



# BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor  
Mount Clemens, Michigan 48043  
586-469-5125 FAX 586-469-5993  
macombcountymi.gov/boardofcommissioners

## BOARD OF COMMISSIONERS

### REGULAR SESSION

THURSDAY, OCTOBER 9, 2008, 7 P.M.

### AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Invocation by **Commissioner Sarah Roberts**
5. Adoption of Agenda
6. Approval of Minutes dated September 25, 2008 (previously distributed)
7. Presentation of Resolution to Bill and Ellen Head (**Tocco**)
8. Public Participation
9. **COMMITTEE REPORTS:**
  - a) Legislative & Administrative Services, September 29 (mailed)
  - b) Community Services, October 3 (attached)
  - c) Senior Citizens, October 3 (attached)
  - d) Personnel, October 6 (attached)
  - e) Budget, October 7 (attached)
  - f) Finance, October 8 (attached)

## MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman  
District 23  
Chairman

Dana Campbous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Andrey Duzyj - District 1  
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Betty Slinde - District 22  
Sarah Roberts - District 24  
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Leon Drolet - District 26

10. **RESOLUTIONS:**

- a) To Establish a Regional Partnership for Sustainability in Support of Collaborative Work Done by the Regional Participants of the 2008 Tri-County Summit (offered by Vosburg; recommended by LAS Committee on 9-29-08) **(mailed)**
- b) To Make Energy Efficiency the Focus of the Regional Partnership for Sustainability (offered by Vosburg; recommended by LAS Committee on 9-29-08) **(mailed)**
- c) Establishing Salaries and Compensation in Lieu of Fees for Macomb County Commissioners, as Amended (recommended by Finance Committee on 10-8-08) **(attached)**

11. **ITEM WAIVED BY JPS COMMITTEE CHAIR:**

**(mailed)**

- a) Accept Three 2008 Community Oriented Policing Services Grant Agreements

12. **APPOINTMENTS:**

a) **LOCAL EMERGENCY PLANNING COMMITTEE**

(correspondence from Acting Director of Emergency Management was mailed)

b) **HISTORICAL COMMISSION**

3 reappointments (11-1-08 thru 10-31-11)

(correspondence from Board Chair and 3 applications were mailed)

c) **SOCIAL SERVICES BOARD**

1 reappointment (11-1-08 thru 10-31-11)

(1 application was mailed)

13. New Business

14. Public Participation

15. Roll Call

16. Adjournment



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9a.

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SEPTEMBER 29, 2008

**TO: BOARD OF COMMISSIONERS**

**FROM: PETER LUND, CHAIR  
LEGISLATIVE & ADMINISTRATIVE SERVICES COMMITTEE**

**RE: RECOMMENDATIONS FROM LEGISLATIVE & ADMINISTRATIVE  
SERVICES COMMITTEE MEETING OF 09-29-08**

At a meeting of the Legislative & Administrative Services Committee, held Monday, September 29, 2008, the following recommendations were made and are being forwarded to the Full Board for approval:

**1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY SZCZEPANSKI, SUPPORTED BY VOSBURG, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE FOLLOWING MISCELLANEOUS DEPARTMENT REQUESTS:

ONE CELL PHONE FOR THE PROBATION – CIRCUIT COURT DEPARTMENT AT A ONE-TIME COST OF \$0.00 AND A MONTHLY RECURRING CHARGE OF \$50; FUNDING IS AVAILABLE IN THE PROBATION – CIRCUIT COURT FUND; AND

ONE COLOR LASER JET PRINTER FOR THE MSU EXTENSION DEPARTMENT AT A COST NOT TO EXCEED \$1,372; FUNDING IS AVAILABLE IN IT CAPITAL.

**THE MOTION CARRIED.**

**2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY SZCZEPANSKI, SUPPORTED BY SWITALSKI, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE PURCHASE OF FIVE HP BLADE SERVERS AND ASSOCIATED HARDWARE AND SOFTWARE, 348 CITRIX AND TERMINAL SERVICES LICENSES, 221 WYSE THIN CLIENT DEVICES AND FLAT SCREEN MONITORS, AND SINGLE-SIGNON IMPLEMENTATION AND ADMINISTRATION TRAINING IN THE AMOUNT OF \$322,984; FUNDING IS AVAILABLE IN THE AMOUNT OF \$199,742 IN THE PC REPLACEMENT FUND AND \$123,242 IN THE IT CAPITAL FUND. **THE MOTION CARRIED WITH DOHERTY VOTING “NO.”**

A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR LUND, SUPPORTED BY VICE CHAIR SWITALSKI.

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RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_  
AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Approve the purchase of one (1) cell phone for the Probation – Circuit Court Department at a one-time cost of \$0.00 and a monthly recurring charge of \$50.00; funding is available in the Probation – Circuit Court Fund.

INTRODUCED BY: Commissioner Peter Lund, Chairperson-Legislative & Administrative Services Committee

COMMITTEE/MEETING DATE

LASC September 29, 2008

*Approved*  
Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_  
AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Approve the purchase of (1) color laser jet printer for the MSU Department at a cost not to exceed \$1,372.00; funding is available in IT Capital.

INTRODUCED BY: Commissioner Peter Lund, Chairperson-Legislative & Administrative Services Committee

COMMITTEE/MEETING DATE

LASC 09/29/08

*Approved*

Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_  
AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Approve the purchase of 5 HP blade servers and associated hardware and software, 348 CITRIX and Terminal Services licenses, 221 Wyse Thin Client devices and flat screen monitors, and single-signon implementation and administration training in the amount of \$322,984.00; funding available in the amount of \$199,742.00 in the PC Replacement Fund and \$123,242.00 in the IT Capital fund.

INTRODUCED BY: Commissioner Peter Lund, Chairperson-Legislative & Administrative Services Committee

COMMITTEE/MEETING DATE

LASC September 29, 2008

Full Board 10-9-08

*Approved*



# INFORMATION TECHNOLOGY

10 N. Main St., 7th Floor  
Mount Clemens, Michigan 48043  
586-469-0524 FAX 586-469-6547  
macombcountymi.gov

C. N. Zerkowski  
Director

September 19, 2008

K. Barbieri  
Deputy Director

TO: Commissioner Peter Lund, Chair  
Legislative and Administrative Services Committee  
Macomb County Board of Commissioners

FROM: Cyntia N. Zerkowski, Director  
Information Technology

RE: Thin Client Implementation

## Recommendation:

Approve the purchase of 5 HP blade servers and associated hardware and software, 348 CITRIX and Terminal Services licenses, 221 Wyse Thin Client devices and flat screen monitors, and single-signon implementation and administration training in the amount of \$322,984.00; funding available in the amount of \$199,742.00 in the PC Replacement Fund and \$123,242.00 in the IT Capital fund.

## Background:

The thin client pilot implementation at MSU Extension Services has demonstrated a successful implementation on a department-wide level. This follows pilots that were conducted at MCCA South in 2007 and then fully migrated to thin client, along with other, smaller remote access pilots since 2005.

In light of this anticipated migration to thin client technology, the last full scale PC upgrade replacement took place in 2004, with only necessary upgrades being purchased since that time. With the Board's adoption in January of this year to utilize the thin client technology, we are now prepared to migrate the following departments:

Board of Commissioners  
District Court Probation

Circuit Court  
Juvenile Court

Clerk's Office  
Probate Courts

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Thin Client Implementation  
page two

The above departments represent 348 users, of which the Board of Commissioners, Circuit Court, Clerk's Office and District Court Probation will also receive actual thin client devices. This will provide us with PCs for repair in the remaining departments to be converted over the next two years. Essentially, there will be no more PC purchases going forward, and we will continue to use the remaining PCs as thin client devices until they break.

In addition to the simplification of the desktop environment and energy cost savings achieved through thin client, an additional benefit will be garnered – single authentication. Single authentication software eliminates the need for individuals to remember all their various passwords.

The cost breakdown for moving the previously identified departments is as follows:

Servers – 7 (Hardware, Software and switches)	\$58,487.91
Citrix licenses – 384 users	\$121,800.00
Terminal services – 348 users	\$18,931.00
WYSE S10 devices – 221	\$57,460.00
Flat Screen monitors – 221	\$43,305.00
Single Signon Implementation and Administration Training	\$23,000.00
	<u>\$322,983.91</u>

It's recommended we advance forward the thin client implementation in these areas.

CZ/de





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October 3, 2008

**TO: BOARD OF COMMISSIONERS**

**FROM: KATHY TOCCO, CHAIR  
COMMUNITY SERVICES COMMITTEE**

**RE: RECOMMENDATIONS FROM COMMUNITY SERVICES  
COMMITTEE MEETING OF OCTOBER 3, 2008**

At a meeting of the Community Services Committee, held Friday, October 3, 2008, the following recommendations were made and are being forwarded to the Full Board for approval:

**1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY RENGERT, SUPPORTED BY TORRICE, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE MSU EXTENSION 4-H PROGRAM TO ACCEPT \$13,993 FROM THE OPERATION: MILITARY KIDS GRANT FROM OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009; THESE GRANT DOLLARS ORIGINATED THROUGH THE U.S. DEPARTMENT OF ARMY WITH OVERSIGHT PROVIDED FROM KANSAS STATE UNIVERSITY; THIS MONEY WILL BE UTILIZED TO HIRE A PART-TIME EDUCATOR TO WORK WITH YOUTH AND LEADERS IN 4-H YOUTH DEVELOPMENT PROGRAMMING THROUGHOUT MACOMB COUNTY. **THE MOTION CARRIED.**

**2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY RENGERT, SUPPORTED BY DeSAELE, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE MSU EXTENSION TO ACCEPT THE CONTRACT WITH MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA) TO PARTICIPATE IN THE MSHDA HOMEOWNERSHIP COUNSELING NETWORK IN THE AMOUNT OF \$7,000; THE BOARD OF COMMISSIONERS' SUPPORT ENABLES MSU EXTENSION TO ENTER INTO AN AGREEMENT WITH MSHDA FROM OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009. **THE MOTION CARRIED.**

**MACOMB COUNTY BOARD OF COMMISSIONERS**

Andrey Duzyj - District 1  
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**3. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY SLINDE, SUPPORTED BY D. FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE RENEWAL OF THE EXCHANGE OF SERVICES BETWEEN MSU EXTENSION AND THE WIC PROGRAM WHEREBY NUTRITION EDUCATION IS PROVIDED TO WIC CLIENTS ON A MONTHLY BASIS FOR THE CURRENT 2008-2009 FISCAL YEAR FOR \$12,000. **THE MOTION CARRIED.**

**4. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY RENGERT, SUPPORTED BY DeSAELE, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE MACOMB MSU EXTENSION SERVICE TO ACCEPT THE LEAPS AND BOUNDS CONTRACT IN THE AMOUNT OF \$18,000 EFFECTIVE JULY 1, 2008 THROUGH JUNE 30, 2009. **THE MOTION CARRIED.**

**A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR TOCCO, SUPPORTED BY COMMISSIONER BRULEY.**

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

Resolution to Authorize MSU Extension 4-H Program to accept \$13,993 from the Operation: Military Kids grant from October 1, 2008 through September 30, 2009. These grant dollars originated through the U.S. Department of Army, with oversight provided from Kansas State University. This money will be utilized to hire a part-time educator to work with youth and leaders in 4-H Youth Development programming throughout Macomb County.

Introduced by: Kathy Tocco, Chairman  
Community Services Committee

The purpose of this grant is to provide outreach to youth and families affected by the ongoing deployment cycles of the Army Reserve and the Michigan National Army and Air Guard. Education will be provided on services and opportunities for youth and their parents who need additional assistance due to activation of family members. This will help connect youth and families to their communities and help build a support network for families experiencing deployment. This project also enhances the Michigan State University Extension partnership with the U.S. Army Garrison – Selfridge, which has been moved to Warren and is the U.S. Army Garrison - Detroit Arsenal, initiated in 1991. This program will be provided at no cost to the county.

COMMITTEE MEETING DATE

Community Services October 3, 2008

Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MI

MACOMB COUNTY, MICHIGAN

RESOLUTION TO Authorize MSU Extension to accept the contract with Michigan State Housing Development Authority (MSHDA) to participate in the MSHDA Homeownership Counseling Network in the amount of \$7,000.00 The Board of Commissioners' support enables MSU Extension to enter into an agreement with MSHDA from October 1, 2008 through September 30, 2009.

INTRODUCED BY: Kathy Tocco, Chairman  
Community Services Committee

This contract will provide Home Ownership Counseling, as required, for persons applying for MSHDA funds. The counseling is conducted by MSU Extension certified staff and helps families with down payments, closing costs and pre- and post-purchase counseling. MSUE provides the Home Ownership education utilized by other county departments and local units of government. These dollars provide certification costs, salary and benefits for the trained counselors.

COMMITTEE MEETING DATE

Community Services October 3, 2008

Full Board 10-9-08

\_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Authorize renewal of the exchange of services between MSU Extension and the WIC program whereby nutrition education is provided to WIC clients on a monthly basis for the current 2008-2009 fiscal year for \$12,000.00

INTRODUCED BY: Kathy Tocco, Chairman

Community Services Committee

Authorize renewal of the exchange of educational services and financial relationship between WIC and the Expanded Food and Nutrition Program. Since 1991 paraprofessional nutrition staff have provided group education for WIC families. This is an effective arrangement providing required nutrition in a cost-effective manner. This service will be provided at no cost to the county.

COMMITTEE MEETING DATE

Community Services October 3, 2008

Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Authorize Macomb MSU Extension Service to accept the Leaps and Bounds contract in the amount of \$18,000 effective July 1, 2008 through June 30, 2009.

INTRODUCED BY: Kathy Tocco, Chairman  
Community Services Committee

This request allows Macomb MSU Extension to receive dollars to provide health and safety training as well as CPR training to Macomb County Relative Care Providers and Day Care Aides.

Relative Care providers are caring for a relative child receiving child care assistance and a Day Care Aide is a friend or neighbor caring for a child in the child's home and receiving child care assistance. This contract will establish a new relationship with Leaps and Bounds Family Services to raise the level of care in the area of health and safety. Relative Care providers and Day Care Aides will also receive CPR training. These services will be provided to the approximately 800 Macomb County caregivers caring for family members, friends and neighbors at no additional cost to the County.

COMMITTEE MEETING DATE

Community Services October 3, 2008

Full Board 10-9-08

\_\_\_\_\_



9c.

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OCTOBER 3, 2008

**TO: BOARD OF COMMISSIONERS**  
**FROM: PAUL GIELEGHEM, CHAIR**  
**SENIOR CITIZENS COMMITTEE**  
**RE: RECOMMENDATIONS FROM SENIOR CITIZENS COMMITTEE MEETING OF**  
**OCTOBER 3, 2008**

At a meeting of the Senior Citizens Committee, held Friday, October 3, 2008, the following recommendations were made and are being forwarded to the Full Board for approval:

**1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DeSAELE, SUPPORTED BY ROCCA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE CORPORATION COUNSEL AND THE FINANCE DEPARTMENT TO ENTER INTO NEGOTIATIONS WITH BENEFIT CONTROL METHODS REGARDING THE OUTSTANDING BALANCE FOR 2005 AND 2006 FOR THE SENIOR PRESCRIPTION DISCOUNT CARD PROGRAM AND TO REQUEST AN ACCOUNTING FOR 2007. FURTHER, TO REPORT BACK AT THE NOVEMBER MEETING OF THE SENIOR CITIZENS COMMITTEE. **THE MOTION CARRIED.**

**2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY ROCCA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE THE DIRECTOR OF THE SENIOR CITIZEN SERVICES DEPARTMENT TO SEND A LETTER TO BENEFIT CONTROL METHODS (BCM) OF THE COUNTY'S INTENT TO DISSOLVE THE AGREEMENT BETWEEN BCM AND MACOMB COUNTY REGARDING THE DENTAL PROGRAM. **THE MOTION CARRIED.**

A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR GIELEGHEM, SUPPORTED BY VICE CHAIR ROCCA.

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FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

~~RESOLUTION to receive and file Memo of September 18, 2008 from Internal Audit regarding 2006 Audit of Senior Prescription Discount Card Program (attachment).~~ (see below)

INTRODUCED BY: Commissioner Paul Gielegem, Chair, Senior Services Committee.

PRESENTED BY: Angela Willis, Director of Senior Citizen Services

*At the Senior Citizens Committee meeting held on 10-3-08, the following action was taken:*

**COMMITTEE RECOMMENDATION - MOTION**

A MOTION WAS MADE BY DeSAELE, SUPPORTED BY ROCCA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE CORPORATION COUNSEL AND THE FINANCE DEPARTMENT TO ENTER INTO NEGOTIATIONS WITH BENEFIT CONTROL METHODS REGARDING THE OUTSTANDING BALANCE FOR 2005 AND 2006 FOR THE SENIOR PRESCRIPTION DISCOUNT CARD PROGRAM AND TO REQUEST AN ACCOUNTING FOR 2007. FURTHER, TO REPORT BACK AT THE NOVEMBER MEETING OF THE SENIOR CITIZENS COMMITTEE. **THE MOTION CARRIED.**

COMMITTEE/MEETING DATE

Seniors - 10-3-08 Approved  
Full Board 10-9-08



FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

~~RESOLUTION to receive and file report on next steps for dental contract between  
Macomb County and Benefit Control Methods (attachment). (see below)~~

INTRODUCED BY: Commissioner Paul Gielegem, Chair, Senior Services Committee.

PRESENTED BY: Angela Willis, Director of Senior Citizen Services

NOTE: Contract expires December 31, 2008.

*At the Senior Citizens Committee meeting held on  
October 3, 2008, the following action was taken:*

**COMMITTEE RECOMMENDATION - MOTION**

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY ROCCA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE THE DIRECTOR OF THE SENIOR CITIZEN SERVICES DEPARTMENT TO SEND A LETTER TO BENEFIT CONTROL METHODS (BCM) OF THE COUNTY'S INTENT TO DISSOLVE THE AGREEMENT BETWEEN BCM AND MACOMB COUNTY REGARDING THE DENTAL PROGRAM. **THE MOTION CARRIED.**

COMMITTEE/MEETING DATE

Seniors 10-3-08 Approved  
Full Board 10-9-08



9d.

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October 6, 2008

**TO: BOARD OF COMMISSIONERS**

**FROM: DANA CAMPHOUS-PETERSON, CHAIR  
PERSONNEL COMMITTEE**

**RE: RECOMMENDATIONS FROM PERSONNEL COMMITTEE MEETING  
OF OCTOBER 6, 2008**

At a meeting of the Personnel Committee, held Monday, October 6, 2008, the following recommendations were made and are being forwarded to the Full Board for approval:

**1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY HAGGERTY, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE RECONFIRMATION OF THE FOLLOWING VACANCY:

ONE TEACHER III

MCCSA

**THE MOTION CARRIED.**

**2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY SZCZEPANSKI, SUPPORTED BY HAGGERTY, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE MSU EXTENSION 4H PROGRAM TO ACCEPT MICHIGAN STATE UNIVERSITY'S TEEN PEER MENTORING & SERVICE LEARNING GRANT FOR OCTOBER 1, 2008 THRU SEPTEMBER 30, 2009 IN THE AMOUNT OF \$10,000 TO DEVELOP AND IMPLEMENT A PEER MENTOR PROGRAM FOR ELEMENTARY AND HIGH SCHOOL YOUTH IN MACOMB COUNTY SCHOOLS; APPROXIMATELY 25-35 STUDENTS WILL ATTEND THE AFTER-SCHOOL PROGRAM ONCE PER WEEK; A PART-TIME EDUCATOR 1 WILL NEED TO BE HIRED TO FACILITATE THE PROGRAM. **THE MOTION CARRIED.**

**3. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY DiMARIA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE CHANGES TO THE PRESCRIPTION CO-PAY PROGRAM FOR CURRENT RETIREES TO BE EFFECTIVE JANUARY 1, 2009, AS OUTLINED IN A SEPTEMBER 29, 2008 CORRESPONDENCE FROM THE ACTING HUMAN RESOURCES DIRECTOR. **THE MOTION CARRIED.**

**A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR CAMPHOUS-PETERSON, SUPPORTED BY VICE-CHAIR DUZYJ.**

**MACOMB COUNTY BOARD OF COMMISSIONERS**

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Chairman

Dana Camphous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Carey Torrice - District 16  
Ed Bruley - District 17  
Paul Gielegem - District 19  
Kathy Tocco - District 20

Betty Slinde - District 22  
Sarah Roberts - District 24  
Kathy D. Vosburg - District 25  
Leon Drolet - District 26

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO Approve the reconfirmation of the following vacancy

INTRODUCED BY: Commissioner Dana Camphous-Peterson, Chair

Personnel Committee

**CLASSIFICATION**

**DEPARTMENT**

One Teacher III (Janie Buckner)

MCCSA

Reason for Position being Vacant: Retirement

Date Position to be Vacant: 10-03-08

Exit Interview Completed: Yes\*

COMMITTEE/MEETING DATE

Personnel 10-06-08

Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_  
MACOMB COUNTY, MI

RESOLUTION TO: Authorize MSU Extension 4H Program to accept Michigan State University's Teen Peer Mentoring & Service Learning grant for October 1, 2008, through September 30, 2009, in the amount of \$10,000 to develop and implement a peer mentor program for elementary and high school youth in Macomb County schools. Approximately 25 - 35 students will attend the after-school program once per week. A part-time Educator 1 will need to be hired to facilitate the program.

INTRODUCED BY: Kathy Tocco, Chairman  
Community Services Committee

This is a service-learning project focused on social development, citizenship and leadership within Macomb county teens. Through applying the service learning principles of intentional learning objectives, reflection and outcomes, this project aims to create a minimum of 45 peer mentoring relationships over a three-year period. These relationships will be in either a one-to-one or small group (no more than 1 mentor with 4 mentees) format, and will take place in supervised settings. The program will help to build 4H Youth Mentor programs in Macomb County at no cost to the county.

COMMITTEE MEETING DATE

Community Services September 10, 2008

<u>Full Board</u>	<u>9-25-08</u>	<u>REFERRED TO PERSONNEL COMMITTEE</u>
<u>Personnel</u>	<u>10-6-08</u>	
<u>Full Board</u>	<u>10-9-08</u>	

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO \_\_\_\_\_ Recommend Changes to Prescription Co-Pay Program for Current  
\_\_\_\_\_ Retirees to be Effective January 1, 2009  
\_\_\_\_\_  
\_\_\_\_\_

INTRODUCED BY: \_\_\_\_\_ Commissioner Dana Camphous-Peterson, Chair  
\_\_\_\_\_ Personnel Committee  
\_\_\_\_\_

COMMITTEE/MEETING DATE

Personnel 10-06-08

Full Board 10-9-08



# HUMAN RESOURCES DEPARTMENT

10 N. Main St., 4th Floor  
Mount Clemens, Michigan 48043  
586-469-5280 Fax 586-469-6974  
macombcountymi.gov

September 29, 2008

Labor Relations:  
Eric A. Herppich  
469-7241

Personnel Services:  
Douglas J. Fouty  
469-6126

TO: Commissioner Dana Camphous-Peterson, Chair  
Personnel Committee and Committee Members

FROM: Eric A. Herppich, Acting Director  
Human Resources

RE: Recommended Changes to Prescription Co-Pay Program  
for Current Retirees to be Effective January 1, 2009

As you are all aware, the County's healthcare costs continue to escalate at a very rapid rate for both active employees as well as current retirees of the County. A very significant part of the County's healthcare costs for the current retiree group (excluding DROP participants) is prescription costs. In 2007, the County's current retiree prescription costs were approximately \$6 million out of the total healthcare cost for retirees of approximately \$14 million.

Historically, the insurance benefits of the retiree group have been changed consistent with changes implemented with our active employees. Additionally, contract language may give the County the ability to implement modifications to the healthcare programs. Each of our labor agreements contains provisions which state that:

Employees who retire under the provisions of the Macomb County Employees' Retirement Ordinance and current spouse, shall, if eligible apply for and participate in ANY National Health Insurance program offered by the U.S. Government. Failure to participate, if eligible shall be cause for termination of Employer paid hospital-medical benefits as outlined.

## MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj - District 1  
Marvin E. Sauger - District 2  
Phillip A. DiMaria - District 3  
Jon M. Switalski - District 4  
Susan I. Deberry - District 5

Joan Flynn - District 6  
Sue Rocca - District 7  
David Flynn - District 8  
Robert Mijac - District 9  
Doris DeSoto - District 10

Ed Szczepanski - District 11  
Peter J. Lund - District 12  
Don Brown - District 13  
Brian Brdak - District 14  
Dennis DeSoto - District 15

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Kathy D. Vosburg - District 25

This provision appears in our labor agreements dating back to the late 1970's and 1980's and forward. This provision may provide the County with the ability to require participation of current retirees in ANY National Healthcare plan including Medicare Part D. Required participation in Medicare Part D would result in significant Prescription savings to the County. I believe, however, that requiring participation in Medicare Part D would place an immediate significant burden on our current retirees for their prescription costs. I would not, therefore, recommend a change like this at this time.

Recognizing the burden of Medicare Part D as discussed above, I have been reviewing various other options which would be a more reasonable approach at this time that will provide some measure of budgetary relief.

I therefore recommend that the Personnel Committee approve, for current retirees, the replacement of our current Prescription Co-Pay program with the following three-tier Prescription Co-Pay program:

Blue Cross Blue Shield Traditional and PPO from the current \$5.00 co-pay to a three tier structure with no co-pay for generic prescriptions; \$10.00 co-pay for formulary prescriptions and \$20.00 for non-formulary prescriptions. This Program would maintain the mail order option to fill a prescription but the cost to an active retiree will be two (2) times the co-pay as identified above.

Health Alliance Plan and Blue Care Network from the current \$2.00 co-pay to a three tier structure with a \$5.00 co-pay for generics; \$10.00 co-pay for formulary and \$20.00 for non-formulary. The generic co-pay for HAP and BCN is at \$5.00 because a no co-pay option is not currently offered, as well as the fact that both HAP and BCN actively manage prescription costs by emphasizing the generic program. The recommended Program would maintain the mail order option to fill prescriptions but the cost to a current retiree will be two (2) times the co-pay as identified above.

These Prescription plan modifications, based on the illustrative rate quotes provided by the healthcare providers, would result in a budgetary reduction in the County's retiree health care costs for 2009 of approximately \$1.5 million.

I look forward to discussing the proposal further at the Personnel Committee meeting on October 6, 2008.



# BOARD OF COMMISSIONERS

9e.

1 S. Main St., 9th Floor  
Mount Clemens, Michigan 48043  
586-469-5125 FAX 586-469-5993  
macombcountymi.gov/boardofcommissioners

OCTOBER 7, 2008

TO: BOARD OF COMMISSIONERS  
FROM: DON BROWN, CHAIR, BUDGET COMMITTEE  
RE: RECOMMENDATIONS FROM BUDGET COMMITTEE  
MEETING OF OCTOBER 7, 2008

At a meeting of the Budget Committee, held Tuesday, October 7, 2008, the following recommendations were made and are being forwarded to the Full Board for approval:

**1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE FISCAL YEAR 2009 FRIEND OF THE COURT COOPERATIVE REIMBURSEMENT PROGRAM CONTRACT IN THE AMOUNT OF \$10,535,806, WHICH IS \$6,953,632 OR 66% STATE FUNDED AND \$3,582,174 OR 34% COUNTY FUNDED. THE COUNTY FUNDING WILL BE CONTAINED WITHIN THE 2009 BUDGET. THIS CONTRACT COVERS THE PERIOD OF OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009. **THE MOTION CARRIED.**

**2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY CAMPHOUS-PETERSON, SUPPORTED BY JOAN FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT THE 2008 MACOMB COUNTY APPORTIONMENT REPORT. **THE MOTION CARRIED.**

**3. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY JOAN FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE COUNTY TREASURER'S OFFICE IN THE AMOUNT OF \$120,748. **THE MOTION CARRIED.**

**4. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY CAMPHOUS-PETERSON, SUPPORTED BY TORRICE, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE PUBLIC WORKS COMMISSIONER'S OFFICE IN THE AMOUNT OF \$146,090. **THE MOTION CARRIED.**

**5. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DIMARIA, SUPPORTED BY JOAN FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE RISK MANAGEMENT AND SAFETY DEPARTMENT IN THE AMOUNT OF \$16,030. **THE MOTION CARRIED.**

## MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj - District 1  
Marvin E. Sauger - District 2  
Phillip A. DiMaria - District 3  
Jon M. Switalski - District 4  
Susan L. Doherty - District 5

Joan Flynn - District 6  
Sue Rocca - District 7  
David Flynn - District 8  
Robert Mijac - District 9  
Phillis DeSaele - District 10

Ed Szczepanski - District 11  
Peter J. Lund - District 12  
Don Brown - District 13  
Brian Brdak - District 14  
Keith Rengert - District 15

William A. Crouchman  
District 23  
Chairman

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Betty Slinde - District 22  
Sarah Roberts - District 24  
Kathy D. Vosburg - District 25  
Leon Drolet - District 26



**6. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY CAMPHOUS-PETERSON, SUPPORTED BY DiMARIA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE HUMAN RESOURCES DEPARTMENT IN THE AMOUNT OF \$91,869. **THE MOTION CARRIED.**

**7. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DiMARIA, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE MSU EXTENSION SERVICES DEPARTMENT IN THE AMOUNT OF \$42,840. **THE MOTION CARRIED.**

**8. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DeSAELE, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT IN THE AMOUNT OF \$101,471. **THE MOTION CARRIED.**

**9. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)**

A MOTION WAS MADE BY DiMARIA, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PLAN B BUDGET REDUCTIONS FOR THE COMMUNITY CORRECTIONS DEPARTMENT IN THE AMOUNT OF \$18,340. **THE MOTION CARRIED.**

A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR BROWN, SUPPORTED BY VICE CHAIR SAUGER.

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_  
AGENDA ITEM:

RESOLUTION TO approve THE FISCAL YEAR 2009 Friend of the Court Cooperative Reimbursement Program Contract in the amount of \$10,535,806, which is \$6,953,632.00 or 66% state funded and \$3,582,174.00 or 34% county funded. The county funding will be contained within the 2009 budget. This contract covers the period of October 1, 2008 through September 30, 2009. Forward to the Budget Committee. \*(see below)

INTRODUCED BY: Keith Rengert, Chairperson, Justice & Public Safety Committee

\* JPS Committee Chair Rengert waived this item to the October 7th Budget Committee meeting.

*[Signature]*

COMMITTEE/MEETING DATE:

Budget	10-7-08	Approved
Full Board	10-9-08	

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO adopt the 2008 Macomb County Apportionment Report

INTRODUCED BY: Commissioner Don Brown  
Chair, Budget Committee

Note: Commissioners were provided with a  
hard copy in their mailboxes on  
September 29, 2008.

*Don*

COMMITTEE/MEETING DATE

Budget/October 7, 2008

Full Board 10.9.08

*Approved*

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the County Treasurer's Office.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$87,220

The Finance Department has reviewed the response from the Treasurer regarding the implementation of Plan B. This would result in a savings of approximately \$120,748, which exceeds the target by \$33,528. If the Board of Commissioners approves this recommendation, it would not result in a lay-off.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

Full Board 10-9-08

Approved



## OFFICE OF MACOMB COUNTY TREASURER

Ted B. Wahby

1 S. Main St., 2nd Floor  
Mount Clemens, Michigan 48043-2312  
586-469-5190 FAX 586-469-6770

Jerome T. Moffitt  
Chief Deputy

### MEMORANDUM

To: David Diegel, Finance Director

From: Ted Wahby, Macomb County Treasurer 

Date: September 15, 2008

RE: Budget Reduction

To assist in balancing the 2008 budget I held open an Account Clerk IV and Computer Maintenance Clerk position with the provision that I have the option of filing the vacancies for 2009. This provided a savings of \$97,304. I am willing to hold these positions open for an additional year. With the likely increases in health care costs next years savings will be in excess of \$100,000.

Should additional cuts be necessary, we are prepared to eliminate one Draftsperson Technical Writer position. I have received assurance from Planning and Economic Development that they can provide sufficient and timely back up. When the economy turns around we may need to re-address this if a cut is made.

Please contact me if you have additional questions.

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the Public Works Commissioner's Office.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$146,090.

The Finance Department has reviewed the response from the Chief Deputy Public Works Commissioner regarding the implementation of Plan B. This would result in a savings of \$146,090. If the Board of Commissioners considers this option it would not result in a lay-off.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

Full Board 10-9-08

Approved



**Anthony V. Marrocco**  
Public Works Commissioner  
Macomb County

September 8, 2008

**MEMO**

To: David Diegel, Finance Director

From: W. Misterovich, Chief Deputy Public Works Commissioner *WM*

Re: 2009 Budget

In your memo of August 29, 2008, you requested that the Public Works Commissioner's Office reduce its 2009 budget by \$146,090. We propose to make that reduction by taking the following actions:

- Reduce the salary account for the position of Property Manager by \$63,744 by leaving the position unfilled for eight months.
- Reduce the salary account for the position of Secretary from \$54,931 to zero.
- Reduce the salary account for the Drain Account Specialist by \$24,389, the amount saved in fringe benefit costs by staffing the position with part time employees.
- Increase the reimbursement to Macomb County by the 8½ Mile Relief Drain (Pump Station) by \$3,026 for accounting services.

A summary of the adjustments is as follows:

Property Manager Reduction	\$ 63,744
Secretary Reduction	54,931
Drain Account Specialist Reduction	24,389
Pump Station Additional Reimbursement	<u>3,026</u>
Total Adjustments	\$146,090

This proposal is predicated on leaving the property manager and secretary positions in the budget but eliminating or reducing their salary accounts for the 2009 budget year. It is understood that reinstating the salaries in a future budget year would require approval by the Board of Commissioners. The above actions would not entail the layoff of any Public Works employees.

Please advise if there are any questions.

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the Risk Management and Safety Department.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$16,030.

The Finance Department has reviewed the response from the Director regarding the implementation of Plan B. This would result in a savings of approximately \$13,651, which is short of the target. In order to fulfill this requirement, it is necessary to keep the position of Safety Specialist a part-time position for a minimum of 20 weeks. It is recommended the Board of Commissioners approves the suggested savings in the amount of \$16,030 as outlined in the September 10, 2008 correspondence from Director, with the amendment of 20 week rather than 16 weeks.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

Full Board 10-9-08

Approved





## RISK MANAGEMENT & SAFETY

1 S. Main St., 8th Floor  
Mount Clemens, Michigan 48043  
586-469-6349 FAX 586-469-7902

John P. Anderson, Esq.  
Director

TO: David M. Diegel, Finance Director

FROM: John P. Anderson, Risk Management Director

DATE: September 10, 2008

SUBJECT: 2009 Budget

The target cut for the Risk Management Department is \$16,030. Below is my proposal:

I intend to keep the position of Safety Specialist a part-time position without fringe benefits for a minimum of 16 weeks (@ a weekly wage of \$647.28) in the year beginning January 1, 2009. This generates a weekly savings of \$1,022.92 (based on full-time position w/benefits wage of \$1,670.20), or \$16,366.72 for the period.

JA/ja

### MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj - District 1  
Darvin E. Sauger - District 2

Joan Flynn - District 6  
Sue Rocca - District 7

Ed Szczepanski - District 11  
Peter J. Lund - District 12

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District 23  
Chairman

Dana Camphous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Carey Torrice - District 16

Betty Slade - District 23

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the Human Resources Department.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$91,770.

The Finance Department has reviewed the response from the Acting Director regarding the implementation of Plan B. This would result in a savings of approximately \$91,869. If the Board of Commissioners approves this recommendation, it would not result in a lay-off due to the fact a Human Resource Technician is due to retire at the end of 2008.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

Full Board 10-9-08

Approved



## HUMAN RESOURCES DEPARTMENT

10 N. Main St., 4th Floor  
Mount Clemens, Michigan 48043  
586-469-5280 Fax 586-469-6974  
macombcountymi.gov

September 11, 2008

Labor Relations:  
Eric A. Herppich  
69-7241

Personnel Services:  
Douglas J. Fouty  
69-6126

TO: David Diegel, Director  
Finance Department

FROM: Eric A. Herppich, Acting Director  
Human Resources

RE: 2009 Budget

In response to your August 29, 2008 correspondence regarding the 2009 budget, I have reviewed the Human Resources budget and am proposing the following staff and line item reductions:

Staff Reductions:

Eliminate one (1) Human Resources Technician position (2008 salary plus fringe benefits)	\$82,119
--	----------

Line Item Reductions:

Office Supplies (72624)	\$ 1,500
Hepatitis B Vaccinations (84301)	\$ 1,250
Printing (90101)	\$ 3,000
Doctor Fees (80135)	\$ 4,000

Total Reduction	\$91,869
-----------------	----------

Thank you for your consideration of this proposal. If you have any questions, please contact me.

EAH/mb

MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman  
District 23  
Chairman

Dana Camphous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Andrew Durzi - District 1

Isaac Flynn - District 6

Ed Szczepanski - District 11

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the MSU Extension Services Department.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$42,840.

The Finance Department has reviewed the response from the Director regarding the implementation of Plan B. This would result in a savings of approximately \$42,840. It is recommended the Board of Commissioners approves the suggested savings in the amount of \$42,840 as outlined in the September 15, 2008 correspondence from Director. If approved, it would not result in a lay-off.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

Full Board 10-9-08

Approved

**MICHIGAN STATE  
UNIVERSITY  
EXTENSION**

Date: September 15, 2008  
 To: David Diegel, Director  
 From: Marilyn E. Rudzinski, Director  
 Subject: Proposed budget Reductions (\$42,840)

Upon reviewing department positions I discovered a .3 vacant Educator position. Therefore, I would like to revise the previously subitted memo.

Object Code	Description	From \$	To \$	Savings	Total Savings
-------------	-------------	---------	-------	---------	---------------

**Fund # 101-73101 - General**

70200	Educator - .3	10,758	0	10,758	
71510	Fringe Eliminate vacancy	836	0	836	
70200	4H Educator - .5 Position hours reduced to .3	17,931	10,758	7,173	
71510	Fringe	1,393	836	557	

**Fund #101-73116 - Youth Mentor**

70200	Typist Clerk I/II - .4 Position assumed by Youth Mentor grant	15,632	0	15,632	
71510	Fringe	1,215	0	1,215	

**Total 47,765 11,594 36,171 36,171**

**Programming**

<b>309-73135</b>	Gypsy Moth Contribution from fund balance to meet 2009 budget request			<b>6,669</b>	
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**Total Savings to County: 42,840**

cc: John Foster ✓  
 Dave Stittleler



**COMB COUNTY**

**MSU Extension**

85 Dunham, Suite 12  
 Clinton Township, MI  
 48036

(586) 469-5180  
 Fax (586) 469-6948

Marilyn E. Rudzinski  
 ty Extension Director

Michigan State University  
 Extension programs and  
 materials are open to all  
 out regard to race, color,  
 national origin, gender,  
 religion, age, disability,  
 political beliefs, sexual  
 station, marital status, or  
 family status.  
 Michigan State University,  
 U.S. Department of  
 Agriculture, and Macomb  
 County Board of  
 Commissioners cooperating.  
 It is an affirmative action

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the Planning and Economic Development Department.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$113,190

The Finance Department has reviewed the response from the Director regarding the implementation of Plan B. This would result in a savings of approximately \$101,471, which would be short of the \$113,190 by \$11,719. If the Board of Commissioners approves this recommendation, it would not result in a lay-off. Further, the Planning Department would be required to determine where the remaining \$11,719 is to be found.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

*Full board 12-9-08*

*Approved*



## PLANNING & ECONOMIC DEVELOPMENT

1 S. Main St., 7th Floor  
Mount Clemens, Michigan 48043  
586-469-5285 Fax 586-469-6787  
[www.macombcountymi.gov/planning](http://www.macombcountymi.gov/planning)

Stephen N. Cassin, AICP  
Executive Director

Donald Morandini  
Deputy Director

September 15, 2008

### PLANNING COMMISSION

Bill Peterson  
Chairman

Dominic LaRosa  
Vice-Chairman

Deborah S. Obrecht  
Secretary

Louis J. Burdi  
Bernard B. Calka  
Dan G. Dirks  
Ann E. Klein  
Elmer J. Kuss  
Betty M. Slinde

TO: David Diegel  
Finance Director

FROM: Stephen Cassin, Executive Director *sc*  
Department of Planning & Economic Development

RE: Plan B – Budget Reduction

I am responding to your request seeking an additional reduction of \$113,190 from the department's budget.

Please be advised that our only option would be to eliminate a Senior Planner position. (We just received notice that one of our Senior Planners is leaving to take employment elsewhere).

RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt targeted budget reductions for the Community Corrections Department.

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

TARGET: \$18,340.

The Finance Department has reviewed the response from the Director regarding the implementation of Plan B. This would result in a savings of approximately \$18,340. If the Board of Commissioners approves this recommendation, it would not result in a lay-off.

COMMITTEE/MEETING DATE: Budget Committee, Oct 07, 2008

Full Board 10-9-08

Approved





## COMMUNITY CORRECTIONS

43565 Elizabeth St.

Mount Clemens, MI 48043-1090

586-307-9443 Fax 586-469-6436

[macombcountymi.gov/communitycorrections](http://macombcountymi.gov/communitycorrections)

Russell J. McPeak  
Director

Linda Verville  
Asst. Director

DATE: September 10, 2008

TO: David Diegel, Director  
Finance Department

FROM: Russ McPeak, Director  
Community Corrections

RE: TARGETED COMMUNITY CORRECTIONS BUDGET CUTS UNDER PLAN B

Community Corrections has been asked to submit a plan to cut our budget a total of \$18,340 under "plan B". In reviewing all Macomb County funding we have determined that the one area we would target is funding we receive for indigent clients in jail that are ordered to be placed on tether. We plan on still servicing this population through placing tighter restrictions on this funding and only approving funding one week at a time.

We are proposing that the \$18,340 be taken from 22930571-94300. Any questions or concerns please call. I will be attending the Board Budget Committee meeting on September 25 to answer any questions from Board members.

cc: Honorable Peter J. Maceroni, Chair of CCAB  
Commissioner Keith Rengert, Chair JPS & member of CCAB



# BOARD OF COMMISSIONERS

9f.

1 S. Main St., 9th Floor  
Mount Clemens, Michigan 48043  
586-469-5125 FAX 586-469-5993  
macombcountymi.gov/boardofcommissioners

October 8, 2008

**TO: BOARD OF COMMISSIONERS**

**FROM: BETTY SLINDE, CHAIR  
FINANCE COMMITTEE**

**RE: RECOMMENDATIONS FROM FINANCE COMMITTEE MEETING OF  
OCTOBER 8, 2008**

At a meeting of the Finance Committee, held Wednesday, October 8, 2008, the following recommendations were made and are being forwarded to the Full Board for approval:

## 1. COMMITTEE RECOMMENDATION - MOTION (SEE ATTACHED)

A MOTION WAS MADE BY DUZYJ, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE MONTHLY BILLS (WITH CORRECTIONS, DELETIONS AND/OR ADDENDA) AND AUTHORIZE PAYMENT; FURTHER, TO APPROVE THE PAYROLL IN THE TOTAL AMOUNT OF \$5,242,321.49, WITH NECESSARY MODIFICATIONS TO THE APPROPRIATIONS. **THE MOTION CARRIED WITH TORRICE ABSTAINING FROM BILLS FOR TORRICE AND ZALEWSKI, PLLC/FEES-DEFENSE ATTORNEYS).**

## 2. COMMITTEE RECOMMENDATION - MOTION (SEE ATTACHED)

A MOTION WAS MADE BY HAGGERTY, SUPPORTED BY J. FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS CONCUR IN THE RECOMMENDATION OF THE HUMAN RESOURCES PROGRAM DIRECTOR AND THE DIRECTOR OF RISK MANAGEMENT TO ESTABLISH A TRUST IN ORDER TO CONTINUE COVERAGE OF AETNA'S GROUP LONG-TERM CARE FOR CURRENT MACOMB COUNTY EMPLOYEE PARTICIPANTS AND TO CEASE ENROLLMENT OF NEW PARTICIPANTS IN AETNA'S CLOSED PLAN; AETNA IS NO LONGER PROVIDING THIS BENEFIT. **THE MOTION CARRIED.**

## 3. COMMITTEE RECOMMENDATION - MOTION (SEE ATTACHED)

A MOTION WAS MADE BY RENGERT, SUPPORTED BY J. FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE PAYMENT TO BERNCO, INC., IN THE AMOUNT OF \$528,634.97 FOR CONSTRUCTION SERVICES PERFORMED FOR THE JUVENILE JUSTICE CENTER - PHASE II RENOVATIONS; FURTHER, FUNDS FOR THIS PROJECT ARE AVAILABLE IN THE CAPITAL BUDGET. **THE MOTION CARRIED.**

### MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman  
District 23  
Chairman

Dana Camphous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Andrey Duzyj - District 1  
Marvin E. Sauger - District 2  
Phillip A. DiMaria - District 3  
Jon M. Switalski - District 4  
Susan L. Doherty - District 5

Joan Flynn - District 6  
Sue Rocca - District 7  
David Flynn - District 8  
Robert Mijac - District 9  
Philis DeSaele - District 10

Ed Szczepanski - District 11  
Peter J. Lund - District 12  
Don Brown - District 13  
Brian Brdak - District 14  
Keith Rengert - District 15

Carey Torrice - District 16  
Ed Bruley - District 17  
Paul Gielegghem - District 19  
Kathy Tocco - District 20

Betty Slinde - District 22  
Sarah Roberts - District 24  
Kathy D. Vosburg - District 25  
Leon Drolet - District 26

**4. COMMITTEE RECOMMENDATION – MOTION** (SEE ATTACHED)

A MOTION WAS MADE BY BROWN, SUPPORTED BY TORRICE, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE THE BOARD CHAIR TO SIGN THE MACOMB ORCHARD TRAIL COMMISSION EASEMENT WITH THE ROAD COMMISSION OF MACOMB COUNTY AND 29 AND VAN DYKE INVESTMENT LLC. **THE MOTION CARRIED.**

**5. COMMITTEE RECOMMENDATION – MOTION** (SEE ATTACHED)

A MOTION WAS MADE BY CAMPHOUS-PETERSON, SUPPORTED BY DUZYJ, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT PROPOSED ELIGIBILITY CRITERIA AND SELECTION GUIDELINES FOR PARTICIPATION IN THE MACOMB COUNTY EMPLOYEE CASUAL DAY PROGRAM, AS AMENDED. **THE MOTION CARRIED.**

**6. COMMITTEE RECOMMENDATION – MOTION** (SEE ATTACHED)

A MOTION WAS MADE BY MIJAC, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE ADDITION OF ONE CASE MANAGER POSITION IN THE MACOMB/ST. CLAIR EMPLOYMENT AND TRAINING AGENCY AND MODIFICATION OF CONTRACT; THIS POSITION WILL BE 100 PERCENT GRANT FUNDED BY THE MACOMB/ST. CLAIR WORKFORCE DEVELOPMENT BOARD, AT NO COST TO THE COUNTY GENERAL FUND. **THE MOTION CARRIED.**

**7. COMMITTEE RECOMMENDATION – MOTION** (SEE ATTACHED)

A MOTION WAS MADE BY CAMPHOUS-PETERSON, SUPPORTED BY SAUGER, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE PLAN TITLED "BLUE PRINT FOR CHANGE" PRESENTED BY THE SOCIAL SERVICES BOARD FOR THE MARTHA T. BERRY MEDICAL CARE FACILITY, WITH SUBSIDY NEEDS OF \$2-\$4 MILLION FOR 2009 AND \$1-\$3 MILLION FOR 2010; ALSO, THAT QUARTERLY REPORTS BE PROVIDED. **THE MOTION CARRIED.** (roll call vote: Yes-Brdak, Bruley, Camphous-Peterson, Crouchman, DeSaele, DiMaria, D. Flynn, J. Flynn, Gieleghem, Haggerty, Mijac, Rengert, Roberts, Rocca, Sauger, Switalski, Tocco, Torrice and Slinde; No-Brown, Doherty, Drolet, Duzyj, Lund, Vosburg and Szczepanski.)

**8. COMMITTEE RECOMMENDATION – MOTION** (SEE ATTACHED)

A MOTION WAS MADE BY TOCCO, SUPPORTED BY DOHERTY, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS CONCUR IN THE RECOMMENDATION OF CORPORATION COUNSEL AS OUTLINED IN CORRESPONDENCE CONCERNING GRIEVANCE NUMBERS 0305022, 0306019, 0306020 AND 0307005 AND RELATED CLAIMS. **THE MOTION CARRIED** WITH D. FLYNN, LUND AND VOSBURG VOTING "NO."

A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR SLINDE, SUPPORTED BY VICE-CHAIR SZCZEPANSKI.

RESOLUTION NO. \_\_\_\_\_ FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

**RESOLUTION TO** Approve List of Bills as Prepared and Mailed under Separate Cover by the Finance Department

**INTRODUCED BY:** Betty Slinde, Chair, Finance Committee

**Commissioner Torrice abstained from bills for Torrice and Zalewski, PLLC (fees/defense attorneys).**

**COMMITTEE/MEETING DATE**

Finance	<u>10-8-08</u>
Full Board	<u>10-9-08</u>

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

**RESOLUTION TO:** concur in the recommendation of the Human Resources Program Director and the Director of Risk Management to establish a Trust in order to continue coverage of AETNA's Group Long-Term Care for current Macomb County employee participants and to cease enrollment of new participants in AETNA's closed plan. AETNA is no longer providing this benefit.

**INTRODUCED BY:** Commissioner Betty Slinde, Chair, Finance Committee

SEE ATTACHMENTS

COMMITTEE/MEETING DATE:

FINANCE

10-8-08

*Full Board 10-9-08*

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO:

Approve payment to Bernco, Inc., in the amount of \$528,634.97 for construction services

performed for the Juvenile Justice Center - Phase II Renovations..

Application Number 12. Funds for this project are available in the Capital Budget.

INTRODUCED BY:

Commissioner Joan Flynn, Chair

Operational Services Committee

COMMITTEE/MEETING DATE

~~Operational Services: 10/01/08~~

*Cancelled*

*\* WAIVED TO FINANCE COMMITTEE*

Finance 10-8-08

Full Board 10-9-08

RESOLUTION NO: \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

**RESOLUTION TO:** authorize the Board Chair to sign the Macomb Orchard Trail Commission Easement with the Road Commission of Macomb County and 29 & Van Dyke Investment LLC.

**INTRODUCED BY:** Commissioner Joan Flynn, Chairman, Operational Services Committee

See attached report

COMMITTEE/MEETING DATE

Operational Services 10-1-08 *Cancelled* \* WAIVED TO FINANCE COMMITTEE  
Finance 10-8-08  
Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

**RESOLUTION TO adopt proposed eligibility criteria and selection guidelines for participation in the Macomb County Employee Casual Day Program.**

**INTRODUCED BY:** Commissioner Betty Slinde, Chairman, Finance Committee

**Background**

The Macomb County Employee Casual Day Program was adopted by the Board of Commissioners in December of 1994. The program originally allowed for one casual day per month. The program was modified by the Board in February of 1996 to designate each Friday of each month as a casual day.

Historically, charities that were selected to be recipients of casual day funds were recommended by the Board of Commissioners. No formal eligibility criteria or guidelines for the selection of charities for inclusion in the program were adopted. Currently, commissioners, department heads, and employees recommend the charities that are selected to be program participants.

This program has grown in popularity over the years, and charities are now approaching the County directly and asking to be included in the program. The number of recommendations from county staff and direct requests from charities now exceed the number of casual days that are available in a given year. Therefore, not all requests can be accommodated. Adopting eligibility criteria and guidelines for participation in this program has become necessary to ensure a uniform selection process.

**Proposed Eligibility Criteria**

1. Charities requesting consideration for casual day funds must be a registered non-profit 501(c)(3).
2. Macomb County government internal programs shall be exempt from the 501(c)(3) requirement.
3. Charities do not need to be located in Macomb County, but must serve Macomb County residents.

**Proposed Program Guidelines**

1. Macomb County government internal programs will receive priority over "outside requests" for program participation. If more requests are received than there are spots available, a lottery will be held.
2. There shall be no limit on the number of times a charity/Macomb County internal program may apply to be a recipient of casual day funds. However, no charity/Macomb County internal program shall be chosen to receive casual day funds more than once in a calendar year.
3. A charity may request consideration for casual day funds by submitting a written request to the Board of Commissioners. The written request must also include a current 501(c)(3) certificate and solicitation license from the State Attorney General's Office.
4. If more requests from charities are received than there are spots available, a lottery will be held.
5. Requests for "special casual days" (including for county employees) will no longer be considered nor approved.
6. Each month of the calendar year that contains four Fridays shall be assigned a charity/Macomb County internal program that will receive the funds collected on those Fridays.
7. A fifth Friday occurring in a given month shall be deemed a "Special Casual Day." Charities/Macomb County internal programs selected to receive funds on a "Special Casual Day" will receive funds collected on that day only.
8. If a Friday is designated as a County holiday, the casual day shall be held the first scheduled work day preceding the holiday Friday.

**COMMITTEE/MEETING DATE**

<u>Finance Committee</u>	<u>10/08/08</u>
<u>Full Board</u>	<u>10/09/08</u>



RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: approve the addition of one Case Manager position in the Macomb/St. Clair Employment & Training Agency and modification of contract. This position will be 100% Grant Funded by the Macomb/St. Clair Workforce Development Board, at no cost to the County General Fund.

INTRODUCED BY: Betty Slinde, Chairperson, Finance Committee

The Macomb/St. Clair Employment & Training Agency requests that Contract #05-152-06, with the Macomb/St. Clair Workforce Development Board, be modified to include an additional Case Manager position. The position will be 100% Grant funded.

COMMITTEE/MEETING DATE:

Finance Oct. 08, 2008

Full Board 10-9-08

RESOLUTION NO. \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

RESOLUTION TO \*see below

INTRODUCED BY: from the floor

**\*At the 10-3-08 meeting, the following action was taken:**

**MOTION**

A motion was made by Brdak, supported by Switalski, to approve the plan titled "Blue Print for Change" presented by the Social Services Board for the Martha T. Berry Medical Care Facility and forward to the Finance Committee. **The Motion Carried.**

**At the 10-8-08 meeting, the following friendly amendments were approved:** with subsidy needs of \$2-\$4 million for 2009 and \$1-\$3 million for 2010 and that quarterly reports be provided.

**COMMITTEE/MEETING DATE**

<u>Health Services</u>	<u>10-2-08</u>
<u>Finance</u>	<u>10-8-08</u>
<u>Full Board</u>	<u>10-9-08</u>

RESOLUTION NO.

FULL BOARD MEETING DATE: \_\_\_\_\_  
AGENDA ITEM: \_\_\_\_\_

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: CONCUR IN THE RECOMMENDATION OF CORPORATION COUNSEL AS OUTLINED IN CORRESPONDENCE CONCERNING GRIEVANCE NUMBERS 0305022, 0306019, 0306020 AND 0307005 AND RELATED CLAIMS.

INTRODUCED BY: CHAIRPERSON BETTY SLINDE, FINANCE COMMITTEE

Commissioners will be provided with confidential correspondence concerning counsel's recommendation regarding these matters prior to the Committee Meeting.

COMMITTEE/MEETING DATE

FINANCE - 10/8/08

*Full Board 10-9-08*

# **RECYCLABLE PAPER**

Official Resolution of the Board of Commissioners  
Macomb County, Michigan

**A RESOLUTION TO ESTABLISH A REGIONAL  
PARTNERSHIP FOR SUSTAINABILITY**

Commissioner Kathy D. Vosburg,  
On Behalf of the Board of Commissioners,  
Offers the Following Resolution:

**WHEREAS**, environmental and economic challenges are regional in nature and will be most effectively addressed by cooperation across jurisdictional boundaries; and

**WHEREAS**, the Detroit City Council and the County Commissions of Wayne, Oakland, and Macomb Counties convened at the 2008 Tri-County Summit to collaborate in finding regional solutions to environmental and economic issues; and

**WHEREAS**, a sustainable future is one built on meeting today's needs without compromising the ability of future generations to meet their needs, and must encompass the triple bottom line of environmental integrity, economic prosperity and social equity; and

**WHEREAS**, this objective can best be achieved through a joint partnership between the Detroit City Council and the County Commissions of Wayne, Oakland, and Macomb Counties; and

**WHEREAS**, such a partnership, to be called the Regional Partnership for Sustainability, will establish a framework for dealing with a wide range of environmental and economic challenges faced by the southeast region of Michigan; and

**WHEREAS**, the Partnership will be a substantive product of the 2008 Tri-County Summit, as well as an entity through which government, business and institutions within the region can work together to craft desired goals resulting in solutions for a sustainable future; and

**WHEREAS**, we are confident that such a commitment from the Tri-County communities will prove to be a model for regional growth and sustainability;

**THEREFORE BE IT RESOLVED**, that the Detroit City Council and the Wayne, Oakland, and Macomb County Commissions hereby recognize the significant benefit of regional cooperation and join together to establish the Regional Partnership for Sustainability; and

**BE IT FURTHER RESOLVED**, that a steering committee shall be formed with two bipartisan (as appropriate) voting representatives each from the Detroit City Council and the Commissions of Wayne, Oakland, and Macomb Counties to provide direction and oversight; the steering committee will also include non-voting members representing city and county departments and subject experts; and

**BE IT FURTHER RESOLVED**, that the Detroit City Council and the Commissions of Wayne, Oakland, and Macomb Counties shall take a vote regarding the establishment of the Partnership by November 15, 2008; and providing the Partnership is established, convene the first meeting of the steering committee by January 16, 2009. Macomb County's representatives will be appointed by the Board Chair, with concurrence of the Macomb County Board of Commissioners; and

**BE IT FINALLY RESOLVED**, that the Partnership will have a three-year duration with the option to continue its work towards a sustainable region beyond three years as deemed fit and necessary.

Official Resolution of the Board of Commissioners  
Macomb County, Michigan

**A RESOLUTION TO MAKE ENERGY EFFICIENCY  
THE FOCUS OF THE REGIONAL PARTNERSHIP  
FOR SUSTAINABILITY**

Commissioner Kathy D. Vosburg,  
On Behalf of the Board of Commissioners,  
Offers the Following Resolution:

**WHEREAS**, the Detroit City Council and the County Commissions of Wayne, Oakland and Macomb Counties have established the Regional Partnership for Sustainability; and

**WHEREAS**, Michigan's per capita energy use continues to steadily increase even as energy costs increase; and

**WHEREAS**, cities and counties can increase energy efficiency through green building practices and other energy-efficient actions and policies that can demonstrate measurable results; and

**WHEREAS**, energy efficiency and diversification can create opportunities for economic revival by providing job and business opportunities within the emerging green economy; and

**WHEREAS**, there are models of government-led success in other cities, states, and regions.

**THEREFORE BE IT RESOLVED**, that the initial focus of the Regional Partnership for Sustainability be on Energy Efficiency; and

**BE IT FURTHER RESOLVED**, that the Partnership will work with WARM Training, and the Southeast Michigan Regional Energy Office and ReBuild Michigan initiatives for technical assistance, training in best practices and energy audits.

**A RESOLUTION ESTABLISHING SALARIES AND COMPENSATION IN  
LIEU OF FEES FOR MACOMB COUNTY COMMISSIONERS**

**WHEREAS**, by virtue of existing laws, the Macomb County Board of Commissioners is authorized and empowered to fix annual salaries and other compensation in lieu of all statutory fees for Macomb County Commissioners.

**NOW, THEREFORE, BE IT RESOLVED BY THE MACOMB COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:**

A. To the extent authorized by law, members of the Macomb County Board of Commissioners are hereby granted for the calendar years 2009 and 2010 a salary of \$32,365 subject to a \$162 reduction for each day a Commissioner fails to attend a Full Board or assigned Committee Meeting(s) which the Commissioner is expected to attend but is absent. Each Commissioner shall be permitted up to four (4) absences a year without reducing his/her salary.

B. To the extent authorized by law, the Chairman of the Board is hereby granted for the calendar years 2009 and 2010 a salary of \$70,101.

C. All of the foregoing County Commissioners and the Chairman of the Board are awarded and entitled to receive all fringe benefits granted to all non-union County employees, as legally constituted and authorized by law, except for healthcare benefits as outlined in the attached document entitled Healthcare Benefits for County Commissioners and retirement benefits as outlined in the attached document entitled Retirement Benefits for County Commissioners. County Commissioners and the Chairman of the Board shall be entitled to receive a cost of living allowance as provided to Macomb County non-union employees based on two thousand eighty (2,080) hours per annum. In no case shall the

fringe benefits exceed total compensation as currently provided by law.

D. The office of the Chairman is a full-time position in the same sense as the Clerk, Prosecuting Attorney, Public Works Commissioner, Sheriff and Treasurer.

E. An attendance report shall be compiled monthly showing absences of Commissioners from appointed Committees and Full Board Meetings, which report shall be available to the public.

F. In January of each year, a Commissioner shall be allowed to purchase a short-term disability insurance policy, to be offered through the County, at his/her own expense and at no cost to the County.

**BE IT FURTHER RESOLVED** that the foregoing salaries, compensation and other benefits are hereby provided for payment out of the general funds of the County of Macomb unless otherwise provided by law.



**HEALTH INSURANCE BENEFITS FOR  
COUNTY COMMISSIONERS**

Effective January 1, 2009, members of the County Board of Commissioners shall be entitled to receive Blue Cross Blue Shield PPO or Health Alliance Plan or Blue Care Network benefits which are equivalent to those currently provided to non-union County Employees with the following modifications:

**Blue Cross Blue Shield PPO Plan 3 modifications:**

Contract Annual Deductible: \$250 individual or \$500 2 person/family;  
Out of Pocket Annual Maximum: \$1,000 individual or \$2,000 2 person/family;  
Office visit and urgent care visit co-pay - \$25;  
Emergency room co-pay - \$100;  
Prescription program co-pay: \$5 generic, \$25 formulary and \$50 nonformulary;  
Mail order option to fill prescription at two (2) times the retail cost as identified above;  
Chiropractic and allergy testing and therapy visit co-pay - \$10;  
Inpatient mental health and inpatient substance abuse care covered at 50% after deductible;  
Mammogram screening covered at 100%;  
Preventative services covered at 100% with a \$500 per member annual maximum;  
Other covered services including hospitalization covered at 80% in-network;  
Coverage on an Out-of-network basis will be at a lesser level or not covered.

**Health Alliance Plan with the following modifications:**

Office visit co-pay - \$20;  
Office visit-Specialist co-pay - \$30;  
Urgent care visit co-pay - \$30;  
Emergency room co-pay - \$150;  
Prescription program co-pay: \$15 generic, \$30 formulary and \$50 Nonformulary;  
Mail order option to fill prescription at two (2) times the retail cost as identified above.

**Blue Care Network with the following modifications:**

Office visit co-pay - \$20;  
Office visit-Specialist co-pay - \$30;  
Urgent care visit co-pay - \$30;  
Emergency room co-pay - \$100;  
Prescription program co-pay: \$10 generic, \$25 formulary and \$50 Nonformulary;  
Mail order option to fill prescription at two (2) times the retail cost as identified above.

## RETIREMENT BENEFITS FOR COUNTY COMMISSIONER

Effective January 1, 2009, members of the Macomb County Board of Commissioners shall be entitled to receive the same retirement benefits currently provided to non-union County employees with the following modifications:

- Eligibility to receive a retirement allowance shall be eight (8) years of credited service at sixty (60) years of age or twenty-five (25) years of credited service at fifty-five (55) years of age.

# **RECYCLABLE PAPER**

RESOLUTION NO: \_\_\_\_\_

FULL BOARD MEETING DATE: \_\_\_\_\_

AGENDA ITEM: \_\_\_\_\_

**MACOMB COUNTY, MICHIGAN**

**RESOLUTION TO:** Accept and enter into three (3) 2008 Community Oriented Policing Services (COPS) Grant Agreements for the purchase of Interoperable Communications Equipment, as recommended by the Office Of Emergency Management & Communications. Awards are in the following amounts and there is no local match required:

Award #2008CKWX0491 - \$982,065

Award #2008CKWX0492 - \$666,401

Award #2008CKWX0493 - \$350,738

**ITEM WAIVED BY JPS COMMITTEE CHAIR TO FULL BOARD**

**COMMITTEE/MEETING DATE**

Full Board 10-9-08

\_\_\_\_\_

\_\_\_\_\_



**U. S. Department of Justice**  
*Community Oriented Policing Services*

**Grants Administration Division (GAD)**  
**Law Enforcement Technology**

1100 Vermont Avenue, NW  
Washington, DC 20530

**Memorandum**

**To:** Sheriff Mark A. Hackel  
Macomb County Sheriff's Department

**From:** Andrew A. Dorr, Assistant Director for Grants Administration  
Verlena Braxton, Grant Program Specialist  
Budget Prepared By: Judy Smith, Grant Program Specialist

**Re:** Law Enforcement Technology Financial Clearance Memo  
A financial analysis of budgeted costs has been completed. Costs under this award appear reasonable, allowable, and consistent with existing guidelines. Exceptions / Adjustments are noted below.

**OJP Vendor #: 386004868**

**ORI #: MI50150**

**Grant #: 2008CKWX0491**

<u>Budget Category</u>	<u>Proposed Budget</u>	<u>Approved Budget</u>	<u>Adjustments</u>	<u>Disallowed/Adjusted - Reasons/Comments</u>
Equipment	\$949,772.00	\$949,772.00	\$0.00	
Supplies	\$10,808.00	\$10,808.00	\$0.00	
Other	\$21,485.00	\$21,485.00	\$0.00	
Direct Costs:	\$982,065.00	\$982,065.00	\$0.00	
<b>Grand Total</b>	<b>\$982,065.00</b>	<b>\$982,065.00</b>	<b>\$0.00</b>	
<b>Grand Total:</b>	<b>Federal Share:</b>	<b>\$ 982,065.00</b>		
	<b>Applicant Share:</b>	<b>\$ 0.00</b>		

Cleared Date: 8/25/2008

Overall Comments:

All costs listed in this budget were programmatically approved based on the final budget detail worksheet submitted by your agency to the COPS Office. Maintenance agreements (if applicable) must be purchased within the three year grant period. Prior to the obligation, expenditure or drawdown of grant funds for non-competitive contracts in excess of \$100,000, grantee must submit a sole source justification to the COPS Office for review and approval. Prior to the obligation, expenditure, or drawdown of grant funds for consultant fees in excess of \$550 per day when the consultant is hired through a noncompetitive bidding process, approval must be obtained from the COPS Office. If the vendor number on this form differs from the EIN number included in your application, then for administrative purposes only, we are assigning a different vendor number to your agency. The reason for this administrative change is that your original EIN number has been assigned to another agency. If this applies to your agency, please use the new vendor number on all financial documents related to this grant award. The vendor number should not be used for IRS purposes and only applies to this grant.



U. S. Department of Justice  
Community Oriented Policing Services

Grants Administration Division (GAD)  
Law Enforcement Technology

Treasury Account Symbol (TAS) 15X0406

Grant #: 2008CWX0491  
ORI #: MI50150

Applicant Organization's Legal Name: Macomb County Sheriff's Department

OJP Vendor #: 386004868

Law Enforcement Executive: Sheriff Mark A. Hackel

Address: 43565 Elizabeth Road

City, State, Zip Code: Mt. Clemens, MI 48043

Telephone: (586) 307-9345

Fax: (586) 307-9621

Government Executive: Comissioner William A. Crouchman

Address: One South Main Street

9th Floor

City, State, Zip Code: Mt. Clemens, MI 48043

Telephone: (586) 469-5711

Fax: (586) 469-5993

Award Start Date: 12/26/2007

Award End Date: 12/25/2010

Award Amount: \$2,063,000

SEP 4 2008

Carl R. Peed, Director

Date

Signature of Law Enforcement Official with the Authority to Accept this Grant Award

Typed Name and Title of Law Enforcement Official

Date

Signature of Government Official with the Authority to Accept this Grant Award

Typed Name and Title of Government Official

Date

False statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any remedy available by law to the Federal Government.

U. S. Department of Justice  
Office of Community Oriented Policing Services  
Technology Program Grant Terms and Conditions

By signing the Award Document to accept this Technology Program grant, your agency agrees to abide by the following grant conditions:

1. The grantee agrees to comply with the terms, conditions and regulations as found in the COPS 2008 Technology Program Grant Owner's Manual; the COPS statute (42 U.S.C. § 3796dd); 28 C.F.R. Part 66 (OMB Circular A-102) or 28 C.F.R. Part 70 (OMB Circular A-110) as applicable (governing administrative requirements for grants and cooperative agreements); 2 C.F.R. Part 225 (OMB Circular A-87), 2 C.F.R. 220 (OMB Circular A-21), 2 C.F.R. Part 230 (OMB Circular A-122) and 48 C.F.R. Part 31.000, et seq. (FAR 31.2) as applicable (governing cost principles); OMB Circular A-133 (governing audits); these award conditions; other representations made in the grant application for the Technology Program; and with all applicable program requirements, laws, orders, regulations, or circulars.
2. The grantee acknowledges its agreement to comply with the Assurances and Certifications forms that were submitted as part of its Technology Program application.
3. The funding under this project is for the payment of approved costs for the continued development of technologies and automated systems to assist state, local, and tribal law enforcement agencies in investigating, responding to, and preventing crime. The allowable costs for which your agency's grant has been approved are limited to those listed on the Financial Clearance Memorandum, which is included in your agency's award packet.
4. Travel costs for transportation, lodging and subsistence, and related items are allowable under the Technology Program with prior approval from the COPS Office. Payment for allowable travel costs will be in accordance with 2 C.F.R. Part 225 (OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments), 2 C.F.R. 220 (OMB Circular A-21, Cost Principles for Educational Institutions), 2 C.F.R. Part 230 (OMB Circular A-122, Cost Principles for Non-Profit Organizations), and 48 C.F.R. Part 31.000, et seq. (FAR-31.2, Cost Principles for Commercial Organizations), as applicable.
5. The grantee acknowledges that when procuring hardware, software, or professional services for an information-sharing initiative, a standards-based approach should be used. Specifically, information-sharing initiatives should be compatible with the Global Justice XML Data Model (GJXDM)/National Information Exchange Model (NIEM), as guidelines. In addition, when procuring equipment for communication system development and expansion, a standards-based approach should be used to begin migration to multi-jurisdictional and multi-disciplinary interoperability. Specifically, all new digital voice systems should be compliant with the Project 25 (P25) suite of standards.
6. State, local, and tribal governments must use Technology Program grant funds to supplement, and not supplant, state, local, or Bureau of Indian Affairs funds that are already committed or otherwise would have been committed for grant purposes (hiring, training, purchases, and/or activities) during the grant period. In other words, grantees may not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that would have been dedicated to the COPS-funded item(s) in the absence of the COPS grant.
7. Your agency may request an extension of the grant award period to receive additional time to implement your grant program. Such extensions do not provide additional funding. Only those grantees that can provide a reasonable justification for delays will be granted no-cost extensions. Extension requests must be received prior to the end date of the award, as extension requests received after an award has expired will be approved only under very limited circumstances.
8. The grantee must promptly notify the COPS Office in writing of any changes to the award budget, and must obtain written approval from COPS for any changes in excess of ten percent of the total award amount before incurring the proposed costs.
9. The COPS Office may conduct monitoring or sponsor national evaluations of the COPS Technology Program. The grantee agrees to cooperate with the monitors and evaluators.
10. To assist the COPS Office in the monitoring of your award, your agency will be responsible for submitting periodic programmatic progress reports and quarterly financial reports.
11. The COPS Office performs various functions to ensure compliance with all grant requirements, to assess the implementation of community policing in awarded jurisdictions, and to provide technical assistance to grantees. Grant monitoring activities are routine during the grant period and may occur up to three years following the official closure of the grant award. These functions, and others, often require the production of grant-related documentation and other materials. As a COPS Technology Program grantee, you agree to cooperate with any such requests for information.
12. Grantees that have 50 or more employees and a single award for \$500,000 or more must submit an acceptable Equal Employment Opportunity Plan (EEOP) or EEOP short form, if required to submit an EEOP under 28 C.F.R. 42.302, that is approved by the Office of Justice Programs, Office of Civil Rights, within 60 days of the award start date.
13. Grantees using Technology Program funds to operate an interjurisdictional criminal intelligence system must comply with operating principles of 28 C.F.R. Part 23. The grantee acknowledges that it has completed, signed and submitted with its grant award the relevant Special Condition certifying its compliance with 28 C.F.R. Part 23.
14. Grantees who have been awarded funding for the procurement of an item (or group of items) or service in excess of \$100,000 and who plan to use a non-competitive procurement process must provide a written sole source justification to the COPS Office for approval prior to obligating, expending, or drawing down grant funds for that item.
15. The grantee agrees to submit one copy of all reports and proposed publications resulting from this grant 20 days prior to public release. Any publications (including written, software, visual, or sound, but excluding press releases, newsletters, and issue analyses), whether published at the recipient's or government's expense, shall contain the following statement: "This project was supported by Grant # \_\_\_\_\_, awarded by the U.S. Department of Justice, Office of Community Oriented Policing Services. The opinions contained herein are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific companies, products, or services should not be considered an endorsement by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues."
16. The grantee agrees to complete and keep on file, as appropriate, a Bureau of Citizenship and Immigration Services Employment Eligibility Verification Form (I-9). This form is to be used by recipients of federal funds to verify that persons are eligible to work in the United States.
17. To facilitate communication among local and state governmental agencies regarding various information technology projects, the grantee agrees to notify the appropriate State Information Technology Point of Contact of the receipt of this grant award. For a list of State Information Technology Points of Contact, visit [http://t.ojp.gov/topic.jsp?topic\\_id=31](http://t.ojp.gov/topic.jsp?topic_id=31).
18. The grantee agrees to comply with 28 C.F.R. Part 61 (Procedures for Implementing the National Environmental Policy Act).
19. False statements or claims made in connection with COPS grants may result in fines, imprisonment, or debarment from participating in federal grants or contracts, and/or any other remedy available by law.



**COPS**

COMMUNITY ORIENTED POLICING SERVICES  
U.S. DEPARTMENT OF JUSTICE

*COPS Application Forms*

[www.cops.usdoj.gov](http://www.cops.usdoj.gov)

COPS FY2008  
TECHNOLOGY PROGRAM GRANT

\$982,065.00

MACOMB COUNTY, MICHIGAN

( 3 of 3 )

U.S. Department of Justice  
Office of Community Oriented Policing Services  
Carl R. Peed, Director



# Contents

Standard Form 424 .....	1
<b>COPS Application Attachment to SF-424 .....</b>	<b>9</b>
Section 1: COPS Program Request .....	11
Section 2: Executive Information .....	11
Section 3: General Agency Information .....	12
Section 4: Law Enforcement & Community Policing Strategy .....	15
Section 5: Continuation of Project After Federal Funding Ends .....	19
Section 6: Need for Federal Assistance .....	20
Section 7: Waivers of the Local Match .....	21
Section 8: Executive Summary .....	21
Section 9: Project Description (Narrative) .....	21
Section 10: Budget Narrative .....	22
Section 11: Memorandum of Understanding .....	22
Section 12: Official Partner(s) Contact Information .....	23
Section 13: Incident Data .....	25
Section 14: Certification of Review and Representation of Compliance with Requirements .....	26
Section 15: Assurances .....	28
Section 16: Certifications .....	30
Paperwork Reduction Act Notice .....	32
<b>Disclosure of Lobbying Activities .....</b>	<b>33</b>
<b>Budget Detail Worksheets .....</b>	<b>37</b>
Instructions for Completing the Budget Detail Worksheets .....	39
A. Sworn Officer Positions .....	41
B. Civilian/Non-Sworn Personnel .....	47
C. Equipment/Technology .....	53
D. Other Costs .....	55
E. Supplies .....	57
F. Travel/Training .....	59
G. Contracts/Consultants .....	61
H. Indirect Costs .....	63
Budget Summary .....	65
Paperwork Reduction Act Notice .....	67

Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<b>* If Revision, select appropriate letter(s):</b>  <b>* Other (Specify)</b>
--	--	---

<b>* 3. Date Received:</b>	<b>4. Applicant Identifier:</b>
----------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>* 5b. Federal Award Identifier:</b>
---------------------------------------	--

State Use Only:

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

8. APPLICANT INFORMATION:

**\* a. Legal Name:** Macomb County

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 38-6004868	<b>* c. Organizational DUNS:</b> 803626761
--	---

**d. Address:**

**\* Street1:** 10 N.Main - 1st Floor  
**\* Street2:**  
**\* City:** Mt. Clemens  
**\* County:** Macomb  
**\* State:** MI  
**\* Province:**  
**\* Country:** United States  
**\* Zip / Postal Code:** 48043

**e. Organizational Unit:** Macomb County

<b>Department Name:</b> Office of Emergency Management & Communications	<b>Division Name:</b> Emergency Management
--	---

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** \_\_\_\_\_ **\* First Name:** Louis  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** Mioduszewski  
**Suffix:** \_\_\_\_\_

**Title:** Homeland Security Regional Planner

**Organizational Affiliation:**  
N/A

**phone Number:** 586-469-5344 **Fax Number:** (586) 469-6439

**\* Email:** lou.mioduszewski@macombcountymi.gov

**Application for Federal Assistance SF-424**

**Version 02**

**9. Type of Applicant 1:**

County Government

**Type of Applicant 2:**

**Type of Applicant 3:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Department of Justice

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

COPS FY2008 Technology Program Grant

**\* 12. Funding Opportunity Number:**

COPS-OTHERTECH-2008-1

**\* Title:**

Community Oriented Policing Services

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Macomb County, Armada Twp., Huron-Clinton Metroparks, Macomb Twp., New Baltimore, Ray Twp., Sterling Heights., Richmond/Lenox EMS, Bruce Twp., Washington Twp., Harrison Twp., Lenox Twp., Utica, New Haven, Richmond, Romeo, Chesterfield Twp., and Shelby Twp.

**\* 15. Descriptive Title of Applicant's Project:**

Macomb County Interoperable Communications

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**6. Congressional Districts Of:**

\* a. Applicant MI-010 and MI-012

\* b. Program/Project: MI-010 and MI-012

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: 09/01/2008

\* b. End Date: 08/31/2011

**18. Estimated Funding (\$):**

* a. Federal	<u>982,065.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>982,065.00</u>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)**

Yes       No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Prefix: \_\_\_\_\_ \* First Name: William  
Middle Name: Anthony  
\* Last Name: Crouchman  
Suffix: \_\_\_\_\_

\* Title: Board Chairman

\* Telephone Number: 586-469-5125 Fax Number: 586-469-5993

\* Email: bill.crouchman@macombcountymi.gov

\* Signature of Authorized Representative: \_\_\_\_\_ \* Date Signed: \_\_\_\_\_

Authorized for Local Reproduction

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

N/A

**BUDGET SUMMARY**

**Instructions:** When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ _____ .00	1
B.	Civilian/Non-Sworn Personnel	\$ _____ .00	2
C.	Equipment/Technology	\$ <u>949,772</u> .00	3
D.	Other Costs	\$ <u>21,485</u> .00	4
E.	Supplies	\$ <u>10,808</u> .00	5
F.	Travel/Training	\$ _____ .00	6
G.	Contracts/Consultants	\$ _____ .00	7
H.	Indirect Costs	\$ _____ .00	8
<b>Total Project Amount:</b>		\$ <u>982,065</u> .00	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)		\$ <u>982,065</u> .00	
<b>Total Local Share Amount (if applicable):</b> (Total Project Amount - Total Federal Share Amount)		\$ <u>0</u> .00	

**Contact Information for Budget Questions**

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: Louis Mioduszewski

Title: Regional Planner

Phone: 586-469-5344

Fax: 586-469-6439

E-mail Address: lou.mioduszewski@macombcountymi.

<b>C. EQUIPMENT/TECHNOLOGY</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
	<b>MOBILE RADIOS</b>			
1	XTL5000 "03" CONTROL HEAD W/MULTIKEY		\$4,220.00	
2	XTL5000 "05" DASH MOUNT W/O MULTIKEY		\$3,441.00	
3	XTL5000 "05" REMOTE MOUNT W/O MULTIKEY		\$3,575.00	
4	XTL2500 DASH MOUNT	20	\$2,983.00	\$59,660.00
5	XTL2500 REMOTE MOUNT		\$3,116.00	
6	XTL2500 REMOTE MOUNT W/SIREN P.A.	10	\$3,711.00	\$37,110.00
7	XTL1500 DASH MOUNT	20	\$1,722.00	\$34,440.00
	<b>PORTABLE RADIOS</b>			
8	XTS5000 MODEL II	5	\$3,257.00	\$16,285.00
9	XTS2500 MODEL II W/NiMH IMPRESS BATTERY	34	\$2,464.00	\$83,776.00
10	XTS2500 MODEL II W/STANDARD NiCD BATTERY		\$2,439.00	
11	XTS2500 MODEL II W/FMIS NiMH IMPRESS BATTERY		\$2,501.00	
12	XTS1500 MODEL 1.5 W/DISPLAY		\$1,375.00	
13	MINATOR V RADIO W/ALERT & RECORD		\$450.00	
	<b>CONTROL STATION</b>			
14	XTL5000 CONTROL STATION RADIO		\$3,765.00	
15	XTL2500 CONTROL STATION RADIO		\$3,244.00	
16	XTL1500 CONTROL STATION RADIO	2	\$2,020.00	\$4,040.00
17	XTL5000 "W7" CONSOLETTTE W/TONE REMOTE CONTROL		\$5,299.00	
18	XTL5000 "W9" CONSOLETTTE W/DIGITAL REMOTE CONTROL		\$4,976.00	
19	JUNCTION BOX FOR DIGITAL CONTROL CONSOLETTTE		\$677.00	
20	DIGITAL REMOTE CONTROL		\$865.00	
21	TONE REMOTE CONTROL		\$467.00	
22	CONTROL STATION ANTENNA SYSTEM	3	\$647.00	\$1,941.00
	<b>DISPATCH</b>			
23	5 POSITION DISPATCH CONSOLE	1	\$272,000.00	\$272,000.00
24	DISPATCH RECORDERS / 800 MHz DIGITAL SCANNERS	1	\$14,000.00	\$14,000.00
25	MTR2000 REPEATER FOR 800 MHz - 420 MHz PATCH	1	\$12,000.00	\$12,000.00
26	RCM (RADIO CONTROL MANAGER) TERMINAL		\$70,000.00	
27	CDM750 WITH ENCODER		\$4,000.00	
	<b>MISC</b>			

<b>C. EQUIPMENT/TECHNOLOGY</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
28	ARCHIVE FEES	104	\$5.00	\$520.00
29	PROGRAMMING FEES	100	\$10.00	\$1,000.00
30	TEMPLATE FEES	20	\$100.00	\$2,000.00
	<b>OTHER</b>			
31	BI-DIRECTIONAL AMPLIFIER/ ANTENNA	1	\$16,000.00	\$16,000.00
32	MODEM	2	\$5,000.00	\$10,000.00
33	800 MHz - 420 MHz INTEROPERABLE PATCH		\$15,000.00	
34	GPS TRACKING DEVICE		\$300.00	
35	TOWER		\$75,000.00	
36	MICROWAVE LINK - PSAP TO INFRASTRUCTURE	1	\$225,000.00	\$225,000.00
37	STR3000 BASE STATIONS	4	\$39,000.00	\$156,000.00
38	ANTENNAS FOR PRIME SITE		\$18,000.00	
39	WARNING SIRENS		\$20,000.00	
40	700 MHz ANTENNAS AND COMBINERS		\$25,000.00	
41	ITAC REPEATER	1	\$4,000.00	\$4,000.00
	<b>TOTAL</b>			\$949,772.00









**U. S. Department of Justice**  
*Community Oriented Policing Services*

**Grants Administration Division (GAD)**  
**Law Enforcement Technology**

1100 Vermont Avenue, NW  
Washington, DC 20530

**Memorandum**

**To:** Sheriff Mark A. Hackel  
Macomb County Sheriff's Department

**From:** Andrew A. Dorr, Assistant Director for Grants Administration  
Verlena Braxton, Grant Program Specialist  
Budget Prepared By: Judy Smith, Grant Program Specialist

**Re:** Law Enforcement Technology Financial Clearance Memo  
A financial analysis of budgeted costs has been completed. Costs under this award appear reasonable, allowable, and consistent with existing guidelines. Exceptions / Adjustments are noted below.

**OJP Vendor #: 386004868**

**ORI #: MI50150**

**Grant #: 2008CKWX0492**

<u>Budget Category</u>	<u>Proposed Budget</u>	<u>Approved Budget</u>	<u>Adjustments</u>	<u>Disallowed/Adjusted - Reasons/Comments</u>
Equipment	\$632,712.00	\$632,712.00	\$0.00	
Supplies	\$11,204.00	\$11,204.00	\$0.00	
Other	\$22,485.00	\$22,485.00	\$0.00	
Direct Costs:	\$666,401.00	\$666,401.00	\$0.00	
<b>Grand Total</b>	<b>\$666,401.00</b>	<b>\$666,401.00</b>	<b>\$0.00</b>	
<b>Grand Total:</b>	<b>Federal Share:</b>	<b>\$ 666,401.00</b>		
	<b>Applicant Share:</b>	<b>\$ 0.00</b>		

**Cleared Date:** 8/25/2008

**Overall Comments:**

All costs listed in this budget were programmatically approved based on the final budget detail worksheet submitted by your agency to the COPS Office. Maintenance agreements (if applicable) must be purchased within the three year grant period. Prior to the obligation, expenditure or drawdown of grant funds for non-competitive contracts in excess of \$100,000, grantee must submit a sole source justification to the COPS Office for review and approval. Prior to the obligation, expenditure, or drawdown of grant funds for consultant fees in excess of \$550 per day when the consultant is hired through a noncompetitive bidding process, approval must be obtained from the COPS Office. If the vendor number on this form differs from the EIN number included in your application, then for administrative purposes only, we are assigning a different vendor number to your agency. The reason for this administrative change is that your original EIN number has been assigned to another agency. If this applies to your agency, please use the new vendor number on all financial documents related to this grant award. The vendor number should not be used for IRS purposes and only applies to this grant.



U. S. Department of Justice  
 Community Oriented Policing Services  
 Grants Administration Division (GAD)  
 Law Enforcement Technology

Treasury Account Symbol (TAS) 15X0406

Grant #: 2008CKWX0492  
 ORI #: MI50150

Applicant Organization's Legal Name: Macomb County Sheriff's Department

OJP Vendor #: 386004868

**Law Enforcement Executive:** Sheriff Mark A. Hackel  
 Address: 43565 Elizabeth Road  
 City, State, Zip Code: Mt. Clemens, MI 48043  
 Telephone: (586) 469-5151  
 Fax: (586) 307-9621

**Government Executive:** Commissioner William A. Crouchman  
 Address: One South Main Street  
 9th Floor  
 City, State, Zip Code: Mt. Clemens, MI 48043  
 Telephone: (586) 469-5711  
 Fax: (586) 469-5993

Award Start Date: 12/26/2007  
 Award Amount: \$ 666,401.00

Award End Date: 12/25/2010

AUG 2-8 2008

Carl R. Peed, Director

Date

Signature of Law Enforcement Official with the Authority to Accept this Grant Award

Typed Name and Title of Law Enforcement Official

Date

Signature of Government Official with the Authority to Accept this Grant Award

Typed Name and Title of Government Official

Date

False statements or claims made in connection with COP's grants may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any remedy available by law to the Federal Government.

Award ID: 86312

U. S. Department of Justice  
*Office of Community Oriented Policing Services*  
**Technology Program Grant Terms and Conditions**

By signing the Award Document to accept this Technology Program grant, your agency agrees to abide by the following grant conditions:

1. The grantee agrees to comply with the terms, conditions and regulations as found in the COPS 2008 Technology Program Grant Owner's Manual; the COPS statute (42 U.S.C. §. 3796dd); 28 C.F.R. Part 66 (OMB Circular A-102) or 28 C.F.R. Part 70 (OMB Circular A-110) as applicable (governing administrative requirements for grants and cooperative agreements); 2 C.F.R. Part 225 (OMB Circular A-87), 2 C.F.R. 220 (OMB Circular A-21), 2 C.F.R. Part 230 (OMB Circular A-122) and 48 C.F.R. Part 31.000, et seq. (FAR 31.2) as applicable (governing cost principles); OMB Circular A-133 (governing audits); these award conditions; other representations made in the grant application for the Technology Program; and with all applicable program requirements, laws, orders, regulations, or circulars.
2. The grantee acknowledges its agreement to comply with the Assurances and Certifications forms that were submitted as part of its Technology Program application.
3. The funding under this project is for the payment of approved costs for the continued development of technologies and automated systems to assist state, local, and tribal law enforcement agencies in investigating, responding to, and preventing crime. The allowable costs for which your agency's grant has been approved are limited to those listed on the Financial Clearance Memorandum, which is included in your agency's award packet.
4. Travel costs for transportation, lodging and subsistence, and related items are allowable under the Technology Program with prior approval from the COPS Office. Payment for allowable travel costs will be in accordance with 2 C.F.R. Part 225 (OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments), 2 C.F.R. 220 (OMB Circular A-21, Cost Principles for Educational Institutions), 2 C.F.R. Part 230 (OMB Circular A-122, Cost Principles for Non-Profit Organizations), and 48 C.F.R. Part 31.000, et seq. (FAR-31.2, Cost Principles for Commercial Organizations), as applicable.
5. The grantee acknowledges that when procuring hardware, software, or professional services for an information-sharing initiative, a standards-based approach should be used. Specifically, information-sharing initiatives should be compatible with the Global Justice XML Data Model (GJXDM)/National Information Exchange Model (NIEM), as guidelines. In addition, when procuring equipment for communication system development and expansion, a standards-based approach should be used to begin migration to multi-jurisdictional and multi-disciplinary interoperability. Specifically, all new digital voice systems should be compliant with the Project 25 (P25) suite of standards.
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12. Grantees that have 50 or more employees and a single award for \$500,000 or more must submit an acceptable Equal Employment Opportunity Plan (EEOP) or EEOP short form, if required to submit an EEOP under 28 C.F.R. 42.302, that is approved by the Office of Justice Programs, Office of Civil Rights, within 60 days of the award start date.
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15. The grantee agrees to submit one copy of all reports and proposed publications resulting from this grant 20 days prior to public release. Any publications (including written, software, visual, or sound, but excluding press releases, newsletters, and issue analyses), whether published at the recipient's or government's expense, shall contain the following statement: "This project was supported by Grant # \_\_\_\_\_, awarded by the U.S. Department of Justice, Office of Community Oriented Policing Services. The opinions contained herein are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific companies, products, or services should not be considered an endorsement by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues."
16. The grantee agrees to complete and keep on file, as appropriate, a Bureau of Citizenship and Immigration Services Employment Eligibility Verification Form (I-9). This form is to be used by recipients of federal funds to verify that persons are eligible to work in the United States.
17. To facilitate communication among local and state governmental agencies regarding various information technology projects, the grantee agrees to notify the appropriate State Information Technology Point of Contact of the receipt of this grant award. For a list of State Information Technology Points of Contact, visit [http://it.ojp.gov/topic.jsp?topic\\_id=31](http://it.ojp.gov/topic.jsp?topic_id=31).
18. The grantee agrees to comply with 28 C.F.R. Part 61 (Procedures for Implementing the National Environmental Policy Act).
19. False statements or claims made in connection with COPS grants may result in fines, imprisonment, or debarment from participating in federal grants or contracts, and/or any other remedy available by law.



**COPS**

COMMUNITY ORIENTED POLICING SERVICES  
U.S. DEPARTMENT OF JUSTICE

*COPS Application Forms*

[www.cops.usdoj.gov](http://www.cops.usdoj.gov)

COPS FY2008  
TECHNOLOGY PROGRAM GRANT

\$666,401.00

MACOMB COUNTY, MICHIGAN

( 2 of 3 )

U.S. Department of Justice  
Office of Community Oriented Policing Services  
Carl R. Peed, Director

**Application for Federal Assistance SF-424**

**Version 02**

<b>* 1. Type of Submission:</b> <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<b>* If Revision, select appropriate letter(s):</b>  <b>* Other (Specify)</b>
--	--	---

**\* 3. Date Received:** \_\_\_\_\_ **4. Applicant Identifier:** \_\_\_\_\_

**5a. Federal Entity Identifier:** \_\_\_\_\_ **\* 5b. Federal Award Identifier:** \_\_\_\_\_

**State Use Only:**

**6. Date Received by State:** \_\_\_\_\_ **7. State Application Identifier:** \_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Macomb County

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**  
38-6004868

**\* c. Organizational DUNS:**  
803626761

**d. Address:**

**\* Street1:** 10 N.Main - 1st Floor  
**Street2:** \_\_\_\_\_  
**\* City:** Mt. Clemens  
**County:** Macomb  
**\* State:** MI  
**Province:** \_\_\_\_\_  
**\* Country:** United States  
**\* Zip / Postal Code:** 48043

**e. Organizational Unit:** Macomb County

<b>Department Name:</b> Office of Emergency Management & Communications	<b>Division Name:</b> Emergency Management
--	---

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** \_\_\_\_\_ **\* First Name:** Louis  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** Mioduszewski  
**Suffix:** \_\_\_\_\_

**Title:** Homeland Security Regional Planner

**Organizational Affiliation:**  
N/A

**\* Telephone Number:** 586-469-5344 **Fax Number:** (586) 469-6439

**\* Email:** lou.mioduszewski@macombcountymi.gov

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1:**

County Government

**Type of Applicant 2:**

**Type of Applicant 3:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Department of Justice

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

COPS FY2008 Technology Program Grant

**\* 12. Funding Opportunity Number:**

COPS-OTHERTECH-2008-1

**\* Title:**

Community Oriented Policing Services

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Macomb County, Armada Twp., Clinton Twp., Fraser, Harrison Twp., Huron-Clinton Metroparks, Lenox Twp., Macomb Twp., ML Clemens, New Baltimore, New Haven, Ray Twp., Richmond, Sterling Heights, Richmond/Lenox EMS, Utica, Roseville, Eastpointe, St. Clair Shores, Bruce Twp., Shelby Twp., Washington Twp., Romeo, Chesterfield Twp.

**\* 15. Descriptive Title of Applicant's Project:**

Macomb County Interoperable Communications

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant MI-010 and MI-012

\* b. Program/Project: MI-010 and MI-012

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: 09/01/2008

\* b. End Date: 08/31/2011

**18. Estimated Funding (\$):**

* a. Federal	666,401.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	666,401.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)**

- Yes       No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Prefix: \_\_\_\_\_ \* First Name: William

Middle Name: Anthony

\* Last Name: Crouchman

Suffix: \_\_\_\_\_

\* Title: Board Chairman

\* Telephone Number: 586-469-5125

Fax Number: 586-469-5993

\* Email: bill.crouchman@macombcountymi.gov

\* Signature of Authorized Representative:

\* Date Signed:

Authorized for Local Reproduction

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

N/A

**BUDGET SUMMARY**

**Instructions:** When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ _____ .00	1
B.	Civilian/Non-Sworn Personnel	\$ _____ .00	2
C.	Equipment/Technology	\$ <u>632,712</u> .00	3
D.	Other Costs	\$ <u>22,485</u> .00	4
E.	Supplies	\$ <u>11,204</u> .00	5
F.	Travel/Training	\$ _____ .00	6
G.	Contracts/Consultants	\$ _____ .00	7
H.	Indirect Costs	\$ _____ .00	8
<b>Total Project Amount:</b>		\$ <u>666,401</u> .00	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)		\$ <u>666,401</u> .00	
<b>Total Local Share Amount (if applicable):</b> (Total Project Amount - Total Federal Share Amount)		\$ <u>0</u> .00	

**Contact Information for Budget Questions**

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: Louis Mioduszewski

Title: Regional Planner

Phone: 586-469-5344

Fax: 586-469-6439

E-mail Address: lou.mioduszewski@macombcountymi.

<b>C. EQUIPMENT/TECHNOLOGY</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
<b>MOBILE RADIOS</b>				
1	XTL5000 "03" CONTROL HEAD W/MULTIKEY		\$4,220.00	
2	XTL5000 "05" DASH MOUNT W/O MULTIKEY	2	\$3,441.00	\$6,882.00
3	XTL5000 "05" REMOTE MOUNT W/O MULTIKEY		\$3,575.00	
4	XTL2500 DASH MOUNT	10	\$2,983.00	\$29,830.00
5	XTL2500 REMOTE MOUNT	10	\$3,146.00	\$31,160.00
6	XTL2500 REMOTE MOUNT W/SIREN P.A.	10	\$3,711.00	\$37,110.00
7	XTL1500 DASH MOUNT	5	\$1,722.00	\$8,610.00
<b>PORTABLE RADIOS</b>				
8	XTS5000 MODEL II	3	\$3,257.00	\$9,771.00
9	XTS2500 MODEL II W/NiMH IMPRESS BATTERY	25	\$2,464.00	\$61,600.00
10	XTS2500 MODEL II W/STANDARD NiCD BATTERY		\$2,439.00	
11	XTS2500 MODEL II W/FMIS NiMH IMPRESS BATTERY	25	\$2,501.00	\$62,525.00
12	XTS1500 MODEL 1.5 W/DISPLAY		\$1,375.00	
13	MINATOR V RADIO W/ALERT & RECORD	15	\$450.00	\$6,750.00
<b>CONTROL STATION</b>				
14	XTL5000 CONTROL STATION RADIO		\$3,765.00	
15	XTL2500 CONTROL STATION RADIO	4	\$3,244.00	\$12,976.00
16	XTL1500 CONTROL STATION RADIO		\$2,020.00	
17	XTL5000 "W7" CONSOLETTTE W/TONE REMOTE CONTROL		\$5,299.00	
18	XTL5000 "W9" CONSOLETTTE W/DIGITAL REMOTE CONTROL		\$4,976.00	
19	JUNCTION BOX FOR DIGITAL CONTROL CONSOLETTTE	1	\$677.00	\$677.00
20	DIGITAL REMOTE CONTROL		\$865.00	
21	TONE REMOTE CONTROL		\$467.00	
22	CONTROL STATION ANTENNA SYSTEM	3	\$647.00	\$1,941.00
<b>DISPATCH</b>				
23	5 POSITION DISPATCH CONSOLE		\$272,000.00	
24	DISPATCH RECORDERS / 800 MHz DIGITAL SCANNERS	1	\$14,000.00	\$14,000.00
25	MTR2000 REPEATER FOR 800 MHz - 420 MHz PATCH	1	\$12,000.00	\$12,000.00
26	RCM (RADIO CONTROL MANAGER) TERMINAL	1	\$70,000.00	\$70,000.00
27	CDM750 WITH ENCODER	2	\$4,000.00	\$8,000.00
<b>MISC</b>				

<b>C. EQUIPMENT/TECHNOLOGY</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
28	ARCHIVE FEES	100	\$5.00	\$500.00
29	PROGRAMMING FEES	98	\$10.00	\$980.00
30	TEMPLATE FEES	11	\$100.00	\$1,100.00
	<b>OTHER</b>			
31	BI-DIRECTIONAL AMPLIFIER/ ANTENNA	1	\$16,000.00	\$16,000.00
32	MODEM	1	\$5,000.00	\$5,000.00
33	800 MHz - 420 MHz INTEROPERABLE PATCH	1	\$15,000.00	\$15,000.00
34	GPS TRACKING DEVICE	1	\$300.00	\$300.00
35	TOWER	1	\$75,000.00	\$75,000.00
36	MICROWAVE LINK - PSAP TO INFRASTRUCTURE		\$225,000.00	
37	STR3000 BASE STATIONS	2	\$39,000.00	\$78,000.00
38	ANTENNAS FOR PRIME SITE	1	\$18,000.00	\$18,000.00
39	WARNING SIRENS	1	\$20,000.00	\$20,000.00
40	700 MHz ANTENNAS AND COMBINERS	1	\$25,000.00	\$25,000.00
41	ITAC REPEATER	1	\$4,000.00	\$4,000.00
	<b>TOTAL</b>			\$632,712.00

<b>D. OTHER COSTS</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
1	2 YR EXTENDED SERVICE PLAN - MOBILE	30	\$102.00	\$3,060.00
2	MOBILE INSTALLATION	8	\$500.00	\$4,000.00
3	2 YR EXTENDED SERVICE PLAN - PORTABLE	50	\$67.00	\$3,350.00
4	REMOTE SPEAKER MIC	50	\$67.00	\$3,350.00
5	LEATHER SWIVEL CASE	40	\$51.00	\$2,040.00
6	HEAD SET	4	\$400.00	\$1,600.00
7	2 YR EXTENDED SERVICE PLAN - MOBILE	30	\$102.00	\$3,060.00
8	CONTROL STATION INSTALLATION	3	\$675.00	\$2,025.00
	<b>TOTAL</b>			<b>\$22,485.00</b>





**U. S. Department of Justice**  
*Community Oriented Policing Services*

**Grants Administration Division (GAD)**  
**Law Enforcement Technology**

1100 Vermont Avenue, NW  
Washington, DC 20530

**Memorandum**

**To:** Sheriff Mark A. Hackel  
Macomb County Sheriff's Department

**From:** Andrew A. Dorr, Assistant Director for Grants Administration  
Verlena Braxton, Grant Program Specialist  
Budget Prepared By: Judy Smith, Grant Program Specialist

**Re:** Law Enforcement Technology Financial Clearance Memo  
A financial analysis of budgeted costs has been completed. Costs under this award appear reasonable, allowable, and consistent with existing guidelines. Exceptions / Adjustments are noted below.

**OJP Vendor #: 386004868**

**ORI #: MI50150**

**Grant #: 2008CKWX0493**

<u>Budget Category</u>	<u>Proposed Budget</u>	<u>Approved Budget</u>	<u>Adjustments</u>	<u>Disallowed/Adjusted - Reasons/Comments</u>
Equipment	\$328,285.00	\$328,285.00	\$0.00	
Supplies	\$10,808.00	\$10,808.00	\$0.00	
Other	\$11,645.00	\$11,645.00	\$0.00	
<b>Direct Costs:</b>	<b>\$350,738.00</b>	<b>\$350,738.00</b>	<b>\$0.00</b>	
<b>Grand Total</b>	<b>\$350,738.00</b>	<b>\$350,738.00</b>	<b>\$0.00</b>	

<b>Grand Total:</b>	<b>Federal Share:</b>	<b>\$ 350,738.00</b>
	<b>Applicant Share:</b>	<b>\$ 0.00</b>

Cleared Date: 8/27/2008

Overall Comments:

All costs listed in this budget were programmatically approved based on the final budget detail worksheet submitted by your agency to the COPS Office. Maintenance agreements (if applicable) must be purchased within the three year grant period. Prior to the obligation, expenditure or drawdown of grant funds for non-competitive contracts in excess of \$100,000, grantee must submit a sole source justification to the COPS Office for review and approval. Prior to the obligation, expenditure, or drawdown of grant funds for consultant fees in excess of \$550 per day when the consultant is hired through a noncompetitive bidding process, approval must be obtained from the COPS Office. If the vendor number on this form differs from the EIN number included in your application, then for administrative purposes only, we are assigning a different vendor number to your agency. The reason for this administrative change is that your original EIN number has been assigned to another agency. If this applies to your agency, please use the new vendor number on all financial documents related to this grant award. The vendor number should not be used for IRS purposes and only applies to this grant.





U. S. Department of Justice  
Community Oriented Policing Services

Grants Administration Division (GAD)  
Law Enforcement Technology

Treasury Account Symbol (TAS) 15X0406

Grant #: 2008-KW0493

ORI #: MI50150

Applicant Organization's Legal Name: Macomb County Sheriff's Department

OJP Vendor #: 336004868

Law Enforcement Executive: Sheriff Mark A. Hackel

Address: 43565 Elizabeth Road

City, State, Zip Code: Mt. Clemens, MI 48043

Telephone: (586) 307-9345

Fax: (586) 307-9621

Government Executive: Commissioner William A. Crouchman

Address: One South Main Street

9th Floor

City, State, Zip Code: Mt. Clemens, MI 48043

Telephone: (586) 469-5711

Fax: (586) 469-5993

Award Start Date: 12/26/2007

Award End Date: 12/25/2010

Award Amount: \$ 50,738,100

Carl R. Peed, Director

SEP 4 2008

Date

Signature of Law Enforcement Official with the Authority to Accept this Grant Award

Typed Name and Title of Law Enforcement Official

Date

Signature of Government Official with the Authority to Accept this Grant Award

Typed Name and Title of Government Official

Date

False statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any remedy available by law to the Federal Government.

U. S. Department of Justice  
*Office of Community Oriented Policing Services*  
**Technology Program Grant Terms and Conditions**

By signing the Award Document to accept this Technology Program grant, your agency agrees to abide by the following grant conditions:

1. The grantee agrees to comply with the terms, conditions and regulations as found in the COPS 2008 Technology Program Grant Owner's Manual; the COPS statute (42 U.S.C. §. 3796dd); 28 C.F.R. Part 66 (OMB Circular A-102) or 28 C.F.R. Part 70 (OMB Circular A-110) as applicable (governing administrative requirements for grants and cooperative agreements); 2 C.F.R. Part 225 (OMB Circular A-87), 2 C.F.R. 220 (OMB Circular A-21), 2.C.F.R. Part 230 (OMB Circular A-122) and 48 C.F.R. Part 31.000, et seq. (FAR 31.2, as applicable (governing cost principles); OMB Circular A-133 (governing audits); these award conditions; other representations made in the grant application for the Technology Program; and with all applicable program requirements, laws, orders, regulations, or circulars.
2. The grantee acknowledges its agreement to comply with the Assurances and Certifications forms that were submitted as part of its Technology Program application.
3. The funding under this project is for the payment of approved costs for the continued development of technologies and automated systems to assist state, local, and tribal law enforcement agencies in investigating, responding to, and preventing crime. The allowable costs for which your agency's grant has been approved are limited to those listed on the Financial Clearance Memorandum, which is included in your agency's award packet.
4. Travel costs for transportation, lodging and subsistence, and related items are allowable under the Technology Program with prior approval from the COPS Office. Payment for allowable travel costs will be in accordance with 2 C.F.R. Part 225 (OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments), 2 C.F.R. 220 (OMB Circular A-21, Cost Principles for Educational Institutions), 2 C.F.R. Part 230 (OMB Circular A-122, Cost Principles for Non-Profit Organizations), and 48 C.F.R. Part 31.000, et seq. (FAR-31.2, Cost Principles for Commercial Organizations), as applicable.
5. The grantee acknowledges that when procuring hardware, software, or professional services for an information-sharing initiative, a standards-based approach should be used. Specifically, information-sharing initiatives should be compatible with the Global Justice XML Data Model (GJXDM)/National Information Exchange Model (NIEM), as guidelines. In addition, when procuring equipment for communication system development and expansion, a standards-based approach should be used to begin migration to multi jurisdictional and multi-disciplinary interoperability. Specifically, all new digital voice systems should be compliant with the Project 25 (P25) suite of standards.
6. State, local, and tribal governments must use Technology Program grant funds to supplement, and not supplant, state, local, or Bureau of Indian Affairs funds that are already committed or otherwise would have been committed for grant purposes (hiring, training, purchases, and/or activities) during the grant period. In other words, grantees may not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that would have been dedicated to the COPS-funded item(s) in the absence of the COPS grant.
7. Your agency may request an extension of the grant award period to receive additional time to implement your grant program. Such extensions do not provide additional funding. Only those grantees that can provide a reasonable justification for delays will be granted no-cost extensions. Extension requests must be received prior to the end date of the award, as extension requests received after an award has expired will be approved only under very limited circumstances.
8. The grantee must promptly notify the COPS Office in writing of any changes to the award budget, and must obtain written approval from COPS for any changes in excess of ten percent of the total award amount before incurring the proposed costs.
9. The COPS Office may conduct monitoring or sponsor national evaluations of the COPS Technology Program. The grantee agrees to cooperate with the monitors and evaluators.
10. To assist the COPS Office in the monitoring of your award, your agency will be responsible for submitting periodic programmatic progress reports and quarterly financial reports.
11. The COPS Office performs various functions to ensure compliance with all grant requirements, to assess the implementation of community policing in awarded jurisdictions, and to provide technical assistance to grantees. Grant monitoring activities are routine during the grant period and may occur up to three years following the official closure of the grant award. These functions, and others, often require the production of grant-related documentation and other materials. As a COPS Technology Program grantee, you agree to cooperate with any such requests for information.
12. Grantees that have 50 or more employees and a single award for \$500,000 or more must submit an acceptable Equal Employment Opportunity Plan (EEO) or EEO short form, if required to submit an EEO under 28 C.F.R. 42.302, that is approved by the Office of Justice Programs, Office of Civil Rights, within 60 days of the award start date.
13. Grantees using Technology Program funds to operate an interjurisdictional criminal intelligence system must comply with operating principles of 28 C.F.R. Part 23. The grantee acknowledges that it has completed, signed and submitted with its grant award the relevant Special Condition certifying its compliance with 28 C.F.R. Part 23.
14. Grantees who have been awarded funding for the procurement of an item (or group of items) or service in excess of \$100,000 and who plan to use a non-competitive procurement process must provide a written sole source justification to the COPS Office for approval prior to obligating, expending, or drawing down grant funds for that item.
15. The grantee agrees to submit one copy of all reports and proposed publications resulting from this grant 20 days prior to public release. Any publications (including written, software, visual, or sound, but excluding press releases, newsletters, and issue analyses), whether published at the recipient's or government's expense, shall contain the following statement: "This project was supported by Grant # \_\_\_\_\_, awarded by the U.S. Department of Justice, Office of Community Oriented Policing Services. The opinions contained herein are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific companies, products, or services should not be considered an endorsement by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues."
16. The grantee agrees to complete and keep on file, as appropriate, a Bureau of Citizenship and Immigration Services Employment Eligibility Verification Form (I-9). This form is to be used by recipients of federal funds to verify that persons are eligible to work in the United States.
17. To facilitate communication among local and state governmental agencies regarding various information technology projects, the grantee agrees to notify the appropriate State Information Technology Point of Contact of the receipt of this grant award. For a list of State Information Technology Points of Contact, visit [http://it.ojp.gov/topic.jsp?topic\\_id=31](http://it.ojp.gov/topic.jsp?topic_id=31).
18. The grantee agrees to comply with 28 C.F.R. Part 61 (Procedures for Implementing the National Environmental Policy Act).
19. False statements or claims made in connection with COPS grants may result in fines, imprisonment, or debarment from participating in federal grants or contracts, and/or any other remedy available by law.



**COPS**

COMMUNITY ORIENTED POLICING SERVICES  
U.S. DEPARTMENT OF JUSTICE

*COPS Application Forms*

[www.cops.usdoj.gov](http://www.cops.usdoj.gov)

COPS FY2008  
TECHNOLOGY PROGRAM GRANT

\$350,738.00

MACOMB COUNTY, MICHIGAN

( 1 of 3 )

U.S. Department of Justice  
Office of Community Oriented Policing Services  
Carl R. Peed, Director

**Application for Federal Assistance SF-424**

**Version 02**

<b>* 1. Type of Submission:</b> <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
--	--

<b>* 3. Date Received:</b>	<b>4. Applicant Identifier:</b>
----------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>* 5b. Federal Award Identifier:</b>
---------------------------------------	--

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Macomb County

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 38-6004868	<b>* c. Organizational DUNS:</b> 803626761
--	---

**d. Address:**

**\* Street1:** 10 N.Main - 1st Floor  
**Street2:**  
**\* City:** Mt. Clemens  
**County:** Macomb  
**\* State:** MI  
**Province:**  
**\* Country:** United States  
**\* Zip / Postal Code:** 48043

**e. Organizational Unit:** Macomb County

<b>Department Name:</b> Office of Emergency Management & Communications	<b>Division Name:</b> Emergency Management
--	---

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** \_\_\_\_\_ **\* First Name:** Louis  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** Mioduszewski  
**Suffix:** \_\_\_\_\_

**Title:** Homeland Security Regional Planner

**Organizational Affiliation:**  
N/A

**\* Telephone Number:** 586-469-5344 **Fax Number:** (586) 469-6439

**\* Email:** lou.mioduszewski@macombcountymi.gov

Application for Federal Assistance SF-424

Version: 02

9. Type of Applicant 1:

County Government

Type of Applicant 2:

Type of Applicant 3:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Justice

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS FY2008 Technology Program Grant

\* 12. Funding Opportunity Number:

COPS-OTHERECH-2008-1

\* Title:

Community Oriented Policing Services

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Macomb County, Armada Twp., Huron-Clinton Metroparks, Macomb Twp., New Baltimore, Ray Twp., Sterling Heights., Richmond/Lenox EMS, Bruce Twp., Washington Twp., Harrison Twp., Lenox Twp., Utica, New Haven, Richmond, Romeo, Chesterfield Twp., and Shelby Twp.

\* 15. Descriptive Title of Applicant's Project:

Macomb County Interoperable Communications

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant MI-010 and MI-012

\* b. Program/Project: MI-010 and MI-012

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: 09/01/2008

\* b. End Date: 08/31/2011

**18. Estimated Funding (\$):**

* a. Federal	350,738.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	350,738.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)**

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Prefix: \_\_\_\_\_ \* First Name: William  
Middle Name: Anthony  
\* Last Name: Crouchman  
Suffix: \_\_\_\_\_

\* Title: Board Chairman

\* Telephone Number: 586-469-5125 Fax Number: 586-469-5993

\* Email: bill.crouchman@macombcountymi.gov

\* Signature of Authorized Representative: \_\_\_\_\_ \* Date Signed: \_\_\_\_\_

Authorized for Local Reproduction

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

N/A

**BUDGET SUMMARY**

**Instructions:** When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ _____ .00	1
B.	Civilian/Non-Sworn Personnel	\$ _____ .00	2
C.	Equipment/Technology	\$ <u>328,285</u> .00	3
D.	Other Costs	\$ <u>11,645</u> .00	4
E.	Supplies	\$ <u>10,808</u> .00	5
F.	Travel/Training	\$ _____ .00	6
G.	Contracts/Consultants	\$ _____ .00	7
H.	Indirect Costs	\$ _____ .00	8
<b>Total Project Amount:</b>		\$ <u>350,738</u> .00	
<b>Total Federal Share Amount:</b> (Total Project Amount X Federal Share Percentage Allowable)		\$ <u>350,738</u> .00	
<b>Total Local Share Amount (If applicable):</b> (Total Project Amount - Total Federal Share Amount)		\$ <u>0</u> .00	

**Contact Information for Budget Questions**

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: Louis Mioduszewski

Title: Regional Planner

Phone: 586-469-5344

Fax: 586-469-6439

E-mail Address: lou.mioduszewski@macombcountymi.



<b>C. EQUIPMENT/TECHNOLOGY</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
<b>MOBILE RADIOS</b>				
1	XTL5000 "03" CONTROL HEAD W/MULTIKEY		\$4,220.00	
2	XTL5000 "05" DASH MOUNT W/O MULTIKEY	5	\$3,441.00	\$17,205.00
3	XTL5000 "05" REMOTE MOUNT W/O MULTIKEY		\$3,575.00	
4	XTL2500 DASH MOUNT	10	\$2,983.00	\$29,830.00
5	XTL2500 REMOTE MOUNT		\$3,116.00	
6	XTL2500 REMOTE MOUNT W/SIREN P.A.	2	\$3,711.00	\$7,422.00
7	XTL1500 DASH MOUNT		\$1,722.00	
<b>PORTABLE RADIOS</b>				
8	XTS5000 MODEL II		\$3,257.00	
9	XTS2500 MODEL II W/NiMH IMPRESS BATTERY		\$2,464.00	
10	XTS2500 MODEL II W/STANDARD NiCD BATTERY		\$2,439.00	
11	XTS2500 MODEL II W/FMIS NiMH IMPRESS BATTERY	35	\$2,501.00	\$87,535.00
12	XTS1500 MODEL 1.5 W/DISPLAY		\$1,375.00	
13	MINATOR V RADIO W/ALERT & RECORD	30	\$450.00	\$13,500.00
<b>CONTROL STATION</b>				
14	XTL5000 CONTROL STATION RADIO		\$3,765.00	
15	XTL2500 CONTROL STATION RADIO	3	\$3,244.00	\$9,732.00
16	XTL1500 CONTROL STATION RADIO		\$2,020.00	
17	XTL5000 "W7" CONSOLETTTE W/TONE REMOTE CONTROL		\$5,299.00	
18	XTL5000 "W9" CONSOLETTTE W/DIGITAL REMOTE CONTROL		\$4,976.00	
19	JUNCTION BOX FOR DIGITAL CONTROL CONSOLETTTE		\$677.00	
20	DIGITAL REMOTE CONTROL		\$865.00	
21	TONE REMOTE CONTROL		\$467.00	
22	CONTROL STATION ANTENNA SYSTEM	3	\$647.00	\$1,941.00
<b>DISPATCH</b>				
23	5 POSITION DISPATCH CONSOLE		\$272,000.00	
24	DISPATCH RECORDERS / 800 MHz DIGITAL SCANNERS	2	\$14,000.00	\$28,000.00
25	MTR2000 REPEATER FOR 800 MHz - 420 MHz PATCH	2	\$12,000.00	\$24,000.00
26	RCM (RADIO CONTROL MANAGER) TERMINAL		\$70,000.00	
27	CDM750 WITH ENCODER	2	\$4,000.00	\$8,000.00
<b>MISC</b>				

<b>C. EQUIPMENT/TECHNOLOGY</b>				
	<b>Unit/Item Description</b>	<b>Qty.</b>	<b>Unit Cost</b>	<b>Item Subtotal</b>
28	ARCHIVE FEES	50	\$5.00	\$250.00
29	PROGRAMMING FEES	57	\$10.00	\$570.00
30	TEMPLATE FEES	10	\$100.00	\$1,000.00
	<b>OTHER</b>			
31	BI-DIRECTIONAL AMPLIFIER/ ANTENNA		\$16,000.00	
32	MODEM	2	\$5,000.00	\$10,000.00
33	800 MHz - 420 MHz INTEROPERABLE PATCH	2	\$15,000.00	\$30,000.00
34	GPS TRACKING DEVICE	1	\$300.00	\$300.00
35	TOWER		\$50,000.00	
36	MICROWAVE LINK - PSAP TO INFRASTRUCTURE		\$225,000.00	
37	STR3000 BASE STATIONS	1	\$39,000.00	\$39,000.00
38	ANTENNAS FOR PRIME SITE		\$18,000.00	
39	WARNING SIRENS	1	\$20,000.00	\$20,000.00
40	700 MHz ANTENNAS AND COMBINERS		\$25,000.00	
41	ITAC REPEATER		\$4,000.00	
	<b>TOTAL</b>			<b>\$328,285.00</b>





# **RECYCLABLE PAPER**

12a.



# EMERGENCY MANAGEMENT & COMMUNICATIONS

10 N. Main St., 1st Floor  
Mount Clemens, Michigan 48043  
586-469-5270 FAX 586-469-6439

SEP 26 PM 2:55  
2008

Victoria Wolber  
Acting Director

September 26, 2008

**To :** William A. Crouchman, Chairman  
Macomb County Board of Commissioners

**From :** Victoria Wolber, Acting Director *VW*  
Office of Emergency Management

**RE :** Local Emergency Planning Committee Application

Please submit the enclosed applications for nomination to the Macomb County Local Emergency Planning Committee (LEPC) at the next Full Board session. Upon notification of the appointment I will submit the application to the Michigan Citizen-Community Emergency Response Coordinating Council (MC-CERCC) for final appointment.

The nominee will represent the following category:

<u>Name</u>	<u>Category</u>
Kevin M. Sommers	2 – Law Enforcement

If you have any questions, please call me at 469-5270.

## MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj – District 1	Joan Flynn – District 6	Ed Szczepanski – District 11	William A. Crouchman District 23 Chairman	Dana Camphous-Peterson District 18 Vice-Chair	Leonard Haggerty District 21 Sergeant-at-Arms
Marvin Sauger – District 2	Sue Rocca – District 7	Peter J. Lund – District 12			
Phillip A. DiMaria – District 3	David Flynn – District 8	Don Brown – District 13			
Jon M. Switalski – District 4	Robert Mijac – District 9	Brian Brdak – District 14			
Susan Doherty – District 5	Philis DeSaele – District 10	Keith Rengert – District 15			
				Carey Torrice – District 16	Betty Slinde – District 22
				Ed Bruley – District 17	Sarah Roberts – District 24
				Paul Gielegem – District 19	Kathy D. Vosburg – District 25
				Kathy Tocco – District 20	Leon Drolet – District 26

LOCAL EMERGENCY PLANNING COMMITTEE  
APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION

DATE: 08-05-2008

(LEPC)

I, KEVIN M. SOMMERS, hereby make application for appointment to Macomb County Local Emergency  
Name Name of Board or Commission

Planning Committee for \_\_\_\_\_ from appointed until removed by membership.  
Number of Years Exact Dates of Appointment

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN )  
                                  )ss  
COUNTY OF MACOMB)

1. I reside at 11757 HOVEY WARREN, MICHIGAN 48089  
Street City Zip  
and have since 1959 Telephone: (586) 634-4290

2. I am at least 18 years of age: Yes  No

3. Citizen of U.S.A.  
County

4. Employer: WARREN POLICE DEPARTMENT Telephone: (586) 574-4853

a. Indicate nature of your work: POLICE OFFICER/EMERGENCY MANAGEMENT COORDINATOR

b. Title: LIEUTENANT/EMERGENCY MANAGEMENT COORDINATOR

5. Educational level and degrees received: BACHELOR OF SCIENCE IN CRIMINAL JUSTICE FROM WAYNE STATE UNIVERSITY.

6. I presently hold the following appointments and elected positions:

Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

Title	Dates Served

8. Is this an application for reappointment? Yes  No

If yes, how many years have you served on this board? \_\_\_\_\_

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

CURRENTLY THE EMERGENCY MANAGEMENT COORDINATOR FOR THE CITY OF WARREN. OVER 25 YEARS EXPERIENCE AS A POLICE OFFICER, CURRENTLY HOLDING THE RANK OF LIEUTENANT.

I hereby apply for appointment to Local Emergency Planning Committee and do swear or affirm that  
Board or Commission

(1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for, and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Kevin M. Sommers  
Signature

KEVIN M. SOMMERS  
Name (Print or Type)

Subscribed and sworn to before me this N/A  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

08-06-2008  
Date

Notary Public  
Macomb County, Michigan  
My commission expires: \_\_\_\_\_

Nominated By: \_\_\_\_\_  
Name(s) of Commissioner






12 b.

# BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor  
Mount Clemens, Michigan 48043  
586-469-5125 FAX 586-469-5993  
macombcountymi.gov/boardofcommissioners

October 1, 2008

TO: Honorable Commissioners  
FROM: William A. Crouchman   
Chairman  
RE: Appointments to the Historical Commission

Please concur with my reappointment of the following individuals to the Macomb County Historical Commission:

Philis DeSaele      Suzanne Pixley      Kathy Vosburg

These individuals have a strong commitment to preserving the heritage of Macomb County. Their terms will run November 1, 2008 through October 31, 2011.

Thank you.

:pd

## MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman  
District 23  
Chairman

Dana Camphous-Peterson  
District 18  
Vice-Chair

Leonard Haggerty  
District 21  
Sergeant-At-Arms

Andrey Duzyj - District 1  
Marvin E. Sauger - District 2  
Phillip A. DiMaria - District 3  
Jon M. Switalski - District 4  
Susan L. Doherty - District 5

Joan Flynn - District 6  
Sue Rocca - District 7  
David Flynn - District 8  
Robert Mijac - District 9  
Philis DeSaele - District 10

Ed Szczepanski - District 11  
Peter J. Lund - District 12  
Don Brown - District 13  
Brian Brdak - District 14  
Keith Rengert - District 15

Carey Torrice - District 16  
Ed Bruley - District 17  
Paul Gielegem - District 19  
Kathy Tocco - District 20

Betty Slinde - District 22  
Sarah Roberts - District 24  
Kathy D. Vosburg - District 25  
Leon Drolet - District 26

APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION

I, Philip De Saed, hereby make application for appointment to M.C.  
Historical Commission for 3 from 11-1-08  
Name of Board or Commission Number of years Exact Dates of Appointment  
to 10-31-2011

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN )  
                                  )ss  
COUNTY OF MACOMB)

1. I reside at 42430 Utica Rd. Sterling Heights 48314  
Street City Zip  
Macomb and have since 1977  
County

Telephone: 586-254-1284 Cell Phone: \_\_\_\_\_

Email: desaede@wideopenwest.com

2. I am at least 18 years of age: Yes  No

3. Citizen of U.S.A.  
Country

4. Employer: Macomb County

Telephone: 586-469-5125

a. Indicate nature of your work: County Comm.

b. Title: County Comm.

5. Educational level and degrees received: Some Courses at Macomb  
Community College; High School

6. I presently hold the following appointments and elected positions:

Macomb County Comm. 1990 - Current  
 Title Appointment or Election Date

Macomb <sup>County</sup> Water Quality Board 1997 - Current - Charter Member  
 Title Appointment or Election Date

Macomb County Historical Commission 2003 - Current  
 Title Appointment or Election Date

7. Previously held appointments and/or elected positions:

Vice Chair of the Macomb County Newspapers Association Many many years  
 Title Dates Served

Title Dates Served

Title Dates Served

8. Is this an application for reappointment? Yes  No

If yes, how many years have you served on this board? 5 - Charter Member

Please indicate your attendance record for the term(s) served 52 / 1 55  
 No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County. I have been a member since the beginning. I serve as secretary. I also serve as the chairperson of the ad hoc that puts the Historical Activity Book together and have fund-raised numerous dollars to help pay for the printing of the activity book.

I hereby apply for appointment to Historical Commission and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Philis De Saek  
Signature

PHILIS DeSAELE  
Name (Print or Type)

Subscribed and sworn to before me this 1st day of October, 2008

Myra A Coryell  
Notary Public  
Macomb County, Michigan

MYRA A. CORYELL  
Notary Public, Macomb County, MI  
My Commission Expires 09-15-2013

My commission expires: \_\_\_\_\_

Nominated By: Philis De Saek  
Name(s) of Commissioner

**APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION**

I, Suzanne Pixley , hereby make application for appointment to \_\_\_\_\_  
Name

Macomb County Historical Commission for 3 years from 08 11-01-08  
Name of Board or Commission Number of years Exact Dates of Appointment

to 10-31-2011 \_\_\_\_\_.

**TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:**

STATE OF MICHIGAN )  
  )  
COUNTY OF MACOMB)

1. I reside at 24305 Grove Street                         Eastpointe                         48021  
Street City Zip

Macomb   and have since 1941-64 and 1994-2008  
County

Telephone: (586) 218-4875                                 Cell Phone: (586) 945-4389

Email: suzannepixley@gmail.com

2. I am at least 18 years of age: Yes

3. Citizen of USA  
Country

4. Employer: City of Eastpointe (part time)

Telephone: (586) 445-5016

a. Indicate nature of your work: **Elected Official**

b. Title: Mayor \_\_\_\_\_

**5. Educational level and degrees received:**

**Doctoral studies in Education in Community and National Development,  
MS in Health Occupations Education;  
BS in Health Occupation Education; Minor in Social Studies (certification in Secondary and Post  
Secondary Education;  
Diploma in Nursing**

**6. I presently hold the following appointments and elected positions:**

Mayor, City of Eastpointe, Elected November 2007, 4 year term  
Title Appointment or Election Date

\_\_\_\_\_  
Title Appointment or Election Date

\_\_\_\_\_  
Title Appointment or Election Date

**7. Previously held appointments and/or elected positions:**

City Council, City of Eastpointe, November 2005 to November 2007

\_\_\_\_\_  
Title Dates Served

\_\_\_\_\_  
Title Dates Served

**8. Is this an application for reappointment? Yes x**

If yes, how many years have you served on this board? 3 years

Please indicate your attendance record for the term(s) served 29 / 32  
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) \_\_\_\_\_

Absence of one was due to the regular meeting time being changed

**9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.**

**I have been President of the East Detroit Historical Society for the past five years. We have been successful in restoring the Halfway Schoolhouse and obtaining National Recognition.**

Recently we completed restoration of the city's 1921 Model T Fire Truck. In addition, we have multiple events through the year to promote local history. We work closely with the schools to promote local history which has been deleted from the state curriculum guides.

As Chairman of the Macomb County Historical Commission, I have worked with Commission members to attract the Annual Meeting of the Historical Society of Michigan to Macomb County and worked diligently with the committee to make it one of the best annual meetings. I have worked with the Macomb Comm. College on the Advisory Council to the Cultural Center. We recently made application for and received a grant from the Motor Cities Auto Heritage for financial assistance to complete destination maps for historical sites within Macomb County. We work with other historical societies throughout the county to promote the annual Heritage Alliance meeting, which was sponsored by the Historical Commission last year, at a \$10 cost to the county. We are currently working on establishing day trips to highlight Macomb County historical sites...which will promote regional tourism.

I hereby apply for appointment to Historical Commission and do swear or affirm Board or Commission that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Suzanne Pixley  
Signature  
Suzanne Pixley

Name (Print or Type)

Subscribed and sworn to before me this 30th day of September, 2008.

Linda B. Lince  
Notary Public  
Macomb County, Michigan

My commission expires: 2-1-2014

LINDA B. LINCE  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Feb 1, 2014  
ACTING IN COUNTY OF MACOMB

Nominated By: Kathy Vosburg  
Name(s) of Commission  
Kathy Vosburg

APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION

I, Kathy Vosburg , hereby make application for appointment to \_\_\_\_\_  
Name

Macomb Historical Commission for 3 from Nov. 1, 2008  
Name of Board or Commission Number of years Exact Dates of Appointment

to October 31, 2011.

**TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:**

STATE OF MICHIGAN )  
                                  )ss  
COUNTY OF MACOMB)

1. I reside at 47395 SugarBush Chesterfield MI 48047  
Street City Zip

Macomb and have since 1975 .  
County

Telephone: 586-949-3810 Cell Phone: 586-909-6279

Email: kathy.vosburg@macombcountymi.gov

2. I am at least 18 years of age: Yes X No

3. Citizen of USA  
Country

4. Employer: County of Macomb

Telephone: 586-469-5125

a. Indicate nature of your work: Public Servant

b. Title: County Commissioner

5. Educational level and degrees received: Bachelor, Management

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**6. I presently hold the following appointments and elected positions:**

<b>County Commissioner</b>	<b>11-02-04</b>
Title	Appointment or Election Date
<b>Macomb Historical Commission</b>	<b>2005</b>
Title	Appointment or Election Date
<b>SEMCOG</b>	<b>2003</b>
Title	Appointment or Election Date

**7. Previously held appointments and/or elected positions:**

Title	Dates Served
Title	Dates Served
Title	Dates Served

**8. Is this an application for reappointment? Yes  No**

If yes, how many years have you served on this board? just over 3 years

Please indicate your attendance record for the term(s) served 31 / 37  
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.**

**I am a current, active member of the Commission and am a member of the Chesterfield Township Historical Society. I care deeply about the preservation of Macomb County history.**

I hereby apply for appointment to Macomb Historical Commission \_\_\_\_\_ and do swear or affirm  
Board or Commission  
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

*Kathy D Vosburg*  
Signature  
Kathy D. Vosburg  
Name (Print or Type)

Subscribed and sworn to before me this  
2 day of October, 2008.

*Kay Daptes*  
Notary Public  
Macomb County, Michigan

My commission expires: 6/7/2012

Nominated By: *Kathy Vosburg*  
Name(s) of Commissioner

APPLICATION FOR APPOINTMENT  
MACOMB COUNTY BOARD OR COMMISSION

I, Margaret A. Hader, hereby make application for appointment to Department  
of Human Services for 3 years from \_\_\_\_\_  
Name of Board or Commission Number of years Exact Dates of Appointment

085112107

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN )  
                                  )ss  
COUNTY OF MACOMB)

1. I reside at 20246 Anita Clinton Township 48036  
                                  Street                                  City                                  Zip  
Macomb and have since 1964  
                                  County

Telephone: 586-463-5986 Cell Phone: 586-495-7896

Email: emepenny@wowway.com

2. I am at least 18 years of age: Yes  No

3. Citizen of USA  
                                  Country

4. Employer: New Passages

Telephone: 586 477 4067

a. Indicate nature of your work: SOCIAL WORKER

b. Title: Line Manager

5. Educational level and degrees received: Master of Social Work

Bachelor of Sociology

6. I presently hold the following appointments and elected positions:

Vice President of Board of <sup>Department</sup> Human Services	Appointment or Election Date
Title	Appointment or Election Date
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

Title	Dates Served
Title	Dates Served
Title	Dates Served

8. Is this an application for reappointment? Yes  No

If yes, how many years have you served on this board? 3 1/2 April '05 - present

Please indicate your attendance record for the ~~last~~ <sup>term served.</sup> year 78 / 78

No. of meetings attended                      No. of meetings held

Comments/Clarification (only if necessary) Social Services Board & Martha T. Berry  
Regular Governing Board  
verified by Brenda Piekariski pd.

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

Employed and active in volunteer positions for forty years as a social worker serving senior citizens, developmentally disabled, unemployed, homeless and teens. I feel I have a good understanding of the needs of the residents of Macomb County and the resources available.

I hereby apply for appointment to Department of Human Services and do swear or affirm  
Board or Commission  
that (1) if appointed, I will comply with all statutory and other requirements and obligations of  
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said  
appointed position; (3) I hold no position or appointment which is a conflict of interest with the  
appointed position applied for; and (4) to the best of my knowledge and belief, I possess the  
requisite qualifications for the office I am seeking.

Margaret A. Hader  
Signature  
Margaret A. Hader  
Name (Print or Type)

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*  
Subscribed and sworn to before me this  
14 day of September, 2008.

*[Handwritten signature]*

Myra A. Coryell  
Notary Public  
Macomb County, Michigan

MYRA A. CORYELL  
Notary Public, Macomb County, MI  
My Commission Expires 09/15/2013  
(Acting in Macomb County)

My commission expires: \_\_\_\_\_

Nominated By:

*[Handwritten signature]*  
Name(s) of Commissioner

(Rev. 09/08 pd)

*[Multiple handwritten signatures and notes, including names like 'Frankie Haski', 'Edmund', and 'John']*