Finance Agenda
Missaukee County Board of Commissioners
Finance Committee
111 S. Canal St. Lake City, MI
April 4, 2019 @ 4:00 PM

4:00 PM  Opening and Roll Call
Public Comment**

4:05 PM  Treasurer – Lori Cox
a. Monthly Financial Reports
b. Tax Levy Resolution

4:15 PM  Clerk/Register – Jessica Nielsen
a. Remonumentation Contract
b. FY19 Budget Amendment #2
c. Interagency Agreement with Community Mental Health
d. P-16100 Personal Protective Equipment – Proposed New Policy
e. F-3310 Claims and Accounts/Accounts Payable – Proposed Revisions

Public Comment**
**Public Comment Rules authorized by the Missaukee County Board of Commissioners: Each person recognized by the Chairman shall state their name for the record and will have a limit of 3 minutes to state an opinion. All opinions will be duly noted by the board & if requiring an answer will be addressed by the chairman first or his designee or in writing. The audience is asked not to interrupt at any time during public comment.
April 4, 2019

Re: Proposed Remonumentation Contract for Services

Background:
The Board of Commissioners voted to move forward with a contract with Atwell LLC for the 2019 Remonumentation Grant project.

For your review is a proposed contract from Atwell LLC in the amount of $36,600 which is the grant amount secured from the State of Michigan from 2019. This is essentially the same as last years, only changes are the land corners listed to be surveyed.

Requested Action:
Approved the proposed contract with Atwell LLC, as presented.

Submitted by:

Jessica Nielsen
County Clerk/Register of Deeds
PROFESSIONAL SERVICES AGREEMENT

This AGREEMENT made as of ___________________________ between
Missaukee County Board of Commissioners, Court House, Lake City, MI 49651

____________________________, OWNER

and ________________________________

____________________________, MONUMENTATION SURVEYOR.

SECTION 1 - ASSIGNMENT

1.1 OWNER wishes MONUMENTATION SURVEYOR to perform professional services in accordance with the State Survey and Remonumentation Act, Act 345 of 1990, the Administration Rules and other regulations promulgated by the State Survey and Remonumentation Commission.

1.2 The ASSIGNMENT is defined in Exhibit A attached to this AGREEMENT.

SECTION 2 - BASIC SERVICES

2.1 MONUMENTATION SURVEYOR shall perform the following services:

2.1.1 Will not undertake any work on the ASSIGNMENT until this Agreement is executed by the OWNER and Authorization to Proceed has been issued by the Grant Administrator.

2.1.2 Will undertake the ASSIGNMENT with completeness, thoroughness and highest standards of professionalism.

2.1.3 Will perform all services in accordance with applicable laws, regulations and other requirements pertaining to the ASSIGNMENT.

2.1.4 Will provide four (4) copies of all materials, to be presented to the Peer Group, to the County Representative at least two weeks prior to the Peer Group meeting at which the ASSIGNMENT will be presented.

2.1.5 Upon review and concurrence of the Peer Group with the MONUMENTATION SURVEYOR’S presentation, analysis and conclusions, furnish an original Land Corner Recordation Corner form, or forms if appropriate, within 14 days to the County Representative together with the appropriate fee(s) for recording.

SECTION 3 - OWNER RESPONSIBILITIES

3.1 OWNER will provide, through the Remonumentation Coordinator:
3.1.1 Criteria and information made available from the State Survey and Remonumentation Commission.

3.1.2 Access to and copies, at usual County fee charges, of documentation pertinent to the ASSIGNMENT.

SECTION 4 - PERIOD OF SERVICE

4.1 OWNER has authorized MONUMENTATION SURVEYOR to start performing services and incurring allowable costs upon receipt of the Notice to Proceed.

4.2 Completion of the ASSIGNMENT shall be in accordance with the schedule outlined in Exhibit A attached.

SECTION 5 - PAYMENT

5.1 OWNER will pay MONUMENTATION SURVEYOR for completion of the ASSIGNMENT as outlined in Exhibit A.

5.2 OWNER will release pay to MONUMENTATION SURVEYOR within 7 days after receipt of funds from the State Survey and Remonumentation Commission.

5.3 MONUMENTATION SURVEYOR will submit pay requests to the County Grant Administrator detailing the work completed and for which payment is being requested.

5.4 If OWNER fails to make any payment to MONUMENTATION SURVEYOR within the time specified in Section 5.2, the OWNER shall pay a service charge to the MONUMENTATION SURVEYOR of 1/2% for each month or portion thereof, commencing on the 8th day as defined in Section 5.2, that the amount is unpaid.

SECTION 6 - INSURANCE

6.1 MONUMENTATION SURVEYOR shall have in effect and attach copies to this AGREEMENT of the following insurance:

6.1.1 Public Liability/Property Damage............$300,000
    Automobile............................................$300,000
    Workman’s Compensation............as required by law
    Professional Liability
    (errors and omissions).........................$300,000

6.2 Copies of insurance certificates shall include a requirement that the County is to be notified at least 10 days prior to cancellation of any insurance coverage.

6.3 Cancellation of any of the insurance listed in Section 6.1.1 shall be cause for suspension of this AGREEMENT and if the insurances are not renewed, with copies furnished to the County Surveyor, within 30 days after date of insurance termination or cancellation, it shall be cause for termination of this AGREEMENT with forfeiture of any payments to MONUMENTATION SURVEYOR.
6.4 MONUMENTATION SURVEYOR, upon execution of this AGREEMENT agrees to allow free access to and copies of any information that he/she may have to other Monumentation Surveyors working on remonumentation in Missaukee County.

6.5 OWNER and MONUMENTATION SURVEYOR, and the respective partners, successors, executors, administrators, assigns and legal representatives of each are bound by this AGREEMENT and to the partners, successors, administrators, assigns and legal representatives of such other party in respect of all covenants, agreements and obligations of this AGREEMENT.

6.6 Nothing herein shall be constructed to give any rights or benefits hereunder to anyone other that OWNER and MONUMENTATION SURVEYOR.

6.7 MONUMENTATION SURVEYOR agrees to indemnify and hold the County of Missaukee harmless from claims, liabilities, loss, damage, legal costs or expenses resulting from Monumentation Surveyors' negligent acts, errors or omissions.

This AGREEMENT consist of three (3) pages and Exhibit A consisting of one (1) page constitutes the entire AGREEMENT between OWNER and MONUMENTATION SURVEYOR and supersedes all prior written or oral understandings between them. This AGREEMENT and Exhibit A may only be amended, supplemented, modified or canceled by a duly executed, written instrument.

In witness whereof, the parties hereto have made and executed this AGREEMENT as of the day and year first written above.

OWNER - MISSAUKEE COUNTY

County Grant Administrator

Date

MONUMENTATION SURVEYOR

Atwell

Name of firm or individual

Signature of authorized representative

2-26-19

Date
EXHIBIT A

PROFESSIONAL SERVICES AGREEMENT BETWEEN MISSAUKEE COUNTY
AND

Atwell Dated: ______________

ASSIGNMENT

Perform research, field investigation, uncover or locate corner evidence, witnesses (find or establish), assemble all information and provide copies for Peer Review Group, attend Peer Review Group meeting(s), prepare and submit Land Corner Recordation Record form(s) and all related work on the following corners:

See attached Proposed Work Program

PERIOD OF SERVICE

Complete at least 25% of ASSIGNMENT within 30 days of date of Notice To Proceed.

All work to be completed within ___ days of date of Notice To Proceed but not later than Dec 15, 2019.

PAYMENT

For each corner presented to County Representative for Peer Group Review........ 50% of per corner fee

For each corner receiving Peer Group concurrence and submittal of Land Corner Recordation Record form to County Representative.................. 30% of per corner fee

Upon receipt of approval from State Survey & Remonumentation Commission and State Funds......................... 20% of per corner fee

County to provide Monument boxes and County Monuments at no charge to the MONUMENTATION SURVEYOR.

Additional corners can be added to this contract at a later time upon request of the county.

FEE PER CORNER: 36 corners TOTAL FEE: $36,600
ITEM A:

Corners to be Research:

**Enterprise Twp., T23N-R5W:** B1, B3, C1, C2, C3, C4, D1, D3, E1, E2, F1, G1, G2 (13ea)

**Norwich Twp., T24N-R5W:** A5, A6, A8, A9, A10, A11, A12, B11, C11, C12 (10ea)

**West Branch Twp., T23N-R6W:** D9, E9, E10, F9, G9, G10, H9, I9, I10, J9, K9, K10, L9 (13ea)

Total 36 ea

Corners to be Monumented:

**Enterprise Twp., T23N-R5W:** B1, B3, C1, C2, C3, C4, D1, D3, E1, E2, F1, G1, G2 (13ea)

**Norwich Twp., T24N-R5W:** A5, A6, A8, A9, A10, A11, A12, B11, C11, C12 (10ea)

**West Branch Twp., T23N-R6W:** D9, E9, E10, F9, G9, G10, H9, I9, I10, J9, K9, K10, L9 (13ea)

Total 36 ea

**Enterprise Twp.**

13 e 850 ac = 11,050 + 118 e 200 ac = 11,250

**Norwich Twp.**

10 e 1190 ac = 11,900 + 9 e 200 ac = 13,700

**West Branch Twp.**

13 e 850 ac = 11,050 + 3 e 200 ac = 11,650

Total 36,600
April 9, 2019

To: Missaukee County Board of Commissioners

From: Precia Garland, Administrator

RE: FY19 – Budget Amendment #2 – Second Quarter

Attached please find the proposed second quarterly Budget Amendment for fiscal year 2019.

Proposed amendments to the county’s General Fund:

- Revenues were adjusted to reflect expected revenue increases in fees, reimbursements, personal property tax replacement revenue and a small grant; together a collective increase of $34,889.
- Expenditures were also adjusted to reflect changes in staffing throughout several departments, new grant funds, increasing court costs due to increased caseload share, and a timing lag between re-monumentation expenses and revenues; together a collective increase of $30,892.
- The difference between the net change in revenues and expenditures was a decrease of $3,997, which permits a decrease in appropriated fund balance by that same amount, from $100,506 to $96,509.

Proposed amendments to special funds:

- Secondary Road Grant: Revenues and expenditures were adjusted to reflect an increase in the approved state grant.
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<td>$ 713,470.00</td>
<td>$ 30,892.00</td>
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**NET CHANGE TO GF REVENUES** $ 34,889.00
**NET CHANGE TO GF EXPENSES** $ 30,892.00
**NET OVERALL CHANGE TO GF GAP** $ (3,997.00)

**GENERAL FUND - APPROPRIATED FUND BALANCE**

**Revenue**

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## Missaukee County
### Administration Department

### FY19 Proposed Budget Amendments
#### Second Quarter

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April 9, 2019

To: Missaukee County Board of Commissioners

From: Precia Garland, County Administrator

RE: Interagency Agreement with Community Mental Health

Following this communication please find a proposed Interagency Agreement between Northern Lakes Community Mental Health and various elected officers and the Boards of Commission for Wexford and Missaukee Counties. The agreement is required by PA 28 of 2014, which requires mental health services be provided to certain at-risk individuals entering the criminal justice system.

Please note this agreement has simply been updated to reflect recent changes in the people holding various elected offices and otherwise remains unchanged from the version last approved in 2014.

As you know, Missaukee County makes an annual appropriation from the general fund for Northern Lakes Community Mental Health services. The annual appropriation for FY19 is $37,272.

Requested Action
It is requested the Missaukee County Board of Commissioners approve the “Interagency Agreement” between Northern Lakes Community Mental Health and others, including Missaukee County, as presented.
Interagency Agreement

Between

Northern Lakes Community Mental Health
Wexford and Missaukee County Sheriff
Wexford and Missaukee County Prosecuting Attorney
28th Wexford and Missaukee County Judicial Circuit Courts
84th Wexford and Missaukee County District Courts
And the Wexford and Missaukee County Commissions

The Purpose of this Interagency Agreement (agreement).

1. The parties agree (pursuant to Act. No 28, Public Acts of 2014, Enrolled Senate Bill No. 558) to collaborate, coordinate, and facilitate activities and services to best serve individuals with serious mental illness who are considered at risk for 1 or more of the following:

(a) Entering the criminal justice system.
(b) Not receiving needed mental health treatment services during a period of incarceration in a county jail.
(c) Not receiving needed mental health treatment services upon release or discharge from incarceration in a county jail.
(d) Being committed to the jurisdiction of the department of corrections.

2. Health letter dated October 26, 2010 and with the Subject line: Use of General Fund Dollars for Services to Inmates of County Jails. The parties agree to coordinate efforts to seek a statewide solution that would allow for continued use of General Fund dollars to support the following services within the Wexford-Missaukee County Jail:

(a) Crisis intervention services and preadmission screenings (this would be in addition to jail diversion and community based emergency services in partnership with law enforcement).
(b) Clinical serves and psychiatric mental health services to registered consumers consistent with the Individual Plan of Services or as amended, who are currently an inmate or who become jail inmates
(c) Collaboration, coordination, and facilitation of activities and discussions to determine the needed services that best serve individuals with mental health needs incarcerated in the Wexford-Missaukee County Jail. These discussions will include discovery of present services, discovery and enumeration of critical mental health services and other needed services such as on-site psychiatric care, dispensing of medication, pharmaceutical reviews, and any other activities that the below listed liaisons deem necessary to determine how best to provide mental health services in the jail.
II Provisions

Whereas, the Michigan Mental Health Code requires that each county shall have a written interagency agreement in place for a collaborative program to provide mental health treatment and assistance, if permitted by law and considered appropriate, to persons with serious mental illness who are, or may become, incarcerated in a county jail (MCL 330.1207a).

Whereas, the Parties seek to have a written interagency agreement for a collaborative program that provides the most appropriate treatment options and risk management for person with serious mental illness and co-occurring mental illness and/or substance use disorders, and who are at risk of the following:

(a) Entering into the criminal justice system.
(b) Not receiving needed mental health treatment services during a period of incarceration in the Wexford-Missaukee County Jail.
(c) Not receiving needed mental health services upon release or discharge from incarceration in the county jail.
(d) Being committed to the jurisdiction of the State of Michigan.

III Agreements

This agreement shall, at a minimum, cover all of the following areas:

(a) Guidelines for program eligibility- Each party will follow applicable laws, regulations, and their internal policies, respectively. Northern Lakes Community Mental Health (NLCMH) will complete an assessment, including the administering of The Level of Care Utilization System to determine if an individual meets the medical necessity criteria for ongoing mental health services to address serious mental illness.

(b) Interagency communication and coordination-Law Enforcement, court staff, and jail staff will make a referral to NLCMH if it reasonably appears that an individual entering into, involved in, or leaving the criminal justice may be experiencing a serious mental illness. All parties agree that coordination and communication can occur through direct communication (in person or via phone) and indirect communication (fax, message, or written documentation).

(c) Day-to-Day Program Administration-Each party to this agreement will be responsible for internal day-to-day administration and recordkeeping related to their involvement in the program.

(d) Involvement of service consumers, family members, and other stakeholders-All parties recognize the importance of involving family and other stakeholders whenever possible. NLCMH agrees to include all natural supports in treatment as the participants chooses or court orders.

(e) How program shall work with local courts-When the court is informed that a person under court jurisdiction in a criminal proceeding is in need of mental health services, the person will be referred to NLCMH for evaluation. A referred individual may voluntarily agree to services or be court ordered to receive services when
(f) How the program shall address potential participants before and after criminal charges have been filed—All Parties shall make referrals as set forth in section III (b) above. NLCMH shall determine eligibility based on medical necessity and, when appropriate, will provide services (including outreach) to involve the participant and natural supports in the course of treatment.

(g) Resource sharing between Parties to the Interagency Agreement—The Parties to this agreement shall share resources, including expertise, information, and data gathered by the various program administrators.

(h) Screening and assessment procedures—All Parties will utilize their practice and procedures for screening and assessing an individual who meets criteria noted in section I 1 above.

(i) Guidelines for case management—All Parties shall follow their established case management procedures.

(j) How the program will work with county jails—See subsection I 2 above. Additionally, all Parties agree to continue work collaboratively with the county jail.

(k) Criteria for completing the program—Criteria for program completion will be specified in the court order and/or NLCMH Individual Plan of Services.

(l) Mental Health Treatment services—The Parties will make every effort to assure that a complete array of medically necessary mental health and co-occurring substance use disorder services will be provided to those who meet eligibility criteria.

(m) Procedures for first response to potential cases, including response to crises—Consistent with current laws, regulations, and practice NLCMH will provide crisis interventions and preadmission screening assessments.

(n) How administrators of the program will report the program's actions and outcomes to the public—Each Party will share information and data consistent with their current practice, respectively.

IV Notice and Communications

1. Contact information for all Parties is as follows:
   a. Wexford County Administrator
      Elaine Richardson
      437 E. Division St.
      Cadillac, MI 49601
      (231) 779-9453

   b. 84th District Court
      Missaukee County
      Honorable Melissa Ransom
      111 South Canal
      P.O. Box 800
      Lake City, MI 49651
      (231) 839-4967
Wexford County
Honorable Audrey Van Alst
437 F. Division
Cadillac, MI 49601
(231) 779-9515

c. 28th Judicial Circuit Court
Honorable William A. Fagerman
Missaukee County Address:
111 South Canal
P.O. Box 800
Lake City, MI 49651
(231) 839-4967

Wexford County Address:
437 E. Division St.
Cadillac, MI 49601
(231) 779-9490

d. Prosecuting Attorney
Missaukee County
David DenHouten.
209 South Canal St.
P.O. Box 369
Lake City, MI 49651
(231) 839-3111

Wexford County
Jason Elmore
437 E. Division St.
Cadillac, MI 49601
(231) 779-9505

e. County Sheriff Department
Missaukee County
Will Yancer
110 Pine St.
Lake City, MI 49651
(231) 839-4338

Wexford County
Trent Taylor
820 Carmel St.
Cadillac, MI 49601
(231) 779-9211
f. County Jail Administrator
   Missaukee County
   Kenny Rigger
   110 E. Pine St.
   Lake City, MI 49651
   (231) 839-4338

Wexford
County Jail
Administrator
Lt. Mike McDaniel
820 Carmel St.
Cadillac, MI 49601
(231) 779-9211

g. Wexford County Board of Commissioners
   Chairperson, Wexford County Board of Commissioners
   437 E. Division St.
   Cadillac, MI 49601
   (231) 779-9453

h. Missaukee County Board of Commissioners
   Chairperson, Missaukee County Board of Commissioners
   Court House
   111 S. Canal
   Lake City, MI 49651

2. This agreement constitutes the entire agreement of the Parties with respect to the
   interagency agreement required by MCL 330.12074a. This agreement does not
   supersede or terminate Memoranda of Understanding (MOU) or other agreements
   existing between the Parties already in existence that may further expound on the
   various programs provided in this Agreement. The Parties may enter into other MOUs
   or agreements for existing or other programs.

3. The persons signing this Agreement, on behalf of the parties, hereto certify, by said
   signatures, that they are duly authorized to sign this Agreement.

4. In Witness Whereof, the authorized Parties hereto have fully executed this Agreement.
Missaukee County Board of Commissioners

Wexford County Board of Commissioners

[Signature]

Gary Taylor, Chairperson
BOC.
April 9, 2019

To: Missaukee County Board of Commissioners

From: Precia Garland, Administrator

RE: P-16100, Personal Protective Equipment – Proposed New Policy

Following this memo is a copy of the proposed, new policy P-16100: Personal Protective Equipment (PPE). The policy is based on a best practices model, provided by the county’s liability insurance provider, Michigan Municipal Risk Management Association (MMRMA).

It was also recently reviewed and recommended by the Safety Committee, which recommended appointment of Jeff Lyle, Head Custodian/Maintenance Person to serve as the Safety Coordinator.

The policy is designed to ensure the safety of Missaukee County employees by assessing jobs for hazards and then issuing personal protective equipment, along with training, regarding its need and appropriate use. Essential to the implementation of this policy will be developing written records that document job assessments, issuance of PPE, and associated training.

Requested Action
It is requested the Missaukee County Board of Commissioners consider approving the new Missaukee County policy, P-16100, Personal Protective Equipment.
BOARD OF COMMISSIONERS
MISSAUKEE COUNTY, MICHIGAN
MISSAUKEE COUNTY PERSONAL PROTECTIVE EQUIPMENT POLICY

1.0 PURPOSE
The purpose of this policy is to protect Missaukee County employees from occupational hazards within the workplace by providing the proper personal protective equipment, consistent with MIOSHA’s industry safety standards, Part 33, Personal Protective Equipment (PPE). It is the goal of the county to use engineering controls as the primary method for protecting employees. However, when additional protection is necessary, appropriate PPE will be worn. The scope of this program includes PPE for eye, face, head, foot, and hand protection. If respirators and/or hearing protection is necessary their use will be covered by the county’s Respiratory Protection Program and Hearing Conservation Program, respectively.

2.0 SCOPE
This policy applies to all departments of Missaukee County. Some departments, such as the sheriff and EMS Departments, may have additional, more detailed policies regarding PPE specific to their job activities.

3.0 RESPONSIBILITY
The position responsible for coordinating this program is the Missaukee County Head Custodian/Maintenance Person. The person occupying this position will ensure that hazard assessments are conducted, appropriate PPE is assigned, and affected employees receive training. The responsible position will also be in charge of maintaining the documentation for this program.

Department supervisors should advise the responsible person of changes in PPE requirements (e.g., new procedures/processes requiring different PPE; omission of a job/task). Additionally, supervisors should consult with the responsible person before purchasing any new PPE.
4.0 HAZARD ASSESSMENTS
Each job/task performed will be assessed to determine foot, head, eye, face, and hand hazards present and the proper PPE that should be worn. The assessments will include observation of the following sources of hazards:

4.1 Impact – Flying chips, objects, dirt, particles, collision, motion hazards
4.2 Penetration – Falling/dropping objects, sharp objects that cut or pierce
4.3 Compression – Roll-over or pinching
4.4 Chemical – Splashing, burns, fumes
4.5 Temperature Extremes – Sparks, splashes from molten materials, burns from high/low temperatures
4.6 Harmful Dust – Dirt, particles, asbestos, lead
4.7 Light Radiation – Welding, cutting, brazing, lasers, furnaces, lights.

The attached Appendix A: “Personal Protective Equipment – Guide to Hazard Sources” will assist in identifying workplace hazards and appropriate PPE.

The attached Appendix B: “Hazard Assessment Forms” will be completed for each job/task and will serve as certification that a hazard assessment has been performed.

The person conducting the hazard assessment will also survey jobs that are non-routine or periodic. In some cases these assessments may not be completed until the jobs are scheduled.

Hazard assessments will be updated/evaluated whenever conditions or procedures change.

5.0 SELECTION OF PPE
The responsible person will ensure that PPE selected for use is appropriate for the identified hazards, ensures a level of protection that meets or exceeds the minimum required to protect employees from the hazards, and meets all OSHA/ANSI requirements as specified in the OSHA PPE standards.

6.0 TRAINING AND FIT-TESTING
The responsible person will ensure that all affected employees receive training that includes:

6.1 When PPE is necessary
6.2 What PPE is necessary and why
6.3 How to properly don, doff, adjust and wear PPE
6.4 The limitations and capabilities of the PPE selected
6.5 The proper care, maintenance, useful, life, and disposal of PPE.
Each employee will demonstrate that he/she understands the training and will sign the “PPE Assignment, Training and Fit-Test Form” (Appendix C), which is attached. Information on the form will include the name of the employee, date(s) of training, and type of PPE the employee is certified to wear.

Training will be repeated under the following conditions:
- Changes in the workplace make previous training obsolete
- Employee is given a new job assignment
- Changes occur in job procedures and/or equipment
- Employees are not using PPE or are found to be using it incorrectly
- New PPE is introduced.

7.0 PPE INSPECTION, CLEANING AND MAINTENANCE
Inspection, cleaning, and maintenance of PPE will be conducted by employees at regular intervals, according to the manufacturer’s instructions. Defective or damaged PPE will not be used.

Any questions regarding this policy should be addressed to the responsible position named above.

8.0 REFERENCES
https://www.michigan.gov/lara/0,4601,7-154-11407---,00.html (MIOSHA website)

9.0 REVISION HISTORY
Policy first established: April 9, 2019.

County of Missaukee

Personal Protection Equipment Policy

Approved by the Missaukee County Board of Commissioners on April 9, 2019.

County Administrator

MCBOC Chairperson
## Personal Protective Equipment
### Guide to Hazard Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Type of Hazard</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPACT:</strong> Chipping, grinding,</td>
<td>Flying fragments, objects, chips, turnings, particles, grinding fines.</td>
<td>Safety glasses, side shields, face shields.</td>
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<tr>
<td>machining, woodworking, sawing,</td>
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<tr>
<td>masonry work, drilling, turning,</td>
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<tr>
<td>chiseling, sanding, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIGHT OR RADIATION:</strong></td>
<td>Optical Radiation</td>
<td>Welding goggles/shields w/shades as outlined in MIOSHA Part 33 (check on</td>
</tr>
<tr>
<td>Welding, cutting, brazing, torch</td>
<td></td>
<td>this)</td>
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<tr>
<td>soldering.</td>
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<td></td>
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<tr>
<td><strong>HEAT:</strong> Furnace operations</td>
<td>High temperature, hot sparks, molten metal</td>
<td>Faceshields (reflective), arm sleeves, gloves, coat, leggings</td>
</tr>
<tr>
<td><strong>CHEMICALS:</strong> Acid and chemical</td>
<td>Splash, irritating mists, direct contact</td>
<td>Gloves, chemical goggles, faceshields, aprons, special shoes/boots</td>
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<tr>
<td>handling, fumes, degreasing,</td>
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<tr>
<td>dipping, plating</td>
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<td><strong>FALLING OBJECTS:</strong> Working in</td>
<td>Steel receiving, heavy parts transfer, overhead conveyors for parts movement,</td>
<td>Hard hat, bump caps, safety shoes</td>
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<td>areas where potential for falling</td>
<td>or low ceilings or mechanisms</td>
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<td>objects exists or bumping hazards</td>
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<tr>
<td><strong>SHARP OBJECTS:</strong> Handling sharp</td>
<td>Deburring, removing turnings, assembling sharp parts</td>
<td>Special cut resistant gloves, penetration resistant shoes</td>
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<td>edged parts, clearing turnings,</td>
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<td>objects which may pierce a foot</td>
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<tr>
<td>or hand</td>
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<tr>
<td><strong>ELECTRICAL:</strong> Direct or indirect contact with electricity</td>
<td>Electricity</td>
<td>Non-conductive safety shoes, hard hats, safety glasses, and gloves</td>
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<tr>
<td></td>
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<td>designed to reduce electrical shock and protect from sparks.</td>
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Appendix B

Personal Protective Equipment
Hazard Assessment

Company Name: ___________________________ Date of Assessment: ____________

Company Address: ____________________________________________________________

Workplace Evaluated: _________________________________________________________

Name of Person Completing Assessment: _______________________________________

<table>
<thead>
<tr>
<th>Job Classification/ WORKSTATION</th>
<th>HAZARD SOURCE/TYPE</th>
<th>BODY PART AFFECTED</th>
<th>PPE REQUIRED YES/NO</th>
<th>TYPE OF PPE REQUIRED</th>
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</thead>
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</table>
HAZARD ASSESSMENT FORM

INSTRUCTIONS: Photocopy this form and keep the original for future hazard assessments. Use the copy as a guide for your walk-through survey. It will help you identify the hazards in each work area. Once you’ve completed the form, review the Guidelines for Selecting Personal Protective Equipment on page 3.

DATE: ___________________ JOB CLASSIFICATION: ___________________

AREA: ___________________ SHIFT ___ DEPT. ___ GROUP ___ TEAM ___

JOB NAME ___________________ JOB DESCRIPTION ___________________

TASK: NUMBER __________ DESCRIPTION: __________________________

ASSESSOR: __________________

BODY PARTS AT RISK

♦ ___ Head
♦ ___ Eye
♦ ___ Hand
♦ ___ Finger
♦ ___ Palm
♦ ___ Arm
♦ ___ Ankle
♦ ___ Foot
♦ ___ Toe

PERSONAL PROTECTIVE EQUIPMENT LIST

___ Hard Hat
___ Bump Cap
___ Safety Glasses
___ Splash Goggles
___ Faceshield

___ Impervious Gloves
___ Cut Resistant Gloves
___ Safety Shoes
___ Metatarsal Guards
___ Welding Hood
Type: _____________

OTHER ____________________

_______________________
Certification of Safety-Related Personal Protective Equipment Hazard Assessment

Employer: __________________________________________

__________________________________________

Location*: ______________________________________

__________________________________________

*or type of work for employees not assigned to a fixed location.

Workplace Assessed/ Evaluated: __________________________

__________________________________________

Date(s): _________________________________________

__________________________________________

Name of Person Assessing/ ______________________________________

__________________________________________

This document certifies that the hazard assessment has been performed as required by MIOSHA General Industry Safety Standards, Part 33, Personal Protective Equipment.

Signature of Person Certifying ______________________________________

__________________________________________
Appendix C

PERSONAL PROTECTIVE EQUIPMENT
ASSIGNMENT, TRAINING AND FIT-TEST FORM

All affected employees receive PPE training that includes when PPE is necessary; what PPE is necessary and why; how to wear PPE properly; PPE limitations and capabilities; and PPE care and maintenance. Each affected employee is fitted properly with the assigned PPE.

The following individual has been assigned PPE, has been fit-tested, and has received training.

Employee: ________________________________  Training Date: ____________

Name of Trainer: ________________________________________________________

The following is a list of PPE assigned to this employee including the manufacturer, model and any identification numbers:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I acknowledge that I have been assigned the above named equipment, have had the opportunity to be properly fitted, and have received training. I also acknowledge that I understand the training that was provided:

______________________________
(Employee's Signature)
April 9, 2019

To: Missaukee County Board of Commissioners

From: Precia Garland, Administrator

RE: F-3310, Claims and Accounts/Accounts Payable – Proposed Revised Policy

Following this memo is a copy of the proposed, revised policy F-3310: Claims and Accounts/Accounts Payable. Proposed new language is underlined and printed in red; language proposed to be deleted is indicated with strikethrough and also printed in red.

Revisions to the policy include minor adjustments to match the details of current procedure, and adding a new section titled, “Additional Procedures,” which includes conditions under which advance payments may be made to vendors, as well as required documentation from all vendors.

These policy revisions were circulated to all department heads for review/comment with no changes suggested. It was also specifically reviewed by the commission’s Claims & Accounts Committee, which confirmed the process identified in the revised policy for processing claims and accounts.

Requested Action
It is requested the Missaukee County Board of Commissioners consider approving the revised Missaukee County policy, F-3310, Claims and Accounts/Accounts Payable.
BOARD OF COMMISSIONERS
MISSAUKEE COUNTY, MICHIGAN
MISSAUKEE COUNTY CLAIMS AND ACCOUNTS/ACCOUNTS PAYABLE POLICY

1.0 SUBJECT
Claims and Accounts Policy

2.0 POLICY

To regulate the payment of all county obligations that require a check.

3.02.0 PURPOSE
The purpose of this policy is to establish an orderly procedure that specifies how claims/invoices are to be processed, reviewed and approved for Elected Officials and Department Heads to authorize his/her department’s expenditures, the Administrator/Treasurer to review the claim and to submit the claim to the Board in a timely manner.

3.0 POLICY

All invoices, claims and accounts presented for payment from Missaukee County funds shall be disbursed and recorded in accordance with generally accepted accounting principles and the specific procedures detailed by this policy. Invoices, claims and accounts shall generally be processed by the County Clerk’s office on a weekly basis.

4.0 INFORMATION
County expenditures paid on a weekly basis.

5.04.0 PROCEDURE

4.15.1 The following is the general claims procedure established for these claims and invoices, which, under statute, require the approval of the Missaukee County Board of Commissioners.
5.1.1.4.2 Each Department Head/Elected Official shall receive the original invoice for a claim against his or her respective department. Upon receipt of the invoice, the Department Head/Elected Official shall review said invoice and cause a voucher and/or approval stamp, if necessary, to be prepared/affixed, authorizing the expenditure of funds, provided funds are available and were appropriated in the budget. On this voucher, which shall be designed by the Administrator, the Department Head/Elected Official shall indicate the appropriate fund, activity and account number to which this expenditure is to be charged and sign his/her name authorizing said expenditure. The voucher, along with the original invoice, proof of delivery and such other information as deemed appropriate, shall be submitted to the County Clerk’s office.

4.3.5.4.1 The Sheriff Department shall submit a signed invoice listing to the County Clerk, after entering claims and invoices in accordance with the above procedure.

5.1.2.4.4 The Administrator is charged with the specific responsibility of reviewing the voucher (claim) for payment. This audit-review shall consist, at a minimum, of the following: comparing the quantity, unit price and description of the goods or services received with Board resolution, if required; verifying all calculations; and reviewing/correcting if necessary for appropriate account number(s) charged. If there are not appropriate funds are insufficient in any line item, the Department Head shall be notified and the entry of the expense will not be processed until an Administrative Budget Adjustment is made. If there are not sufficient funds in the Department Budget to this adjustment, funds are still insufficient, then the Department Head will need to attend the next Finance meeting a budget amendment will be prepared by the Administrator for review/approval by the Board of Commissioners prior to payment of the claim.

4.4.13.2.1 Upon completing following the review of all submitted claims, the Administrator shall either cause to be prepared authorize preparation of a "Report of Claims and Accounts" for all those which have claims with complete supporting documents. Claims found to be incomplete shall be returned with the original invoice and incomplete voucher claim shall be returned to the submitting department along with a note explaining what information is deficient. When this has been accomplished an invoice listing report, Report of Claims and Accounts shall be provided to the County Treasurer and/or his/her designee for review and approval.

4.55.1.3 The Board-designated Claims and Accounts Committee members shall receive the signed invoice listing Report of Claims and Accounts for review.
and will also have access to with-availability to review associated invoices and voucher forms via on-computer-on-their-designated-day-to-meet. The listing-of claims-Report of Claims and Accounts shall include all claims and invoices in computer-of claims that have been submitted to the County Administrator and approved for Claims and Accounts Committee review.

5.1.3.14.5.1 Digital images of original invoice and voucher documents shall be retained in the County Clerk’s Financial Records for a period of seven years.

5.1.3.2.4.5.2 The County Clerk shall record what action has been taken by the Board of Commissioners regarding each claim on the List of Claims (list Report of Claims and Accounts) shall have designated thereon by the Clerk what action has been taken by the Board of Commissioners as to each claim. The Report"list" shall be retained in a book of Accounts Payable by in the Clerk’s Office — which and shall be certified as reflecting the official action of the Board as to each claim, by the Clerk.

4.6 On a weekly basis, the County Administrator shall authorize the printing of the checks and the creation of a check register for to document payment of the claims. The original check register shall be retained and filed by in the Clerk’s Office.

4.7 5.1.4. — After the checks are printed, the checks shall be forwarded to the Clerk’s Office for processing and mailing shall process for mailing. The vouchers and supporting documentation shall be retained electronically and filed by the County Clerk.

5.24.8 The County Administrator is hereby granted the authority to authorize authorized to issue payment without additional action by the Board of Commissioners under the following circumstances for items within the budget:

5.2.14.8.1 Implementation of any and all provisions of collective bargaining agreements and other compensation plans adopted by the Board of Commissioners.

5.2.24.8.2 Payment of premiums on insurance policies including, but not limited to, health insurance, life insurance, dental insurance, unemployment insurance and others.

5.2.3.4.8.3 Payments provided for specified within the provisions of any and all contracts authorized by and approved by the Board of Commissioners.

5.2.4.4.8.4 Replenishment of petty cash accounts within the various departments to the extent provided in departmental budgets.

4.8.5.5.2.6 Postage to the extent provided in departmental budgets.

5.2.6.4.8.6 Jury, witness and attorney fees by order of the Circuit Courts, District Courts and Probate Courts.

4.8.75.2.7 Any invoices providing for a discount if paid within a specified period providing such invoices shall not be paid if such-time period will allow considera-
tion by the Board of Commissioners without loss of discount and further, provided that they have been and budgeted in the within departmental budget.

5.2.9.4.8.8 Any and all utility bills, including but not limited to electrical, heating, natural gas, telephone, water and sewage.

5.2.9.4.8.9 Travel and registration claims to the extent provided in department budgets.

5.2.10.4.8.10 Payments made due to the State of Michigan.

5.34.9 The above claims The Report of Claims and Accounts shall be reported provided to the Board of Commissioners at least on a weekly basis and are to be filed by the Clerk's Office after receipt by transmittal to the Board in the Book of Claims and Accounts as approved claims pursuant to this resolution.

5.44.10 The Claims and Accounts Subcommittee—Committee of the Board of Commissioners shall, weekly, review, audit and approve the all claims included in the Report of Claims and Accounts and forward the same said report to the Board of Commissioners for approval at the its next Board meeting. If the Claims and Accounts Committee refuses to pay approve any particular claim, the County Administrator shall inform the appropriate Department of said refusal and request clarification by the Department Head as to the expenditure, prior to resubmitting to the Claims and Accounts Subcommittee—Committee. The Claims and Accounts—Committee's recommendations may be changed by the full Board of Commissioners. The Board of Commissioners may review any action of the Claims and Accounts Committee and make a determination that is different from the Committee.

5.5.4.11 Payments made from non-general-fund, trust and agency accounts maintained by the County on behalf of other boards or agencies may be made without Board approval by the County Administrator, upon authorization of any corresponding Statutory Board or Agency, with the authority to approve and authorize the distribution of sums from accounts maintained on their behalf may be made without Board approval by the County Administrator.

5.64.12 The Administrator's Office shall be responsible for developing and implementing requested forms or extending procedures as necessary.

5.0 ATTACHMENTS ADDITIONAL PROCEDURES

5.1 Advance Payments to Vendors — Generally, goods and services provided to Missaukee County are paid after the receipt of such goods and services. On occasion it may be necessary to provide a known and reputable vendor with an advance payment. However, advance payments shall be avoided whenever possible. Exceptions to this rule may include but are not limited to:

5.1.1 Books, periodicals and newspapers
5.1.2 Maintenance service contracts
5.1.3 Vendors who offer and demonstrate substantial payment discounts
5.1.4 Membership Dues
5.1.5 Seminar/Conference registrations

5.2 Advance Payment Invoices – Vendors to whom an advanced payment is to be issued must provide an invoice or written confirmation of total costs, including freight and/or handling for the full amount of the advance payment prior to the issuance of the advance payment. Advance payments issued to individuals must be supported by documentation indicating the need for advance payment. Authorized signature(s) by the requesting department must be on all advance payment requests.

5.3 Vendor Documents – All vendors are required to provide their taxpayer identification number using IRS Form W-9. Payments to vendors failing to meet proper filing requirements may be withheld.

Independent contractors must have the following on file with the county prior to issuance of payment:

- Copy of contract, if one has been entered into with the contractor
- Completed W-9 form
- Certificate of Insurance, if applicable
- Completed Sole Proprietor Form, if applicable

7.0 REFERENCES
6.0 REVISION HISTORY
8.0 First revision: April 9, 2019
County of Missaukee

Claims and Accounts Policy

Approved by the Missaukee Board of Commissioners on April 9, 2019.

Chief Financial Officer Administrator Date Chairman of the Board

Approved by Department Head:

☐ Administrator
☐ Building
☐ Circuit Court
☐ Cooperative Extension
☐ Clerk—Register of Deeds
☐ District Court
☐ Equalization
☐ Maintenance

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