and tear excepted, upon the earlier of the return of the removed Covered Equipment or Physio's request. Cancellation. Buyer may cancel a Service Plan upon sixty (60) days' written notice to Physio. In the event of such cancellation, Buyer shall be responsible for the portion of the designated price which corresponds to the portion of the Service Plan subscription prior to the effective date of termination and the balance cost of any preventative maintenance, inspections, or repairs rendered after the last anniversary date of the subscription start date.

No Solicitation. During the Service Plan subscription and for one (1) year following its expiration Buyer agrees to not to actively and intentionally solicit anyone who is employed by Physio to provide services such as those described in the Service Plan.

Quote Number: 00036967
Valued Customer,

To ensure payment will be received for goods and services purchased, Physio Control’s policy requires a hard copy Purchase Order be submitted, with the signed Service Plan Quote, for any value in excess of $5,000.

In the event a hard copy purchase order is unable to be provided for the full amount of the Service Plan, or your company does not utilize a purchase order system, this letter confirms that you acknowledge and agree that payment will be made, in full, for the total value of the contract, based on the payment term specified in the Contract terms and conditions.

Sincerely,
Physio-Control, Inc.
Redmond, WA 98052
Fax: 1-800-772-3340
Email: rs.seaservicecontracts@physio-control.com

________________________________________________________________________

_________________________________________  _________________________________
Service Plan Quote Number                     Customer

_________________________________________  _________________________________
Customer Representative – Print

_________________________________________  _________________________________
Customer Representative – Signature

_________________________________________
Date