

April 22, 2014

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 Lee Olsen. Invocation by Commissioner Ken Borton, followed by the Pledge of Allegiance led by Ken Glasser.

Roll call:

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

Motion by Commissioner Paul Liss, to approve the regular minutes of April 8, 2014 with attachments. Motion to amend above motion by Commissioner Paul Liss to correct the minutes to read the Administrator reported on the Community Center floor leak. Vote on amendment- Unanimous. Vote on amended motion- Unanimous. Motion carried as amended.

Consent Agenda:

Motion to approve the purchase of the AS400 system for a total cost of \$36,801.25 along with any associated budget amendment. Ayes: Unanimous. Motion carried.

Motion to approve 2013 Year End budget amendment. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve 2014 Animal Control Fund budget amendment. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve 2013 Animal Control Fund budget amendment. Ayes: Unanimous. Motion carried. (see attached)

Motion to update the Millage Request Policy by removing Section 4 A. Number 12. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the Jury Board Reappointment of Nancy Ross with the term to expire on 4-30-2020. Ayes: Unanimous. Motion carried.

Motion to adopt, OCR 14-16 Intent to apply for Financial Assistance Year 2015.

Roll Call:

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

Nays: None.

Motion carried/Resolution adopted. (see attached)

Administrator's Report:

John Burt reported the Auditors are here; DDA Strategic Planning Session; Economic Alliance and Sheriff move.

Airport Aerospace Project CDBG Grant Closeout Public hearing was opened at 9:40 a.m.
Airport Aerospace Project CDBG Grant Closeout Public hearing was closed at 9:45 a.m.

Special Presentations:

Ken Glasser reported on NEMCSA.

Department Head Report:

Jon Deming reported on EMS.

Committee Reports:

Motion by Commissioner Paul Beachnau to approve a loan for \$124,775 to EMS for the purchase of a new ambulance to be repaid over 5 years at an interest rate of 4% along with any required budget amendment. Ayes: Unanimous. Motion carried.

Motion by Commissioner Paul Beachnau to approve the purchase of twelve APX6000 Radios for a total cost of \$34,698 to be paid from the 911 Service fund (fund 261) along with any required budget amendment. Ayes: Unanimous. Motion carried.

Motion by Commissioner Paul Beachnau to award the digital orthophoto bid to Ayres as the low bidder at \$44,209 along with any required budget amendment. Ayes: Unanimous. Motion carried.

Motion by Commissioner Paul Beachnau to purchase four copies of MapInfo for a total cost of \$6,876 to be paid out of the Equipment Fund (fund 266) along with any required budget amendment. Ayes: Unanimous. Motion carried.

Motion by Commissioner Paul Liss to approve the Cell Phone Reimbursement Policy. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the MERS Health Care Savings Program Agreement. Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Paul Liss to change one part-time Bus Driver Position to a full time Bus Driver position along with the associated budget amendment at an approximate cost increase of \$7,500 to be funded from the Bus Fund (fund 588) along with any required budget amendment. Ayes: Unanimous. Motion carried.

City Liaison, Township and Village Representatives- No reports.

Bill Wishart reported on the City Council meeting.

Roberta Tholl reported on the Road Commission.

Correspondence: Chairman Lee Olsen received a letter from Huron Pines.

New Business:

Motion by Commissioner Doug Johnson, to approve the April 15, 2014 Warrant in the amount of \$99,966.41 as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Bruce Brown, to approve the April 22, 2014, Warrant in the amount of \$241,552.21 as presented. Ayes: Unanimous. Motion carried.

Public Comment:

Chairman Lee Olsen opened up the meeting for public comment.

Board Remarks:

Commissioner Paul Beachnau had no report.

Commissioner Tammy LaBouef reported on Veterans Affairs.

Commissioner Doug Johnson reported on the Parks and Recreation meeting.

Commissioner Erma Backenstose attended the Zonta Luncheon.

Commissioner Paul Liss reported on the status of the casino in Vanderbilt.

Commissioner Bruce Brown had no report.

Commissioner Rich Sumerix reported on the Bagley Township meeting.

Commissioner Ken Borton attended the Michigan Northern Counties Association meeting; Planning Commission meeting.

Chairman Lee Olsen had no report.

Meeting adjourned at 10:40 a.m.

Lee Olsen, Chairman

Susan I. DeFeyter, Otsego County Clerk



OTSEGO COUNTY BUDGET AMENDMENT

FUND/DEPARTMENT: General Fund

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 Final 2013 allocation - page 2 of 2

Account Number	Decrease	Increase
647-050-699.030 Transfer In	\$	\$123,000
208-050-699.030 Transfer In	\$	\$30,000
260-050-699.030 Transfer in	\$	\$100,000
266-050-699.030 Transfer In	\$	\$100,000
481-050-699.030 Transfer In		\$50,000
499-050-699.030 Transfer In		\$150,000
Total	\$	\$553,000

EXPENDITURE

Account Number	Increase	Decrease
647-851-704.110 Health Insurance	\$123,000	\$
208-941-999.990 Contribution to Fund Balance	\$30,000	\$
260-270-801.020 Legal Services	\$100,000	\$
266-941-999.990 Contribution to Fund Balance	\$100,000	\$
481-941-999.990 Contribution to Fund Balance	\$50,000	\$
499-941-999.990 Contribution to Fund Balance	\$150,000	\$
Total	\$553,000	\$553,000

Department Head Signature

Date

Administrator's Signature

Date

Finance Department
Entered:
By:

Board Approval Date (if necessary)

Budget Adjustment #

Posting Number



Millage Request Policy

1. Purpose. The Otsego County Board of Commissioners is, by law, responsible for determining whether a countywide property tax millage will be placed on the ballot for consideration by the voters of Otsego County. To assist in its review and consideration of such requests, the Otsego County Board of Commissioners has adopted this "Millage Request Policy". Persons or entities, other than the County Board of Commissioners, seeking to have a new county-wide property tax millage placed on the ballot by the Board are expected to comply with its terms.
2. Authority. The Board of Commissioners may establish such rules and regulations regarding the business concerns of the County as the Board considers necessary and proper. See: MCL 46.11(m); 46.71, Act 156 of the Public Acts of 1851, as amended.
3. Application. This policy applies to any agency not currently receiving a property tax millage.
4. Procedure.
 - A. At a minimum, county-wide property tax millage requests must include, in writing:
 1. The name, address, and telephone number(s) of the entity, person, or persons seeking the county-wide property tax millage.
 2. The amount of mills sought, the proposed duration of the millage, and a calculation stating and clearly explaining the amount of tax dollars anticipated to be generated in the first year the millage is to be in effect.
 3. A written narrative description of the purpose, project, or projects for which the millage is sought. The narrative should explain why it is necessary to adopt a county-wide property tax millage to accomplish the purpose, explain what alternative efforts have been made to obtain funding, and state why it is necessary to fund the purpose through the mechanism of a county-wide property tax millage.
 4. A statement of how anticipated revenues from the millage will be spent in each year it is in effect.
 5. A statement as to how funding for the project is to be accomplished (if at all) at the conclusion of the duration of the requested millage.
 6. The date upon which the vote is sought must be supplied. In the general course, a county-wide property tax millage request, in the form set forth herein, must be submitted to the Otsego County Board of Commissioners not less than ninety (90) days prior to the date for the final determination of a ballot language.

7. Legal authority for a county-wide millage for the purpose stated herein.
 8. Copy of the requesting agencies budget for both the current year and the previous year.
 9. Copy of the latest audit for the requesting agency.
 10. Any letters, petitions, and/or resolutions supporting the proposed millage.
 11. Any other information the proponents of the county-wide property tax millage believe is important for the Board of Commissioners to consider in evaluating the request.
 - ~~12. A petition signed by a number of qualified and registered voters residing in the County equal to not less than 20% of the total votes cast for all candidates for governor at the last preceding general election at which a governor in Michigan was elected. The above petition requirement is waived for the extension of an existing millage and for improvements to county-owned facilities when those improvements are included in the Otsego County Capital Improvement Plan.~~
- B. Millage requests under this policy should be submitted in one (1) original form to the County Administrator.
- C. Following receipt of the written materials required herein, the Otsego County Board of Commissioners shall, as part of a regularly scheduled meeting, notice and hold at least one public hearing on the millage vote request.
- D. As part of its consideration of such a request, the Otsego County Board of Commissioners may:
1. At a regularly scheduled meeting following the date of the public hearing, adopt ballot language to place the county-wide property tax millage on the ballot and schedule an election therefore. The cost of any special election to be borne by the requesting agency.
 2. Takes such other action as it deems appropriate.

Adopted: August 27, 2013

OCR 14-16
INTENT TO APPLY FOR FINANCIAL ASSISTANCE FOR FISCAL YEAR 2015
UNDER ACT 51 OF THE PUBLIC ACTS OF 1951, AS AMENDED.

Otsego County Board of Commissioners
April 22nd, 2014

WHEREAS, Pursuant to Act 51 of the Public Acts of 1951, as amended (Act 51), it is necessary for **OTSEGO COUNTY BUS SYSTEM (OTSEGO COUNTY)**, (hereby known as THE APPLICANT) established under Act 94, to provide a local transportation program for the state fiscal year of 2015 and, therefore, apply for state financial assistance under provisions of Act 51; and

WHEREAS, it is necessary for **THE APPLICANT** to name an official representative for all public transportation matters, who is authorized to provide such information as deemed necessary by the State Transportation Commission or department for its administration of Act 51; and

WHEREAS, it is necessary to certify that no changes in eligibility documentation have occurred during the past State fiscal year; and (State Operating Assistance Program only)

WHEREAS, the performance indicators for this agency have been reviewed and approved by **THE APPLICANT**; and (State Operating Assistance Program only)

WHEREAS, **THE APPLICANT**, has reviewed and approved the proposed balanced (surplus) budget, and funding sources of estimated federal funds \$278,400.00, estimated state funds \$631,000.00, estimated local funds \$300,000.00, estimated farebox \$130,000.00, estimated other funds \$ 356,617.00 with total estimated expenses of \$1,740,00.00 , now, therefore, be it

RESOLVED, that **THE APPLICANT** hereby makes its intentions known to provide public transportation services and to apply for state financial assistance with this annual plan, in accordance with Act 51, and be it further

RESOLVED, that the Otsego County Board of Commissioners hereby appoints Theron D. Higgins as the Transportation Coordinator, for all public transportation matters, who is authorized to provide such information as deemed necessary by the State Transportation commission or department for its administration of Act 51 for FY2015.



Otsego
COUNTY
M I C H I G A N

Cell Phone Allowance Procedure

A. **Eligibility:** To be eligible for a cell phone stipend, the employee must meet at least one of the following criteria:

- The job function of the employee (during normal working hours) requires considerable time outside of the assigned office or work area and it is important that the employee is accessible during this time.
- The job function of the employee requires them to be accessible outside of scheduled or normal working hours (while at home, out of town, etc.)

Should an employee require the use of a cell phone for essential functions of their position, but does not wish to have a personal cell phone, the County will continue to provide one to the employee.

All Cell Phone Allowance Reimbursement Requests must be pre-approved by the County Administrator.

B. **Payment:**

Employees who are eligible to receive a stipend for cell phone usage will receive the stipend in their payroll on a monthly basis. Approved stipend levels will be determined by County Administration and will be reviewed on a periodic basis. The allowance will show as a separate line on the employee's pay statement and will not increase the employee's base salary. This allowance will not be subject to taxes.

C. **Responsibility:**

The employee is responsible for the purchase of both the cell phone and the service plan. Costs for cosmetic or technical cell phones or any "extras" that have no business purpose are the responsibility of the employee.

In positions where advanced cell phone features such as email, internet, or calendar access are required for business purposes, approval for additional stipend dollars may be obtained from County Administration.

All service contracts are to be between the employee and the service provider. All service fees, overage charges, termination charges, etc. are the responsibility of the employee.

Employees who receive the stipend will be required to maintain a coverage plan suitable for their needs (both business and personal) and to provide the phone number to both Human Resources and their department head. If discontinuation of service occurs for any reason, the employee must notify the County immediately.

Should an employee-owned phone be damaged or broken for any reason (even if while

performing their job duties), it is the responsibility of the employee to repair or replace the phone.

The County will pay the employee a non-taxable stipend on a monthly basis as full reimbursement for County usage. It is the responsibility of the employee to ensure the stipend level is appropriate.

Approved stipend levels are:

Standard: Voice
\$38.00/month

Premium: Voice and Data
\$60.00/month

Adopted:
Revised:

DRAFT



County-Issued Cellular Phone for Business Only

Acknowledgement Form

I acknowledge that I have read and understand the County's Cellular Phone procedure and confirm that I will comply with its guidance and terms.

I further acknowledge that the usage of this equipment is subject to monitoring by the County at its discretion.

I will return the County's issued phone at the end of my employment with the County or if my assignment no longer requires the device.

Cellular Phone Number: _____

Employee Signature: _____

Employee Name (printed): _____ Date: _____

Manager's Signature: _____

County Administration: _____

Return Original to Human Resources



Stipend Request for Business Use of Employee-Owned Cellular Phone

Acknowledgement Form

I acknowledge that I have read and understand the County's Cellular Phone procedure and confirm that I will comply with its guidance and terms.

I further acknowledge that I am willing to permit the use of my personally acquired and maintained phone for official County business in exchange for the stipend amount specified by the plan I require. I am aware that if the phone is damaged or broken while being used for County business, I am responsible to repair and/or replace it at my own expense.

I confirm that in exchange for the stipend below I will:

- Ensure my phone number is available to all employees who require access to it as agreed to between me and my supervisor.
- Provide documentation to the County (when requested) to demonstrate that actual usage supports my stipend request.
- Maintain a coverage plan for each month for which I receive a stipend, and that should my coverage be discontinued for any reason, I will notify the County immediately.
- Be responsible for the purchase of both the cell phone and the service plan. Costs for cosmetic or technical cell phones or any "extras" that have no business purpose are my responsibility.

Cellular Phone Number: _____

Voice \$38 Voice/Data \$60

Employee Signature: _____

Employee Name (printed): _____ Date: _____

Manager's Signature: _____

County Administration: _____

Payroll acknowledgement: _____

Return Original to Human Resources

MERS Health Care Savings Program Participation Agreement



1134 Municipal Way Lansing, MI 48917 | 800.767.2308 | Fax 517.703.9711

I. PARTICIPATING EMPLOYER

Employer Name: Otsego County
(Name of municipality or court)

Municipality Number: 6902 Division Number: _____

II. EFFECTIVE DATE

1. If this is the initial Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of the program here adopted shall be:

June 01, 2014
(Date)

2. If this is an amendment and restatement of an existing Participation Agreement relating to the MERS Health Care Savings Program for this covered group, the effective date of this amendment and restatement shall be effective: _____
(Date)

This Participation Agreement is intended to replace and serve as an amendment of the Employer's preexisting program, which was originally effective: _____
(Date)

III. COVERED EMPLOYEE GROUPS

A participating Employer may cover all of its employee groups, bargaining units or personnel/ employee classifications ("Covered Group"), in Health Care Savings Program. **Contributions shall be made on the same basis within each Covered Group identified by this agreement, and remitted as directed by the Program Administrator.** If the Employer has varying coverage or contribution structures between groups, a separate agreement will need to be completed for each covered group. This agreement encompasses the following group(s):

Non-Union specific positions of County Administrator, Sheriff, and Asst to County Administrator who opted out of retiree health care
(Name/s of HCSP covered group/s)

IV. ELIGIBLE EMPLOYEES

Only Employees of a "municipality" may be covered by the Health Care Savings Program Participation Agreement. Independent contractors may not participate in the Health Care Savings Program. Subject to other conditions in the Trust Document and this Participation Agreement, the following Covered Group of Employees are deemed to be "qualified persons" eligible to participate in the Health Care Savings Program:

Check one or both:

With respect to Covered Groups, this Participation Agreement covers all employees who are in a collective bargaining unit, subject to the terms of the collective bargaining agreement.

With respect to Covered Groups, this Participation Agreement covers all employees who are subject to the same personnel policy, according to the terms of the policy.

MERS Health Care Savings Program Participation Agreement

REINSTATEMENT OF FORFEITURES. If a Participant experiences Forfeiture, but is re-employed by the same employer within a defined period assets may be reinstated to the Participant's HCSP account.

Check only one:

- Yes, reinstate all Forfeitures for participants re-employed within _____ period.
(Time period)
- No, do not reinstate Forfeitures.

- B. Mandatory Salary Reduction (Before-Tax) Contributions.** Before-tax Employer Contributions to the Health Care Savings Program Sub-Trust shall be made that represent a mandatory salary reduction resulting from collective bargaining or the establishment of a personnel policy. These reductions may be made as a percentage of salary or a specific dollar amount.

Contribution structure (specify):

\$40/mth

- C. Mandatory Leave Conversion (Before-Tax) Contributions.** Before-tax Employer Contributions to the Health Care Savings Program Sub-Trust shall be made that represent a mandatory conversion of accrued leave including, but not limited to vacation, holiday, sick leave, or severance amounts otherwise paid out, to a cash contribution. These contributions may be calculated as a percentage of accrued leave or a specific dollar amount representing the accrued leave. Leave conversions may be made on an annual basis or at separation from service, or at such other time as the Employer Indicates. *(Note: The leave conversion program shall not permit employees the option of receiving cash in lieu of the employer contribution.)*

Check one or more:

- As of _____, _____ % of _____
Annual date or X weeks before termination Percentage Type of Leave Conversion (sick, vacation, etc.)
must be contributed to the HCSP.
- As of _____, _____ % of _____
Annual date or X weeks before termination Percentage Type of Leave Conversion (sick, vacation, etc.)
must be contributed to the HCSP.
- As of _____, _____ % of _____
Annual date or X weeks before termination Percentage Type of Leave Conversion (sick, vacation, etc.)
must be contributed to the HCSP.
- As of _____, _____ % of _____
Annual date or X weeks before termination Percentage Type of Leave Conversion (sick, vacation, etc.)
must be contributed to the HCSP.

MERS Health Care Savings Program Participation Agreement

Post-Tax Employee Contributions. Post-tax Employee Contributions made by Eligible Employees within the Covered Group(s) shall be remitted as directed by the Program Administrator, to be credited to the individual accounts of Eligible Employees. All Employee Contributions must be remitted to MERS along with the Participation Report.

VI. MODIFICATION OF THE TERMS OF THE PARTICIPATION AGREEMENT

If a Participating Employer desires to amend any of its previous elections contained in this Participation Agreement, including attachments, the Governing Body by official action must adopt a new Participation Agreement and forward it to the Board for approval. The amendment of the new Participation Agreement is not effective until approved by the Board and other procedures required by the Trust Agreement and Plan Document have been implemented.

VII. STATE LAW

To the extent not preempted by federal law, this agreement shall be interpreted in accordance with Michigan law.

VIII. TERMINATION OF THE PARTICIPATION AGREEMENT

This Participation Agreement may be terminated only in accordance with the Trust Agreement.

IX. EXECUTION BY GOVERNING BODY OF MUNICIPALITY

The foregoing Participation Agreement is hereby adopted and approved on the 22 day of April, 2014 at the official meeting held by Otsego County
(Name of approving employer)

Authorized Signature: _____

Title: Chair, Board of Commissioners

Witness Signature: _____

Received and Approved by the Municipal Employees' Retirement System of Michigan

Dated: _____, 20____

(Authorized MERS signatory)