



Otsego County Board of Commissioners

225 West Main Street • Gaylord, Michigan 49735

989-731-7520 • Fax 989-731-7529

NOTICE OF MEETING

The Otsego County Board of Commissioners will hold a regular meeting on Tuesday, January 24, 2012 beginning at 9:30 a.m., at the County Building at 225 W. Main Street, Room 100, Gaylord, Michigan 49735.

AGENDA

Call to Order

Invocation

Pledge of Allegiance

Roll Call

Approval of Regular Minutes of January 10, 2012 w/attachments

Consent Agenda

- A. Construction Board of Appeals Reappointment (Colosimo) - Motion to Approve
- B. Parks and Recreation Commission Recommendation
 1. Parks and Recreation Commission Appointment (Courterier) - Motion to Approve
- C. OCR 12-04 CDBG Housing Grant and Application- Motion to Adopt
- D. Budget & Finance Committee Recommendations
 1. Miscellaneous FY 2011 Budget Amendments - Motion to Approve
 2. Miscellaneous FY 2012 Budget Amendments - Motion to Approve

Administrator's Report

Department Head Report

- A. Emergency Management/9-1-1 Update - Mike Thompson, Director

Committee Reports

- A. Budget & Finance Committee
 1. Travel & Business Expenses Policy Update
 2. Job Description Update
- B. Park and Recreation Commission
 1. Resolution 12-05 Reestablishing Otsego County Parks and Rec Commission

City Liaison, Township & Village Representatives

Correspondence

- A. Library Board Vacancy

New Business

- A. Financials
 1. January 17, 2012 Warrant
 2. January 24, 2012 Warrant
- B. OCR 12-03 Honoring Robert Diesing
- C. Other Business

Public Comment

Board Remarks, Announcements, and Informal Discussions

Adjournment

January 10, 2012

The Regular meeting of the Otsego County Board of Commissioners was held in the County Building at 225 West Main Street, Room 100. The meeting was called to order at 9:30 a.m. by Chairman Paul Beachnau. Invocation by Commissioner Ken Borton, followed by the Pledge of Allegiance led by Commissioner Doug Johnson.

Roll call:

Present: Clark Bates, Paul Beachnau, Paul Liss, Lee Olsen, Erma Backenstose, Richard Sumerix, Doug Johnson, Ken Borton, Bruce Brown.

Motion by Doug Johnson, to elect Paul Liss as the Vice-Chairman of the Board of Commissioners for a one-year term ending December 31, 2012. Ayes: Unanimous. Motion carried.

Motion by Commissioner Clark Bates, to approve the regular minutes of December 13, 2011 with attachments were approved via unanimous consent.

Consent Agenda:

Motion to approve the NEMCOG Hazard Mitigation Agreement Correction. The Agreement will be amended to reflect the correct Term of the Contract, which is September 30, 2011 to July 31, 2014 to better match the duration of the associated Hazard Mitigation grant. Ayes: Unanimous. Motion carried.

Motion to adopt, OCR 12-02 GASB 54

Roll Call Vote:

Ayes: Clark Bates, Paul Beachnau, Paul Liss, Lee Olsen, Erma Backenstose, Richard Sumerix, Doug Johnson, Ken Borton, Bruce Brown.

Nays: None.

Motion carried/Resolution adopted. (see attached)

Motion to approve the reappointment of Carl (Butch) Mankowski to the Construction Board of Appeals with the term to expire on December 31, 2013. Ayes: Unanimous. Motion carried.

Motion to approve the reappointment of Bill Touroo to the Construction Board of Appeals with the term to expire on December 31, 2013. Ayes: Unanimous. Motion carried.

Motion to approve the reappointment of Frances Nowak to the Planning Commission with the term to expire on December 31, 2014. Ayes: Unanimous. Motion carried.

Motion to approve the reappointment of Kevin Makarewicz to the Board of Public Works with the term to expire December 31, 2014. Ayes: Unanimous. Motion carried.

Administrator's Report:

John Burt reported on the Animal Control; Groen property; attempting a grant for the Sheriff's patrol car laptops.

Special Presentations:

Jeff Ratcliff reported on the Economic Alliance.

Department Head Report:

Theron Higgins reported on the Bus Department.

Mary Sanders reported that Hayes Township meetings have changed their time to 6:00 p.m.; reported Bob Diesing resigned.

Roberta Tholl reported on the Road Commission.

Correspondence:

NEMCOG; Thank you letter from the Caring Closet.

New Business:

Motion by Commissioner Richard Sumerix, to approve the December 20, 2011 Warrant in the amount of \$225,122.45 as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Doug Johnson, to approve the December 27, 2011 Warrant in the amount of \$373,467.36 as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Lee Olsen, to approve the January 3, 2012 Warrant in the amount of \$72,139.19 as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Clark Bates, to approve the January 10, 2012 Warrant in the amount of \$293,713.77 as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Paul Liss, to ratify the 2012-2013 Teamster State, County and Municipal Workers Local 214 Bus Tentative Agreement. Ayes: Unanimous. Motion carried.

Motion by Commissioner Erma Backenstose, to adopt Resolution OCR-12-01 honoring Robert Harden. Roll Call Vote:

Ayes: Clark Bates, Paul Beachnau, Paul Liss, Lee Olsen, Erma Backenstose, Richard Sumerix, Doug Johnson, Ken Borton, Bruce Brown.

Nays: None.

Motion carried/Resolution adopted. (see attached)

Board Remarks:

Commissioner Clark Bates: City Council meeting.

Commissioner Doug Johnson: Parks and Recreation meeting.

Commissioner Ken Borton: Bagley Township meeting.
MAC.

Commissioner Lee Olsen: Northern Michigan Substance Abuse Services.

Commissioner Paul Liss: Business after hours January 11th at 5:00 p.m. at the Airport.
CMH in new building.

Chairman Paul Beachnau: Committee assignment changes.

Meeting adjourned at 10:25 a.m.

Paul M. Beachnau, Chairman

Susan I. DeFeyter, Otsego County Clerk

OCR 12-02
RESOLUTION ESTABLISHING FUND BALANCE POLICIES AS REQUIRED BY GASB 54
Otsego County Board of Commissioners
January 10, 2012

WHEREAS, the Governmental Accounting Standards Board ("GASB") has adopted Statement 54 ("GASB 54"), a new standard for governmental fund balance reporting and governmental fund type definitions that became effective in governmental fiscal years starting after September 30, 2011; and

WHEREAS, Otsego County wishes to comply with GASB 54 as required beginning with the current December 31, 2011 fiscal year; and, therefore, be it

RESOLVED, that Otsego County hereby adopts the following policy:

FUND BALANCE POLICIES

Fund balance measures the net financial resources available to finance expenditures of future periods. Fund balance is the difference between assets and liabilities reported in a governmental fund. The County's Unassigned General Fund Balance will be maintained to provide the County with sufficient working capital and a margin of safety to address local and regional emergencies without unnecessary borrowing. The Unassigned General Fund Balance may only be appropriated by resolution of the Board of Commissioners. It is recognized that it will not always be possible to avoid borrowing to provide cash flow.

Fund Balance of the County may be committed for a specific source by formal action of the Board of Commissioners. Amendments or modifications to the Committed Fund Balance must also be approved by formal action of the Board. Committed Fund Balance does not lapse at year end.

Fund Balance of the County may be assigned for a specific purpose by the Finance Committee, Fiscal Officer or Treasurer. Assigned Fund Balance does not lapse at year end.

Restricted Fund Balance are those amounts that can only be spent for the specific purposes stipulated by external resource providers.

Non-spendable Fund Balance includes amounts that are not in a spendable form. Examples include inventory.

For purposes of fund balance classification, expenditures are to be spent from Restricted Fund Balance first (when appropriate), followed in order by Assigned Fund Balance, Committed Fund Balance and lastly, Unassigned Fund Balance.

The Board recognizes that good fiscal management comprises the foundational support of the entire County. It is generally recommended that governments, regardless of size, maintain an unassigned fund balance equal to two months of either general fund operating revenues or expenditures. As those two amounts can be significantly different, it is the County's policy to measure fund balance on the basis of operating expenditures.

To make the foundational support of the County as effective as possible, the Board desires to maintain, in stable economic times, a fund balance of 15-20% of the County general fund annual operating expenditures.

It is the Board's intent to continue to make every effort to reduce structural inadequacies between operating revenues and expenditures as both operationally and programmatically practical to allow future fund balance growth. The Board shall review this provision annually and when budgeted operating expenditures exceed budgeted operating revenues.

An annual reporting of fund balances as classified in accordance with GASB 54 shall be as reported in the annual Audited Financial Statements of Otsego County.

OCR 12-01
Recognition of LaVerne "Bob" Harden
Otsego County Board of Commissioners
January 10, 2012

WHEREAS, LaVerne "Bob" Harden was born on October 31, 1920 in Nebraska; and

WHEREAS, Bob graduated from Grand Island High School in 1939 and moved to Michigan before enlisting in the Army Air Corps during WWII; and

WHEREAS, Bob was a member of the 15th Airforce 464 Bomber Group which flew 39 missions, during which they were able to decommission German oilfields; and

WHEREAS, upon returning to the states, Bob married his beloved, Adaleen and they celebrated 66 years of marriage on September 8, 2011; and

WHEREAS, Bob was a carpenter by trade and spent many years in the building industry; and

WHEREAS, Bob and Adaleen moved to Gaylord in 1974, Bob became involved in many organizations and held many titles over the years beginning with his involvement in the North Central Michigan Home Builders Association (NCMHBA) in 1975; he was President of the North Central Michigan Home Builders Association; NEMCSA Liaison to the Commission on Aging; State & National Builders Association; Habitat for Humanity; Salvation Army; and

WHEREAS, in 1985 Bob was elected as an Otsego County Commissioner representing Hayes Township and served for two terms; and

WHEREAS, with Bob's involvement with NCMHBA he used his skills and talents helping to renovate the Community Center; building Peace Lutheran Church; the Gaylord Information Center and the development of the University Center to name just a few; and

WHEREAS, Bob was a current board member on the Otsego County Building Authority as well as the Otsego County Housing Committee; and

WHEREAS, Bob loved living on the lake, and enjoyed hunting, fishing and camping; and

WHEREAS; Bob passed away on Wednesday, November 16, 2011 and will be greatly missed by his many friends and colleagues, now, therefore, be it

RESOLVED, that LaVerne "Bob" Harden shall be remembered by his fellow colleagues and the public for the giving of his time and talents to make Otsego County a better place to live and work, and be it further

RESOLVED, that the Otsego County Board of Commissioners honor and thank Bob's family for his outstanding service to our community and offer their condolences.



January 24, 2012 Agenda

From: Otsego County <news@otsegocountymi.gov>
Sent: Tuesday, January 10, 2012 1:29 PM
To: Susan Premo; John M. Burt
Subject: Application For Appointment to Committees, Boards and Commissions



Application For Appointment to Committees, Boards and Commissions

Submitted Information

Date Submitted	01 / 10 / 2012
To which committee, board or commission are you seeking appointment? Fill out one form for each committee/board/commission.	REAPPOINTMENT TO THE OTSEGO COUNTY CONSTRUCTION BOARD OF APPEALS
Name	MICHAEL J. COLOSIMO
Address	4231 GINGELL ROAD
City	JOHANNESBURG
State	MI
Zip	49751
Phone	989-731-2717
Other	989-390-2717
Date available for appointment	1 / 1 / 2012
County Commission District	CHARLTON
I am a registered voter in Otsego County	Yes
If yes, which township, city or village?	CHARLTON
List boards, commissions,	CURRENT MEMBER - OTSEGO COUNTY

committees or community service organizations that you are currently serving or have served upon, offices held and in what municipality or county CONSTRUCTION BOARD OF APPEALS MEMBER - NORTH CENTRAL MICHIGAN CHAPTER OF HOME BUILDERS OF AMERICA CURRENT MEMBER - CHARLTON TOWNSHIP BOARD OF REVIEW (TAX APPEALS)

List any employment experience or education that, in your opinion, best qualifies you for this appointment. List job titles, duties (current and past), level of education and any certificates or degrees you have obtained OWNER OF MIKE'S ELECTRIC, INC. OF GAYLORD - ELECTRICAL CONTRACTORS STATE OF MICHIGAN MASTER ELECTRICIAN LICENSE #62-08828 ELECTRICIAN SINCE 10/1986 - WORKED STEADY SINCE THAT TIME.

I have worked for Otsego County before Yes

If yes, please list dates and name(s) of departments CURRENT - OTSEGO COUNTY CONSTRUCTION BOARD OF APPEALS.

I am aware of potential conflicts of interest Yes

If yes, please indicate potential conflicts IF I WOULD EVER PROTEST A RULING FROM THE ELECTRICAL INSPECTOR, AND APPEALED HIS DECISION. THAT WOULD BE THE ONLY TIME THERE MAY BE A CONFLICT.

Please provide information about specific training, education, experience or interests you possess that qualify you as an appointee to the position you seek I HAVE BEEN AN ELECTRICIAN IN THE FIELD FOR OVER 20 YEARS, AND HAVE KEPT UP TO DATE ON CODE ISSUES. I HAVE CERTIFICATES OF CLASSES COMPLETED FOR VARIOUS TOPICS THROUGH THE IBEW UNION. MY MEMBERSHIP IN THE HBA LOCAL CHAPTER KEEPS ME UP TO DATE ON MANY CONSTRUCTION ISSUES.

Otsego County Building 225 W Main Gaylord, MI 49735 989-731-7520 - Phone

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TERM EXPIRES:
12/31/2014

Susan Premo

From: Otsego County <news@otsegocountymi.gov>
Sent: Thursday, January 12, 2012 10:05 AM
To: Susan Premo; John M. Burt
Subject: Application For Appointment to Committees, Boards and Commissions



Application For Appointment to Committees, Boards and Commissions

Submitted Information

Date Submitted	01 / 12 / 2012
To which committee, board or commission are you seeking appointment? Fill out one form for each committee/board/commission.	Parks and Recreation
Name	Scott C. Courterier
Address	264 Cargas Road
City	Gaylord
State	MI
Zip	49735
Phone	(989) 731-8738
Other	(989) 370-1312
Date available for appointment	1 / 12 / 2012
I am a registered voter in Otsego County	Yes
If yes, which township, city or village?	Chester
List boards, commissions, committees or community service organizations that you	Bear Basketball Coach Youth Soccer Assistant Coach Little League/Softball Assistant Coach

<p>are currently serving or have served upon, offices held and in what municipality or county</p>	
<p>List any employment experience or education that, in your opinion, best qualifies you for this appointment. List job titles, duties (current and past), level of education and any certificates or degrees you have obtained</p>	<p>Site Supervisor Licensed Michigan Builder Remodeling Contractor Shop Supervisor Experience in site design/layout and landscape design/construction, as well as site drainage issues. Coordination and supervision of employees and sub-contractors.</p>
<p>I have worked for Otsego County before</p>	<p>No</p>
<p>I am aware of potential conflicts of interest</p>	<p>No</p>
<p>Please provide information about specific training, education, experience or interests you possess that qualify you as an appointee to the position you seek</p>	<p>I have been a user of Otsego County's parks and recreation services and facilities for over 25 years. The improvement in Otsego County's parks and recreation services and facilities has been exceptional. I will use a conservative common sense approach to all parks and rec matters to promote and enhance the department.</p>
<p align="center">Otsego County Building 225 W Main Gaylord, MI 49735 989-731-7520 - Phone</p>	

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RESOLUTION NO. OCR 12-04
AUTHORIZING RESOLUTION
OTSEGO COUNTY BOARD OF COMMISSIONERS
January 24, 2012

WHEREAS, the County of Otsego is interested in the continuing effort to rehabilitate housing conditions for its low income residents; and

WHEREAS, the County has demonstrated a need for this assistance with data outlined in the application; and

WHEREAS, the County intends to meet this need by submission of an application to Michigan State Housing Authority (MSHDA) 2011 Housing Resource Fund #HRF-2011-0812-5615 County Allocation Community Development Block Grant and by funds leveraged with MSHDA Property Improvement Program (PIP), and local thus meeting more needs; and

WHEREAS, the Otsego County Board of Commissioners accepts the recommendation of the Housing Committee to apply for \$175,000; now, therefore, be it

RESOLVED, that the Otsego County Administrator, John M. Burt on behalf of the Otsego County Board of Commissioners, be the Authorized Official to sign and submit said MSHDA's HRF Application and Marlene K. Hopp, Director of the Otsego County Housing Committee be the Agency Administrator to prepare the grant and submit other documents as required

HOUSING RESOURCE FUND

APPLICATION

Applicant Information

Section I. Project/Program Description, Proposed Budget

- A. Project/Program Description**
- B. Proposed Budget**

Section II. Desired Results

- A. Target Area(s)**
- B. Planning for Results**

Section III. Administrative and Component Compliance Guidelines

- Administrative Guidelines**
- Component Compliance Guidelines:**
 - Homebuyer Assistance**
 - Homeowner Assistance**
 - Neighborhood Preservation**
 - Rental Rehabilitation**

Section IV. Implementation and Capacity

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
OFFICE OF COMMUNITY DEVELOPMENT**

HOUSING RESOURCE FUND APPLICATION

I. APPLICANT INFORMATION	
Name: Otsego County Housing Committee	Phone: (989) 731-7570
Address: 225 W. Main Street, Room 213	Fax: (989) 731-7599
City, State: Gaylord, MI	Zip: 49735-0000
Main Contact: Marlene Hopp	Email: mhopp@otsegocountymi.gov
MSHDA Org #: 812	Federal ID#: 386004882
Agency Class: Local Unit of Government	
MSHDA CHDO: No	Population (If local government): 24164
If this application is being submitted for a County Allocation Program, please check here: <input checked="" type="checkbox"/>	
II. AUTHORIZED SIGNATORY This will auto-populate when the application is submitted.	
Name and Title:	Phone:
III. COMPONENT ATTACHMENT(S)	
Number of Component(s) attached: 3	
TOTAL MSHDA FUNDING REQUESTED: \$ 175,000	
IV. PLANNING	
<p>If proposed component(s) are referenced and/or supported by a recent <u>local</u> Consolidated Plan for Housing and Community Development, housing needs study, development strategy, or land use plan. Indicate in the box below, the name of the plan and the page numbers that was submitted with the partnership profile.</p> <p>Submitted community development plans and assessment 9/20/2011 to CD Specialist. The County master plan was approved 6/9/2009 and can be found at http://www.otsegocountymi.gov/uploads/Master-plan-w-Resolution.pdf (95 pages)</p>	

SECTION I. PROJECT / PROGRAM DESCRIPTION

Program Title: Otsego County / County Allocation Program

The purpose of this statement is to briefly describe the most important elements of the proposal in the spaces below. The project described below should relate to the "Desired Results" shown in Section II of this application, if applicable.

1. Describe the entire project, including affordable housing units that will be produced (homebuyer, homeowner, rental), the activities involved (rehabilitation or new construction), indicate the number of units, the other funding sources in the project, and the overall impact.

We will assist 21 projects; 16 existing single-family residential dwellings, develop 2 rental units with public improvements and demolish 3 in targeted areas. The leveraged funds will be from owners & MSHDA PIP. If leveraged with PIP, county offers deferred. Below 50% AMI are deferred, 60-80% AMI offers 0-3% loan. Provide energy efficiency/code to develop rentals and repairs to existing homes, making it affordable to low income owners/renters.

2. If other non-housing activities are planned with HRF funds (such as Neighborhood Preservation) briefly describe what will be done.

Propose to demolish three buildings with a match by owner/City of Gaylord. Neighborhood preservation and public improvements will be to target blighted areas to improve and enhance the local aspects of the community.

3. Briefly describe any activities conducted by other partners from other funding sources which will be coordinated with this project to support successful results for the target area.

The owner will match 25% or more towards development of two rental units. Demolished building owners/City of Gaylord will provide \$2,000 match. Revitalize target areas to enhance community. Emergency repairs will be paid from CDBG program income funds. Owners will be required to match 3% of emergency repair cost at closing. MSHDA PIP will provide a match to the CDBG funds and program. Overall, these funds will provide a match to the CDBG funds.

4. Indicate the most important measure(s) applicant will use to determine whether the project has accomplished the results intended and identify key success measures. County governments implementing county-wide programs should indicate the success measures, if any, beyond program "outputs" (e.g., the number of units rehabilitated) that the County has identified as being locally important.

With the current economy, low income homeowners are stressed with multiple mortgages/credit cards and increasingly cost of utilities that they can't afford. With County allocation funds, 4 dwellings are expected to receive total rehabilitation and code repairs, thus providing home energy efficiency and affordable housing expenses.

**SECTION I. PROPOSED BUDGET
BUDGET INSTRUCTIONS**

Budget Instructions

1. Indicate an amount on the appropriate line for the appropriate activities under the component for which funding is being requested. Do not include administrative funds. Administrative funds will be added, as appropriate by OCD. The other activities under the other components will be auto-filled by the proformas that are completed and saved. (Note: County allocation amounts INCLUDE administrative funds; reduce request for project funds accordingly.)
2. The HRF units will be filled automatically for all component/activities except the Neighborhood Preservation component. For the Neighborhood Preservation component, show units that will be directly assisted with HRF dollars separately from units that are a part of the program or project which will not be funded with HRF dollars (if any). Make sure each unit is counted only once. In the Neighborhood Preservation component. Do not show demolition units (for demolition, indicate the number of units on the Program Description narrative page).
3. Leveraged funds are funds brought to the program or project which are necessary for completion. Some components (e.g., homeowner assistance, rental rehabilitation) have leverage requirements. Here, show all the leveraged funds that will be necessary to complete the project, even if that exceeds leverage requirements. If applicable, include all line items (components or activities, as appropriate) for components or activities necessary to complete the project or program even if that component or activity will NOT be funded with HRF dollars (examples: locally funded units to meet a local PJ leverage requirement, locally funded neighborhood improvement efforts which are part of an NPP, etc.).

Complete the Leveraged Funds Form after completing the budget, showing the status of all leveraged funds reported in the budget.

4. The total in the HRF Funds Requested column should equal the total HRF funds for the proposal. The total under "Leveraged Funds" should include any additional funds that will be needed to complete the HRF units, non-HRF units, and/or Neighborhood Preservation activities shown. The total on the leveraged funds form should equal the total of the leveraged funds column on the budget spreadsheet page.

Application Budget Otsego County Housing Committee

Estimated Start Date: 1/1/2012

Estimated Completion Date: 12/31/2014

COMPONENT-ACTIVITY	HRF Funds Requested	Proposed No. of HRF Units	Proposed No. of Non-HRF Units	Leveraged Funds
Rehabilitation				
Rehabilitation	\$70,000	2		\$24,000
Sub-Total	\$70,000	2		\$24,000
EMERGENCY REPAIRS				
Rehabilitation	\$87,500	4	5	\$60,000
Emergency Repair			7	\$1,050
Sub-Total	\$87,500	4	12	\$61,050
Neighborhood Preservation				
Demolition Only	\$8,750	2	1	\$2,000
Public Improvements	\$8,750			
Beautification				
Marketing				
Sub-Total	\$17,500	2	1	\$2,000
Home Buyer Assistance				
Rehabilitation				
New Construction				
Down Payment Assistance				
Sub-Total				
GRAND TOTAL	\$175,000	8	13	\$87,050

**SECTION I. PROPOSED BUDGET
LEVERAGED FUNDS**

Leveraged Funds.

For each source of leveraged funds noted on the budget spreadsheet, list the contact person(s), telephone number(s), status and amount of commitment. Whether the Status of leveraged funding is "committed" or "pending", provide a narrative description for each source including the proposed use of those leveraged funds. Non-profits operating within a PJ must be a CHDO and demonstrate a dollar for dollar match.

Source	Contact Person	Telephone	Status	Amount
1) Historical grant	Stacy Jo Schiller	(989) 619-3333	Pending	\$24,000
Narrative: Members, Stacy Jo Schiller and Barton C. Briley owners of Home Comfort Farms LLC have a historical building in downtown Johannesburg. Pending a historical grant in 2013 for development, these funds would develop two rental units on the second floor.				
2) MSHDA PIP	Jodi Pulido	(517) 335-0099	Pending	\$60,000
Narrative: MSHDA PIP funds offer 4,6 and 8 percent interest loan with monthly payments. When leveraged 50% with CDBG and MSHDA PIP, the county allocation program will offer to reduce clients CDBG funding to deferred, making it affordable to the homeowner.				
3) Owner - Cash	County home owners		Pending	\$1,050
Narrative: Homeowners will provide 3% match of the emergency repair cost at closing as a leverage. Maximum cap at \$5,000 with 3% match of \$150 equals \$1,050 in leverage funds.				
4) Owners /Gaylord	Joe Duff, City Manager	(989) 732-4060	Pending	\$2,000
Narrative: Demolish two buildings with a match by owner/City of Gaylord. Neighborhood preservation and public improvements will be to target blighted areas to improve and enhance the local aspects of the community.				
5) Owner	Other Local Landlords		Pending	\$0

Narrative: Other local landlords in a downtown community will be given the opportunity to apply for rental development funds with the same match requirement as specified, if #1 is not applicable.				
6)				
Narrative:				
7)				
Narrative:				
8)				
Narrative:				
9)				
Narrative:				
10)				
Narrative:				
TOTAL (this should match the total leveraged funds on the budget page)				\$ 87,050

SECTION III. ADMINISTRATIVE GUIDELINES

Administrative Guidelines

Instructions: Review the MSHDA and/or HUD requirements listed below which are relevant to HRF funding and respond by checking the appropriate boxes. These guidelines will be incorporated in any grant agreement executed pursuant to this application. Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding. If applicant does not understand any of these provisions, contact your CD Specialist.

Local Program Guidelines. All applicants receiving funding must adhere to certain state and federal requirements as outlined in these guidelines and those specified for each proposed component. Check the appropriate box below in acceptance of these requirements:

- * The applicant will publish a document of local program guidelines, consistent with the guidelines for the component(s) for which funding is awarded. These program guidelines will be in proposed final form and available for review by MSHDA prior to the disbursement of grant funds.

* Applicant must choose the method of submission from the list below.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

Project Administration. Administrative costs charged to the program will be within allowable limits.

* Applicant must check one of the two boxes below.

- The applicant is proposing to charge a developer fee for projects under this proposal; the applicant understands that all project soft costs will be paid from the developer fee, and an administrative percentage will not be charged.
- If the project is funded with CDBG funds, administrative costs will not exceed 18% of the grant amount, plus 2% for project-related costs (except as noted under "Project Soft Costs," under specific components). If the project is funded by any other funding source, administrative costs will not exceed 10% of the grant amount, and project-related costs will not exceed 10% of the grant amount (except as noted under "Project Soft Costs," for specific components).

Procurement of Administrative Services.

* Applicant must check one of the three boxes below.

- Employees of the applicant will administer the program.
- The program will be administered on behalf of the applicant by employees of a local unit of government or a government agency. Applicants contracting for grant administration services must complete a Third Party Administrator Management Plan (see Downloads section). Once a grant is awarded, this document must be completed and signed by the grantee and submitted to MSHDA prior to the disbursement of funds. A copy of the applicant's contract with the administering government agency must also be submitted to MSHDA prior to the disbursement of funds.
- The program will be administered by a non-government third party administrator. Applicants contracting for grant administration services must complete a Third Party Administrator Management

Plan (see Downloads section). Once a grant is awarded, this document must be completed and signed by the grantee and submitted to MSHDA prior to the disbursement of funds. (If this option is checked, the applicant must also check one of the boxes below):

- Applicant will solicit Request for Proposal (RFP) from an adequate number of qualified sources. The RFP will include all significant evaluation factors and their importance, including the cost. The RFP will include the method of evaluation. Evaluation of proposals will be documented. The process will provide for maximum free and open competition.

OR

- Applicant proposes using the third party administrator identified below and will provide documentation of previous experience with Federal and/or MSHDA. The applicant also must choose the method of submission from the list and identify all current grants as instructed below.

Name of third party administrator:

- I will/have faxed this attachment
 I will/have mailed this attachment.
 I will/have uploaded this attachment.

List all current grants and pending applications from MSHDA, HUD or other housing funding agencies to be administered by applicant and contracted administrator named above.

OTSEGO COUNTY HOUSING COMMITTEE

PROGRAM GUIDELINES & APPLICANT REQUIREMENTS

PURPOSE OF PROGRAM: This program is intended to provide funds for the rehabilitation of owner-occupied, single family residential dwellings. All repairs must conform to the HUD Section 8 existing property rehabilitation standards, HUD Housing Quality Standards, local building and zoning ordinances; 2006 MI Residential Building Code Standards, local building and zoning ordinances; 2006 MI Residential Building Code incorporating the 2006 addition of the international residential code for 1-2 family dwellings, the MI Electrical code 2006 incorporating the National Electrical Code 2006, 2006 MI Plumbing Code incorporating the International Plumbing Code 2006 and the 2006 MI Mechanical Code Basic National Property Maintenance Code, the HUD Section 8 Existing Property Standards and the Michigan Energy Code and amendments there to. The program will comply with local zoning ordinances. This program is not intended to provide new housing, only rehabilitation of existing housing.

Single Family Housing Rehabilitation

This will enable dwellings to be brought to local codes, ordinances and regulations as stated above. No more than \$35,000 in CDBG funds will be spent on one project; total rehabilitation not to exceed \$25,000 and lead-based paint reduction not to exceed \$10,000. State or federal regulations provided, additional funds from other sources can be used; however federal funds cannot exceed the maximum limit. The discretion of the Housing Director and Committee would decide whether it is feasible to rehabilitate or replace a dwelling that will require additional funds to meet code requirements. This activity shall only be available to Otsego County applicants with income at or below 80% of area median income.

Emergency Repair Loans

This activity will enable a single item to be repaired or replaced. The entire unit will not necessarily meet code, however the item repaired will. This activity is with the CDBG & HPG program income funds, if there should be funds available. Emergency assistance is defined as a situation affecting the immediate health, safety or welfare of the applying household. The Committee has set the emergency limit to \$5,000 per dwelling.

1. Applicant must be an individual or family who has ownership and occupies a single family dwelling residential property, or is a purchaser of such property under a land contract or mortgage. The land contract or mortgage must be recorded. (See FmHA instructions 1944.661 for more information).
2. Applicant must meet income requirements combining gross income of the applicant and family and any other persons related by marriage or operation of law who share the same dwelling unit, including those persons living together who are not married; excluding the income of those persons under the age of 18 or full-time students, or mentally or physically disabled children whatever their age, (this does not exclude social security, disability, or child support payments received for minor children). (See income guidelines per program).

**PROGRAM GUIDELINES &
APPLICANT REQUIREMENTS**

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3. In order to qualify to the Community Block Grant program, applicant shall finance or leverage with other sources of funding; MSHDA Property Improvement, USDA Rural Development, Family Independent Agency or Northeast Michigan Community Service Agency, Inc. Weatherization Program. If leveraged with other sources, CDBG will offer deferred loan funding, if household income does not exceed 80% area median income (AMI). CDBG Deferred Loan funds – 50% median income – no monthly payments, 0% interest rate, due and payable upon sale, lease, unoccupied or rented. CDBG Loan funds – 80% median income– monthly payment, 0-3% interest rate, maximum of 25 year term. (See income guidelines per program AMI).
4. Applicant must have occupied the premises for six (6) months prior to making application. Applicant must reside in the premises for the period of the grant or loan or the outstanding balance will become due and payable.
5. Depending on the funding source, credit scores must be 600 or better. Collections must not exceed \$250, if more, other sources and board approval is required. Medical collections are waived; however payment plan arrangements are advisable.
6. One year must have lapsed since discharge of bankruptcy and three year lapse since foreclosures, this depends on funding sources. A review of credit information will be determined if the applicant has re-established a history of acceptable credit.
7. Applicant and all other joint owners of the property must agree to sign a mortgage and note for the total amount of the loan, including all related costs of the loan. The occupant(s) must be of ownership of the dwelling and must be their continual and primary residence.

Land Contracts for Homeowner Rehabilitation Projects

- An enforceable lien would require the signatures of **all parties with a legal interest** in the property. The CDBG/HOME applicant(s) and all Land Contract holder(s) in the chain of title **must sign the lien agreement**. *Only the borrower(s) would sign the mortgage note.*
 - An alternative to the Land Contract Seller(s) signing the lien agreement would be for them to sign a Land Contract Subordination Agreement. This document would be recorded and would give the Housing Committee a superior lien position to the Land Contract Seller(s). A sample agreement is provided if client should qualify.

Life Estate:

- The person granted the life estate must sign the lien, and the remainder (the person(s) who would receive the property upon the death of the occupant) must also sign the lien. Income for eligibility does not include the income of the remainder person(s).

**PROGRAM GUIDELINES &
APPLICANT REQUIREMENTS**

Page 3 of 4

Subordination of Liens:

- Subordination of a lien applies when no new debt is incurred, relative to homeowner rehabilitation projects, and only if all criteria are met referenced in the Otsego County Housing Committee Subordination Guidelines, adopted April 2004.

Assumption of Liens:

- Liens may be assumed by income-eligible heirs who will occupy the residence as their year round residence with approval by the Otsego County Housing Committee and MSHDA. Lien assumption will be reviewed on a case-by-case basis.

Lien Forgiveness:

- Part (or all) of the CDBG or HOME funds due at the time the property is sold may be forgiven with MSHDA and the Otsego County Housing Committee prior approval, if the proceeds from the sale are insufficient to pay all superior liens and the CDBG/HOME lien.

All liens will be recorded at the Otsego Register of Deeds office.

8. Applicant will be required to maintain loss payable insurance on the property for the duration of the terms of the loan and provide proof annually. The Housing Committee will be placed on insurance policy as Mortgagee if the project is approved.

It will be the option of the Housing Committee to require either loss payable insurance or replacement coverage on the applicant's home. The type of insurance will depend on the amount of assistance. Any type of coverage will still require that the County be placed on the insurance policy as Mortgagee. Emergency Repairs will be covered with at least loss payable insurance while any other assistance that brings the entire unit up to code will require replacement coverage.

9. Applicant will be required to keep the property tax and mortgage payments current for the duration of the terms of the loan.
10. Upon termination of ownership, whether by death, sale of property or title transfer, the balance of the mortgage must be paid in full. Assumption may be considered if heirs fall within income guidelines and the rehabilitated home is or will be their primary residence.
Note: If the rehabilitated home is deeded to another family member upon applicant's death; that person's income shall be verified and if he/she qualifies, the Otsego County Housing Committee Board will determine payment. If income exceeds income limits, the heir(s) will be required to pay off the balance due of the loan in full.
11. Applicant's home must be at least five (5) years old and the land owned or being purchased in which it resides.

**PROGRAM GUIDELINES &
APPLICANT REQUIREMENTS**

Page 4 of 4

12. Rehabilitation to mobile homes of 1976 or newer are considered. Home must be taxed as real property, on a permanent foundation or blocked with wheels and tongue removed and proper skirting.
13. Applicants, if successful in obtaining a home rehabilitation or replacement loan, may **not** apply for another loan for a period of **five (5) years**. This does not include Emergency Repair or MSHDA's Property Improvement Program (PIP).
14. Applicants related to any County Employee, Housing Committee member or staff must disclose their relationship on the application. This application must have prior grantor approval. (Conflict of Interest Regulations for more information see MSHDA Policy Bulletin #8.)
15. Housing Committee members, elected officials and staff shall not be considered eligible applicants; however they may apply for the Property Improvement Program (PIP) through Michigan State Housing Development Authority.
16. All telephone inquires and applications are considered on a first come first serve basis and considered based from information verified by various sources. Emergency projects can be entitled to a first serve basis. An appeal or grievance must be placed in writing and submitted to the Housing Office for decision by the Housing Board.
17. Potential clients for home repair cannot have a reverse mortgage lien on their property to qualify.
18. Closure of mortgage documents to be within 15 days of bid opening meeting.

Updated: September 16, 2010



AN EQUAL OPPORTUNITY HOUSING PROGRAM



Environmental Review. All proposals receiving federal funding from OCD must complete an Environmental Review.

* Should the proposed project receive funding, check the appropriate box regarding the type of Environmental Review to be completed prior to committing any funds to the project:

- Initially the project will be classified as Categorical Excluded. All units/properties that will be assisted with grant funds have been identified. The Statutory Checklist will be completed to determine if further review is required. If no further review is required, this project will be Reclassified to Exempt.
- The project is assumed to be Categorical Excluded; therefore, the Statutory Checklist and publishing an NOI/RROF will be completed.
- The project is assumed to require an Environmental Assessment; therefore, the Statutory Checklist and Environmental Assessment Checklist will be completed. **Note:** An Environmental Assessment is most commonly required for new construction of five (5) or more units, in downtown revitalization projects, and infrastructure projects.
- I am not sure, and need clarification from MSHDA.

Fair Housing and Equal Opportunity. Refer to OCD Policy Bulletins #3, #22 and #23 for Fair Housing Requirements.

Actions to Further Fair Housing Choice. Check all the following:

- * Applicant will adopt a Fair Housing Policy.
- * The applicant will maintain and continuously update a listing of Fair Housing Resources.
- * The applicant will use the fair housing logo on all materials relating to housing programs distributed to the general public.
- * The following individual (staff person or contractor) is appointed as the fair housing contact person, and will be available during normal business hours:

Name: Marlene Hopp
Phone: (989) 731-7570

- * The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and actions taken to promote fair housing. Check one of the boxes below.

* Applicant must check one of the following two boxes.

The agency will use the logs provided in Policy Bulletin #22; **OR**

The agency will use its own log format. Sample will be submitted to MSHDA via the following method:

If the second box is checked, the applicant must choose the method of submission from the list below.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

FAIR HOUSING LOG

Attachment C

Part A. Actions Taken to Affirmatively Further Fair Housing, Outreach Efforts and MBE/WBE Efforts

Date	Action Taken	How Action Promotes Fair Housing	Comments
EXAMPLE	Presentation to Board of Realtors. Discussion of impediments to FH in XYZ county.	Identified need for additional fair housing education opportunities.	New contact for FH Fair: John _____.

- * Other actions that will be taken to promote fair housing choice:

Outreach and information on fair housing:

- * The applicant must check one of the following two boxes indicating how fair housing materials will be distributed.

- The applicant will distribute fair housing information and materials provided by MSHDA and/or HUD (or locally designed but approved by MSHDA) to area agencies and organizations and at public events, per Policy Bulletin #22. Indicate how, when, and to whom this information will be distributed. (Actual distribution of materials will be tracked in the fair housing log described above.)

Planned Distribution of Fair Housing Information

How	When	To Whom	Est. # of contacts
Community Connect Event	5/24/2012	local community	300
9-11 Expo	9/8/2012	local community	200
Newspaper/Office-flyers/books	4/1/2012	local community	10000

- The table above is insufficient to describe the planned distribution. The plan for the distribution of fair housing materials is being submitted via the method below:

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

- * The applicant will implement a complaint procedure per OCD Policy Bulletin #3.
- * The applicant will provide all prospective program participants and contractors with a copy of its complaint procedure.

Upon receiving a fair housing complaint from a program participant, prospective program participant, or contractor, the applicant will immediately take all of the following required steps. Check all of the boxes below:

- * Record the complaint in the running log;
- * Inform the claimant that he/she may go directly to the Michigan Department of Civil Rights, HUD or the local Fair Housing Center; and
- * Forward a copy of the complaint to the CD Specialist at MSHDA.

Applicants must conduct business from a barrier-free facility or make reasonable accommodations for persons with impaired mobility.

- * Check one of the following:

All facilities are barrier-free; OR

One or more facility is not barrier-free. Describe reasonable accommodation for persons with impaired mobility below:

Assurance of Equal Access to Program Benefits.

* The applicant must check one of the following two boxes to describe outreach strategies to households.

Equal access will be assured through effective outreach as indicated below:

Planned Program Outreach

Strategy	# of Households Reached
Public Announcements on local radio station 101.5	2000
Local newspaper advertisements	10000
Public speaking, meetings and web-site	2500

The table above is insufficient to describe outreach to households. The plan for program outreach is being submitted via the method below:

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

Assurance of Equal Access by Qualified Contractors. Refer to OCD Policy Bulletin #7.

* The applicant certifies that no funds under this grant will be provided to a contractor on the federal debarred contractor list.

* Applicant must check one of the following two boxes to describe outreach strategies to contractors.

Equal access for all qualified prospective contractors, including minority and women owned business enterprise (MBEs and WBEs) to opportunities provided by the proposal will be assured through effective outreach, including affirmative marketing to MBEs and WBEs

Planned Contractor Outreach

Strategy	# of MBE/WBEs Reached
Flyer - Land Use Department	50
Flyer - County Building	50
Local Radio Station 101.5	500
Homeowners choice of contractor	21

- The table above is insufficient to describe the planned contractor outreach. The plan for the contractor outreach is being submitted via the method below:
- I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.

Assurance of Fair Selection of Participating Households. All eligible households will have access to opportunities provided by the program through the following means: Check all that apply:

- Homebuyer-ADR only: Properties will be marketed at fair market value to all eligible homebuyers.
- Households served will be taken on a first-come first-served basis.
- Households will be selected through a lottery to be conducted from applications received during an application period, publicized in advance following the outreach measures shown above.
- Homeowner Rehabilitation only: The applicant plans to evaluate housing units facing health and safety emergencies; if the unit can be feasibly brought up to HQS within the maximum per unit limits, that housing unit will receive priority over other units to receive rehab. If this box is checked, the applicant must assure fair access by clearly spelling out in the Program Guidelines the nature of the "health and safety emergencies" that will give the housing unit this priority.
- Other:
- County Allocation programs only: The applicant plans to use up to _____ % of its funds from this grant for households that applied under the immediately preceding grant (OCD allows up to 25% of the funds to be used for these households).

Assurance of Fair Selection of Contractors. All qualified contractors have access to opportunities provided by the program through the following means: Check all that apply:

- * A reasonable number of qualified contractors will be invited to bid on the project or appropriate parts of the project.
- * All qualified contractors will be invited to bid on each unit.
- * All qualified contractors will be on a master list to be invited to bid a few at a time on a rotating basis.
- * All qualified contractors will be on a master list provided to homeowners.

**OTSEGO COUNTY HOUSING COMMITTEE
CONTRACTOR REQUIREMENTS**

1. **Licensing:** It is required that all contractors participating in the OCD housing program be licensed by the State of Michigan. Residential builders and maintenance and alterations contractors are licensed through the Department of Energy, Labor and Economic Growth, Licensing Services for Builders. Contractor must be properly licensed for the type of work he/she performs or bids to perform.
2. Contractor will provide all materials, equipment and labor necessary to perform the work stated in the specifications. All materials, workmanship and repairs must conform to the HUD Section 8 existing property rehabilitation standards, HUD Housing Quality Standards, local building and zoning ordinances; 2006 MI Residential Building Code Standards, local building and zoning ordinances; 2006 MI Residential Building Code incorporating the 2003 addition of the international residential code for 1-2 family dwellings, the MI Electrical code 2006 incorporating the National Electrical Code 2006, 2006 MI Plumbing Code incorporating the International Plumbing Code 2006 and the 2006 MI Mechanical Code Basic National Property Maintenance Code, the HUD Section 8 Existing Property Standards and the Michigan Energy Code and amendments there to.
3. Contractor will be responsible for obtaining any required work permits and arranging for subsequent permit inspections through the County Building Inspector and providing the Committee with copies before work commences.
4. Contractor will conform to all applicable local codes and ordinances whether or not specifically stated in the specifications.
5. **Bond Requirements:** Bid bonds are required for construction or repair projects in the amount of \$100,000 or more. Bid bonds and performance bonds are required for construction or repair projects in the amount of \$250,000 or more. Bid bonds shall be in the amount of 10% of the total contract price. Performance bonds will be in the amount of 100% of the total contract price. Bond requirements cannot be waived.
6. Contractor will furnish evidence of Worker's Compensation Insurance and any other coverage required by Michigan Statutes, or as required by the County.
7. Contractor will submit the names, and copy of license and insurance, workers compensation or exemption of all of all Sub-contractors performing work on this job to the County Housing Committee for clearance.
8. **Lien Waivers:** For construction or repair projects in the amount of \$50,000 or more, the contractor is required to provide partial lien waivers, verifying all subcontractors and suppliers have been paid for their work to date, for payment requests beyond 25% of the total contract price. The final 10% of the contract price can be paid prior to receipt of lien waivers. The contractor will provide final lien waivers within 30 days of contract completion. In the event that a contractor does not provide the required lien waivers, the contract will not be eligible for future County projects without the consent of the County Infrastructure Committee.

9. **Insurance Requirements:** All contractors, subcontractors and/or vendors are to maintain the following Insurance:
- A. Workers Compensation and Employers' Liability, Michigan Statutory Limits of Liability.
 - B. Commercial General Liability Insurance
 - C. Motor Vehicle Liability Coverage and Michigan No-Fault Coverage's including all owned, non-owned, and hired vehicles.
 - D. Otsego County will be named as Additional Insured on all insurance coverage, with the exception of Workers Compensation and Employers' Liability insurance.
 - E. Limits of Liability for General Liability, Comprehensive Public Liability Insurance protecting the Homeowner in the event of bodily injury, including death in the event of property damage arising out of the work performed by the Contractor or a subcontractor and Vehicle Liability shall be within the following guidelines based on contract amount:
 - Projects up to \$750,000: Minimum of \$1,000,000 per occurrence and aggregate.
 - Projects \$750,001 to \$1,750,000: Minimum of \$2,000,000 per occurrence and aggregate.
 - Projects \$1,750,001 to \$2,750,000: Minimum of \$3,000,000 per occurrence and aggregate.
 - The required amounts continue to escalate by adding \$1,000,000 to the beginning and ending project range and to the minimum insurance requirement.
 - Waiver of Subrogation is required on the certificate of liability insurance.
 - The certificate of liability insurance is required to have a 30-day notice of cancellation.
10. Contractor must sign the contractual agreement with Homeowner, as prepared and approved by the Otsego County Housing Committee.
11. Contractor will be required to begin work within fifteen (15) calendar days from receipt of the "Proceed to Work order" or submit explanation within five days from the expiration date. The contract work shall be fully and satisfactorily completed within forty-five (45) working days of the start date.
12. Contractor shall disqualify his bid by specifying material not otherwise specified in bid specifications, unless approved by the Housing Director or Housing Inspector. Contractor must bid each numbered item and show lump sum bid of all items.
13. Bids must be received at the office of the Otsego County Housing Committee no later than (time) on (date bids due).
14. Contractor has the written authorization of the homeowner and tenants to inspect premises by scheduled appointment before submitting bids.
15. Contractor will be required, upon request, to provide copies of all invoices and bills showing the price and quality of materials used on all projects.

16. Contractor agrees to abide by any and all Davis Bacon Act requirements that may apply.
17. Contractor is required to sign AD-1048, certifying that he/she is not debarred from participating in any federally funded programs.
18. **Warranty-Workmanship and Materials:** The Contractor will provide all materials, equipment and labor necessary to perform the work stated in the Work Specifications.
19. The Contractor shall remedy any defect due to faulty material or workmanship and pay for any damage to other work resulting there from which shall appear within the period of **24 (twenty-four) months** of final inspection. Further, Contractor will furnish Owner with all manufacturers' and supplier's written guarantees and warranties covering materials and equipment furnished under this contract.
20. Contractor and homeowner (s) are not to solicit any other type of business during the performance of bid and rehabilitation to the project.
21. New EPA lead rule effective April 22, 2010, requires that rehabilitating homes built before 1978 must be trained in lead safe work practices and more specifically must have a certificate from an EPA approved trainer showing satisfactory completion of the EPA/HUD approved "Renovation Repair & Painting (RRP)" course. This applies to all remodeling work regardless of the funding source (federal, state, or private funding included). You can find out more about the RRP course at <http://www.epa.gov/lead/pubs/renovation.htm>.

The regulation states that workers performing the work must be trained in OSHA safe work practices; and must be supervised by a certified Lead Based Paint Abatement Supervisor and those workers must have successfully completed one of the following courses:

- A. A lead based paint abatement supervisor course (offer by Michigan Dept. of Health).
- B. A lead based paint abatement worker course (offered by Michigan Dept. of Health)
- C. The Lead-Based Paint Maintenance Training Program (Work Smart, Work Wet and Work Clean to Work Lead Safe).
- D. The Remodeler's and Renovator's Lead-Based Paint Training Program.
- E. If the work classified is Interim Control, the standards for which have been defined at 24 CFR 35.1330 include:
- F. Protection of occupants and their belongings during the performance of any LBP hazard control work;

- G. Utilization of Safe Work Practices to contain the hazard and protect workers;**
- H. All persons performing Interim Control activities or entering an interim control worksite (defined as the immediate vicinity of a lead hazard control activity) must be trained in Safe Work Practices in one of the courses approved by HUD (as listed in 35.1330(a)(4), or must be supervised by an abatement supervisor certified by the Michigan Department of Community Health (MDCH);**
- I. Completion of hazard work in compliance with Interim Control work practices at 24 CFR 35.1330; and clearance of the interim control work sites before other rehabilitation work or re-occupancy of the work site is permitted.**
- J. Bidding contractors are required to schedule and review each housing project (interior/exterior) and attend scheduled preliminary meeting. Any changes from the preliminary meeting will be added to the specifications and submitted to bidding contractors.**
- 22. In the event that the Contractor fails to meet the deadlines specified within a contract by at least fourteen days, there will be a reduction of \$50.00 per day from the compensation total beginning on day fifteen.**

Modified: December 15, 2011



AN EQUAL OPPORTUNITY HOUSING PROGRAM



Minimum Contractor Qualifications. All work paid with HRF funds will be conducted under the direct supervision of a person or company which, at a minimum (check all that apply):

- Holds a valid Contractor's License.
- Holds a valid license as required by law for any other skilled trades in which they are engaged (electrical, plumbing, etc.).
- Has in force insurance coverage (liability, workers' compensation, etc.) as required by law.
- Is not on the current HUD list of debarred contractors.
- Will secure a building permit for all work for which a permit is required.
- Has appropriate lead based paint training and/or certifications.
- Optional: Meets additional requirements stipulated by the applicant as shown on the attached page.
 - I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.

Labor Standards. If any of the following apply, the requirements of Davis-Bacon and Related Acts (DBRA) are triggered. Check all boxes for any provisions that apply:

- Labor standards are not applicable.
- The applicant will use HRF funds for construction or rehabilitation of a structure with 8 or more units (DBRA will be triggered if CDBG funds are used, regardless of the number of assisted units).
- The applicant plans to use HRF funds for construction or rehabilitation of 12 or more assisted units under a single construction contract (DBRA will be triggered if HOME funds are used).
- The applicant is a local government proposing over \$2,000 in public improvements using private contractors (DBRA will be triggered if CDBG funds are used).
- The applicant is proposing rehabilitation of a mixed use (commercial and residential) building where the repairs involve "shared improvements" (improvements such as a roof or heating system which will also enhance the commercial portion of the building). Note: Most downtown Rental Rehabilitation projects will trigger DBRA.

Lead Paint Requirements. If federal funds (HOME or CDBG) are used to fund the proposed project, HUD lead paint regulations will apply. The applicant will assure compliance, as follows (check all that applies):

- The applicant employs staff members who have been trained in the HUD Lead Paint Requirements at 24 CFR Part 35. The names of these staff persons are:

Bruce Scott, contracted inspector

- In order to assure that lead paint standards are met, the applicant has identified the following person(s) or company(s) in the area who are qualified to conduct lead paint risk assessments:

Robert Peters Jr., State of Michigan lead inspector/risk assessor#P-00013, employed by Otwell Mawby, P.C. located in Traverse City, MI.

- The applicant expects to implement projects involving the use of \$5,000 or more per unit in federal funds for rehabilitation of properties constructed before 1978. In order to assure that work is completed in accordance with HUD-approved procedures for lead paint hazard reduction, the applicant has identified the following employees and/or contractors who have been trained in interim control measures:

Bruce Scott, Access Unlimited, B&B Construction, Barrys Total Home, Drew Gulliver Builders, Ferriss Contracting, Great Lakes Construction, Great Lakes General Contractor, HBC, JNJ Construction, Jordan Construction, Our Home Town Builder, River City Renovation, Simmons/Son, William Bland Custom Homes

- The applicant expects to implement projects involving the use of \$25,000 or more per unit in federal funds for rehabilitation of properties constructed before 1978. In order to assure that work is completed in accordance with HUD-approved procedures for lead paint hazard reduction, the applicant has identified the following employees and/or contractors who are certified for lead-paint abatement:

Otwell Mawby, P.C., Inspector; Barry's Total Home Maint & Repairs, Drew Gulliver Builders, HBC Contracting, Jordan Construction, River City Renovations Inc., Simmons & Son Builders

- Applicant is aware of the HUD lead hazard rule (24 CFR Part 35), and the MSHDA requirement that a lead supervisor be onsite for set up and clean up of every MSHDA/HUD Interim control project OR that every worker on-site is certified by the EPA as a "Certified Lead Renovator". Applicant will comply with this requirement.

Complaint Procedure. The applicant will maintain a complaint referral system for complaints other than Fair Housing, as indicated below. The applicant's complaint procedure will (check all the elements below):

- * Be provided in writing to all participating households and contractors;
- * Ensure that a program administrator responds or staff to the initial complaint within 15 working days;
- * Require that the CEO or Executive be informed of any complaint that the program administrator fails to resolve;
- * Provide for the establishment of a review committee of at least three persons, including a community representative and a person with building/construction experience;
- * Assure that the claimant may appear before the review committee either in person or in writing;
- * Ensure that the review committee responds with a decision within 15 working days of the hearing; and
- * Where a complaint is still unresolved, the applicant will seek the services of the closest Dispute Resolution/Mediation program (see OCD Policy Bulletin #3 for list).

Local Government Public Participation Requirements. Local government applicants who may receive federal funds from HRF must complete this section:

- * The applicant has conducted at least one public hearing on the activities proposed in the application and at least one public hearing on the status of funded activities. (Current grantees may combine these into one hearing.)
- * The hearing on proposed activities included a review of (a) how the need for the proposed activities was identified, (b) how the proposed activities will be funded, including (to the extent known) the anticipated source of funds; (c) the date the application will be submitted; (d) requested amount of federal funds; (e) estimated portion of the federal funds that will benefit low and moderate income persons; (f) where the proposed activities will be conducted; (g) plans to minimize displacement of persons and businesses as a result of funded activities; (h) plans to assist persons actually displaced; and (i) the nature of the proposed activities.
- * The hearing on the status of funded activities included (a) a general description of accomplishments to date, (b) a summary of expenditures to date, (c) a general description of remaining work, and (d) a general description of changes made to the project budget, performance targets, activity schedules, project scope, location, objectives, or beneficiaries.
- * A summary of the hearing(s) is attached, showing the date, the number of persons attending, and a summary description of substantive comments.

* Applicant must choose the method of submission from the list below.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

* Notice of the hearing was published in Gaylord Herald Times (a newspaper of local general circulation) on 1/11/2012

* The applicant will ensure reasonable access to all local meetings, project records and information relating to the proposed and actual use of federal funds.

NOTICE OF PUBLIC HEARING

The Otsego County Housing Committee will be holding a public hearing for the submission of a housing rehabilitation application to Michigan State Housing Development Authority for funding under the 2011 Housing Resource Fund, Community Development Block Grant Housing Program. The public hearing will be held Thursday, January 19, 2012 at 9:30 a.m. in the County Building, 225 W. Main Street, conference room 100, ground floor, Gaylord MI 49735. Written comment will be accepted until 12:00 p.m. Friday, February 3, 2012 and should be mailed to Otsego County Housing Committee, 225 W. Main Street, room 213, Gaylord MI 49735. A statement of activities and budget proposed within the grant will be available to the public at the Housing Office at the address listed above.



AN EQUAL OPPORTUNITY HOUSING PROGRAM



- * The applicant will conduct all related public meetings or hearings in public buildings or facilities that are accessible to persons with disabilities, and provide accommodation upon request.
- * The applicant has passed an official resolution authorizing the submission of the application; a copy of the resolution is attached.

* Applicant must choose the method of submission from the list below.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

All local governments must identify (a) community development and housing needs, including the needs of low and moderate income persons, and (b) activities that will be undertaken to meet these needs, at least every two years. Within the last two years the applicant has done one of the following:

* Applicant must check one of the following three boxes.

- The applicant has conducted a Community Development and Housing Needs Assessment by discussing (at a city council meeting, public hearing or during a community planning process) and recording (a) major housing and community development needs of low and moderate income residents of the community (b) other major housing and community development needs of the whole community (or residents who are not of low and moderate income), and (c) planned or potential activities to address the needs in (a) and (b) above. A Community Development and Housing Needs Assessment will be submitted in the following manner:

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

- The applicant has a current strategic or community plan in place which has been approved by OCD which meets this requirement, OR

- The applicant expects to receive HOME funds; a Community Development and Housing Needs assessment is not required. If MSHDA awards CDBG funds, the applicant understands that the completion of the Community Development and Housing Needs Assessment requirements will be required prior to the release of funds.

Consultation Requirements for Nonprofit Applicants. Nonprofit applicants must consult the local government of the community where the proposed project will be conducted.

* Check the following to indicate how a letter of consultation from the local unit of government will be submitted.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

- The local government of the community where the proposed project will be conducted has determined and documented that (a) the project is consistent with local plans and ordinances; (b) the community is aware of the potential impact of the project; (c) the planned activities are consistent with the local Consolidated Plan for Housing and Community Development (if applicable); and (d) if

the application includes a request for funding under the Neighborhood Preservation Program, the local government is disclosing the full extent of its current commitment to cooperate and coordinate with the project (e.g., coordination of repairs to streets, sidewalks and alleys, cooperation for signage placement, assurance of continued maintenance of improved areas, commitment of funds for redevelopment of demolition sites, complementary activities being implemented in the target area, etc.).

- The project will be conducted in a local HOME Participating Jurisdiction. The local government letter indicates that the PJ is aware that eligibility for HOME funds from the HRF requires that the local government contributes funding to the project equal to 100% of the HRF funds to be expended within the local HOME PJ. For this project, _____ % of the funding will be expended within a local HOME PJ. (The local PJ contribution should be shown and documented under the "Leverage" totals in Section I of this application. All these requirements may be included in the same letter.)

Audit. Check all that apply.

- The applicant is a local government or nonprofit expected to expend more than \$500,000 annually in combined federal funds during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with OMB Circular A-133 pursuant to the Single Audit Act Amendments of 1996.
- The applicant is a local government or nonprofit expected to expend less than \$500,000 annually in combined federal funds and will, at a minimum, be subject to the completion of an audit by an eligible CPA firm resulting in the preparation of audited financial statements.

The applicant agrees to adhere to the Office of Community Development's Supplemental Audit Guide by sharing the Guide with the appropriate internal finance staff as well as the applicant's auditor.

- * Records will be available for review or audit by appropriate officials of HUD, MSHDA, and/or the General Accounting Office (GAO).
- The applicant recognizes that this provision does not limit the authority of federal agencies or MSHDA to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, or review).
- The applicant understands that costs of an audit are allowable provided (a) if the applicant is subject to single audits requirements, the audit is performed in accordance with the Single Audit Act as implemented by OMB Circular A-133, and (b) the percentage of costs charged to the grant award for an audit shall not exceed the percentage derived by dividing grant funds expended by total funds expended. (This percentage may be exceeded only if appropriate documentation demonstrates higher actual costs.)

**SECTION III. COMPONENT COMPLIANCE GUIDELINES
HOMEOWNER ASSISTANCE**

Homeowner Assistance

Instructions: Review the MSHDA and/or HUD requirements listed below which are relevant to HRF funding under the Homeowner Assistance Component, and respond by checking the appropriate boxes.

Eligible Applicant: The applicant is:

* Applicant must check one of the following boxes.

- A non-CDBG-entitled unit of local government.
- A nonprofit in an Empowerment Zone, Enterprise Community, Renaissance Zone, or an NPP or MSHDA OCD approved target area where the nonprofit has produced OCD-funded homebuyer or rental units.
- A Cities of Promise grantee with funding approved by the MSHDA Urban Revitalization Division.

Eligible Households: Benefits must be targeted to households with incomes at or below 80% of Area Median Income (AMI). Complete the statement below:

* Benefits of the proposed program will be targeted to households with incomes at or below * 80 % AMI.

This table will be filled for the income limit as noted above, the counties selected, and for the household sizes listed below (when the page is saved):						
County	1 person HH	2 person HH	3 person HH	4 person HH	5 person HH	6 person HH
DeSoto	\$31,300	\$35,750	\$40,200	\$44,650	\$48,250	\$51,800
	\$31,300	\$35,750	\$40,200	\$44,650	\$48,250	\$51,800

Prospective participating households will be treated fairly. The characteristics determining eligibility for program benefits are listed below. Check all that apply:

- Income level not greater than the amounts shown on the table above;
- Current residents of the target area, who meet the minimum requirements assuring the security of their interest in the property (current property taxes, homeowners insurance, home mortgage, etc.) as described in program guidelines to be published by the applicant.
- Other:

The benefits available to eligible households are fairly applied to all participants. Check all that apply:

- A sliding scale based on income will determine repayment terms and/or individual project leverage expectations.
- Eligible rehabilitation measures that are clearly described in local program guidelines will be consistently applied.
- Other: If leveraged, CDBG will offer deferred if HH income not exceed 80% AMI.

Eligible Properties. All properties assisted under this component must comply with the following. Check all boxes below:

- * All properties served will be single family, condominium, mobile and manufactured homes on fee simple lots.
- * If HOME funds are used the after-rehab value of assisted units will not exceed HUD Single Family Value (FHA 203(b)) limit.
- * All units assisted with HOME funds will receive at least \$1,000 of funds from this grant.
- * All units assisted will receive a maximum of \$35,000 in MSHDA assistance, inclusive of all hard, soft, lead remediation, or other associated costs.

Rehabilitation Standard. Except as noted under "Emergency Repairs", all HRF-assisted housing units must meet Housing Quality Standards. The proposed project will meet:

*Applicant is required to check one of the following three boxes.

- the current Michigan Residential Code published by Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Code and Fire Safety.
- the current Michigan Rehabilitation Code of Existing Buildings published by Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Code and Fire Safety.
- Housing Quality Standards (HQS) set forth in 24 CFR 982.401.

Applicant must include applicable minimum rehabilitation standards in locally published program guidelines.

- * Applicant will include in the Program Guidelines a written minimum Rehabilitation Standard consistent with the above standard.

Eligible Rehabilitation Measures are the actual costs of rehabilitating housing, according to local guidelines applied consistently to all applicants, including (check all that apply to local program, applicant may attach one page if space below is insufficient):

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

- Costs to meet applicable rehabilitation standards;
- Energy-related repairs or improvements;
- Improvements necessary for persons with disabilities;
- Abatement of lead-based paint hazards;
- Other: Abatement of asbestos by certified contractors.

Eligible Landscaping. Applicants may use up to \$1,000 per unit which is *not subject to lien requirements*, only if the program complies with all the following provisions (check all the boxes below and provide the required information if applicant wishes to make this option available to assisted households):

- The applicant agency wishes to make up to \$1,000 per unit in landscaping improvements available to assisted households; the cost of these improvements will not be subject to the program lien requirements.
- The applicant has identified the following experienced landscape designer/architect (called the "Designer") who will support the program:

Name of Designer/Company/Title:

Documentation is attached from the person referenced above certifying the following:

- The designer will work with assisted property owners who agree to the conditions below to design the landscape project, assist the property owner in planting/installing the materials, and provide one year of follow-up hands-on assistance with the property owner as needed for plant and lawn care, including specific instructions for watering and pruning; and
- The designer understands that the total cost of plant material and any fees for design services, training, and follow-up cannot exceed \$1000 per unit charged to grant funds.
 - I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.
- All plant materials charged to grant funds will be visible from the street.

Emergency Repairs. Applicants may use up to 15% of Homeowner rehabilitation funds for emergency repairs. Eligible repairs include repair or restoration activities necessary only to control or arrest the effects from disasters or imminent threats to the health and safety of a household. If emergency repairs are proposed, check the box and complete the statement:

- Costs to address housing emergencies for housing units which do not meet HQS upon completion will not exceed _____ % of rehab funds expended.

The applicant's local program guidelines will stipulate that these funds are reserved for projects to arrest the effects from disasters or imminent threats to the health and safety of assisted households.

Refinancing and Closing Cost Assistance. Applicants may allow closing and other costs related to the refinance of a first mortgage as an eligible CDBG project cost, but only when this refinancing is needed in conjunction with a homeowner rehabilitation project. The closing and related costs can be up to \$3,500. These costs are included in the maximum \$35,000 allowable in a homeowner rehabilitation project (see Policy Bulletin #9). Homeowners are required to receive counseling from a MSHDA approved LINKS Counselor prior to receiving assistance.

- The applicant will adhere to the details and standards for the new first mortgage as set forth in Policy Bulletin #10, Attachment F.

Relocation Costs. MSHDA does not permit permanent displacement. Check the box below:

- * The applicant understands that *temporary* relocation may result from program activities and costs thereof, as set forth in the Uniform Relocation Act and Section 104(d) of Housing and Community Development Act of 1974, may be paid from grant funds as part of the rehabilitation cost. (See Policy Bulletin #24.)

Project Soft Costs.

* Applicant is required to check one of the following:

- The local program will be in compliance with MSHDA's requirement that project soft costs be reasonable and necessary and, except as noted below, these costs will be included within the limits described for soft costs in "Project Administration" in the "Administrative Guidelines" Section.
- The applicant understands that MSHDA considers a \$1,000 project delivery fee reasonable and necessary for projects with 100% leverage, where (a) MSHDA grant funds are \$10,000 or less AND (b) the total project cost is \$10,000 or more (example: a \$10,000 project which uses \$5,000 or less of grant funds). (See Policy Bulletin #21). This fee will be paid in addition to soft costs allowed above.

Required Leverage. MSHDA expects that additional funds will be leveraged in the amount of at least 25% of homeowner assistance funds. Future funding may be denied for applicants that do not meet this leverage requirement. Applicants are ineligible for increases in the grant award when the leverage requirement is not met. The applicant plans to meet this leverage requirement from the following sources:

*Applicant must check at least one of the following:

- MSHDA PIP loans on projects NOT assisted with this grant.
- MSHDA PIP loans on projects assisted with this grant.
- Cash contributions by property owners assisted with this grant (including home improvement loans other than PIP).
- Weatherization funds used on projects assisted with this grant.
- USDA Rural Development funds used on projects assisted with this grant.
- Local PJ funds for homeowner assistance in the eligible target area.
- Local public funds (other than CDBG housing grant program income) used on projects assisted with this grant.
- Other: Local Department of Human Services (DHS)
- Other: Local Veterans Affairs/MVTF - Soldiers/Sailors Emergency Fund

Required Leverage for County Allocation Programs. Counties requesting funds for their county allocation homeowner rehab programs have a choice of loan terms. County allocation applicants are required to check one of the following:

- The county has chosen to offer a deferred loan homeowner rehab program. No leverage is required.
- The county has formally adopted a Resolution to offer a forgivable loan homeowner rehab program. MSHDA expects that additional funds will be leveraged in the amount of at least 25% of homeowner

**OTSEGO COUNTY
2012**

CDBG INCOME GUIDELINES

Household Size	Deferred Loan 50% AMI	0%	1%	2%	3% 80% AMI
1	19,550	22,488	25,426	28,364	31,300
2	22,350	25,700	29,050	32,400	35,750
3	25,150	28,913	32,676	36,439	40,200
4	27,900	32,088	36,276	40,464	44,650
5	30,150	34,675	39,200	43,725	48,250
6	32,400	37,250	42,100	46,950	51,800
7	34,600	39,800	44,500	50,200	55,400
8	36,850	42,375	47,900	53,425	58,950

CDBG Deferred Loan – 50% area median income. No monthly payments required, 0% interest rate, mortgage due and payable upon sale, lease, rent or unoccupied.

CDBG Loan – 80% area median income. Monthly payment, 0-3% interest rate, maximum of 25 year term mortgage.

County/AMI %	Household Size							
Otsego	1	2	3	4	5	6	7	8
20%	\$7,820	\$8,940	\$10,060	\$11,160	\$12,060	\$12,960	\$13,840	\$14,740
30%	\$11,750	\$13,400	\$15,100	\$16,750	\$18,100	\$19,450	\$20,800	\$22,150
40%	\$15,640	\$17,880	\$20,120	\$22,320	\$24,120	\$25,920	\$27,660	\$29,480
50%	\$19,550	\$22,350	\$25,150	\$27,900	\$30,150	\$32,400	\$34,600	\$36,850
60%	\$23,460	\$26,820	\$30,180	\$33,480	\$36,180	\$38,880	\$41,620	\$44,220
70%	\$27,370	\$31,290	\$35,210	\$39,060	\$42,210	\$45,360	\$48,440	\$51,590
80%	\$31,300	\$35,750	\$40,200	\$44,650	\$48,250	\$51,800	\$55,400	\$58,950
100%	\$39,100	\$44,700	\$50,300	\$55,800	\$60,300	\$64,800	\$69,200	\$73,700
120%	\$46,920	\$53,640	\$60,360	\$66,960	\$72,360	\$77,760	\$83,040	\$88,440

assistance funds. All of the "Required Leverage" terms above apply. (Return to "Required Leverage" section to indicate sources of leverage.)

- See attached Resolution, which will be incorporated by reference in local program guidelines.
- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

Loan Terms. MSHDA requires that repayment of assistance be based on the ability to repay. All homeowners with incomes greater than 60% Area Median Income (AMI) must finance a portion of the cost with funds outside this grant OR amortize a portion of the loan; this non-grant or amortized portion must increase with higher incomes.

* Applicant is required to check one of the following two boxes:

- For projects with grant assistance exceeding \$2,500, the applicant proposes to offer assistance according to the table below, which will be part of local program guidelines. Check appropriate box for desired heading and complete table below.

<input type="checkbox"/>	% of AMI	% of OGD Funds for Project	% of Leverage Funds
<input type="checkbox"/>	% of AMI	% of OGD Funds as Deferred Loan	% as Local Repayable Loan
<input type="checkbox"/>	% of AMI	% of OGD Funds as Deferred Loan	% as Deferred Repayable (with Interest) Loan

- Above table is not applicable for applicant's program. Alternate table will be submitted for OCD prior approval.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

Additional Loan Terms. All of the following are required. Check each box below:

- * The applicant is aware of revisions to MSHDA policy effective January 1, 2008 that will require costs of complying with federal Lead Based Paint regulations in excess of \$5,000 be included within the lien.
- * The local program will place a lien on all projects where the amount of grant assistance exceeds \$2,500. This lien will enforce a loan that is either (a) repayable in full upon sale or transfer or if no longer occupied by the borrower, (b) amortized under the terms described above, or (c) forgivable

through a 5-year lien when \$5,000 or less in CDBG funds is used for rehabilitation and 100% leverage is brought to the project.

- * If the property is sold, the amount of assistance will be recaptured as program income under the terms above. The applicant understands if sales proceeds from a transaction at fair market value are insufficient to repay the loan, the applicant may discharge its lien in return for the full proceeds of sale.
- * The applicant understands that applicant may be the mortgagee on the second mortgage only if applicant is a county government receiving funds under a county allocation; if applicant is receiving funds under a Housing Resource Fund grant, the applicant understands that MSHDA will be the mortgagee and all funds recaptured will be retained by MSHDA.

The applicant understands that only if applicant is the mortgagee (i.e., only if funded through a county allocation) applicant may allow the lien to be assigned to a subsequent owner of the property, only if the next owner is an income-eligible heir who will use the property as his/her principal residence; if the applicant plans to exercise this option, applicant will describe it in the local program guidelines.

- * The mortgage and mortgage note securing this lien will be on forms provided or approved by MSHDA.
- * The mortgage and mortgage note will be properly recorded.

**SECTION III. COMPONENT COMPLIANCE GUIDELINES
NEIGHBORHOOD PRESERVATION**

Neighborhood Preservation

Instructions: Complete only if funding has been requested under this component. Review the MSHDA and/or HUD requirements listed below which are relevant to HRF funding under the Homebuyer Assistance Component, and respond by checking the appropriate boxes.

Eligible Applicant. Check one box below:

- A Non-PJ unit of local government.
- A nonprofit CHDO or CBDO in an entitled or non-entitled community, collaborating with local government.
 - Local government has been consulted and is aware of potential impact of the project.
 - Plan is consistent with local plans/ordinances.

Eligible Households. Benefits must be targeted to areas where at least 51% of residents are at or below 80% of Area Median Income (AMI). Check at least one box below:

- Benefits of the proposed program will be targeted to areas with at least 51% of the residents at or below 80% of AMI.
- If Demolition is the activity, either the property owner has an income at or below AMI, or at least 51% of residents in the targeted area affected by the demolition activity have incomes at or below 80% of AMI.

Low/moderate income benefit was determined by:

- Survey of the residents. Completed survey forms are on file at the office of the applicant.
- Census tracts. Data must be entered into the following four fields:
 1. Enter one census tract number from the target area:
 2. Number of low/moderate persons in NPP target area:
 3. Total number of persons in NPP target area:
 4. Percent of low/moderate persons in NPP target area:

Benefits to Persons in NPP Target Area. The NPP activities will benefit the residents of the NPP target area in the following ways:

- | | |
|---|-----|
| 1. Number of residents that have <u>access</u> to this benefit or service. | 839 |
| 2. Number of residents that have <u>improved access</u> to this benefit or service. | 3 |
| 3. Number of residents that receive a service or benefit that is <u>no longer substandard</u> . | 3 |

Total must not exceed total number of persons in NPP target area.

Eligible Properties for Demolition. All properties assisted under the activity "Demolition" must be vacant and beyond rehabilitation at the time of submission of the application. Check appropriate box:

- Units to be demolished are currently vacant and beyond rehabilitation.
- Not applicable.

Rehabilitation Standard. All buildings assisted will meet the following standard upon project completion:

- Local codes, ordinances and standards (Generally, the International Building Code) for commercial and/or public buildings will apply.
- State codes and standards for commercial and/or public buildings will apply.

Eligible Rehabilitation Costs. The actual costs of rehabilitating/reconstructing a building. Check all that apply:

- Costs to meet applicable rehabilitation standards.
- Energy-related repairs or improvements.
- Improvements necessary for persons with disabilities.
- Abatement of lead-based paint hazards.
- Modest landscaping (seed/sod, mulch, trees/shrubs, perennials).
- Other: Foundations

Beautification. Projects can benefit business owners/tenants including exterior façade improvements, windows, etc. These projects require dollar for dollar match and may be subject to a 5-year diminishing lien.

- Match amount provided by participating business owners/tenants will be

Project Administration. Local programs must comply with the following guideline. Check the box:

- If the project is funded with CDBG funds, administrative costs will not exceed 18% of the grant amount, including project-related soft costs. If the project is funded by any other funding source, administrative costs will not exceed 10% of the grant amount and project-related soft costs will not exceed 8% of the grant amount.

Limit on HRF Funds for NPP Activities. Combined HRF funding for Beautification, Demolition, Public Improvements and Marketing/Education activities must not exceed 40% of the total funding (for project costs) committed to the NPP area for HRF-eligible projects.

- Combined HRF funding for these activities does not exceed 40 % of the total funding committed to the NPP area for HRF-eligible projects.

**SECTION III. COMPONENT COMPLIANCE GUIDELINES
RENTAL REHABILITATION**

Rental Rehabilitation

Instructions: Complete only if funding has been requested under this component. Review the MSHDA and/or HUD requirements listed below which are relevant to HRF funding under the Rental Rehabilitation Component, and respond by checking the appropriate boxes.

Eligible Applicant: The applicant is:

* Applicant must check one of the following two boxes.

- A local unit of government (NOTE, Local PJ's are only eligible under limited circumstances, see the HRF Summary, Rental Rehabilitation Quickfinder for more detail).
- A nonprofit in an NPP.

Eligible Properties. All properties assisted under this component must comply with the following. Check the box below:

- * The properties will be investor-owned rental properties. Properties will not be under an RRP compliance agreement. Assisted units will not be commercial properties or temporary shelters.

Maximum Funding Limits. Depending on funding source and project/unit type, the applicant is aware of the following per unit maximum funding limits outlined below. The limits below represent the total per unit funding limit inclusive of all hard, soft, lead based paint, and other associated costs. (NOTE, these limits represent revised MSHDA policies in effect beginning on January 1, 2008.)

- For HOME-funded projects, the maximum assistance is \$14,999 per assisted unit. In downtown or NPP target areas, MSHDA will allow up to \$25,000 per unit for existing units, and up to \$40,000 per unit for newly created units.
- For CDBG funded projects, a maximum of \$35,000 per newly created unit is allowed while a maximum of \$25,000 per existing unit is allowed. MSHDA considers newly created units those converted from non-residential space or units unoccupied for at least 5 years. (NOTE, for projects that include both new and existing units, the maximum project assistance will be based on unit mix. For example, a building with one existing apartment that is being rehabilitated and a second apartment being added in vacant space would be eligible for a maximum of \$60,000 in total MSHDA assistance, \$25,000 for the existing unit and \$35,000 for the new unit.)

Eligible HOME Households. If the project is HOME-funded, benefits must be targeted to low-income (LI) households with incomes at or below 60% of Area Median Income adjusted for family size (AMI); if the project has 5 or more assisted units, 20% of the units must be targeted at very low-income (VLI) households with incomes at or below 50% AMI. (Note: Unless the project is proposed for a "HUD Match" grant, MSHDA OCD usually uses HOME funds; contact your CD Specialist about the project prior to application).

- The proposed project or projects will meet the federal HOME requirements: 100% of the HRF-assisted units will serve tenants with incomes < 60 % AMI. For assisted projects with 5 units or more, at least 20% of the units will serve tenants with incomes < 50% AMI. Subsequent tenants

may have incomes at 80% AMI for the LI units. Income limits will be included in local program guidelines.

- If HOME-funded, the applicant will be responsible for recertifying tenant incomes or obtaining tenant self-certification of income at least annually; in the event of over-income tenants, rent will be adjusted to 30% of income, without utility allowance. Tenants failing to recertify will be charged the fair market street rent. (Fair market street rent is the amount of rent that could be charged if no restriction applied.)
- Vacant units will be rented to restore the required mix of VLI and LI units.

Eligible CDBG Households.

- Applicant proposes to serve projects in which 51% of the tenants or more are < 80% AMI, and is requesting CDBG funding. Applicant has contacted their CD Specialist and discussed the project prior to application.
- Applicant proposes to serve projects in which _____ % of the tenants or more are < 80% AMI, and _____ % are over 80% AMI. Income limits will be included in local program guidelines.
- * Applicant understands that all of the units in a CDBG-funded project are considered assisted, therefore, income and demographic information will be reported for the tenants occupying each unit (even those unimproved).

Rent Limits. Rent limits are published annually by HUD and MSHDA. Rent limits vary depending on funding source. Please check the box below.

- * Rents will be limited as follows: Section 8 Fair Market Rents if CDBG funds are awarded. If HOME funds are awarded: low income units will rent for the lesser of Sec. 8 FMR, OR, 65% HOME Rent Limit, and very low income units will be rented for the lesser of Sec. 8 FMR, OR, 50% HOME Rent Limit (rent limits for each county available on request).

Compliance Period. Check one box.

* Applicant must check one of the following four boxes.

- The applicant expects to use \$14,999 per unit or less of HOME funds; compliance period will be in effect for a minimum of 5 years.
- The applicant expects to use up to \$40,000 per unit of HOME funds; compliance period will be in effect for 5 years if assistance is under \$15,000 and a minimum of 10 years if assistance is \$15,000 or greater, up to a maximum of \$40,000.
- The applicant expects to use CDBG funds for a strategy in a targeted neighborhood, such as a local downtown area; income and rent restrictions will only apply to the initial occupants of rental units while the lien will be in effect for five years.
- The applicant proposes to require stricter income or rent restrictions as described below:

Compliance Requirements. Check all applicable boxes.

- * Rents will remain at or below HUD maximum rents, as adjusted annually, for the affordability period. (NOTE: Required for HOME funded projects. For CDBG funded projects, grantee may elect to enforce income and rent restrictions throughout the compliance period.)
- * Applicant understands that in certain high cost markets, MSHDA may award CDBG funds contingent upon the application of income and rent restrictions for the duration of the compliance period rather than at initial occupancy.
- * Properties will be maintained to property standards and local property maintenance code requirements, subject to applicant inspections.
- * Properties will be maintained for residential rental use and fairly marketed to the general public for the term of the compliance period. If the building owner converts space rehabilitated for residential rental use to owner-occupied residential use or non-residential use during the term of the compliance period, a prorated share of the lien must be repaid. (For example, if a two unit building has one unit converted from rental to owner occupancy, the property owner would be required to repay 50% of the lien.)
- * The applicant agrees to monitor for cause or as requested by MSHDA and discharge the lien upon completion of the compliance period only if it determines the property owner has satisfied the compliance requirements.
- * Applicants agree to market (list) the completed units on the Michigan Housing Locator web-site at www.MichiganHousingLocator.com for the five year lien period.

Other Federal Laws and Regulations. Check this box.

- * Applicant will comply with all major laws applicable to the HRF, as noted in Housing Resource Fund Summary.

Loan Terms. Check the boxes below.

- * The term of the loan will be for the amount of HRF funds used for the compliance period indicated above. The loan may be non-amortizing at 0% interest. No declining balance or proration will be allowed during the loan term.
- * Loans will be due on refinancing, sale or conversion that alters low-income occupancy.
- * Minimum investment is \$1,000 per HRF-assisted unit.
- * Maximum HRF investment to be 75% of total rehab cost; the property owner will provide at least 25%.

Loans May be Forgivable or Repayable. Check one box below.

- Forgiven at the end of the loan term, OR
- Structured for repayment, OR
- Loan terms vary, OR

* Loan terms are described in the local program guidelines.

Owner Leveraging Requirements. The property owner will provide at least 25% of total project costs. However, local programs may impose higher leverage requirements within their local program guidelines.

Property owners will be required to provide at least 25 % of the project costs.

Facade Improvements. Facade improvements may be incorporated into projects in approved target areas. Restrictions apply; contact the Office of Community Development for more information.

Our proposed program will incorporate facade improvements into the rehabilitation of rental properties. **Note:** The inclusion of facade improvements funded with CDBG will trigger DBRA. Describe:

Exterior to building; public improvements

Rehabilitation Standard. At a minimum, all HRF-assisted units must meet Housing Quality Standards. The proposed project will meet:

* Applicant must check at least one of the following boxes.

the current Michigan Residential Code published by Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Code and Fire Safety.

the current Michigan Rehabilitation Code of Existing Buildings published by Michigan Department of Energy, Labor and Economic Growth, Bureau of Construction Code and Fire Safety.

Housing Quality Standards (HQS) set forth in 24 CFR 982.401.

Property Standards. Assisted properties must meet a property standard throughout the compliance period. Indicate the applicable standard by selecting a radio button below:

* Applicant must check one of the following two boxes.

Local codes, ordinances and standards.

Section 8 Housing Quality Standards (HQS) (if no local codes)

Eligible Improvements: Project Hard Costs. Check all the boxes below:

* The actual cost of rehabilitating housing.

* Costs to meet applicable new construction or rehabilitation standards.

* Energy-related repairs or improvements.

* Improvements necessary for persons with disabilities.

- * Address lead-based paint hazards.

Eligible Landscaping. Applicants may use up to \$1,000 per unit which is subject to lien requirements only if the program complies with all the following provisions (check all the boxes below and provide the required information if applicant wishes to make this option available to assisted households):

- The applicant agency wishes to make up to \$1,000 per unit in landscaping improvements available to assisted owners; the cost of these improvements will not be subject to the program lien requirements.
- The applicant has identified the following experienced landscape designer/architect (called the "Designer") who will support the program:

Name of Designer/Company/Title: Bradley J. Butcher & Associates, PC.

Documentation is attached from the person referenced above certifying the following:

- The designer will work with assisted property owners who agree to the conditions below to design the landscape project, assist the property owner in planting/installing the materials, and provide one year of follow-up hands-on assistance with the property owner as needed for plant and lawn care, including specific instructions for watering and pruning; and
- The designer understands that the total cost of plant material and any fees for design services, training, and follow-up cannot exceed \$1,000 per unit charged to grant funds.
 - I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.

- All plant materials charged to grant funds will be visible from the street.

Eligible Improvements: Project Soft Costs. Check this box:

- * The local program will be in compliance with MSHDA's requirement that project soft costs be reasonable and necessary and, except as noted below, these costs will be included within the limits described for soft costs in "Project Administration" in the "Administrative Guidelines" Section.

Relocation Costs. MSHDA does not permit permanent displacement of rental tenants.

* Applicant must check at least one of the following boxes.

- No permanent displacement or relocation will result from program activities. If permanent displacement would result from a project, the project will not be undertaken. Any costs spent on such a project will be repaid to MSHDA.
- The applicant understands that *temporary* relocation may result from program activities and costs thereof, as set forth in the Uniform Relocation Act and Section 104(d) of Housing and Community Development Act of 1974, may be paid from grant funds as part of the rehabilitation cost. (see Policy Bulletin #24.)
- No relocation will occur as a result of this project.

SECTION IV. IMPLEMENTATION AND CAPACITY

Implementation and Capacity

Project/Program Time Frames. Check both boxes below:

- Progress on the proposed program will meet the following requirements for the commitment of funds:
 15% of the grant funds will have been expended by the end of the 2nd quarter of the grant term;
 40% of the grant funds will have been expended by the end of the 4th quarter of the grant term;
 75% of the grant funds will have been expended by the end of the 6th quarter of the grant term.
- The applicant acknowledges that funding may be reduced if expenditures fall behind the above targets.

Work Plan Time Frames. Complete the work plan below. Indicate activities under the grant and production targets which, when accomplished, will complete the project or program.

Activities / Production Targets. In the first column, list the activities and production targets relevant to achieving the "Desired Results" proposed in this application. Include the following activities below if relevant to the proposal. Add production targets to this list as appropriate (example: projected dates for completion of units throughout the grant period, dates for accomplishment of key local program objectives, etc.)

- Environmental Review
- Outreach and Public Information
- Processing Applications for Assistance
- Selecting Property to be Acquired
- Performing Property Inspections
- Supervising Construction Activities
- Awarding Project Bids
- Processing Mortgage/Lien Documents
- Homeownership Counseling
- Proposed Development Team
- Other activities necessary to achieve the desired results identified by the applicant

Responsible Individual. Indicate the person primarily responsible for accomplishing the activity or production target.

"X or R" column. Simply indicate "X" if the Responsible Individual has worked on previous similar OCD projects. *MSHDA will consider the track record of these individuals, based on previous MSHDA grants, in evaluating this proposal.* Indicate "R" if the individual has no prior experience with OCD-funded grants in this capacity.

Beginning and ending dates. Indicate when the activity begins and ends, or the dates by which listed production targets will be met.

Activities / Production Targets	Responsible Individual	X or R	Begin	End
Environmental Review/Assessment	Marlene Hopp, Director	X	2/1/2012	4/1/2012

Outreach and Public Information	Marlene Hopp, Director	X	4/2/2012	4/2/2013
Process Applications	Cindee Polena, Clerk	X	4/2/2012	4/2/2013
Perform Inspections, Specs/cost	Bruce Scott, Inspector	X	4/2/2012	10/2/2013
Perform Inspections	Otsego Co. Land Use	X	4/30/2012	10/2/2013
Specifications/cost estimate	Bradley J. Butcher & Asso	X	1/1/2013	10/2/2013
Performance	Bradley J. Butcher & Asso	X	1/1/2013	10/2/2013
Preliminary Meetings	Bruce Scott, Inspector	X	4/30/2012	9/1/2013
Preliminary Meeting	Bradley J. Butcher & Asso	X	1/9/2012	1/9/2012
Award Project Bids to contractor	Housing Committee	X	4/19/2012	10/17/2013
Process Mortgage documents	Marlene Hopp, Director	X	4/26/2012	2/23/2013
Tenant verifications/lease	Owner/Landlord	X	8/5/2013	9/1/2013
Tenant verifications	Cindee Polena, Clerk	X	8/5/2013	9/1/2013
MI Housing Locator review	Cindee Polena, Clerk	X	8/5/2013	12/31/2013
Davis Bacon Act	Marlene Hopp, Director	X	1/1/2013	10/2/2013

Where "R" has been indicated, please submit a resume or statement of qualifications for these persons. Indicate below how these documents will be submitted.

- I will/have faxed this attachment
- I will/have mailed this attachment.
- I will/have uploaded this attachment.

Reporting Results. (Not required for County Allocation grants.)

- The applicant understands that the Final Outcome Report must be submitted prior to the submission of the final Financial Status Report/Payment Request). The form will be provided via OPAL and includes:
 - a. A listing of the projected results identified in the original Planning Grid,
 - b. The actual indicators used to measure the results,
 - c. How the indicators were measured,
 - d. The "findings" of the measurement, and
 - e. Lessons learned.

Technical Assistance. Check all that apply:

- The applicant is currently receiving technical assistance provided or paid for by a third party as follows:

Technical Assistance Currently Received

Type of TA	Provider	Funding Source

Organization's Track Record. OCD will evaluate the proposal based on past experience working with applicant on similar projects. Please check the one box below which best describes the way OCD should assess its previous experience working with applicant, and attach one page, if applicable to the option selected. Choose one.

- Applicant has past experience with OCD grants with similar projects which applicant believes fairly reflects the ability to complete this project. The successful experience on these projects indicates a high likelihood to successfully complete the project proposed, achieving the "Desired Results" stated in Part II of this application and to producing the units proposed in Part I (Budget). (No attachment is necessary.)

- Applicant has successful past experience with OCD grants, implementing projects that are somewhat different in type or scope than the proposed project.
 - I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.

- Applicant has past experience with OCD grants which applicant believes does not fairly reflect the ability to complete this grant, because of unusual difficulties unique to the previous project, difficulties encountered with a first-time project, lack of cooperation from other partners, etc. *One page is attached* which establishes why this project will be successful based on lessons learned, changes in local approach, this project is more well-suited to achieving the desired outcomes in the local market, etc.
 - I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.

- Applicant has no past experience with OCD grants. *One page is attached* which establishes capacity to do this project, based on any of the following: successful projects undertaken from other funding sources (describe the project and provide references), qualifications of persons implementing the project or program, etc.
 - I will/have faxed this attachment
 - I will/have mailed this attachment.
 - I will/have uploaded this attachment.

Agency: Otsego County Housing Committee

Rental Rehab Proforma

Log # or Address: HRF-2011-0812-5615

Grant #: _____

General Information

Type of Proforma Not applicable for application proformas

Description Johannesburg Downtown Rental Development project

Upon completion, how many total rental units in this project will meet Energy Star standards? (#)

0

Upon completion, how many grant assisted rental units in this project meet Energy Star standards? (#)

0

Upon completion, how many total rental units in the project are 504 accessible? (#)

0

Upon completion, how many grant assisted rental units in the project are 504 accessible? (#)

0

Upon completion, how many grant assisted units will be created through the conversion of non-residential to residential buildings? (#)

0

Step A: Estimate Project Costs

- 1 Lead Testing and Clearance (\$)
- 2 Hard Rehab Cost excluding LBP Remediation (Residential Share) (\$)
- 3 Lead Hazard Remediation Cost (Residential) (\$)
- 4 Hard Rehab Cost (Non-residential) (\$)
- 5 Lead Hazard Remediation Cost (Non-residential) (\$)
- 6 PIP Loan Fees/Costs (\$)
- 7 Initial Project Cost (excluding unitemized soft costs)
- 8 Number of Existing Residential Units in Building (#)
- 9 Number of Residential Units upon Project Completion (#)
- 10 Number of Assisted Units (#)

\$800
\$45,830
\$0
\$0
\$0
\$0
\$46,630
0
2
2

Step B: Estimate Funding Sources

- 1 Owner Cash Investment (\$)
- 2 PIP Loan Amount (\$)
- 3 Other Loans (\$)
- 4 Other Grants (\$)
- 5 PJ Match - CDBG (\$)
- 6 PJ Match - HOME (\$)

\$12,000
\$0
\$0
\$0
\$0
\$0

Agency: Otsego County Housing Committee

Rental Rehab Proforma

Log # or Address: HRF-2011-0812-5615

Grant #: _____

7 PJ Match - Non-federal (\$)	\$0
8 Other Program Income (Non-MSHDA) (\$)	\$0
9 Weatherization Funds (\$)	\$0
10 Subtotal Leveraged Funds	\$12,000
11 CDBG Program Income (\$)	\$0
12 Initial Setup Amount (before unitemized soft costs)	\$34,630
13 Max Allowable Soft Costs	\$707
14 Soft Costs Charged to Project (\$)	\$370
15 Setup Amount	\$35,000
16 Subtotal of MSHDA Funds	\$35,000
17 Subtotal of Federal Funds	\$35,000
18 Minimum Mortgage	\$35,000

Step C: Compliance Checklist

1 Compliance Period (years)	5
2 Low HOME Rent Units	0
3 High HOME Rent Units	0
4 CDBG/MSHDA required Low/Mod Units	1
5 Inspection Frequency	3
6 Lesser of Rehab Cost Excluding LBP or Federal Money	\$17,500
7 Lead Paint Threshold	INT. CONTROL
8 No HOME Funds for Non Residential	N/A
9 Soft Costs within Maximum Limit	GO
10 Owner Share of Project (excluding unitemized soft costs) at least 25%	GO
11 MSHDA Funding Limit	\$70,000
12 Project w/in MSHDA Funding Limit	GO

Step D: B/B for Evaluation

1 LBP remediation costs as % of total rehab costs	0%
2 Percentage of project paid by leveraged funds	26%
3 Owner Share of Project (excluding unitemized soft costs)	26%

Step E: Grant Request

1 Estimated set-up amount per project	\$35,000
2 Number of planned projects	2
3 Total grant funds requested	\$70,000

Agency: Otsego County Housing Committee

Homeowner Proforma

Log # or Address: HRF-2011-0812-5615

14 Initial Setup Amount (before unitemized soft costs)	\$21,875
15 Max Allowable Soft Costs	\$2,431
16 Project Soft Costs (\$)	\$0
17 Set-up amount	\$21,875
18 Subtotal of MSHDA Funds	\$22,375
19 Subtotal of Federal Funds	\$22,375
20 Minimum Mortgage	\$20,875

Step C: Household Information

1 Household Size (#)	2
2 Annual Household Income (\$)	\$30,000
3 80% Income Limit for Household Size	\$35,750
4 State Equalized Value of property (pre-rehab) (\$)	\$35,000

Step D: Compliance Check

1 Household Below 80% AMI	GO	67%
2 Lead Paint Threshold (assuming not otherwise exempt)	INT. CONTROL	\$20,875
3 Value less than 203(B) limit: <u>\$200,160</u>	GO	\$91,575
4 Soft Costs within Maximum Limit	GO	
5 Project within MSHDA-paid hard costs funding limit?	GO	\$22,375

Step E: Activity Evaluation

1 LBP remediation costs as % of total rehab costs	3%
2 Percentage of project paid by leveraged funds	0%

Step F: Grant Request

1 Estimated Setup Amount per Unit	\$21,875
2 Number of planned assisted units	4
3 Total Grant Funds requested	\$87,500

12/19/2011

EXPENDITURE REPORT FOR OTSEGO COUNTY
 PERIOD ENDING 12/31/2011

GL NUMBER	DESCRIPTION	YTD BALANCE 12/31/2010	2011 AMENDED BUDGET	YTD BALANCE 12/31/2011	AVAILABLE BALANCE	% BDGT USED	
Fund 101 - GENERAL FUND							
Expenditures							
Dept 215-COUNTY CLERK/ROD							
101-215-704.110	HOSPITALIZATION	49,525.37	37,576.00	37,100.06	475.94	98.73	(300.00)
101-215-704.300	RETIREMENT CONTRIBUTIONS	24,559.72	22,674.00	22,398.78	275.22	98.79	300.00
Dept 253-TREASURER							
101-253-703.030	REGULAR - HOURLY	14,298.02	8,300.00	6,209.97	2,090.03	74.82	(2,090.00)
101-253-704.110	HOSPITALIZATION	14,190.98	13,763.00	11,303.26	2,459.74	82.13	(2,450.00)
101-253-704.300	RETIREMENT CONTRIBUTIONS	11,838.79	8,466.00	13,190.54	(4,724.54)	155.81	4,762.00
101-253-704.301	POST EMPLMT HLTH CARE SAVINGS	240.36	0.00	62.80	(62.80)	100.00	100.00
101-253-704.400	EDUCATION AND TRAINING	300.00	200.00	200.00	0.00	100.00	(100.00)
101-253-704.800	SICK PAY BUY OUT	0.00	222.00	0.00	222.00	0.00	(222.00)
Dept 257-EQUALIZATION							
101-257-703.030	REGULAR - HOURLY	64,900.51	69,058.00	66,511.82	2,546.18	96.31	400.00
101-257-703.060	PART-TIME/TEMPORARY	17,181.24	18,451.00	19,255.90	(804.90)	104.36	1,529.00
101-257-704.200	SOCIAL SEC CONTRIBUTIONS	10,702.70	11,154.00	11,028.72	125.28	98.88	125.00
101-257-704.300	RETIREMENT CONTRIBUTIONS	22,517.91	25,309.00	25,059.26	249.74	99.01	250.00
101-257-704.301	POST EMPLMT HLTH CARE SAVINGS	809.64	0.00	720.00	(720.00)	100.00	750.00
101-257-930.500	TRAVEL	0.00	500.00	274.89	225.11	54.98	(100.00)
101-257-930.600	MEMBERSHIP AND DUES	825.00	900.00	610.00	290.00	67.78	(250.00)
101-257-930.660	GASOLINE	365.27	800.00	447.37	352.63	55.92	(300.00)
Dept 267-PROSECUTOR							
101-267-703.020	REGULAR - SALARIED	98,516.65	100,953.00	88,446.89	12,506.11	87.61	(2,404.00)

to equalization

101-267-704.300	RETIREMENT CONTRIBUTIONS	17,475.43	24,816.00	25,150.01	(334.01)	101.35	1,000.00
101-267-704.301	POST EMPLMT HLTH CARE SAVINGS	1,307.20	0.00	1,150.00	(1,150.00)	100.00	1,200.00
101-267-704.700	PAYMENTS IN LIEU OF INSURANCE	2,973.22	4,000.00	3,336.70	663.30	83.42	(663.00)
101-267-726.200	BOOKS AND PERIODICALS	2,330.85	3,100.00	1,828.05	1,271.95	58.97	(500.00)
101-267-801.020	PROFESSIONAL	2,941.54	3,800.00	2,675.47	1,124.53	70.41	(500.00)
101-267-930.600	MEMBERSHIP AND DUES	3,810.00	3,800.00	1,257.50	2,542.50	33.09	(537.00)
Dept 301-SHERIFF							
101-301-703.030	REGULAR - HOURLY	233,903.47	257,705.00	220,231.83	37,473.17	85.46	(15,181.00)
101-301-703.070	OVERTIME	8,735.01	25,000.00	9,137.14	15,862.86	36.55	(10,000.00)
101-301-704.110	HOSPITALIZATION	61,234.32	68,734.00	49,345.56	19,388.44	71.79	(19,388.00)
101-301-704.301	POST EMPLMT HLTH CARE SAVINGS	1,680.00	0.00	1,727.00	(1,727.00)	100.00	2,000.00
101-301-999.000	TRANSFER OUT	67,250.00	75,000.00	67,250.00	7,750.00	89.67	(7,750.00)
Dept 302-SHERIFF - CIVIL DIVISION							
101-302-703.060	PART-TIME/TEMPORARY	30,530.54	20,800.00	21,770.00	(970.00)	104.66	2,470.00
101-302-704.200	SOCIAL SEC CONTRIBUTIONS	2,335.60	1,592.00	1,665.41	(73.41)	104.61	175.00
Dept 331-MARINE SAFETY							
101-331-703.060	PART-TIME/TEMPORARY	4,249.24	4,542.00	4,562.83	(20.83)	100.46	21.00
101-331-704.110	HOSPITALIZATION	0.00	0.00	2.21	(2.21)	100.00	3.00
101-331-704.140	LIFE AND DISABILITY	0.00	0.00	0.05	(0.05)	100.00	1.00
101-331-704.200	SOCIAL SEC CONTRIBUTIONS	325.06	404.00	415.23	(11.23)	102.78	12.00
101-331-704.300	RETIREMENT CONTRIBUTIONS	0.00	0.00	0.51	(0.51)	100.00	1.00
101-331-704.500	UNEMPLOYMENT COMPENSATION	193.43	100.00	143.08	(43.08)	143.08	45.00
101-331-704.600	WORKERS COMPENSATION	181.01	184.00	190.20	(6.20)	103.37	7.00
101-331-726.000	SUPPLIES - GENERAL	83.45	602.00	757.86	(155.86)	125.89	156.00
101-331-726.050	REPAIRS AND MAINT SUPPLIES	1,871.05	365.00	464.85	(99.85)	127.36	100.00
101-331-930.660	GASOLINE	552.08	345.00	888.51	(543.51)	257.54	545.00
Dept 334-SECONDARY ROAD PATROL							
101-334-703.030	REGULAR - HOURLY	25,455.20	32,747.00	39,208.08	(6,461.08)	119.73	7,962.00
101-334-703.070	OVERTIME	123.00	0.00	719.73	(719.73)	100.00	1,000.00
101-334-704.110	HOSPITALIZATION	6,690.65	3,662.00	9,115.26	(5,453.26)	248.91	5,454.00

101-334-704.140	LIFE AND DISABILITY	186.64	358.00	367.46	(9.46)	102.64	100.00
101-334-704.200	SOCIAL SEC CONTRIBUTIONS	1,954.16	2,465.00	2,825.10	(360.10)	114.61	510.00
101-334-704.300	RETIREMENT CONTRIBUTIONS	6,190.20	2,388.00	9,836.09	(7,448.09)	411.90	8,100.00
101-334-704.301	POST EMPLMT HLTH CARE SAVINGS	260.00	0.00	473.00	(473.00)	100.00	500.00
101-334-704.600	WORKERS COMPENSATION	1,020.12	1,733.00	1,755.00	(22.00)	101.27	100.00
101-334-726.050	REPAIRS AND MAINT SUPLLIES	583.80	0.00	32.58	(32.58)	100.00	50.00
Dept 336-OFF-ROAD VEHICLE GRANT							
101-336-703.030	REGULAR - HOURLY	22.69	1,625.00	4.54	1,620.46	0.28	(1,600.00)
101-336-703.060	PART-TIME/TEMPORARY	7,531.72	5,900.00	7,110.06	(1,210.06)	120.51	1,500.00
101-336-704.110	HOSPITALIZATION	0.00	0.00	2.21	(2.21)	100.00	5.00
101-336-704.140	LIFE AND DISABILITY	0.00	0.00	0.05	(0.05)	100.00	1.00
101-336-704.300	RETIREMENT CONTRIBUTIONS	0.00	0.00	0.51	(0.51)	100.00	1.00
101-336-930.660	GASOLINE	1,368.64	0.00	1,400.01	(1,400.01)	100.00	1,450.00
Dept 351-JAIL							
101-351-703.060	PART-TIME/TEMPORARY	6,612.12	22,790.00	22,936.79	(146.79)	100.64	400.00
101-351-703.070	OVERTIME	32,920.93	25,000.00	33,469.67	(8,469.67)	133.88	12,475.00
101-351-704.110	HOSPITALIZATION	160,877.71	141,529.00	135,633.29	5,895.71	95.83	(5,895.00)
101-351-704.200	SOCIAL SEC CONTRIBUTIONS	38,377.88	34,033.00	35,252.93	(1,219.93)	103.58	2,820.00
101-351-704.300	RETIREMENT CONTRIBUTIONS	61,534.34	47,443.00	48,495.53	(1,052.53)	102.22	3,000.00
101-351-704.301	POST EMPLMT HLTH CARE SAVINGS	960.00	0.00	705.00	(705.00)	100.00	800.00
101-351-704.400	EDUCATION AND TRAINING	1,200.00	(300.00)	0.00	(300.00)	0.00	300.00
Dept 427-EMERGENCY SERVICES							
101-427-703.010	REG EMP - DEPT DIR/COMM	28,628.65	28,569.00	28,583.49	(14.49)	100.05	15.00
101-427-704.110	HOSPITALIZATION	1,892.33	4,233.00	1,822.47	2,410.53	43.05	(16.00)
101-427-704.200	SOCIAL SEC CONTRIBUTIONS	2,145.08	2,139.00	2,142.68	(3.68)	100.17	1.00
Dept 648-MEDICAL EXAMINER							
101-648-726.000	SUPPLIES - GENERAL	1,352.00	2,350.00	2,631.07	(281.07)	111.96	300.00
101-648-726.046	SUPPLIES - UNIFORM/ACC	0.00	500.00	297.90	202.10	59.58	
101-648-801.020	PROFESSIONAL	27,039.50	30,900.00	31,904.10	(1,004.10)	103.25	1,500.00
101-648-920.530	RENTAL - MORGUE	5,150.00	4,500.00	5,960.00	(1,460.00)	132.44	1,460.00

101-648-930.210	TELEPHONE	749.08	400.00	745.76	(345.76)	186.44	400.00
101-648-930.460	TRANSPORTING	22,693.50	12,000.00	14,315.60	(2,315.60)	119.30	3,000.00
101-648-930.500	TRAVEL	604.50	633.00	455.00	178.00	71.88	
101-648-930.660	GASOLINE	0.00	1,000.00	240.11	759.89	24.01	
101-648-930.920	AUTOPSIES	27,046.90	20,000.00	27,489.12	(7,489.12)	137.45	11,090.00
Total Dept 648-MEDICAL EXAMINER		84,635.48	72,283.00	84,038.66	(11,755.66)	116.26	
from shrff wk camp contrib&from liab insur savings							
Dept 721-PLANNING / ZONING							
101-721-703.010	REG EMP - DEPT DIR/COMM	31,776.33	30,817.00	30,843.39	(26.39)	100.09	27.00
101-721-703.030	REGULAR - HOURLY	21,091.76	14,301.00	14,225.04	75.96	99.47	550.00
101-721-703.040	PER DIEM	3,151.20	5,000.00	2,440.00	2,560.00	48.80	(728.00)
101-721-704.110	HOSPITALIZATION	14,370.65	11,218.00	11,218.12	(0.12)	100.00	1.00
101-721-704.301	POST EMPLMT HLTH CARE SAVINGS	92.72	0.00	118.76	(118.76)	100.00	150.00
Dept 851-INSURANCE AND BONDS							
101-851-930.100	INSURANCE AND BONDS	319,033.00	303,057.00	282,652.00	20,405.00	93.27	(10,000.00)
Total Dept 851-INSURANCE AND BONDS		319,033.00	303,057.00	282,652.00	20,405.00	93.27	
Dept 864-DISTRIBUTIVE SERVICES							
101-864-726.000	SUPPLIES - GENERAL	8,970.44	10,300.00	6,513.01	3,786.99	63.23	(500.00)
101-864-930.150	SERVICE CHARGES	6,740.45	7,800.00	7,941.28	(141.28)	101.81	<u>500.00</u>
							0.00



**OTSEGO COUNTY
BUDGET AMENDMENT**

FUND/DEPARTMENT: 101-131

2011

As provided for in the Uniform Budget and Accounting Act of 1978, as amended, and consistent with Otsego County Policy, the Administrator and Finance Director are hereby authorized to record the following adjustments to the budget.

Fund Type: General Special Revenue Debt Service Capital Project Business-Type (Enterprise or Internal Svc)

REVENUE

Account Number	Decrease	Increase
- -	\$	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
Total	\$	\$

EXPENDITURE

Account Number	Increase	Decrease
101 - 131 - 703.070 Overtime	\$	\$ 1,900.00
101 - 131 - 703.060 Part-Time/Temporary	\$ 1,900.00	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
Total	\$ 1,900.00	\$ 1,900.00

Tracy J. Cruz
Department Head Signature

12/31/2011
Date

Finance Department	
Entered:	
By:	

Administrator's Signature

Date

Board Approval Date (if necessary)

Budget Adjustment #

Posting Number

OTSEGO COUNTY
JOURNAL ENTRY
JE: 9663

2011

Post Date: 12/31/2011
Entry Date: 01/05/2012
Description: YEAR END AMEND FOR PARKS AND REC

Entered By: RFRISCH
Journal: BA

GL #	Description	DR	CR
208-751-703.030	REGULAR - HOURLY		1,304.00
208-751-703.060	PART-TIME/TEMPORARY		2,068.00
208-751-703.070	OVERTIME		1,579.00
208-751-704.110	HOSPITALIZATION		336.00
208-751-704.200	SOCIAL SEC CONTRIBUTIONS		642.00
208-751-704.300	RETIREMENT CONTRIBUTIONS		734.00
208-751-704.301	POST EMPLMT HLTH CARE SAVINGS		90.00
208-751-704.500	UNEMPLOYMENT COMPENSATION		1,556.00
208-751-704.600	WORKERS COMPENSATION		1,833.00
208-751-726.040	SUPPLIES - RECREATIONAL	10,000.00	
208-751-726.046	SUPPLIES - UNIFORM/ACC	142.00	
208-751-930.450	SHIPPING AND MAILING		35.00
208-751-930.610	NATURAL GAS	35.00	
208-752-703.030	REGULAR - HOURLY		223.00
208-752-703.060	PART-TIME/TEMPORARY		3,175.00
208-752-704.200	SOCIAL SEC CONTRIBUTIONS		155.00
208-752-704.300	RETIREMENT CONTRIBUTIONS		7,763.00
208-752-704.500	UNEMPLOYMENT COMPENSATION		361.00
208-752-703.010	REG EMP - DEPT DIR/COMM	5,100.00	
208-752-940.010	OUTSIDE CONTRACTED SERVICES	3,000.00	
208-752-930.210	TELEPHONE	3,000.00	
208-752-920.200	WATER/SEWAGE	577.00	
	Journal Total:	21,854.00	21,854.00

APPROVED BY: _____

12/19/2011

EXPENDITURE REPORT FOR OTSEGO COUNTY
 PERIOD ENDING 12/31/2011

GL NUMBER	DESCRIPTION	YTD BALANCE 12/31/2010	2011 AMENDED BUDGET	YTD BALANCE 12/31/2011	AVAILABLE BALANCE	% BDGT USED	
Fund 205 - WORK CAMP							
Expenditures							
Dept 301-SHERIFF							
205-301-703.030	REGULAR - HOURLY	30,178.74	32,654.00	32,584.00	70.00	99.79	1,300.00
205-301-703.060	PART-TIME/TEMPORARY	34,770.15	25,292.00	18,073.35	7,218.65	71.46	(3,050.00)
205-301-704.110	HOSPITALIZATION	11,627.88	10,614.00	10,943.04	(329.04)	103.10	500.00
205-301-704.300	RETIREMENT CONTRIBUTIONS	2,121.74	2,303.00	2,622.90	(319.90)	113.89	600.00
205-301-704.301	POST EMPLMT HLTH CARE SAVINGS	480.00	300.00	480.00	(180.00)	160.00	250.00
205-301-704.500	UNEMPLOYMENT COMPENSATION	1,378.94	800.00	1,125.68	(325.68)	140.71	400.00
Fund 212 - ANIMAL CONTROL							
Expenditures							
Dept 430-ANIMAL CONTROL							
212-430-704.110	HOSPITALIZATION	28,368.15	18,261.00	22,020.96	(3,759.96)	120.59	3,760.00
212-430-704.300	RETIREMENT CONTRIBUTIONS	11,370.32	11,191.00	11,436.58	(245.58)	102.19	650.00
212-430-704.301	POST EMPLMT HLTH CARE SAVINGS	855.00	0.00	960.00	(960.00)	100.00	1,000.00
212-430-704.700	PAYMENTS IN LIEU OF INSURANCE	1,500.00	2,000.00	0.00	2,000.00	0.00	(2,000.00)
212-430-704.800	SICK PAY BUY OUT	717.57	1,584.00	572.04	1,011.96	36.11	(1,000.00)
212-430-726.050	REPAIRS AND MAINT SUPLIES	1,149.62	3,730.00	2,689.31	1,040.69	72.10	(500.00)
212-430-920.320	SNOW PLOWING	0.00	220.00	0.00	220.00	0.00	(220.00)
212-430-920.410	SERVICE CONTRACTS	7,151.47	7,700.00	6,386.95	1,313.05	82.95	(500.00)
212-430-930.210	TELEPHONE	2,800.24	1,750.00	1,338.27	411.73	76.47	(200.00)
212-430-930.610	NATURAL GAS	1,417.21	2,500.00	1,525.44	974.56	61.02	(500.00)
212-430-930.660	GASOLINE	4,120.24	5,800.00	4,876.95	923.05	84.09	(490.00)

Fund 249 - BUILDING INSPECTION FUND

Expenditures

Dept 371-BUILDING INSPECTION DEPT

249-371-703.010	REG EMP - DEPT DIR/COMM	27,060.08	30,817.00	30,655.96	161.04	99.48	(160.00)
249-371-703.030	REGULAR - HOURLY	45,746.97	51,254.00	50,784.94	469.06	99.08	2,000.00
249-371-703.070	OVERTIME	335.96	0.00	863.36	(863.36)	100.00	1,000.00
249-371-704.300	RETIREMENT CONTRIBUTIONS	11,282.90	13,239.00	13,230.99	8.01	99.94	230.00
249-371-704.400	EDUCATION AND TRAINING	564.95	600.00	0.00	600.00	0.00	(600.00)
249-371-704.600	WORKERS COMPENSATION	974.23	386.00	1,162.37	(776.37)	301.13	850.00
249-371-704.800	SICK PAY BUY OUT	475.62	771.00	0.00	771.00	0.00	(770.00)
249-371-726.000	SUPPLIES - GENERAL	2,093.03	3,900.00	2,686.92	1,213.08	68.90	(1,200.00)
249-371-726.200	BOOKS AND PERIODICALS	341.50	4,300.00	2,619.56	1,680.44	60.92	(1,000.00)
249-371-930.450	SHIPPING AND MAILING	1,530.57	1,721.00	1,304.96	416.04	75.83	(280.00)
249-371-930.660	GASOLINE	1,947.26	770.00	156.30	613.70	20.30	(70.00)

Fund 261 - 911 SERVICE FUND

Expenditures

Dept 427-EMERGENCY SERVICES

261-427-703.010	REG EMP - DEPT DIR/COMM	28,627.44	28,569.00	28,582.73	(13.73)	100.05	14.00
261-427-703.030	REGULAR - HOURLY	186,488.21	182,293.00	181,581.38	711.62	99.61	7,000.00
261-427-703.070	OVERTIME	25,472.37	20,000.00	38,648.40	(18,648.40)	193.24	24,000.00
261-427-704.110	HOSPITALIZATION	63,141.94	59,492.00	63,902.21	(4,410.21)	107.41	4,411.00
261-427-704.200	SOCIAL SEC CONTRIBUTIONS	17,031.09	15,639.00	17,417.44	(1,778.44)	111.37	3,278.00
261-427-704.300	RETIREMENT CONTRIBUTIONS	30,063.18	26,582.00	30,935.67	(4,353.67)	116.38	6,353.00
261-427-704.600	WORKERS COMPENSATION	797.91	9,778.00	855.91	8,922.09	8.75	(8,500.00)
261-427-704.800	SICK PAY BUY OUT	3,044.57	3,822.00	3,307.92	514.08	86.55	(514.00)
261-427-726.046	SUPPLIES - UNIFORM/ACC	1,641.85	5,000.00	3,320.00	1,680.00	66.40	(1,000.00)
261-427-801.020	PROFESSIONAL	2,178.28	3,000.00	1,384.28	1,615.72	46.14	(1,000.00)
261-427-920.410	SERVICE CONTRACTS	13,973.16	44,900.00	7,674.62	37,225.38	17.09	(34,042.00)
261-427-930.660	GASOLINE	3,019.87	4,000.00	1,907.97	2,092.03	47.70	(1,500.00)

Fund 281 - AIRPORT

Revenues							
281-305-642.020	SALES - GENERAL	739,712.62	438,945.00	748,742.46	(309,797.46)	170.58	350,000.00
281-305-667.020	RENT - GENERAL	31,125.00	23,000.00	30,330.00	(7,330.00)	131.87	7,500.00
281-305-667.040	RENT - LEASES	27,518.76	27,800.00	32,045.69	(4,245.69)	115.27	5,000.00

Expenditures

Dept 537-AIRPORT

281-537-703.010	REG EMP - DEPT DIR/COMM	43,144.00	45,116.00	45,055.04	60.96	99.86	(60.00)
281-537-704.110	HOSPITALIZATION	9,249.68	8,845.00	8,473.08	371.92	95.80	(300.00)
281-537-704.140	LIFE AND DISABILITY	726.73	904.00	752.39	151.61	83.23	(150.00)
281-537-704.200	SOCIAL SEC CONTRIBUTIONS	3,147.16	3,357.00	3,266.11	90.89	97.29	(90.00)
281-537-704.300	RETIREMENT CONTRIBUTIONS	8,464.82	8,466.00	10,930.36	(2,464.36)	129.11	2,500.00
281-537-704.301	POST EMPLMT HLTH CARE SAVINGS	480.00	460.00	480.00	(20.00)	104.35	20.00
281-537-704.600	WORKERS COMPENSATION	1,540.23	1,864.00	1,608.49	255.51	86.29	(250.00)
281-537-726.050	REPAIRS AND MAINT SUPLIES	1,479.67	1,540.00	751.15	788.85	48.78	(700.00)
281-537-920.400	REPAIRS AND MAINTENANCE SVCS	32,166.02	23,500.00	23,208.12	291.88	98.76	(190.00)
281-537-920.410	SERVICE CONTRACTS	3,780.84	7,409.90	6,578.30	831.60	88.78	(800.00)
281-537-930.100	INSURANCE AND BONDS	7,862.00	7,000.00	18,920.00	(11,920.00)	270.29	11,920.00
281-537-930.150	SERVICE CHARGES	8,636.49	4,700.00	11,746.81	(7,046.81)	249.93	7,500.00
281-537-930.210	TELEPHONE	866.98	750.00	0.00	750.00	0.00	(750.00)
281-537-930.300	ADVERTISING	4,038.95	580.00	404.72	175.28	69.78	(100.00)
281-537-930.450	SHIPPING AND MAILING	146.35	175.00	103.28	71.72	59.02	(50.00)
281-537-930.500	TRAVEL	321.88	743.00	200.00	543.00	26.92	(500.00)
281-537-930.610	NATURAL GAS	9,813.00	12,000.00	8,369.73	3,630.27	69.75	(3,000.00)
281-537-930.620	ELECTRICITY	23,048.31	22,640.00	19,879.16	2,760.84	87.81	(2,500.00)
281-537-930.664	AIRPLANE FUEL	626,027.80	330,500.00	675,110.11	(344,610.11)	204.27	350,000.00

Fund 516 - DELINQUENT TAX REVOLVING

Expenditures

Dept 253-TREASURER

516-253-703.030	REGULAR - HOURLY	48,140.61	67,581.00	41,417.52	26,163.48	61.29	(8,770.00)
516-253-703.060	PART-TIME/TEMPORARY	0.00	0.00	7,099.35	(7,099.35)	100.00	8,000.00
516-253-704.301	POST EMPLMT HLTH CARE SAVINGS	279.23	400.00	406.10	(6.10)	101.53	20.00
516-253-704.500	UNEMPLOYMENT COMPENSATION	603.48	934.00	1,594.47	(660.47)	170.71	750.00

Fund 637 - BUILDING AND GROUNDS

Expenditures

Dept 265-BUILDING AND GROUNDS

637-265-930.100	INSURANCE AND BONDS	788.00	0.00	1,384.00	(1,384.00)	100.00	1,384.00
637-265-930.210	TELEPHONE	29,213.79	32,325.00	23,291.47	9,033.53	72.05	(1,384.00)
637-265-930.620-LNE	ELECTRICITY	5,270.70	5,200.00	4,486.14	713.86	86.27	(450.00)
637-265-930.620-SILL	ELECTRICITY	304.61	350.00	727.12	(377.12)	207.75	450.00

Fund 645 - ADMINISTRATIVE SERVICES

Expenditures

Dept 172-COUNTY ADMINISTRATOR

645-172-704.110	HOSPITALIZATION	15,452.40	15,755.00	14,587.92	1,167.08	92.59	(867.00)
645-172-704.300	RETIREMENT CONTRIBUTIONS	(1,512.08)	8,212.00	9,364.27	(1,152.27)	114.03	1,153.00
645-172-726.000	SUPPLIES - GENERAL	339.97	750.00	1,238.71	(488.71)	165.16	500.00
645-172-801.020	PROFESSIONAL	0.00	0.00	42.00	(42.00)	100.00	42.00
645-172-930.230	CELLULAR	657.92	650.00	826.37	(176.37)	127.13	250.00
645-172-930.300	ADVERTISING	420.80	0.00	100.00	(100.00)	100.00	100.00
645-172-930.450	SHIPPING AND MAILING	56.01	75.00	125.79	(50.79)	167.72	75.00
645-172-930.500	TRAVEL	278.41	3,080.00	1,326.24	1,753.76	43.06	(1,398.00)
645-172-930.600	MEMBERSHIP AND DUES	1,632.48	1,600.00	1,642.48	(42.48)	102.66	45.00
645-172-930.660	GASOLINE	889.28	1,000.00	1,072.39	(72.39)	107.24	100.00

Dept 201-FINANCE DEPARTMENT

645-201-704.110	HOSPITALIZATION	12,623.37	21,435.00	16,518.54	4,916.46	77.06	(2,395.00)
645-201-704.301	POST EMPLMT HLTH CARE SAVINGS	860.00	840.00	958.93	(118.93)	114.16	150.00
645-201-704.400	EDUCATION AND TRAINING	1,300.00	1,200.00	1,612.75	(412.75)	134.40	500.00
645-201-704.700	PAYMENTS IN LIEU OF INSURANCE	500.00	0.00	1,000.00	(1,000.00)	100.00	1,000.00
645-201-920.400	REPAIR AND MAINTENANCE SVCS	0.00	0.00	11.67	(11.67)	100.00	12.00
645-201-920.410	SERVICE CONTRACTS	775.00	250.00	814.00	(564.00)	325.60	600.00
645-201-940.010	OUTSIDE CONTRACTED SERVICES	5,924.14	0.00	27.80	(27.80)	100.00	50.00
Total Dept 201-FINANCE DEPARTMENT		140,562.58	145,659.00	139,922.25	5,736.75	96.06	

\$83 to grant mgt

Dept 202-GRANT MANAGEMENT

645-202-704.110	HOSPITALIZATION	1,162.42	1,062.00	1,094.30	(32.30)	103.04	33.00
645-202-704.140	LIFE AND DISABILITY	73.44	27.00	73.44	(46.44)	272.00	50.00

\$83 from finance

Dept 270-HUMAN RESOURCES

645-270-703.060	PART-TIME/TEMPORARY	48,575.18	50,638.00	51,299.22	(661.22)	101.31	662.00
645-270-704.110	HOSPITALIZATION	11,627.88	10,614.00	10,943.04	(329.04)	103.10	330.00
645-270-704.140	LIFE AND DISABILITY	799.23	815.00	835.64	(20.64)	102.53	25.00
645-270-704.200	SOCIAL SEC CONTRIBUTIONS	3,498.02	3,756.00	3,631.70	124.30	96.69	(124.00)
645-270-704.300	RETIREMENT CONTRIBUTIONS	9,530.45	12,285.00	12,445.20	(160.20)	101.30	200.00
645-270-704.400	EDUCATION AND TRAINING	264.95	1,200.00	510.00	690.00	42.50	(690.00)
645-270-704.500	UNEMPLOYMENT COMPENSATION	320.00	320.00	360.00	(40.00)	112.50	40.00
645-270-726.000	SUPPLIES - GENERAL	122.72	230.00	79.86	150.14	34.72	(150.00)
645-270-801.020	PROFESSIONAL	545.00	1,460.00	1,243.75	216.25	85.19	(150.00)
645-270-930.450	SHIPPING AND MAILING	250.59	400.00	241.06	158.94	60.27	(120.00)
645-270-930.500	TRAVEL	60.00	500.00	290.11	209.89	58.02	(33.00)
645-270-940.010	OUTSIDE CONTRACTED SERVICES	0.00	0.00	9.90	(9.90)	100.00	10.00
Total Dept 270-HUMAN RESOURCES		76,504.21	83,201.00	82,808.92	392.08	99.53	

OTSEGO COUNTY
JOURNAL ENTRY
JE: 9550

Post Date: 12/19/2011
Entry Date: 12/19/2011
Description: 2011 YEAR END AMENDS

Entered By: RFRISCH
Journal: BA

GL #	Description	DR	CR
101-101-703.010	REG EMP - DEPT DIR/COMM		3.00
101-101-704.200	SOCIAL SEC CONTRIBUTIONS		100.00
101-101-704.301	POST EMPLMT HLTH CARE SAVINGS		42.00
101-101-703.040	PER DIEM		2,000.00
101-101-930.500	TRAVEL	2,145.00	
101-257-703.010	REG EMP - DEPT DIR/COMM		6.00
101-257-703.070	OVERTIME		180.00
101-257-726.000	SUPPLIES - GENERAL	424.00	
101-257-704.110	HOSPITALIZATION		11,917.00
101-267-704.110	HOSPITALIZATION	3,600.00	
101-267-801.020	PROFESSIONAL	2,000.00	
101-267-704.800	SICK PAY BUY OUT	3,472.00	
101-257-704.800	SICK PAY BUY OUT	1,327.00	
101-257-704.600	WORKERS COMPENSATION	1,000.00	
101-257-930.400	PRINTING AND BINDING	280.00	
101-267-703.070	OVERTIME		200.00
101-267-930.660	GASOLINE	200.00	
	Journal Total:	14,448.00	14,448.00

APPROVED BY: _____

OTSEGO COUNTY
 JOURNAL ENTRY
 JE: 9579

Post Date: 12/21/2011
 Entry Date: 12/21/2011
 Description: 2011 YEAR END AMENDMENTS

Entered By: RFRISCH
 Journal: BA

GL #	Description	DR	CR
101-215-704.110	HOSPITALIZATION	300.00	
101-215-704.300	RETIREMENT CONTRIBUTIONS		300.00
101-253-703.030	REGULAR - HOURLY	2,090.00	
101-253-704.110	HOSPITALIZATION	2,450.00	
101-253-704.300	RETIREMENT CONTRIBUTIONS		4,762.00
101-253-704.301	POST EMPLMT HLTH CARE SAVINGS		100.00
101-253-704.400	EDUCATION AND TRAINING	100.00	
101-253-704.800	SICK PAY BUY OUT	222.00	
101-257-703.030	REGULAR - HOURLY		400.00
101-257-703.060	PART-TIME/TEMPORARY		1,529.00
101-257-704.200	SOCIAL SEC CONTRIBUTIONS		125.00
101-257-704.300	RETIREMENT CONTRIBUTIONS		250.00
101-257-704.301	POST EMPLMT HLTH CARE SAVINGS		750.00
101-257-930.500	TRAVEL	100.00	
101-257-930.600	MEMBERSHIP AND DUES	250.00	
101-257-930.660	GASOLINE	300.00	
101-267-703.020	REGULAR - SALARIED	2,404.00	
101-267-704.300	RETIREMENT CONTRIBUTIONS		1,000.00
101-267-704.301	POST EMPLMT HLTH CARE SAVINGS		1,200.00
101-267-704.700	PAYMENTS IN LIEU OF INSURANCE	663.00	
101-267-726.200	BOOKS AND PERIODICALS	500.00	
101-267-801.020	PROFESSIONAL	500.00	
101-267-930.600	MEMBERSHIP AND DUES	537.00	
101-301-703.030	REGULAR - HOURLY	15,181.00	
101-301-703.070	OVERTIME	10,000.00	
101-301-704.110	HOSPITALIZATION	19,388.00	
101-301-704.301	POST EMPLMT HLTH CARE SAVINGS		2,000.00
101-301-999.000	TRANSFER OUT	7,750.00	
101-302-703.060	PART-TIME/TEMPORARY		2,470.00
101-302-704.200	SOCIAL SEC CONTRIBUTIONS		175.00
101-331-703.060	PART-TIME/TEMPORARY		21.00
101-331-704.110	HOSPITALIZATION		3.00
101-331-704.140	LIFE AND DISABILITY		1.00
101-331-704.200	SOCIAL SEC CONTRIBUTIONS		12.00
101-331-704.300	RETIREMENT CONTRIBUTIONS		1.00
101-331-704.500	UNEMPLOYMENT COMPENSATION		45.00
101-331-704.600	WORKERS COMPENSATION		7.00
101-331-726.000	SUPPLIES - GENERAL		156.00
101-331-726.050	REPAIRS AND MAINT SUPPLIES		100.00
101-331-930.660	GASOLINE		545.00
101-334-703.030	REGULAR - HOURLY		7,962.00
101-334-703.070	OVERTIME		1,000.00
101-334-704.110	HOSPITALIZATION		5,454.00
101-334-704.140	LIFE AND DISABILITY		100.00
101-334-704.200	SOCIAL SEC CONTRIBUTIONS		510.00
101-334-704.300	RETIREMENT CONTRIBUTIONS		8,100.00
101-334-704.301	POST EMPLMT HLTH CARE SAVINGS		500.00

101-334-704.600	WORKERS COMPENSATION		100.00
101-334-726.050	REPAIRS AND MAINT SUPLIES		50.00
101-336-703.030	REGULAR - HOURLY	1,600.00	
101-336-703.060	PART-TIME/TEMPORARY		1,500.00
101-336-704.110	HOSPITALIZATION		5.00
101-336-704.140	LIFE AND DISABILITY		1.00
101-336-704.300	RETIREMENT CONTRIBUTIONS		1.00
101-336-930.660	GASOLINE		1,450.00
101-351-703.060	PART-TIME/TEMPORARY		400.00
101-351-703.070	OVERTIME		12,475.00
101-351-704.110	HOSPITALIZATION	5,895.00	
101-351-704.200	SOCIAL SEC CONTRIBUTIONS		2,820.00
101-351-704.300	RETIREMENT CONTRIBUTIONS		3,000.00
101-351-704.301	POST EMPLMT HLTH CARE SAVINGS		800.00
101-351-704.400	EDUCATION AND TRAINING		300.00
101-427-703.010	REG EMP - DEPT DIR/COMM		15.00
101-427-704.110	HOSPITALIZATION	16.00	
101-427-704.200	SOCIAL SEC CONTRIBUTIONS		1.00
101-648-726.000	SUPPLIES - GENERAL		300.00
101-648-801.020	PROFESSIONAL		1,500.00
101-648-920.530	RENTAL - MORGUE		1,460.00
101-648-930.210	TELEPHONE		400.00
101-648-930.460	TRANSPORTING		3,000.00
101-648-930.920	AUTOPSIES		11,090.00
101-721-703.010	REG EMP - DEPT DIR/COMM		27.00
101-721-703.030	REGULAR - HOURLY		550.00
101-721-703.040	PER DIEM	728.00	
101-721-704.110	HOSPITALIZATION		1.00
101-721-704.301	POST EMPLMT HLTH CARE SAVINGS		150.00
101-851-930.100	INSURANCE AND BONDS	10,000.00	
101-864-726.000	SUPPLIES - GENERAL	500.00	
101-864-930.150	SERVICE CHARGES		500.00
	Journal Total:	81,474.00	81,474.00

APPROVED BY: _____

OTSEGO COUNTY
JOURNAL ENTRY
JE: 9581

Post Date: 12/21/2011
Entry Date: 12/21/2011
Description: 2011 YEAR END AMENDS OTHER FUNDS

Entered By: RFRISCH
Journal: BA

GL #	Description	DR	CR
205-301-703.030	REGULAR - HOURLY		1,300.00
205-301-703.060	PART-TIME/TEMPORARY	3,050.00	
205-301-704.110	HOSPITALIZATION		500.00
205-301-704.300	RETIREMENT CONTRIBUTIONS		600.00
205-301-704.301	POST EMPLMT HLTH CARE SAVINGS		250.00
205-301-704.500	UNEMPLOYMENT COMPENSATION		400.00
212-430-704.110	HOSPITALIZATION		3,760.00
212-430-704.300	RETIREMENT CONTRIBUTIONS		650.00
212-430-704.301	POST EMPLMT HLTH CARE SAVINGS		1,000.00
212-430-704.700	PAYMENTS IN LIEU OF INSURANCE	2,000.00	
212-430-704.800	SICK PAY BUY OUT	1,000.00	
212-430-726.050	REPAIRS AND MAINT SUPPLIES	500.00	
212-430-920.320	SNOW PLOWING	220.00	
212-430-920.410	SERVICE CONTRACTS	500.00	
212-430-930.610	NATURAL GAS	500.00	
212-430-930.210	TELEPHONE	200.00	
212-430-930.660	GASOLINE	490.00	
249-371-703.010	REG EMP - DEPT DIR/COMM	160.00	
249-371-703.030	REGULAR - HOURLY		2,000.00
249-371-703.070	OVERTIME		1,000.00
249-371-704.300	RETIREMENT CONTRIBUTIONS		230.00
249-371-704.400	EDUCATION AND TRAINING	600.00	
249-371-704.600	WORKERS COMPENSATION		850.00
249-371-704.800	SICK PAY BUY OUT	770.00	
249-371-726.000	SUPPLIES - GENERAL	1,200.00	
249-371-726.200	BOOKS AND PERIODICALS	1,000.00	
249-371-930.450	SHIPPING AND MAILING	280.00	
249-371-930.660	GASOLINE	70.00	
261-427-703.010	REG EMP - DEPT DIR/COMM		14.00
261-427-703.030	REGULAR - HOURLY		7,000.00
261-427-703.070	OVERTIME		24,000.00
261-427-704.110	HOSPITALIZATION		4,411.00
261-427-704.200	SOCIAL SEC CONTRIBUTIONS		3,278.00
261-427-704.300	RETIREMENT CONTRIBUTIONS		6,353.00
261-427-704.600	WORKERS COMPENSATION	8,500.00	
261-427-704.800	SICK PAY BUY OUT	514.00	
261-427-726.046	SUPPLIES - UNIFORM/ACC	1,000.00	
261-427-801.020	PROFESSIONAL	1,000.00	
261-427-920.410	SERVICE CONTRACTS	34,042.00	
281-305-642.020	SALES - GENERAL	350,000.00	
281-305-667.020	RENT - GENERAL	7,500.00	
281-305-667.040	RENT - LEASES	5,000.00	
281-537-703.010	REG EMP - DEPT DIR/COMM	60.00	
281-537-704.110	HOSPITALIZATION	300.00	
281-537-704.140	LIFE AND DISABILITY	150.00	
281-537-704.200	SOCIAL SEC CONTRIBUTIONS	90.00	
281-537-704.300	RETIREMENT CONTRIBUTIONS		2,500.00

281-537-704.301	POST EMLPMT HLTH CARE SAVINGS		20.00
281-537-704.600	WORKERS COMPENSATION	250.00	
281-537-726.050	REPAIRS AND MAINT SUPPLIES	700.00	
281-537-920.400	REPAIRS AND MAINTENANCE SVCS	190.00	
281-537-920.410	SERVICE CONTRACTS	800.00	
281-537-930.100	INSURANCE AND BONDS		11,920.00
281-537-930.150	SERVICE CHARGES		7,500.00
281-537-930.210	TELEPHONE	750.00	
281-537-930.300	ADVERTISING	100.00	
281-537-930.450	SHIPPING AND MAILING	50.00	
281-537-930.500	TRAVEL	500.00	
281-537-930.610	NATURAL GAS	3,000.00	
281-537-930.620	ELECTRICITY	2,500.00	
281-537-930.664	AIRPLANE FUEL		350,000.00
516-253-703.030	REGULAR - HOURLY	8,770.00	
516-253-703.060	PART-TIME/TEMPORARY		8,000.00
516-253-704.301	POST EMLPMT HLTH CARE SAVINGS		20.00
516-253-704.500	UNEMPLOYMENT COMPENSATION		750.00
637-265-930.100	INSURANCE AND BONDS		1,384.00
637-265-930.210	TELEPHONE	1,384.00	
637-265-930.620-LNDUS00000	ELECTRICITY	450.00	
637-265-930.620-SILLI00000	ELECTRICITY		450.00
645-172-704.110	HOSPITALIZATION	867.00	
645-172-704.300	RETIREMENT CONTRIBUTIONS		1,153.00
645-172-726.000	SUPPLIES - GENERAL		500.00
645-172-801.020	PROFESSIONAL		42.00
645-172-930.230	CELLULAR		250.00
645-172-930.300	ADVERTISING		100.00
645-172-930.450	SHIPPING AND MAILING		75.00
645-172-930.500	TRAVEL	1,398.00	
645-172-930.600	MEMBERSHIP AND DUES		45.00
645-172-930.660	GASOLINE		100.00
645-201-704.110	HOSPITALIZATION	2,395.00	
645-201-704.301	POST EMLPMT HLTH CARE SAVINGS		150.00
645-201-704.400	EDUCATION AND TRAINING		500.00
645-201-704.700	PAYMENTS IN LIEU OF INSURANCE		1,000.00
645-201-920.400	REPAIR AND MAINTENANCE SVCS		12.00
645-201-920.410	SERVICE CONTRACTS		600.00
645-201-940.010	OUTSIDE CONTRACTED SERVICES		50.00
645-202-704.110	HOSPITALIZATION		33.00
645-202-704.140	LIFE AND DISABILITY		50.00
645-270-703.060	PART-TIME/TEMPORARY		662.00
645-270-704.110	HOSPITALIZATION		330.00
645-270-704.140	LIFE AND DISABILITY		25.00
645-270-704.200	SOCIAL SEC CONTRIBUTIONS	124.00	
645-270-704.300	RETIREMENT CONTRIBUTIONS		200.00
645-270-704.400	EDUCATION AND TRAINING	690.00	
645-270-704.500	UNEMPLOYMENT COMPENSATION		40.00
645-270-726.000	SUPPLIES - GENERAL	150.00	
645-270-801.020	PROFESSIONAL	150.00	
645-270-930.450	SHIPPING AND MAILING	120.00	
645-270-930.500	TRAVEL	33.00	
645-270-940.010	OUTSIDE CONTRACTED SERVICES		10.00
	Journal Total:	446,067.00	446,067.00

APPROVED BY: _____



**OTSEGO COUNTY
BUDGET AMENDMENT**

*2012

FUND/DEPARTMENT: General/Health Care Funds *pg 1 of 2*

As provided for in the Uniform Budget and Accounting Act of 1978, as amended, and consistent with Otsego County Policy, the Administrator and Finance Director are hereby authorized to record the following adjustments to the budget.

Fund Type: General Special Revenue Debt Service Capital Project Business-Type (Enterprise or Internal Svc)

REVENUE To reflect changes made to 2012 health insurance coverages.

Account Number	Decrease	Increase
647-485-626.090 Health care budget contribs	\$	\$7,325
647-050-400.001 Budgeted use of fund balance	\$	\$7,325
101-050-699.030 Transfer In	\$	\$7,325
-	\$	\$
Total	\$	\$

EXPENDITURE

Account Number	Increase	Decrease
101-101-704.110 Health Insurance	\$2,678	\$
101-215-704.110 Health Insurance	\$	\$10,474
101-215-704.200 Payroll Taxes	\$141	\$
101-215-704.700 Pmt in Lieu of Insurance	\$2,000	\$
101-267-704.110 Health Insurance	\$10,474	\$
101-267-704.200 Payroll Taxes	\$	\$141
Total	\$	\$

Rachel Frisch

11/10/12

Department Head Signature

Date

Finance Department
Entered:
By:

Administrator's Signature

Date

1/24/12

Board Approval Date (if necessary)

Budget Adjustment #

Posting Number



**OTSEGO COUNTY
BUDGET AMENDMENT**

Pg 2 of 2

FUND/DEPARTMENT: General/Health Care Funds

As provided for in the Uniform Budget and Accounting Act of 1978, as amended, and consistent with Otsego County Policy, the Administrator and Finance Director are hereby authorized to record the following adjustments to the budget.

Fund Type: General Special Revenue Debt Service Capital Project Business-Type (Enterprise or Internal Svc)

REVENUE To reflect changes made to 2012 health insurance coverages-page 2

Account Number	Decrease	Increase
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

EXPENDITURE

Account Number	Increase	Decrease
101-267-704.700 Pmt in Lieu of Insurance	\$2,000	\$ 2,000
101-253-704.110 Health Insurance	\$2,364	\$
101-253-704.200 Payroll Taxes	\$	\$31
101-351-704.110 Health Insurance	\$2,345	\$
101-351-704.200 Payroll Taxes	\$	\$31
647-851-704.110 Health Insurance	\$7,325	\$
647-999-999.000 Transfer Out	\$7,325	\$
Total	\$34,652	\$34,652

Department Head Signature

Date

Administrator's Signature

Date

Finance Department	
Entered:	
By:	

Board Approval Date (if necessary)

Budget Adjustment #

Posting Number



A. **General.** To reimburse County employees for reasonable expenses incurred while in training or conducting official business for the benefit of the County.

B. **Policy and Procedures.**

1. **Original itemized receipts** shall accompany requests for reimbursement for expenses incurred in conjunction with official travel and business meal reimbursement.
2. When practical, employees should share transportation and lodging as economy measures.
3. Approval authority for travel plans and travel expense reimbursement claims is as follows:

<u>Approval Authority</u> Elected Officials Department Heads County Administrator	<u>Approval For</u> Persons in their Department(s) Persons in their Department(s) Board Members, Elected Officials, Appointed Department Heads
--	--
4. Claims for travel and business meal reimbursement shall be submitted by the employee within 30 days after travel has been completed using either or both of the following forms. Travel and business meal expenses shall be reimbursed only in the budget year in which expenses are incurred. On approval by the authorizing official as outlined above, travel and business meal claims will be forwarded for payment.
 - a. County Credit Card expense voucher.
 - b. Travel Expense voucher.
5. Employees must use a County owned vehicle during County business travel unless otherwise authorized by the designated approval authority.
6. Out-of-state travel and any exceptions to this policy must be submitted in writing to the County Administrator for prior approval, with such approval being provided in writing.

C. **Travel Reimbursement.**

1. Accommodations: \$ 100.00 (tax included)
Reimbursement for accommodations may be higher when associated with a workshop or conference, with advance authorization from the designated approval authority.
2. Mileage cannot be incurred for travel of less than one mile and multiple trips of less than one mile shall not be accumulated for reimbursement purposes. Mileage will be reimbursed at 40 50 cents per mile, as approved by the County Board of Commissioners unless specified otherwise in a separate union contract.
3. Reimbursement of meals for out-of-county travel when the employee is on County business is addressed in the Business Meals while Traveling section below.

D. **Reimbursement of Business Meals.**

To be considered a business meal, such meals must be directly related to County business and

purposes. The meal period must be planned for the purpose of and include substantive and bona fide business discussions or other business activities which directly and specifically benefit the County.

Documentation must include names of persons attending and the business purposes of the meal, or in the case of an organization or group, the name of the sponsoring organization, an original itemized receipt, and a description of the business purposes of the organization and meal. Cost of business meals may be paid or reimbursed if approved by the authorized department signatory with required documentation.

1. In-County Business Meals

- a. In-county business meals are those meals which are located within the county (and therefore not considered travel), but not at a County work site.
- b. Examples of in-county business meals may include the following: as part of an interview the County is conducting; or as part of a negotiation with potential business partners.
- c. In general, meals attended only by County staff will not be approved for reimbursement as business meals.
- d. All in-county business meals must be approved by the County Administrator prior to the meal taking place.

2. On-Site Business Meals

- a. On-site business meals are those meals which are located on County property. Meals may be provided at County offices and workplaces if the meals are for the convenience of the County in the conduct of substantive County business.
- b. Allowable on-site meals include occasions when the participants are meeting on-site and are conducting substantive County business during or immediately before or after the meals and it is necessary to provide the meals for the efficient conduct of County business. An example would be in-house training that goes through the lunch hour.
- c. All on-site business meals must be approved by the County Administrator prior to the meal taking place.

3. Business Meals while Traveling

Reimbursement of meals for out-of-county travel when the employee is on County business is as follows:

- a. Breakfast: Travel commences prior to 6:00 a.m. and extends beyond 8:00 a.m.
Allowance Reimbursement of actual meal expenses incurred, up to \$10.00, accompanied by the original itemized receipts.
- b. Lunch: Travel commences prior to 10:00 a.m. and extends beyond 2:30 p.m.
Allowance: Reimbursement of actual meal expenses incurred, up to ~~\$12.00~~ **\$15.00**, accompanied by the original itemized receipts.
- c. Dinner: Travel commences prior to 3:00 p.m. and extends beyond 8:00 p.m.
Allowance: Reimbursement of actual meal expenses incurred, up to ~~\$18.00~~ **\$20.00**, accompanied by the original itemized receipts.
- d. The above reimbursement amounts include gratuity. There is a limit of 20% of meal cost for gratuity.

- e. Expenses related to alcoholic beverages are not reimbursable. Employees are prohibited from using an Otsego County credit card to purchase alcoholic beverages.
- f. The County Administrator may authorize meal charges in excess of the approved meal allowance upon receiving a written description of the necessity of the cost overage, which must be filed with the meal receipt in the Finance Department.

Adopted: 01-26-10

RESOLUTION NO. OCR 12-05
Parks and Recreation Establishment Resolution
OTSEGO COUNTY BOARD OF COMMISSIONERS
1/24/2012

WHEREAS, the Otsego County Park and Recreation Commission was established on February 6, 1973 pursuant to Michigan Public Act 261 of 1965, being MCL 46.351 *et seq.* to have the general responsibility to oversee the maintenance and operation of the Otsego County Parks and Recreation system; and

WHEREAS, Otsego County and its Otsego County Parks and Recreation Commission wish to adopt an updated establishment resolution that more fully clarifies the structure and duties of the Parks and Recreation Commission; now, therefore, be it

RESOLVED, Otsego County Board of Commissioners, by 2/3 majority vote of all its members, hereby establishes the Otsego County Parks and Recreation Commission under Michigan Public Act 261 of 1965, as amended, being MCL 46.351 *et seq.* as a County agency under the general control of the Otsego County Board of Commissioners, including the adherence to all County policies unless express authorization to the contrary is otherwise given under this Resolution, effective immediately; and, be it, further

RESOLVED, that in accordance with Public Act 261 of 1965, as amended, the Otsego County Park and Recreation Commission shall consist of the following members:

- (1) Chairperson of the Otsego County Road Commission, or another Road Commissioner designated by the Board of Road Commissioners;
- (2) Chairperson of the Otsego County Planning Commission, or another Planning Commissioner designated by the Otsego County Planning Commission;
- (3) Seven members appointed by the Board of Commissioners, not less than one nor more than three of whom shall be members of the Board of Commissioners; and, be it, further

RESOLVED, that any current member of the Otsego County Parks and Recreation Commission shall remain through their current term of appointment; and, be it, further

RESOLVED, that all current rules and regulations governing the use of County Parks shall continue in full force and effect, unless and until they are amended or repealed by the Otsego County Board of Commissioners; and, be it, further

RESOLVED, that except as otherwise provided herein, or by any other policy previously or subsequently adopted by the Otsego County Board of Commissioners, the Otsego County Parks and Recreation Commission shall have all the powers, duties, and responsibilities of a county parks and recreation commission as set forth in Public Act 261 of 1965, as amended, including but not limited to the adoption of by-laws in compliance with County policy, and the ability to hire employees as allowed by County policy with such employees being County employees; and, be it, further

RESOLVED, that the Otsego County Parks and Recreation Commission may approve and sign agreements for the purchase of goods or services and for the rental of County Parks and Recreation facilities without further approval of the Board of Commissioners, provided the form of such agreements do not involve consideration exceeding \$5,000; and, be it, further

RESOLVED, the following are appointed as liaisons to the Otsego County Planning Commission:

- (1) The Parks and Receptions Commission's Consultants
- (2) Otsego County Attorney or Corporate Counsel
- (3) Otsego County Administrator
- (4) Chairman of the Otsego County Board of Commissioners

Liaisons are given the ability to participate in discussions with the Commission, in addition to speaking in public participation, and nothing else. Liaisons cannot vote, introduce motions, initiate any other parliamentary action, be counted for a quorum or be expected to comply with any adopted attendance requirements; and, be it, further

RESOLVED, that this Resolution shall supersede any and all other Resolutions establishing or amending the governing organization of the Otsego County Parks and Recreation Commission

Otsego County Library Board Vacancy

The Library is seeking applications to fill a term on its governing board through August 31, 2013. A library trustee must be a county resident, able to attend monthly and special meetings and have a strong commitment to providing quality library services to the community. A major goal for 2012 will be the development of a new strategic plan. The board currently meets at 8:30 am on the third Tuesday of each month.

Applications are available at the Check Out desk or online at www.otsegocountylibrary.org and must be submitted by Friday, February 3. The Library Board will review applications and an appointment will be made by the Board of Commissioners before the Library's February 21 meeting.

For more information about the role of a library trustee, please contact Library Director Maureen Derenzy at 732-5841 or email mderenzy@otsego.org.

01/17/2012

CHECK DISBURSEMENT REPORT FOR COUNTY OF OTSEGO
JANUARY 17, 2012 WARRANT

Check #	Check Date	Payee	Description	GL #	Amount
36461	01/10/2012	ZAREMBA EQUIPMENT INC	31766 BUS #6	588-699-920.400	** VOIDED **
36461	01/10/2012	ZAREMBA EQUIPMENT INC	31563 BUS #18	588-699-920.400	** VOIDED **
29880	09/28/2010	TRYGSTAD, ANNE	TAX OVERPMT	516-030-694.000	** VOIDED **
36328	01/03/2012	NORTHWESTERN BANK-CARDMEM	ACTIVITY FROM 11/16/11-12/14/11	101-131-930.500	** VOIDED **
36328	01/03/2012	NORTHWESTERN BANK-CARDMEM	ACTIVITY FROM 11/16/11-12/14/11	516-253-726.000	** VOIDED **
36328	01/03/2012	NORTHWESTERN BANK-CARDMEM	ACTIVITY FROM 11/16/11-12/14/11	637-265-726.050	** VOIDED **
36328	01/03/2012	NORTHWESTERN BANK-CARDMEM	ACTIVITY FROM 11/16/11-12/14/11	645-201-726.000	** VOIDED **
36328	01/03/2012	NORTHWESTERN BANK-CARDMEM	ACTIVITY FROM 11/16/11-12/14/11	645-201-930.500	** VOIDED **
1119(E)	01/17/2012	MUNICIPAL EMPLOYEES RETIREME	COUNTY DECEMBER 2011	704-000-231.700	44,111.56
1120(E)	01/17/2012	STATE OF MICHIGAN	Q-4 UNEMPLOYMENT TAXES	704-000-228.027	3,136.02
36463	01/17/2012	46TH CIRCUIT TRIAL COURT	11-026 REST PMT BY TRAVIS KIRBY	701-000-271.148	100.00
36464	01/17/2012	ABEL M CRUZ	PER DIEM, TRAVEL	208-752-703.040	40.00
36464	01/17/2012	ABEL M CRUZ	PER DIEM, TRAVEL	208-752-930.500	1.60
					41.60
36465	01/17/2012	ADVANCED BENEFIT SOLUTIONS, II	HRA WRAP ADMIN DECEMBER 2011	647-851-704.110	1,116.50
36466	01/17/2012	ALS MARKET	08-33 REST PMT BY ANTHONY FLINN	701-000-271.148	35.49

36467	01/17/2012	AMERICAN FIDELITY ASSURANCE C JANUARY 2012 - PARKER/ELLISON	704-000-231.285	57.40
36468	01/17/2012	AMERICAN FIDELITY ASSURANCE C JANUARY 2012 FLEX SPENDING	704-000-231.285	484.16
36469	01/17/2012	ANDERSON, TACKMAN & CO. PLC CLIENT 80307	101-223-801.020	4,943.00
36469	01/17/2012	ANDERSON, TACKMAN & CO. PLC 105584 FINAL AUDIT F/Y 2011	588-699-940.010	580.00
				<u>5,523.00</u>
36470	01/17/2012	AUSTIN LOPER REST PMT BY STEVEN GREEN 11-25015-SM	701-000-271.130	50.00
36471	01/17/2012	AVFUEL CORPORATION AIRPORT FUEL	281-537-930.664	50,000.00
36472	01/17/2012	BLACK BEAR GOLF COURSE 11-84 REST PMT BY CONNOR LOMPRA	701-000-271.148	70.00
36473	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH GROUP 07126 FEBRUARY HEALTHCARE	647-851-704.110	44,997.83
36474	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0002 - 1/28/12 TO 2/27/12	704-000-231.262	2,335.39
36475	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0001 - 1/28/12 TO 2/27/12	101-131-704.110	737.95
36475	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0001 - 1/28/12 TO 2/27/12	292-662-704.110	363.47
36475	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0001 - 1/28/12 TO 2/27/12	704-000-231.261	441.93
				<u>1,543.35</u>
36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	101-131-704.110	12,207.38

36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	101-136-704.110	1,101.42
36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	101-141-704.110	6,553.44
36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	101-148-704.110	1,376.77
36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	215-141-704.110	1,156.49
36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	292-662-704.110	1,193.20
36476	01/17/2012	BLUE CROSS BLUE SHIELD OF MICH 007015253-0000 - 1/28/12 TO 2/27/12	704-000-231.261	4,162.71
				<u>27,751.41</u>
36477	01/17/2012	BONITA CHESNER	REST PMT BY TAYLOR MCINERNEY 11-248 701-000-271.130	40.00
36478	01/17/2012	BRADLEY J. BUTCHER	REST PMT BY CONNIE JOSEPH 05-16547-F 701-000-271.130	100.00
36479	01/17/2012	BRENT FEOLE	08-33 REST PMT BY ANTHONY FLINN 701-000-271.148	14.51
36480	01/17/2012	BRUCE SCOTT	FINAL INSPECTION TO PROJECT HO-0812- 233-690-940.010	200.00
36481	01/17/2012	BRUCE TILLINGER	CONTRACTED PLMB/MECH INSPECTOR 249-371-801.027	720.00
36482	01/17/2012	BUTCH FLEMING	PER DIEM, TRAVEL 208-752-703.040	40.00
36482	01/17/2012	BUTCH FLEMING	PER DIEM, TRAVEL 208-752-930.500	8.00
				<u>48.00</u>
36483	01/17/2012	C2AE	53826 SERVICES THROUGH 12/18/11 208-752-726.040	840.00
36484	01/17/2012	CATHERINE ISBELL	03-248 ERVING TRANSPORT 12/16 & 12/2 101-134-930.500	395.72
36484	01/17/2012	CATHERINE ISBELL	03-248 ERVING TRANSPORT 12/16 & 12/2 101-134-940.010	98.00

36484	01/17/2012	CATHERINE ISBELL	11-99 MAGER TRANSPORT ON 12/13/11	292-662-930.500	12.00
36484	01/17/2012	CATHERINE ISBELL	11-99 MAGER TRANSPORT ON 12/13/11	292-662-930.830	6.00
					<u>511.72</u>
36485	01/17/2012	CHAD DUTCHER	PER DIEM, TRAVEL	208-752-703.040	40.00
36485	01/17/2012	CHAD DUTCHER	PER DIEM, TRAVEL	208-752-930.500	3.20
					<u>43.20</u>
36486	01/17/2012	CHARLIE LOVELACE	REF FOR MEN'S LEAGUE	208-752-940.010-MENS_BBALL	200.00
36487	01/17/2012	CONSUMERS ENERGY	100019706058/100044415394	208-751-930.620	40.19
36487	01/17/2012	CONSUMERS ENERGY	DEC 100000278521	637-265-930.620-ALPCT00000	359.68
					<u>399.87</u>
36488	01/17/2012	CORECOMM	115039078 JANUARY 2012 COURT INTERN	101-131-930.210	21.95
36489	01/17/2012	CORPORATE TITLE AGENCY	LENDER COVERAGE #MI-49607, HOUSING	233-690-940.010	288.00
36490	01/17/2012	CUMMINS BRIDGEWAY	REST PMT BY HANS HEIM 07-19960-FY-3	701-000-271.130	100.00
36491	01/17/2012	DANIEL PALM	REST PMT BY ALAN FOREIT II 11-24844-FY	701-000-271.130	2.00
36492	01/17/2012	DAVE BARAGREY	PER DIEM, TRAVEL	208-752-703.040	40.00
36492	01/17/2012	DAVE BARAGREY	PER DIEM, TRAVEL	208-752-930.500	1.60
					<u>41.60</u>

36493	01/17/2012	DEANEEN MANKOWSKI	REST PMT BY WILLIAM MACDONALD 11-2 701-000-271.130	210.00	
36494	01/17/2012	DEB COLLISON	REST PMT BY KEVIN MORROW 06-18603-701-000-271.130	40.00	
36495	01/17/2012	DTE ENERGY	463311600027	208-752-930.610	578.38
36495	01/17/2012	DTE ENERGY	463315100024 DECEMBER	588-699-930.610	2,352.19
36495	01/17/2012	DTE ENERGY	463311600068	637-265-930.610-ALPCT00000	2,092.68
36495	01/17/2012	DTE ENERGY	456939000034	637-265-930.610-LNDUS00000	654.38
36495	01/17/2012	DTE ENERGY	463313300014	637-265-930.610-SILLIO00000	25.00
					----- 5,702.63
36496	01/17/2012	DUNNS	TONER, ENVELOPES, STAMP PAD, TAPE	208-752-726.000	14.86
36496	01/17/2012	DUNNS	TONER, ENVELOPES, STAMP PAD, TAPE	208-752-726.050	95.00
					----- 109.86
36497	01/17/2012	DYE, JOHN	JAN HRA CLAIM	101-853-940.110	236.60
36498	01/17/2012	EMPIRIC SOLUTIONS INC	FOC IT TECH SERVICES - DECEMBER 2011	101-141-940.010	56.95
36498	01/17/2012	EMPIRIC SOLUTIONS INC	FOC IT TECH SERVICES - DECEMBER 2011	215-141-940.010	10.05
					----- 67.00
36499	01/17/2012	ENERVEST	REST PMT BY JON THOMPSON 05-17048-701-000-271.130	12.00	
36500	01/17/2012	EREMAL L. REPP	CONTRACTED ELECTRICAL INSPECTOR	249-371-801.026	660.00

36501	01/17/2012	FAMILY DOLLAR	REST PMT BY KATHERINE BLACK 10-23691701-000-271.130	50.00
36502	01/17/2012	FORWARD SHELL	REST PMT BY SAMANTHA DAVIS 97-6386- 701-000-271.130	7.35
36503	01/17/2012	FRONTIER	PARK PHONE BILL 208-751-930.210	82.01
36503	01/17/2012	FRONTIER	989.732.9752 261-427-930.210	153.25
36503	01/17/2012	FRONTIER	989.731.0201 637-265-930.210	4,529.21
				<u>4,764.47</u>
36504	01/17/2012	GASLIGHT MEDIA	ALPINE CTR/COURTHOUSE - JAN 2012 101-864-930.240	800.00
36504	01/17/2012	GASLIGHT MEDIA	WORK CAMP/TRANSITION HOUSE-JAN 20 205-301-940.010	16.00
36504	01/17/2012	GASLIGHT MEDIA	911/COURTHOUSE-JAN 2012 261-427-940.010	200.00
				<u>1,016.00</u>
36505	01/17/2012	GAYLORD CITY TREASURER	211D DECEMBER 2011 MONTH END 701-000-221.000	560.34
36506	01/17/2012	GEORGE MARTIN III	REST PMT BY JASON KARASCHIN 09-2266; 701-000-271.130	37.50
36507	01/17/2012	GIL-ROYS HARDWARE	CORD, FLAG, BRACKET 208-752-726.000	7.98
36507	01/17/2012	GIL-ROYS HARDWARE	CORD, FLAG, BRACKET 208-752-726.040	36.99
36507	01/17/2012	GIL-ROYS HARDWARE	CORD, FLAG, BRACKET 208-752-726.050	23.58
				<u>68.55</u>
36508	01/17/2012	GLENN CRANE	HRA REIMBURSEMENT FOR FEBRUARY 20 101-853-940.110	250.00
36509	01/17/2012	GORDON BURNASKA	03-210 REST PMT BY DEVON LEWIS 701-000-271.148	10.00

36510	01/17/2012	GREAT DEALS OUTLET	REST PMT BY K. MARCINKOWSKI 04-1597 701-000-271.130	229.00
36511	01/17/2012	HARRY WILDFONG	REST PMT BY TROY WILSON 08-21680-FY- 701-000-271.130	6.20
36512	01/17/2012	HEALTH DEPT. OF NORTHWEST MI 2011 CIGARETTE TAX	101-631-940.010	1,100.47
36513	01/17/2012	JASON SAJDAK	07-178 REST PMT BY ADAM HOWE 701-000-271.148	10.00
36514	01/17/2012	JAVSI	01/01 TO 12/31/12 MAINTENANCE AGREI 101-131-920.410	10,800.00
36515	01/17/2012	JEFF BARAGREY	BEAR BB REF 208-752-940.010-BEAR_BBALL	630.00
36516	01/17/2012	JOHN DENISON	REST PMT BY TROY WILSON 08-21680-FY- 701-000-271.130	86.40
36517	01/17/2012	JOSEPH HOFER	11-18 REST PMT BY MATTHEW SCHIBBEL 701-000-271.148	25.00
36518	01/17/2012	KIMBERLY K. CAULKINS	TRAFFIC TICKET OVERPAYMENT 11-41671 701-000-286.002	30.00
36519	01/17/2012	KRYSTI DEE MCHENRY	REST PMT BY JAMES WEBSTER 10-23156- 701-000-271.130	50.00
36520	01/17/2012	LAVERN W. SCHLAUD	CONTRACTED BUILDING INSPECTOR 249-371-801.024	360.00

36521	01/17/2012	LEXIS NEXIS	PUBLIC PATRON ACCESS @ LIBRARY - DEC 101-131-726.200	247.00
36522	01/17/2012	LOGJAM ENTERPRISES	ICE MACHINE 208-752-726.000	500.00
36523	01/17/2012	LYKINS, MARLENE	RESTITUTION, RYAN JOZWIAK 701-000-271.000	113.26
36524	01/17/2012	MARY FIELD	07-113 REST PMT BY TIMMOTHY MILES 701-000-271.148	50.00
36525	01/17/2012	MI COUNTIES WORKERS COMPENS MEMBER 760 2012 1ST QTR	101-131-704.600	746.92
36525	01/17/2012	MI COUNTIES WORKERS COMPENS MEMBER 760 2012 1ST QTR	101-133-704.600	116.74
36525	01/17/2012	MI COUNTIES WORKERS COMPENS MEMBER 760 2012 1ST QTR	101-141-704.600	530.04
36525	01/17/2012	MI COUNTIES WORKERS COMPENS MEMBER 760 2012 1ST QTR	215-141-704.600	93.54
36525	01/17/2012	MI COUNTIES WORKERS COMPENS MEMBER 760 2012 1ST QTR	292-662-704.600	567.76
				<u>2,055.00</u>
36526	01/17/2012	MICHAEL TARBUTTON	REF MEN'S BB LEAGUE 208-752-940.010-MENS_BBALL	275.00
36527	01/17/2012	MICHIGAN DEPARTMENT OF COMI	REST PMT BY RICHARD MASER 05-17142-1 701-000-271.130	5.00
36528	01/17/2012	MICHIGAN STATE POLICE BFS-CASH LEIN LGNET LINE 10/1/11 TO 12/31/11	101-132-930.240	1,750.00
36529	01/17/2012	MUSKEGON DEVELOPMENT COMP	REST PMT BY JON THOMPSON 05-17048-1 701-000-271.130	6.24
36530	01/17/2012	NEW CENTURY SIGNS	24092 WORK SHIRTS FOR ARNIE 208-752-726.046	133.00

36531	01/17/2012	NMCOA	NMCOA MEMBERSHIP DUES 2012	249-371-930.600	100.00
36532	01/17/2012	NORTHERN IMAGING ASSOC PC	REST PMT BY JEFFERY OSWALD 11-24115-701-000-271.130		1.25
36533	01/17/2012	NORTHERN MICHIGAN REVIEW	TOURNAMENT AD	208-752-930.300	101.60
36534	01/17/2012	NORTHWESTERN BANK-CARDMEN ACTIVITY FROM 11/16/11-12/14/11		101-131-930.500	69.55
36534	01/17/2012	NORTHWESTERN BANK-CARDMEN ACTIVITY FROM 11/16/11-12/14/11		516-253-726.000	68.08
36534	01/17/2012	NORTHWESTERN BANK-CARDMEN ACTIVITY FROM 11/16/11-12/14/11		637-265-726.050	449.00
36534	01/17/2012	NORTHWESTERN BANK-CARDMEN ACTIVITY FROM 11/16/11-12/14/11		645-201-726.000	105.87
36534	01/17/2012	NORTHWESTERN BANK-CARDMEN ACTIVITY FROM 11/16/11-12/14/11		645-201-930.500	101.95
					<u>794.45</u>
36535	01/17/2012	OMS COMPLIANCE SERVICES INC		101-301-726.000	79.50
36535	01/17/2012	OMS COMPLIANCE SERVICES INC INVOICE 63778 DOT PRE-EMP DRUG SCRI		588-699-940.010	79.50
					<u>159.00</u>
36536	01/17/2012	OTSEGO CLUB & RESORT	07-179 REST PMT BY DAVID MAVES	701-000-271.148	100.00
36537	01/17/2012	OTSEGO CO JUDICIAL SYSTM SMAF RX REIMBURSEMENT ACTIVITY 12/26-1/1, 101-131-704.110			80.00
36538	01/17/2012	OTSEGO COUNTY	REST PMT BY NATHAN HUBLICK 10-23274	701-000-271.130	100.00
36539	01/17/2012	OTSEGO COUNTY BUS SYSTEM	DRUG COURT BUS - DECEMBER 2011	101-133-930.500	189.00

36539	01/17/2012	OTSEGO COUNTY BUS SYSTEM	RIGHT FRONT BRAKE LINE REPLACED ON \ 293-689-920.400	6.04 ----- 195.04
36540	01/17/2012	OTSEGO COUNTY EMS	REST PMT BY JEFFERY OSWALD 11-24115- 701-000-271.130	1.25
36541	01/17/2012	OTSEGO COUNTY TREAS	1200001868 WORK CAMP IRONTONE 208-752-940.010	300.00
36542	01/17/2012	OTSEGO LAKE TOWNSHIP	OVERPAYED ON 091-200-000-443-00 516-030-694.000	202.41
36543	01/17/2012	OTSEGO MEMORIAL HOSPITAL	REST PMT BY JEFFERY OSWALD 11-24115- 701-000-271.130	1.25
36544	01/17/2012	OUR HOME TOWN BUILDER	HO-0812-77976 HOUSING PROJECT COMF 233-690-940.010	12,361.00
36545	01/17/2012	PAXTON RESOURCES	REST PMT BY JON THOMPSON 05-17048-; 701-000-271.130	118.50
36546	01/17/2012	PETE AWREY	PER DIEM 208-752-703.040	80.00
36547	01/17/2012	PETER ZOUTENDYK	DRUG/MENTAL HEATH COURT COUNSELII 101-133-940.010	4,485.00
36548	01/17/2012	PITNEY BOWES INC	POSTAGE METER LEASE OCT.2011- JAN. 2 101-721-930.450	300.00
36548	01/17/2012	PITNEY BOWES INC	POSTAGE METER LEASE OCT.2011- JAN. 2 249-371-930.450	1,175.00 ----- 1,475.00
36549	01/17/2012	PROTECTION ONE	1/28 TO 2/27/12 FAM/DIST WING MONIT 101-131-940.010	74.93

36549	01/17/2012	PROTECTION ONE	1/28 TO 2/27/12 FOC WING MONITORINC	101-141-940.010	33.95
36549	01/17/2012	PROTECTION ONE	1/28 TO 2/27/12 ADMIN/PA WING MONI	101-267-920.410	24.97
36549	01/17/2012	PROTECTION ONE	1/28 TO 2/27/12 FOC WING MONITORINC	215-141-940.010	6.00
					<u>139.85</u>
36550	01/17/2012	RANDY STULTS	PER DIEM, TRAVEL	208-752-703.040	40.00
36550	01/17/2012	RANDY STULTS	PER DIEM, TRAVEL	208-752-930.500	8.00
					<u>48.00</u>
36551	01/17/2012	ROBERT MCMURRAY	04-002 REST PMT BY DERIK LEWIS	701-000-271.148	10.00
36552	01/17/2012	SCOTT NAGY	REST PMT BY TROY WILSON 08-21680-FY-	701-000-271.130	9.44
36553	01/17/2012	SCOTT PEMBERTON	REST PMT BY KRYSTI MCHENRY 10-23612-	701-000-271.130	75.00
36554	01/17/2012	SHARON WAKELEY	REST PMT BY JOSHUA DURLING 11-24469	701-000-271.130	43.00
36555	01/17/2012	SHERI SILVA	07-178 REST PMT BY ADAM HOWE	701-000-271.148	30.00
36556	01/17/2012	SPARTAN STORES INC	PLATES, CUPS, WATER, DONUTS, SANDWI	208-751-726.000	36.56
36556	01/17/2012	SPARTAN STORES INC	REST PMT BY ANGELICA KUCHARAK 10-23	701-000-271.130	35.85
					<u>72.41</u>
36557	01/17/2012	SRW, INC	REST PMT BY JON THOMSON 05-17048-SI	701-000-271.130	25.50

36558	01/17/2012	STATE OF MICHIGAN	UNCLAIMED RESTITUTION PMTS TO CRIM 701-000-271.130		132.50
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.020	140.00
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.030	166.67
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.037	2,088.01
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.042	220.00
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.057	176.66
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.058	3,038.00
36559	01/17/2012	STATE OF MICHIGAN	211D DECEMBER 2011 MONTH END	701-000-228.059	9,248.96
					<u>15,078.30</u>
36560	01/17/2012	STEVEN BEATY	REST PMT BY DEAN YOUNGS 11-24895-SM 701-000-271.130		125.00
36561	01/17/2012	THOMAS JOHNSON	PER DIEM, TRAVEL	208-752-703.040	40.00
36561	01/17/2012	THOMAS JOHNSON	PER DIEM, TRAVEL	208-752-930.500	12.00
					<u>52.00</u>
36562	01/17/2012	TODD L. SEIDELL ARCHITECT,LLC	7636 EXISTING FACILITY PLANS	208-752-726.000	500.00
36563	01/17/2012	TOTAL GAS STATION	REST PMT BY SAMANTHA DAVIS 97-6386- 701-000-271.130		4.68
36564	01/17/2012	TYLER TARBUTTON	SCOREKEEPER MEN'S LEAGUE	208-752-940.010-MENS_BBALL	137.50
36565	01/17/2012	UNIVERSITY CENTER AT GAYLORD	INV 2347 CATERING FOR INCIDENT MGT T 101-101-704.400		137.50
36566	01/17/2012	VILLAGE OF VANDERBILT TREASUR	VILLAGE TAX PMT FOR SEPT AND DEC 201 516-000-026.000-TAX2011000		1,070.48

36566	01/17/2012	VILLAGE OF VANDERBILT TREASUR VILLAGE TAX PMT FOR SEPT AND DEC 201 516-170-445.100-TAX2011000			31.82
					<u>1,102.30</u>
36567	01/17/2012	WAL-MART STORES ASSET PROTEC REST PMT BY JOHNATHON COOMER 05-1 701-000-271.130			37.50
36568	01/17/2012	WASTE MANAGEMENT	CENTER GARBAGE BILL	208-752-920.200	107.42
36569	01/17/2012	WAYNE ISBELL	03-248 ERVING TRANSPORT ON 12/16 & 1101-134-940.010		98.00
36569	01/17/2012	WAYNE ISBELL	11-99 MAGER TRANSPORT ON 12/13/11 292-662-930.830		6.00
					<u>104.00</u>
36570	01/17/2012	WEST PAYMENT CENTER	DEC 2011 WEST TRI-COUNTY CONTRACT	101-131-940.111	523.35
36571	01/17/2012	WILLIAM HOLEWINSKI	PER DIEM, TRAVEL	208-752-703.040	40.00
36571	01/17/2012	WILLIAM HOLEWINSKI	PER DIEM, TRAVEL	208-752-930.500	4.00
					<u>44.00</u>
36572	01/17/2012	XEROX CORPORATION	DECEMBER 2011 COURT COPIER LEASE	101-131-920.520	396.60
36572	01/17/2012	XEROX CORPORATION	DECEMBER 2011 FOC COPIER LEASE	101-141-920.520	447.35
36572	01/17/2012	XEROX CORPORATION	DECEMBER 2011 FOC COPIER LEASE	215-141-920.520	78.95
					<u>922.90</u>
36573	01/17/2012	YANKOVIAK, VERONICA	RESTITUTION, RYAN JOZWIAK	701-000-271.000	44.48
			TOTAL OF 113 CHECKS (3 VOIDED)		257,350.81

Fund	Amount
<hr style="border-top: 1px dashed black;"/>	
Total for fund 101 GENERAL FUND	51,010.05
Total for fund 205 WORK CAMP	16.00
Total for fund 208 PARKS AND RECREATIO	5,038.47
Total for fund 215 FRIEND OF THE COURT	1,345.03
Total for fund 233 HUD GRANT FUND	12,849.00
Total for fund 249 BUILDING INSPECTION	3,015.00
Total for fund 261 911 SERVICE FUND	353.25
Total for fund 281 AIRPORT	50,000.00
Total for fund 292 CHILD CARE FUND	2,148.43
Total for fund 293 SOLDIERS' RELIEF FUNE	6.04
Total for fund 516 DELINQUENT TAX REVC	1,372.79
Total for fund 588 TRANSPORTATION FUN	3,011.69
Total for fund 637 BUILDING AND GROUN	8,109.95
Total for fund 645 ADMINISTRATIVE SERV	207.82
Total for fund 647 HEALTH CARE FUND	46,114.33
Total for fund 701 GENERAL AGENCY	18,023.79
Total for fund 704 PAYROLL IMPREST FUN	54,729.17
TOTAL - ALL FUNDS	257,350.81

01/19/2012

CHECK DISBURSEMENT REPORT FOR COUNTY OF OTSEGO
JANUARY 24, 2012 WARRANT

Check #	Check Date	Payee	Description	GL #	Amount
36574	01/24/2012	7TH PROBATE/FAMILY COURT	11-30 FAVER PLACEMENT 12/20 - 12/31/1:	292-662-930.810	1,140.00
36575	01/24/2012	87- A DISTRICT	DECEMBER 2011 CREDIT CARD FEES	101-131-930.150	864.77
36576	01/24/2012	A&L IRON	RESTITUTION	701-000-271.000	475.00
36577	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	COBRA ADMIN FOR 2012	645-270-801.020	395.00
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	101-131-704.110	11.85
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	101-133-704.110	0.95
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	101-136-704.110	0.95
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	101-141-704.110	4.86
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	101-148-704.110	0.95
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	215-141-704.110	0.84
36578	01/24/2012	ADVANCED BENEFIT SOLUTIONS, I	JANUARY 2012 COBRA ADMIN FEES	292-662-704.110	2.40
					22.80
36579	01/24/2012	AFLAC #3010105	ACCT ODSM3-INV 778683	704-000-231.281	906.18
36580	01/24/2012	AIRGAS GREAT LAKES	LARGE CYL RENT	281-537-920.410	24.86
36581	01/24/2012	ALPINE ANIMAL HOSPITAL	EXAM AND EUTH OF KITTEN 11-03-2011	212-430-930.980	114.50

36582	01/24/2012	ARTS AUTO ELECTRIC SERVICE INC 01JY3619 STOCK	588-699-726.050	302.30
36583	01/24/2012	ASHLEY HAND	11-73-DL TANT - MEDICATION SAFE REIMB 292-662-726.000	15.87
36584	01/24/2012	AUTO VALUE - GAYLORD	259-173250 MSP; 259-175479 BUS #4 588-699-726.050	470.99
36585	01/24/2012	BARBARA BURRIS	2012 MICHIGAN AIRPORT CONFERENCE 281-537-930.500	125.00
36586	01/24/2012	BELLROC TIRE SERVICES	36782 STOCK 588-699-726.050	1,217.39
36587	01/24/2012	BEVERLY ENTERPRISES	RESTITUTION 701-000-271.000	200.00
36588	01/24/2012	CASE CREDIT- CNH CAPITAL	31563 BUS #18 588-699-726.050	661.54
36589	01/24/2012	CATHERINE ISBELL	03-278 ERVING TRANSPORT ON 12/14/11 292-662-930.500	40.80
36589	01/24/2012	CATHERINE ISBELL	03-278 ERVING TRANSPORT ON 12/14/11 292-662-930.830	21.50
				<u>62.30</u>
36590	01/24/2012	CDW GOVERNMENT INC	1-OFFICE LICENSE-JUVENILE OFFICE-HAND 101-131-726.000	665.16
36590	01/24/2012	CDW GOVERNMENT INC	FOC COPIER PURCHASED-LEXMARK X264D 101-141-726.000	348.72
36590	01/24/2012	CDW GOVERNMENT INC	LEXMARK E260DN - QUOTE NUMBER: CKM 101-267-726.000	189.62
36590	01/24/2012	CDW GOVERNMENT INC	FOC COPIER PURCHASED-LEXMARK X264D 215-141-726.000	61.55
				<u>1,265.05</u>

36591	01/24/2012	CENTURYLINK	989.732.6484	261-427-930.210	183.94
36592	01/24/2012	CHARLIE LOVELACE	REF FOR MEN'S LEAGUE	208-752-940.010-MENS_BBAL	275.00
36593	01/24/2012	CHARTER COMMUNICATIONS	PHONE CABLE COMPUTER	281-537-920.410	215.96
36594	01/24/2012	CONSUMERS ENERGY	DEC 2011 ELECTRIC	212-430-930.620	34.12
36594	01/24/2012	CONSUMERS ENERGY	1247 VAN TYLE RD ACCT#1000 4551 8295	281-537-930.620	2,558.19
36594	01/24/2012	CONSUMERS ENERGY	201179739107 JANUARY	588-699-930.620	1,016.71
36594	01/24/2012	CONSUMERS ENERGY	100021190929-JAN 2012	637-265-930.620-SILLI00000	33.19
					<u>3,642.21</u>
36595	01/24/2012	CORNWELL TOOLS	20794 SHOP TOOLS	588-699-726.050	7.50
36596	01/24/2012	CROSSROADS INDUSTRIES	PROBATION & PAROLE SHREDDING	101-131-726.000	45.00
36597	01/24/2012	CURTISS REPORTING CORP	11-4365-FC PEOPLE V THOMAS	101-131-801.030	252.15
36598	01/24/2012	DE LAGE LANDEN PUBLIC FINANCE	12112836 DECEMBER	588-699-940.010	142.93
36599	01/24/2012	DE LAGE LANDEN PUBLIC FINANCE	JAN 2012 CIRCUIT SEC COPY MACHINE LEA	101-131-940.111	49.43
36600	01/24/2012	DELL MARKETING	COMPUTER - JUVENILE OFFICER - HAND	101-131-726.000	782.18
36600	01/24/2012	DELL MARKETING	2 COMPUTERS - CIRCUIT CHAMBERS & MU	101-131-940.111	<u>1,238.00</u>

					2,020.18
36601	01/24/2012	DELL PREFERRED ACCOUNT	QUOTE # 1012119098253 EXENDED SERVI	101-228-801.020	2,244.00
36602	01/24/2012	DELUXE BUSINESS CHECKS	BOND CHECKS	101-131-726.000	142.75
36603	01/24/2012	DIXON SOMERVILLE	RESTITUTION	701-000-271.000	285.00
36604	01/24/2012	DTE ENERGY	NATURAL GAS DEC 2011	212-430-930.610	88.65
36604	01/24/2012	DTE ENERGY	ACCT# 4707 746 0001 4	281-537-930.610	1,176.87
36604	01/24/2012	DTE ENERGY	456939000018	637-265-930.610-ALPCT0000C	5,300.27
					<u>6,565.79</u>
36605	01/24/2012	DUNNS	DECEMBER 2011 CIRCUIT SECRETARY COP\	101-131-940.111	44.30
36605	01/24/2012	DUNNS	INV. 717369, DATE 12-16-11; INV. 717595,	101-267-726.000	361.68
36605	01/24/2012	DUNNS	CUSTOMER 1738	101-864-726.000	726.51
36605	01/24/2012	DUNNS	CUSTOMER 1738	212-430-726.000	70.93
36605	01/24/2012	DUNNS	SUPPLIES NEW KENNELS CARDS	212-430-726.050	103.97
36605	01/24/2012	DUNNS	7185820 CLEANER; P. TOWELS; PENS; BAT	588-699-726.000	241.32
36605	01/24/2012	DUNNS	7185820 CLEANER; P. TOWELS; PENS; BAT	588-699-726.025	132.58
36605	01/24/2012	DUNNS	7185820 CLEANER; P. TOWELS; PENS; BAT	588-699-726.050	17.53
36605	01/24/2012	DUNNS	CUSTOMER 1738	645-270-726.000	5.56
					<u>1,704.38</u>
36606	01/24/2012	EAGLE VILLAGE	10-67 HAZEL PLACEMENT 12/5 - 12/18/11	292-662-930.810	7,458.64
36607	01/24/2012	EMPIRIC SOLUTIONS INC	COMPASS FEE-FEB 2012	101-131-801.020	1,147.00

36607	01/24/2012	EMPIRIC SOLUTIONS INC	COMPASS FEE-FEB 2012	101-228-801.030	2,098.00 ----- 3,245.00
36608	01/24/2012	EUGENE WOOD	RESTITUTION	701-000-271.000	50.00
36609	01/24/2012	FARM BUREAU INSURANCE	RESTITUTION	701-000-271.000	360.00
36610	01/24/2012	FEENY	74478-1 STOCK	588-699-726.050	235.32
36611	01/24/2012	FRED & SHIRLEY ROSS	RESTITUTION	701-000-271.000	330.00
36612	01/24/2012	FRELA HARDACRE	RESTITUTION	701-000-271.000	319.60
36613	01/24/2012	FRONTIER	98973278580119105	261-427-930.210	171.11
36613	01/24/2012	FRONTIER	989.732.2373	637-265-930.620-ALPCT0000C	36.76 ----- 207.87
36614	01/24/2012	FUN COUNTRY EMBROIDERY	PURCH DISPATCH UNIFORM JACKETS (7)	261-427-726.046	560.74
36615	01/24/2012	GASLIGHT MEDIA	38253 WIRELESS INTERNET	208-751-726.000	59.95
36615	01/24/2012	GASLIGHT MEDIA	MONTHLY CONECTION INV # 38060	212-430-920.410	59.95 ----- 119.90
36616	01/24/2012	GAYLORD ARFF, INC	AIRPORT ARFF FEB 2012	281-537-940.010	13,733.50

36617	01/24/2012	GAYLORD DRY CLEANERS	2012 PARKING LOT RENTAL (N SIDE OF BLC 101-301-920.410		82.00
36617	01/24/2012	GAYLORD DRY CLEANERS	2012 PARKING LOT RENTAL (N SIDE OF BLC 101-302-920.410		100.00
36617	01/24/2012	GAYLORD DRY CLEANERS	2012 PARKING LOT RENTAL (N SIDE OF BLC 101-334-920.410		18.00
36617	01/24/2012	GAYLORD DRY CLEANERS	2012 PARKING LOT RENTAL (N SIDE OF BLC 101-351-920.410		100.00
36617	01/24/2012	GAYLORD DRY CLEANERS	2012 PARKING LOT RENTAL (N SIDE OF BLC 637-265-920.410		300.00
					----- 600.00
36618	01/24/2012	GAYLORD FORD	RESTITUTION	701-000-271.000	2.67
36619	01/24/2012	GAYLORD HERALD TIMES	NEWS PAPER RENEWAL FOR 2012	212-430-930.400	53.00
36620	01/24/2012	GAYLORD VETERINARY SERVICES	DECEMBER 2011 STERLIZATION	212-430-930.980	983.86
36621	01/24/2012	GE CAPITAL	JAN 2012 INSTALLMENT	101-864-920.410	254.30
36622	01/24/2012	GERALD CHARLES	RESTITUTION	701-000-271.000	25.00
36623	01/24/2012	GIL-ROYS HARDWARE	SUPPLIES	212-430-726.025	9.69
36623	01/24/2012	GIL-ROYS HARDWARE	1111-864968 SAND (49 BAGS)	588-699-726.025	200.90
					----- 210.59
36624	01/24/2012	GLENS MARKET	RESTITUTION	701-000-271.000	43.08
36625	01/24/2012	GLENS MARKET	RESTITUTION	701-000-271.000	24.28

36626	01/24/2012	GOLDEN AUTO ELECTRIC INC	51321 STOCK	588-699-726.050	180.00
36627	01/24/2012	GREAT LAKES ENERGY	RESTITUTION	701-000-271.000	216.40
36628	01/24/2012	GREG & KIMBERLY ROSS	RESTITUTION	701-000-271.000	100.00
36629	01/24/2012	HALL VETERINARY CLINIC	DECEMBER 2011 STERLIZATION	212-430-930.980	2,273.09
36630	01/24/2012	HALLMARK CONSTRUCTION, INC.	ANIMAL CONTROL FACILITY	413-901-970.200	58,409.47
36631	01/24/2012	HOME DEPOT CREDIT SERVICES	APPLIANCES FOR NEW SHELTER	413-901-970.200	1,795.72
36632	01/24/2012	HON. JOHN FITZGERALD	10-13559-CK & 11-14032-DM HEARINGS	101-131-801.031	145.44
36633	01/24/2012	HOWE,PATRICIA,	RESTITUTION	701-000-271.000	20.00
36634	01/24/2012	HUNTER CONSTRUCTION, INC.	SALT STORAGE BARN	496-050-698.000	84,990.00
36635	01/24/2012	ICLE	ID 86229, DATE 12-1-11; & INV 653120, I	101-267-726.200	808.50
36636	01/24/2012	INDEPENDENT TIRE & AUTO REPA	6438 STOCK	588-699-726.050	948.96

36637	01/24/2012	INSTITUTE OF CONTINUING LEGAL MI	COURTROOM EVIDENCE 2011 SUPP	101-131-726.200	92.50
36638	01/24/2012	JACQUINE SOMERVILLE	RESTITUTION	701-000-271.000	210.00
36639	01/24/2012	JIM WERNIG INC	29974 STOCK	588-699-726.050	87.12
36640	01/24/2012	JOHNSON OIL COMPANY	30714 MSP #M7819	588-699-920.400	39.95
36640	01/24/2012	JOHNSON OIL COMPANY	CL25523 DECEMBER	588-699-930.660	14,259.58
					<u>14,299.53</u>
36641	01/24/2012	K&M AUTOMOTIVE TECH INDUSTI	7444 VETERAN'S VAN	588-699-726.050	1,482.36
36642	01/24/2012	KENNETH GLASSER	NEMCSA/PIGEON RIVER	101-101-703.040	160.00
36642	01/24/2012	KENNETH GLASSER	NEMCSA/PIGEON RIVER	101-101-930.500	5.60
					<u>165.60</u>
36643	01/24/2012	KEVIN GERARD WITBRODT	1/2 DAY WITN. FEE + 463.35 MILEAGE ON :	101-267-930.940	192.84
36644	01/24/2012	KEVIN KING	FOC SMILE PROGRAM ON 01/16/2012	101-166-940.010	175.00
36645	01/24/2012	KMART	JAIL SUPPLIES	101-351-726.000	92.86
36646	01/24/2012	KRISTI KURN CZ	BEAR BB REFUND	208-442-626.030-BEAR_BBALI	15.00

36647	01/24/2012	KYLE T. LEGEL	MYFAXCENTRAL SEPT-DEC PAYMENTS; USE 101-267-726.200	40.00
36648	01/24/2012	LAWYERS WEEKLY SUBSCRIPTION	2012 SUBSCRIPTION - 0346931 101-131-940.111	199.00
36649	01/24/2012	LESTER HOWARD	BUILDING AUTHORITY MTG 101-264-703.040	40.00
36649	01/24/2012	LESTER HOWARD	BUILDING AUTHORITY MTG 101-264-930.500	7.20
				----- 47.20
36650	01/24/2012	LEXIS NEXIS RISK DATA MGMT INC DEC 2011 FOC SKIP TRACING FEES	101-141-940.010	42.50
36650	01/24/2012	LEXIS NEXIS RISK DATA MGMT INC DEC 2011 FOC SKIP TRACING FEES	215-141-940.010	7.50
				----- 50.00
36651	01/24/2012	LINCOLN FINANCIAL	CICOTSEGOC-BL-954784 FEB 12 LIFE/LTD/S 101-131-704.140	355.59
36651	01/24/2012	LINCOLN FINANCIAL	CICOTSEGOC-BL-954784 FEB 12 LIFE/LTD/S 101-133-704.140	24.40
36651	01/24/2012	LINCOLN FINANCIAL	CICOTSEGOC-BL-954784 FEB 12 LIFE/LTD/S 101-141-704.140	209.08
36651	01/24/2012	LINCOLN FINANCIAL	CICOTSEGOC-BL-954784 FEB 12 LIFE/LTD/S 215-141-704.140	36.91
36651	01/24/2012	LINCOLN FINANCIAL	CICOTSEGOC-BL-954784 FEB 12 LIFE/LTD/S 292-662-704.140	157.60
				----- 783.58
36652	01/24/2012	LINCOLN FINANCIAL	CICOTSEGO-BL925664 LIFE ADD STD LTD 704-000-231.870	2,879.80
36653	01/24/2012	LOG HAVEN II	RESTITUTION 701-000-271.000	20.72
36654	01/24/2012	MAAE	MAAE MEMBERSHIP DUES 2012 281-537-930.600	70.00
36655	01/24/2012	MAC TOOLS	64768 SHOP TOOLS 588-699-726.050	64.66

36656	01/24/2012	MARCIA D. VINCENT, MA, LLPC	11-26 KIRBY COUNSELING 12/1 - 12/29/11	292-662-940.010	660.00
36657	01/24/2012	MAURERS TEXTILE RENTAL	FOC MATS	101-141-726.000	12.85
36657	01/24/2012	MAURERS TEXTILE RENTAL	FOC MATS	215-141-726.000	2.27
					<u>15.12</u>
36658	01/24/2012	MAXIMUM SECURITY	MONITORING FEB - APRIL 2012 INV# 11411	212-430-920.410	89.97
36659	01/24/2012	MCAA	VICTORIA COURTERIER 2012 DUES	101-131-930.600	165.00
36660	01/24/2012	MED-VET INTERNATIONAL	MEDICAL SUPPLIES INV# 280600-1-1	212-430-726.035	65.00
36660	01/24/2012	MED-VET INTERNATIONAL	MEDICAL SUPPLIES	212-430-726.050	115.46
					<u>180.46</u>
36661	01/24/2012	MICHIGAN OFFICE SOLUTIONS	COPIER MAINTENANCE CONTRACT 10/1/1:	232-690-920.410	110.46
36662	01/24/2012	MICHIGAN STATE POLICE BFS-CAS	INVOICE #551-362432 FY2011 DISPATCH FI	261-427-940.010	60,000.00
36663	01/24/2012	MICHIGAN STATE UNIVERSITY EXT R	FLEIS WAGES	205-301-704.400	503.07
36663	01/24/2012	MICHIGAN STATE UNIVERSITY EXT C	OCONNOR WAGES	241-621-940.010	3,245.65
					<u>3,748.72</u>
36664	01/24/2012	MIDLAND COUNTY JUVENILE CARI 03-248	ERVING PLACEMENT 12/16 - 12/21	292-662-930.810	775.00

36665	01/24/2012	MUSKEGON RIVER YOUTH HOME	10-84 FUHST PLACEMENT 12/1 - 12/19/11	292-662-930.810	3,579.12
36666	01/24/2012	NATIONAL ANIMAL CONTROL ASS	MEMBERSHIP RENEWAL	212-430-930.600	125.00
36667	01/24/2012	NEW CENTURY SIGNS	24113 STREET SIGN	588-699-726.000	50.00
36668	01/24/2012	NORTH CENTRAL MICHIGAN REPO	PEOPLE V MOSS 11-4391-FC HEARINGS	101-131-801.030	152.15
36669	01/24/2012	NORTHERN ENERGY, INC	1030935 SHOP /OIL	588-699-726.050	2,519.99
36670	01/24/2012	NORTHERN MICHIGAN LIFT SERV	01/09/2012 LIFT SERVICE	588-699-940.010	1,178.77
36671	01/24/2012	NORTHERN MICHIGAN REVIEW	00282918-00324013 DECEMBER	588-699-930.300	283.95
36672	01/24/2012	OMS COMPLIANCE SERVICES INC	63838 NON DOT PREEMPLOYMENT DRUG	588-699-940.010	79.50
36673	01/24/2012	OSCODA REGION II ACCOUNTING	DHS BOARD EXPENSES	101-961-999.000	119.20
36674	01/24/2012	OTSEGO CO JUDICIAL SYSTM	SMA DIRECT RX REIMBURSEMENT - MORSE	101-136-704.110	40.00
36675	01/24/2012	OTSEGO COUNTY 911	R7 REIMB FUND BAL FOR 30 PAGERS	262-432-970.435-HSGP000000	12,270.00

36676	01/24/2012	OTSEGO COUNTY SPORTSPLEX	YOUTH FITNESS ACADAMY 2/6 - 3/15/12 R 292-662-940.010	450.00
36677	01/24/2012	OTSEGO COUNTY TREAS	WORK CAMP FOR NOV 2011 INV # 1827 212-430-920.410	580.00
36678	01/24/2012	OTSEGO MEMORIAL HOSPITAL	MED SERV F/MADDOX A. #VAD07801 101-351-930.470	172.00
36678	01/24/2012	OTSEGO MEMORIAL HOSPITAL	M000304483 101-648-930.920	335.00
				<u>507.00</u>
36679	01/24/2012	OTSEGO MEMORIAL HOSPITAL/CL	MED SERV F/MILLER JOSEPH #B210002B 101-351-930.470	177.00
36680	01/24/2012	PETER J ZOUTENDYK	TESTIMONY RE: SAMANTHA/NATHAN HUB 101-267-801.020	150.00
36681	01/24/2012	PIONEER STATE MUTUAL INSURAI	RESTITUTION 701-000-271.000	15.00
36682	01/24/2012	POSTMASTER	2 ROLLS OF STAMPS 212-430-930.450	88.00
36682	01/24/2012	POSTMASTER	GAYLORD REGIONAL AIRPORT PO BOX 139 281-537-930.450	76.00
				<u>164.00</u>
36683	01/24/2012	PROSECUTING ATTORNEYS ASSOC	INV.: DUES 1017-171; 2012 DUES, LIC & SU 101-267-930.600	2,704.00
36684	01/24/2012	REDWOOD TOXICOLOGY LABORA	DECEMBER 2011 ADULT COURT DRUG TES 101-131-940.010	224.85
36684	01/24/2012	REDWOOD TOXICOLOGY LABORA	DECEMBER 2012 DRUG COURT DRUG TEST 101-133-726.000	221.00
				<u>445.85</u>
36685	01/24/2012	RESERVE ACCOUNT	METER FILLS 1ST & 3RD FLOORS - 4TH QTR 101-131-930.450	3,291.02

36685	01/24/2012	RESERVE ACCOUNT	METER FILLS 1ST & 3RD FLOORS - 4TH QTR 101-131-940.111	1,752.41
36685	01/24/2012	RESERVE ACCOUNT	METER FILLS 1ST & 3RD FLOORS - 4TH QTR 101-141-930.450	1,241.76
36685	01/24/2012	RESERVE ACCOUNT	METER FILLS 1ST & 3RD FLOORS - 4TH QTR 101-267-930.450	301.37
36685	01/24/2012	RESERVE ACCOUNT	METER FILLS 1ST & 3RD FLOORS - 4TH QTR 101-267-930.983	37.48
36685	01/24/2012	RESERVE ACCOUNT	METER FILLS 1ST & 3RD FLOORS - 4TH QTR 215-141-930.450	219.14
				6,843.18
36686	01/24/2012	RESTAT	INMATE PHARMACY INV #151194//12423E 101-351-726.035	590.24
36687	01/24/2012	ROB LINSTRUM	ME SERVICES 101-648-801.020	65.00
36688	01/24/2012	ROSCOMMON COUNTY	11-36 FUHST PLACEMENT 10/17 - 10/24/2012 292-662-930.810	5,372.00
36689	01/24/2012	ROWLEY BROTHERS, INC.	1426355-00 ICE MELT 588-699-726.025	234.75
36690	01/24/2012	SPARROW REGIONAL LABORATORY L DOMPIER-GOOD	101-648-930.920	500.00
36691	01/24/2012	SPARTAN SEWER & SEPTIC TANK S AIRPORT SEPTIC TANK EMPTY 2012	281-537-920.400	206.15
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 101-301-930.660	2,928.92
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 101-302-930.660	146.34
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 101-351-726.000	51.61
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 101-721-930.660	169.09
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 205-301-930.660	597.42
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 210-651-700.000	4,060.03
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 212-430-930.660	453.19
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575 249-371-930.660	37.66

36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575	261-427-930.660	198.62
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575	281-537-930.660	193.54
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575	637-265-930.660	29.43
36692	01/24/2012	SPEEDWAY SUPERAMERICA LLC	ACCT 1001181575	645-172-930.660	84.09
					<u>8,949.94</u>
36693	01/24/2012	STANLEY STEAMER	CARPET CLEANED	281-537-920.400	69.95
36694	01/24/2012	STAPLES BUSINESS ADVANTAGE	DET 1046110	101-000-106.000	386.51
36694	01/24/2012	STAPLES BUSINESS ADVANTAGE	RETURN/CREDIT TONER CARTRIDGE	101-131-726.000	340.04
36694	01/24/2012	STAPLES BUSINESS ADVANTAGE	DET 1046110	281-537-726.000	29.18
36694	01/24/2012	STAPLES BUSINESS ADVANTAGE	HP INK - IN HOME CARE	292-662-726.000	320.28
36694	01/24/2012	STAPLES BUSINESS ADVANTAGE	DET 1046110	645-172-726.000	12.30
					<u>1,088.31</u>
36695	01/24/2012	STATE ELECTRONICS INC	14-105742	261-427-920.410	175.00
36695	01/24/2012	STATE ELECTRONICS INC	INV #'S 14-106630 64-105753 DZUKO1622	261-427-940.010	910.44
					<u>1,085.44</u>
36696	01/24/2012	STATE OF MICHIGAN	741442 GROUNDWATER ANNUAL PERMIT	208-752-920.200	200.00
36697	01/24/2012	STEPHANY GODDARD	PUBLIC GUARDIAN FEES OCT - DEC 2011	101-131-930.830	75.00
36698	01/24/2012	TIMOTHY HORD, DDS	RESTITUTION	701-000-271.000	225.00
36699	01/24/2012	U.S POSTAL SERVICE	POSTAGE-METER 41665563	101-000-103.000	1,000.00

36700	01/24/2012	VERIZON WIRELESS	2676203249 DECEMBER	588-699-930.210	84.21
36701	01/24/2012	VERIZON WIRELESS	283104123-00001 DECEMBER 2011	101-131-930.210	10.05
36701	01/24/2012	VERIZON WIRELESS	283104123-00001 DECEMBER 2011	292-662-930.210	17.47
					----- 27.52
36702	01/24/2012	VESCO OIL CORPORATION	1900555 WASH SOAP *JIMMY	588-699-726.025	49.95
36703	01/24/2012	WAL MART	SUPPLIES	212-430-726.050	294.64
36704	01/24/2012	WALKER BROTHERS	79394 BUS #20	588-699-726.050	51.00
36705	01/24/2012	WALMART	RESTITUTION	701-000-271.000	6.92
36706	01/24/2012	WASTE MANAGEMENT	JANUARY GARBAGE PICK UP INV # 717095	212-430-920.410	85.87
36706	01/24/2012	WASTE MANAGEMENT	TRASH PICK-UP	281-537-920.410	97.00
36706	01/24/2012	WASTE MANAGEMENT	7170969-1838-7 DECEMBER	588-699-940.010	87.69
					----- 270.56
36707	01/24/2012	WAYNE ISBELL	03-278 ERVING TRANSPORT ON 12/21/201	292-662-930.830	21.50
36708	01/24/2012	WEST PAYMENT CENTER	INV 824096382; ACCT 1000715367; VEND	101-267-726.200	197.52
36709	01/24/2012	WEST SHORE SERVICES, INC	R7 ALPENA COUNTY WARNING SIRENS	262-432-970.435-HSGP000000	53,280.00
36710	01/24/2012	WINN TELECOM	TELEPHONE FOR NOV 2011	212-430-930.210	113.47

36711 01/24/2012 WMJZ

BB TOURNAMENT AD

208-752-930.300

100.00

36712-36728 01/24/2012 VOID

** VOIDED **

** VOIDED **

TOTAL OF 155 CHECKS (17 voided)

398,049.98

Fund Amount

Total for fund 101 GENERAL FUND	31,921.05
Total for fund 205 WORK CAMP	1,100.49
Total for fund 208 PARKS AND RECREATION	649.95
Total for fund 210 AMBULANCE SERVICES	4,060.03
Total for fund 212 ANIMAL CONTROL	5,802.36
Total for fund 215 FRIEND OF THE COURT	328.21
Total for fund 232 HOUSING COMMISSION	110.46
Total for fund 241 GYPSY MOTH CONTROL	3,245.65
Total for fund 249 BUILDING INSPECTION F	37.66
Total for fund 261 911 SERVICE FUND	62,199.85
Total for fund 262 HOMELAND SECURITY G	65,550.00
Total for fund 281 AIRPORT	18,576.20
Total for fund 292 CHILD CARE FUND	20,032.18
Total for fund 413 ANIMAL SHELTER BLDG	60,205.19
Total for fund 496 CAPITAL PROJECTS FUNI	84,990.00
Total for fund 588 TRANSPORTATION FUNI	26,329.45
Total for fund 637 BUILDING AND GROUNE	5,699.65
Total for fund 645 ADMINISTRATIVE SERVIC	496.95
Total for fund 701 GENERAL AGENCY	2,928.67
Total for fund 704 PAYROLL IMPREST FUNI	3,785.98
TOTAL - ALL FUNDS	398,049.98

RESOLUTION NO. OCR 12-03
COMMENDATION IN HONOR OF ROBERT DIESING
OTSEGO COUNTY BOARD OF COMMISSIONERS
January 24, 2012

WHEREAS, Robert E. Diesing has been a resident of Gaylord close to 40 years; and

WHEREAS, Bob married his wife, Jackie in 1957; and

WHEREAS, Bob has served on many boards and volunteer positions in Otsego County;
and

WHEREAS, Bob was past president of the Kiwanis Club; past Commissioner serving the Otsego County Board; Otsego County Library Board; Crossroads Industries; Northeast Michigan Consortium Board; Northeast Michigan Health Plan Board; Executive Director of Gaylord Community Foundation; Trustee of Hayes Township Board; and

WHEREAS, Bob is very dedicated about everything he is involved in and gives his best. He promotes being a volunteer and helping others; and

WHEREAS, Bob enjoys his retirement spending time with his wife, Jackie, their children, grandchildren and great-grandchildren; and

WHEREAS, the Otsego County Board of Commissioners appreciates the dedication and service that Bob has given to his community, boards, organizations and commissions; now, therefore, be it

RESOLVED, that the Otsego County Board of Commissioners, hereby recognizes and honors the outstanding contributions that Robert Diesing has made to our community and wish him the best in his future endeavors.