



GENESEE COUNTY
— M I C H I G A N —

Genesee County
Human Services Committee
Agenda

Wednesday, June 11, 2025

5:30 PM

Harris Auditorium, 1101 Beach St.

I. CALL TO ORDER

II. ROLL CALL

III. APPROVAL OF MINUTES

[RES-2025-1858](#) Approval of Meeting Minutes - May 21, 2025

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

1. [RES-2025-1805](#) Approval of an agreement between Genesee County and the Michigan Department of Health and Human Services, in the amount of \$9,000.00, to fund Environmental Health Services programs at Genesee County's Health Department; the term of this grant is June 1, 2025 through September 30, 2025
2. [RES-2025-1817](#) Approval of a grant award from the U.S. Department of Health and Human Services Administration for Children and Families, in the amount of \$15,713,491.00, to provide for Genesee County's Head Start Program
3. [RES-2025-1818](#) Approval of an agreement between Genesee County and Oakland Livingston Human Service Agency, in an amount not to exceed \$11,643,205.00, to provide for Genesee County's Head Start Preschool and Early Head Start programs; the term of this agreement is July 1, 2025 through June 30, 2026

VIII. OTHER BUSINESS

IX. ADJOURNMENT



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1858

Agenda Date: 6/11/2025

Agenda #:

Approval of Meeting Minutes - May 21, 2025



**Genesee County
Human Services Committee
Meeting Minutes**

Wednesday, May 21, 2025

5:30 PM

Harris Auditorium, 1101 Beach St.

I. CALL TO ORDER

Commissioner Avery called the meeting to order at 6:14 PM.

II. ROLL CALL

Present: James Avery, Gary L. Goetzinger and Delrico J. Loyd

Absent: Charles Winfrey and Martin L. Cousineau

III. APPROVAL OF MINUTES

[RES-2025-1790](#) Approval of Meeting Minutes - May 7, 2025

RESULT: APPROVED

MOVER: Gary L. Goetzinger

SECONDER: Delrico J. Loyd

Aye: Vice Chair Avery, Commissioner Goetzinger and
Commissioner Loyd

Absent: Chairperson Winfrey and Commissioner Cousineau

IV. PUBLIC COMMENT TO COMMITTEE

Arthur Woodson addressed the Board regarding the Food Bank.

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

-
1. [RES-2025-1714](#) Approval of a grant award from the Michigan Department of Health & Human Services, in the amount of \$3,000,000.00, to provide water payment assistance for eligible Genesee County residents

 RESULT: REFERRED
 MOVER: Delrico J. Loyd
 SECONDER: Gary L. Goetzinger

 Aye: Vice Chair Avery, Commissioner Goetzinger and Commissioner Loyd

 Absent: Chairperson Winfrey and Commissioner Cousineau
 2. [RES-2025-1742](#) Approval of a grant award from the Michigan Department of Health and Human Services, in the amount of \$197,767.00, to provide for Genesee County's Breastfeeding Peer Counseling Program; the required county match; the budget for this grant is attached

 RESULT: REFERRED
 MOVER: Gary L. Goetzinger
 SECONDER: Delrico J. Loyd

 Aye: Vice Chair Avery, Commissioner Goetzinger and Commissioner Loyd

 Absent: Chairperson Winfrey and Commissioner Cousineau
 3. [RES-2025-1764](#) Approval of a grant award from the Michigan Health Endowment Fund, in the amount of \$140,000.00, to provide for Genesee County's DAD Initiative; the budget for this grant is attached

 RESULT: REFERRED
 MOVER: Delrico J. Loyd
 SECONDER: Gary L. Goetzinger

 Aye: Vice Chair Avery, Commissioner Goetzinger and Commissioner Loyd

 Absent: Chairperson Winfrey and Commissioner Cousineau
 4. [RES-2025-1765](#) Approval of a grant award from the Health Resources & Services Administration in the amount of \$491,816.00, to provide for Genesee County's Healthy Start Initiative

 RESULT: REFERRED
 MOVER: Delrico J. Loyd
 SECONDER: Gary L. Goetzinger

 Aye: Vice Chair Avery, Commissioner Goetzinger and Commissioner Loyd

 Absent: Chairperson Winfrey and Commissioner Cousineau

VIII. OTHER BUSINESS

IX. ADJOURNMENT

The meeting was adjourned at 6:25 PM.



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1805

Agenda Date: 6/11/2025

Agenda #: 1.

To: Charles Winfrey, Human Services Committee Chairperson

From: Michelle Estell, MPH, RS, Health Officer

RE: Approval to enter into a grant agreement between Genesee County and the Michigan Department of Health and Human Services to fund Environmental Health Services programs at the Health Department, in an amount not to exceed \$9,000.00, for the period commencing June 1, 2025 through September 30, 2025; no additional general fund appropriation required

BOARD ACTION REQUESTED:

Committee approval and referral to the Board of Commissioners. For the Period: June 1, 2025, through September 30, 2025, Amount: Not to exceed \$9,000 **Funding Account:** State Participation - \$9,000 Emerging Threats - 2210-626.07-558.000 - \$9,000. **Funding Source:** Michigan Department of Health and Human Services (MDHHS) \$9,000.

BACKGROUND:

This is a new contract for the Genesee County Environmental Health Division's first season of vector monitoring through our newly developed Emerging Threats program.

DISCUSSION:

These grant funds cover monitoring and surveillance of various vectors, staff salaries and fringes, supplies and indirect costs.

IMPACT ON HUMAN RESOURCES:

The employees involved in these programs will continue to require the same human resources services that they've been receiving.

IMPACT ON BUDGET:

No additional general fund appropriation is needed. The budget amendment is attached.

IMPACT ON FACILITIES:

The employees involved in these programs will continue to use the same facilities that they have been using.

IMPACT ON TECHNOLOGY:

The employees involved in these programs will continue to use the same technology that they have been using.

CONFORMITY TO COUNTY PRIORITIES:

The Vector Borne Disease Surveillance (VBDS) program is designed to trap various species of ticks and mosquitoes for identification and disease testing. The program covered by this grant will help to make the residents of Genesee County aware of potential health threats thereby, promoting healthy and safe communities through environmental stewardship.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Health Officer to authorize entering into a grant agreement between Genesee County and the Michigan Department of Health and Human Services (MDHHS) to fund Environmental Health Services programs at the Health Department, whereby Environmental Health will perform technical services related to Vector Borne Disease Surveillance (VBDS), for the period commencing June 1, 2025, through September 30, 2025, in an amount not to exceed \$9,000.00 with no additional general fund appropriation required, is approved (a copy of the memorandum request and supporting documentation being on file with the official records of the June 11, 2025 meeting of the Human Services Committee of this Board), the Chairperson of this Board is authorized to execute the agreement on behalf of Genesee County, and the Chief Financial Officer is directed to record the attached budget amendment.

DESCRIPTION: Vector-Borne Surveillance & Prevention

| GL # | DESCRIPTION | Increase/(Decrease) |
|---------------------|-------------------------|---------------------|
| 2210-626.05-558.000 | STATE PARTICIPATION | 9,000.00 |
| 2210-626.05-702.000 | SALARIES & WAGES | 1,909.00 |
| 2210-626.05-709.000 | SOCIAL SECURITY | 147.62 |
| 2210-626.05-714.000 | LONGEVITY | 54.00 |
| 2210-626.05-718.000 | MEDICAL INSURANCE | 421.43 |
| 2210-626.05-723.000 | POST-RETIREMENT BENEFIT | 201.05 |
| 2210-626.05-725.000 | OPTICAL INSURANCE | 2.74 |
| 2210-626.05-726.000 | DENTAL INSURANCE | 26.37 |
| 2210-626.05-727.000 | LIFE HEALTH INSURANCE | 17.05 |
| 2210-626.05-728.000 | RETIREMENT | 1,002.30 |
| 2210-626.05-729.000 | WORKERS COMPENSATION | 19.30 |
| 2210-626.05-730.000 | UNEMPLOYMENT | 4.37 |
| 2210-626.05-763.000 | SUPPLIES | 3,546.09 |
| 2210-626.05-957.006 | INTRAFUND EXPENSE | 1,648.68 |

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 |
|------------------|------------|
| | |

PROJECT: Vector-Borne Disease Surveillance

Start Date: 10/1/2024

End Date: 9/30/2025

Project Synopsis

This agreement is intended to support the development of vector-borne disease surveillance and control capacity at the local health department level. Funds may be used to support a low-cost, community-level surveillance system for 1) the early detection of arbovirus threats by identifying potential invasive mosquito vectors or local virus transmission in mosquitoes and 2) populations of ticks including *Ixodes scapularis*, *Amblyomma americanum*, and *Haemaphysalis longicornis*. This information can be utilized by participating local health departments to notify its citizens of any local transmission risk using education campaigns and to potentially work with local municipalities to conduct vector control activities such as drain management, scrap-tire campaigns, breeding site removal, landscape modifications, or pesticide application. Requirements for participation in this program include providing for the placement of a minimum number of mosquito traps, operating for at least five “trap-nights” per week, conducting a minimum number of targeted tick “drags,” and identifying ticks and mosquitoes. Bi-weekly (occurring every two weeks) reporting to MDHHS of grant activities is also required. MDHHS EZID should be notified immediately if an invasive mosquito or tick species is identified.

Additional Reporting Requirements:

The subrecipient shall submit bi-weekly tables of surveillance data (template provided) documenting trap rates and disease detections to Emily Dinh (dinhe@michigan.gov) and Rachel Wilkins (rwilkins3@michigan.gov) at the MDHHS EZID Section.

- A final report on all activities completed is due at the end of the fiscal year, by October 15

Additional requirements:

- Mosquito and/or Tick Surveillance
- Minimum recommended mosquito and tick surveillance effort according to the point formula in Table 1 (below) over a period of 14 weeks.
- Provide bi-weekly reporting of surveillance results to MDHHS EZID Section (see contact information below).
- Use surveillance data to notify the public of risks related to vector borne disease in mosquitoes or ticks in the jurisdiction.

- The total funds allocated for this project to participating local health departments must be utilized prior to September 30.
- Each local health department as a sub-recipient of the State of Michigan Emerging Public Health Funds shall conduct activities for the purposes of mosquito and tick surveillance in their jurisdiction. For mosquito surveillance, funds may be used to support personnel, to purchase equipment and supplies related to conducting mosquito surveillance in areas of historically high incidence of arboviral disease, and to produce and distribute educational and other materials related to mosquito-borne disease prevention and control. For tick surveillance, funds may be used to support personnel, to purchase equipment and supplies, and to produce and/or distribute educational and other materials related to tick-borne disease prevention and control.
- Activities can be conducted according to the needs of the local jurisdiction but must conform to the point allocation formula in the table below. For instance, if mosquitoes are more of a concern in the jurisdiction, the funded LHD can focus its efforts on mosquito surveillance, educational activities, etc. If ticks are more of a concern in the jurisdiction, the funded LHD can focus its efforts on tick surveillance, educational activities, etc.

Local Health Department VBDSP Activity Formula

| Activity | Required Activity / Weeks | Metric |
|--|---------------------------|---------------------------|
| 5 mosquito collection devices* placed for 24-hour period | 20/10 | Report to MDHHS bi-weekly |
| 2 mosquito collection devices* placed for 24-hour period in August | 2/4 | Report to MDHHS bi-weekly |
| 1,000 meter tick drag | 4 / 2 | Report to MDHHS bi-weekly |
| Educational outreach activity / event | | Report to MDHHS bi-weekly |
| Press release | | Report to MDHHS bi-weekly |
| Coordination of control efforts with local municipalities / other prevention efforts | | Report to MDHHS bi-weekly |

*Devices can include BG-2 traps, CDC light traps, resting boxes, etc.

DESCRIPTION: Vector-Borne Surveillance & Prevention

| GL # | DESCRIPTION | Increase/(Decrease) |
|---------------------|-------------------------|---------------------|
| 2210-626.05-558.000 | STATE PARTICIPATION | 9,000.00 |
| 2210-626.05-702.000 | SALARIES & WAGES | 1,909.00 |
| 2210-626.05-709.000 | SOCIAL SECURITY | 147.62 |
| 2210-626.05-714.000 | LONGEVITY | 54.00 |
| 2210-626.05-718.000 | MEDICAL INSURANCE | 421.43 |
| 2210-626.05-723.000 | POST-RETIREMENT BENEFIT | 201.05 |
| 2210-626.05-725.000 | OPTICAL INSURANCE | 2.74 |
| 2210-626.05-726.000 | DENTAL INSURANCE | 26.37 |
| 2210-626.05-727.000 | LIFE HEALTH INSURANCE | 17.05 |
| 2210-626.05-728.000 | RETIREMENT | 1,002.30 |
| 2210-626.05-729.000 | WORKERS COMPENSATION | 19.30 |
| 2210-626.05-730.000 | UNEMPLOYMENT | 4.37 |
| 2210-626.05-763.000 | SUPPLIES | 3,546.09 |
| 2210-626.05-957.006 | INTRAFUND EXPENSE | 1,648.68 |



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1817

Agenda Date: 6/11/2025

Agenda #: 2.

To: Charles Winfrey, Human Services Committee Chairperson

From: Pamela Coleman, GCCARD Director

RE: Approval of a request to accept the U.S. Department of Health and Human Services Administration for Children and Families Grant Award in the amount of \$15,713,491.00

BOARD ACTION REQUESTED:

The Genesee County Community Action Resource Department (GCCARD) requests authorization from this committee to accept a grant award from the U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) in the amount of \$15,713,491.00, with a recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

BACKGROUND:

This grant awards provides funding for Head Start and Early Head Start programs in Genesee County for the budget period of July 01, 2025, through June 30, 2026. Services outlined in the Notice of Award include Head Start center-based, coordinated with local school districts, and home-based services for 318 children, and Early Head Start center-based and home-based services for 426 infants, toddlers, and pregnant individuals. Comprehensive services include physical and mental health, nutrition, education, and family support with the goal of preparing families and children for school success.

DISCUSSION:

Federal funds have been obligated in the amount of \$14,284,992.00. The non-federal share match requirement has been reduced from \$3,571,248.00 to \$1,428,499.00, as per the waiver approved via RES-2025-1396, bringing the grant total to \$15,713,491.00. This match is generated through community partnerships, donated classroom space, volunteer hours, and vendor discounts known as "in-kind" contributions.

IMPACT ON HUMAN RESOURCES:

There will be no impact on Human Resources.

IMPACT ON BUDGET:

The federal share of \$14,284,992.00 is divided as follows: \$5,405,152.00 for Head Start Preschool operations, \$8,658,865.00 for Early Head Start operations, \$54,360.00 for Head Start Preschool training and technical assistant (T&TA), and \$166,615.00 for Early Head Start T&TA.

IMPACT ON FACILITIES:

There will be no impact on facilities.

IMPACT ON TECHNOLOGY:

There will be no impact on technology.

CONFORMITY TO COUNTY PRIORITIES:

This memorandum conforms to Genesee County's priorities of Healthy, Livable, and Safe Communities by providing the earliest support possible for Genesee County infants, toddlers, and pregnant individuals, regardless of demographic, and Community Growth by offsetting some of the exponential costs of early childhood nutrition and education and providing safe spaces for families to develop.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Director of the Genesee County Community Action Resource Department (GCCARD) to authorize accepting the Head Start and Early Head Start grant(s) to fund the Genesee County Head Start and Early Head Start programs, from the U.S. Department of Health and Human Services Administration for Children and Families, in the total amount of \$15,713,491.00 for the period commencing July 1, 2025, through June 30, 2026, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the June 11, 2025 meeting of the Human Services Committee of this Board).

**Recipient Information****1. Recipient Name**

GENESEE, COUNTY OF
1101 Beach St FL 3
Flint, MI 48502-1428
810-762-4901

2. Congressional District of Recipient

08

3. Payment System Identifier (ID)

1386004849A7

4. Employer Identification Number (EIN)

386004849

5. Data Universal Numbering System (DUNS)

078404738

6. Recipient's Unique Entity Identifier (UEI)

XD5HMHXNBWX6

7. Project Director or Principal Investigator

Mrs. Pamela Coleman
Executive Director
pcoleman@geneseecountymi.gov
810-235-5613

8. Authorized Official

Mr. Delrico Loyd
Board Chairperson
dloyd@geneseecountymi.gov
(810) 257-3020

Federal Agency Information

ACF/OHS Region V Grants Office

9. Awarding Agency Contact Information

Ms. Bridget Shea Westfall
Supervisory Grants Management Specialist
bridget.shea@acf.hhs.gov
202.401.5542

10. Program Official Contact Information

Ms. Heather L Wanderski
Program Operations Division Director
heather.wanderski@acf.hhs.gov
202-205-5923

Federal Award Information**11. Award Number**

05CH012299-03-00

12. Unique Federal Award Identification Number (FAIN)

05CH012299

13. Statutory Authority

42 USC 9801 ET SEQ

14. Federal Award Project Title

Head Start and Early Head Start

15. Assistance Listing Number

93.600

16. Assistance Listing Program Title

Head Start

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2025 - **End Date** 06/30/2026

20. Total Amount of Federal Funds Obligated by this Action \$14,284,992.00

20a. Direct Cost Amount \$14,284,992.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$1,428,499.00

25. Total Federal and Non-Federal Approved this Budget Period \$15,713,491.00

26. Period of Performance Start Date 07/01/2023 - **End Date** 08/31/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$45,821,613.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Bridget Shea Westfall
Supervisory Grants Management Specialist

30. Remarks



Department of Health and Human Services

Administration for Children and Families

Notice of Award

Award# 05CH012299-03-00

FAIN# 05CH012299

Federal Award Date: 05/20/2025

Recipient Information

Recipient Name

GENESEE, COUNTY OF

1101 Beach St FL 3

Flint, MI 48502-1428

810-762-4901

Congressional District of Recipient

08

Payment Account Number and Type

1386004849A7

Employer Identification Number (EIN) Data

386004849

Universal Numbering System (DUNS)

078404738

Recipient's Unique Entity Identifier (UEI)

XD5HMHXNBWX6

31. Assistance Type

Discretionary Grant

32. Type of Award

Service

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

| | |
|--------------------------|-----------------|
| a. Salaries and Wages | \$40,214.00 |
| b. Fringe Benefits | \$21,556.00 |
| c. Total Personnel Costs | \$61,770.00 |
| d. Equipment | \$0.00 |
| e. Supplies | \$287,080.00 |
| f. Travel | \$53,747.00 |
| g. Construction | \$0.00 |
| h. Other | \$1,828,054.00 |
| i. Contractual | \$12,054,341.00 |
| j. TOTAL DIRECT COSTS | \$14,284,992.00 |
| k. INDIRECT COSTS | \$0.00 |
| l. TOTAL APPROVED BUDGET | \$14,284,992.00 |
| m. Federal Share | \$14,284,992.00 |
| n. Non-Federal Share | \$1,428,499.00 |

34. Accounting Classification Codes

| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | ASSISTANCE LISTING | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|--------------|---------------------|--------------|--------------------|---------------------------------|---------------|
| 5-G054122 | 05CH01229903 | ACFOHS | 41.51 | 93.600 | \$14,064,017.00 | 75-25-1536 |
| 5-G054120 | 05CH01229903 | ACFOHS | 41.51 | 93.600 | \$54,360.00 | 75-25-1536 |
| 5-G054121 | 05CH01229903 | ACFOHS | 41.51 | 93.600 | \$166,615.00 | 75-25-1536 |



35. Terms And Conditions

STANDARD TERMS

1. The *ACF Standard Terms and Conditions* applies to all ACF awards and is located on the [Award Terms and Conditions](#) page. The *Supplemental Terms and Conditions* herein are additional requirements applicable to the program named below.

By acceptance of awards for this program, the recipient agrees to comply with the requirements included in both the *Standard* and *Supplemental Terms and Conditions* for this program.

1. The administration of this program is authorized under the Head Start Act, as amended by the Improving Head Start for School Readiness Act of 2007, Public Law 110-134 at <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act>.
2. The program is codified at 42 U.S.C. 9831 et seq at <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-636-statement-purpose>
3. Implementing program regulations are published as the Head Start Program Performance Standards at 45 CFR Parts 1301 to 1305, <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>. Additional program guidance is located on the Early Childhood Learning & Knowledge Center (ECLKC), <https://eclkc.ohs.acf.hhs.gov/>. Recipients must act in compliance with the Program Instructions and Information Memoranda. For full text, go to <https://eclkc.ohs.acf.hhs.gov/policy/pi> and <https://eclkc.ohs.acf.hhs.gov/policy/im>.
4. This award is subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements (UAR) for HHS Awards found at 45 CFR Part 75 at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>.
 - a. For awards issued before October 1, 2024, HHS adopted from the federalwide UAR [2 CFR 200](#):
 - i. Subpart D – Post Federal Award Requirements – Closeout at [2 CFR 200.344](#)
 - b. For awards issued on or after October 1, 2024, per the Federal Register (FR), [89 FR 80055](#), HHS' UAR at 45 CFR Part 75 includes eight (8) regulatory provisions that HHS adopted from the federalwide UAR [2 CFR 200](#). This award is subject to the following eight (8) regulatory provisions in 2 CFR 200:
 - i. Subpart A – Acronyms and Definitions – [2 CFR 200.1 “Modified Total Direct Cost \(MTDC\)”](#)
 - ii. Subpart D – Post Federal Award Requirements – Disposition of Equipment at [2 CFR 200.313\(e\)](#)
 - iii. Subpart D – Post Federal Award Requirements – Supplies at [2 CFR 200.314\(a\)](#)
 - iv. Subpart D – Post Federal Award Requirements – Micro-purchase thresholds at [2 CFR 200.320](#)
 - v. Subpart D – Post Federal Award Requirements – Fixed amount subawards at [2 CFR 200.333](#)
 - vi. Subpart D – Post Federal Award Requirements – Closeout at [2 CFR 200.344](#)
 - vii. Subpart E – Cost Principles – Indirect Costs – De minimis rate at [2 CFR 200.414\(f\)](#)
 - viii. Subpart F – Audit Requirements – Single Audit at [2 CFR 200.501](#)



Department of Health and Human Services

Administration for Children and Families

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Federal Award Date: 05/20/2025

5. This award is subject to Executive Orders in the Federal Register available at <https://www.federalregister.gov/presidential-documents/executive-orders>

6. This award is subject to requirements or limitations in any applicable Appropriations Act available at <https://crsreports.congress.gov/>.

7. This award is subject to the Administrative and National Policy Requirements at <https://www.acf.hhs.gov/grants/administrative-and-national-policy-requirements>.

8. This award is subject to the HHS Grants Policy Statement (HHS GPS).

a. For awards issued before October 1, 2024, this award is subject to the HHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> This includes requirements in Parts I and II. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS.

b. For awards issued on or after October 1, 2024, this award is subject to the requirements of the [HHS Grants Policy Statement \(HHS GPS\)](#) that are applicable based on your recipient type and the purpose of this award. This includes requirements in Parts I and II available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS.

COST SHARING OR MATCHING (NON-FEDERAL SHARE) OF PROGRAM FUNDING

9. Recipients are required to meet a non-federal share of the project cost, in accordance with Section 640(b) of the Head Start Act, [42 U.S.C. § 9835\(b\)](#). Recipients must provide at least 20 percent of the total approved cost of the project. The total approved cost of the project is the sum of the ACF (federal) share and the non-federal share. The non-federal share may be met by cash or in-kind contributions. Any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost-sharing or matching when such contributions meet all criteria listed in [45 CFR § 75.306](#).

10. The responsible HHS official may approve a waiver of all or a portion of the non-federal match requirement based on a recipient's written application submitted for the budget period and any supporting evidence the responsible HHS official requires. In deciding whether to grant a waiver, the responsible HHS official will consider the circumstances specified at section 640(b) of the Act and whether the recipient made a reasonable effort to comply with the non-federal match requirement.

a. Matching Waiver Pursuant to 48 U.S.C. 1469a(d) Matching requirements (including in-kind contributions) of less than \$200,000 are waived under awards made to the governments of American Samoa, Guam, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. 1469) pursuant to 48 U.S.C. 1469a(d). This waiver applies whether the matching required under the award equals or exceeds \$200,000.

FINANCIAL REPORTING

11. The OMB approved Financial Reporting form for this program is the Federal Financial Reports (SF-425). This form must be submitted in the Payment Management System (PMS) as described in ACF-PI-OHS-24-01: <https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-ohs-24-01>.



Department of Health and Human Services

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Notice of Award

Award# 05CH012299-03-00

FAIN# 05CH012299

Federal Award Date: 05/20/2025

a. *PMS SF-425 Information:* <https://pms.psc.gov/grant-recipients/ffr-updates.html>

b. For support using PMS, contact your PMS Liaison Accountant: <https://pms.psc.gov/find-pms-liaison-accountant.html>

c. Post-Award Reporting Forms and Instructions: <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>

12. *Obligation Deadline:* Funds must be obligated within the budget period established by the Notice of Award (NoA) on Line 19. If funds cannot be obligated within the established budget period, recipients may apply to carryover the balance or for a no-cost extension, as applicable, in Head Start Enterprise System (HSES) applications. Applications for a carryover balance should be initiated once the actual unobligated balance is known (generally during the period allowed for preparation and submission of the annual Federal Financial Report. Applications for a no-cost extension must be submitted at least 10 calendar days before the end of the period of performance of the award.

13. *Liquidation Deadline:*

a. Recipients must liquidate all financial obligations incurred under the Federal award no later than 90 calendar days after the end date of the budget period, except for the final budget period, unless the Federal awarding agency or pass-through entity authorizes an extension,

b. During the final budget period within a period of performance recipients must liquidate all financial obligations incurred under the Federal award no later than 120 calendar days after the end date of the period of performance unless the Federal awarding agency or pass-through entity authorizes an extension. Any funds not expended by this timeframe must be returned to the U.S. Department of Health and Human Services.

PROGRAM REPORTING

14. The OMB approved Program Report form for this program is the Head Start Program Information Report (PIR, OMB Control No. 0970-0427). All grant recipients and sub-recipients are required to submit a PIR for Head Start and Early Head Start programs annually. PIR submissions are only accepted electronically using the Head Start Enterprise System (HSES).

a. PIR guidance, reference materials, change highlights and frequently asked questions are available at: <http://eclkc.ohs.acf.hhs.gov/pir>.

b. For assistance and/or support contact the HSES help desk at help@hsesinfo.org

PROPERTY REPORTING

15. This award is subject to the Property Related T&Cs found at <https://www.acf.hhs.gov/grants/manage-grant/grant-award/property-terms>.

16. The OMB approved property reporting is the following:

a. Real Property Reports (SF-429s). The SF-429 Real Property forms are applicable to this program and must be submitted as described in ACF-PI-HS-17-03: <https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-17-03>.

i. For assistance accessing the SF-429: <https://home.grantsolutions.gov/home/recipient-oldc-training->



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[resources/](#)

ii. For assistance completing the SF-429s, please contact OGM-RealProperty429@acf.hhs.gov

iii. Under 45 CFR §75.323, all real property, equipment, and intangible property acquired or improved with ACF funds must be held in trust by the non-federal entity as trustee for the beneficiaries of the project or program under which the property was acquired or improved. Post-award requirements of Part 1303 must be met and the federal interest resulting from purchase, construction and major renovation activities must be protecting by filing or posting a notice of federal interest as required by 45 CFR §1303.46 - §1303.49.

b. **Tangible Property Report (SF-428s).** The SF-428-B Tangible Personal Property Report -Final Report must be submitted as described in ACF-PI-OHS-24-01: <https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-ohs-24-01>. The SF-428-C Tangible Personal Property Report – Disposition Request/Report must be submitted as described in the Tangible Personal Property Guidance: https://www.acf.hhs.gov/grants/manage-grant/property/tangible-property#book_content_0

i. The fillable SF-428 forms must be completed and uploaded in the Grant Notes section of GS. The Category Type of the Grant Note is Tangible Personal Property Report (SF-428).

ii. Downloadable version of fillable SF-428: <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>

iii. *GS User Guide*: Grant Notes: [Microsoft Word - User Guide Recipient Grants List and Details GRANTS LIST .docx \(grantsolutions.gov\)](#) and [Quick Sheet: Grant Notes \(grantsolutions.gov\)](#)

EFFECTIVE PERIOD

17. These program-specific *Supplemental Terms and Conditions* are effective on the date shown in the top right of the page and will remain in effect until updated. They will be updated and reissued only as needed whenever a new program-specific statute, regulation or other requirement is enacted or whenever any of the applicable existing Federal statutes, regulations, policies, procedures or restrictions is amended, revised, altered, or repealed. These program-specific *Supplemental Terms and Conditions* are applicable to your award when they have been incorporated by reference in your Notice of Award or subsequent award amendments.

POINTS OF CONTACT

18. Points of contact for additional information or questions concerning either the operation of the program or related financial matters can be found in the Head Start Enterprise System (HSES).

AWARD PAYMENT

19. This award will be paid through the Department of Health and Human Services, Payment Management Services, operating under the Program Support Center (PSC). The PSC provides automated award payment and cash management services from awards issued by Federal Government Awarding Agencies through the centralized payment system, Payment Management System (PMS). For more detailed information on payment through PMS, go to <https://pms.psc.gov/>. Drawing funds from PMS indicates acceptance and agreement to the T&Cs of the award.

UNIQUE ENTITY IDENTIFIER (UEI) NOTICE



Department of Health and Human Services

Administration for Children and Families

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Award# 05CH012299-03-00

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Federal Award Date: 05/20/2025

20. All applicants and recipients must have an active System for Award Management (SAM) registration and UEI issued. ACF recommends that organizations start the renewal process at least 30 days prior to expiration to avoid delays in federal funding. Entities can search for help at [Federal Service Desk](#) (FSD) any time or request help from an FSD agent Monday–Friday 8 a.m. to 8 p.m. ET at https://www.fsd.gov/gsafsd_sp This award is subject to requirements as set forth in 2 CFR 25.110.

AWARD ATTACHMENTS

GENESEE, COUNTY OF

05CH012299-03-00

1. Remarks

30. REMARKS (Continued from previous page)

Under Section 638 of the Head Start Act, this action awards GENESEE COUNTY funds for the budget period of 07/01/2025-06/30/2026 within the project period of 07/01/2023-08/31/2026 for the operation of a Head Start Preschool and Early Head Start program in the designated service area(s).

The projected annual funding levels based on the application submitted for this period are \$5,405,152 for Head Start Preschool operations; \$8,658,865 for Early Head Start operations; \$54,360 for Head Start Preschool training and technical assistance; and \$166,615 for Early Head Start training and technical assistance.

Head Start Preschool population: 318 children.

Designated Head Start Preschool service area(s): Genesee County shared with Genesee Intermediate School District.

Approved program option(s) for the Head Start Preschool program: Center-based, Home-based.

Early Head Start population: 426 infants, toddlers, and pregnant women.

Designated Early Head Start service area(s): Genesee County shared with Carman Ainsworth Community Schools and Genesee Intermediate School District.

Approved program option(s) for the Early Head Start program: Center-based, Home-based.

This grant is subject to the requirements included in Attachment 1.

Early Head Start subrecipient agencies: Beecher Community Schools and Mott Community College.

This grant action approves a waiver for a portion of the non-federal match requirement. This action reduces the amount of matching funds from \$3,571,248 to \$1,428,499 for the 07/01/2025-06/30/2026 budget period.

The grant recipient must ensure the value of donated land and/or building used as non-federal match meets the requirements at 45 C.F.R. § 75.306 (i).

Attachment 1

Award Number: 05CH012299/03

Recipient Organization: GENESEE COUNTY

This grant is subject to Section 644(b) of the Head Start Act and 45 C.F.R. § 1303.5 limiting development and administrative costs to a maximum of 15 percent of the total costs of the program, including the non-federal match contribution of such costs. The requirements for the limitation of 15 percent for development and administrative costs apply to the budget period unless a waiver is approved. Any request for a waiver of the limitation on development and administrative costs that meets the conditions under 45 C.F.R. § 1303.5 must be submitted in advance of the end of the budget period. Any waiver request submitted after the expiration of the project period will not be considered.

The HHS Uniform Administrative Requirements (see 45 C.F.R. § 75.308(c)(1)(ii)) provide the authority to ACF to approve key staff of Head Start grant recipients. For the purposes of this grant, key staff is defined as the Head Start Director or person carrying out the duties of the Head Start Director if not under that title and the Chief Executive Officer, Executive Director and/or Chief Fiscal Officer if any of those positions is funded, either directly or through indirect cost recovery, more than 50 percent with Head Start funds.

Section 653 of the Head Start Act prohibits the use of any federal funds, including Head Start grant funds, to pay any portion of the compensation of an individual employed by a Head Start agency if that individual's compensation exceeds the rate payable for Level II of the Executive Schedule.

Prior written approval must be obtained for the purchase of equipment and other capital expenditures as described in 45 C.F.R. § 75.439(a). Prior written approval must also be obtained under 45 C.F.R. § 75.439(b)(3) and 45 C.F.R. Part 1303 Subpart E - Facilities to use Head Start grant funds for the initial or ongoing purchase, construction, and major renovation of facilities. No Head Start grant funds may be used toward the payment of one-time expenses, principal and interest for the acquisition, construction or major renovation of a facility without prior written approval of the Administration for Children and Families.



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1818

Agenda Date: 6/11/2025

Agenda #: 3.

To: Charles Winfrey, Human Services Committee Chairperson

From: Pamela Coleman, GCCARD Director

RE: Approval of a request to amend the Oakland Livingston Human Service Agency Fiscal and Personnel Agreement for 2025-2026

BOARD ACTION REQUESTED:

The Genesee County Community Action Resource Department (GCCARD) requests authorization from this committee to amend the Oakland Livingston Human Service Agency (OLHSA) Fiscal and Personnel Agreement for 2025-2026 between Genesee County and OLHSA, with a recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

BACKGROUND:

This is an amendment that adds a fifth year to the seven-year Oakland Livingston Human Service Agency Fiscal and Personnel Agreement. The amendment details personnel costs in the amount of \$11,643,205.00 for the 2025-2026 school year for Head Start Preschool and Early Head Start. All other terms are the same as that detailed in the 2021-2022 agreement (RES-2021-752).

DISCUSSION:

This amendment is being submitted for the continuation of salaries and fringe benefits for staff working with the Head Start Preschool and Early Head Start Grants for the period of July 1, 2025, through June 30, 2026.

IMPACT ON HUMAN RESOURCES:

There will be no impact on Human Resources.

IMPACT ON BUDGET:

The amendment details personnel costs in the amount of \$11,643,205 for the 2025-2026 school year charged to fund numbers 2801-698.01-801.050, 2801-698.02-801.050, 2801-698.06-801.050, and 2801-698.07-801.050. A budget amendment is attached. **No General Fund appropriation is being requested.**

IMPACT ON FACILITIES:

There will be no impact on facilities.

IMPACT ON TECHNOLOGY:

There will be no impact on technology.

CONFORMITY TO COUNTY PRIORITIES:

This memorandum conforms to Genesee County's priorities of Community Growth and Healthy, Livable, and Safe Communities and Long-Term Financial Stability with the provision of salaries and fringe benefits for Head Start staff ensuring the continuation of Head Start and Early Head Start programming in Genesee County.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Director of the Genesee County Community Action Resource Department (GCCARD) to authorize amending the Oakland Livingston Human Service Agency (OLHSA) Fiscal and Personnel Agreement between Genesee County and OLHSA, said amendment being necessary to cover the 2025-2026 costs of salaries and fringe benefits for Head Start Preschool and Early Head Start staff in the amount of \$11,643,205.00, charged to fund numbers 2801-698.01-801.050, 2801-698.02-801.050, 2801-698.06-801.050, and 2801-698.07-801.050, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the June 11, 2025 meeting of the Human Services Committee of this Board), the Chairperson of this Board is authorized to execute the amendment, and the Chief Financial Officer is directed to record the attached budget amendment.

AMENDMENT-1
2025-2026
OAKLAND-LIVINGSTON HUMAN SERVICE AGENCY
FISCAL AND PERSONNEL AGENT AGREEMENT

This amendment to the Oakland-Livingston Human Service Agency Fiscal and Personnel Agent Agreement is entered into as of this 11th day of June 2025 by and between the County of Genesee, Michigan, a Michigan Municipal Corporation acting by and through the Community Action Resource Department, 1101 Beach Street, Flint, Michigan 48502, hereinafter referred to as “GCCARD”, and the Contractor, Oakland-Livingston Human Service Agency, 196 Oakland Avenue, Pontiac, Michigan 48342, hereinafter referred to as “OLHSA”.

WITNESSETH THAT:

WHEREAS, GCCARD entered into a seven year agreement with OLHSA on July 1, 2021 to be the fiscal and personnel agent for the GCCARD Head Start Program.

WHEREAS, GCCARD desires to amend the agreement entered into July 1, 2021 to include funds from the Department of Health and Human Services to cover the July 1, 2025 – June 30, 2026 costs of salaries and fringes for the Head Start preschool and Early Head Start grants.

NOW THEREFORE, GCCARD and OLHSA do mutually agree as follows:

- A. \$11,643,205 will be issued to OLHSA, to be used to pay fifth year (2025-2026) cost for salaries and fringe benefits and miscellaneous costs to staff in accordance with the 2025-2026 grant proposals and the OLHSA Fiscal and Personnel Agent Agreement.
- B. The expenses are outlined in Exhibit A.
- C. All rules and regulations in the Head Start Contract entered into by the parties hereto on July 1, 2021 shall apply to these funds. All other terms and conditions of the Head Start contract entered into as of July 1, 2021 and signed by all parties, hereto shall remain the same.

IN WITNESS WHEREOF, GCCARD and OLHSA have executed this Agreement as of the date first above written.

GENESEE COUNTY BOARD OF COMMISSIONERS:

| | |
|------|--|
| | by: |
| Date | DELRICO LOYD, Chairperson Genesee County Board of Commissioners |

OAKLAND-LIVINGSTON HUMAN SERVICE AGENCY:

| | |
|------|---|
| | by: |
| Date | SUSAN HARDING, Chief Executive Officer Oakland-Livingston Human Service Agency |

| (Grant Period - 7/1/25 - 6/30/26) | | | | | |
|-----------------------------------|-----------------------------------|--|---|---|---------------|
| BENEFITS | HEAD START 2801.698.01.801.050 | EARLY HEAD START 2801.698.06.801.050 | HEAD START T/TA 2801.698.02.801.050 | EARLY HEAD START T/TA 2801.698.07.801.050 | TOTALS |
| SALARIES | \$ 2,777,508 | \$ 4,282,042 | \$ 750 | \$ 18,624 | \$ 7,078,924 |
| FICA | \$ 220,618 | \$ 338,622 | \$ 57 | \$ 1,472 | \$ 560,769 |
| UNEMPLOYMENT | \$ 32,913 | \$ 45,094 | \$ 37 | \$ 188 | \$ 78,232 |
| WORKMAN'S COMPENSATION | \$ 42,240 | \$ 63,798 | \$ 10 | \$ 257 | \$ 106,305 |
| LIFE DISABILITY | \$ 38,465 | \$ 59,529 | \$ - | \$ 240 | \$ 98,234 |
| MEDICAL and DENTAL | \$ 759,189 | \$ 1,093,239 | \$ - | \$ 6,131 | \$ 1,858,559 |
| LONGEVITY | \$ 95,852 | \$ 129,330 | \$ - | \$ 568 | \$ 225,750 |
| RETIREMENT | \$ 133,590 | \$ 197,601 | \$ - | \$ 776 | \$ 331,967 |
| UNUSED SICK DAYS | \$ 10,534 | \$ 15,060 | \$ - | \$ 66 | \$ 25,660 |
| TOTAL FRINGES | \$ 1,333,401 | \$ 1,942,273 | \$ 104 | \$ 9,698 | \$ 3,285,476 |
| TOTAL SALARIES & FRINGES | \$ 4,110,909 | \$ 6,224,315 | \$ 854 | \$ 28,322 | \$ 10,364,400 |
| TEMPORARY LABOR | \$ 20,000 | \$ 3,100 | \$ - | \$ - | \$ 23,100 |
| TRAVEL OUT OF TOWN | \$ - | \$ - | \$ 17,038 | \$ 36,709 | \$ 53,747 |
| LEGAL FEES | \$ 3,480 | \$ 3,000 | \$ - | \$ - | \$ 6,480 |
| EDUCATION REIMBURSEMENT | \$ 3,000 | \$ 4,000 | \$ 2,000 | \$ 4,500 | \$ 13,500 |
| SUPPLIES | \$ 12,000 | \$ 17,000 | \$ 4,500 | \$ 8,000 | \$ 41,500 |
| COMPUTER SUPPLIES | \$ 18,000 | \$ 16,000 | \$ - | \$ - | \$ 34,000 |
| PARENT INVOLVEMENT | \$ 3,000 | \$ 3,000 | \$ - | \$ - | \$ 6,000 |
| LOCAL TRAVEL | \$ 30,000 | \$ 40,000 | \$ - | \$ - | \$ 70,000 |
| REGISTRATION | \$ - | \$ - | \$ 7,585 | \$ 24,500 | \$ 32,085 |
| LIABILITY INSURANCE | \$ 37,207 | \$ 34,083 | \$ - | \$ - | \$ 71,290 |
| RENT | \$ 53,243 | \$ 51,155 | \$ - | \$ - | \$ 104,398 |
| CELLULAR PHONES | \$ 31,000 | \$ 30,000 | \$ - | \$ - | \$ 61,000 |
| SUBTOTAL OTHER | \$ 210,930 | \$ 201,338 | \$ 31,123 | \$ 73,709 | \$ 517,100 |
| FIDUCIARY * | \$ 302,529 | \$ 449,796 | \$ 2,238 | \$ 7,142 | \$ 761,705 |
| TOTAL CONTRACT | \$ 4,624,368 | \$ 6,875,449 | \$ 34,215 | \$ 109,173 | \$ 11,643,205 |

*Total Overhead for OLHSA services rendered (7%)

FISCAL AND PERSONNEL AGREEMENT

Head Start and Early Head Start Programs

This Fiscal and Personnel Agreement is hereby entered into as of July 1, 2021, by and between the Genesee County, through the Genesee County Community Action Resource Department, 601 S. Saginaw St., Ste. 1B, Flint, Michigan 48502, ("The County" or "GCCARD") and the Oakland Livingston Human Service Agency, 196 Cesar E. Chavez Ave., Pontiac; Michigan 48342, ("OLHSA" or "Contractor"). ("GCCARD" and "OLSHA", together, the "Parties"). Now, therefore, the parties hereto mutually agree to the following:

1. **Acknowledgement.** The Parties acknowledge that GCCARD receives funding through Genesee County to operate early childhood programs that utilize multiple funding streams. As a majority of funding is provided by the Department of Health and Human Services for the Genesee County Head Start and Early Head Start Programs ("Head Start/Early Head Start" or "HS/EHS" or the "Programs"), the Parties understand and acknowledge that it is essential that OLHSA maintain compliance with the Head Start Performance Standards and Head Start Act of 2007, as amended.

The Parties acknowledge that the Genesee County Head Start and Early Head Start Programs are set up to provide comprehensive services that include health, behavioral health, nutrition, parent engagement, social services, and educational services to eligible low income families.

2. **Engagement.** GCCARD hereby agrees to engage OLHSA, and OLHSA hereby agrees to perform the services set forth.
3. **Term.** The Initial Term of this Agreement shall be effective July 1, 2021, through September 30, 2028, (the "Initial Term"). The Parties will utilize the HS/EHS main grant cycle dates, July 1 to June 30, to guide yearly budgets and programming (the "Program Year").

The County has the option to extend this Agreement for up to five (5) additional one (1) year terms, (the "Extension Terms").

4. **Services.** OLHSA shall provide the necessary fiscal services and personnel needed (the "Services") to support the Programs including those contained in this Agreement, those listed in the Scope of Work (Exhibit A), and those listed here:
 - i. *Personnel.* Subject to modification as program needs vary, OLHSA will provide the following personnel as permanent personnel and also provide temporary substitutes, lunch aids, and temporary agency personal as needed: two (2) Assistant Bookkeepers, one (1) Associate Program Specialist, four (4) E C State Funded Home Visitors, ten (10) Early Childhood Ed/Disabilities Service Coordinators, two (2) Early Learning Mentor Coaches, seventeen (17) EHS

Expansion Primary Caregivers, nine (9) EHS Expansion Teachers, fifteen (15) EHS Primary Caregivers, fifteen (15) EHS Teachers, eight (8) Family Service Coordinators, nine (9) Family Service Workers, one (1) Head Start Director, two (2) Health/Oral Health Services Coordinators, sixteen (16) Home Visitors, one (1) Human Resource Coordinator, one (1) Information/Data Systems Coordinator, three (3) Mental Health Assistants, one (1) Mental Health Coordinator, two (2) Nutrition Coordinators, one (1) Receptionist, one (1) Secretary to the Director, three (3) Site & Facilities Maintenance Workers, two (2) Support Service Assistants, twenty-three (23) Teachers, and twenty-two (22) Teacher Assistants.

- ii. *Independent Contractor.* It is expressly understood and agreed that OLHSA is an Independent Contractor and all acts that OLHSA or its personnel, employees, or affiliates perform pursuant to the terms of this Agreement shall be undertaken as independent contractors and not as employees of GCCARD or Genesee County. All acts and contracts of OLHSA shall be in its own name and not in the name of Genesee County or impose any liability upon Genesee County. Employees of OLHSA shall in no way be deemed to be and shall not hold themselves out to be employees or agents of Genesee County or GCCARD.
 - iii. *Administrative Structure.* It is understood and agreed to by the Parties that responsibility for day-to-day operation and administration of the GCCARD HS/EHS Programs will be through the GCCARD administrative structure, and as such, will be determined exclusively by the GCCARD Executive Director or their delegated authority. It is recognized that the Head Start Director, an employee of OLHSA, is the individual responsible for running the Program and reports administratively to the GCCARD Director, but is supervised solely by OLHSA.
 - iv. *Records.* OLHSA will maintain such records and accounts, as may be reasonably implied by this Agreement, to assure a proper accounting of all project funds.
 - v. *Financial Reporting.* OLHSA will provide GCCARD with monthly financial reports and OLHSA will coordinate with GCCARD regarding completion of report responsibilities as required by the various funding entities. A final fiscal report shall be submitted to GCCARD within sixty (60) days of the conclusion of each Program Year.
5. **Personnel.** OLHSA represents that it has, or will secure all personnel required in performing the services under Section 4i of this Agreement. As an independent contractor, OLHSA has sole and exclusive authority to hire, fire, supervise, promote, and/or discipline its employees.
 6. **Assignment.** OLHSA may not assign or subcontract this Agreement, or any portion of this Agreement, without the express written consent of the County.
 7. **Warranties.** OLHSA warrants that all fiscal and personnel services performed under this Agreement will be performed in a accordance with the generally acceptable practices in the industry, that OLHSA will comply, and cause its employees to comply,

with the requirements of the Federal and State grants used to fund and support this Agreement, and OLHSA will obtain and maintain all applicable licenses and permits necessary to provide the services for the entire term of this Agreement.

OLHSA agrees to indemnify, defend, and hold harmless the County and GCCARD, its officials, officers, agents, and employees from any and all claims, damages, or liability, including defense costs, arising out of OLHSA's breach of these warranties.

8. **Agreement Administrator.** The Agreement Administrator for this Agreement is GCCARD Executive Director Stephanie Howard. OLHSA acknowledges that the Agreement Administrator is the primary County contact for notices and instructions related to this Agreement. OLHSA agrees to provide a copy of all notices related to this Agreement to the Agreement Administrator.
9. **Audit Responsibilities.** OLHSA certifies that all information provided to the County relating to the Agreement award, fiscal and personnel services, and modifications of this Agreement, or any payment or dispute related to this Agreement are true and correct.

OLHSA agrees to ensure compliance with this Agreement and the grant terms and that worksites, places of business, records, and accounts will be made available by OLHSA for audit purposes to GCCARD, the United States Department of Health and Human Services/Administration for Children and Families ("HHS/ACF") or the Controller General of the United States or any authorized representative thereof, and will be retained by OLHSA for three (3) years after HHS acceptance of GCCARD's audit report for the Agreement period. OLHSA further certifies that its accounting system conforms to generally accepted accounting principles.

10. **Amendments or Modifications.** This Agreement constitutes the complete understanding of the parties hereto and any amendments or modifications to this Agreement must be agreed to in writing and signed by both Parties.
11. **Funding Sources.** The Parties acknowledge that the funding amount and the personnel needs may change or require modification as program needs vary. It is understood that due to the nature of grant funding, federal, state and local, as well as other sources of income, this Agreement may require periodic amendments due to increases or decreases from various funding sources.
12. **Fiduciary Fee/Advance Payment.** GCCARD agrees to pay OLHSA the sum of \$500,000.00 upon the approval and signing of this Agreement. This sum is an advance against expenses which will be incurred. It shall be credited against future reimbursement requests and amortized over month's #2-12 of the first Program Year of the Agreement.
13. **Reimbursement Requests.** By the fifteenth day of each month, OLHSA shall submit a report of expenses incurred during the preceding month in the form of a

Reimbursement Request (Exhibit C). This Reimbursement Request shall include a report of current expenditures, total (to date) expenditures, payments received to date, and a monthly total amount requested. Upon receipt and approval of the reimbursement request, GCCARD will compensate OLHSA in accordance with that request within thirty (30) days following receipt of the request.

14. **Budget.** OLHSA shall submit an annual budget to the County, through GCCARD, for approval by the Genesee County Board of Commissioners for each Program Year. It is expressly understood and agreed that there are multiple funding sources and that the total budget and program needs may change over the course of the Agreement.

The total compensation, including reimbursement, to be paid to OLHSA for all services which are required during the first Program Year is estimated to be \$10,500,000.00.

15. **Suspension or Termination for Cause.** If, through any cause, OLHSA shall fail to fulfill in proper manner, its obligations under this Agreement, GCCARD shall have the right to suspend or terminate this Agreement by giving written notice and an effective date of such suspension or termination to OLHSA at least forty-five (45) days before the effective date of such termination. The amount of additional work to be carried out and the compensation for that work to carry the project to a logical stopping point, shall be subject to negotiation between the Parties.

If, through any cause, GCCARD shall fail to fulfill in proper manner, its obligations under this Agreement, OLHSA shall have the right to suspend or terminate this Agreement by giving written notice and an effective date of such suspension or termination to GCCARD at least forty-five (45) days before the effective date of such termination. OLHSA shall receive just and equitable compensation for all work performed on the project, pursuant to this Agreement.

If the County, in its discretion, determines that the Contractor's breach of this Agreement constitutes a threat to public health, safety, or welfare, the County may terminate this Agreement immediately upon notice to the Contractor. In addition to any other remedies provided by law or this Agreement, the Contractor shall be responsible for all costs incurred by the County as a result of the Contractor's breach and termination, including any costs to obtain substitute performance.

16. **Termination for Lack of Funding.** The Parties acknowledge that grant funding serves are the basis for this Agreement. If grant funds are not appropriated or the grant is discontinued, the County may terminate this Agreement by written notice specifying the date of termination. The County shall pay for all work properly performed up to the effective date of the notice of termination.

17. **Insurance.** OLHSA shall maintain the insurance coverages specified on the attached Insurance Checklist according to the terms and conditions specified therein (Exhibit B). OLHSA shall submit to GCCARD, prior to the performance of services under this Agreement, documentation of such insurance coverage, including a copy of the

Insurance Checklist executed by OLHSA's insurance agent. Coverage is to remain in uninterrupted force throughout the duration of this Agreement. In the event that insurance coverage is at any time reduced or terminated during the duration of this Agreement, OLHSA shall immediately notify GCCARD in writing of such reduction or termination. The parties understand, acknowledge and agree that GCCARD has not and will not procure Employment Practices Liability and/or Professional Employer Organization insurance on behalf of OLHSA. OLHSA further acknowledges the property and casualty insurance coverage obtained and maintained by the County for Head Start classrooms does not provide insurance coverage for the business or personal property of OLHSA or its employees.

OLHSA agrees to indemnify, defend, and hold harmless GCCARD, the County, its officials, officers, agents, and employees from any and all claims, damages, or liability, including defense costs, arising out of the OLHSA's performance of the services or presence on the County's property or worksite.

18. Hold Harmless. OLHSA hereby agrees to defend, indemnify, and hold harmless GCCARD, Genesee County, and its officers and employees from any and all claims of any nature whatsoever for damages (including personal injuries and death resulting therefrom), losses and expenses including, but not limited to, attorney fees, arising out of or resulting from OLHSA's performance of services pursuant to this Agreement. Nothing herein shall be construed as rendering OLHSA liable for acts of GCCARD's officers, agents, or employees. Genesee County and GCCARD in no way agree to indemnify, defend, or hold harmless OLHSA in regard to any claim for any action that may result out of a relationship as set forth in this Agreement.

19. Nondiscrimination. OLHSA covenants that it will not discriminate or allow its' employees to discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status, or a disability that is unrelated to the individual's ability to perform the duties of a particular job or position, and that it will require the same nondiscrimination assurances from any subcontractor who may be used to carry out duties described in this Agreement.

OLHSA further covenants that it will not discriminate against businesses that are owned by women, minorities, or persons with disabilities in providing services covered by this Agreement, and that it shall require the same assurances from subcontractors. Breach of this covenant shall be regarded as a material breach of this Agreement.

20. Agreement. This Agreement and Exhibits embody the entire Agreement between the Parties. There are no promises, terms, conditions, or obligations relating to the Services other than those contained herein. In the event of a conflict between this Agreement and any Exhibit, the terms of this Agreement shall control.

This Agreement in no way shall be interpreted as a delegate agreement or contract.

21. **Federal and State Rules Application.** The Parties agree that all terms and conditions contained in this Agreement are subject to all applicable Federal and State rules and regulations promulgated or issued by HHS/ACF, MDOE and DOL.

22. **Freedom of Information Act.** This Agreement and all attachments, as well as any other information submitted by OLHSA to the County, are subject to disclosure under the provisions of MCL 15.231, et seq., known as the "Freedom of Information Act".

23. **Identity Theft Prevention.** In the event that OLHSA will obtain identifying information during the performance of the Services, OLHSA must take reasonable precautions to ensure that such identifying information is protected from unauthorized disclosure and is used only for the purpose of performing the Services.

For the purposes of this Paragraph, "identifying information" means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, student, parent, etc. including but not limited to name, address, telephone number, social security number, date of birth, driver's license number, taxpayer identification number, or routing code.

24. **Headings.** The paragraph headings in this Agreement are used only for ease of reference, and do not limit, modify, construe, and or interpret any provision of this Agreement.

25. **Binding Effect.** The provisions of this Agreement shall apply to and bind the heirs, executors, administrators, and assigns all of the parties hereto.

26. **Governing Law and Venue.** This Agreement is entered into under the laws of the State of Michigan. Any litigation between the Parties arising out of this Agreement must be initiated within two years of the cause of action accruing and must be brought in a court of competent jurisdiction in Genesee County, Michigan.

27. **Subpoena Power.** The Contractor acknowledges and understands that the Chairperson of the Genesee County Board of Commissioners, pursuant to MCL 46.3(5), as amended, has the power to administer oaths, issue subpoenas, and compel a person's attendance in the same manner as a court of law. The Contractor agrees to submit to this power with respect to this Agreement.

28. **Severability and Survival.** In the event that any provision of this Agreement is deemed by any court of competent jurisdiction to be legally ineffective, such decision shall have no effect on the remaining provisions of this Agreement.

29. **Interpretation.** Each Party has had opportunity to have this Agreement reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Agreement, there shall be no

presumption in favor of any interpretation solely because the form of this Agreement was prepared by the County.

30. **Remedies.** All remedies specified in this Agreement are non-exclusive. The County reserves the right to seek any and all remedies available under this Agreement and applicable law in the event that the Contractor fails to abide by the terms of this Agreement.

IN WITNESS WHEREOF, the Parties have caused this Fiscal and Personnel Agreement to be executed by their duly authorized agents.

9/14/2021 **GENESEE COUNTY BOARD OF COMMISSIONERS:**

Date: _____

DocuSigned by:
Mark Young
By: _____
Mark Young, Chairperson
Genesee County Board of Commissioners

9/19/2021 **GENESEE COUNTY COMMUNITY ACTION RESOURCE DEPARTMENT:**

Date: _____

DocuSigned by:
Stephanie Howard
By: _____
Stephanie Howard, Executive Director
GCCARD

9/14/2021 **OAKLAND LIVINGSTON HUMAN SERVICE AGENCY:**

Date: _____

DocuSigned by:
Susan Harding
By: _____
Susan Harding, Chief Executive Officer
OLHSA

EXHIBIT A

Scope of Work

Basic Description of the Services:

OLHSA will provide fiduciary support as well as the staffing needed for GCCARD's Head Start and Early Head Start Programs. OLHSA will provide sufficient staff to implement the program.

Details Included with the Proposal:

OLHSA will provide the services under the direction of four key OLHSA staff:

- 1) The OLHSA Chief Executive Officer will oversee all aspects of the Agreement and will supervise OLHSA's Chief Financial Officer, Human Resources Director and the Head start Director employed for the GCCARD Head Start/Early Head Start program;
- 2) The OLHSA Chief Financial Officer will oversee the financial aspects of the Agreement to include; payroll processing and tax reporting, local and out of area travel requests or reimbursements, supply orders or reimbursements, staff education/training requests, and cellular phone service for two key staff of the program;
- 3) The OLHSA Human Resources Director will oversee recruitment, employee relations, benefits administration, advise on labor policies such as FMLA, OSHA, and ADA/ADAAA, discipline and termination of employees in accordance with organizational goals, federal, state and local legal requirements; and
- 4) The OLHSA Head Start Director will implement the day-to-day operations of the Genesee County Head Start/Early Head Start program per the direction provided to OLHSA from the GCCARD administrative structure. The Head Start Director will be responsible for the supervision of all OLHSA staff.

Communication:

OLHSA understands that regular communication between the GCCARD Administrative structure and OLHSA staff is critical to providing the requested services. As such, OLHSA will meet with the GCCARD administrative structure a minimum of three times per Program Year to receive direction on the implementation of the program. Additionally OLSHA's CEO will meet monthly with each of the key staff to ensure all services are being implemented properly.

Additional Information & Services:

OLHSA subscribes to a professional consulting firm to advise us to any questions related to Office of Management and Budget circulars, Head Start Act, or any other federally funded programs. In addition, OLHSA consults with brokers for all fringe benefits to assist with compliance, benefits administration, and quality vendors. OLHSA uses a third-party administrator to ensure compliance for our retirement plans.

Additional Duties:

OLHSA will perform all duties listed in Section 4 of the Agreement, all those included in the Agreement body generally, and those listed here. OLHSA will also:

- a) Keep fiscal files and records for staff.

OLHSA will retain a physical and electronic file/folder for each program under this Agreement that will contain fully executed Agreement and budget along with each financial report

submitted to GCCARD. Each OLHSA employee under this Agreement will have their own payroll file that will be kept under lock and key that will house all payroll, tax, voluntary deductions, and any other pertinent information related to that employee.

- b) Be responsible for OLHSA staff payroll, utilizing existing staff salaries and established pay scale and paying staff either by ACH or by checks delivered at the option of the Contractor.

All OLHSA staff associated with this Agreement will be paid on a semi -monthly basis (twice per month) in accordance with an approved salary structure. OLHSA will process payroll and send ACH file to OLHSA's bank for processing and deliver any checks to GCCARD in time for distribution to OLHSA staff on the assigned pay date.

- c) Reimburse for supplies/materials, staff local travel, and staff education. Provide cellular phones for two key staff, conference registration and out of town travel, as well as liability and legal fees, as necessary.

Requests for reimbursement of supplies/materials will be submitted to OLHSA with original receipts and approval of immediate supervisor who will identify which program the cost should be allocated to. Local OLHSA staff travel will be submitted on a travel log that shows daily travel and will be approved by the immediate supervisor. For out of area travel, conference registration, and staff education either an out of area travel form will be submitted to request an advance of funds or reimbursement if the request is coming after the travel has occurred. Conference registrations and staff education will be paid upon registering for said conference or educational class upon confirmation of registration and approval of immediate supervisor.

- d) Maintain records and accounts to assure proper accounting of all project funds. Make such records available for audit purposes to GCCARD or other entities as needed.

OLHSA utilizes MIP/Abila accounting software to track each of our grants. Each program under this Agreement will have its own separate program code that will track all revenue and expense line items against budget. This will ensure that spending is being monitored on a continual basis. Program staff will be given access to MIP/ Abila so that they can also monitor the overall program or specific line items. If adjustments are needed, the OLHSA finance team will work with the program staff to make appropriate adjustments within the budget.

OLHSA will maintain all financial records for a minimum of seven years, and they will be available as needed for audit purposes.

- e) Provide GCCARD a list of all full-time, part-time, and temporary Contractor employees' biweekly gross wages.

OLHSA will provide on a semi-monthly basis a complete payroll register for all employees covered under this Agreement. This will include all full-time, part-time, and temporary employees.

- f) Provide GCCARD fiscal consultation in assisting with the preparation of the contract with the Contractor employees.

OLHSA will provide to GCCARD information as it pertains to costs of benefits on an annual basis when preparing the annual contractual budget. In addition, the OLHSA Chief Financial Officer will be available for consultation at any point during the Agreement for questions related to interpretation of Office of Management and Budget circulars related to financial procedures, allowable costs, and/or any other fiscal related questions.

- g) Provide GCCARD with monthly financial reports.

OLHSA will provide on a monthly basis, a financial report that will compare budget to actual program to date expenses by line item. This report will also include invoice for expenses incurred the previous month.

- h) Maintain and retain all payroll records and provide W-2s for all Contractor employees. Pay all payroll taxes and file payroll tax reports to the appropriate governmental entities.

OLHSA will maintain all payroll records for each employee to include W-2s. On a semi-monthly basis OLHSA will file and pay all federal, state, and local payroll taxes. In addition, OLHSA will ensure that quarterly federal 941 and state unemployment reports are filed. Annual W-2 reporting will be completed by OLHSA and W-2s will be issued to staff in compliance with reporting deadlines as outlined by the Internal Revenue Service.

- i) Warrant that OLHSA will comply with all federal and state requirements regarding statutory benefits for its employees including but not limited to maintaining workers compensation insurance coverage, unemployment coverage and payroll withholding requirements. Provide fringe benefits for the staff including medical, life, dental, short-term disability, accidental death and dismemberment, unemployment and workers' compensation insurance and any fringe or retirement benefit provided by OLHSA to its employees. OLHSA shall administer the fringe benefit program.

OLHSA shall also administer all of the aforementioned fringe benefit programs including, but not limited to, procuring a favorable cost in relation to level of benefits, claims processing as required, handling inquiries and providing consulting services regarding questions on the various fringe benefits provided.

The Human Resources Division will oversee and administer all benefit programs, including conducting analyses and serving as a primary contact with providers (including health and life), workers' compensation unemployment and retirement plans. We will ensure cost effectiveness, market competitiveness and internal equity among employees. OLHSA offers the following Fringe Benefits Schedule: Holiday Pay, Vacation Leave, Sick Leave, Business Leave, Medical/Prescription (Priority Health), and Dental/Vision (Humana) coverages. Unum is our provider for Short-Term Disability, Life Insurance, Accidental Death and Dismemberment, Long Term Disability, and our Employee Assistance Program. Colonial Life is our Supplemental Insurance provider, and our Tax Shelter Annuity (4038) provider is Pacific life. Our Retirement Plan (401A) provider is Voya Financial. Additionally, we provide a Key Employee Supplemental Retirement Program. Per federal and state law OLHSA provides and administers the following statutory benefits: Workers' Compensation} Unemployment Compensation} Family Medical Leave (FMLA), COBRA, and Social Security.

- j) Provide training and technical assistance on other personnel related matters, including policy procedures and payroll on an as needed basis.

The OLHSA Human Resources Division will consult with program administrators to provide expertise and resources, both in-person and virtually to support the Head Start/Early Head Start programs to ensure compliance with applicable policies and procedures in accordance with Head Start Performance Standards} licensing, federal, state and local law. The training and technical assistance will include advising on labor policies including but not limited to COBRA, ADA/ADAAA, FMLA, OSHA, ACA, Title VII, and FLSA.

- k) Secure all personnel required in performing the Services. Hire, fire, supervise and promote and/or discipline OLHSA employees, as necessary.

The OLHSA Human Resources Division is responsible for directing and managing OLHSA employee relations and the recruitment process. OLHSA will discipline and handle termination of employees per the employee handbook and applicable laws. When applicable, OLHSA will consult with their Employee Relations legal counsel. The OLHSA Human Resources Division's overall objective is to recruit for and employ staff that present the knowledge skills, and abilities that compliment or enhance the program operations and provide a work climate that lends itself to productivity, economic and personal growth. OLHSA will ensure that all necessary paperwork including programmatic, legal documentation, drug test, credentials, and background checks are complete and approved prior to hire.

- l) Complete reports as required by funding entities.

OLHSA staff will complete all required reports for funding entities that relate to the responsibilities within this Agreement including all annual reports required by funding entities which will be presented to GCCARD administrative structure for final approval once completed and prior to submission.

EXHIBIT B**GENESEE COUNTY INSURANCE CHECKLIST**

PROFESSIONAL SERVICES CONTRACT FOR:

21-249 RFP: HEADSTART/EARLY HEADSTART
STAFFING**Coverage Required****Limits (Figures denote minimums)**

| | |
|---|---|
| <input checked="" type="checkbox"/> 1. Workers' Compensation | Statutory limits of Michigan |
| <input checked="" type="checkbox"/> 2. Employers' Liability | \$100,000 accident/disease |
| | \$500,000 policy limit, disease |
| | Including Premises/operations |
| <input checked="" type="checkbox"/> 3. General Liability | \$1,000,000 per occurrence with \$2,000,000 aggregate |
| | Including Products/Completed Operations and |
| | Contractual Liability |
| <input type="checkbox"/> 4. Professional liability | \$1,000,000 per occurrence with \$2,000,000 aggregate |
| | Including errors and omissions |
| <input type="checkbox"/> 5. Medical Malpractice | \$200,000 per occurrence \$800,000 in aggregate |
| <input checked="" type="checkbox"/> 6. Automobile liability | \$1,000,000 combined single limit each accident- |
| | Owned, Hired, Non-owned |
| <input checked="" type="checkbox"/> 7. Umbrella liability/Excess Coverage | \$ 1,000,000 BI & PD and PI |

☒ 8. Genesee County named as an additional insured on other than workers' compensation via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.

☐ 9. Other insurance required: Environmental Impairment Liability - \$1,000,000 limit

☒ 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)

☒ 11. The certificate must state bid number and title #21-249 RFP HEADSTART/EARLY HEADSTART STAFFING

Insurance Agent's Statement

I have reviewed the requirements with the bidder named below. In addition:

☒ The above required policies carry the following deductibles:

GL \$500 PD deductible

☒ Liability policies are occurrence ☒ claims made ☐

James M. Huttenlocher
Insurance Agent

James M. Huttenlocher
Signature

Prospective Contractor's Statement

I understand the insurance requirements and will comply in full if awarded the contract.

Susan Harding
Contractor Signature

Susan Harding
Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the contract. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.

EXHIBIT C
OAKLAND LIVINGSTON HUMAN SERVICE AGENCY - GCCARD HEAD START
Reimbursement Request

Program Year: ____/____/____ to ____/____/____

Request Period: ____/____/____ to ____/____/____

| | Budget | Current Expenditures | Cont to Date Expenditures | Balance Available |
|----------------------------|--------|----------------------|---------------------------|-------------------|
| Salaries | | | | |
| FICA | | | | |
| Unemployment | | | | |
| Retirement | | | | |
| Workers Compensation | | | | |
| Health/Dental/Presc | | | | |
| Life Insurance | | | | |
| | | | | |
| Computer Costs | | | | |
| Legal Fees | | | | |
| Misc. Contracts | | | | |
| Temp Staff Service | | | | |
| Local Travel | | | | |
| Staff Travel - Out of Area | | | | |
| Registration - Conferences | | | | |
| Parent Travel | | | | |
| | | | | |
| Office Supplies | | | | |
| Liability Insurance | | | | |
| Telephone | | | | |
| Fees/Subscriptions | | | | |
| Parent Involvement | | | | |
| Education Reimbursement | | | | |
| | | | | |
| | | | | |
| GCCARD Head Start | | | | |
| FIDUCIARY | | | | |
| TOTAL | | | | |
| | | | | |

Total Current Exp _____

Total YTD Exp _____

Payments Rec'd to Date _____

Requested/not yet Rec'd _____

AMOUNT OF REQUEST _____

By: Charles A. Blake
OLHSA Deputy Director for Financial
Compliance

Date: _____

Certificate Of Completion

Envelope Id: 7875F07A288945E981FE085A00F6C9A2

Status: Completed

Subject: Head Start Contract with OLHSA GCCARD Award RFP #21-249

Source Envelope:

Document Pages: 13

Signatures: 3

Envelope Originator:

Certificate Pages: 2

Initials: 0

Donita Pikes

AutoNav: Enabled

707 17th Street Suite 4000

Enveloped Stamping: Enabled

Denver, CO 80202

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

DPikes@co.genesees.mi.us

IP Address: 69.5.90.9

Record Tracking

Status: Original

Holder: Donita Pikes

Location: DocuSign

9/10/2021 12:19:49 PM

DPikes@co.genesees.mi.us

Signer Events**Signature****Timestamp**

Mark Young

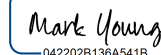
MYoung@co.genesees.mi.us

Chairman

Genesee County Board of County Commissioners

Security Level: Email, Account Authentication
(None)

DocuSigned by:


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Sent: 9/10/2021 12:19:50 PM

Viewed: 9/14/2021 9:48:51 AM

Signed: 9/14/2021 9:48:55 AM

Signature Adoption: Pre-selected Style

Using IP Address: 206.201.156.20

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Stephanie Howard

SHoward@co.genesees.mi.us

eSign

Security Level: Email, Account Authentication
(None)

DocuSigned by:


9E9E23CAD90640C...

Sent: 9/10/2021 12:19:51 PM

Viewed: 9/10/2021 12:20:47 PM

Signed: 9/10/2021 12:21:16 PM

Signature Adoption: Pre-selected Style

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Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Susan Harding

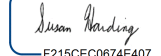
susanh@olhsa.org

Chairperson

Venture

Security Level: Email, Account Authentication
(None)

DocuSigned by:


F215CEC0674E407...

Sent: 9/10/2021 12:19:51 PM

Viewed: 9/13/2021 4:40:37 AM

Signed: 9/14/2021 5:33:07 AM

Signature Adoption: Uploaded Signature Image

Using IP Address: 68.41.252.187

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

| Carbon Copy Events | Status | Timestamp |
|---|------------------|--|
| Donita Pikes DPikes@co.genesees.mi.us eSign Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 9/10/2021 12:19:51 PM Resent: 9/14/2021 9:48:57 AM Viewed: 9/10/2021 12:41:06 PM |
| Karen Shim KShim@co.genesees.mi.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 9/10/2021 12:19:52 PM |
| Witness Events | Signature | Timestamp |
| Notary Events | Signature | Timestamp |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 9/10/2021 12:19:52 PM |
| Certified Delivered | Security Checked | 9/13/2021 4:40:37 AM |
| Signing Complete | Security Checked | 9/14/2021 5:33:07 AM |
| Completed | Security Checked | 9/14/2021 9:48:55 AM |
| Payment Events | Status | Timestamps |

DESCRIPTION: July - Sep HS budget

DATE:

| GL # | DESCRIPTION | Increase/(Decrease) |
|---------------------|--------------------------------|---------------------|
| 2801-698.01-504.000 | FEDERAL PARTICIPATION | \$ 1,305,213.50 |
| 2801-698.01-674.031 | IN KIND CONTRIBUTION | \$ 217,083.75 |
| 2801-698.01-702.000 | SALARIES & WAGES | \$ 3,967.00 |
| 2801-698.01-709.000 | SOCIAL SECURITY | \$ 303.50 |
| 2801-698.01-718.000 | MEDICAL INSURANCE | \$ 1,312.75 |
| 2801-698.01-723.000 | POST-RETIREMENT BENEFIT | \$ 81.25 |
| 2801-698.01-725.000 | OPTICAL INSURANCE | \$ 8.00 |
| 2801-698.01-726.000 | DENTAL INSURANCE | \$ 55.00 |
| 2801-698.01-727.000 | LIFE HEALTH INSURANCE | \$ 37.50 |
| 2801-698.01-728.000 | RETIREMENT | \$ 317.25 |
| 2801-698.01-729.000 | WORKERS COMPENSATION | \$ 3.25 |
| 2801-698.01-730.000 | UNEMPLOYMENT | \$ 8.00 |
| 2801-698.01-763.000 | SUPPLIES | \$ 25,500.00 |
| 2801-698.01-759.000 | GAS & OIL VEHICLES | \$ 2,000.00 |
| 2801-698.01-781.000 | FIELD TRIPS | \$ 3,750.00 |
| 2801-698.01-801.000 | PROFESSIONAL SERVICE CONTRACTS | \$ 250.00 |
| 2801-698.01-801.050 | FIDUCIARY SERVICES | \$ 1,156,092.00 |
| 2801-698.01-829.001 | TECHNOLOGY & SOFTWARE SERVICES | \$ 8,250.00 |
| 2801-698.01-835.000 | HEALTH SERVICES | \$ 62.50 |
| 2801-698.01-838.000 | PARENT INVOLVEMENT | \$ 1,000.00 |
| 2801-698.01-838.002 | MALE PARENT INVOLVEMENT | \$ 500.00 |
| 2801-698.01-850.000 | TELEPHONE | \$ 3,125.00 |
| 2801-698.01-851.000 | POSTAGE | \$ 125.00 |
| 2801-698.01-869.000 | CONFORMANCE FEES | \$ 1,375.00 |
| 2801-698.01-884.064 | RECRUITMENT AND ADVERTISING | \$ 1,000.00 |
| 2801-698.01-900.000 | PRINTING AND PUBLISHING | \$ 1,875.00 |
| 2801-698.01-915.000 | MEMBERSHIPS | \$ 1,250.00 |
| 2801-698.01-924.000 | UTILITIES | \$ 4,750.00 |
| 2801-698.01-930.000 | REPAIRS | \$ 10,000.00 |
| 2801-698.01-955.040 | IN KIND CONTRIBUTION | \$ 217,083.75 |
| 2801-698.01-957.004 | CONVENIENCE COPIER CHARGES | \$ 750.00 |
| 2801-698.01-957.006 | INTRAFUND EXPENSE | \$ 58,158.50 |
| 2801-698.01-958.014 | CSA | \$ 19,307.00 |
| 2801-698.02-504.000 | FEDERAL PARTICIPATION | \$ 13,590.00 |
| 2801-698.02-702.000 | SALARIES & WAGES | \$ 30.00 |
| 2801-698.02-709.000 | SOCIAL SECURITY | \$ 2.25 |
| 2801-698.02-718.000 | MEDICAL INSURANCE | \$ 9.75 |
| 2801-698.02-723.000 | POST-RETIREMENT BENEFIT | \$ 0.50 |
| 2801-698.02-725.000 | OPTICAL INSURANCE | \$ 0.25 |
| 2801-698.02-726.000 | DENTAL INSURANCE | \$ 0.25 |
| 2801-698.02-727.000 | LIFE HEALTH INSURANCE | \$ 0.25 |

| | | | |
|---------------------|----------------------------------|----|--------------|
| 2801-698.02-728.000 | RETIREMENT | \$ | 2.50 |
| 2801-698.02-729.000 | WORKERS COMPENSATION | \$ | 0.25 |
| 2801-698.02-730.000 | UNEMPLOYMENT | \$ | 0.25 |
| 2801-698.02-763.000 | SUPPLIES | \$ | 703.00 |
| 2801-698.02-801.050 | FIDUCIARY SERVICES | \$ | 8,553.75 |
| 2801-698.02-804.000 | CONSULTANTS | \$ | 1,039.00 |
| 2801-698.02-900.000 | PRINTING AND PUBLISHING | \$ | 62.50 |
| 2801-698.02-910.004 | TRAINING | \$ | 2,625.00 |
| 2801-698.02-957.006 | INTRAFUND EXPENSE | \$ | 441.00 |
| 2801-698.02-958.011 | CENTRAL SERVICES ALLOCATION | \$ | 119.50 |
| 2801-698.03-504.000 | FEDERAL PARTICIPATION | \$ | 46,074.50 |
| 2801-698.03-504.001 | FEDERAL PARTICIPATION - CACFP | \$ | 109,911.00 |
| 2801-698.03-763.000 | SUPPLIES | \$ | 2,500.00 |
| 2801-698.03-801.012 | SERVICES FOOD | \$ | 109,911.00 |
| 2801-698.03-801.051 | SERVICES FOOD NON CACFP | \$ | 43,574.50 |
| 2801-698.05-504.000 | FEDERAL PARTICIPATION | \$ | 37,625.00 |
| 2801-698.05-504.001 | FEDERAL PARTICIPATION - CACFP | \$ | 52,768.50 |
| 2801-698.05-763.000 | SUPPLIES | \$ | 3,750.00 |
| 2801-698.05-801.012 | SERVICES FOOD | \$ | 52,768.50 |
| 2801-698.05-801.051 | SERVICES FOOD NON CACFP | \$ | 33,875.00 |
| 2801-698.06-504.000 | FEDERAL PARTICIPATION | \$ | 1,905,840.00 |
| 2801-698.06-674.031 | IN KIND CONTRIBUTION | \$ | 83,875.00 |
| 2801-698.06-702.000 | SALARIES & WAGES | \$ | 5,962.75 |
| 2801-698.06-709.000 | SOCIAL SECURITY | \$ | 456.00 |
| 2801-698.06-718.000 | MEDICAL INSURANCE | \$ | 1,973.00 |
| 2801-698.06-723.000 | POST-RETIREMENT BENEFIT | \$ | 122.00 |
| 2801-698.06-725.000 | OPTICAL INSURANCE | \$ | 12.50 |
| 2801-698.06-726.000 | DENTAL INSURANCE | \$ | 82.50 |
| 2801-698.06-727.000 | LIFE HEALTH INSURANCE | \$ | 56.50 |
| 2801-698.06-728.000 | RETIREMENT | \$ | 477.00 |
| 2801-698.06-729.000 | WORKERS COMPENSATION | \$ | 4.75 |
| 2801-698.06-730.000 | UNEMPLOYMENT | \$ | 12.00 |
| 2801-698.06-763.000 | SUPPLIES | \$ | 24,710.00 |
| 2801-698.06-759.000 | GAS & OIL VEHICLES | \$ | 2,000.00 |
| 2801-698.06-781.000 | FIELD TRIPS | \$ | 2,500.00 |
| 2801-698.06-801.000 | PROFESSIONAL SERVICE CONTRACTS | \$ | 375.00 |
| 2801-698.06-801.050 | FIDUCIARY SERVICES | \$ | 1,718,862.25 |
| 2801-698.06-801.029 | PROTECTION AND SECURITY SERVICES | \$ | 187.50 |
| 2801-698.06-829.001 | TECHNOLOGY & SOFTWARE SERVICES | \$ | 13,750.00 |
| 2801-698.06-835.000 | HEALTH SERVICES | \$ | 62.50 |
| 2801-698.06-838.000 | PARENT INVOLVEMENT | \$ | 1,250.00 |
| 2801-698.06-838.002 | MALE PARENT INVOLVEMENT | \$ | 125.00 |
| 2801-698.06-850.000 | TELEPHONE | \$ | 5,750.00 |
| 2801-698.06-851.000 | POSTAGE | \$ | 75.00 |
| 2801-698.06-884.064 | RECRUITMENT AND ADVERTISING | \$ | 1,125.00 |
| 2801-698.06-869.000 | CONFORMANCE FEES | \$ | 1,750.00 |
| 2801-698.06-900.000 | PRINTING AND PUBLISHING | \$ | 2,500.00 |

| | | | |
|---------------------|-----------------------------|----|------------|
| 2801-698.06-915.000 | MEMBERSHIPS | \$ | 1,250.00 |
| 2801-698.06-924.000 | UTILITIES | \$ | 9,750.00 |
| 2801-698.06-930.000 | REPAIRS | \$ | 10,000.00 |
| 2801-698.06-955.040 | IN KIND CONTRIBUTION | \$ | 83,875.00 |
| 2801-698.06-957.004 | CONVENIENCE COPIER CHARGES | \$ | 500.00 |
| 2801-698.06-957.006 | INTRAFUND EXPENSE | \$ | 87,416.25 |
| 2801-698.06-958.014 | CSA | \$ | 12,742.50 |
| 2801-698.07-504.000 | FEDERAL PARTICIPATION | \$ | 38,241.00 |
| 2801-698.07-702.000 | SALARIES & WAGES | \$ | 93.75 |
| 2801-698.07-709.000 | SOCIAL SECURITY | \$ | 7.25 |
| 2801-698.07-718.000 | MEDICAL INSURANCE | \$ | 31.00 |
| 2801-698.07-723.000 | POST-RETIREMENT BENEFIT | \$ | 2.00 |
| 2801-698.07-725.000 | OPTICAL INSURANCE | \$ | 0.25 |
| 2801-698.07-726.000 | DENTAL INSURANCE | \$ | 1.25 |
| 2801-698.07-727.000 | LIFE HEALTH INSURANCE | \$ | 0.75 |
| 2801-698.07-728.000 | RETIREMENT | \$ | 7.25 |
| 2801-698.07-729.000 | WORKERS COMPENSATION | \$ | 0.25 |
| 2801-698.07-730.000 | UNEMPLOYMENT | \$ | 0.25 |
| 2801-698.07-763.000 | SUPPLIES | \$ | 1,982.00 |
| 2801-698.07-801.050 | FIDUCIARY SERVICES | \$ | 27,293.25 |
| 2801-698.07-804.000 | CONSULTANTS | \$ | 2,987.50 |
| 2801-698.07-900.000 | PRINTING AND PUBLISHING | \$ | 125.00 |
| 2801-698.07-910.004 | TRAINING | \$ | 3,750.00 |
| 2801-698.07-957.006 | INTRAFUND EXPENSE | \$ | 1,373.50 |
| 2801-698.07-958.011 | CENTRAL SERVICES ALLOCATION | \$ | 585.75 |
| 2801-698.10-504.000 | FEDERAL PARTICIPATION | \$ | 181,811.25 |
| 2801-698.10-674.031 | IN KIND CONTRIBUTION | \$ | 46,306.00 |
| 2801-698.10-801.004 | SERV CONT GENERAL | \$ | 181,811.25 |
| 2801-698.10-955.040 | IN KIND CONTRIBUTION | \$ | 46,306.00 |
| 2801-698.11-504.000 | FEDERAL PARTICIPATION | \$ | 39,440.00 |
| 2801-698.11-674.031 | IN KIND CONTRIBUTION | \$ | 9,860.00 |
| 2801-698.11-801.004 | SERVICE CONTRACTS FEDERAL | \$ | 39,440.00 |
| 2801-698.11-955.040 | IN KIND CONTRIBUTION | \$ | 9,860.00 |
| 2801-698.12-504.000 | FEDERAL PARTICIPATION | \$ | 3,412.75 |
| 2801-698.12-801.004 | SERV CONT GENERAL | \$ | 3,412.75 |

DESCRIPTION: July - Sep HS budget

DATE:

| GL # | DESCRIPTION | Increase/(Decrease) |
|---------------------|--------------------------------|---------------------|
| 2801-698.01-504.000 | FEDERAL PARTICIPATION | \$ 1,305,213.50 |
| 2801-698.01-674.031 | IN KIND CONTRIBUTION | \$ 217,083.75 |
| 2801-698.01-702.000 | SALARIES & WAGES | \$ 3,967.00 |
| 2801-698.01-709.000 | SOCIAL SECURITY | \$ 303.50 |
| 2801-698.01-718.000 | MEDICAL INSURANCE | \$ 1,312.75 |
| 2801-698.01-723.000 | POST-RETIREMENT BENEFIT | \$ 81.25 |
| 2801-698.01-725.000 | OPTICAL INSURANCE | \$ 8.00 |
| 2801-698.01-726.000 | DENTAL INSURANCE | \$ 55.00 |
| 2801-698.01-727.000 | LIFE HEALTH INSURANCE | \$ 37.50 |
| 2801-698.01-728.000 | RETIREMENT | \$ 317.25 |
| 2801-698.01-729.000 | WORKERS COMPENSATION | \$ 3.25 |
| 2801-698.01-730.000 | UNEMPLOYMENT | \$ 8.00 |
| 2801-698.01-763.000 | SUPPLIES | \$ 25,500.00 |
| 2801-698.01-759.000 | GAS & OIL VEHICLES | \$ 2,000.00 |
| 2801-698.01-781.000 | FIELD TRIPS | \$ 3,750.00 |
| 2801-698.01-801.000 | PROFESSIONAL SERVICE CONTRACTS | \$ 250.00 |
| 2801-698.01-801.050 | FIDUCIARY SERVICES | \$ 1,156,092.00 |
| 2801-698.01-829.001 | TECHNOLOGY & SOFTWARE SERVICES | \$ 8,250.00 |
| 2801-698.01-835.000 | HEALTH SERVICES | \$ 62.50 |
| 2801-698.01-838.000 | PARENT INVOLVEMENT | \$ 1,000.00 |
| 2801-698.01-838.002 | MALE PARENT INVOLVEMENT | \$ 500.00 |
| 2801-698.01-850.000 | TELEPHONE | \$ 3,125.00 |
| 2801-698.01-851.000 | POSTAGE | \$ 125.00 |
| 2801-698.01-869.000 | CONFORMANCE FEES | \$ 1,375.00 |
| 2801-698.01-884.064 | RECRUITMENT AND ADVERTISING | \$ 1,000.00 |
| 2801-698.01-900.000 | PRINTING AND PUBLISHING | \$ 1,875.00 |
| 2801-698.01-915.000 | MEMBERSHIPS | \$ 1,250.00 |
| 2801-698.01-924.000 | UTILITIES | \$ 4,750.00 |
| 2801-698.01-930.000 | REPAIRS | \$ 10,000.00 |
| 2801-698.01-955.040 | IN KIND CONTRIBUTION | \$ 217,083.75 |
| 2801-698.01-957.004 | CONVENIENCE COPIER CHARGES | \$ 750.00 |
| 2801-698.01-957.006 | INTRAFUND EXPENSE | \$ 58,158.50 |
| 2801-698.01-958.014 | CSA | \$ 19,307.00 |
| 2801-698.02-504.000 | FEDERAL PARTICIPATION | \$ 13,590.00 |
| 2801-698.02-702.000 | SALARIES & WAGES | \$ 30.00 |
| 2801-698.02-709.000 | SOCIAL SECURITY | \$ 2.25 |
| 2801-698.02-718.000 | MEDICAL INSURANCE | \$ 9.75 |
| 2801-698.02-723.000 | POST-RETIREMENT BENEFIT | \$ 0.50 |
| 2801-698.02-725.000 | OPTICAL INSURANCE | \$ 0.25 |

| | | | |
|---------------------|----------------------------------|----|--------------|
| 2801-698.02-726.000 | DENTAL INSURANCE | \$ | 0.25 |
| 2801-698.02-727.000 | LIFE HEALTH INSURANCE | \$ | 0.25 |
| 2801-698.02-728.000 | RETIREMENT | \$ | 2.50 |
| 2801-698.02-729.000 | WORKERS COMPENSATION | \$ | 0.25 |
| 2801-698.02-730.000 | UNEMPLOYMENT | \$ | 0.25 |
| 2801-698.02-763.000 | SUPPLIES | \$ | 703.00 |
| 2801-698.02-801.050 | FIDUCIARY SERVICES | \$ | 8,553.75 |
| 2801-698.02-804.000 | CONSULTANTS | \$ | 1,039.00 |
| 2801-698.02-900.000 | PRINTING AND PUBLISHING | \$ | 62.50 |
| 2801-698.02-910.004 | TRAINING | \$ | 2,625.00 |
| 2801-698.02-957.006 | INTRAFUND EXPENSE | \$ | 441.00 |
| 2801-698.02-958.011 | CENTRAL SERVICES ALLOCATION | \$ | 119.50 |
| 2801-698.03-504.000 | FEDERAL PARTICIPATION | \$ | 46,074.50 |
| 2801-698.03-504.001 | FEDERAL PARTICIPATION - CACFP | \$ | 109,911.00 |
| 2801-698.03-763.000 | SUPPLIES | \$ | 2,500.00 |
| 2801-698.03-801.012 | SERVICES FOOD | \$ | 109,911.00 |
| 2801-698.03-801.051 | SERVICES FOOD NON CACFP | \$ | 43,574.50 |
| 2801-698.05-504.000 | FEDERAL PARTICIPATION | \$ | 37,625.00 |
| 2801-698.05-504.001 | FEDERAL PARTICIPATION - CACFP | \$ | 52,768.50 |
| 2801-698.05-763.000 | SUPPLIES | \$ | 3,750.00 |
| 2801-698.05-801.012 | SERVICES FOOD | \$ | 52,768.50 |
| 2801-698.05-801.051 | SERVICES FOOD NON CACFP | \$ | 33,875.00 |
| 2801-698.06-504.000 | FEDERAL PARTICIPATION | \$ | 1,905,840.00 |
| 2801-698.06-674.031 | IN KIND CONTRIBUTION | \$ | 83,875.00 |
| 2801-698.06-702.000 | SALARIES & WAGES | \$ | 5,962.75 |
| 2801-698.06-709.000 | SOCIAL SECURITY | \$ | 456.00 |
| 2801-698.06-718.000 | MEDICAL INSURANCE | \$ | 1,973.00 |
| 2801-698.06-723.000 | POST-RETIREMENT BENEFIT | \$ | 122.00 |
| 2801-698.06-725.000 | OPTICAL INSURANCE | \$ | 12.50 |
| 2801-698.06-726.000 | DENTAL INSURANCE | \$ | 82.50 |
| 2801-698.06-727.000 | LIFE HEALTH INSURANCE | \$ | 56.50 |
| 2801-698.06-728.000 | RETIREMENT | \$ | 477.00 |
| 2801-698.06-729.000 | WORKERS COMPENSATION | \$ | 4.75 |
| 2801-698.06-730.000 | UNEMPLOYMENT | \$ | 12.00 |
| 2801-698.06-763.000 | SUPPLIES | \$ | 24,710.00 |
| 2801-698.06-759.000 | GAS & OIL VEHICLES | \$ | 2,000.00 |
| 2801-698.06-781.000 | FIELD TRIPS | \$ | 2,500.00 |
| 2801-698.06-801.000 | PROFESSIONAL SERVICE CONTRACTS | \$ | 375.00 |
| 2801-698.06-801.050 | FIDUCIARY SERVICES | \$ | 1,718,862.25 |
| 2801-698.06-801.029 | PROTECTION AND SECURITY SERVICES | \$ | 187.50 |
| 2801-698.06-829.001 | TECHNOLOGY & SOFTWARE SERVICES | \$ | 13,750.00 |
| 2801-698.06-835.000 | HEALTH SERVICES | \$ | 62.50 |
| 2801-698.06-838.000 | PARENT INVOLVEMENT | \$ | 1,250.00 |
| 2801-698.06-838.002 | MALE PARENT INVOLVEMENT | \$ | 125.00 |
| 2801-698.06-850.000 | TELEPHONE | \$ | 5,750.00 |
| 2801-698.06-851.000 | POSTAGE | \$ | 75.00 |
| 2801-698.06-884.064 | RECRUITMENT AND ADVERTISING | \$ | 1,125.00 |

| | | | |
|---------------------|-----------------------------|----|------------|
| 2801-698.06-869.000 | CONFORMANCE FEES | \$ | 1,750.00 |
| 2801-698.06-900.000 | PRINTING AND PUBLISHING | \$ | 2,500.00 |
| 2801-698.06-915.000 | MEMBERSHIPS | \$ | 1,250.00 |
| 2801-698.06-924.000 | UTILITIES | \$ | 9,750.00 |
| 2801-698.06-930.000 | REPAIRS | \$ | 10,000.00 |
| 2801-698.06-955.040 | IN KIND CONTRIBUTION | \$ | 83,875.00 |
| 2801-698.06-957.004 | CONVENIENCE COPIER CHARGES | \$ | 500.00 |
| 2801-698.06-957.006 | INTRAFUND EXPENSE | \$ | 87,416.25 |
| 2801-698.06-958.014 | CSA | \$ | 12,742.50 |
| 2801-698.07-504.000 | FEDERAL PARTICIPATION | \$ | 38,241.00 |
| 2801-698.07-702.000 | SALARIES & WAGES | \$ | 93.75 |
| 2801-698.07-709.000 | SOCIAL SECURITY | \$ | 7.25 |
| 2801-698.07-718.000 | MEDICAL INSURANCE | \$ | 31.00 |
| 2801-698.07-723.000 | POST-RETIREMENT BENEFIT | \$ | 2.00 |
| 2801-698.07-725.000 | OPTICAL INSURANCE | \$ | 0.25 |
| 2801-698.07-726.000 | DENTAL INSURANCE | \$ | 1.25 |
| 2801-698.07-727.000 | LIFE HEALTH INSURANCE | \$ | 0.75 |
| 2801-698.07-728.000 | RETIREMENT | \$ | 7.25 |
| 2801-698.07-729.000 | WORKERS COMPENSATION | \$ | 0.25 |
| 2801-698.07-730.000 | UNEMPLOYMENT | \$ | 0.25 |
| 2801-698.07-763.000 | SUPPLIES | \$ | 1,982.00 |
| 2801-698.07-801.050 | FIDUCIARY SERVICES | \$ | 27,293.25 |
| 2801-698.07-804.000 | CONSULTANTS | \$ | 2,987.50 |
| 2801-698.07-900.000 | PRINTING AND PUBLISHING | \$ | 125.00 |
| 2801-698.07-910.004 | TRAINING | \$ | 3,750.00 |
| 2801-698.07-957.006 | INTRAFUND EXPENSE | \$ | 1,373.50 |
| 2801-698.07-958.011 | CENTRAL SERVICES ALLOCATION | \$ | 585.75 |
| 2801-698.10-504.000 | FEDERAL PARTICIPATION | \$ | 181,811.25 |
| 2801-698.10-674.031 | IN KIND CONTRIBUTION | \$ | 46,306.00 |
| 2801-698.10-801.004 | SERV CONT GENERAL | \$ | 181,811.25 |
| 2801-698.10-955.040 | IN KIND CONTRIBUTION | \$ | 46,306.00 |
| 2801-698.11-504.000 | FEDERAL PARTICIPATION | \$ | 39,440.00 |
| 2801-698.11-674.031 | IN KIND CONTRIBUTION | \$ | 9,860.00 |
| 2801-698.11-801.004 | SERVICE CONTRACTS FEDERAL | \$ | 39,440.00 |
| 2801-698.11-955.040 | IN KIND CONTRIBUTION | \$ | 9,860.00 |
| 2801-698.12-504.000 | FEDERAL PARTICIPATION | \$ | 3,412.75 |
| 2801-698.12-801.004 | SERV CONT GENERAL | \$ | 3,412.75 |