

HUMAN SERVICES COMMITTEE

A G E N D A

TUESDAY, DECEMBER 15, 2009

**4:30 P.M. OR IMMEDIATELY FOLLOWING PERSONNEL/JUDICIAL COMMITTEE MEETING**

COMMISSION CHAMBERS, FOURTH FLOOR, BAY COUNTY BUILDING

PAGE NO.

- I CALL TO ORDER
- II ROLL CALL
- 1- 5 III MINUTES (11/17/09)
- IV PUBLIC INPUT
- V PETITIONS AND COMMUNICATIONS
  - A. Region VII Representative - "Holiday Health and Safety Tips" (Verbal report by Kristina Rubis - receive)
  - 6-23 B. Housing Director - Center Ridge Arms 5-Year Plan HUD Submission (Seeking approval of 5 year plan; authorization for Board Chair to sign required documents - proposed resolution attached)
  - 24-25 C. Health Director - McLaren Health Advantage Provider Agreement (Seeking approval of agreement; authorization for Board Chair to sign; approval of required budget adjustments - proposed resolution attached)
  - D. Director, Division on Aging
    - 26-27 1. A & D Home Health Care - Caregiver Respite Funding (Seeking acceptance of funding award; authorization for Board Chair to sign required documents; approval of required budget adjustments - proposed resolution attached)
    - 28-29 2. Kawkawlin Dining Center Agt. (Seeking development/approval of dining center agreement; authorization for Board Chair to sign; approval of required budget adjustments - proposed resolution attached)
- VI REFERRALS
- VII UNFINISHED BUSINESS
- VIII NEW BUSINESS
- IX MISCELLANEOUS
- X ADJOURNMENT

**PLEASE NOTE: THE COMMITTEE CHAIR HAS REQUESTED THAT ANY ELECTED OFFICIAL, DEPARTMENT/ DIVISION HEAD PLACING AN ITEM ON THE HUMAN SERVICES COMMITTEE AGENDA BE PRESENT OR HAVE A REPRESENTATIVE PRESENT TO SPEAK TO THEIR REQUEST AND/OR ANSWER ANY QUESTIONS POSED BY COMMITTEE MEMBERS.**

**HUMAN SERVICES COMMITTEE**

**MINUTES**

**MEETING OF THE HUMAN SERVICES COMMITTEE ON TUESDAY, NOVEMBER 17, 2009, in the Commission Chambers, Fourth Floor, Bay County Building, 515 Center Avenue, Bay City, MI 48708.**

Call to order @4:10 p.m. by Vice Chair Krygier.

Roll call:

**MOTION NO.**

COMMISSIONERS PRESENT	1	2	3	4	5	6	7	8	9	10	11
KIM COONAN, CHAIR	E	X	C	U	S	E	D				
ERNIE KRYGIER, VICE CHAIR P	Y	Y	Y	Y	Y	Y	Y	Y			
VAUGHN J. BEGICK P	S/Y	Y	Y	Y	Y	Y	Y	Y			
DAWN A. KLIDA P	M/Y	S/Y	M/Y	M/Y	S/Y	Y	S/Y	S/Y			
BRIAN K. ELDER P	Y	Y	Y	Y	Y	S/Y	Y	Y			
EUGENE F. GWIZDALA P	Y	M/Y	S/Y	S/Y	M/Y	M/Y	M/Y	M/Y			
PATRICK H. BESON, EX OFFICIO	E	X	C	U	S	E	D				

**MOTION NO.**

COMMISSIONERS PRESENT	12	13	14	15	16	17	18	19	20	21	22
KIM COONAN, CHAIR											
ERNIE KRYGIER, VICE CHAIR											
VAUGHN J. BEGICK											
DAWN A. KLIDA											
BRIAN K. ELDER											
EUGENE F. GWIZDALA											
PATRICK H. BESON, EX OFFICIO											

**MOTION NO.**

COMMISSIONERS PRESENT	23	24	25	26	27	28	29	30	31	32	33
KIM COONAN, CHAIR											
ERNIE KRYGIER, VICE CHAIR											
VAUGHN J. BEGICK											
DAWN A. KLIDA											
BRIAN K. ELDER											
EUGENE F. GWIZDALA											
PATRICK H. BESON, EX OFFICIO											

**OTHERS PRESENT: M.GRAY, M.FITZHUGH, A.BROWN, T.QUINN, K.RUBIS, B.MACGREGOR, R.PABALIS, R.REIMANN, M.MILITELLO; K.KRUPA, D.ENGELHARDT, R.REDMOND, K.PRIESSNITZ, BAY 3 TV, D.BERGER**

**M-MOVED; S-SUPPORTED; Y-YEA; N-NAY; ABS.-ABSTAIN; E-EXCUSED; A-ABSENT**

-/-

**HUMAN SERVICES COMMITTEE  
TUESDAY, NOVEMBER 17, 2009  
PAGE 2**

**MOTION NO.**

**NOTE:** In addition to these typed minutes, this Committee meeting was also taped by Bay 3 TV and those tapes are available for review in the Administrative Services Department.

- 1            MOVED, SUPPORTED AND CARRIED TO APPROVE THE MINUTES OF THE OCTOBER 27, 2009 HUMAN SERVICES COMMITTEE MEETING AS PRINTED.**

**Public input was called. Mary Militello, owner/operator of Chuck's Farmers Market Restaurant and is connected with the Farmers Market and Food Market, thanked the County for its support and labor at the County Market, it looks very, very nice and they can use all the help they can get.**

**Kristina Rubis, Region VII Representative, touched on the topic of preventing falls which are the leading cause of death from injury. Fractures occur. She stressed the importance of removing household hazards within the home, i.e. removing furniture to allow a clear pathway in the home, repairing loose steps, using the lowest shelving in the kitchen, using of a step stool with a handle, using non-slip mats or rugs in bathrooms, installing grab bars, and removing other types of throw rugs, using bedside lamps or night lights. Seniors should exercise regularly, get their eyes checks annually, rise slowly from a sitting position, wear proper shoes, etc. If questions or need assistance contact Region VII at 1-800-858-1637. Mrs. Rubis also spoke to the upcoming 2010 U. S. Census, a count of citizens in the United States Households will be receiving material in March they can respond to. If they don't by April 15<sup>th</sup> a census worker will come to the house. For seniors who go south in the winter, the questionnaire will be sent to the winter address, however, do not fill it out at the winter address if the individual resides there less than 6 months, it should be filled out in Michigan and sent in before 4/15. If after 4/15 do not fill it out as a census worker will be coming to your home. U. S. Census workers will have a badge, a census bureau canvas bag and a confidentiality notice. There is no need for the worker come into the home. Everyone should be cautious and request to see identification, there will probably be several scams that will arise. The only information to be given is how many people reside in the household. No other questions or information should be provided. Commissioner Beglick addressed the fall aspect and noted that many people**

are in nursing homes due to a fall. Seniors should also make arrangements with friends, neighbors or family members for clean-up of outside walkways/driveways surrounding their homes. It was

**2            MOVED, SUPPORTED AND CARRIED TO RECEIVE THE REGION VII REPORT.**

**3            MOVED, SUPPORTED AND CARRIED TO RECOMMEND BOARD APPROVAL OF THE PROPOSED RESOLUTION ACCEPTING THE MICHIGAN GREEN COMMUNITIES CHALLENGE.**

**A proposed resolution in support of House Bills 5368 and 5369 (a statewide initiative to ban phosphorus in the State of Michigan) was next on the agenda. Commissioner Elder voiced some concerns about HB 5368 which makes references to pre-existing ordinances that those ordinances would stay in place and this statute wouldn't apply. Bay County has no money set aside for enforcement. Would this be a problem in Bay County? Commissioner Krygier did not feel this would be a problem especially with how its been received by the community. Commissioner Elder questioned if permits would be required to purchase phosphorus and Commissioner Krygier responded that testing could be done to determine if there is a need and no permit would be required. Testing kits are available for \$10 which includes 40 tests. Commissioner Elder questioned the impact of the Executive Order eliminating the Commission-appointed Director of Agriculture and if there is a concern about this? This is big issue in Lansing and some people are saying the effort is to turn the Department of Agriculture into the next DEQ which many do not favor. Commissioner Krygier did not feel this will have an impact in any way. Michael Gray, Assistant County Executive for Recreation and Administrative Services, pointed out that the proposed bill speaks to golf courses and the County has a golf course which makes money. Mr. Pabalis is working with Tim Watkins on the national program of "green" management of golf courses. The County would do a self-evaluation of how things are done, it is sent in, and after review of this information, they will visit the golf course and provide suggestions and recommendations. This sounds like a good program. Mr. Redmond interjected that the County's golf course doesn't use phosphorus and hasn't for several years. Brief discussion followed and Commissioner Klida requested that the Board be kept abreast about this legislation as it moves along and Commissioner Krygier stated that a close eye would be kept on the legislation. Bob Redmond, Financial Analyst, indicated he would subscribe to the notices for these two bills to monitor if any changes are made. It was**

**4            MOVED, SUPPORTED AND CARRIED TO RECOMMEND BOARD APPROVAL  
OF PROPOSED RESOLUTION IN SUPPORT OF HB 568 AND 5369.**

**5            MOVED, SUPPORTED AND CARRIED TO RECOMMEND BOARD APPROVAL  
OF PROPOSED RESOLUTION RE RENEWAL OF COUNTY MARKET LEASE.**

**6            MOVED, SUPPORTED AND CARRIED TO RECOMMEND BOARD APPROVAL  
OF PROPOSED RESOLUTION RE DINING CENTER AGREEMENT WITH  
HAMPTON TOWNSHIP.**

**Rebecca Reimann, Director of Division on Aging, advised that the Hampton Dining Agreement reflects a change in scheduling but not in the number of hours, it is the same hours as the current year. It was noted that the Williams Township Center change in hours will affect employees' retirement because of the reduction in hours worked.**

**The next item on the agenda was the 2010 Orthophotography Project. Dave Engelhardt, GIS Coordinator, explained the proposal and noted that Dow is willing to participate. A couple of options are under consideration. Option 1's estimated total project cost is \$51,043 and proposed funding amounts total \$55,000. Option 1, which is the recommended option, was explained. The State of Michigan has a signed agreement with Microsoft/Bing Maps to fly the entire State of Michigan over 3 years and is offering local units of government the option of being a participating funding partner. Funding partners would receive the rights to use the photography obtained providing they do not sell the photography into the public domain or to a major competitor of Microsoft. The City of Bay City is also potentially involved in this project. Option 1 will address most of Bay County's needs. Going with the option will also assist the Equalization Department. Following further discussion, it was**

**7            MOVED, SUPPORTED AND CARRIED TO REFER THE PROPOSED  
RESOLUTION, AS AMENDED, RE 2010 DIGITAL ORTHOPHOTOGRAPHY  
PROJECT TO THE WAYS AND MEANS COMMITTEE.**

**Michael Gray advised that at the December Human Services Committee meeting there will be a report from Dave Gill and Brent Golk on Recreation division operations.**

**There being no further business, It was**

*-4-*

8

**MOVED, SUPPORTED AND CARRIED TO ADJOURN (4:35 P.M.).**

**Submitted by:**

*Deanne Berger*

**Deanne Berger  
Board Coordinator**

# BAY COUNTY HOUSING DEPARTMENT



Marie Hayes  
Director

Thomas L. Hickner  
County Executive

## Memo

**TO:** KIM COONAN, CHAIRPERSON  
HUMAN SERVICES COMMITTEE

**FROM:** MARIE HAYES,  
BAY COUNTY HOUSING DEPARTMENT

**RE:** CENTER RIDGE ARMS 5-YEAR PLAN HUD SUBMISSION

**DATE:** December 8, 2009

~~~~~

**BACKGROUND:** HUD requires a 5-year plan from Public Housing Authorities, however, if the PHA is considered small (250 units or less), and designated as a High Performer, we are allowed to put all of our Capital Fund monies into Operations. This allows us more flexibility with the funding and less paperwork time. The final Capital Fund amount has yet to be determined but it is anticipated to be approximately \$110,500. That funding can be used for the repair and maintenance projects we have planned. Those projects include the camera system, changing out over 200 lights from T12 to T8 for more energy efficiency and repairing the front entrance to stop leakage.

**ECONOMICS:** No county funds are utilized. All monies come from HUD.

**RECOMMENDATION:** Approval from the Board of the Housing Department's 5-year plan and authorization for the Board chair to sign any appropriate documents that are required with the 5-year plan.

h:BR/annual pla.129

|                                   |                                                                                                 |                                                |
|-----------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>PHA 5-Year and Annual Plan</b> | <b>U.S. Department of Housing and Urban Development<br/>Office of Public and Indian Housing</b> | <b>OMB No. 2577-0226<br/>Expires 4/30/2011</b> |
|-----------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                      |                               |                              |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------|-------------------------------|------------------------------|
| 1.0 | <b>PHA Information</b><br>PHA Name: <u>Bay County Housing Department</u> PHA Code: <u>MI 166</u><br>PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2010</u>                                                                                                                                                                                                                                                                                                                |          |                                      |                               |                              |
| 2.0 | <b>Inventory (based on ACC units at time of FY beginning in 1.0 above)</b><br>Number of PH units: <u>100</u> Number of HCV units: <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                      |                               |                              |
| 3.0 | <b>Submission Type</b><br><input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                      |                               |                              |
| 4.0 | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                      |                               |                              |
|     | Participating PHAs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program |
|     | PHA 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                      |                               | PH HCV                       |
|     | PHA 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                      |                               |                              |
|     | PHA 3:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                      |                               |                              |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                      |                               |                              |
| 5.1 | <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:<br>The mission of the Bay County Housing Department is to provide decent, safe, sanitary and affordable housing, free from discrimination, to low, very low and extremely low-income families.                                                                                                                                                                                                                                                                                |          |                                      |                               |                              |
| 5.2 | <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.<br>To manage Center Ridge Arms in an efficient and effective manner that promotes and improves independent living for seniors and disabled<br>To continue as a high performer.<br>To decrease the turn-around time for vacated apartments.<br>To become more pro-active in maintenance of the building. |          |                                      |                               |                              |
| 6.0 | <b>PHA Plan Update</b><br>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:<br>Transferred all monies into 1406 - Operations.<br>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.<br>Office located at the Bay County Housing Department 798 N. Pine Rd. in Essexville and the County Building at 515 Center Ave., Bay City.                                                                                                                                 |          |                                      |                               |                              |
| 7.0 | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                      |                               |                              |
| 8.0 | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                      |                               |                              |
| 8.1 | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.<br>Attached                                                                                                                                                                                                                                                                                                                               |          |                                      |                               |                              |
| 8.2 | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.<br>Attached                                                                                                                                                                                                                                                 |          |                                      |                               |                              |
| 8.3 | <b>Capital Fund Financing Program (CFFP).</b><br><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                      |                               |                              |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.0  | <p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>N/A Small PHA</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 9.1  | <p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note:</b> Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11.0 | <p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (l) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

| Part I: Summary                                                    |                                |                                                             |                                       |                                       |
|--------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------|---------------------------------------|---------------------------------------|
| PHA Name/Number                                                    | Locality (City/County & State) | xOriginal 5-Year Plan <input type="checkbox"/> Revision No: |                                       |                                       |
| Bay County Housing Dept. MI166                                     | Essexville, Bay, Michigan      | Work Statement for Year 1<br>FFY 2010                       | Work Statement for Year 2<br>FFY 2011 | Work Statement for Year 3<br>FFY 2012 |
| A. Development Number and Name<br>MI166000001<br>Center Ridge Arms |                                |                                                             | Work Statement for Year 4<br>FFY 2013 | Work Statement for Year 5<br>FFY 2014 |
| B. Physical Improvements Subtotal                                  |                                |                                                             |                                       |                                       |
| C. Management Improvements                                         |                                |                                                             |                                       |                                       |
| D. PHA-Wide Non-dwelling Structures and Equipment                  |                                |                                                             |                                       |                                       |
| E. Administration                                                  |                                |                                                             |                                       |                                       |
| F. Other                                                           |                                |                                                             |                                       |                                       |
| G. Operations                                                      | \$110,531                      |                                                             | \$110,531                             | \$110,531                             |
| H. Demolition                                                      |                                |                                                             |                                       |                                       |
| I. Development                                                     |                                |                                                             |                                       |                                       |
| J. Capital Fund Financing -- Debt Service                          |                                |                                                             |                                       |                                       |
| K. Total CFP Funds                                                 | \$110,531                      |                                                             | \$110,531                             | \$110,531                             |
| L. Total Non-CFP Funds                                             |                                |                                                             |                                       |                                       |
| M. Grand Total                                                     | \$110,531                      |                                                             | \$110,531                             | \$110,531                             |











**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or    Annual PHA Plan for the PHA fiscal year beginning 1/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Bay County Housing Department  
PHA Name

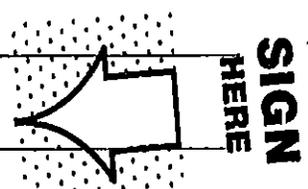
MI-166  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2015

Annual PHA Plan for Fiscal Years 20\_\_ - 20\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

|                             |       |
|-----------------------------|-------|
| Name of Authorized Official | Title |
| Signature                   | Date  |



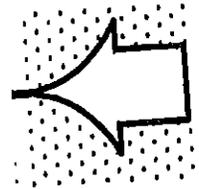
**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Patrick H. Beson the Bay County Board Chalperson certify that the Five Year and  
Annual PHA Plan of the Bay County Housing Department is consistent with the Consolidated Plan of  
Bay County prepared pursuant to 24 CFR Part 91.

\_\_\_\_\_  
Signed / Dated by Appropriate State or Local Official



**SIGN  
HERE**

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Civil Rights Certification**

**Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

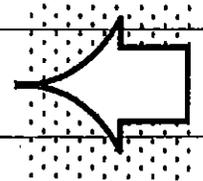
Bay County Housing Department

MI 166

PHA Name

PHA Number/HA Code

|                                                                                                                                                                                                                                                                                                                                        |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <small>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</small> |       |
| Name of Authorized Official                                                                                                                                                                                                                                                                                                            | Title |
| Signature                                                                                                                                                                                                                                                                                                                              | Date  |



**SIGN  
HERE**

18-

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Bay County Housing Department

Program/Activity Receiving Federal Grant Funding

Public Housing - Capital Fund - Operating Fund

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above; Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

The Bay County Housing Department (Center Ridge Arms) is located at 798 N. Pine Rd. Essexville, MI 48732.

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Marie A. Hayes

Title

Director

Signature

*Marie A. Hayes*

Date

11/23/2009

19

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type of Federal Action:</b><br><input checked="" type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance                                                                                                                                                                                                                                                         | <b>2. Status of Federal Action:</b><br><input checked="" type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award | <b>3. Report Type:</b><br><input checked="" type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<br><br><b>Congressional District, if known: 5TH</b>                                                                                                                                                                                                                                                                                                                                                          | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br>N/A<br><br><b>Congressional District, if known: 5TH</b>                                        |                                                                                                                                                                                                                             |
| <b>6. Federal Department/Agency:</b><br>US Department of HUD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>7. Federal Program Name/Description:</b><br>Public Housing Capital fund program<br>CFDA Number, if applicable: _____                                                                    |                                                                                                                                                                                                                             |
| <b>8. Federal Action Number, if known:</b><br>unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9. Award Amount, if known:</b><br>\$ unknown                                                                                                                                            |                                                                                                                                                                                                                             |
| <b>10. a. Name and Address of Lobbying Registrant</b><br><i>(If individual, last name, first name, MI):</i><br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i><br><i>(last name, first name, MI):</i><br>N/A                                               |                                                                                                                                                                                                                             |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u>Marie A. Hayes</u><br>Print Name: <u>Marie A. Hayes</u><br>Title: <u>Director</u><br>Telephone No.: <u>989-895-8191</u> Date: <u>11/23/2009</u>                              |                                                                                                                                                                                                                             |
| <b>Federal Use Only:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)                                                                                                                                                          |

**Certification of Payments  
to Influence Federal Transactions**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Bay County Housing Department

Program/Activity Receiving Federal Grant Funding

Public Housing - Capital fund - Operating subsidy

The undersigned certifies, to the best of his or her knowledge and belief, that:

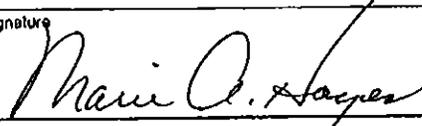
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

|                                                                                                  |                                 |
|--------------------------------------------------------------------------------------------------|---------------------------------|
| Name of Authorized Official<br>Marie A. Hayes                                                    | Title<br>Director               |
| Signature<br> | Date (mm/dd/yyyy)<br>11/23/2009 |

Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Martha Baumgart the State of Michigan Consolidated Plan Coordinator certify that the Five Year  
and Annual PHA Plan of the Bay County Housing Commission is consistent with the Consolidated  
Plan of the State of Michigan prepared pursuant to 24 CFR Part 91.

Martha Baumgart December 4, 2009

Signed/Dated by Appropriate State or Local Official

**BAY COUNTY BOARD OF COMMISSIONERS**

**1/12/10**

**RESOLUTION**

BY: HUMAN SERVICES COMMITTEE (12/15/09)

WHEREAS, HUD requires a 5-year plan for Public Housing Authorities, however, if the PHA is considered small (250 units or less) and designated as a high performer, Capital Fund monies can be put into operations which allows more flexibility with the funding and less paperwork; and

WHEREAS, The final Capital Fund amount has yet to be determined but is anticipated to be approximately \$110,500 and this funding can be used for the planned repair and maintenance projects which include a camera system, a change to energy efficient lighting and repairs to the front entry to correct a leakage problem; and

WHEREAS, No county funds are utilized as all monies come from HUD; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners approves the Housing Department's 5 year plan and authorizes the Chairman of the Board to execute all documents required following legal review/approval; Be It Finally

RESOLVED That budget adjustments, if required, are approved.

KIM COONAN, CHAIR  
AND COMMITTEE

Housing (CRA) - 5 Year Plan

MOVED BY COMM. \_\_\_\_\_

SUPPORTED BY COMM. \_\_\_\_\_

| COMMISSIONER         | Y | N | E | COMMISSIONER  | Y | N | E | COMMISSIONER       | Y | N | E |
|----------------------|---|---|---|---------------|---|---|---|--------------------|---|---|---|
| Michael J. Duranczyk |   |   |   | Dawn A. Kilda |   |   |   | Brian K. Elder     |   |   |   |
| Patrick H. Beson     |   |   |   | Ernie Krygler |   |   |   | Eugene F. Gwizdala |   |   |   |
| Vaughn J. Beglck     |   |   |   | Kim Coonan    |   |   |   | Donald J. Tilley   |   |   |   |

VOTE TOTALS:

ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

VOICE: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

DISPOSITION: ADOPTED \_\_\_\_\_ DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_

AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_



**BAY COUNTY  
Health Department**

Thomas L. Hickner  
Bay County Executive

Barbara M. MacGregor, RN, BSN  
Health Director

Creating A Healthy Environment For The Community

1200 Washington Avenue  
Bay City, Michigan 48708  
(989) 895-4003  
FAX (989) 895-4014  
TDD (989) 895-4049

**MEMO**

To: Kim Coonan, Chairman, Human Services Committee

From: Barbara MacGregor, Health Director *BMac*

Date: December 9, 2009

RE: McLaren Health Advantage Provider Agreement

**BACKGROUND:**

McLaren Health Plan, a non-profit Health Maintenance Organization (HMO), wishes to enter into an agreement with Bay County, on behalf of the Bay County Health Department, to become a participating provider with their health plan. While the Health Department has maintained a provider agreement with McLaren Health Plan in the past, there is no current provision for immunization and vaccine administration reimbursements.

**FINANCE AND ECONOMICS:**

There is no direct financial cost to the Health Department to enter or execute the Agreement. Entering into the agreement will broaden the opportunity for revenues, primarily in the Immunization Division.

**RECOMMENDATION:**

Upon review by Corporation Counsel, the Health Department recommends this Agreement between McLaren Health Plan and the County be approved and signed by the Board Chair, and seeks Board approval for any necessary budget adjustments relating to this Amendment.

CC: Thomas Hickner, County Executive  
Marty Fitzhugh, Corporation Counsel  
Joel Strasz, Public Health Services Manager  
Amanda Brown, Finance  
Kim Priessnitz, Finance

**BAY COUNTY BOARD OF COMMISSIONERS**

**1/12/10**

**RESOLUTION**

BY: HUMAN SERVICES COMMITTEE (12/15/09)

WHEREAS, McLaren Health Plan, a non-profit Health Maintenance Organization (HMO), wishes to enter into an agreement with Bay County (Health Department) to become a participating provider with their health plan; and

WHEREAS, While the Health Department has maintained a provider agreement with McLaren Health Plan in the past, there is no current provision for immunization and vaccine administration reimbursements; and

WHEREAS, There is no direct financial cost to the Health Department to enter into this agreement but this arrangement does broaden the opportunity for revenues, primarily in the Immunization Division; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners approves the McLaren Health Advantage Provider Agreement and authorizes the Chairman of the Board to execute said Agreement on behalf of Bay County following legal review/approval; Be It Further

RESOLVED That budget adjustments, if required, are approved.

KIM COONAN, CHAIR  
AND COMMITTEE

Health Dept - McLaren Health Provider Agt

MOVED BY COMM. \_\_\_\_\_

SUPPORTED BY COMM. \_\_\_\_\_

| COMMISSIONER         | Y | N | E | COMMISSIONER  | Y | N | E | COMMISSIONER       | Y | N | E |
|----------------------|---|---|---|---------------|---|---|---|--------------------|---|---|---|
| Michael J. Duranczyk |   |   |   | Dawn A. Klida |   |   |   | Brian K. Elder     |   |   |   |
| Patrick H. Beson     |   |   |   | Ernie Krygler |   |   |   | Eugene F. Gwizdala |   |   |   |
| Vaughn J. Beglck     |   |   |   | Kim Coonan    |   |   |   | Donald J. Tilley   |   |   |   |

VOTE TOTALS:

ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

VOICE: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

DISPOSITION: ADOPTED \_\_\_\_\_ DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_

AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_

TO: Human Services Committee  
FROM: Becky Carlson Reimann  
SUBJ: Caregiver Respite funding - A & D Home Health Care  
DATE: December 9, 2009

Background:

A & D Home Health Care sometimes receives an allocation of funding from the Tobacco Settlement Program that must be used for Caregiver Respite. A & D Home Health Care contacted me by phone yesterday to state that they have received confirmation from the State that they will receive Caregiver Respite funds to be expended in FY 2010, and they are prepared to award Division on Aging \$2,783.16, if our agency wishes to accept this funding

Financial Implications:

The funds under this program will enable Division on Aging to provide more respite care services to clients/caregivers who can benefit from funding under the Tobacco Settlement program. Our grant for Respite Care was reduced, as a part of the reduction in State funds for Alternative care.

Recommendation:

I am recommending that the Board of Commissioners accept the award from A & D Home Health Care in the amount of \$2,783.16 for Caregiver Respite funding for the fiscal year that ends September 30, 2010. I further recommend the Board Chair be authorized to sign contract amendments or new contract documents related to this grant award, subject to Corporation Counsel review and approval. All budget adjustments related to this action are approved..

cc:Barb MacGregor  
Tom Hickner  
Paul Pabalis  
Marty Fitzhugh

Encls.

**BAY COUNTY BOARD OF COMMISSIONERS**

**1/12/10**

**RESOLUTION**

BY: HUMAN SERVICES COMMITTEE (12/15/09)

WHEREAS, A & D Home Health Care has received notice that the State of Michigan will provide funding under the Tobacco Settlement program for Caregiver Respite Care services for Bay County; and

WHEREAS, A & D Home Health Care knows that the Division on Aging provides respite care services for individuals eligible for the service in Bay County; and

WHEREAS, A & D Home Health Care has an award of \$2,783.16 that it wishes to award to Bay County Division on Aging for the provision of Caregiver Respite services; and

WHEREAS, the grant period is October 1, 2009 through September 30, 2010; Therefore, Be It

RESOLVED, By the Bay County Board of Commissioners that the County of Bay hereby accepts the award of funds for Respite Care Services from A & D Home Health Care and authorizes the Chairman of the Board to execute the required document on behalf of Bay County following legal review/approval; Be It Further

RESOLVED That all budget adjustments related to this action are approved.

KIM COONAN, CHAIR  
AND COMMITTEE

DOA - A&D Home Health Care - Respite Funding

MOVED BY COMM. \_\_\_\_\_

SUPPORTED BY COMM. \_\_\_\_\_

| COMMISSIONER         | Y | N | E | COMMISSIONER  | Y | N | E | COMMISSIONER       | Y | N | E |
|----------------------|---|---|---|---------------|---|---|---|--------------------|---|---|---|
| Michael J. Duranczyk |   |   |   | Dawn A. Kilda |   |   |   | Brian K. Elder     |   |   |   |
| Patrick H. Beson     |   |   |   | Ernie Krygler |   |   |   | Eugene F. Gwizdala |   |   |   |
| Vaughn J. Beglick    |   |   |   | Kim Coonan    |   |   |   | Donald J. Tilley   |   |   |   |

VOTE TOTALS:

ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

VOICE: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

DISPOSITION: ADOPTED \_\_\_\_\_ DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_

AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_

TO: Human Services Committee  
FROM: Becky Carlson Reimann  
SUBJ: Dining Center Agreement: Kawkawlin Twp  
DATE: December 9, 2009

Background:

The agreement for use of the Kawkawlin Twp Hall for the senior meal program will expire December 31, 2009. The FY 2010 budget includes the same level of funding for a two day center, with a schedule change starting in January. The Center would serve meals at noon on Wednesday and Thursday, instead of Wednesday and Friday. I sent a letter to the Kawkawlin Township Supervisor requesting feedback on maintaining the same rate of monthly reimbursement in 2010. He has indicated that this request will be acted upon at the December 14<sup>th</sup> Township board meeting. He anticipates that the board will be willing to continue the dining center at the same rate of compensation as 2009.

Financial Implications:

The 2010 budget includes staffing, utilities and food for a two day schedule at the Kawkawlin Township Hall. Meals will be served at noon, Wednesday and Thursday. The current monthly reimbursement of \$236/month will be maintained in the 2010 agreement.

Recommendation:

I am recommending that the Bay County Board of Commissioners authorize the Board Chair to execute a new dining center agreement with the Kawkawlin Township Board, subject to Kawkawlin Board action to accept the current rate of \$236/month and review and approval of the agreement by Corporation Counsel. Given the level of uncertainty related to funding, I am recommending a one year site agreement for this location covering the period of January 1, 2010 to December 31, 2010. All budget amendments resulting from this action are approved.

cc: Patrick Beson  
Tom Hickner  
Barb MacGregor  
Dennis Bragiel  
Marty Fitzhugh

Encl.

**BAY COUNTY BOARD OF COMMISSIONERS**

**1/12/10**

**RESOLUTION**

- BY: HUMAN SERVICES COMMITTEE (12/15/09)
- WHEREAS, The Bay County Board of Commissioners wishes to continue to provide meals at the Kawkawlin Twp Hall; and
- WHEREAS, The Bay County Division on Aging has included in the 2010 budget the same amount of monthly utility reimbursement paid for use of the Kawkawlin facility in 2009; and
- WHEREAS, The Bay County Board of Commissioners wishes to enter into an agreement with the Kawkawlin Township board for use of the facilities in calendar year 2010; and
- WHEREAS The Bay County Board of Commissioners recommends the execution of a one year agreement with Kawkawlin Township for use of the Kawkawlin Twp Hall for a 2 day/week dining center, subject to the Kawkawlin Board action to keep the monthly utility reimbursement the same as the amount provided in calendar year 2009; Therefore, Be It
- RESOLVED That the Bay County Board of Commissioners hereby approves the development and approval of a dining center agreement with Kawkawlin Township for use of the facility in calendar year 2010, with monthly compensation not to exceed \$236/month; Be It Further
- RESOLVED That the Chairman of the Board is authorized to execute said agreement on behalf of Bay County following legal review/approval; Be It Further
- RESOLVED That all budget adjustments related to this action are approved.

KIM COONAN, CHAIR  
AND COMMITTEE

DOA - Kawkawlin Dining Center Agt  
MOVED BY COMM. \_\_\_\_\_

SUPPORTED BY COMM. \_\_\_\_\_

| COMMISSIONER         | Y | N | E | COMMISSIONER  | Y | N | E | COMMISSIONER       | Y | N | E |
|----------------------|---|---|---|---------------|---|---|---|--------------------|---|---|---|
| Michael J. Duranczyk |   |   |   | Dawn A. Kilda |   |   |   | Brian K. Elder     |   |   |   |
| Patrick H. Beson     |   |   |   | Ernie Krygler |   |   |   | Eugene F. Gwizdala |   |   |   |
| Vaughn J. Beglick    |   |   |   | Kim Coonan    |   |   |   | Donald J. Tilley   |   |   |   |

VOTE TOTALS:

ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_  
VOICE: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

DISPOSITION: ADOPTED \_\_\_\_\_ DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_  
AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_