

1. Demographic Information

- a. Demographic Information Name Genesee County Health Department
- b. Organizational Unit
- c. Address 630 S. Saginaw Street
- d. Address 2
- e. City Flint State MI Zip 48502-1540
- f. Federal ID Number 38-6004849 Reference No. 078404738 Unique Entity Id. XD5MHXNB
WX6
- g. Agency's fiscal year (beginning month and day) October-01
- h. Agency Type
- ☐ Private, Non-Profit ☐ Private, Proprietary ☒ Public
- ☐ University
1. Select the appropriate radio button to indicate the agency method of accounting.
- ☒ Accrual
- ☐ Cash
- ☐ Modified Accrual

2. Project / Service Information

- a. Project / Service Information Name Vector-Borne Surveillance & Prevention
- b. Is implementing agency same as Demographic Information ☒ Yes ☐ No
- c. Implementing Agency Name
- d. Project Start Date Oct-01-2024 End Date Sep-30-2025
- e. Amount of Funds Allocated \$9,000.00 Project Cost \$9,000.00

3. Certification / Contacts Information

a. Authorized Official

Name	Michelle Estell				
Title	Assistant Director				
Mailing Address	630 S. Saginaw St.				
City	Flint	State	MI	Zip	48502
Telephone	(810) 257-3802			Fax	
E-mail Address	mestell@geneseecountymi.gov				

b. Project Director

Name	Bradlee Snyder				
Title	Administrator				
Mailing Address	630 S. Saginaw St.				
City	Flint	State	MI	Zip	48502
Telephone	(810) 237-6160			Fax	
E-mail Address	bsnyder@geneseecountymi.gov				

c. Financial Officer

Name	Kristie Primeau				
Title	Financial Officer				
Mailing Address	1101 Beach St				
City	Flint	State	MI	Zip	48502
Telephone	(810) 257-3857			Fax	(810) 257-3560
E-mail Address	kprimeau@co.genesee.mi.us				

d. Project Director

Name	Vanessa Barker				
Title	Accountant				
Mailing Address	1101 Beach Street				
City	Flint	State	MI	Zip	48502-1470
Telephone	(810) 766-6542			Fax	(810) 257-3560
E-mail Address	vbarker@geneseecountymi.gov				

4. Assurances and Certifications

A. Special Certifications

- a. ☒ By checking this box, the individual or officer certifies that the individual or officer is authorized to approve this grant application for submission to the Department of Health and Human Services on behalf of the responsible governing board, official or Grantee.
- b. ☒ By checking this box, the individual or officer certifies that the individual or officer is authorized to sign the agreement on behalf of the responsible governing board, official or Grantee.

B. State of Michigan Information Technology Information Security Policy

- 1. By checking the following boxes, the Grantee acknowledges compliance with State of Michigan Information Technology Information Security Policy* and provides the following assurances:
 - a. ☒ The Grantee Project Director will be notified within 24 hours when its users are terminated or transferred or immediately if after an unfriendly separation.
 - b. ☒ The Grantee Project Director will annually review and certify user accounts to verify the user's access is still required and the user is assigned the appropriate permissions.
 - c. ☒ The Grantee Project Director will remove user's access within 48 hours of notification when users are terminated or transferred, or immediately if after an unfriendly separation.
 - d. ☒ After 120 days of inactivity, when the user attempts to log into their account they will receive a message stating their account has been deactivated, and the user will have to request the account be reinstated.

*Policy available at https://www.michigan.gov/documents/dmb/1340_193162_7.pdf

Budget Detail for Local Health Department - 2025
Agency: Genesee County Health Department
Application: Vector-Borne Surveillance & Prevention

6/5/2025

	Line Item	Qty	Rate	Units	UOM	Total	Amount
DIRECT EXPENSES							
Program Expenses							
1	Salary & Wages						
	Supervisor	0.0100	74452.720	0.000	FTE	745.00	745.00
	Secretary	0.0100	59382.410	0.000	FTE	594.00	594.00
	Sanitarian	0.0100	62495.530	0.000	FTE	625.00	625.00
Total for Salary & Wages						1,964.00	1,964.00
2	Fringe Benefits						
	All Composite Rate	0.0000	93.790	1964.000		1,842.00	1,842.00
3	Cap. Exp. for Equip & Fac.						
4	Contractual						
5	Supplies and Materials						
	Traps and equipment	0.0000	0.000	0.000		3,546.00	3,546.00
6	Travel						
7	Communication						
8	County-City Central Services						
9	Space Costs						
10	All Others (ADP, Con. Employees, Misc.)						
Total Program Expenses						7,352.00	7,352.00
TOTAL DIRECT EXPENSES						7,352.00	7,352.00

Budget Detail for Local Health Department - 2025
 Agency: Genesee County Health Department
 Application: Vector-Borne Surveillance & Prevention

6/5/2025

	Line Item	Qty	Rate	Units	UOM	Total	Amount
INDIRECT EXPENSES							
Indirect Costs							
1	Indirect Costs						
2	Cost Allocation Plan / Other						
	Cost Allocation Plan	0.0000	0.000	0.000		1,648.00	1,648.00
Total Indirect Costs						1,648.00	1,648.00
TOTAL INDIRECT EXPENSES						1,648.00	1,648.00
TOTAL EXPENDITURES						9,000.00	9,000.00

Budget Summary for Local Health Department - 2025
Agency: Genesee County Health Department
Application: Vector-Borne Surveillance & Prevention

6/5/2025

	Category	Total	Amount	Narrative
DIRECT EXPENSES				
Program Expenses				
1	Salary & Wages	1,964.00	1,964.00	
2	Fringe Benefits	1,842.00	1,842.00	
3	Cap. Exp. for Equip & Fac.	0.00	0.00	
4	Contractual	0.00	0.00	
5	Supplies and Materials	3,546.00	3,546.00	
6	Travel	0.00	0.00	
7	Communication	0.00	0.00	
8	County-City Central Services	0.00	0.00	
9	Space Costs	0.00	0.00	
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00	
Total Program Expenses		7,352.00	7,352.00	
TOTAL DIRECT EXPENSES		7,352.00	7,352.00	
INDIRECT EXPENSES				
Indirect Costs				
1	Indirect Costs	0.00	0.00	
2	Cost Allocation Plan / Other	1,648.00	1,648.00	
Total Indirect Costs		1,648.00	1,648.00	
TOTAL INDIRECT EXPENSES		1,648.00	1,648.00	

Budget Summary for Local Health Department - 2025
Agency: Genesee County Health Department
Application: Vector-Borne Surveillance & Prevention

6/5/2025

	Category	Total	Amount	Narrative
	TOTAL EXPENDITURES	9,000.00	9,000.00	

Source of Funds for Local Health Department - 2025
Agency: Genesee County Health Department
Application: Vector-Borne Surveillance & Prevention

6/5/2025

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	Source of Funds					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	9,000.00	9,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	

Source of Funds for Local Health Department - 2025
Agency: Genesee County Health Department
Application: Vector-Borne Surveillance & Prevention

6/5/2025

	MDHHS Fixed Unit Rate				
	Totals	9,000.00	9,000.00	0.00	0.00

8. Miscellaneous Attachments

Attachment Title	Attachment