

WAYS AND MEANS COMMITTEE

ADDITIONS TO AGENDA

TUESDAY, FEBRUARY 2, 2016

- A. Bay County Sheriff
 - 1- 2 1. **B.A.Y.A.N.E.T. Grant Renewal (Seeking approval of grant renewal; authorization for Board Chair to sign required documents - proposed resolution attached)**
 - 3 2. **Rapid Financial Solutions (Seeking approval of Prepaid Debit Inmate Release Program Agent Agreement; approval of \$15,000 appropriation from Fund Balance - proposed resolution attached)**
- 4- 7 B. **Amendment to Agreement with Department of Health and Human Services (Seeking approval of amendment to reduce grant funding because Eligibility Specialist position was not filled at commencement of grant - proposed resolution attached)**
- 8- 9 C. **Travel Requests - 9-1-1 Central Dispatch (Seeking motion to approve travel of Michele Katt to Washington, D.C. in February and to Phoenix, AZ)**

John E. Miller
Sheriff Of Bay County

Troy Cunningham
Undersheriff

Troy A. Stewart
Jail Administrator



DATE: January 13, 2016

TO: Kim J. Coonan
Chairman Ways and Means

FROM: Sheriff John E. Miller

A handwritten signature in black ink, appearing to read "J E Miller", is written over the printed name of the Sheriff.

RE: B.A.Y.A.N.E.T. Grant Renewal (Byrne Memorial – subcontract 2015-2016)

Background: The subcontract addresses the funding for the assignment of a Deputy Sheriff to the Bay Area Narcotics Enforcement Team during the grant period. This grant is a continuance for working with the MSP BAYANET team in our area.

Finance/Economics: This is budgeted in the 2016 budget (10131200).

Recommendation: I am requesting the committee's approval and the authorization to approve the match for the B.A.Y.A.N.E.T. grant and to make necessary budget adjustments upon the 2016 county approved budget. Our wish is for the committee to grant the renewal to continue.

Thank you for your consideration. If you have any questions please call me at 985-4069.

Cc: Undersheriff Troy R. Cunningham
Crystal Hebert, Finance Director
Kim Priessnitz, Budget Supervisor
File Copy

Ls/W&M.bayanetrenewal-16

Phone: (989) 895-4050

Public Safety Depends On You!
503 Third Street, Bay City, Michigan 48708

Fax: (989) 895-4058



BAY COUNTY BOARD OF COMMISSIONERS

FEBRUARY 9, 2016

RESOLUTION

BY: WAYS AND MEANS COMMITTEE (2/2/16)

WHEREAS, The Bay County Sheriff Department, through formal agreement, is a party to a subcontract which provides funding for the assignment of a Deputy Sheriff to the Bay Area Narcotics Enforcement Team (B.A.Y.A.N.E.T.) during the grant period; and

WHEREAS, The Bay County Sheriff wishes to continue this arrangement and is recommending approval of the Michigan Department of Community Health, Office of Drug Control Policy, Byrne Memorial Justice Assistance Grant Subcontract; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners approves the Michigan Department of Community Health, Office of Drug Control Policy, Byrne Memorial Justice Assistance Grant Subcontract covering the period 10/1/2015-9/30/2016; Be It Further

RESOLVED That the Chairman of the Board is authorized to execute the grant documents (application, grant award, all related required documents) on behalf of Bay County following legal review/approval; Be It Further

RESOLVED That the grant applicant/recipient departments are required to work with the Finance Department whose staff will provide financial oversight of said grant; Be It Further

RESOLVED That it is understood that if grant funding for BAYANET position(s) under the BAYANET grant is terminated, Bay County shall not be responsible to fund the position(s) or pick up any costs associated with the position(s).

KIM COONAN, CHAIR
AND COMMITTEE

Sheriff Dept - BAYANET Grant Renewal - 2015-2016

MOVED BY COMM. _____

SUPPORTED BY COMM. _____

COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E
MICHAEL J. DURANCZYK				KIM J. COONAN				MICHAEL E. LUTZ			
ERNIE KRYGIER				THOMAS M. HEREK							
VAUGHN J. BEGICK				DONALD J. TILLEY							

VOTE TOTALS:

ROLL CALL: YEAS _____ NAYS _____ EXCUSED _____

VOICE: YEAS _____ NAYS _____ EXCUSED _____

DISPOSITION: ADOPTED _____ DEFEATED _____ WITHDRAWN _____
AMENDED _____ CORRECTED _____ REFERRED _____

BAY COUNTY BOARD OF COMMISSIONERS

FEBRUARY 9, 2016

RESOLUTION

BY: WAYS AND MEANS COMMITTEE (2/2/16)

WHEREAS, On March 10, 2015 the Bay County Board of Commissioners adopted resolution no. 2015-45 authorizing the Bay County Sheriff to seek bids for commissary services and authorizing the Chairman of the Board to execute a contract with the low qualified bidder; and

WHEREAS, Canteen Services, Inc. was the low qualified bidder and the Board Chair executed the required documents on behalf of Bay County, however, a component Prepaid Debit Inmate Release Program Agent Agreement with Rapid Financial Solutions also requires approval; and

WHEREAS, It is necessary to initiate a start-up for this revolving fund program in the amount of \$15,000 with monies to come from Fund Balance; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners approves the Rapid Financial Solutions Prepaid Debit Inmate Release Program Agent Agreement and authorizes the Chairman of the Board to execute said Agreement on behalf of Bay County; Be It Finally

RESOLVED That \$15,000 is hereby appropriated from Fund Balance to initiate this reimbursement program.

KIM COONAN, CHAIR
AND COMMITTEE

Sheriff Dept - Rapid Financial Solutions

MOVED BY COMM. _____

SUPPORTED BY COMM. _____

COMMISSIONER	E			COMMISSIONER	E			COMMISSIONER	E		
MICHAEL J. DURANCZYK				KIM J. COONAN				MICHAEL E. LUTZ			
ERNIE KRYGIER				THOMAS M. HEREK							
VAUGHN J. BEGICK				DONALD J. TILLEY							

VOTE TOTALS:

ROLL CALL: YEAS _____ NAYS _____ EXCUSED _____

VOICE: YEAS _____ NAYS _____ EXCUSED _____

DISPOSITION: ADOPTED _____ DEFEATED _____ WITHDRAWN _____
AMENDED _____ CORRECTED _____ REFERRED _____

BAY COUNTY BOARD OF COMMISSIONERS

FEBRUARY 9, 2016

RESOLUTION

BY: WAYS AND MEANS COMMITTEE (2/2/16)

WHEREAS, On August 11, 2015, the Bay County Board of Commissioners adopted resolution no. 2015-182 approving an Agreement with the Bay County Department of Health and Human Services to establish the position of Child Welfare Home Aide, now known as Eligibility Specialist; and

WHEREAS, Bay County was asked to share half the cost of this position and those funds were appropriated; and

WHEREAS, While the grant was approved as of 10/1/2015, the Eligibility Specialist position was not filled until January 24, 2016; and

WHEREAS, Amendment # 1 to Agreement Number DFA16-09001 has been submitted reflecting the \$14,030 reduction in grant funding because the position was not filled by the start date of the grant; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners approves Amendment Number 1 to the Agreement Number DFA16-09001 and authorizes the Chairman of the Board to execute said Amendment on behalf of Bay County following legal review/approval; Be It Finally

RESOLVED That related required budget adjustments are approved.

KIM COONAN, CHAIR AND COMMITTEE

DHHS - Amendment to DFA16-09001 - Eligibility Specialist Position

MOVED BY COMM. _____

SUPPORTED BY COMM. _____

Table with 12 columns: COMMISSIONER, Y, N, E, COMMISSIONER, Y, N, E, COMMISSIONER, Y, N, E. Rows include Michael J. Duranczyk, Ernie Krygier, Vaughn J. Begick, Kim J. Coonan, Thomas M. Herek, Donald J. Tilley, and Michael E. Lutz.

VOTE TOTALS: ROLL CALL: YEAS _____ NAYS _____ EXCUSED _____ VOICE: YEAS _____ NAYS _____ EXCUSED _____

DISPOSITION: ADOPTED _____ DEFEATED _____ WITHDRAWN _____ AMENDED _____ CORRECTED _____ REFERRED _____

AGREEMENT NUMBER: DFA16-09001

AMENDMENT NUMBER: 1

Between

THE STATE OF MICHIGAN

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

And

CONTRACTOR	County of Bay, Board of Commissioners
CONTRACTOR ADDRESS	515 Center Ave., Ste. 405, Bay City, MI 48707
CONTRACTOR EMAIL	bergerd@baycounty.net

CONTRACT ADMINISTRATOR	EMAIL
Bruce L. Makie	makieb@michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Donated Fund Agreement		
GEOGRAPHIC AREA	Bay County		
INITIAL EFFECTIVE DATE	October 1, 2015	CURRENT EXPIRATION DATE	September 30, 2018
CURRENT AGREEMENT VALUE	\$45,600.00		
CONTRACT TYPE	Revenue		

AMENDMENT DESCRIPTION				
EXTEND EXPIRATION DATE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	NEW EXPIRATION DATE	N/A
AMENDMENT AMOUNT	ESTIMATED REVISED AGGREGATE AGREEMENT VALUE			
\$14,030.00	<input type="checkbox"/> INCREASE	<input checked="" type="checkbox"/> DECREASE	\$31,570.00	
NATURE OF CHANGE	This amendment will decrease the dollar amount of the contract.			

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

FOR THE CONTRACTOR:	FOR THE STATE:
County of Bay, Board of Commissioners	MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
_____ Contractor	_____ Signature of Director or Authorized Designee
_____ Signature of Director or Authorized Designee	_____ Lew Roubal
_____ Print Name	_____ Print Name
_____ Date	_____ Date

Agreement Number: DFA16-09001
Amendment Number: 1

1st Year Amount: \$31,570.00
2nd Year Amount: \$00.00
3rd Year Amount: \$00.00
Total Contract Amount: \$31,570.00

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

**STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

WHEREAS, the Michigan Department of Health and Human Services of the state of Michigan (hereinafter referred to as "MDHHS") entered into a contractual Agreement effective October 1, 2015, with County of Bay, Board of Commissioners (hereinafter referred to as "Contractor"), having a mailing address of 515 Center Ave., Ste. 405, Bay City, MI 48707, for the provision of certain services as set forth therein; and,

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

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

Article I

This amendment shall be effective on the date of MDHHS signature.

Article II

The maximum dollar amount of the Agreement shall be decreased by \$14,030.00 from \$45,600.00 to \$31,570.00 for the period October 1, 2015, through September 30, 2018.

Article III

In Section II., DHHS RESPONSIBILITIES, Item 2.7, a. & d., Payment shall be amended as follows:

Agreement Number: DFA16-09001
Amendment Number: 1

- a. The Contractor shall provide to DHHS the sum of \$31,570.00 as payment to DHHS for services performed in accordance with the terms of this Agreement exclusively during the period from the begin date to September 30, 2018.
- b. Payment to DHHS shall be made in accordance with the annual payment schedule below. The Contractor shall make final payments to DHHS no later than July 1 for each year of the agreement.

ANNUAL PAYMENT DUE DATES YEAR 1	AMOUNT OF PAYMENT YEAR 1
April 1, 2016	\$8,770.00
July 1, 2016	\$22,800.00

Payment schedule reflects position was vacant from 10/01/15 to 01/24/16.

Agreement amounts will be adjusted annually to reflect the cost of Donated Fund positions impacted by changes in economic factors. Future years' payment schedules will be incorporated via amendment to this agreement each year.

BAY COUNTY TRAVEL REQUEST

Travel Request Number
Finance Dept. use only

NAME OF INDIVIDUAL TO BE TRAVELING: Michelle Katt

DESTINATION: Washington DC

PURPOSE: 911 Goes to Washington

Trip Will be paid for by NENA

DEPARTURE DATE AND TIME: 02/19/2016 8:00 am RETURN DATE AND TIME: 02/25/2016 10:00 pm

CHARGE MEALS/LODGING/FEE'S TO 26132500 861.00 TOTALING \$72.00

CHARGE STATE TRAVEL MILEAGE TO 26132500 865.00 1,200 miles @ 0.540 \$/mile TOTALING \$680.40

CHARGE LOCAL TRAVEL MILEAGE TO 866.00 miles @ \$/mile TOTALING \$0.00

- Funds exist within our Departmental Budget and this trip was itemized and approved in our current year's budget (Budgeted funds will not be exceeded).
- Funds exist within Departmental Budget; however, this trip was not specifically programmed into our budget (Budgeted funds will not be exceeded).
- Funds do not exist within our Departmental Budget. I request consideration of the Ways and Means Committee of the attached written justification and proposed source of funding.
- Trip unbudgeted, exceeds 300 air miles from Bay City. I request consideration of the Ways and Means Committee of the attached written justification and proposed source of funding.

If approved, I request an advance of \$ with the understanding that all unused advanced monies will be remitted to the County Treasurer within five (5) work days of return date. Furthermore, I authorize the County to deduct, from my pay, advances not repaid within the five (5) work day limit.

Michelle Katt -1-28-16 Employee Signature Date
Chris [Signature] -1-28-16 Department Head/Elected Official Signature Date

SEND ALL COPIES TO THE COUNTY EXECUTIVE'S OFFICE OR FINANCE DEPARTMENT AS APPLICABLE

For unbudgeted trips exceeding 300 air miles from Bay City or for trips which funds do not exist;

FOR BOARD OF COMMISSIONERS BY: (Initials of two (2) Required)

Approved	Disapproved	Date	Chair, Board of Commissioners
Approved	Disapproved	Date	Vice-Chair, Board of Commissioners
Approved	Disapproved	Date	Chair, Ways and Means Committee
REVIEWED FOR APPROPRIATENESS OF REQUEST:			County Executive (Initial)
Approved	Disapproved	Date	
REVIEWED TO CONFIRM AVAILABILITY OF FUNDS:			Finance Officer (Initial)
<u>[Signature]</u>	Disapproved	<u>1/29/16</u>	
Approved	Disapproved	Date	

BAY COUNTY TRAVEL REQUEST

Travel Request Number
Finance Dept. use only

NAME OF INDIVIDUAL TO BE TRAVELING: Michelle Katt
 DESTINATION: Phoenix, Arizona
 PURPOSE: New World Conference

DEPARTURE DATE AND TIME: 4/23/2016 7:00 am RETURN DATE AND TIME: 4/27/2016 10:00 pm

CHARGE MEALS/LODGING/FEEES TO	<u>26132500 861.00</u>	TOTALING	<u>\$222.00</u>
CHARGE STATE TRAVEL MILEAGE TO	<u>26132500 865.00</u> <u>32</u> miles @ <u>0.540¢/mile</u>	TOTALING	<u>\$17.28</u>
CHARGE LOCAL TRAVEL MILEAGE TO	<u>866.00</u> miles @ <u>¢/mile</u>	TOTALING	<u>\$0.00</u>

- Funds exist within our Departmental Budget and this trip was itemized and approved in our current year's budget (Budgeted funds will not be exceeded).
- Funds exist within Departmental Budget; however, this trip was not specifically programmed into our budget (Budgeted funds will not be exceeded).
- Funds do not exist within our Departmental Budget. I request consideration of the Ways and Means Committee of the attached written justification and proposed source of funding.
- Trip unbudgeted, exceeds 300 air miles from Bay City. I request consideration of the Ways and Means Committee of the attached written justification and proposed source of funding.

If approved, I request an advance of \$ _____ with the understanding that all unused advanced monies will be remitted to the County Treasurer within five (5) work days of return date. Furthermore, I authorize the County to deduct, from my pay, advances not repaid within the five (5) work day limit.

Michelle Katt 1-28-16 Chris Ze... 1-28-16
 Employee Signature Date Department Head/Elected Official Signature Date

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For unbudgeted trips exceeding 300 air miles from Bay City or for trips which funds do not exist:
 FOR BOARD OF COMMISSIONERS BY: (Initials of two (2) Required)

Approved _____	Disapproved _____	Date _____	Chair, Board of Commissioners
Approved _____	Disapproved _____	Date _____	Vice-Chair, Board of Commissioners
Approved _____	Disapproved _____	Date _____	Chair, Ways and Means Committee

REVIEWED FOR APPROPRIATENESS OF REQUEST:

Approved _____	Disapproved _____	Date _____	County Executive (Initial)
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REVIEWED TO CONFIRM AVAILABILITY OF FUNDS:

<u>Jim Priesnitz</u>	Disapproved _____	<u>1/29/16</u>	Finance Officer (Initial)
Approved		Date	