



BOARD OF COMMISSIONERS

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

macombcountymi.gov/boardofcommissioners

DECEMBER 4, 2008

NOTICE OF MEETING

There will be a meeting of the **BOARD OF COMMISSIONERS** on Thursday, December 11, 2008 at **7 p.m.**, on the 9th Floor of the County Administration Building, in the Commissioners' Board Room, Mount Clemens.

(Invocation this month is by Commissioner Leon Drolet)

TENTATIVE AGENDA

1. COMMITTEE REPORTS:

- a) Budget, November 18 (attached)
- b) Legislative & Administrative Services, December 1 (attached)
- c) Planning & Economic Development, December 2 (attached)
- d) Operational Services, December 3 (attached)
- e) Health Services, December 4 (attached)

2. RESOLUTIONS:

- a) To Address State Inconsistencies in Assessing (offered by Lund; recommended by LAS Committee on 12-1-08) (attached)
- b) In Support of Senate Bill No. 1390 Restoring County Register of Deeds Authority to Calculate Foreclosure Redemption Amounts (offered by Lund; recommended by LAS Committee on 12-1-08) (attached)
- c) Supporting the List of Projects Submitted by the Road Commission for Upcoming Federal Economic Stimulus Package (offered by Board Chair on behalf of Board; recommended by Operational Services Committee on 12-3-08; currently being developed)

- 3. Request to Purchase Previous Service Time (attached)

4. APPOINTMENTS:

- a) CIVIL SERVICE COMMISSION
(1 vacancy - 6 year term; 1-1-09 thru 12-31-14)

(2 applications are attached)

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
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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

- b) **HEALTH DEPARTMENT HEARING BOARD**
(4 vacancies - 1 Commissioner and Alternate/1 Citizen-at-Large and Alternate)
(2 year terms; 1-1-09 thru 12-31-10)

(4 applications are attached)
- c) **PARKS AND RECREATION COMMISSION**
(4 vacancies - 2 Commissioners, 1 Homeowner and 1 SEMCOG)
(3 year terms; 1-1-09 thru 12-31-11)

(2 applications attached for Commissioner, 1 application attached for Homeowner)
- d) **PARTNERSHIP FOR SUSTAINABILITY**
(1 Republican and 1 Democrat)
(3 year terms; 1-1-09 thru 12-31-11)

(letter from Board Chair and 1 application is attached)
- e) **ROAD COMMISSION**
(2 vacancies)
(unexpired term: date of appt. to 12-31-12)
(6 year term: 1-1-09 thru 12-31-14)

(2 applications attached for unexpired term and 1 application attached for 6 year term)
- f) **SUBSTANCE ABUSE ADVISORY COUNCIL**
(1 appointment - 3 year term; 1-1-09 thru 12-31-11)

(1 application is attached)
- g) **WATER QUALITY BOARD**
(5 vacancies)

(letter from Board Chair and 4 applications are attached)

In addition to the agenda items listed, Committee Reports are also anticipated from the following committee meetings: Community Services and Senior Citizens, December 5; Finance, December 8; Personnel, December 9 and Budget, December 10.

Any other matters that require Full Board consideration and the reports listed above will be attached to your official Full Board agenda.



Corinne Bedard
Committee Reporter



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NOVEMBER 18, 2008

TO: BOARD OF COMMISSIONERS
FROM: DON BROWN, CHAIR, BUDGET COMMITTEE
RE: RECOMMENDATION FROM BUDGET COMMITTEE
MEETING OF NOVEMBER 18, 2008

At a meeting of the Budget Committee, held Tuesday, November 18, 2008, the following recommendation was made and is being forwarded to the Full Board on December 11, 2008:

1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY SZCZEPANSKI, SUPPORTED BY DROLET, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT A RECOMMENDED 2009 MACOMB COUNTY BUDGET. FURTHER, TO DIRECT THE CHAIR OF THE BOARD TO WORK WITH THE FINANCE DEPARTMENT AND THE PERSONNEL DEPARTMENT TO COMPILE A LIST OF LAYOFFS THAT WOULD TOTAL \$20.8 MILLION, TO BE BROUGHT BACK TO THE BOARD FOR APPROVAL WITH THE INTENTION TO BEGIN THE LAYOFF PROCESS. FURTHER, THAT THE CHAIR OF THE BOARD, FINANCE DEPARTMENT, AND PERSONNEL DEPARTMENT WORK WITH THE DEPARTMENT HEADS TO COME UP WITH A PROPOSAL. **THE MOTION CARRIED.**

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

MACOMB COUNTY BOARD OF COMMISSIONERS

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RESOLUTION NO.

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: adopt a recommended 2009 Macomb County Budget. * (see below)

INTRODUCED BY: Don Brown, Chairperson, Budget Committee

The enclosed recommended 2009 Budget amounts to \$490,778,382, which is supported by the General Fund in the amount of \$233,634,802 and by Non-General Fund resources in the amount of \$257,143,580.

* At the Budget Committee meeting held on November 18, 2008, the following action was taken:

COMMITTEE RECOMMENDATION – MOTION

A MOTION WAS MADE BY SZCZEPANSKI, SUPPORTED BY DROLET, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT A RECOMMENDED 2009 MACOMB COUNTY BUDGET. FURTHER, TO DIRECT THE CHAIR OF THE BOARD TO WORK WITH THE FINANCE DEPARTMENT AND THE PERSONNEL DEPARTMENT TO COMPILE A LIST OF LAYOFFS THAT WOULD TOTAL \$20.8 MILLION, TO BE BROUGHT BACK TO THE BOARD FOR APPROVAL WITH THE INTENTION TO BEGIN THE LAYOFF PROCESS.

A **friendly amendment** by Commissioner DeSaele was accepted as follows: "FURTHER, THAT THE CHAIR OF THE BOARD, FINANCE DEPARTMENT, AND PERSONNEL DEPARTMENT WORK WITH THE DEPARTMENT HEADS TO COME UP WITH A PROPOSAL."

Chair Brown called for a vote on the motion, as amended, and **THE MOTION CARRIED.**

COMMITTEE/MEETING DATE: Budget Committee, Nov 18, 2008 Public Hearing, Dec 10, 2008 Full Board, Dec 11, 2008 *Approved*



FINANCE DEPARTMENT

10 N. Main St., 12th Floor
Mount Clemens, Michigan 48043
586-469-5250 FAX 586-469-5847

November 7, 2008

David M. Diegel
Finance Director

John H. Foster
Assistant Finance Director

Robert Grzanka, C.P.A.
Internal Audit Manager

Stephen L. Smigiel, C.P.A.
Accounting Manager

Commissioner Don Brown, Chairperson
And Members of the Budget Committee
Administration Building 9th Floor
Mount Clemens, Michigan 48043

Dear Commissioner:

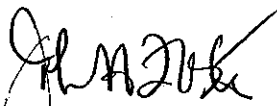
Attached is Schedule I – 2009 Budget Deficit as contained in the 2009 recommended County Budget document. This schedule reconciles the estimated deficit as presented in August, 2008 to the document being presented to Committee for review and approval. Also attached is the schedule summarizing Plan A and Plan B reductions as approved by the Budget Committee and Board of Commissioners.

After all of the adjustments, the estimated deficit for the 2009 Budget is \$22,689,880. There has been no consideration in the savings that may be realized through labor bargaining at this time and the budget maintains the current property tax rate of 4.2000 Mills for operating purposes.

The Finance Department is requesting that the Budget Committee approve a recommended 2009 Budget as required by law, in order to comply with the required Public Hearing scheduled for December 10, 2008. This document, can be amended by the Commission at any time.

We will be available to answer any questions regarding these schedules.

Sincerely yours,


John H. Foster
Assistant Finance Director

Cc: David M. Diegel

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SCHEDULE I

2009 BUDGET DEFICIT

August 12, 2008 Projected 2009 Deficit as adjusted MTB (32,633,508)

PLAN A and B (Attached)

Revenue Enhancements	204,325	
Expenditure Reductions	11,813,321	
TOTAL PLAN A AND B	12,017,646	12,017,646

Deficit after Plan A/B changes (20,615,862)

REVENUES:

Property Tax adjustment (Renaissance recovery zone)	(509,321)	
Interest Income reduction due to lower rates	(2,000,000)	
Liquor Tax estimate per State	75,809	
Cigarette Tax estimate per State	(83,594)	
Reduce Jury Fee reimbursement due to lower expend	(30,000)	
Increase Building expense reimbursement	15,000	
Increase Cost Allocation-Veteran's Fund	210,000	
Increase Bond Forfeitures	15,000	
Reduce Oversight Fees	(25,000)	
Increase Probation Fees	45,000	
Marriage License Fees	2,300	
Dispatch Service Fees	5,899	
Revenue Sharing Reserve per State	46,254	
Patrol Contract estimates	25,304	
School Liaison contract with Dakota High	111,000	
Decrease SCAAP prisoner income	(48,000)	
Increase Fed Immigration prisoner revenue	80,000	
Postage reimbursement decrease	(4,000)	
Sheriff Security reimbursement	15,000	
Sheriff prisoner income	384,000	
REVENUE ADJUSTMENTS	(1,669,349)	(1,669,349)

EXPENSES:

Veterans' Millage	644,257	
JJC housekeeper at 50%	(24,926)	
Flex spending account	(14,000)	
Drug Court funding approved by BOC	(210,000)	
Turnover factor	(800,000)	
EXPENDITURE ADJUSTMENTS	(404,669)	(404,669)

DEFICIT ON NOVEMBER 18,2008 (22,689,880)

SUMMARY OF PLAN A/PLAN B

DEPARTMENT	PLAN A (8/26 & 9/23)		PLAN B TARGET	SUB TOTAL		APPROVAL TO DATE		
	APPROVED	POS		PLAN A & PLAN B TARGET	PLAN A APPROVED	PLAN A POS	PLAN B APPROVED	PLAN B POS
Board of Commissioners	0	0	32,200	32,200	61,143	0	61,143	0
Conference & Seminar	5,500	0	0	5,500	--		5,500	0
Legislative Expense (Conf Expense)	17,219	0	0	17,219	--		17,219	0
Child Care-Juvenile Court	0	0	316,890	316,890	316,890	0	316,890	0
Child Care-DHS	0	0	127,540	127,540	0	*12	0	0
Circuit Court	0	0	120,120	120,120	50,000	0	50,000	0
Circuit Court-Reimbursement	0	0	24,500	24,500	126,568	*11	126,568	1
Clerk	0	0	181,300	181,300	299,452	1	299,452	1
Register of Deeds	0	0	92,540	92,540	0	0	0	0
Community Corrections	0	0	18,340	18,340	18,340	0	18,340	0
Community Mental Health	95,000	0	242,480	337,480	243,000	0	338,000	0
Community Services	0	0	44,380	44,380	262,747	0	262,747	0
Corporation Counsel	150,029	1	42,840	192,869	0	*7	150,029	1
District Court New Balt	0	0	17,570	17,570	17,570	0	17,570	0
District Court Probation	0	0	15,330	15,330	73,817	2	73,817	2
District Court Romeo	0	0	7,630	7,630	7,630	0	7,630	0
Emergency Mgt	0	0	9,940	9,940				
Equalization	54,899	1	43,610	98,509	78,497	1	133,396	2
Facilities and Operations	485,096	5	646,450	1,131,546	386,946	5.5	872,042	10.5
Facilities and Operations-Security	110,253	2	25,200	135,453	0	*13	110,253	2
Parking Equipment	-200,000	0	0	-200,000	--		-200,000	0
Finance	58,503	1	91,000	149,503	62,000	0	120,503	1
Friend of the Court	30,073	1	266,980	297,053	172,995	0	203,068	1
Health Department	336,000	0	633,360	969,360	564,866	*15	900,866	0
Human Resources	70,000	0	91,770	161,770	91,869	1	161,869	1
Information Technology	163,616	3	185,850	349,466	243,453	1	407,069	4
Juvenile Court	0	0	226,450	226,450	230,000	2	230,000	2
Juvenile Justice Center	125,000	0	305,970	430,970	286,908	*14	411,908	0
Library	0	0	105,560	105,560				
Martha T. Berry	908,135	11.5	0	908,135	--		908,135	0
MSU Extension	20,000	0	42,840	62,840	42,840	0	62,840	0
Parks and Recreation (Close)	1,009,249	7	0	1,009,249	--		1,009,249	7
Parks and Recreation-Maint Park	-115,500	0	0	-115,500	--		-115,500	0
Planning	281,843	4	113,190	395,033	101,471	1	383,314	5
Probate Court-Mental & Wills	0	0	129,290	129,290	109,033	1	109,033	1
Prosecuting Attorney (Reclass)	25,680	0	450,520	476,200	125,000	0	150,680	0
Prosecuting Attorney Victim Advocate	0	0	0	0	-69,760	*6	-69,760	-2

SUMMARY OF PLAN A/PLAN B

DEPARTMENT	PLAN A (8/26 & 9/23)		PLAN B TARGET	SUB TOTAL		APPROVAL TO DATE	
	APPROVED	POS		PLAN A & PLAN B TARGET	PLAN B APPROVED	PLAN A & B POS	
Public Affairs	0	0	7,630	7,630	0	7,630	0
Public Works	0	0	146,090	146,090	0	146,090	0
Purchasing	106,612	2	63,490	170,102	0	155,557	2
Risk Management	2,500	0	16,030	18,530	0	18,530	0
Senior Citizens/New Prg funding	358,482	2	72,660	431,142	1	442,125	3
Sheriff	0	0	1,933,820	1,933,820	4	445,000	4
Technical Services	0	0	21,420	21,420	0	0	0
Treasurer	0	0	87,220	87,220	0	120,748	0
Conference and Training Funding	176,358	0	0	176,358	0	176,358	0
Traffic Safety Association Membership	9,000	0	0	9,000	0	9,000	0
Lake and River Cleanup	0	0	0	0	0	0	0
Retiree Medical-Prescription	1,500,000	0	0	1,500,000	0	1,500,000	0
Cost of Unemployment	-205,802	0	0	-205,802	0	-205,802	0
SUB-TOTAL	5,577,745	40.5	7,000,000	12,577,745	19.5	10,349,106	60
Limit MTB subsidy to \$4M						2,201,545	
TOTAL REDUCTIONS						12,550,651	
Charter Commission Funding						-533,005	
NET REDUCTIONS						6,439,901	

- *1 Elimination of CHORE Program not approved
- *2 Pending Wayne State Contract Agreement
- *3 Elimination of Public Affairs Specialist not approved
- *4 Referred to JPS Committee
- *5 Referred to Health Services
- *6 Add one Victim Advocate Position as a result in elimination of Juvenile Restitution division in Juvenile Court 10/23
- *7 Plan B cuts not approved 10/16
- *8 Social Services Board Proposal approved by 10/9 Full Board.
- *9 Recommendation of HR Director approved by 10/9 Full Board
- *10 Approved October 27, 2008
- *11 Vacant Clerk position referred to Personnel Committee 10/21
- *12 Referred to November Budget Committee 10/21
- *13 Review of 5:00 P.M. Building Closer referred to next Budget Committee 10/16
- *14 Budget Committee did not approve deletion of vocational counselor position. 10/21
- *15 Add back funding for one Environmentalist II position in the amount of \$68,494 10/27



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DECEMBER 1, 2008

TO: BOARD OF COMMISSIONERS

FROM: PETER LUND, CHAIR
LEGISLATIVE & ADMINISTRATIVE SERVICES COMMITTEE

RE: RECOMMENDATION FROM LEGISLATIVE & ADMINISTRATIVE
SERVICES COMMITTEE MEETING OF 12-01-08

At a meeting of the Legislative & Administrative Services Committee, held Monday, December 1, 2008, the following recommendation was made and is being forwarded to the Full Board for approval:

1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY SLINDE, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE FOLLOWING MISCELLANEOUS DEPARTMENT REQUEST:

ONE COLOR LASER PRINTER FOR THE FAMILY HEALTH CLINIC SERVICES DIVISION OF PUBLIC HEALTH DEPARTMENT AT A COST NOT TO EXCEED \$1,372; FUNDING IS AVAILABLE FROM THE PUBLIC HEALTH – INFANT MORTALITY COALITION GRANT.

THE MOTION CARRIED.

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

MACOMB COUNTY BOARD OF COMMISSIONERS

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RESOLUTION NO. _____

FULL BOARD MEETING DATE: _____
AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Approve the purchase of one (1) Color Laser Printer for the Family Health Clinic Services Division of Public Health Department at a cost not to exceed \$ 1,372; funding is available from the Public Health – Infant Mortality Coalition grant.

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

COMMITTEE/MEETING DATE

LASC / December 1, 2008

Approved
Full Board 12-11-08



BOARD OF COMMISSIONERS

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DECEMBER 2, 2008

TO: BOARD OF COMMISSIONERS

FROM: KATHY VOSBURG, CHAIR
PLANNING AND ECONOMIC DEVELOPMENT COMMITTEE

RE: RECOMMENDATIONS FROM PLANNING AND ECONOMIC
DEVELOPMENT COMMITTEE MEETING OF 12-02-08

At a meeting of the Planning and Economic Development Committee, held Tuesday, December 2, 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 CAMPHOUS-PETERSON, SUPPORTED BY RENGERT, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE THE BOARD CHAIR TO ENTER INTO AGREEMENT WITH THE SIX RIVERS REGIONAL LAND CONSERVANCY, SUBJECT TO A PRIVATE PHILANTHROPIC CONTRIBUTION OF \$150,000, FOR THE ESTABLISHMENT OF A CONSERVATION EASEMENT. **THE MOTION CARRIED.**

2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY RENGERT, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS GRANT THE NAME OF THE CONSERVATION EASEMENT TO BE "JAMES B. & ANN V. NICHOLSON NATURE CENTER AND FLOODPLAIN CONSERVATION EASEMENT," SUBJECT TO A PHILANTHROPIC CONTRIBUTION OF \$150,000. **THE MOTION CARRIED.**

A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR VOSBURG, SUPPORTED BY VICE CHAIR MIJAC.

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RESOLUTION NO. _____

FULL BOARD MEETING DATE:
AGENDA ITEM:

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Recommend that the Board of Commissioners authorize the Board Chair to enter into agreement with the Six Rivers Regional Land Conservancy, subject to a private philanthropic contribution of \$150,000, for the establishment of a conservation easement.

INTRODUCED BY: Kathy Vosburg, Chair, Planning & Economic Development Committee

DESCRIPTION:

Attachments

COMMITTEE/MEETING DATE

PEO 12-2-08 Approved
Full Board 12-11-08

RESOLUTION NO. _____ FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO grant the name of the conservation easement to be "James B. & Ann V. Nicholson Nature Center and Floodplain Conservation Easement," subject to a philanthropic contribution of \$150,000

INTRODUCED BY: Kathy Vosburg, Chair, Planning and Economic Development Committee

COMMITTEE/MEETING DATE

PED

12-02-08

Approved

Full Board

12-11-08



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December 3, 2008

TO: BOARD OF COMMISSIONERS

**FROM: JOAN FLYNN, CHAIR
OPERATIONAL SERVICES COMMITTEE**

**RE: RECOMMENDATIONS FROM OPERATIONAL SERVICES COMMITTEE
MEETING OF DECEMBER 3, 2008**

At a meeting of the Operational Services Committee, held Wednesday, December 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 SZCZEPANSKI, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE PAYMENT FOR THE FOLLOWING INVOICE:

JUVENILE JUSTICE CENTER- PHASE II	BERNCO, INC.	\$542,450.64
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FURTHER, FUNDS ARE AVAILABLE IN THE CAPITAL BUDGET.

THE MOTION CARRIED.

2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY DeSAELE, SUPPORTED BY SZCZEPANSKI, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AWARD THE AUTOMATED (CASHIERLESS) PARKING EQUIPMENT – PARKING STRUCTURE TO THE LOW BIDDER, TRAFFIC & SAFETY CONTROL SYSTEMS, INC., IN THE AMOUNT OF \$174,670.15 AND AUTHORIZE THE INSTALLATION OF THE SECURITY CAMERAS IN AN AMOUNT NOT TO EXCEED \$17,005.71; FURTHER, FUNDS ARE AVAILABLE IN THE 2009 BUDGET. **THE MOTION CARRIED.**

3. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY DeSAELE, SUPPORTED BY DiMARIA, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ACCEPT THE PROPOSAL FOR ENERGY MANAGEMENT SERVICES SUBMITTED BY LPB ENERGY MANAGEMENT, BUT THAT THE SOFTWARE PORTION BE REVIEWED AFTER THE AUDIT. **THE MOTION CARRIED.**

A MOTION TO ADOPT THE COMMITTEE REPORT WAS MADE BY CHAIR J. FLYNN, SUPPORTED BY VICE-CHAIR TOCCO.

MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj - District 1
Marvin E. Sauger - District 2
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Jon M. Switalski - District 4
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Vice-Chair

Leonard Haggerty
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Sergeant-At-Arms

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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: Authorize payment to Bernco, Inc., in the amount of \$542,450.64 for construction

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

Funds for this Project are available in the Capital Budget.

INTRODUCED BY: Commissioner Joan Flynn, Chair

Operational Services Committee

COMMITTEE/MEETING DATE

Meeting Date: 12/03/08

Full Board 12-11-08

RESOLUTION NO. _____

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO:

Award the Automated (cashierless) Parking Equipment - Parking Structure - to the low

bidder, Traffic & Safety Control Systems, Inc., in the amount of \$174,670.15.

Authorize the installation of the Security Camera's in an amount not to exceed \$17,005.71.

Funds for this Project are available in the 2009 Budget.

INTRODUCED BY:

Commissioner Joan Flynn, Chair

Operational Services Committee

COMMITTEE/MEETING DATE

Meeting Date: 12/03/08

Full Board 12-11-08

RESOLUTION NO. _____

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Review proposal submitted by LPB Management

**SEE BELOW*

INTRODUCED BY: Commissioner Phillip DiMaria, Chair

Ad-Hoc on Energy Conservation

*At the 12-2-08 Ad Hoc meeting, the following action was taken:

MOTION

A motion was made by DeSaele, supported by DiMaria, to accept the proposal for energy management services submitted by LPB Energy Management, but that the software portion be reviewed after the audit. The Motion Carried.

COMMITTEE/MEETING DATE

Ad Hoc 12-2-08
Operational Services 12-3-08
Full Board 12-11-08



BOARD OF COMMISSIONERS

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

December 4, 2008

TO: BOARD OF COMMISSIONERS

**FROM: PHILIS DeSAELE, CHAIR
HEALTH SERVICES COMMITTEE**

**RE: RECOMMENDATIONS FROM HEALTH SERVICES COMMITTEE
MEETING OF DECEMBER 4, 2008**

At a meeting of the Health Services Committee, held Thursday, December 4, 2008, the following recommendations were made and is being forwarded to the Full Board for approval:

1. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY ROCCA, SUPPORTED BY J. FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE REVISED CRITERIA FOR DISTRIBUTION OF ENVIRONMENTAL PROBLEMS: LAKE/RIVER FUND. **THE MOTION CARRIED.**

2. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY CAMPHOUS-PETERSON, SUPPORTED BY DOHERTY, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS APPROVE THE HEALTH DEPARTMENT'S POLICY AND GENERAL PROCEDURES REGARDING FEE COLLECTION AND DOCUMENTATION FOR PERSONAL HEALTH SERVICES. **THE MOTION CARRIED.**

3. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY ROCCA, SUPPORTED BY J. FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS AUTHORIZE THE HEALTH DEPARTMENT TO EMPHASIZE SPECIFIC AREAS OF DEPARTMENTAL ACTIVITY FOR 2009. **THE MOTION CARRIED.**

MACOMB COUNTY BOARD OF COMMISSIONERS

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4. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY CAMPHOUS-PETERSON, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT REGULATIONS GOVERNING BODY ART ESTABLISHMENTS IN MACOMB COUNTY, MICHIGAN; EFFECTIVE DATE FEBRUARY 1, 2009 WITH ANNUAL LICENSE FEE OF \$100.00, SUBJECT TO BOARD OF COMMISSIONERS POLICY. **THE MOTION CARRIED.**

5. COMMITTEE RECOMMENDATION – MOTION (SEE ATTACHED)

A MOTION WAS MADE BY DOHERTY, SUPPORTED BY J. FLYNN, TO RECOMMEND THAT THE BOARD OF COMMISSIONERS ADOPT SCHEDULE OF CIVIL MONETARY FINES FOR VIOLATION OF PROVISIONS OF REGULATIONS GOVERNING BODY ART ESTABLISHMENTS IN MACOMB COUNTY. **THE MOTION CARRIED.**

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

RESOLUTION NO. _____

MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Approved revised criteria for the distribution of Environmental Problems: Lake and River Fund

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

A subcommittee of the Macomb County Water Quality Board met to discuss changes to the existing procedure and criteria used to allocate funds from the Environmental Problems: Lake and River Fund.

The following changes have been recommended by the sub-committee for the \$150,000 annual appropriation.

1. Restrict the existing fund balance for match for grant applications.
2. Annually allocate \$40,000 to the restricted grant application fund.
3. Earmark \$40,000 for emergencies.
4. Local communities can apply for \$60,000 for local grants. Restrictions and local match requirements and submission schedule unchanged.
5. Continue \$5,000 support to We Are Here Foundation for log jam removal.
6. Allocate \$5,000 to Health Department for program administration.

The fund shall be reviewed annually and specific allocation or re-allocations recommended to the Board of Commissioners. The Environmental Problems: Lake and River Fund grant application review committee will conduct the annual review.

- A. Chair, Health Services Committee
- B. Health Department Director or rep
- C. Public Works Director or rep
- D. Chair, Water Quality Board
- E. Planning Department or rep
- F. Environmental Prosecutor, as a consultant

Health Services --- December 4, 2008

Full Board 12-11-08

RESOLUTION NO. _____

MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Approve the Health Department's policy and general procedures regarding fee collection and documentation for personal health services.

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

The Health Department provides a variety of personal health services for which fees are charged. Examples include family planning services, immunizations, and others. The County's difficult economic conditions have led the Department to reconsider its administrative policies and procedures in order to maximize the collection and improve the documentation of these fees.

The proposed policy is as follows:

MCHD will make all feasible and reasonable attempts to collect reimbursement for services from both clients and third-party sources in accordance with applicable laws and contractual agreements, and will maintain accurate documentation regarding fees within the Health Department's medical billing system.

General procedural steps will include all the following:

- Post notices to clients regarding a) collection of fees at the time of service delivery; and b) necessity of paying outstanding balances;
- Train front-line and supervisory staff on how to explain the policy to clients and how to handle special circumstances;
- Present clients with statements of account upon receipt of services;
- At established intervals, generate and review reports on accounts receivable;
- At established intervals, solicit payment from clients with balances due;
- At established intervals, determine when payment solicitation is no longer cost-effective and adjust accounts within the medical billing system accordingly;
- Review policy and procedure annually to assure continuing compliance with HIPAA and other applicable laws, standards, and agreements.

Health Services - December 4, 2008

Full Board 12-11-08

RESOLUTION NO. _____

MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Authorize the Health Department to Emphasize Specific Areas of Departmental Activity for 2009

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

ADMINISTRATION

- Continually evaluate the Department's ability to meet statutory requirements and essential public health needs in a time of budgetary contraction;
- Implement a policy and procedure to maximize the collection and improve accurate documentation of fees for personal health services;
- Improve the Department's readiness for bioterrorism and other emergencies by
 - ❖ Training staff for their responsibilities in the event of pandemic influenza or any similar County-wide emergency, or if implementation of the Health Department's Continuity of Operations plan should become necessary; and by
 - ❖ Working with the Board and with Emergency Management to develop a coordinated approach to public communications under emergency circumstances; and by
 - ❖ Relocating the Department's emergency stocks of supplies and equipment to the same facility which will house the Department of Emergency Management;
- Carry out a Behavioral Risk Factor Survey to assess priority County health risk conditions (with financial participation from Emergency Management and Macomb Health Plan).

ANIMAL SHELTER

- Explore options for creating an exercise/outdoor kennel area at the Shelter;
- Initiate provision of contractual spay/neuter services for animals to be adopted from the Shelter;
- Continue and expand current efforts to work with rescue league organizations and the Michigan Pet Fund to facilitate adoption of animals.

ENVIRONMENTAL HEALTH SERVICES

- Pending Board approval, implement and enforce the Regulations Governing Body Art Establishments in Macomb County;
- Actively pursue the formation of a regional governance structure and secure funding mechanism for the Huron- to-Erie Corridor Real-Time Drinking Water Monitoring System.

FAMILY HEALTH SERVICES

- Within the WIC Program, continue the conversion of WIC benefit issuance from paper voucher to EBT (Michigan Bridge Card); also, implement the new web-based application MI-WIC, which provides a paperless system and allows utilization of the client's electronic records;
- Within the Maternal Child Health Program, develop and implement a Lead Testing Program;
- Within the Maternal Child Health Program, provide service and coordinate at risk infants for the Early On program and refer these children to MCHD services and community resources;
- Within the Maternal Child Health Program, provide case coordination and referral services under a revenue-generating agreement with the Macomb Intermediate School District (MISD) Early On Program;
- Participate in, and encourage women before pregnancy or in early pregnancy to enroll in, the long-range (birth to 21) National Children's Study in conjunction with the state's major research universities and the Michigan Department of Community Health, to determine how the environment affects the health and development of children;
- Within the Clinic Program, develop and maintain procedures to transition Vaccines for Children (VFC) providers to the State's Centralized Ordering and Distribution Process as mandated by CDC;
- Within the Clinic Program, continue to address the County's immunization "pocket of needs"; i.e., children lacking 4th DTAP, children attending WIC clinics with immunizations not up to date, and the County's adolescent population;
- Within the Clinic Program, develop procedures to ensure more efficient utilization of staff time spent in assessing and administering immunizations;
- Within the Children's Special Health Care Services Program, under a revenue-generating agreement with MDCH, identify families with children in need of Case Management/Care Coordination services for chronic health conditions;
- Within the Fetal/Infant Mortality Program, review all African-American infant deaths in the County and make recommendations aimed at improving local services and reducing infant deaths and disparities;

- Within the Dental Program, work collaboratively with other programs and agencies to provide clinics for special-population clients (e.g., Head Start children and mothers at risk of comorbidity and premature birth);

HEALTH PROMOTION/DISEASE CONTROL SERVICES

- Explore the feasibility of provision of direct travel health and immunization services to County residents;
- Develop processes and procedures to ensure monitoring of Partner Counseling and Referral Services (PCRS) within the HIV Program;
- Expand the scope of the Breast and Cervical Cancer Screening Program to ensure increased services for persons meeting eligibility criteria (with assistance from the Macomb Health Plan);
- Develop processes and procedures to increase prevalence in Macomb County's school districts of the "Healthy Kids, Healthy Hearts" Program; and improve and update program content;
- Provide increased certified Car Seat Safety checks and Fact Sheets to participants at events in order to promote child passenger safety and in keeping with Michigan's new Booster Seat Law;
- Provide updated pediatric Healthy Weight and other nutrition resource information to County health professionals to address the issues of childhood and adult obesity as risk factors for chronic diseases.

MEDICAL EXAMINER'S OFFICE

- Improve both efficiency of operations and ability to produce analytical reports at the ME Office by enhancements to the ME software application.

Health Services - December 4, 2008

Full Board 12-11-08

RESOLUTION NO. _____

MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Adopt Regulations Governing Body Art Establishments in Macomb County, Michigan. Effective date February 1, 2009 with annual license fee of \$100.00, subject to Board of Commissioners policy.

INTRODUCED BY: Commissioner Phillis DeSaele, Chairperson, Health Services Committee

Macomb County Health Department recommends adoption of the Macomb County Regulation Governing Body Art Establishments to protect public health. The department has reviewed regulations of neighboring counties, the State law and sought the input of local body art business representatives.

The regulation and adoption process is consistent with requirements of Act 368, P.A. 1978.

Health Services --- December 4, 2008
Full Board 12-11-08

RESOLUTION NO. _____

MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: Adopt schedule of Civil Monetary Fines for violation of provisions of Regulations Governing Body Art Establishments in Macomb County, Michigan

INTRODUCED BY: Commissioner Philis DeSaele, Chairperson, Health Services Committee

Per Sections 2461 and 2462 of Act 368, P.A. 1978 the Macomb County Board of Commissioners may adopt a schedule of Civil Monetary Fines to be assessed for violations of Regulations Governing Body Art Establishments in Macomb County, MI.

Civil Monetary Penalty

Construction or remodeling without approved plans	\$150
Operation without a license and permit	\$375
Failure to correct:	
Imminent Health Hazard	\$150 1 st
	\$300 2 nd
	\$450 3 rd and subsequent
Violation	\$75 1 st
	\$150 2 nd
	\$225 3 rd and subsequent

Health Services --- December 4, 2008

Full Board 12-11-08

RECYCLABLE PAPER

L.A.S. Committee Meeting
December 1, 2008
Introduced by the Chair Pete Lund

Resolution to Address State Inconsistencies in Assessing

Whereas, Macomb County has seen many foreclosures throughout our community in recent years and a significant decrease in the market value of countless homes; and

Whereas, It is common for banks and financial institutions to sell foreclosed homes for less than the home's value prior to foreclosure; and

Whereas, These bank sales of foreclosed homes have a considerable affect on the market value of other homes in the area; and

Whereas, The assessed values of our homes for property tax purposes should accurately reflect their true market value; and

Whereas, A small portion of bank sales are actually being included in sales studies utilized by assessors to determine the assessed values of homes;

Now Therefore Be It Resolved that the Macomb County Board of Commissioners encourages and urges the Michigan Legislature to introduce legislation to allow more bank sales to be included in the sales studies that assessors utilize, so that assessed values of homes in Michigan will more accurately reflect their true market value.

**RESOLUTION IN SUPPORT OF SENATE BILL NO. 1390
RESTORING COUNTY REGISTER OF DEEDS AUTHORITY TO CALCULATE
FORECLOSURE REDEMPTION AMOUNTS**

WHEREAS, foreclosures are on the rise in Macomb County; and

WHEREAS, homeowners generally have six months to redeem their homes after they have been sold through a foreclosure sale; and

WHEREAS, the Macomb County Register of Deeds used to calculate redemption values, but in 2005 the law was changed to say registers of deeds "shall not" calculate redemption amounts; and

WHEREAS, homeowners must now call the creditors to find out the correct redemption amount, sometimes having a difficult time reaching a live body, and in at least one case a creditor's phone number was changed without a forwarding number; and

WHEREAS, investors or lending institutions sometimes charge up to \$200 simply to tell homeowners how much they owe for the redemption amount; and

WHEREAS, even if a homeowner comes up with the money to save their home, the homeowner will still lose the home if they are just a little bit short on the redemption amount payment by the deadline due to an improper interest calculation or other difficulty in finding the exact redemption amount; and

WHEREAS, Senate Bill No. 1390 changes the law so that county registers of deeds "may" calculate the redemption amount and charge a fee to cover the cost, in order to make it a little easier for some homeowners in foreclosure to save their homes,

WHEREAS, Macomb County Clerk / Register of Deeds Carmella Sabaugh envisions a system letting homeowners print their own "payoff letter" on the register of deeds Web site that would contain the redemption amount,

NOW THEREFORE BE IT RESOLVED that the County of Macomb supports passage of Senate Bill No. 1390 and directs that all copies of this Resolution to be forwarded to the Michigan Legislature.

RECYCLABLE PAPER

RESOLUTION NO. _____

FULL BOARD MEETING DATE

AGENDA ITEM

MACOMB COUNTY, MICHIGAN

RESOLUTION TO APPROVE THE REQUEST BY VIRGINIA MASON TO PURCHASE
22 MONTHS OF STATE OF MICHIGAN PRIOR GOVERNMENTAL SERVICE TIME.

INTRODUCED BY: William A. Crouchman, Chairman

SEE ATTACHED MATERIAL

COMMITTEE/MEETING DATE

Full Board 12-11-08



EMPLOYEE'S RETIREMENT SYSTEM

10 N. Main St., 12th Floor
Mt. Clemens, Michigan 48043
586-469-5250 Fax 586-469-5847

November 26, 2008

COMMISSION MEMBERS

Betty Slinde
Chairperson
County Commissioner

Chris Carmody
Vice-Chairperson
Employee Representative

Don Brown
County Commissioner

Gary Cutler
Employee Representative

Joan Flynn
County Commissioner

Fran Gillett
Road Commissioner

Darra Slanec
Employee Representative

Walter Warfield
Retiree Representative

David M. Diegel
Secretary

Ted B. Wahby
Treasurer

George E. Brumbaugh, Jr.
Legal Adviser

Commissioner William A. Crouchman, Chairman
Macomb County Board of Commissioners
Administration Building—9th Floor
Mount Clemens, Michigan 48043

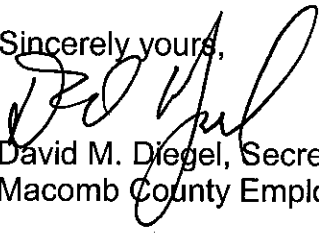
Dear Commissioner:

The Retirement Commission recommended that the following individual be allowed to purchase previous service time (see attachments):

Virginia Mason State of Michigan 22 months

Public Act 507 of 1982 provides that the purchase of such service time can be allowed by the affirmative vote of not less than three-fifths of the Board of Commissioners.

Sincerely yours,


David M. Diegel, Secretary
Macomb County Employees Retirement System

DMD:ts

Enclosures

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

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EMPLOYEE'S RETIREMENT SYSTEM

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586-469-5250 Fax 586-469-5847

16

RECORDED
OCT 16 2008

HR - RETIREMENT

COMMISSION MEMBERS

- Betty Slinde
Chairperson
County Commissioner
- Chris Carmody
Vice-Chairperson
Employee Representative
- Don Brown
County Commissioner
- Gary Cutler
Employee Representative
- Joan Flynn
County Commissioner
- Fran Gillett
Road Commissioner
- Darra Slanec
Employee Representative
- Walter Warfield
Retiree Representative
- David M. Diegel
Secretary
- Ted B. Wahby
Treasurer
- George E. Brumbaugh, Jr.
Legal Adviser

TO: Virginia Mason
Community Mental Health

SUBJECT: Purchase of Prior Governmental Service Time

DATE: October 8, 2008

The Macomb County Board of Commissioners has adopted new policies regarding the purchase of prior government service. Based on your County service to date of 12 years and 6 months, your purchase of other government time is limited to the lower of your time worked with the other governmental unit or 36 months. The cost of 22 months with the State of Michigan is \$12,459 until December 31, 2008.

This letter does not constitute approval to purchase this time; it is only for your information as to cost.

Should you wish to proceed with this purchase you must apply to and receive permission from the Macomb County Board of Commissioners. The Board of Commissioners will determine your eligibility by an affirmative vote of not less than three-fifth of its members.

You are also advised that in the event your bargaining unit has the Annuity Withdrawal privilege on retirement, the purchase amount of the above time will not qualify. Annuity Withdrawal is available only for those sums contributed pursuant to the Macomb County Employees Retirement System retirement deductions.

Please note: The purchase of prior other governmental service is limited to a ratio of one year purchased for every four years of County service time to a maximum of 5 years based on 20 years of County service.

If you wish to request permission to purchase the above noted other government time please address a letter to the undersigned.

Respectfully,

David M. Diegel
Secretary

DD/rg

cc: W. Fisher

11-3-08
I'd like to purchase 22 months of my government time.
Virginia Mason

This request has been reviewed and is in conformance with the Retirement Ordinance requirements.

Date: 11/6/08 By: [Signature]
MACOMB COUNTY BOARD OF COMMISSIONERS

- | | | | | | |
|---------------------------------|---------------------------|------------------------------|---|---|---|
| Andrey Duzyj - District 1 | Joan Flynn - District 6 | Ed Szczepanski - District 11 | William A. Crouchman
District 23
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EMPLOYEE'S RETIREMENT SYSTEM

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17

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TO: Virginia Mason
Community Mental Health

SUBJECT: Purchase of Prior Governmental Service Time

DATE: October 8, 2008

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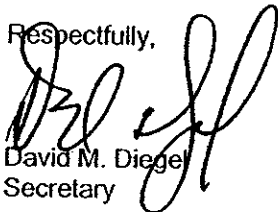
Should you wish to proceed with this purchase you must apply to and receive permission from the Macomb County Board of Commissioners. The Board of Commissioners will determine your eligibility by an affirmative vote of not less than three-fifth of its members.

You are also advised that in the event your bargaining unit has the Annuity Withdrawal privilege on retirement, the purchase amount of the above time will not qualify. Annuity Withdrawal is available only for those sums contributed pursuant to the Macomb County Employees Retirement System retirement deductions.

Please note: The purchase of prior other governmental service is limited to a ratio of one year purchased for every four years of County service time to a maximum of 5 years based on 20 years of County service.

If you wish to request permission to purchase the above noted other government time please address a letter to the undersigned.

Respectfully,


David M. Diegel
Secretary

DD/rg

cc: W. Fisher

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Sarah Roberts - District 24

RECYCLABLE PAPER

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

09 APR 25 2011

I, Fred Blonde, hereby make application for appointment to Civil
Name
Service Commission for 6 yrs from 1-1-09
Name of Board or Commission Number of years Exact Dates of Appointment
to 12-31-14

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 11301 Blackhawk Ct Washington MI 48094
Street City Zip
Macomb and have since 1940
County

Telephone: 586-781-4225 Cell Phone: 586-242-7123
Email: FBlonde@Comcast.net

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

3. Citizen of USA
Country

4. Employer: Retired - GM, Van Local 653 (Pontiac)

Telephone: _____

a. Indicate nature of your work: Factory

b. Title: _____

5. Educational level and degrees received: Lamar High School - Diploma

I hereby apply for appointment to Civil Service 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.

Frederick Blonde FB
Signature

FREDERICK BLONDE FB
Name (Print or Type)

Subscribed and sworn to before me this
21st day of November, 2008

Darcy Graham
Notary Public
Macomb County, Michigan

My commission expires: 4/27/2014

DARCY GRAHAM
NOTARY PUBLIC -- MICHIGAN
MACOMB COUNTY
ACTING IN THE COUNTY OF MACOMB
MY COMMISSION EXPIRES 04/27/2014

Nominated By: Don Brown
Name(s) of Commissioner

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

If you need help completing this form, please call Macomb County Clerk Carmella Sabaugh's office at (586) 783-8142.

I, WILLIAM A. FROBERG, hereby make application for appointment to the Macomb County Civil Service Commission for (6) six years from January 1, 2009 until December 31, 2015

TO THE MACOMB COUNTY SHERIFF DEPARTMENT CIVIL SERVICE COMMISSION:

STATE OF MICHIGAN }
 } ss
COUNTY OF MACOMB }

1. I reside at 754 HUNTINGTON, MOUNT CLEMENS, MICHIGAN 48043
and have since 1961. Telephone: (586) 463-0094
2. I am at least 18 years of age: Yes No
3. Citizen of UNITED STATES
(County)
4. Employer: RETIRED Telephone: () _____
 a. Indicate nature of your work: _____
 b. Title: _____
5. Educational level and degrees received: BACHELOR AND MASTER DEGREES, 1950/1956
FULBRIGHT SCHOLAR, INSTITUTE OF FOREIGN STUDIES, TURIN, ITALY, 1958
6. I presently hold the following appointments and elected positions:

(Title)	(Appointment or Election Date)
(Title)	(Appointment or Election Date)
(Title)	(Appointment or Election Date)

7. Previously held appointments and/or elected positions:

<u>MACOMB COUNTY BD. CANVASSERS</u>	<u>2003-2007</u>
(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? EIGHT YRS.

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

EXPERIENCE AND SINCERE INTEREST

I hereby apply for appointment to the Macomb County Civil Service 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.

William A. Froberg
Signature

WILLIAM A. FROBERG
Name (Print or Type)

Subscribed and sworn to before me this
25th day of November 2006-2008

Em Cegan
Notary Public

Macomb County, Michigan
My commission expires: 11-30-2014

WA Froberg

MACOMB COUNTY
CIVIL SERVICE COMMISSION
ATTENDANCE RECORD

William A. Froberg

2003 stats	
1	01/22/03 P
2	02/26/03 P
3	03/12/03 P
4	03/26/03 P
5	04/09/03 P
6	04/23/03 P
7	05/14/03 P
8	05/28/03 P
9	06/11/03 P
10	06/25/03 P
11	07/09/03 P
12	07/23/03 E
13	08/13/03 C
14	08/27/03 P
15	09/10/03 P
16	09/24/03 P
17	10/08/03 P
18	10/22/03 P
19	11/12/03 P
20	12/03/03 P
21	12/17/03 P
22	
23	
	PRESENT 19
	EXCUSED 1
	CANCELLED 1

2004 stats	
01/14/04	P
01/28/04	P
02/11/04	P
02/25/04	P
03/10/04	P
03/24/04	P
04/14/04	P
04/28/04	P
05/12/04	P
05/26/04	P
06/09/04	P
06/23/04	P
07/16/04	P
07/28/04	P
08/11/04	E
08/25/04	P
09/08/04	P
09/22/04	P
10/13/04	E
10/27/04	P
11/10/04	E
12/02/04	P
12/15/04	P
	PRESENT 20
	EXCUSED 3
	CANCELLED 0

2005 stats	
01/12/05	P
01/26/05	P
02/09/05	P
02/23/05	P
03/09/05	P
03/23/05	P
04/13/05	P
04/27/05	P
05/11/05	P
05/25/05	P
06/15/05	P
06/29/05	P
07/13/05	P
07/27/05	P
08/10/05	P
08/24/05	P
09/14/05	P
09/28/05	P
10/12/05	P
10/26/05	P
11/09/05	P
12/07/05	P
12/21/05	P
	PRESENT 23
	EXCUSED 0
	CANCELLED 0

2006 stats	
01/11/06	P
01/25/06	P
02/08/06	P
02/22/06	P
03/08/06	P
03/22/06	P
04/12/06	P
04/26/06	P
05/10/06	P
05/24/06	P
06/14/06	P
06/28/06	C
07/12/06	P
07/26/06	P
08/09/06	P
08/23/06	P
09/13/06	P
09/27/06	P
10/11/06	P
10/25/06	P
11/08/06	P
12/06/06	P
12/20/06	P
	PRESENT 22
	EXCUSED 0
	CANCELLED 1

2007 stats	
01/10/07	P
01/24/07	P
02/14/07	C
02/28/07	P
03/14/07	P
03/28/07	P
04/11/07	P
04/25/07	P
05/09/07	P
05/23/07	P
06/12/07	P
06/27/07	P
07/11/07	P
07/29/07	P
08/08/07	P
08/29/07	P
09/12/07	P
09/26/07	P
10/10/07	P
10/24/07	P
11/07/07	E
11/21/07	P
12/19/07	P
	PRESENT 21
	EXCUSED 1
	CANCELLED 1

2008 stats	
01/09/08	P
01/23/08	P
02/13/08	P
02/27/08	P
03/12/08	P
03/26/08	P
04/09/08	P
04/23/08	P
05/14/08	P
05/28/08	P
06/11/08	P
06/25/08	E
07/09/08	P
07/23/08	P
08/13/08	P
08/27/08	P
09/10/08	P
09/24/08	P
10/08/08	P
10/22/08	P
11/12/08	P
11/26/08	C
12/17/08	
	PRESENT 20
	EXCUSED 1
	CANCELLED 1

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

I, Dana Camphous-Peterson, hereby make application for appointment to _____
Name

Health Dept. Hearing Board for 2 from Jan. 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment

to Dec. 31, 2010.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 39925 Southpointe Harrison Twp 48045
Street City Zip

Macomb and have since lifelong Harrison resident
County

Telephone: 586-873-3073 Cell Phone: 586-873-3073

Email: commishd3@aol.com

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: Gov't

b. Title: County Commissioner

5. Educational level and degrees received: L'Anse Creuse Schools, King's College, Cottey College, Southeast Missouri State University, Northwood University

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

Brownfield Redev. Authority	
Title	Appointment or Election Date
Base Community Council MCCAB	
Hospital Finance Authority	
Title	Appointment or Election Date
Macomb County Circuit Drug Court, Founding Board Member March of Dimes, Board of Directors	

7. Previously held appointments and/or elected positions:

Macomb County Circuit Drug Court, Founding Board Member	
Title	Dates Served
Title	Dates Served
Title	Dates Served

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

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

Please indicate your attendance record for the term(s) served 1 / 1 *pd.*
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.

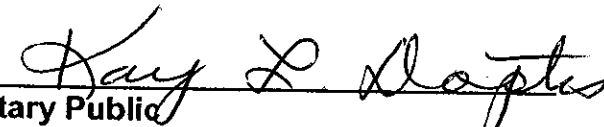
I am concerned with the health and welfare of county residents. Being a county commissioner, I hear often from constituents. I am closely associated with Care House of Macomb County and I am familiar with the working health systems.

I hereby apply for appointment to Health Dept. Hearing Board 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.


Signature

Dana Camphous-Peterson
Name (Print or Type)

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


Notary Public
Macomb County, Michigan

My commission expires: 6/7/2012

Nominated By: Dana Camphous-Peterson
Name(s) of Commissioner

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

I, SUE ROCCA, hereby make application for appointment to HEALTH
Name

DEPARTMENT HEARING BOARD - alternate for 2 YEARS from 1 - 1 - 09
Name of Board or Commission Number of years Exact Dates of Appointment

to 12 - 31 - 10

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 39964 SAAL RD. STERLING HEIGHTS, MI. 48313
Street City Zip

MACOMB COUNTY and have since 1977
County

Telephone: 586 - 5665606 Cell Phone: _____
Email: _____

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

3. Citizen of UNITED STATES
Country

4. Employer: MACOMB COUNTY
Telephone: 586 - 4695125

a. Indicate nature of your work: PUBLIC SERVANT

b. Title: MACOMB COUNTY COMMISSIONER - DISTRICT #7

5. Educational level and degrees received: ASSOCIATE DEGREE OF NURSING

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

MACOMB COUNTY COMMISSIONER	1993 - 1994 AND 2001 - PRESENT
Title	Appointment or Election Date
HEALTH DEPARTMENT HEARING BOARD	1993 - 1994 AND 2001 - PRESENT
Title	Appointment or Election Date
UNITED WAY 2-1-1 STEERING COMMITTEE	2006 - PRESENT
Title	Appointment or Election Date
HOSPITAL FINANCE AUTHORITY BOARD	2003- PRESENT
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

MICHIGAN STATE REPRESENTATIVE - DISTRICT #30	1995 - 2000
Title	Dates Served
MICHIGAN HEALTH OCCUPATIONS COUNCIL	1986 - 1993
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? 10 YEARS

Please indicate your attendance record for the term(s) served 1 / 1
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 REGISTERED NURSE SINCE 1972. I AM CURRENTLY THE ONLY MEMBER OF THE MACOMB COUNTY BOARD WHO IS A LICENSED HEALTH CARE PROFESSIONAL. THE HEALTH AND SAFETY OF OUR CITIZENS HAS BEEN ONE OF MY PRIORITIES FOR MANY YEARS. I UNDERSTAND THE DANGERS AND EFFECTS OF SPECIFIC CONTAMINATES ON OUR FOOD AND WATER SOURCES, AS WELL AS THE IMPORTANCE OF PROPER FOOD HANDLING AND HYGIENE. FOOD BORNE PATHOGENS CAN BE A THREAT TO THE HEALTH AND SAFETY OF OUR CITIZENS IF NOT CONTROLLED EFFECTIVELY. WE MUST ALSO ASSURE THE CLEANLINESS AND SAFETY OF OUR DRINKING WATER SOURCES.

I hereby apply for appointment to HEALTH DEPARTMENT HEARING BOARD 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.

Sue Rocca
Signature

SUE ROCCA
Name (Print or Type)

Subscribed and sworn to before me this
3rd day of December, 2008.

Myra A Coryell
Notary Public
Macomb County, Michigan

MYRA A. CORYELL
Notary Public, Macomb County, MI
My Commission Expires 09/15/2011
(Acting in Macomb County)

My commission expires: _____

Nominated By: *Sue Rocca*
Name(s) of Commissioner

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, George Penna, hereby make application for appointment to Health
Name Dept. Hearing Board - citizen-at-large
Name of Board or Commission for 2 Number of years from January 1, 2009
Exact Dates of Appointment
to December 31, 2010.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 37670 Fibre Trail Clinton Twp. 48038
Street City Zip

Macomb and have since _____
County

Telephone: (586) 286-3576 Cell Phone: (586) 321-1706

Email: penna villa @ yahoo . com

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

3. Citizen of US
Country

4. Employer: Villa Penna

Telephone: (586) 564-9900

a. indicate nature of your work: Restaurant

b. Title: owner

5. Educational level and degrees received: High School Diploma

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

Title	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? 17 years

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

Comments/Clarification (only if necessary) _____

Verified with Health Dept.

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

I hereby apply for appointment to Health Dept. Hearing Board 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.

George Penna
Signature

George Penna
Name (Print or Type)

Subscribed and sworn to before me this 22nd day of October, 2008

Maurice Picola
Notary Public
Macomb County, Michigan

My commission expires: 12/16/2010

Nominated By: Dana Comphous-Peterson
Name(s) of Commissioner *pd*

(Rev. 09/08 pd)

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, DONALD J. AMBOYER, Ph.D., hereby make application for appointment to MACOMB COUNTY
Name
HEALTH DEPT. HEARING BOARD - alternate Citizen-at-Large for 2 from January 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment
to December 31, 2010.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 54367 QUEENS ROW SHELBY TOWNSHIP 48316
Street City Zip
MACOMB and have since 1988
County

Telephone: 248-935-7047 Cell Phone: 248-935-7047
Email: dramboyer@aol.com

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

3. Citizen of UNITED STATES AMERICA
Country

4. Employer: MACOMB COMMUNITY COLLEGE
Telephone: 586-445-7169

a. Indicate nature of your work: HIGHER EDUCATION

b. Title: VICE PROVOST FOR LEARNING OUTREACH

5. Educational level and degrees received: DOCTOR OF PHILOSOPHY, Ph.D., M.S., M.C.S.,
B.S., AAS.

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

MACOMB COUNTY JUVENILE JUSTICE ADVISORY COMMITTEE 2005
Title Appointment or Election Date

Title Appointment or Election Date

Title Appointment or Election Date

7. Previously held appointments and/or elected positions:

N/A
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? 4

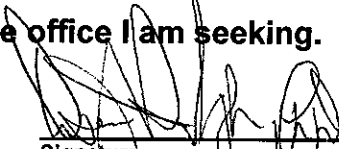
Please indicate your attendance record for the term(s) served
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary)
Verified with Maureen @ Health Dept.

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

DEDICATED CITIZEN WHO STRIVES TO BE HONEST, FAIR AND NEUTRAL TO HEAR AND UNDERSTAND FACTS BEFORE RENDERING A DECISION ON MATTERS BROUGHT BEFORE THE BOARD.

I hereby apply for appointment to HEALTH DEPT. HEARING BOARD 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.



Signature

DONALD J. AMROYER, PhD.

Name (Print or Type)

Subscribed and sworn to before me this
6th day of October, 2008.

Sylvia Barbara Polowniak
Notary Public
Macomb County, Michigan

My commission expires: September 19, 2012

SYLVIA BARBARA POLOWNIAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Sep. 19, 2012
Acting in the County of Macomb

Nominated By: Dana Comphous-Peterson pd.
Name(s) of Commissioner

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

I, Phillip A. DiMaria , hereby make application for appointment to _____
Name

Parks & Rec. Commission for 3 from Jan. 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment

to Dec. 31, 2011 .

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
 COUNTY OF MACOMB)

1. I reside at 23754 Roxana Eastpointe 48021
Street City Zip
Macomb and have since 1993 .
County

Telephone: 586-779-2804 Cell Phone: 586-306-3313

Email: commishd3@aol.com

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: _____

b. Title: County Commissioner

5. Educational level and degrees received: _____

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

Parks & Rec Commission 2006
Title Appointment or Election Date

Ad-Hoc on Energy 2008
Title Appointment or Election Date

Title Appointment or Election Date

7. Previously held appointments and/or elected positions:

Planning Commission
Title Dates Served

Title Dates Served

Title Dates Served

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

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

Please indicate your attendance record for the term(s) served _____ / _____
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 Macomb County commissioner for 15 years and have spent three years on the Parks & Rec Commission. I have the experience and interest to help oversee county parks.

I hereby apply for appointment to Parks & Rec 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.

Phillip A. DiMaria
Signature

Phillip A. DiMaria
Name (Print or Type)

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

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: Phil DiMaria
Name(s) of Commissioner

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, Marv Sauger, hereby make application for appointment to _____
Name

Parks & Rec. Commission for 3 from Jan. 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment

to Dec. 31, 2011

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 7290 Helen Center Line 48015
Street City Zip

Macomb and have since 1972
County

Telephone: 586-759-5947 Cell Phone: 586-505-6501

Email: msauger@wowway.com

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: _____

b. Title: County Commissioner

5. Educational level and degrees received: High School grad & police related courses at MCC

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

<u>Parks & Rec Commission</u>	<u>2003</u>
Title	Appointment or Election Date
Title	Appointment or Election Date
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

<u>Center Line Recreation Committee</u>	
Title	Dates Served
Title	Dates Served
Title	Dates Served

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

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

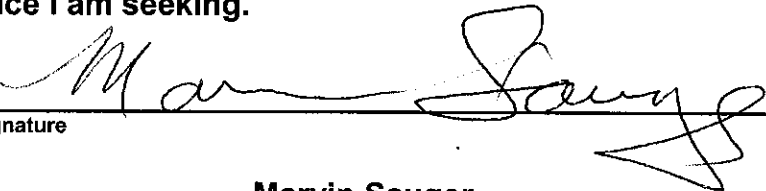
Please indicate your attendance record for the term(s) served _____ / (attached)
No. of meetings attended No. of meetings held

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 feel I am qualified to continue as a member of the Parks & Rec Commission due to my experience as a police officer, coaching grade school and high school children and I have been a longtime member, including holding the position of Chairman, of the Center Line Recreation Committee.

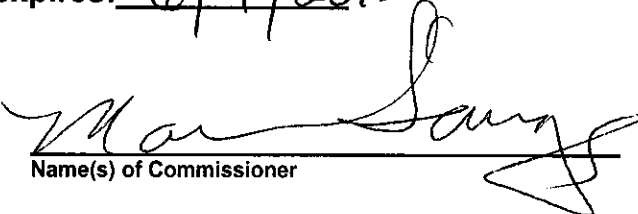
I hereby apply for appointment to Parks & Rec Commission and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said
appointed 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.


Signature _____
Name (Print or Type) Marvin Sauger

Subscribed and sworn to before me this
4 day of December, 2008


Notary Public
Macomb County, Michigan

My commission expires: 6/7/2012

Nominated By: 
Name(s) of Commissioner

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

08 NOV 21 01:11:5

I, Timothy M. Malone, hereby make application for appointment to Parks
Name
Recreation Commission for 3 from 12-31-08
Name of Board or Commission Number of years Exact Dates of Appointment
to 12-31-11.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at
14708 Carmel Sterling Heights MI 48312
Street City Zip
Macomb and have since 1995
County

Telephone: 586-978-2625 Cell Phone: 586-808-7249

Email: tmmalone@wowway.com

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

3. Citizen of USA
Country

4. Employer: Retired - Detroit Police Dept. - Mich. Dept.
Telephone: of Corrections Probation / Parole

a. Indicate nature of your work: Retired from the Detroit Police

b. Title: Dept-1995, rank of Sergeant; Retired from
the Mich Dept of Corrections as a Probation Officer in

5. Educational level and degrees received: 2007
BS. Criminal Justice, Wayne State University

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

Parks and Recreation

Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

Title	Appointment or Election Date
-------	------------------------------

7. Previously held appointments and/or elected positions:

NONE

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

Please indicate your attendance record for the term(s) served 61 / 69
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 currently a member of the Schoenherr Moravian Homeowners Assc. As a member and a resident living near Freedom Hill County Park, I would provide insight that would be beneficial in issues involving the park's operations and the residents concerns.

I hereby apply for appointment to Parks & Recreation Comm. 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.

Timothy M. Malone
Signature

Timothy M. Malone
Name (Print or Type)

Subscribed and sworn to before me this 24 day of November, 2008.

Myra A Coryell
Notary Public

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

Macomb County, Michigan

My commission expires: _____

Nominated By: Joe Rocca
Name(s) of Commissioner

(Rev. 09/08 pd)

Brian Langs
 Keith Legner
 Paul J. Thyn
 Edward A. Bar
 Anthony Vorkburg
 Peter J. Z
 Jason Filippon

Marvin Sauger: on the Parks Commission since April 2004
Phillip DiMaria: on the Parks Commission since January 2006

2008: Meetings held - 7 meetings so far

____ Commissioner Sauger: 3 attended, 4 excused
____ Commissioner DiMaria: 1 attended, 6 excused

2007: Meetings held -14 meetings

____ Commissioner Sauger: 12 attended, 2 excused
____ Commissioner DiMaria: 12 attended, 2 excused

2006: Meetings held -17 meetings

____ Commissioner Sauger: 17 attended
____ Commissioner DiMaria: 11 attended, 5 absents, 1 excused

2005: Meetings held - 16 meetings

____ Commissioner Sauger: 15 attended, 1 excused

2004: Meetings held -16 meetings

____ Commissioner Sauger: 12 meetings attended (1st mtg. - April)

Mr. Malone has been on the Park/Rec Commission since January of 2004 and has attended meetings as listed below:

2004 - 16 meetings: 14 attended, 2 excused
2005 - 16 meetings: 16 attended
2006 - 16 meetings: 13 attended, 3 excused
2007 - 14 meetings: 12 attended, 2 excused
2008 - 7 meetings held so far: 6 attended, 1 excused



BOARD OF COMMISSIONERS

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

December 4, 2008

TO: Honorable Commissioners
FROM: William A. Crouchman, Chairman
RE: Partnership for Sustainability Appointments

At the October 9, 2008, Full Board Meeting, a resolution was passed in support of the establishment of the Regional Partnership for Sustainability. A second resolution was also passed which supports Energy Efficiency as the first focus area for the Partnership.

The City of Detroit, Wayne and Oakland counties will join Macomb County in forming the Partnership. A steering committee will be formed with two bi-partisan voting representatives from each entity to provide direction and oversight; the steering committee will also include non-voting members from appropriate county departments and subject matter experts. It is anticipated that the initial meeting for the Partnership will take place by January 16, 2009.

Please concur with my appointment of the following to serve as the voting representatives for Macomb County:

Keith Rengert (Republican representative)
Vacant (Democrat representative)

The term for these appointments will be January 1, 2009 through December 31, 2011.

Representatives from the following will also serve on this Partnership and are to be designated by the Director of the department or organization:

- One BOC or PED staff person to provide support and follow-up duties
- One representative from Facilities & Operations
- One representative from Planning & Economic Development
- One representative from Public Works
- One representative from MSU Extension
- One member of each of the Chambers of Commerce in Macomb County
- Other representatives as determined by voting members of Partnership

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
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

William A. Crouchman
District 23
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

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, Keith Rengert, hereby make application for appointment to _____
Name

Partnership for Sustainability for 3 from Jan. 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment

to Dec. 31, 2011.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 34080 Armada Ridge Richmond 48062
 Street City Zip
Macomb and have since 1971
 County

Telephone: 586-727-4663 Cell Phone: _____

Email: commishd3@aol.com

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: Gov't

b. Title: County Commissioner District 15

5. Educational level and degrees received: College graduate, B.S. and M.A

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

County Commissioner – Justice & Public Safety
Title Appointment or Election Date

Community Corrections & Juvenile Justice Advisory Boards
Title Appointment or Election Date

Solid Waste Planning Committee May 2003
Title Appointment or Election Date

7. Previously held appointments and/or elected positions:

Richmond Twp (Board) Elected 1984-2000
Title Dates Served

Juvenile Justice Study Committee Appointed 2004
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? _____

Please indicate your attendance record for the term(s) served _____ / _____
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 an interest in developing a cooperative relationship with regional partners that will lead to energy savings and the development and sharing of efficiency practices.

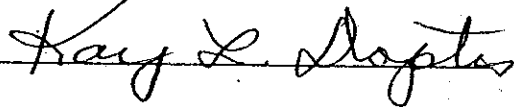
I hereby apply for appointment to Partnership for Sustainability and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said
appointed 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.



Signature

KEITH RENGERT

Subscribed and sworn to before me this
4th day of December, 2008



Notary Public
Macomb County Michigan

My commission expires: 6/7/2012

Nominated By: 

Name of Commissioner

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

08 SEP 23 PM 1:11

I, MICHAEL LANDSIEDEL, hereby make application for appointment to COMMISSIONER
Name
ROAD COMMISSION for _____ from PRESENT
Name of Board or Commission Number of years Exact Dates of Appointment
to 12-31-2012.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 26182 ANNAGROVE CHESTERFIELD TWP. MI. 48057
Street City Zip
MACOMB and have since 1998
County

Telephone: 586 949-0858 Cell Phone: 586 405-8085

Email: mland914@comcast.net

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

3. Citizen of UNITED STATES
Country

4. Employer: TEAMSTERS LOCAL 214

Telephone: 313 962 7729

a. Indicate nature of your work: UNION REPRESENTATIVE

b. Title: BUSINESS AGENT

5. Educational level and degrees received: GRADUATE LAKE SHORE HIGH
SCHOOL 1971 S.C.S., CERTIFICATE - MACOMB COMMUNITY
COLLEGE (POLICE ADMINISTRATION AND LABOR/MANAGEMENT
RELATIONS)

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

N/A

Title Appointment or Election Date

Title Appointment or Election Date

Title Appointment or Election Date

7. Previously held appointments and/or elected positions:

N/A

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? _____

Please indicate your attendance record for the term(s) served _____ / _____
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 MACOMB COUNTY RESIDENT FOR 51 YEARS. I WORKED FOR THE CITY OF ST. CLAIR SHORES FROM 1974 TO 1984 IN THE DEPARTMENT OF PUBLIC WORKS. I OBTAINED ROAD EXPERIENCE IN THE VARIOUS POSITION FOR ST. CLAIR SHORES. I HAVE BEEN A UNION REPRESENTATIVE FOR THE LAST 24 YEARS. I REPRESENT PUBLIC EMPLOYEES, MANY IN ROAD WORK. BASED ON MY EXPERIENCE WITH THE CITY OF ST. CLAIR SHORES AND AS A UNION REPRESENTATIVE I FEEL I WOULD BRING A GREAT LEVEL OF EXPERIENCE 2 NEEDED TO ACT AS A MACOMB COUNTY ROAD COMMISSIONER.

I hereby apply for appointment to MACOMB COUNTY ROAD 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.

Michael R. Landsiedel
Signature

MICHAEL R. LANDSIEDEL
Name (Print or Type)

*Bill
Branchner*

Subscribed and sworn to before me this
19 day of SEPTEMBER, 2008.

Daniel Clark
Notary Public
Macomb County, Michigan

My commission expires: 5/1/2014

Nominated By: _____
Name(s) of Commissioner

DANIEL A. CLARK
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES May 1, 2014
ACTING IN COUNTY OF WAYNE

(Rev. 09/08 pd)

Michael R. Landsiedel
26182 Annagrove
Chesterfield Twp. 48051

Education : 1971 Graduate Lakeshore High
School.

1984 Certificate Macomb
Community College (police administration and
labor/management relations)

1982 Wayne State Labor School

1982 Oakland University Labor

Law

1994 Labor Arbitration Seminar

1995 American Arbitration

Seminar

1996 Labor Arbitration Seminar

Qualifications : 1974-1984 City Employee
City of St. Clair Shores. Worked in various
departments. Truck Driver, Road maintenance.

1984-2004 Staff Specialist

A.F.S.C.M.E. Mi. Council 25. General contract
maintenance , grievances and arbitrations.

2004-present Business Agent

Teamsters Local 214. General contract

maintenance , grievances and arbitration.

General Information: Married 33 years wife Catherine. Two children Michael (Carrie) Landsiedel and Jennifer Landsiedel. Three granddaughters. Resident of Macomb County for 51 years.

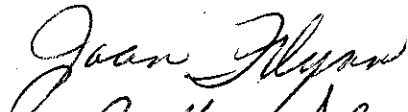


I hereby apply for appointment to Macomb County Road Comm. and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of
my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said
appointed 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.



Signature

Mark A. Steenbergh

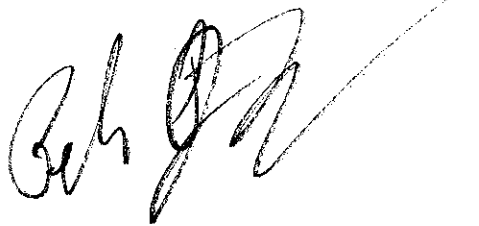
Name (Print or Type)

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



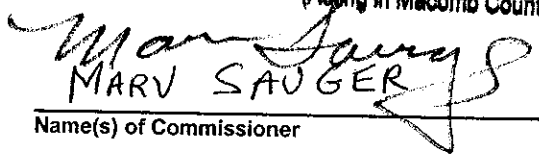
Notary Public
Macomb County, Michigan



My commission expires: _____

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

Nominated By: _____


MARV SAUGER

Name(s) of Commissioner

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, Robert M. Sawicki, hereby make application for appointment to _____
Name
Road Commission of Macomb County for 6 from 1/01/2009
Name of Board or Commission Number of years Exact Dates of Appointment
to 12/31/2014

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 23273 Doremus St. Clair Shores 48080
 Street City Zip
Macomb and have since 1963
County

Telephone: 586-771-5938 Cell Phone: 586-907-4759

Email: bobcomish@aol.com

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

3. Citizen of United States
 County

4. Employer: Road Commission of Macomb County

Telephone: 586-463-8671

a. Indicate nature of your work: Administer Road Funds and Projects

b. Title: Road Commissioner

5. Educational level and degrees received: _____

Bachelor of Science – Business Administration - Management – Central Michigan University

Michigan Military Academy – Commissioned Officer in U.S. Army

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

<u>Road Commissioner</u>	<u>2002</u>
Title	Appointment or Election Date
<u>Brownfield Authority Member</u>	<u>2001</u>
Title	Appointment or Election Date
<u>Parks and Recreation Commissioner</u>	<u>2007</u>
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

<u>County Commissioner</u>	<u>April 2000 – December 2002</u>
Title	Dates Served
_____	_____
Title	Dates Served
_____	_____
Title	Dates Served

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

If yes, how many years have you served on this board? 6

Please indicate your attendance record for the last year 140 / 151
No. of meetings attended / No. of meetings held

Comments/Clarification (only if necessary) Four meetings were missed due to back surgery.

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

Please see attached resume.

I hereby apply for appointment to Road Commission of Macomb County 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.

Robert M. Sawicki
Signature

Robert M. Sawicki
Name (Print or Type)

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

Sue C Furry
Notary Public
Macomb County, Michigan

My commission expires: 8/10/13

Nominated By: Marv Sauger
Name(s) of Commissioner

Susan Doherty

(Rev. 09/08 pd)

Leonard Haggerty
Walter Volkmann
Sue Rocca
Bill Grynch
Paul H. H.
Betty Slinder
Cheryl
Phil Dittmar
Ann Brown
John Flynn
Marv Sauger
Karen

ROBERT M. SAWICKI
23273 Doremus
St. Clair Shores, Michigan 48080
586-771-5938

SUMMARY

36 years supervisory experience with additional experience or background in communications, administration, negotiations and business administration.

EXPERIENCE

MACOMB COUNTY

Road Commissioner – 2003 to present

Involved in budget reductions and professionalizing the hiring process, making it open to all County residents. Reviewed proposed projects for necessity. Sought input from township officials on road projects. Implemented policies and procedures that insured departments operated within their budget and streamlined staffing. Presently serving on the Equipment and Building Budget Committee as well as the Negotiating Committee with the Road Commission's two unions.

A Member of the County Road Association of Michigan (CRAM) Board of Directors since 2005. Currently serve as Vice-President of CRAM and scheduled to become President in April, 2009.

County Commissioner – 2000 to 2002 – Appointed April, 2000, Elected November, 2000

CITY OF ST. CLAIR SHORES, St. Clair Shores, Michigan. 1965 to 1995. Engineering and Public Works Departments.

Superintendent of D.P.W - Responsible for sewer, streets, signs, forestry, vehicle maintenance, refuse collection and recycling coordination which included establishment of a very successful program with 90%+ participation by residents on a voluntary basis. Communicated with the City Manager, other departments, Mayor and Council, contractors and general public. Maintained maximum service within budget limitations. Established work rules, policies and enforced specifications.

Superintendent of Water Department - Coordinated and planned activities of the Water Department as related to budgets, water rates, meter reading, billing and repairs and maintenance of the water distribution system. Assisted by an Assistant Superintendent, Foreman and Billing Office Manager, Licensed by Michigan Department of Public Health S-1 level. Communicated with City Manager, other departments, Mayor, and Council, contractors and general public

Foreman of Public Works Vehicle Maintenance - Required supervision of employees, set up of work schedules, purchasing and other duties to assure proper maintenance of all rolling stock. Communicated with D.P.W. Director and suppliers.

Foreman of Sanitation Division of D.P.W. - Planned and supervised work crews, investigated citizen complaints, evaluated job performance and route scheduling for rubbish collection. Communicated with D.P.W. Superintendent, City Manager and general public.

Engineering Department Survey Party Chief - Coordinated all city survey work, directed field activities, trained personnel, evaluated performance of probationary employees.

Engineering Aide - Designed sewers, drains, streets, parks and water mains and inspected construction of same.

RELATED WORK EXPERIENCE

Represented executive and line supervisory staff as President & Chief Negotiator for St. Clair Shores Professional Employees Association. 1987 to 1995. Also participated for the City in negotiations with AFSCME union representing general city employees.

Served as President & Chief Negotiator for city employees union prior to promotion to management position. 1972 to 1979.

EDUCATION

CENTRAL MICHIGAN UNIVERSITY, Mt. Pleasant, Michigan
Bachelor of Science, Business Administration, Management and Supervision

WAYNE STATE UNIVERSITY, Detroit, Michigan
Major – Mass Communications – Business Administration

UNIVERSITY OF MICHIGAN, Ann Arbor, Michigan
College of Engineering – two years study – Civil Engineering Major

PROFESSIONAL DEVELOPMENT

Central Michigan University Institute for Public Administration – Executive Leadership Course

APWA Seminars in: Road maintenance, sewer maintenance, management and budgets

COMMUNITY INVOLVEMENT

Earth Patrol – volunteer citizens who worked to ensure the success of the recycling program.

City Employees Pension Board – 1988 to 1995

Meals on Wheels Program – 1995 to present

MILITARY

UNITED STATES ARMY RESERVE
Graduate of Michigan Military Academy, Officer Candidate School. Honorable Discharge, First Lieutenant, 1972.

PERSONAL

Married, excellent health, enjoy golf, racquetball, bowling and bicycling. Served as President of St. Clair Shores Men's Softball Association 1974 to 1977.

Enjoy work that provides challenge and enhances the quality of life in a community. Very customer satisfaction oriented.



COMMUNITY MENTAL HEALTH

22550 Hall Road
Clinton Township, MI 48036
586-469-5275 FAX 586-469-7674

December 2, 2008

Donald I. Habkirk, Jr.
Executive Director

BOARD OF DIRECTORS

Louis J. Burdi
Chairperson

Janice A.B. Wilson
Vice-Chairperson

Joan Flynn
Secretary-Treasurer

Del (Delphine) Becker
Patricia Bill
Nick Ciaramitaro
Mary Louise Daner
Michael Heafield
Rose Ann Mrosewske
Brian Negovan
Betty Slinde
Kathy D. Vosburg

William A. Crouchman, Chairman
Macomb County Board of Commissioners
9th Floor, Administration Building
Mt. Clemens, MI 48043

Dear Chairman Crouchman:

At its meeting of November 25, 2008, the Macomb County Community Mental Health Board of Directors concurred with the recommendation of the Office of Substance Abuse and approved the appointment of *Jeffrey Oldham* to the Substance Abuse Advisory Council for a period of three years.

The Council meets regularly throughout the year to provide input and review the needs of the community and the services necessary to meet those needs. As you may know, the Council is advisory in nature and no per diem is paid.

The Macomb County Board of Commissioners is hereby formally requested to approve the appointment of the following to the Substance Abuse Advisory Council:

Jeffrey Oldham

The original application is attached for your review. As usual, additional slots are available should the Board of Commissioners wish to appoint other individuals to the Substance Abuse Advisory Council.

For additional information or if there are questions, please contact Donald Habkirk at 469-5779 or Randy O'Brien at 469-5278. Thank you for your consideration.

Sincerely,

LOUIS J. BURDI
Chairperson

LJB/bl

cc: D. Habkirk; R. O'Brien



A CARF Accredited
Organization



MEMBER

MACOMB 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
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

William A. Crouchman
District 23
Chairman

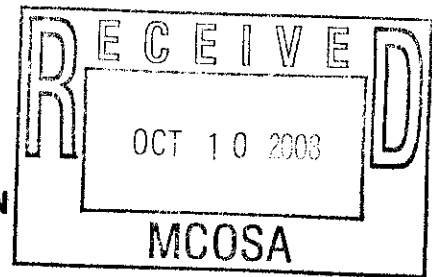
Dana Camphous-Peterson
District 18
Vice-Chair

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

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION



I, Jeffrey Oldham, hereby make application for appointment to Macomb
Name
County Office of Substance Abuse Advisory Board for 3 from 2008
Name of Board or Commission Board Number of years Exact Dates of Appointment
to 2011.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 11840 Wheaton DR. Sterling Heights, MI 48313
Street City Zip
Macomb and have since 1997
County

Telephone: 586-323-0034 Cell Phone: 586-4^{trans} 604-8166

Email: joldhamcys@yahoo.com

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

3. Citizen of United States
Country

4. Employer: Comprehensive Youth Services

Telephone: 586-463-7079

a. Indicate nature of your work: _____

b. Title: Executive Director

5. Educational level and degrees received: Bachelor of Arts in Psychology
and a Master of Science in Administration of
Justice and Security

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

<u>None</u>	
Title	Appointment or Election Date
Title	Appointment or Election Date
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

<u>None</u>	
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? N/A

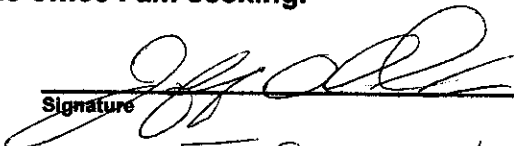
Please indicate your attendance record for the term(s) served N/A 1 N/A
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

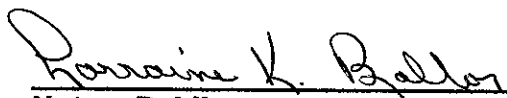
9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

I have been employed with Comprehensive Youth Services/Clinton Counseling Center Jail Program since 1988. My career progressed through a series of promotions with increasing responsibility from Therapist (1988), Volunteer Liaison (1990), Clinical Supervisor (1993) to Program Director (1994). Currently, I am Executive Director of Comprehensive Youth Services and supervise a variety of programs that include Clinton Counseling Center and Clinton Counseling Center Jail Program.

I hereby apply for appointment to Macomb County Office of Substance Abuse 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.


Signature
Jeffrey Oldham
Name (Print or Type)

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


Notary Public
Macomb County, Michigan

LORRAINE K. BALLOR
Notary Public, Macomb County, MI
My Commission Expires December 1, 2013

My commission expires: 12/01/13

Nominated By:


Name(s) of Commissioner

(Rev. 09/08 pd)

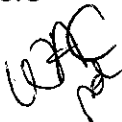


BOARD OF COMMISSIONERS

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

December 1, 2008

TO: Honorable Commissioners

FROM: William A. Crouchman 
Chairman

RE: Appointments to the Water Quality Board

Please concur with my reappointment/appointment of the following individuals to the Water Quality Board:

Thomas Morley, reappt. (Business Community Representative)
Roy Schwark, reappt. (Agricultural Community Representative)
Cliffton Roe, appt. (Environmental Advocacy Representative)
These terms will run January 1, 2009 through December 31, 2011.

Kathy Vosburg, appt. (Fulfill unexpired Republican Commissioner)
Vacant (Fulfill unexpired Democrat Commissioner)
These terms will run from appointment through December 31, 2009.

These individuals have a strong commitment to protecting the water resources of Macomb County.

Thank you.

:pd

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
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

William A. Crouchman
District 23
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

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, Thomas Morley, Jr., hereby make application for appointment to the Macomb
Name
County Water Quality Board for 3 from January 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment
to December 31, 2011.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 37601 MAST CT HARRISON TWP 48045
Street City Zip
MACOMB and have since 1978
County

Telephone: 586-463-0077 Cell Phone: 586-596-2027

Email: TMORLEY@FUNCTIONALFOODS.COM

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

3. Citizen of USA
Country

4. Employer: FUNCTIONAL FOODS CO.

Telephone: 313-567-3000 EXT 1891

a. Indicate nature of your work: FOOD & BEVERAGE NEW PRODUCT DEVELOPMENT

b. Title: PRESIDENT

5. Educational level and degrees received: _____

HIGH SCHOOL & 3 YEARS COLLEGE

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

Title	Appointment or Election Date
N/A	
Title	Appointment or Election Date
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

Title	Dates Served
N/A	
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? Since July 1998

Please indicate your attendance record for the last year 6 / 12
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.

1. 3 GENERATIONS OF FAMILY INVOLVED IN WATER QUALITY ISSUES GOING BACK TO THE 1930'S
2. I SIT ON A NUMBER OF FOR PROFIT & NON PROFIT BOARDS IN MACOMB CTY & ELSEWHERE
3. I BRING A BUSINESS POINT OF VIEW TO THE WQB MEETINGS
4. I SERVE AS CHAIR FOR THE ST. CLAIR CHANNEL KANSAS FOR 06. I thank you

I hereby apply for appointment to the Macomb County Water Quality Board 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.

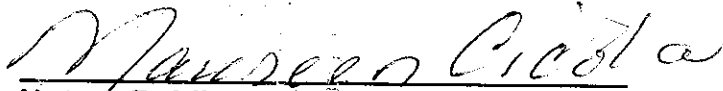


Signature

THOMAS MORLEY

Name (Print or Type)

Subscribed and sworn to before me this
29th day of October, 2008



Notary Public
Macomb County, Michigan

My commission expires: 12/16/2010

Nominated By:



Name(s) of Commissioner

(Rev. 09/08 pd)

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

Bd of Directors - Macomb Conservation District 1-91
Title Appointment or Election Date

Bd of Directors - Macomb County Chapter Pheasants Forever 3-05
Title Appointment or Election Date

Title Appointment or Election Date

7. Previously held appointments and/or elected positions:

Macomb Twp - Board of Appeals 1970's
Title Dates Served

Board of Directors - Macomb County Farm Bureau 3 terms 1980's
Title Dates Served

Solid Waste Committee - Macomb County
Title Dates Served

8. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? Since its inception in 1998

Please indicate your attendance record for the last year 7 / 12
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.

This appointment is for representation of agriculture. Being born, raised, and working on a dairy farm all my life, I feel I am qualified for this appointment.

I hereby apply for appointment to the Macomb County Water Quality Board 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.

Roy Schwank
Signature

Roy Schwank
Name (Print of Type)

Subscribed and sworn to before me this 10th day of November, 2008.

Mariano Cicola
Notary Public
Macomb County, Michigan

My commission expires: 12/16/2010

Nominated By: WA [Signature]
Name(s) of Commissioner

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

I, CLIFFTON ROE, hereby make application for appointment to THE MACOMB
Name
COUNTY WATER QUALITY BOARD for THREE (3) from JANUARY 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment
to DECEMBER 31, 2011

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 38020 HAZEL STREET, HARRISON TOWNSHIP, MI 48045
Street City Zip
MACOMB and have since 1959
County

Telephone: (586) 469-2484 Cell Phone: (586) 980-7671

Email: cliff@dynamox.com

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

3. Citizen of U.S.A.
Country

4. Employer: SELF

Telephone: SAME AS ABOVE

a. Indicate nature of your work: ENGINEER & DESIGN ENVIRONMENTAL EQUIPMENT

b. Title: CHIEF ENGINEER

5. Educational level and degrees received: HIGH SCHOOL, TAKING CLASSES IN INDUSTRIAL
PROGRAMMING (I-DEC), LICENSED BUILDER

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

Title	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? _____

Please indicate your attendance record for the last year _____ / _____
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.

IN CHARGE OF FIXING SINK HOLE ON 15 MILE ROAD. INSTALLED EQUIPMENT FOR WATER QUALITY MONITORING SYSTEM. WORKED ON PCB PROBLEM IN ST. CLAIR SHORES. WORKED WITH DR. LEYMAN ON PHOSPHORUS PROBLEM IN FORD LAKE. PREVIOUS EXPERIENCE IN INSTALLING SEWERS AND WATER LINES.

MEMBER ST. CLAIR CHANNELKEEPER.

I hereby apply for appointment to MACOMB COUNTY WATER QUALITY BOARD 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.

Clifford L Poe
Signature

Clifford L Poe
Name (Print or Type)

Subscribed and sworn to before me this 24 day of November, 2008.

Maria A. Green / Mary A. Green
Notary Public
Macomb County, Michigan

My commission expires: 08/05/2014

Nominated By: Carey S. Torrice
Name(s) of Commissioner

(Rev. 09/08 pd)

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION

I, Kathy Vosburg, hereby make application for appointment to _____
Name
Water Quality Board for 3 from Jan. 1, 2009
Name of Board or Commission Number of years Exact Dates of Appointment
to December 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: _____

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:

County Commissioner	11-02-04
Title	Appointment or Election Date
Macomb Historical Commission	2005, 2008
Title	Appointment or Election Date
SEMCOG	2003
Title	Appointment or Election Date

7. Previously held appointments and/or elected positions:

	Dates Served
Title	
	Dates Served
Title	
	Dates Served
Title	

8. Is this an application for reappointment? Yes No

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

Please indicate your attendance record for the term(s) served _____ / _____
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 involved with the Blue Ribbon Commission on Lake St. Clair as well as water quality sub-committees of the Tri-County Summit annual meetings. I have a deep interest in water quality issues and am committed to keeping our water supply safe.

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
4 day of December, 2008.

Kay Daptes
Notary Public
Macomb County, Michigan

My commission expires: 6/7/2012

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