



## 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, September 8, 2009 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 and Correction of Regular Minutes of August 25, 2009 w/attachments

Administrator's Report

Special Presentation

A. Otsego Conservation District - Jack Middleton

Department Head Report

A. Sheriff's Quarterly Update - Jim McBride

B. Housing/Veterans/Grants Update - Marlene Hopp

City Liaison, Township & Village Representatives

Correspondence

New Business

A. Financials

1. September 1, 2009 Warrant

2. September 8, 2009 Warrant

Public Comment

Board Remarks, Announcements, and informal discussions

Adjournment

August 25, 2009

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 Glasser. Invocation by Commissioner Bates, followed by the Pledge of Allegiance led by Commissioner Brown.

Roll call:

Present: Backenstose, Bates, Beachnau, Glasser, Harkness, Brown, Hyde, Johnson, Liss.

The Regular minutes of August 11, 2009 with attachments were approved as presented.

Consent Agenda:

Motion to approve the bus system controlled substances and alcohol policy update. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the reappointment of Jim Hilgendorf to the Otsego County Planning Commission with the term to expire August 25, 2012. Ayes: Unanimous. Motion carried.

Motion to approve the appointment of Michael A. McCarthy to the Zoning Board of Appeals, with the term to expire December 31, 2010. Ayes: Unanimous. Motion carried.

Motion to approve the reappointment of Paul L. Liss to the Brownfield redevelopment authority with the term to expire on July 31, 2012. Ayes: Unanimous. Motion carried.

Motion to approve the reappointment of Sharon Weber to the Library board with the term to expire on August 31, 2014. Ayes: Unanimous. Motion carried.

Motion to approve the Parks and Recreation budget amendment as presented. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the general fund budget amendment for the BSA annual support fee as presented. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the Sheriff Budget amendment as presented. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the purchasing policy update. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the component unit property and liability insurance policy as presented. Ayes: Unanimous. Motion carried. (see attached)

Motion to approve the legal defense contract renewal. Ayes: Unanimous. Motion carried.

**Administrator's Report:**

John Burt reported on the exterior painting; Cross Street bump outs; DNR open space grant project with October 1, 2009 deadline; Power wash cannon; Justice & Public Safety Committee name has changed to Criminal Justice Coordinating Committee.

**Department Head Report:**

Mike Thompson reported on the Emergency Management/9-1-1.

Motion by Commissioner Hyde, to approve the Otsego County Building Emergency Response manual. Ayes: Unanimous. Motion carried. (see attached)

**Committee Reports:**

Motion by Commissioner Liss, to approve the transportation of passengers with special medical needs policy. Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to approve the Health Care fund budget amendment for the wellness program. Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to approve the loan of up to \$155,620 to EMS for the purchase of an ambulance from the public improvement fund (fund 245) with repayment over 60 months at a 4.3% interest rate. Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to award the audit bid to Anderson & Tackman as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Beachnau, to award the Clerk/ROD remodeling bid to Burdco with funds to come from the Capital Projects Fund (Fund 499) Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to award the Jail Ventilation bid to Ballards with funds to come from the Capital Projects Fund (Fund 499) Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to award the Animal Control architectural bid to Butcher and Associates at a cost of \$7,400 with funds to come from the Animal Control fund balance (fund 413). Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to approve the Contingency Fund Budget Amendment for the upgrade of the County's property information website. Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to approve the Contingency Fund (101-941) Budget Amendment for the TIGER grant support request. Ayes: Unanimous. Motion carried. (see attached)

Motion by Commissioner Beachnau, to pursue the option of establishing a part-time recycling educator/volunteer coordinator position and to request funding for the program from the local municipalities. Ayes: Unanimous. Motion carried.

Elizabeth Haus updated on the Village of Vanderbilt.

Correspondence:

Commissioner Backenstose received a letter regarding County unemployment and food assist.

July 2009 financial reports presented to the Board.

New Business:

Motion by Commissioner Harkness, to approve the August 18, 2009 Warrant in the amount of \$170,924.52 as presented. Ayes: Unanimous. Motion carried.

Motion by Commissioner Bates, to approve the August 25, 2009 Warrant in the amount of \$120,355.22 as presented. Ayes: Unanimous. Motion carried.

Public Comment:

Mary Jergenson addressed the Board.

Mike Thompson will distribute the flu information to the Board; Evacuation drills of several local hospitals including OMH.

Don Nordeen addressed the Board.

Board Remarks:

Commissioner Backenstose: Equalization.  
Library.

Commissioner Bates: Invited everyone to the Fair.

Commissioner Beachnau: Livingston Township.  
City council meeting.

Commissioner Brown: Green House Livingston Township.  
Old cars on Main Street past Saturday.  
Oct 2&3 Octoberfest under pavilion.  
October 4, 2009 fallen soldiers memorial dedication.

Chairman Glasser: Road Commission.  
North East Consortium.

Commissioner Harkness:            Airport.  
   NEMCOG.

Commissioner Hyde:                Concern about inflatables on the Courthouse lawn.

Commissioner Johnson:            MAC Conference attendance.

Commissioner Liss:                 Mental health.

Meeting adjourned at 11:30 a.m. at the call of the Chair.

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Kenneth R. Glasser, Chairman

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Lynn Branch, Chief Deputy Clerk



**OTSEGO COUNTY  
BUDGET AMENDMENT**

**FUND/DEPARTMENT: Building and Grounds / *Capital Projects***

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**    *Clerk office remodeling project*

Account Number	Decrease	Increase
637-050-400.001 Budgeted Use of Fund Balance	\$	\$8,000
499-050-699.030 Transfers In	\$	\$8,000
- -	\$	\$
- -	\$	\$
<b>Total</b>	\$	\$

**EXPENDITURE**

Account Number	Increase	Decrease
637-941-999.000 Transfers Out	\$8,000	\$
499-901-970.300 Property-Improvements	\$8,000	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
<b>Total</b>	\$	\$

*Rachel Frisch*  
Department Head Signature

*8-20-09*  
Date

<b>Finance Department</b>	
Entered:	
By:	

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (if necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number



**OTSEGO COUNTY  
BUDGET AMENDMENT**

**FUND/DEPARTMENT: Building and Grounds / *Capital Projects***

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

**REVENUE**   jail ventilation project

Account Number	Decrease	Increase
637-050-400.001 Budgeted Use of Fund Balance	\$	\$48,500
499-050-699.030 Transfers In	\$	\$48,500
-                    -	\$	\$
-                    -	\$	\$
<b>Total</b>	\$	\$

**EXPENDITURE**

Account Number	Increase	Decrease
637-941-999.000 Transfers Out	\$48,500	\$
499-901-970.300 Property-Improvements	\$48,500	\$
-                    -	\$	\$
-                    -	\$	\$
-                    -	\$	\$
-                    -	\$	\$
<b>Total</b>	\$	\$

Rachel Frisch  
Department Head Signature

8-20-09  
Date

<b>Finance Department</b>
Entered:
By:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (if necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number



**OTSEGO COUNTY  
BUDGET AMENDMENT**

**FUND/DEPARTMENT: Animal Shelter Building 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**    animal control building architectural services

Account Number	Decrease	Increase
413-050-400.001 Budgeted Use of Fund Balance	\$	\$8,000
	\$	\$
-                    -	\$	\$
-                    -	\$	\$
<b>Total</b>	\$	\$

**EXPENDITURE**

Account Number	Increase	Decrease
413-901-970.300 Property-Improvements	\$8,000	\$
	\$	\$
-                    -	\$	\$
-                    -	\$	\$
-                    -	\$	\$
-                    -	\$	\$
<b>Total</b>	\$	\$

Rachel Frisch  
Department Head Signature

8-20-09  
Date

<b>Finance Department</b>
Entered:
By:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (if necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number



## OTSEGO COUNTY BUDGET AMENDMENT

### FUND/DEPARTMENT: GIS/General 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**    property information website

Account Number	Decrease	Increase
618-050-699.030 Transfers In	\$	\$15,000
	\$	\$
-            -	\$	\$
-            -	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

**EXPENDITURE**

Account Number	Increase	Decrease
101-941-999.000 Contingency	\$	\$15,000.
101-978-999.000 Appropriation-Mapping	\$15,000	\$
618-447-920.430 Web Maintenance	\$15,000	\$
-            -	\$	\$
-            -	\$	\$
-            -	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

Rachel Trisch  
Department Head Signature

8-20-09  
Date

<b>Finance Department</b>
Entered:
By:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (if necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number



## 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    TIGER Grant appropriation**

Account Number	Decrease	Increase
	\$	\$
	\$	\$
-            -	\$	\$
-            -	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

**EXPENDITURE**

Account Number	Increase	Decrease
101-941-999.000 Contingency	\$	\$700
101-729-999.000 Appropriation - TIGER Grant	\$700	\$
	\$	\$
-            -	\$	\$
-            -	\$	\$
-            -	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

Rachel Frisch  
Department Head Signature

8-20-09  
Date

<b>Finance Department</b>
Entered:
By:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (If necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number

# **OTSEGO COUNTY BUS SYSTEM**

## **Controlled Substances and Alcohol Policy**

### **I. PURPOSE**

Otsego County Bus System (OCBS) Controlled Substances and Alcohol Policy (the "Policy") was approved and adopted on August 25, 2009 by the Otsego County Board of Commissioners and is established to comply with the United States Department of Transportation (DOT) Regulations, specifically 49 CFR Parts 40, and 655(FTA). This policy is not intended to supersede any collective bargaining agreement except where Federal and State law takes precedence. In the absence of any Federal or State law, collective bargaining agreement or other legal requirement, this policy is to maintain a safe, healthful and efficient working environment for our employees, to protect OCBS property, equipment and operations, and to protect the motoring public from the negative effects of alcohol and drugs taken for medical and non-medical purposes.

The use and effects of controlled substances and alcohol pose very serious problems. This is particularly true in the transportation industry, which is subject to extensive government regulation. Not only can the use and/or abuse of drugs or alcohol jeopardize the health, safety and well being of the individual user and all of our employees, it can also endanger the safety of the general public, jeopardize the safety of the highways and cause serious accidents and casualties. In view of these problems, OCBS wants to clearly state its policy to accurately detect and to deter the use of drugs and alcohol in our transportation and work environment, either through testing, cessation of use, or termination of employment.

#### **Regulatory Requirements:**

All employees who perform safety-sensitive functions, as defined in DOT Regulation 49 CFR Part 655.4, are subject to the FTA's drug and alcohol regulations in 49 CFR Part 655.

***Items in italics are based on the independent authority of OCBS and are in addition to the provisions mandated by FTA regulations.***

Designated Company Representative (DER) Trisha M. Adam

Policy approved and adopted by the Otsego County Board of Commissioners on August 25, 2009.

Chairman, Board of Commissioners: \_\_\_\_\_  
Kenneth R. Glasser

August 25, 2009

This policy will take effect on August 25, 2009.

**OCBS Policy is as follows:**

**II. Application:**

The Policy applies to all OCBS employees (full- or part-time) who perform safety sensitive functions, on or off company premises, while conducting any transit related business. All activities listed below are considered safety sensitive.

- 1) Operating a revenue service vehicle, including when not in revenue service;
- 2) Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;
- 3) Controlling dispatch or movement of a revenue service vehicle;
- 4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service.
- 5) Carrying a firearm for security purposes.

For purposes of this policy the following DOT definitions are used.

- Accident means an occurrence associated with the operation of a vehicle, if as a result:
  - (1) An individual dies; or
  - (2) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or
  - (3) With respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-FTA funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or
  - (4) With respect to an occurrence in which the mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the mass transit vehicle is removed from operation.
- Adulterated specimen means a specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that is it not consistent with human urine.
- Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.
- Alcohol Concentration is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device.

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- **Canceled Test** means a drug test that has been declared invalid by a Medical Review Officer. A cancelled test is neither positive or negative.
- **Covered employee** means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function for an entity subject to this part. A volunteer is a covered employee if:
  - (1) The volunteer is required to hold a commercial driver's license to operate the vehicle; or
  - (2) The volunteer performs a safety-sensitive function for an entity subject to this part and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity.
- **Designated Employer Representative (DER)** means an employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.
- **Dilute specimen** means a specimen with creatinine and specific gravity values that are lower than expected for human urine.
- **Disabling damage** means damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.
  - (1) Inclusion. Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.
  - (2) Exclusions. (i) Damage that can be remedied temporarily at the scene of the accident without special tools or parts.
  - (ii) Tire disablement without other damage even if no spare tire is available.
  - (iii) Headlamp or tail light damage.
  - (iv) Damage to turn signals, horn, or windshield wipers, which makes the vehicle inoperable.
- **DOT or The Department** means the United States Department of Transportation.
- **DOT agency** means an agency (or "operating administration") of the United States Department of Transportation administering regulations requiring drug and alcohol testing.
- **Evidentiary Breath Testing Device (EBT)** means a device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the National Highway Traffic Safety Administration (NHTSA) conforming products list.
- **Employer** means a recipient or other entity that provides mass transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes subrecipients, operators, and contractors.
- **FTA** means the Federal Transit Administration, an agency of the U.S. Department of Transportation.
- **Medical Review Officer (MRO)** A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an

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employer's drug testing program and evaluating medical explanations for certain drug test results.

- Negative Dilute means a drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine.
- Negative test result means a verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.
- Non-negative test result means a test result found to be adulterated, substitute, invalid, or positive for drug/drug metabolites.
- Performing (a safety-sensitive function) means a covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.
- Positive test result means a verified presence of the identified drug or metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.
- Prohibited drug means marijuana, cocaine, opiates, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.
- Refuse to submit means any circumstance outlined in 49 CFR 40.191 and 40.261.
- Revenue Service Vehicles are all transit vehicles that are used for passenger transportation service or that require a CDL to operate. Includes all ancillary vehicles used in support of the transit system.
- Safety-sensitive function means any of the following duties, when performed by employees of recipients, subrecipients, operators, or contractors:
  - (1) Operating a revenue service vehicle, including when not in revenue service;
  - (2) Operating a nonrevenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;
  - (3) Controlling dispatch or movement of a revenue service vehicle;
  - (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service. This section does not apply to the following: an employer who receives funding under 49 U.S.C. 5307 or 5309, is in an area less than 200,000 in population, and contracts out such services; or an employer who receives funding under 49 U.S.C. 5311 and contracts out such services;
  - (5) Carrying a firearm for security purposes.
- Substance Abuse Professional (SAP) A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

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- **Vehicle** means a bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel. A mass transit vehicle is a vehicle used for mass transportation or for ancillary services.

### III. PROHIBITIONS

1. ***Use, possession, sales, or distribution of illegal drugs, unauthorized prescriptive drugs, controlled substances, and alcohol on OCBS premises or while working for OCBS is prohibited.***
2. Covered employees are prohibited from using alcohol
  - 1) 4 (four) hours prior to performing safety-sensitive functions.
  - 2) 8 (eight) hours following an accident or until a post-accident alcohol test is performed.
3. On-call employees are prohibited from the consumption of alcohol for the specified on-call hours of each covered employee who is on-call.  
The on-call employee will be given the opportunity to:
  - a) Acknowledge the use of alcohol at the time he or she is called to report to duty and the inability to perform his or her safety-sensitive function.
  - b) Take an alcohol test, if the covered employee has acknowledged the use of alcohol, but claims ability to perform his or her safety-sensitive function.
4. ***Being under the influence, impaired, or having detectable amounts, above the cut-off levels established by DHHS, of illegal drugs, controlled substances, or alcoholic beverages in your system, while on OCBS premises, while working for the OCBS, or while operating or in physical control of an OCBS vehicle, is prohibited.***
5. Consumption of the following 5 drugs is prohibited at all times. Employees can be tested anytime while on duty for these specified drugs.
  - 1) Marijuana metabolites
    - (i) Delta-9-tetrahydrocannabinol-9-carboxylic acid (THC);
  - 2) Cocaine metabolites (Benzoyllecgonine);
  - 3) Opiate metabolites
    - (i) Codeine
    - (ii) Morphine
    - (iii) 6-acetylmorphine (6-AM);
  - 4) Amphetamines
    - (i) Amphetamine
    - (ii) Metamphetamine;
  - 5) Phencyclidine (PCP).
6. Employees holding a CDL (Commercial Drivers License) are prohibited from committing a disqualifying offense as defined by CFR 49 Part 383.51  
This includes but is not limited to:
 

If a driver operates a motor vehicle and is convicted of:

  - 1) Being under the influence of alcohol as prescribed by State law.
  - 2) Being under the influence of a controlled substance.

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- 3) Having an alcohol concentration of 0.04 or greater while operating a CMV.
- 4) Refusing to take an alcohol test as required by a State or jurisdiction under its implied consent laws or regulations as defined in § 383.72 of this part.
- 5) Using the vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance.

*A copy of the full regulation is available from the DER.*

7. *Covered employees are prohibited from using prescription medication, without verification by a licensed physician, in writing, to OCBS that the medication poses no hazard to the individual or to others, and that it will not interfere with the safe performance of required duties.*

#### **IV. REQUIREMENTS**

##### **A. REPORTING REQUIREMENTS FOR COMMERCIAL DRIVER'S LICENSES.**

1. *Persons with commercial drivers licenses must notify OCBS within thirty (30) calendar days of any conviction for a traffic violation (other than a parking violation). The notification must be in writing and contain the following information:*
  - *Driver's license number.*
  - *Date of conviction.*
  - *The specific offenses and violations relating to motor vehicle control and any suspension, revocation, or cancellation of driving privileges.*
  - *Indication of whether the violation was in a commercial motor vehicle.*
  - *Location of offense.*
  - *Driver's signature.*
2. *Each employee who has a drivers license suspended, revoked or cancelled or loses the right to operate a commercial motor vehicle for any period must notify OCBS before the end of the business day following the receipt of notice of any suspension, revocation, cancellation, lost privilege or disqualification.*

##### **B. PRESCRIPTION DRUGS.**

*Anyone taking medication by a physician's order must have this verified, in writing, to OCBS by a licensed physician who must also verify that the medication poses no hazard to the individual or to others. Violation of this policy may result in disciplinary action, up to and including discharge.*

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## **C. CIRCUMSTANCES OF DRUG AND ALCOHOL TESTING**

Following are the specific circumstances under which a covered employee is required to be tested per FTA regulations.

### **1. PRE-EMPLOYMENT TESTING: Drug Only**

- Applicants for safety sensitive positions will be required to have a negative drug test result before their 1<sup>st</sup> performance of a safety sensitive function. If the test is canceled, the employee must retake and pass the test before being hired. An employee being transferred into a safety sensitive position must provide a verified negative result prior to performing a safety sensitive function; or
- A covered employee or applicant who has previously failed or refused a DOT pre-employment drug test must provide evidence that they have completed a referral, evaluation, and treatment plan and have a verified negative result before returning to safety-sensitive duties; or
- If a covered employee who has not performed a safety sensitive function for 90 consecutive days or more and has not been in the employer's random selection pool shall take a pre-employment drug test with a verified negative result before returning to safety sensitive duties.

### **2. RANDOM TESTING -- Drug and Alcohol**

- The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing by Federal regulations. The current random testing rate for drugs established by FTA equals twenty-five (25%) percent of the number of covered employees in the pool and the random testing rate for alcohol established by FTA equals ten (10%) percent of the number of covered employees in the pool.
- All covered employees have an equal chance of being selected for random testing each time the selections are made throughout the year. Selections will be made quarterly.
- The selection is by a scientifically valid, computer based random number generator used by our C/TPA – OMS Compliance Services, Inc.
- The random tests will be conducted throughout the year and could be conducted on all days and hours during which OCBS is in operation.
- The random tests will be unannounced and employees are required to proceed to the test site immediately.

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- A covered employee will only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

### 3. POST-ACCIDENT – Drug and Alcohol

- Drug and Alcohol testing will be required after any accident that meets the FTA threshold (see Accident definition above) and;
  - Involves the loss of human life requires testing all surviving employees operating the mass transit vehicle and all other covered employees whose performance could have contributed to the accident.
  - Does not involve the loss of human life requires the testing of all covered employees operating the mass transit vehicle unless their performance can be completely discounted as a contributing factor based on the best information available at the time of the decision. All other covered employees whose performance could have contributed to the accident also must be tested.
- Drug testing must be completed as soon as possible, but not longer than 32 hours following the accident.
- Alcohol testing must be completed as soon as practicable and within 2 hours of the accident; and
- If not able to obtain a specimen within 2 hours, employer must file a report why not able and continue attempts to obtain a specimen; and
- If not able to obtain a specimen in 8 hours, cease attempts to obtain a specimen and update the two-hour written report.
- A covered employee subject to post-accident testing must remain readily available for such testing. Testing will be stayed while the employee assists in the resolution of the accident or receives medical attention following the accident.
- An employee subject to post accident testing who fails to remain readily available, including notifying OCBS or II's representative of his or her location if he or she leaves prior to the submission to such test, may be deemed by OCBS to have refused to submit to testing.

### 4. REASONABLE SUSPICION – Drug and Alcohol

- Drug and or Alcohol testing will be required when one or more trained supervisors or company officials can articulate and substantiate physical, behavioral, and performance indicators of probable drug use or alcohol misuse by personally observing

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the appearance, behavior, speech, or body odors of the covered employee.

- The employee may be directed to undergo reasonable suspicion alcohol testing only while the employee is performing, just prior to performing, or just after performing safety sensitive functions.
- Drug testing may be performed at any time the covered employee is on duty.
- The employee shall not be permitted to perform safety sensitive functions until a verified negative drug test result and an alcohol test with an alcohol concentration level of less than 0.02% is received by OCBS.
- The supervisor and/or company official shall file a signed, written record of the observations leading to the reasonable suspicion test within twenty-four (24) hours of the observed behavior or before the results of the test are released, whichever is earlier.
- In the interest of safety, OCBS will arrange for someone to take the employee to and from the collection site.

#### 5. RETURN-TO-DUTY & FOLLOW-UP TEST

- An employee, who is receiving assistance in resolving problems associated with alcohol misuse and/or use of controlled substances from a qualified Substance Abuse Professional (SAP), will be required to have a verified negative drug test and/or an alcohol test with a concentration level of less than 0.02% before being permitted to perform safety sensitive functions.
- Follow-up tests will be unannounced and will meet the requirements, as determined by the SAP, and will consist of no less than six (6) tests within the first twelve (12) months of the employees return to duty.
- Return to duty and Follow-up testing will be conducted in accordance with 49 CFR 40, subpart O, including requiring an observed specimen collection.

#### D. DRUG AND ALCOHOL TESTING PROCEDURES

- All drug and alcohol testing will be conducted in accordance with DOT regulation 49 CFR Part 40 as amended.
- This ensures the protection of the employee and the integrity of the testing process;
- Safeguards the validity of the test results; and
- Ensures that test results are attributed to the correct employee.
- A copy of regulation 49 CFR Part 40 is available for review by any employee, when requested from the DER.

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- Urinalysis for drug:
  - Split specimen collection method
  - USDOT Chain of Custody and Control Form with unique number for identification
  - Initial screen
  - Confirmatory test – gas Chromatography/mass spectrometry
  - Medical Review Officer review
- Breath testing for alcohol
  - Initial screen; evidential or non-evidential breath or saliva test
  - Confirmatory test: evidential breath testing device
- Specimen validity will be conducted on all urine specimens provided under DOT authority.
  - Validity Testing is the evaluation of the specimen to determine if it is consistent with normal human urine (i.e. adulteration, dilution, substitution).
  - Employees do not have access to a test of their split specimen following an invalid result.

#### E. REQUIREMENT TO SUBMIT TO DRUG AND ALCOHOL TESTING

- All covered employees are required to submit to drug tests, as defined in C) Circumstances of drug and alcohol testing, administered in accordance to Part 655.
- All covered employees are required to submit to alcohol tests, as defined in C) Circumstances of drug and alcohol testing, administered in accordance to Part 655.

#### F. DILUTE NEGATIVE POLICY

- Employees who produce dilute negative specimens, as reported by the MRO, shall be required to submit another specimen immediately, per 49CFR Part 40, under non-observed conditions.
- The result of the second test becomes the test of record, on which the employer will rely for purposes of this policy.
- An applicant or employee with a dilute negative result, having a Creatinine level greater than 2mg/dL, but less than 5mg/dL will be directed to take another test immediately under direct observation in accordance with the directions of the MRO, as authorized under 49 CFR Part 40. No third collection is authorized if the second collection is dilute; it becomes the test of record.

#### G. REFUSAL TO TEST

Refusal to take a required drug or alcohol test constitutes a violation of OCBS Controlled Substances and Alcohol Policy, and is treated the same as a  
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positive result under DOT regulations. This section explains the situations that are considered to constitute a refusal to test per DOT regulation 49 CFR Part 655.

#### REFUSAL – DRUG AND ALCOHOL TEST

1. You have refused to test if you fail to appear in a reasonable time, except for a pre-employment test. Upon notification of a required test, you must immediately stop performing any safety sensitive function and proceed directly to the collection site.
2. You have refused to test if you fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test.
3. You have refused to test if you fail to provide a breath or urine specimen for any drug or alcohol test required by DOT agency regulations.
4. You have refused to test if you fail to provide a sufficient specimen, with no medical explanation, for any drug or alcohol test required by DOT agency regulations.
5. You have refused to test if you fail to undergo a medical examination or evaluation, as directed by the MRO or DER, as part of the verification process.
6. You have refused to test if you fail to follow the observer's instructions or fail cooperate with any part of the testing process, for example, refusing to empty pockets when directed by the collector, or behaving in a confrontational way that disrupts the process.
7. You have refused a test if you are a covered employee who leaves the scene of an accident without legitimate explanation prior to submission to drug/alcohol tests.
8. You have refused a test if you possess or wear a prosthetic or other device that could be used to interfere with the collection process.
9. You have refused a test if you admit to the collector or MRO that you adulterated or substituted the specimen.

#### REFUSAL - DRUG TESTING

1. Failure to permit monitoring or direct observation, as directed by the DER, Collector, or MRO, is a refusal to take a drug test.
2. Failure to take a second test as directed by the DER or Collector is a refusal to take a drug test.
3. If the specimen provided is verified as adulterated or substituted, by the MRO that constitutes a refusal to test.

#### REFUSAL - ALCOHOL TESTING

1. Refusal to sign the certification at Step 2 of the alcohol testing form constitutes a refusal to test.

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2. A covered employee who consumes alcohol within eight (8) hours following involvement in an accident without first having submitted to post-accident drug/alcohol tests."

Note: for pre-employment purposes, the following do not constitute a refusal: 1) Failure to appear; 2) Failure to remain at the collection site prior to the commencement of the test; or 3) Aborting a collection before the test commences. In addition, for DOT purposes, a refusal to take a company non-DOT test does not constitute a refusal to take a DOT test.

## **V. CONSEQUENCES FOR VIOLATION OF OCBS CONTROLLED SUBSTANCES AND ALCOHOL POLICY**

1. Immediately after receiving written notice from the MRO or a consortium/third party administrator (C/TPA) that a covered employee has a verified positive drug test result, or refused to submit to a drug test, OCBS shall require the employee to cease performing safety sensitive functions.
2. Any employee who has a confirmed positive drug test will be medically unqualified to perform safety sensitive functions until they complete an approved substance abuse program, have a negative Return to Duty drug test and have agreed to Follow-Up testing as prescribed by the substance abuse professional (SAP).
3. Immediately after receiving written notice of a positive confirmed alcohol test or an employee refuses to submit to an alcohol test, the employer shall require the employee to cease performing safety sensitive functions.
4. Any employee who has a confirmed positive alcohol test (0.04% concentration or greater) will be medically unqualified to perform safety sensitive functions until they complete an approved substance abuse program, have a negative Return to Duty alcohol test and have agreed to Follow-Up testing as prescribed by the substance abuse professional (SAP).
5. Any employee who tests between 0.02% but less than 0.04% will be asked to stand down from safety-sensitive duties for eight hours or until their alcohol level is below 0.02%.
6. *In addition to the penalties imposed by the Department of Transportation, the Company reserves the right to impose disciplinary action, up to and including discharge, for any violation of the Company's Substance Abuse Policy.*
7. *Any driver who is disqualified from driving because of a motor vehicle violation or who has their CDL suspended, revoked, or cancelled will be subject to disciplinary action, up to and including discharge.*
8. *Depending on the circumstances involved, OCBS may, at its sole discretion, offer employees who voluntarily request help with a drug or alcohol problem, the option of rehabilitation in lieu of discharge.*

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***Employees offered this option will be referred to a qualified professional or employee assistance program. The employee will be expected, as a condition of continued employment, to sign a return to work agreement, to follow the counselor's advice or any recommended program of rehabilitation, and to agree to follow up testing. Failure to do so, or any positive test result within a period of up to 60 months after the completion of the rehabilitation program, will result in disciplinary action, up to and including discharge.***

- 9. Any prospective employee who refuses to submit to pre-employment drug testing or who receives a verified positive test result will not be hired.**

## **VI. CONDITION OF EMPLOYMENT**

Compliance with OCBS Controlled Substances and Alcohol Policy is a condition of employment. Failure or refusal of an employee to cooperate fully or submit to any inspection or drug test as provided will be grounds for termination.

## **VII. System Contacts:**

**Medical Review Officer (MRO):**

John G. Cametas, M.D.  
Pembroke Occupational Health  
2307 N. Parham Road  
Richmond, VA 23229  
Phone: (804) 346-1010  
Fax: (804) 346-5050

**Substance Abuse Professional:**

Catholic Human Services  
1165 Elkview Drive  
Gaylord, MI 49735  
(989) 732-6761

**HHS Certified Laboratory Primary Speciman**

Medtox Laboratories  
PO Box 120119  
Saint Paul, MN 55112-0012

**HHS Certified Laboratory Split Speciman**

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The MRO will advise the employee or applicant that they have the right to have their split specimen tested at a HHS certified laboratory of their choice. Some of the certified laboratories choices are listed below:

Labcorp of America  
Quest Diagnostics  
Kroll Laboratory Specialists

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## VIII. Employee's Acknowledgement of OCBS Controlled Substances and Alcohol Policy

I acknowledge that I have been provided a copy of OCBS Controlled Substances and Alcohol policy.

*I acknowledge that policy items in italics are based on the independent authority of OCBS and are in addition to the provisions mandated by FTA regulations.*

I acknowledge that I understand the policy and that the following information was included in the materials.

1. The name of the person designated by the employer (DER) to answer employee questions about the policy.
2. The categories of employees who are subject to the provisions of Part 655;
3. Sufficient information about the safety sensitive functions performed by those employees to make clear what period of the day the driver is required to be in compliance with Part 655;
4. Specific information concerning employee behavior and conduct that is prohibited;
5. The circumstances under which an employee will be tested for prohibited drugs or alcohol misuse under Part 655;
6. The procedures that will be used to test for the presence of alcohol and drugs, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver.
7. The requirement that an employee submit to alcohol and drug tests administered in accordance with Part 655;
8. An explanation of what constitutes a refusal to submit to a controlled substances or alcohol test and the consequences of refusal;
9. The consequences of violation of this policy, including the mandatory requirement to remove covered employees from performing safety sensitive functions when they have a verified drug test result or confirmed alcohol concentrations of 0.04%, and the consequences for an employee who is found to have an alcohol concentration of 0.02% or greater but less than 0.04%.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**IX. EMPLOYEE ASSISTANCE PROGRAM**

**Otsego County Bus System supports Employee Assistance Programs. This policy supports the treatment of employees for controlled substances and alcohol abuse. Depending on the circumstances involved, OCBS may, in its sole discretion, offer employees who voluntarily request help with a controlled substance or alcohol problem the option of rehabilitation in lieu of termination.**

- a) The DER will supply employees of OCBS with information about treatment programs on a timely basis.**
- b) Employees offered this option will be referred to a qualified professional or employee assistance program. The employee is responsible for the cost of all rehabilitation treatment, return to duty tests, and follow-up testing.**
- c) As a condition of continued employment, the employee is required:**
  - 1. To sign a return to work agreement;**
  - 2. To follow the counselor's advice and/or any recommended program of rehabilitation; and**
  - 3. To agree to follow up testing.**
- d) Failure to follow the program, or any positive test result within a period up to 60 months after the completion of the rehabilitation program will result in discipline action, up to and including termination.**

**I acknowledge that I have been provided a copy of the OCBS Employee Assistance Program, and that I understand the policy and the consequences for violating the policy.**

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Covered Job Classifications:**

Bus Driver  
Dispatcher  
Chief Dispatcher  
Mechanic  
Lead Mechanic  
Driver/Dispatcher  
Lead Driver  
General Maintenance

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**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**    *transfer fund for the BSA annual support fee*

Account Number	Decrease	Increase
	\$	\$
	\$	\$
- -	\$	\$
- -	\$	\$
<b>Total</b>	\$	\$

**EXPENDITURE**

Account Number	Increase	Decrease
<i>101-94-999.000 Transfer Out / Contingency</i>	\$	\$ <i>11,700</i>
101-228-920.410 Service Contracts	\$11,700	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
<b>Total</b>	\$	\$

*Rachel Frisch*  
Department Head Signature

*8-20-09*  
Date

<b>Finance Department</b>	
Entered:	
By:	

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (if necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number



**OTSEGO COUNTY  
BUDGET AMENDMENT**

**FUND/DEPARTMENT: Equipment 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**    to purchase a trailer for the marine safety watercraft

Account Number	Decrease	Increase
266-050-400.001 Budgeted Use of Fund Balance	\$	\$500
- -	\$	\$
- -	\$	\$
- -	\$	\$
<b>Total</b>	\$	\$

**EXPENDITURE**

Account Number	Increase	Decrease
266-901-970.420 Property Vehicles	\$500	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
- -	\$	\$
<b>Total</b>	\$500	\$500

Rachel Frisch  
Department Head Signature

8-20-09  
Date

Finance Department
Entered:
By:

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date (if necessary)

\_\_\_\_\_  
Budget Adjustment #

\_\_\_\_\_  
Posting Number



# COUNTY OF OTSEGO Administrative Policy Manual

Policy Number  
  
**500.01**

Policy No <b>500.01</b>	Subject <b>Purchasing</b>	Date Issued <b>4/13/04</b>
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<p><b>Application</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>General Fund Functions</u></p> <p><input checked="" type="checkbox"/> General Fund Departments</p> <p><input type="checkbox"/> 46<sup>th</sup> Trial Court</p> <p><input type="checkbox"/> Joint Building Authority</p> <p><input checked="" type="checkbox"/> Other Jointly Governed Organizations</p> <p><u>Special Revenue Functions</u></p> <p><input checked="" type="checkbox"/> Parks and Recreation</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Social Welfare (Family Independence Agency)</p> <p><input type="checkbox"/> Commission on Aging</p> <p><input type="checkbox"/> Other Special Revenue Funds</p> <p><input checked="" type="checkbox"/> Building Authority</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Business-Type Functions</u></p> <p><input checked="" type="checkbox"/> Delinquent Tax Revolving</p> <p><input checked="" type="checkbox"/> Commissary</p> <p><input checked="" type="checkbox"/> Bus System</p> <p><input checked="" type="checkbox"/> Administrative Services</p> <p><input checked="" type="checkbox"/> Building and Grounds</p> <p><u>Component Units</u></p> <p><input type="checkbox"/> University Center</p> <p><input type="checkbox"/> Road Commission</p> <p><input type="checkbox"/> Ambulance</p> <p><input type="checkbox"/> Sportsplex</p> <p><input type="checkbox"/> Other:</p> </td> </tr> </table>	<p><u>General Fund Functions</u></p> <p><input checked="" type="checkbox"/> General Fund Departments</p> <p><input type="checkbox"/> 46<sup>th</sup> Trial Court</p> <p><input type="checkbox"/> Joint Building Authority</p> <p><input checked="" type="checkbox"/> Other Jointly Governed Organizations</p> <p><u>Special Revenue Functions</u></p> <p><input checked="" type="checkbox"/> Parks and Recreation</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Social Welfare (Family Independence Agency)</p> <p><input type="checkbox"/> Commission on Aging</p> <p><input type="checkbox"/> Other Special Revenue Funds</p> <p><input checked="" type="checkbox"/> Building Authority</p>	<p><u>Business-Type Functions</u></p> <p><input checked="" type="checkbox"/> Delinquent Tax Revolving</p> <p><input checked="" type="checkbox"/> Commissary</p> <p><input checked="" type="checkbox"/> Bus System</p> <p><input checked="" type="checkbox"/> Administrative Services</p> <p><input checked="" type="checkbox"/> Building and Grounds</p> <p><u>Component Units</u></p> <p><input type="checkbox"/> University Center</p> <p><input type="checkbox"/> Road Commission</p> <p><input type="checkbox"/> Ambulance</p> <p><input type="checkbox"/> Sportsplex</p> <p><input type="checkbox"/> Other:</p>	<p><b>Revised</b> <b>08/25/09</b></p> <p><b>Applicable Forms</b></p>
<p><u>General Fund Functions</u></p> <p><input checked="" type="checkbox"/> General Fund Departments</p> <p><input type="checkbox"/> 46<sup>th</sup> Trial Court</p> <p><input type="checkbox"/> Joint Building Authority</p> <p><input checked="" type="checkbox"/> Other Jointly Governed Organizations</p> <p><u>Special Revenue Functions</u></p> <p><input checked="" type="checkbox"/> Parks and Recreation</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Social Welfare (Family Independence Agency)</p> <p><input type="checkbox"/> Commission on Aging</p> <p><input type="checkbox"/> Other Special Revenue Funds</p> <p><input checked="" type="checkbox"/> Building Authority</p>	<p><u>Business-Type Functions</u></p> <p><input checked="" type="checkbox"/> Delinquent Tax Revolving</p> <p><input checked="" type="checkbox"/> Commissary</p> <p><input checked="" type="checkbox"/> Bus System</p> <p><input checked="" type="checkbox"/> Administrative Services</p> <p><input checked="" type="checkbox"/> Building and Grounds</p> <p><u>Component Units</u></p> <p><input type="checkbox"/> University Center</p> <p><input type="checkbox"/> Road Commission</p> <p><input type="checkbox"/> Ambulance</p> <p><input type="checkbox"/> Sportsplex</p> <p><input type="checkbox"/> Other:</p>		

Contact Department <b>Administration</b>	Contact Phone Number <b>989-731-7520</b>	Contact Fax Number <b>989-731-7529</b>	Contact E-Mail <b>jburt@otsegocountymi.gov</b>
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**Summary**

The purpose of this policy is to establish procedures for the purchase of all supplies, equipment, vehicles, and all construction or altering of County facilities for any department of the County of Otsego in a manner that maximizes the purchasing value of public funds in procurement. This policy includes capital leases on any such item as listed above. This policy shall apply to every expenditure of public funds. When the procurement involves the expenditure of federal or state assistance or contract funds, the procurement shall be conducted in accordance with any mandatory applicable federal or state laws and regulations. Nothing in this policy shall prevent any public agency from complying with the terms and conditions of any grant, gift or bequest that is otherwise consistent with law.

**Procedures**

**1. Definitions**

1.1 *Capital Outlay Items:* Non-expendable items itemized in the County's capital improvement budget/plan.

1.2 *Competitive Bids:* Prices received from vendors on items or services \$10,001 or more. Competitive bids are received as sealed bids only and are opened at advertised public bid openings. The requirement for sealed competitive bids shall not apply to intergovernmental contracts, contracts for professional services or emergency repairs, or for the reauthorization of contracts, which have been previously approved by the Otsego County Board of Commissioners.

1.3 *Expendable/Recurrent Supplies:* Routine supplies needed to carry on the County's daily business (i.e. food, medical supplies, office supplies). Expendable supplies are generally acquired using preferred vendors.

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1.4 *Final Approver:* Person(s) designated to utilize the electronic purchasing system with the authority to convert requisitions to purchase orders.

1.5 *Formal Bidding:* Formal bidding procedure should be used for purchases from \$5,001 to \$10,000. It includes solicitation of written bids through the mail, e-mail, and facsimile.

1.6 *Informal Bidding:* Purchases of \$501 to \$5000 are subject to Informal bidding. Informal bids (quotes) includes solicitation of written bids and may be solicited by telephone, personal contact, or in writing.

1.7 *Public Bid Opening:* A place, date and time established to open competitive bids received on items and/or services being procured. Adequate public notice of the invitation for bids shall be given not less than 10 calendar days prior to the date set forth therein for the opening of bids. Such notice may include publication in a newspaper of general circulation within the County for a reasonable time prior to the bid opening.

1.8 *Request for Proposal (RFP):* A document issued by the County Administrator, which contains specifications and County bidding procedures for procurement of items and/or services. An RFP is sent out to vendors as a mechanism to solicit for competitive bids.

1.9 *Request for Quotation (RFQ):* A document (less formal than an RFP) issued by the County Administrator/Management Team Member, which contains specifications for the procurement of items and/or services. An RFQ is sent out to vendors as a mechanism to solicit for competitive quotes.

**2. POLICY:** The County utilizes an electronic accounting system with a purchasing module that includes a requisition and purchase order system. Every purchase on behalf of the County (unless specifically exempted) shall require a requisition and purchase order. Except as otherwise specified herein, purchases / contracts will be awarded to a contractor or bidder based on price, record of performance, availability, dependability and experience. All purchases by contract, or otherwise, as herein authorized, will be in accordance with such appropriations as have been made by the Board of Commissioners for the support of the respective departments.

It shall be unethical for any County employee to participate directly or indirectly in a procurement contract when (the County employee knows that) the County employee or any member of the County employee's immediate family has a financial interest pertaining to the procurement contract.

2.1 *Basic Purchases:* Items valued at \$500 or less are considered basic purchases. There are not any bidding requirements for these purchases; however, the requisition and purchase order system must be utilized. Management Team Members or their designee(s) are authorized to draft requisitions and act as the final approver. The responsible party shall exercise reasonable scrutiny when expending funds under the \$500 threshold.

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2.2 *Informal Bidding:* Purchases of \$501 to \$5000 are subject to informal bidding. Individual employees, with approval of their Management Team Member, may solicit informal bids as outlined below. Bids must be written. The Management Team Member (their designee when absent) must act as final approver.

A. **Bid Information:** To insure fairness in, each vendor solicited should be given the same information. This information should include:

- Description of items to be purchased
- Special terms and/or specifications
- Desired delivery date

B. **Record of Bids:** All bids solicited shall be in writing and will be electronically recorded in the requisition "Post It" note window. Each record should contain:

- Bid Information
- Record of all bids
- Manager's explanation if lowest priced vendor not selected.

2.3 *Formal Bidding:* Purchases from \$5,001 to \$10,000 are subject to the formal bidding procedure. The respective department shall follow the formal bidding process. The Management Team Member must approve with the County Administrator or designee acting as the final approver. It includes solicitation of written quotations/bids through direct contact, public advertisement or any combination of the same.

A. The solicitation/advertisement must include the following:

- Identification of item(s) to be bid upon
- Location bids are to be submitted
- Date and time of bid deadline for submission
- Contact for further information
- Statement of County's rights to reject bids
- Contract compliance terms
- Product specifications

B. **Record of Bids:** All bids solicited shall be electronically recorded in the requisition "Post It" note window. Each record should contain:

- Bid Information
- Record of all bids
- Department Head explanation if lowest priced vendor not selected.

2.4 *Competitive Bidding:* Purchases with an anticipated obligation of \$10,001 or more are required to have sealed, competitive bidding and comply with Public Act 167 and 168 of 1993. Two (2) competitive bids are required for purchases of \$10,001 or more.

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Professional services and Intergovernmental contracts and emergency repairs, or reauthorization of contracts that have been previously approved are exempted from this policy. A copy of all bid document material must be provided to the Administration Department.

- A. If a bid document must be prepared (\$10,001 or more), it shall include:
- Bid Reference Number as assigned by the Administration Department
  - Bid advertisement
  - Bid preparation instructions
  - Proposal
  - Contract
  - General conditions
  - Special conditions
  - General specifications
  - Detailed specifications
  - State or Federal guidelines (if necessary)

The County reserves the right to accept, reject or negotiate any or all bids, to waive or not waive informalities or irregularities in bids or bidding procedures, to rebid the project/purchase, and to accept any bid determined by the County to be in the best interest of the County, regardless of price. The reason for rejection may include past performance issues, and compatibility with existing equipment or software. Vendors located in Otsego County are hereby granted a 5% cost variance for low bid determination.

A "local vendor" is defined as a vendor that operates a business within the legally defined boundaries of Otsego County. To be considered a local vendor, the vendor must provide a verifiable business address (not a PO Box) at which business is being conducted.

- B. All bids shall be opened at the time, date and place specified, and the opening and inspection of all bids shall be made by the County Administrator. A complete summary of the bids, including the bidding firm's name, cost, qualifying data, and any other relevant information, shall be kept on file. Final approval, acceptance and selection of bids that are low bid and meet specifications shall be recommended by the County Administrator to the Board of Commissioners.

2.5 *Expendable Supplies:* For each expendable category of purchases, the County Administrator, with the assistance of the respective department staff (i.e. maintenance/jail food staff), will compile and maintain a list of preferred suppliers. Such lists will be reviewed and updated periodically. Typically one – three vendors will be listed to provide comparison pricing and selection options.

2.6 *Open Purchase Orders:* Open Purchase Orders shall be utilized for vendors that provide



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### Procedures

routine repetitive services. Open Purchase Orders may be opened and closed within any calendar month. Examples of authorized open purchase orders include: oil changes, car wash and other similar services.

**2.7 Emergency Purchase Orders:** In case of emergency needs, appropriate departments (maintenance, sheriff) are authorized to make emergency procurements of supplies, services or construction items when there exists a threat to public health, welfare or safety. Electronic access shall be provided to authorize the issuance of emergency purchase orders. Emergency procurements shall be made with such competition as is practicable under the circumstances and the cost shall not exceed \$5,000. An emergency purchase of up to \$10,000 may be made by the County Administrator without prior approval by the chair or vice-chair of the Board of Commissioners. The very nature of emergency expenditures may necessitate a significant financial decision without prior approval. All emergency expenditures in excess of \$10,000 shall be reported to the Board of Commissioners, in writing, within three business days.

In the case of emergency repairs where delays may cause further damage to county property, the County Administrator is authorized to spend up to \$10,000 without prior approval by the chair or Vice-Chair. Emergency repairs in excess of \$10,000 may be made by the County Administrator with advanced authorization from the chair or vice-chair.

**2.8 Cooperative Government Contracts:** Bidding requirements shall be waived if the County is able to secure favorable prices on purchases by joining with other local governments, or participating with the State of Michigan or the Federal Government in purchasing. The County Administrator is authorized to enter into the necessary agreements or contracts on behalf of the County.

**2.9 Exempted Purchases:** Exempted purchases include maintenance agreement billings, utility billings, contracted service invoices, insurance payments, and other like services as noted in the Otsego County Payables Policy. The appropriate account number and signature of a Management Team member is required for exempted purchases, and shall appear across the invoice.

**2.10 Payment Procedure:** The respective Management Team member will be responsible for inspection of all orders, upon receipt of the order and prior to the acceptance of the delivery. Upon acceptance of items, verification that the packing slip matches the purchase order must accompany the invoice in order to obtain payment. Whenever a department rejects any orders, the County Administrator shall be notified immediately and given the reason for the rejection.

**2.11 Capital Leases:** The process for bidding capital leases shall be similar to other purchases. Should the price of the purchase not be reasonably known prior to engaging the bidding process, the Formal Bidding Process shall be used.



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- 2.12 **Bid Specification Changes:** All changes in bid specifications shall be reported to all known potential bidders. Such notification shall provide appropriate time for all such potential bidders to have adequate time to make adjustments to their bids.
- 2.13 **Demo Models:** Bidding requirements shall be waived if the County is able to secure favorable prices on purchases by purchasing a demonstration model.
- 2.14 **Rebidding:** Should it become necessary to rebid a project/purchase, the County Administrator may waive the newspaper posting requirement for Competitive Bids, with notification being given to the Budget & Finance Committee members.
- 2.15 **Amending contracts on projects requiring bids:** The County Administrator may approve minor amendments to capital project contracts up to an amount of \$5,000, not to exceed more than 10% of the original contract amount. The County Administrator may approve minor amendments to capital project contracts up to an amount of \$10,000, not to exceed 10% of the original contract amount, with pre-notification to the Budget & Finance Committee. Any contract amendment beyond the limits specified above requires approval by the Board of Commissioners.
- 2.16 **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.
- 2.17 **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.
- 2.18 **Insurance Requirements:** All contractors and/or vendors are required to have 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 Coverages including all owned, non-owned, and hired vehicles.
  - D. Otsego County will be named as Additional Insured on all insurance coverage, with

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the exception of Workers Compensation and Employers' Liability insurance.

Limits of Liability for General Liability, 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.
- A 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.

- 2.19 *Professional Services Contracts Requirements:* Professional Liability Coverage (Errors and Omissions) is required for all contracts for professional services such as architect, engineer, design firm or similar professions, and the medical professions, etc.

Limits of Liability for Professional Liability Coverage 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.
- A 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

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cancellation.

**2.20 Other Contractor Insurance Requirements:**

For projects of over \$250,000, all vendor insurance must be obtained through an insurance company that has a financial strength rating of A or better by a reputable insurance rating company such as A.M. Best.

The County of Otsego will accept delivery of and authorize payment of only those services, supplies, merchandise or articles authorized for purchase, and acceptable under terms of the purchase agreement, in accordance with the procedures stated herein.

Payment for any services, supplies, merchandise or articles not authorized for purchase by the County Administrator and/or the Otsego County Board of Commissioners in accordance with the policies and procedures stated herein becomes the responsibility of the person or persons requesting such service, supplies, merchandise or article and the County may deny payment of the claim.

Any service being performed for the County that has not been authorized in accordance with the policies and procedures stated herein, shall be immediately discontinued and the original conditions restored at the expense of the person or persons requesting such service.

Payment in full for any service, supplies, merchandise or articles not acceptable for delivery or the use required, as put forth in the bid specifications or purchase agreement for such service, supplies, merchandise or articles, will be held in abeyance until such time as a replacement or replacements meeting the specifications put forth in the purchase agreement and acceptable for the use required are received.

**TABLE 1**

Dollar Amount	Bidding Requirement	Final Approval
\$0 - \$500	None	Management Team Member or Designee
\$501 - \$5,000	Informal Bid	County Administrator
\$5,001 - \$10,000	Formal or Competitive Quote	County Administrator
\$10,001 or more	Competitive Bids (2)	Board of Commissioners



# COUNTY OF OTSEGO Administrative Policy Manual

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Approvals (name and department)  
Board of Commissioners

April 13, 2004



## Component Unit Property & Liability Insurance Coverage Policy

### PURPOSE

The purpose of this policy is to provide a guide on property and liability insurance coverage for Otsego County Component Units.

### POLICY

All Otsego County Component Units are required to carry the following insurance coverage.

Property Insurance. The Component Unit, at its cost, shall maintain property insurance which shall cover all real and personal property on the premises on a 100% replacement cost basis. Such policy shall be on an all risk policy form and shall insure against the perils of fire and extended coverage and physical loss or damage including, without limitation, flood, theft, vandalism, and malicious mischief.

Liability Insurance. The Component Unit shall maintain, at its cost, commercial general liability insurance.

Employee/Board Liability Insurance. The Component Unit shall maintain, at its cost, liability insurance coverage for employees of the Component Unit, its Board of Directors, and its operations. Such policy shall name the County as additional insured.

Motor Vehicle Insurance. The Component Unit shall maintain, at its cost, motor vehicle insurance for all vehicles owned by the Component Unit. Such policy shall name the County as additional insured.

Workers Disability Insurance. The Component Unit shall maintain, at its cost, worker's disability insurance.

It is typically preferred that the Component Unit obtain their insurance through the County's insurance vendor, but exceptions may be approved by the Otsego County Board of Commissioners providing that the insurance is of an equal coverage to that maintained by the County of Otsego and that the insurance vendor has a financial strength rating of A or better by a reputable insurance rating company such as A.M. Best.

46<sup>th</sup> CIRCUIT COURT OTSEGO DEFENSE CONTRACT  
87-A DISTRICT COURT OTSEGO DEFENSE CONTRACT  
OTSEGO COUNTY PROBATE COURT DEFENSE CONTRACT

August 1, 2009 – July 31, 2012

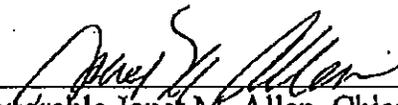
The undersigned agree as follows:

1. That Gary L. Gelow, (hereinafter "Contract Administrator") shall provide legal representation to all indigent parties charged with offenses cognizable in the Otsego County Court System (understood by all parties to include the circuit, district, and probate courts of Otsego County Michigan only) pursuant to MCR 6.101. Further, the Contract Administrator shall provide representation to all minors whose parents or guardians are indigent and who are charged with criminal offenses. Further, the Contract Administrator shall provide legal representation to all parties who are indigent and are involved in a matter or allegation of abuse and/or neglect of a minor child, or who are involved in protective proceedings (DD, MI, LIP, etc.). Legal representation shall be provided by and through the Contract Administrator through a series of subcontracts with various attorneys and/or law firms. The Otsego County Courts, by and through its Chief Judges, retains the right to approve or reject any of the subcontractors tendered by and through this instant agreement.
2. The Otsego County Courts, by and through its Chief Judges, does hereby agree that the Contract Administrator shall be compensated at the rate of Eleven thousand, two hundred, fifty and 00/100 (\$11,250.00) dollars per month for the term of August 1, 2009, through July 31, 2010, for the services provided in #1 above.
3. The Otsego County Courts, by and through its Chief Judges, does hereby agree that the Contract Administrator shall be compensated at the rate of Eleven thousand, four hundred, seventy five and 00/100 (\$11,475.00) dollars per month for the

term of August 1, 2010, through July 31, 2011, for the services provided in #1 above.

4. The Otsego County Courts, by and through its Chief Judges, does hereby agree that the Contract Administrator shall be compensated at the rate of Eleven thousand, five hundred, eighty-nine and 50/100 (\$11,589.50) dollars per month for the term of August 1, 2011, through July 31, 2012, for the services provided in #1 above.
5. The monthly payment shall be made in advance, commencing on or about August 1, 2009, and continuing through each and every month thereafter during the term of the contract, based on Otsego County's warrant (check disbursement) schedule.
6. The Contract Administrator shall accept, without further compensation, representation of five indigent parties who desire to appeal a final disposition of the Otsego County Courts.
7. Court ordered appointment shall, pursuant to the provision of this contract, apply only to those circumstances where Michigan Constitution, Michigan statutes, or Michigan Rules of Court require the appointment of counsel, including probation violation charges.
8. Contract attorneys must resolve conflicts to ensure legal representation is present at the scheduled hearing so the hearing can proceed as scheduled.
9. The Contract Administrator has the affirmative obligation to review an indigent defendant's financial status and advise the appropriate presiding judge in the event the Contract Administrator or any attorney determines that a defendant is not entitled to court appointed counsel for lack of indigency.
10. The parties agree that either party to the instant contract may be cancelled without liability upon ninety (90) days written notice.

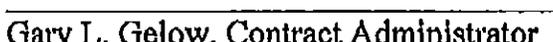
11. ~~The contract attorneys shall maintain professional liability insurance in an amount no less than \$100,000 per claim and \$300,000 aggregate throughout the term of this contract.~~ See Addendum one
12. The Contract Administrator shall serve as liaison to the Chief Judges of the Otsego County Courts regarding the administration and/or procedural matters involved in the administration of this instant contract.
13. Those appointments which are made during the term of this instant contract shall be completed through final disposition without additional compensation irrespective of the cancellation, revocation, or non-renewal of this instant contract.

Dated: 7/28/09   
Honorable Janet M. Allen, Chief Judge  
46<sup>th</sup> Circuit Court

Dated: 7-24-09   
Honorable Patricia A. Morse, Chief Judge  
87-A District Court

Dated: \_\_\_\_\_   
Honorable Michael K. Cooper, Chief Judge  
Otsego County Probate Court

Dated: 8-1-09   
John Burt, Otsego County Administrator

Dated: \_\_\_\_\_   
Gary L. Gelow, Contract Administrator

## **Addendum One**

**The contract attorneys shall maintain professional liability insurance in an amount no less than \$1,000,000 per claim and \$1,000,000 aggregate throughout the term of this contract.**

# **Otsego County Building Emergency Response Manual**

## **Purpose of Manual**

The Otsego County Building Emergency Response Manual is to be used to assist our employees during the emergency situations outlined in this manual.

## **Responsibilities of Personnel**

### County Administrator

Each county building will have its own emergency plan and will have a designated Building Emergency Coordinator (B.E.C.). The designated B.E.C. will be the County Administrator for the County Building. If Court related, contact Trial Court Administrator.

### Otsego County Employees

All Otsego County personnel will have the following responsibilities and duties:

1. All personnel have the responsibility to report emergencies immediately.
2. If an evacuation alarm sounds, evacuate the building immediately to the assigned designated area.
3. All personnel are responsible for familiarizing themselves with the evacuation routes and the location of all fire extinguishers.
4. All personnel are to know the location of the nearest emergency exit in all areas they may enter.
5. All personnel are to know the action plans contained in this manual and follow them when initiated.
6. All personnel are to assist any employee or visitor who has a disability.
7. All personnel are to assist those in need during an emergency.
8. Provide First Aid and CPR to those in need only if safe to do so and if you are trained.

# **HOW TO PROCEED IN MOST EMERGENCY SITUATIONS**

1. Determine what the situation is:

## **Life Threatening Emergencies**

- A. DIAL 911 or 9-911 and report the Incident.
- B. Notify the County Administrator Office at ext. 520, or 731-7520. If Court related, contact Trial Court Administrator.

## **Non-Life Threatening Emergencies**

- A. Notify the County Administrator Office at ext. 520, or 731-7520. If Court related, contact Trial Court Administrator.

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Section 1:

## **Bomb Threat Procedures**

### **Procedure Steps**

1. Report the bomb threat immediately by calling 911 or 9-911.
2. Inform the County Administrator immediately at ext. 520, or 731-7520. If Court related, contact Trial Court Administrator.

### **Receiving a Threat**

1. If you receive a call, locate the Bomb Threat Checklist attached to the next page.
2. Review "What to do while speaking to a caller that is making the threat."
3. Be calm and courteous.
4. Listen, do not interrupt the caller.
5. Try to keep the caller on the line as long as possible.
6. Be aware of any background noises.
7. If possible, while you are on the phone, notify a nearby co-worker to assist you. Have them notify the County Administrator at ext. 520, or 731-7520. If Court related, contact Trial Court Administrator.

## **THREAT RECEIVED BY OTSEGO COUNTY EMPLOYEE/DEPARTMENT**

### **WHAT TO DO WHEN SPEAKING TO A CALLER THAT IS MAKING A THREAT**

#### **INFORMATION NEEDED**

1. Location of Incident.
  - a. Specific area at location.
2. Time set to explode.
3. What type of explosive used.
  - a. How fused?
4. Why does caller want to blow up that particular location?

#### **ACTION REQUIRED**

1. Attempt to keep caller on phone as long as possible.
  - a. May provide clue as to identity.
  - b. The more subject's voice is heard, the greater the chance of successfully identifying
2. Do not antagonize the caller. Do not express disbelief or disinterest.
3. Study and analyze caller's voice.
  - a. Adult or juvenile?
  - b. Racial, ethnic tone?
  - c. Voice tone and quality.
  - d. Speech impediments?
  - e. Peculiar pronunciations?
  - f. Sounds intoxicated or drugged?
4. Listen for background noises (may be a clue to origin of call).
  - a. Public place.
  - b. Traffic noises.
  - c. TV or radio in background.
  - d. Other people in background.
  - e. Unusual noises.
5. Advise supervisor.

Section 2:

## **Building Evacuation**

The evacuation procedure can be used for a variety of situations.

1. When an evacuation alarm is given (Intercom page over the phone), evacuate the building immediately to the designated area. The designated evacuation area will be designated at the time of the incident. Be aware that people may not hear the alarm/announcement. Please make sure all individuals in the building are notified of the evacuation.
2. Upon notification that an evacuation is in progress, all personnel and visitors will immediately use the appropriate emergency exits and proceed to the designated assembly location.
3. Prior to leaving the building, each Department Head/Elected Official will be responsible for notifying the personnel within her/his division of the evacuation.
4. Once in the designated assembly area, an attendance for employees and visitors will be conducted.
5. The attendance results will be reported to the County Administrator or the assigned alternate as soon as possible. The person reporting the results shall highlight the names of the person(s) who may still be in the building. This will be given to the police or fire department Incident Commander.
6. All personnel will stay assembled at the evacuation location until further instructions are received from the County Administrator.

**Note:** It is important to understand that in some emergencies employees must deviate from these instructions. Use common sense. For example, if smoke is present employees need to begin evacuating even if the alarm has not been sounded.

Section 3:

## **Building Lock Down**

A building lock down can occur for a variety of reasons (a dangerous individual is loose in the area, chemical spill, etc.). You will be notified by the County Administrator, the County Sheriff's Department or Central Dispatch if a lock down is warranted.

1. Notification of a lock down will be announced on the intercom page over the phone system.
2. When the lock down is in progress, all exterior doors of the building will be locked and everyone will stay away from exterior windows.
3. There may be a voice message delivered over the phone system providing more information in regard to the emergency incident.
4. If an employee comes back to the office and finds it locked, the employee should go to the nearest phone and call the office to find out why the building is locked.

### **Otsego County standardized signals:**

#### **Emergency Lock Down signal –**

- **If the danger is inside the building – Intercom page**  
***"Lock Down – Inside"***
- **If the danger is outside the building – Intercom page**  
***"Lock Down – Outside"***
- **If the danger is outside the building and relates to hazardous materials – Intercom page**  
***"Lock Down – Shelter in Place"***  
**\*\*\*SEE HAZARDOUS MATERIALS SECTION\*\*\***

If a lock down has occurred, the all clear signal will be given in person and individually to each office. It will be made by a uniformed law enforcement officer.

Section 4:

## **Fire Procedures**

1. If a fire alarm is triggered, someone from the administration office and/or the receptionist will call 911.
2. When the fire alarm sounds, all building occupants must evacuate. Take care to be certain that all hearing impaired building occupants are alerted when the alarm sounds.
3. Locations of fire extinguishers can be found on the floor maps in section 12 and posted on most doorways.
4. During an emergency visibility may be limited. It may be necessary to hold onto the person in front of you in order to successfully exit the building.
5. The last person to leave the building should close any doors that could help contain the fire.
6. Assist all visitors to the nearest exit.
7. Proceed to designated assembly location which will be determined at the time of the accident.

### **Remember.....**

#### **If your clothing catches on fire.....**

1. STOP moving – Do Not Run!
2. DROP to the ground, cover your face; and
3. ROLL to smother the flames.

#### **If you see someone on fire.....**

1. Use a coat or a blanket to smother the flames or tell them to roll on the ground to smother the flames.

# HOW TO USE A FIRE EXTINGUISHER

**P**ULL PIN

**A**IM AT BASE OF FIRE

**S**QUEEZE HANDLE

**S**WEEP AT BASE OF FIRE

Section 5:

## **Hazardous Materials**

Hazardous materials are present both inside the County Building and in the surrounding community. Therefore, emergencies dealing with these materials can affect the County employees and the County Building.

If hazardous materials have been exposed to the interior of the building please follow the evacuation plan. The designated assembly location will be determined at the time of the accident by the County Administrator, police or fire commander.

### **Otsego County Standardized Signals:**

#### **Emergency Lock Down signal –**

- **If the danger is outside the building – intercom page  
“Lock Down – Shelter In Place”**

If you are told to “shelter in place”, a problem exists on the outside of the building. It would not be safe to leave the building and the safest place is to be in an interior room with no windows. The goal of a “Lock Down - Shelter In Place” is to minimize your exposure to the outside environment. Air handlers and fans should be turned off.

As soon as possible after a “Lock Down – Shelter In Place” is ordered, more information will be put out via the voicemail system or intercom as appropriate. Therefore, Team Leaders should check their voicemail after a few minutes. **Do NOT call the Administrator’s office.** This will tie up the lines of communication. Administration staff will call you as soon as it is practical. This may take some time. If you have not heard from Administration within 45 minutes of the initial “Lock Down – Shelter In Place” alarm, the Team Leader should call the Administrator’s Office. **The ALL CLEAR signal will be an intercom page or personal notification at each office.**

Section 6:

## Hostage Situation

If an employee witnesses or receives information about a person(s) in the building being taken hostage, immediately dial 911 or 9-911 to report the incident. Then contact the County Administrator at ext. 520, or 731-7520. If Court related, contact Trial Court Administrator.

1. Resist being taken hostage, unless your life would be placed in jeopardy by refusing to be taken.
2. If you do become a hostage:
  - A. Try to remain calm.
  - B. Do not act foolishly.
  - C. Do not arouse the hostility of your captor(s).
  - D. Try to drink water and eat to maintain your strength.
  - E. Do not assist your captor(s).
  - F. If a rescue attempt is made:
    - Drop to the floor and cover your head.
    - Listen to the instructions of the officers.
    - Cooperate with authorities so you can be properly identified.

Section 7:

## **Medical Emergency**

Medical emergencies can occur at any time. The following describes the procedure that County employees should follow in the event of a life threatening or serious injury, illness or death.

**Medical Emergency Notification -- dial 911 or 9-911 then notify the County Administrator at ext. 520, or 731-7520. If Court related, contact Trial Court Administrator.**

### **When you call 911 or 9-911.....**

1. Identify yourself.
2. Give the location of the victim and his or her identity, if known.
3. Describe the victim's condition and/or injury.
4. Tell whether he or she is breathing and alert.
5. Tell the dispatcher the closest entrance for the emergency responders.
6. Do not hang up until the dispatcher tells you to do so or hangs up first.
7. Send someone to the entrance closest to the location of the incident. Have them open the doors for emergency responders.

### **All non-life threatening emergencies.....**

Notify the County Administrator at ext. 520, or 731-7520.

**Note:** If you are certified to provide medical aid, you can do so within the limits of your certified training.

Section 8:

## **Power Outage**

1. If a power outage occurs, stay calm.
2. Contact the County Administrator's Office at ext. 520, or 731-7520. They will contact the power company and notify them of the outage. The County Administrator, or designee, will then provide further instructions.
3. The loss of computer files during a power outage is unavoidable. Protect yourself by remembering to save and back-up your computer files on a regular basis.

Section 9:

## **Suspicious Packages / Items**

### **Action to take after receiving a suspicious package:**

1. Do not handle the package.
2. Evacuate the area in which the package is located.
3. Notify the County Administrator.
4. The County Administrator will assess the situation and decide if further emergency services are needed.
5. If it is determined that further emergency action is required, the police and fire department will evaluate and decide if the building needs to be evacuated.
6. The County Administrator will coordinate the evacuation of the building.

### **The following are letter and parcel bomb recognition points:**

- |   |   |
|---|---|
| 1. Foreign mail, air mail, special delivery                   | 8. Oily stains or discolorations                                |
| 2. Restrictive markings, such as "confidential" or "personal" | 9. No return address  |
| 3. Excessive postage  | 10. Excessive weight  |
| 4. Hand written or poorly typed addresses                     | 11. Rigid envelope  |
| 5. Incorrect title  | 12. Lopsided or uneven envelope                                 |
| 6. Titles but no names  | 13. Protruding wires or tinfoil                                 |
| 7. Misspellings of common words                               | 14. Excessive securing material, such as masking tape or string |
|   | 15. Visual distractions   |

Section 10:

## **Suspicious / Violent Situations**

If an employee witnesses or receives information about a person(s) in the building being suspicious or violent, they are to notify the County Administrator or designee and are to immediately dial 911 or 9-911 to report the incident. If Court related, contact Trial Court Administrator.

**Non-Threatening** (complaining, belligerent, yelling, etc.)

**Threatening** (weapon, verbal threats, contact, injury, etc.)

### **Incident in Progress**

1. Remain calm.
2. Avoid action that might incite the person to act violently.
3. Obey the person's instructions, even if it appears that the employee or visitor cannot be harmed.

### **After the Incident**

Immediately after the incident, ensure that no employees or visitors have been injured.

### **If People are Injured:**

1. Call 911 or 9-911.
2. Immediately notify the County Administrator at ext. 520, or 731-7520.
3. Close and secure the office until the police arrive (lock the door). This procedure will help preserve the scene of the crime for fingerprints and other physical evidence.
4. Preserve the evidence--do not touch any notes that the intruder may have written, such as a request for money/valuables.
5. Each employee involved in the incident should write down her/his own description of the intruder and the events that occurred.

Please note that witnesses should not confer with others or compare notes.

## DESCRIPTION OF PHYSICAL CHARACTERISTICS FORM

	<b>Perpetrator 1</b>	<b>Perpetrator 2</b>
Male/Female	_____	_____
Race/Nationality	_____	_____
Height	_____	_____
Weight	_____	_____
Build	_____	_____
Hair Color/Length	_____	_____
Glasses	_____	_____
Eye Color	_____	_____
Scars or Marks	_____	_____
Weapon Type (revolver, automatic rifle, shotgun, etc.)	_____	_____
Jewelry	_____	_____
<b>Clothing:</b>		
Jacket	_____	_____
Shirt	_____	_____
Pants	_____	_____
Hat	_____	_____
Shoes	_____	_____
<b>Vehicle:</b>		
Type	_____	_____
Model/Year	_____	_____
Color	_____	_____
License Plate	_____	_____

**Additional Information on Perpetrator 1:**

\_\_\_\_\_

**Additional Information on Perpetrator 2:**

\_\_\_\_\_

**Do not discuss any details of the event until the police are through taking statements from you and your co-workers. Thank you for your cooperation.**

Section 11:

## **Tornadoes / Bad Weather**

### **Winter Weather**

In the Northern Michigan area our weather can change hourly, if not more frequently. During the winter months before 8:00 a.m. if there is a question as to whether or not the County will be open, all employees should listen to local radio stations for closing announcements. The radio station used by the County for this announcement is 101.5 on the FM radio dial. The County Administrator will normally make the decision to close before 6:00 a.m. and will have it announced on the local radio station listed above. If bad weather occurs during the day after we are already at work, the County Administrator will again make the decision to close and will notify all departments.

### **Tornado**

A **Tornado Watch** means conditions are right for a tornado to form.

***Keep aware of weather conditions and be ready to take shelter.***

A **Tornado Warning** means that a funnel cloud or tornado has been spotted in the area.

***Take shelter immediately in case a tornado approaches your location.***

### **Notification:**

1. A tornado watch will be announced to the Otsego County personnel as soon as possible after confirmation is made with the County Administrator.
2. A tornado warning will cause the Reverse 9-1-1 system to be activated.
3. When the tornado warning has been issued, all building occupants and Otsego County personnel **MUST** move to the designated safe area within the building. (Downstairs on the first floor, in the hallway.)
4. Once in the safe area, personnel should be instructed to seek shelter under a desk or table, or kneel down in a fetal position facing the wall and cover their heads with their arms. They are to remain in this

position until the all-clear signal is given by the Otsego County Office of Emergency Management.

**Note: If County employees choose to leave the building during a tornado warning and an all clear is issued before the end of the normal working day, the employees are required to return to work to complete that day of work.**

INSERT APPROPRIATE  
FLOOR PLAN  
THIS PAGE

## COUNTY OF OTSEGO ACCIDENT / INCIDENT REPORT

**INSTRUCTIONS:** Complete all three pages and return to your supervisor. When serious personal injury or property damage is involved, immediately forward form to the County Administrator's Office.

A. GENERAL INFORMATION				
1. Department: _____	2. Hire Date (Employees): _____			
3. Phone: _____	4. Date: _____	Time: _____		
Personal Injury		Property Damage		Other
Claim _____	Incident _____	Claim _____	Incident _____	Claim _____
Incident _____				

B. WHO'S INVOLVED	
1. Name: _____	2. Telephone: _____
3. Address: _____	
4. Occupation: _____	
5. SS#: _____	6. Date of Birth: _____

C. IF PERSONAL INJURY OCCURRED
1. Nature of injury (e.g., cut, strain): _____
2. Part of Body Injured (e.g., hand, back): _____
3. How was injury treated (e.g., first aid, etc.): _____
4. If employee, did he/she return to work: _____ same day           _____ following day           _____ lost time

**D. IF PROPERTY DAMAGE OCCURRED**

1. Property damaged: \_\_\_\_\_

2. Nature of damage (e.g., theft, breakage, etc.): \_\_\_\_\_

3. Extent of Damage: \_\_\_\_\_

**E. WHAT OCCURRED**

1. Police report number, if any: \_\_\_\_\_

2. Describe clearly & fully what happened (attach any supporting data): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. WITNESSES**

1. Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**G. SUGGESTIONS TO PREVENT REOCCURRENCE**

---

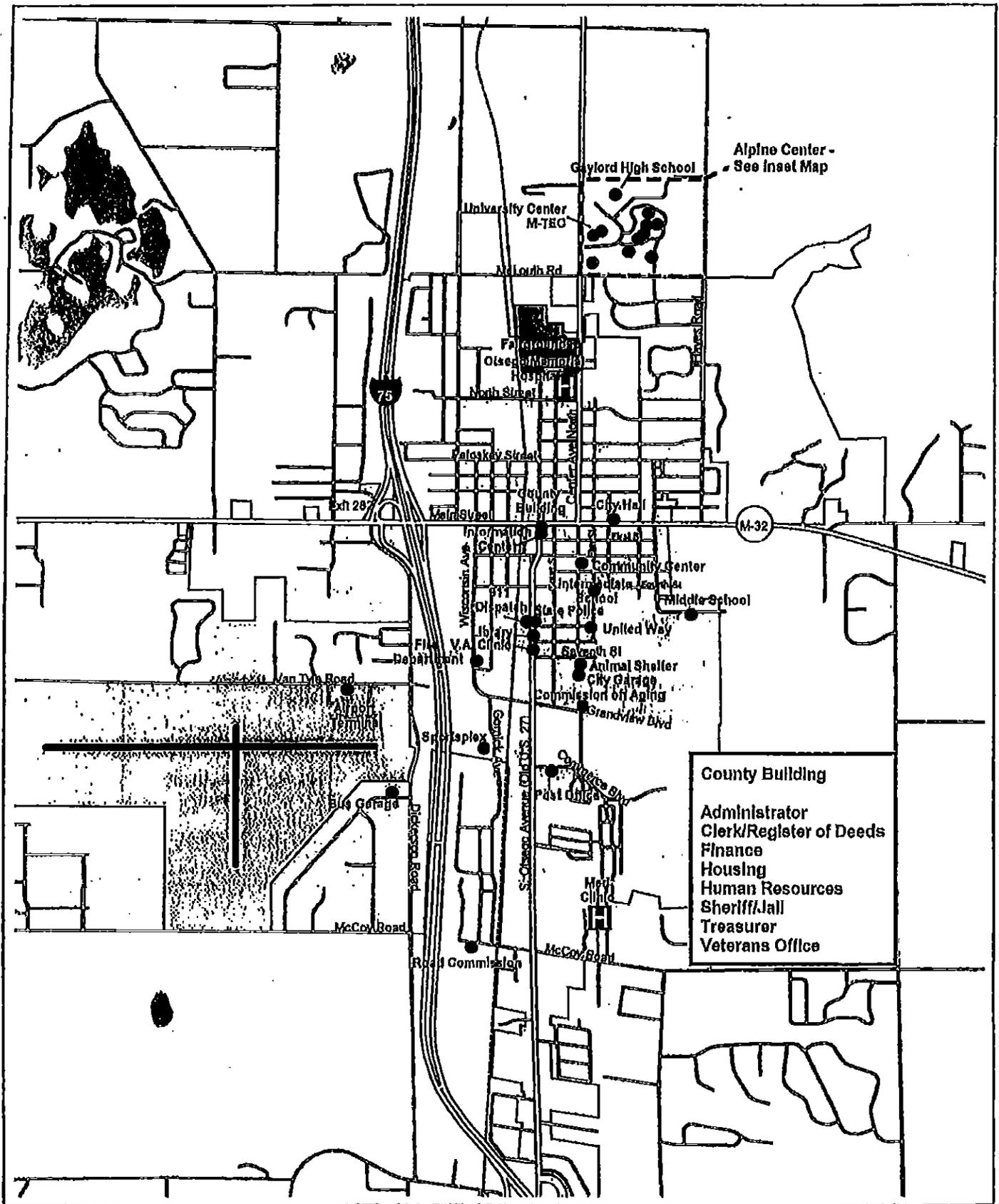
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**H. SUBMITTED/RECEIVED BY**

1. Submitted by: \_\_\_\_\_ 2. Title: \_\_\_\_\_ 3. Date: \_\_\_\_\_  
\_\_\_\_\_

4. Received by: \_\_\_\_\_ 2. Title: \_\_\_\_\_ 3. Date: \_\_\_\_\_



Principal Government Service Sites  
 Scale: 1" = .5 miles

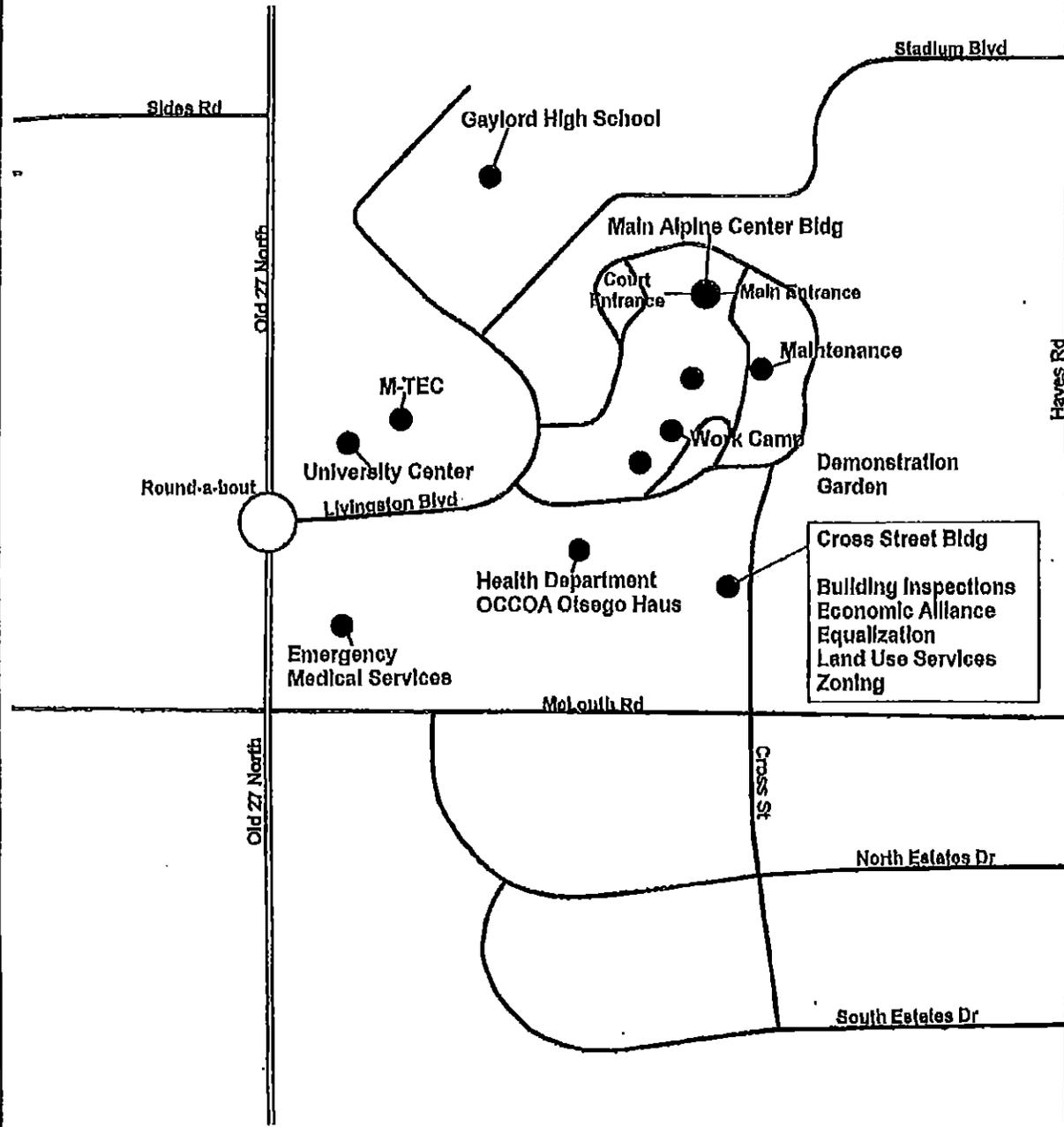


**Main Alpine Center Building**

**Courts Entrance:**  
 46th Circuit Court  
 87-A District Court

**Main Entrance (East side):**  
 Alpine Workshop  
 Community Mental Health  
 Department of Corrections  
 Michigan State University Extension

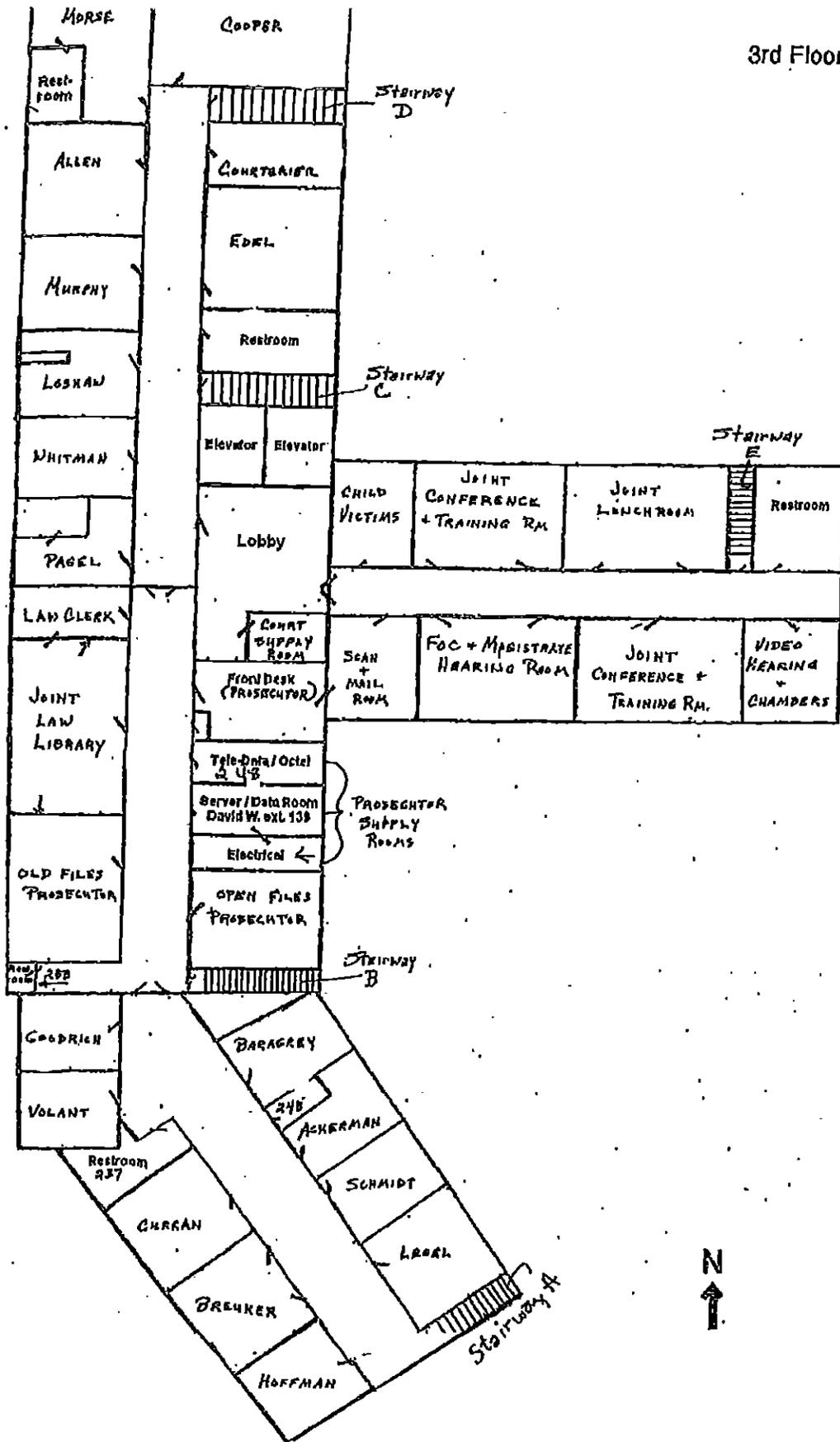
Department of Corrections  
 Michigan State University Extension  
 Multi-Purpose Room  
 Natural Resource Conservation District  
 Otsego County Conservation District  
 Prosecuting Attorney  
 DHS Training Center  
 Otsego County Probate Court  
 Friend of the Court



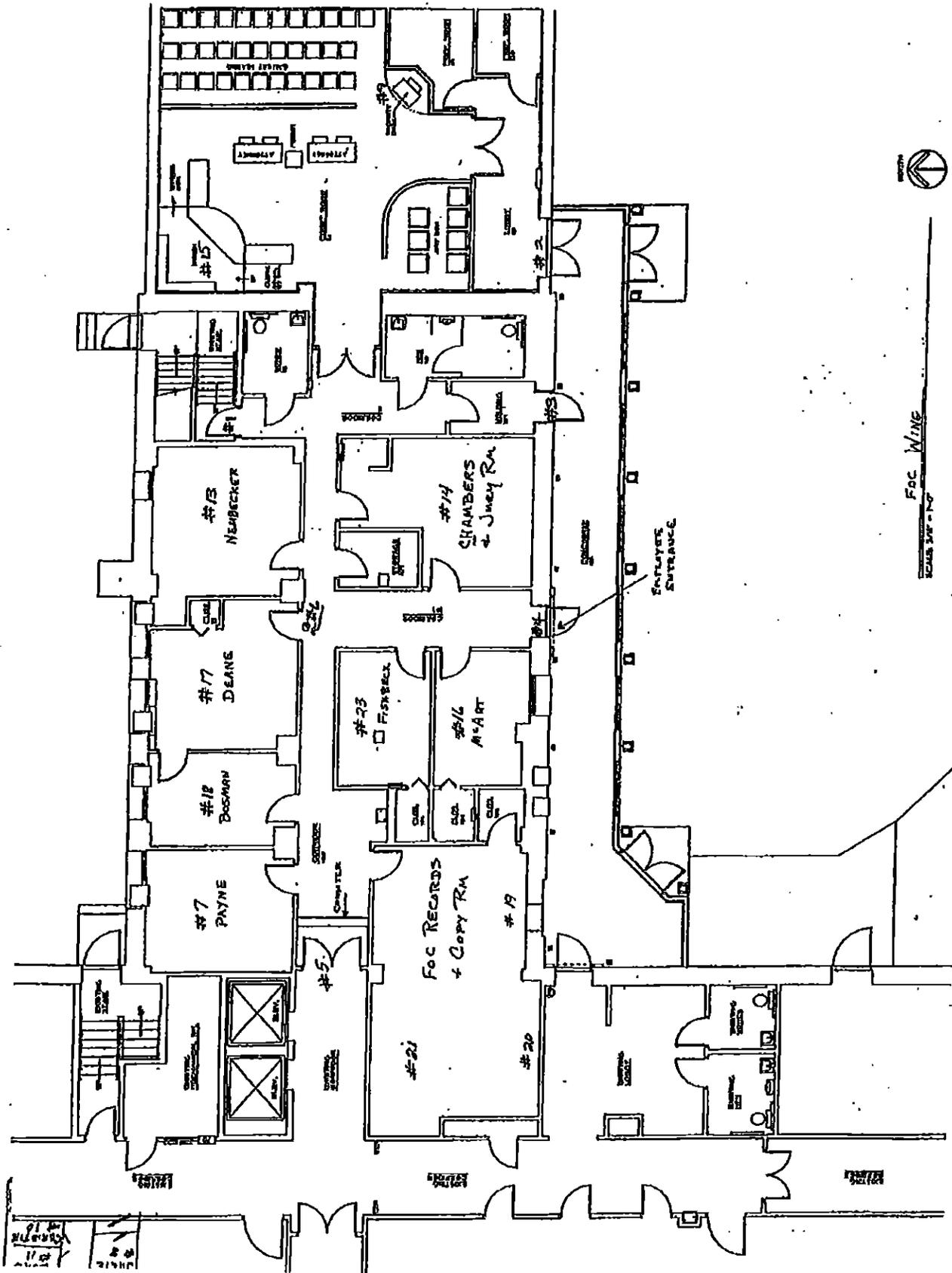
Alpine Center  
 Scale: 1" = 500'



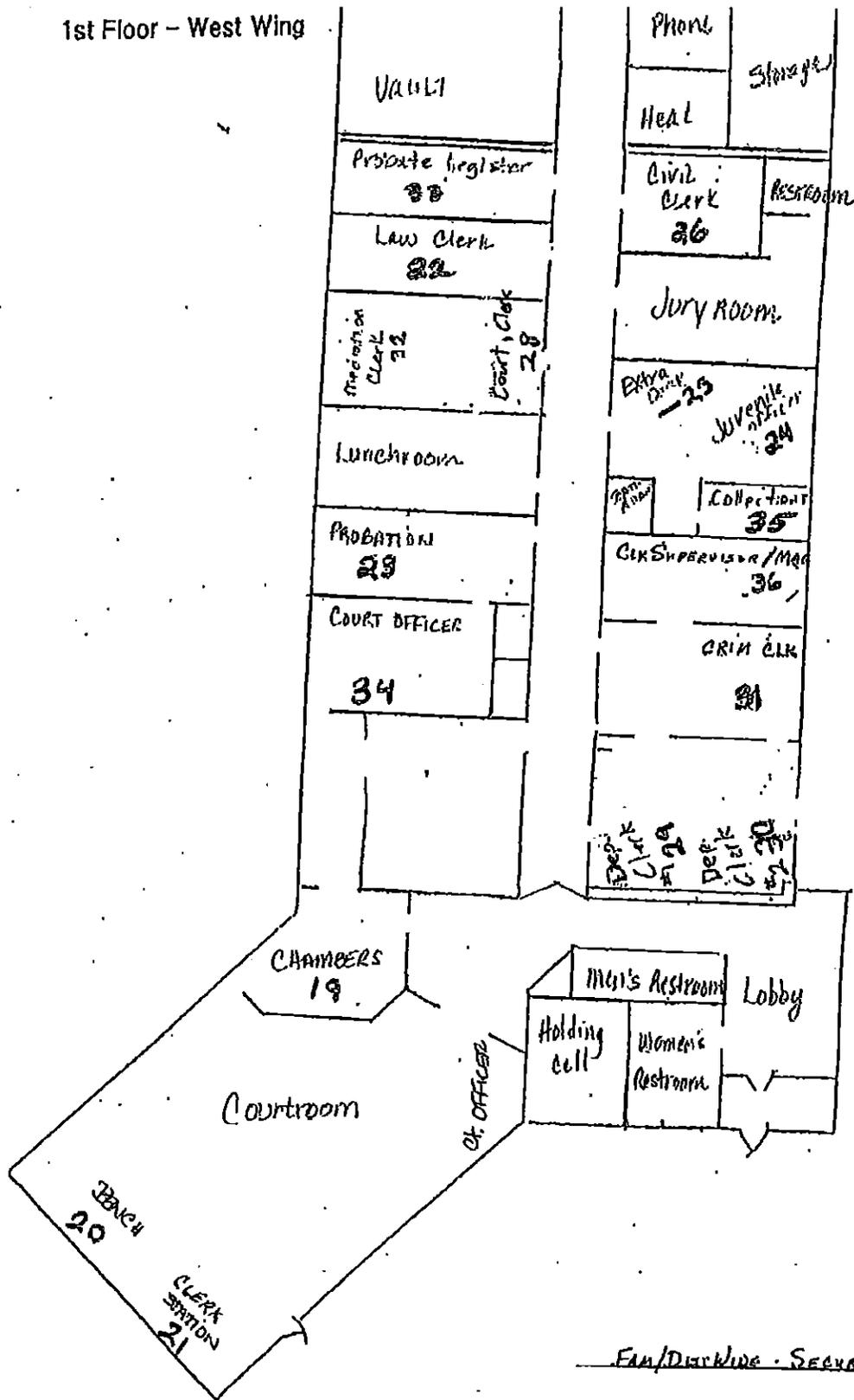
3rd Floor Court & PA's



1st Floor - East Wing

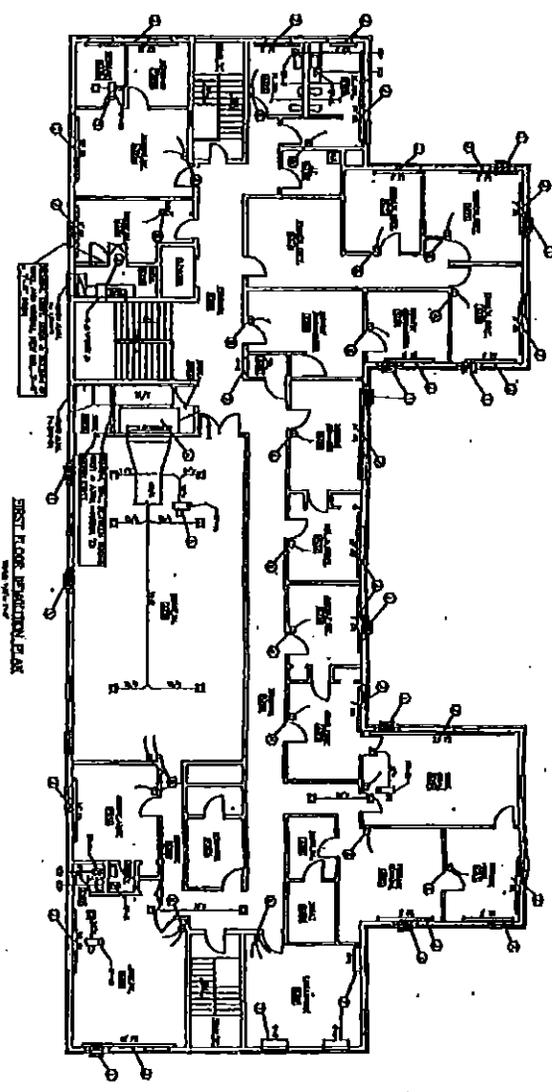


1st Floor - West Wing



FAM/DICKING - SECURITY #

12/7/06

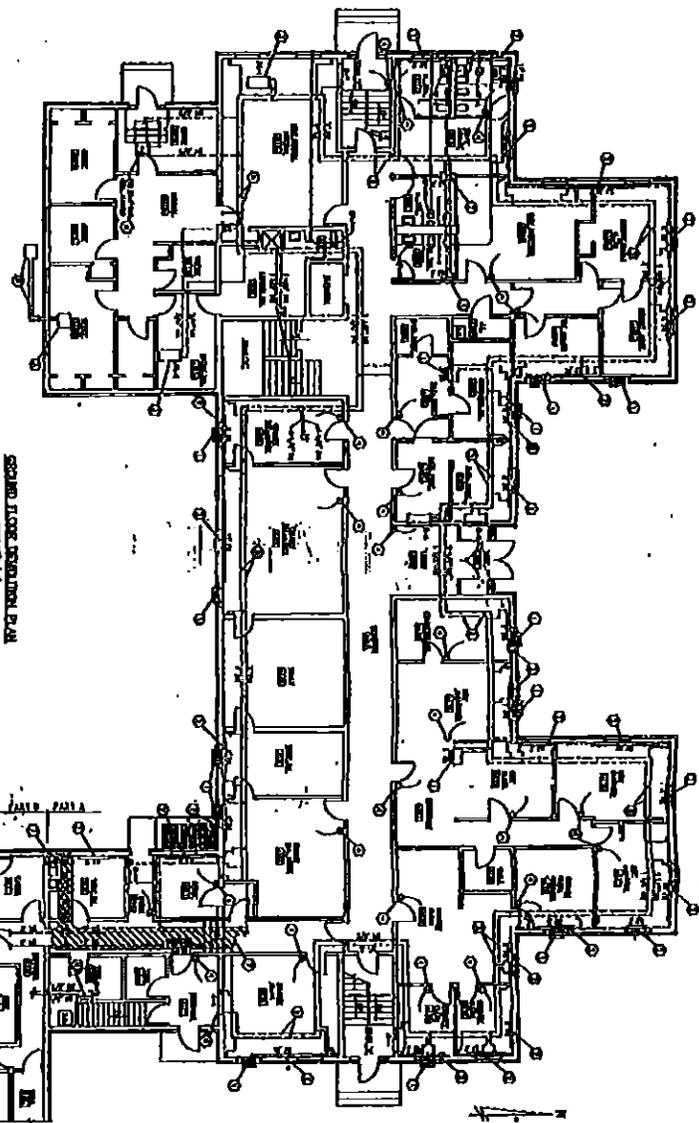


DEMOLITION PLAN - FIRST FLOOR DEMOLITION PLAN  
 THIS PLAN IS A DEMOLITION PLAN AND IS NOT TO BE USED FOR CONSTRUCTION. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE EXISTING CONDITIONS OF THE BUILDING AND TO OBTAIN ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL UTILITIES AND STRUCTURAL MEMBERS TO REMAIN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ADJACENT PROPERTIES AND THE PUBLIC. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL HISTORIC AND CULTURAL RESOURCES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ENVIRONMENTAL RESOURCES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL SAFETY FEATURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ASBESTOS AND LEAD. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL OTHER HAZARDOUS MATERIALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL OTHER SPECIAL FEATURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL OTHER SPECIAL FEATURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL OTHER SPECIAL FEATURES.

- NOTES:**
1. DEMOLITION TO BE ACCORDING TO THE REQUIREMENTS OF THE LOCAL AUTHORITIES AND THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ADJACENT PROPERTIES AND THE PUBLIC.
  2. DEMOLITION TO BE ACCORDING TO THE REQUIREMENTS OF THE LOCAL AUTHORITIES AND THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL ADJACENT PROPERTIES AND THE PUBLIC.
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SHEET 10-0	FIRST FLOOR DEMOLITION PLAN	JOINT BUILDING AUTHORITY FOR OSISGO COUNTY/CITY OF OAYLORD 225 WEST MAIN OAYLORD, MOCHOAN		PROJECT NO. _____ DRAWING NO. _____ SHEET NO. _____ DATE _____	REVISIONS NO. _____ DATE _____ BY _____	SCALE _____	DESIGNED BY _____ DRAWN BY _____ CHECKED BY _____ DATE _____
				PROJECT NO. _____ DRAWING NO. _____ SHEET NO. _____ DATE _____	REVISIONS NO. _____ DATE _____ BY _____	SCALE _____	DESIGNED BY _____ DRAWN BY _____ CHECKED BY _____ DATE _____



THIS PLAN IS A DEMOLITION PLAN AND IS NOT TO BE USED FOR CONSTRUCTION. IT IS THE RESPONSIBILITY OF THE USER TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED HEREIN. THE CONSULTANT HAS CONDUCTED VISUAL INSPECTIONS AND HAS REVIEWED ARCHITECTURAL RECORDS AND AS-BUILT DRAWINGS. THE CONSULTANT HAS NOT CONDUCTED A STRUCTURAL ANALYSIS OR INVESTIGATION OF THE BUILDING. THE CONSULTANT HAS NOT OBSERVED THE BUILDING OR THE DEMOLITION WORK. THE CONSULTANT HAS NOT BEEN ADVISED OF ANY HAZARDOUS MATERIALS OR CONDITIONS. THE CONSULTANT HAS NOT BEEN ADVISED OF ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THE DEMOLITION WORK. THE CONSULTANT HAS NOT BEEN ADVISED OF ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THE DEMOLITION WORK.

- NOTES:**
1. ALL EXISTING STRUCTURAL MEMBERS TO REMAIN SHALL BE IDENTIFIED BY A DASHED LINE.
  2. ALL EXISTING STRUCTURAL MEMBERS TO BE DEMOLISHED SHALL BE IDENTIFIED BY A SOLID LINE.
  3. ALL EXISTING STRUCTURAL MEMBERS TO BE REINFORCED SHALL BE IDENTIFIED BY A DOTTED LINE.
  4. ALL EXISTING STRUCTURAL MEMBERS TO BE REPLACED SHALL BE IDENTIFIED BY A SOLID LINE WITH A DOTTED LINE INSIDE.
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1-011  
 GROUND FLOOR  
 DEMOLITION PLAN

JOINT BUILDING AUTHORITY  
 FOR  
 OTSEGO COUNTY/CITY OF GAYLORD  
 225 WEST MAIN GAYLORD, MICHIGAN

CAPITAL  
 CONSULTANTS  
 ENGINEERS

NO.	DATE	BY	SCALE	DATE



## Transportation of Passengers with Special Medical Needs

The Otsego County Bus System's goal is to provide a safe, reliable and efficient transportation system for all residents of Otsego County. The Americans with Disabilities Act of 1990 and Title VI covering Public Transportation that receives Federal dollars for operations states that state and local governments may not discriminate on the basis of disability (18 CFR 35.130). Each service, program, or activity must be operated so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities, unless it would result in a fundamental alteration in the nature of a service, program or activity or cause an undue financial and administrative burden (28 CFR 35.150). To this end, the Otsego County Bus System will make all plausible effort to accommodate all potential bus passengers. It is necessary to note that the Otsego County Bus System is not categorized as Medical Transportation, Specialized or Ambulatory Service, which is a separate category of Public Transportation, as we are not licensed, trained/qualified or insured to perform that category of Public Transportation.

In the event of a medical emergency experienced by any Otsego County Bus System passenger, Otsego County Bus System employees will attempt basic first aid, but will not provide any further medical treatment to the afflicted passenger. The Bus Driver will immediately pull over to the side of the road and use the two-way radio to contact dispatch, which will in turn contact 9-1-1 to report the medical emergency. The bus driver and bus aide will wait for appropriate Emergency Medical Services (EMS) personnel to arrive and handle the medical situation.

For passengers with known severe special medical conditions it would be helpful, but not required, to have the passenger or caregiver report known medical conditions to the Otsego County Bus Driver that will be transporting the passenger, in writing, so that if necessary, on scene EMS personnel can be informed of these conditions in the event of a medical emergency response. Bus passengers may elect to have the bus driver keep medical information for future trips, or may request to have the information returned at the end of the trip in which the information given. Any information kept by that bus driver will be kept confidential and will be secured in a safe place when the driver is not on duty.



**OTSEGO COUNTY  
BUDGET AMENDMENT**

FUND/DEPARTMENT: *Health Care 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 *Wellness program costs*

Account Number	Decrease	Increase
647-050-400.001 Budgeted Use of Fund Balance	\$	\$2,000
	\$	\$
-	\$	\$
-	\$	\$
<b>Total</b>	\$	\$

**EXPENDITURE**

Account Number	Increase	Decrease
647-851-704.112 Wellness Program	\$2,000	\$
	\$	\$
-	\$	\$
-	\$	\$
-	\$	\$
-	\$	\$
<b>Total</b>	<b>\$2,000</b>	<b>\$2,000</b>

*Rachel Frisch*  
Department Head Signature

*8-20-09*  
Date

<b>Finance Department</b>
Entered:
By:

Administrator's Signature

Date

Board Approval Date (if necessary)

Budget Adjustment #

Posting Number



September 8, 2009  
Agenda



**Otsego**  
**COUNTY**  
MICHIGAN

PRESENTATION REQUEST FOR BOARD OF COMMISSIONERS MEETINGS

ORGANIZATION/AGENCY Otsego Conservation District

PRESENTER Jack Middleton TITLE Chairman

ADDRESS 800 Livingston Blvd.

MEETING DATE Sept. 8<sup>th</sup> TIME \_\_\_\_\_

PURPOSE Invite County Commissioners to Fall Tour

TYPE OF PRESENTATION \_\_\_\_\_

EQUIPMENT REQUIRED \_\_\_\_\_

APPROXIMATE LENGTH 10 min's.

PASS OUT MATERIAL\* \_\_\_\_\_

\*Please have pass out material available for the Commissioners at the County Administrator's office the Thursday prior to the meeting.

EXPECTED DECISION BY THE COMMISSION \_\_\_\_\_

OTHER INTERESTED INDIVIDUALS TO BE PRESENT:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

DATE OF REQUEST 9/2/09

SIGNATURE Pat Olson

COMMITTEE REFERRAL \_\_\_\_\_

Return completed form to: Otsego County Administrator  
225 West Main Street, Room 213  
Gaylord, MI 49735  
Fax#(989)731-7529

# Otsego County Sheriff's Office

## 2009 CITATIONS ISSUED

D E P U T I E S	J A N U A R Y	F E B R U A R Y	M A R C H	A P R I L	M A Y	J U N E	J U L Y	A U G U S T	S E P T E M B E R	O C T O B E R	N O V E M B E R	D E C E M B E R	T O T A L S
CAVANAUGH	3	3	7	3	16	9	10						51
HOGAN	3	4	8	3	6	1	7						32
HOLZSCHU, J.	15	47	72	34	75	42	20						305
HOLZSCHU, S.	2	3	17	4	0	0	0						26
MOON	8	0	6	12	5	3	3						37
SCOTT, J.	0	0	0	0	1	2	7						10
WINKEL	3	7	60	30	17	17	9						143
OTHER	3	0	0	0	0	0	0						3
MARINE	----	----	----	----	0	0	2						2
<b>TOTALS</b>	<b>37</b>	<b>64</b>	<b>170</b>	<b>86</b>	<b>120</b>	<b>74</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>609</b>

<b>SNOWMOBILE</b>	3	0	1	----	----	----	----	----	----	----	----	----	4
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SNOWMOBILE TOTAL ALREADY FIGURED IN WITH OFFICERS TOTAL (JUST FOR STATUS)

<b>2008 TOTALS</b>	<b>44</b>	<b>18</b>	<b>60</b>	<b>29</b>	<b>77</b>	<b>86</b>	<b>163</b>	<b>55</b>	<b>53</b>	<b>69</b>	<b>88</b>	<b>27</b>	<b>769</b>
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Days 0700 - 1630      Afternoons 1630 - 0630

## 2009 CITATIONS BY TOWNSHIPS

T O W N S H I P	J A N U A R Y	F E B R U A R Y	M A R C H	A P R I L	M A Y	J U N E	J U L Y	A U G U S T	S E P T E M B E R	O C T O B E R	N O V E M B E R	D E C E M B E R	T O T A L S
Bagley	6	3	24	11	20	12	5						81
Charlton	0	1	6	3	6	1	4						21
Chester	1	2	2	2	9	1	5						22
Corwith	2	5	6	3	3	3	11						33
Dover	0	0	0	0	1	0	1						2
Elmira	14	35	74	41	54	38	19						275
Hayes	0	7	36	16	16	5	6						86
Livingston	3	2	4	3	0	2	3						17
Otsego Lk/Waters	7	0	10	5	2	2	2						28
City Vanderbilt	0	0	4	0	2	4	1						11
City of Gaylord	4	9	4	2	7	6	1						33
<b>TOTALS</b>	<b>37</b>	<b>64</b>	<b>170</b>	<b>86</b>	<b>120</b>	<b>74</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>609</b>

<b>2008 TOTALS</b>	<b>44</b>	<b>18</b>	<b>60</b>	<b>29</b>	<b>77</b>	<b>86</b>	<b>163</b>	<b>55</b>	<b>53</b>	<b>69</b>	<b>88</b>	<b>27</b>	<b>769</b>
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# Otsego County Sheriff's Office

## 2009 COMPLAINTS HANDLED

D E P U T I E S	J A N U A R Y	F E B R U A R Y	M A R C H	A P R I L	M A Y	J U N E	J U L Y	A U G U S T	S E P T E M B E R	O C T O B E R	N O V E M B E R	D E C E M B E R	T O T A L S
CAVANAUGH	16	11	16	15	18	23	13						112
HOGAN	10	13	13	12	16	21	6						91
HOLZSCHU, J	60	56	50	34	43	72	27						342
HOLZSCHU, S	36	43	38	8	1	22	37						185
MOON	36	39	52	42	32	40	50						291
LaFOREST	13	6	10	8	29	23	20						109
McBRIDE (SHERIFF)	1	0	0	0	0	0	0						1
NOWICKI (U/S)	1	1	1	0	0	0	1						4
OTHER/MARINE	0	0	1	0	0	0	0						1
PUZON	56	71	70	86	45	37	52						417
SCOTT, J.			2	15	39	11	17						84
WEBBER	0	0	0	0	0	0	0						0
WINKEL	29	16	20	16	20	30	41						172
<b>TOTALS</b>	<b>258</b>	<b>256</b>	<b>273</b>	<b>236</b>	<b>243</b>	<b>279</b>	<b>264</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1809</b>

<b>2008 TOTALS</b>	<b>295</b>	<b>221</b>	<b>252</b>	<b>284</b>	<b>208</b>	<b>281</b>	<b>318</b>	<b>299</b>	<b>254</b>	<b>271</b>	<b>271</b>	<b>231</b>	<b>3185</b>
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## 2009 CIVIL PAPERS SERVED BY OFFICER

D E P U T I E S	J A N U A R Y	F E B R U A R Y	M A R C H	A P R I L	M A Y	J U N E	J U L Y	A U G U S T	S E P T E M B E R	O C T O B E R	N O V E M B E R	D E C E M B E R	T O T A L S
CAVANAUGH	0	0	2	1	0	0	1						4
DYE	130	90	140	169	124	66	61						780
HOGAN	2	1	1	0	0	0	1						5
HOLZSCHU, J.	12	0	5	0	0	5	2						24
HOLZSCHU, S.	2	1	0	2	2	1	3						11
MOON	1	0	0	1	1	1	0						4
McBRIDE (SHERIFF)	0	0	0	0	0	0	0						0
NOWICKI (U/S)	0	0	0	0	0	0	0						0
SCOTT, J.	0	0	0	0	1	0	3						4
WINKEL	3	1	2	0	0	1	0						7
SUPPORT STAFF	9	9	7	7	12	6	7						57
CIVIL DIVISION	26	34	18	72	43	72	88						353
<b>TOTALS</b>	<b>185</b>	<b>136</b>	<b>175</b>	<b>252</b>	<b>183</b>	<b>152</b>	<b>166</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1249</b>

<b>2008 TOTALS</b>	<b>70</b>	<b>39</b>	<b>89</b>	<b>93</b>	<b>113</b>	<b>118</b>	<b>159</b>	<b>130</b>	<b>115</b>	<b>101</b>	<b>94</b>	<b>158</b>	<b>1279</b>
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Night Shift

## Monthly Mileage Report 2009

	Cavanaugh	Hogan	JUSTIN Holzschu	SARAH Holzschu	Moon	Scott	Winkel	TOTALS
January	1,533	1,394	2,257	2,067	903	0	428	8,582
February	1,483	1,324	2,015	1,604	462	0	695	7,583
March	1,236	1,589	2,264	1,985	1,387	0	2,413	10,874
April	1,523	879	1,438	1,761	1,386	0	1,056	8,043
May	1,281	1,700	1,891	2,450	1,411	0	2,326	11,059
June	1,491	1,215	1,833	1,066	1,638	0	737	7,980
July	1,172	2,297	1,170	998	1,527	0	1,056	8,220
August								0
September								0
October								0
November								0
December								0
<b>TOTALS</b>	<b>9,719</b>	<b>10,398</b>	<b>12,868</b>	<b>11,931</b>	<b>8,714</b>	<b>0</b>	<b>8,711</b>	<b>62,341</b>

62,341



***HOUSING REPORT***  
***9/8/2009***

***Housing Committee Board:***

Chair - Steve Riozzi, Clark Bates, Ken Glasser, LaVerne Harden, Jim Mathis, Edwin Vinecki, Karyn Warsaw.

***Staff:***

Marlene Hopp, Director  
Cynthia Polena, Clerk – Part-time  
Bruce Scott, Inspector - Contracted

***Meetings:***

The Housing Committee meetings are scheduled the third Thursday each month or as necessary. At these meetings, minutes and projects are reviewed, bid proposals are opened, financial reports are reviewed, motions are written, and etc . . . .

***Mission Statement:***

1. The mission of the Otsego County Board of Commissioners is to provide safe housing for moderate to very low-income individuals and families below 80% average median income. In order to rehabilitate residential dwellings, which may be substandard, affordable deferred loans and loans will be made available to residents that have existing single-family dwellings in the County of Otsego.
2. The mission of the Otsego County Board of Commissioners is to provide safe and sanitary housing for low income tenants below 80% average median income. In order to rehabilitate rental units, forgivable loans will be made available to landlords that have rental units in the central downtown business district of the City of Gaylord of which providing affordable rent based on HUD's Fair Market Rent.

**Housing Report**

**Page 2 of 2**

<u>Funded</u>	<u>Repairs</u>	<u>Admin.</u>	<u>Total Grant</u>	<u>Homes</u>
<b>MSHDA CDBG Rehabilitation Single Family</b>	\$179,375	\$39,375	\$218,750	10
Leverage funding	\$ 87,000			11
USDA, Rural Development				
NEMCSA Weatherization				
Local DHS				
<b>MSHDA Rental Rehabilitation Program</b>	\$200,000	\$43,900	\$243,900	<u>Units</u> 6
Leverage funding – Landlord	\$125,000			

<u>Outstanding Revenue</u>	<u>Mortgages</u>	<u>YTD Payments</u>	<u>Average Month</u>
Mortgage Receivable 0-3% loans	\$ 227,808.99	\$22,691.82	\$2,836.47
Deferred Mortgage loans	<u>\$1,267,867.44</u>	<u>\$ 814.24</u>	<u>\$ 116.32</u>
<b>Total</b>	<b>\$1,425,562.15</b>	<b>\$23,506.06</b>	<b>\$2,952.79</b>



Equal Opportunity Housing Program



## ***Otsego County Veteran's Affairs***

225 West Main Street, room 213, Gaylord, Michigan 49735  
989-731-7575 • Fax 989-731-7599

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### ***OTSEGO COUNTY VETERAN'S AFFAIRS***

***REPORT 9/8/2009***

#### ***Veteran Board:***

Chair – Mike Hyde, Clark Bates, Robert Harkness, Donald Peterson, William Ahrenberg

#### ***Staff:***

Marlene Hopp, Veteran Counselor  
Cynthia Polena, Clerk – Part-time

#### ***Meetings:***

Third Thursday of every month or as necessary.

#### ***Purpose:***

The Otsego County Veteran Affairs provides services to Veterans and their families with veterans benefits advocacy and assistance. Staff that is dedicated to ensure that the sacrifices of our nation's Veterans are recognized, and that they and their families receive all veterans benefits to which they are entitled. Our goals are to obtain the maximum Veterans' benefits available for our clients through our professionalism and advocacy while making the process as simple and understandable as possible. As a division of Otsego County government we are able to provide our services free of charge.

#### ***Relationship to the County Board:***

The County Board provides a vital resource to the community by granting a governing Veteran Board. The County Board participates in the selection of the professional Veterans board, furnishes office space, utilities and approves general funds.

#### ***Departmental Revenue:***

Support for the Veterans Affairs is granted from the County general fund.  
The Veterans' Relief Fund Act 214 of 1899 provides Soldiers and Sailors Relief Funds.

*Benefits for Veterans*

Otsego County Veterans' Affairs has a counselor that can provide assistance to Veterans in filing claims or appealing adverse decisions regarding the following benefits:

*U.S. Department of Veterans Affairs Benefits*

- Service Connected Disability
- Compensation
- Non-Service Connected Disability Pension
- Education/Vocational Rehabilitation
- Home Loans
- Life Insurance
- Hospitalization/Medical Treatment

*State and County Benefits*

- Soldiers and Sailors Relief
- Transportation to Veteran Affairs Medical Facilities
- County Burial Allowance
- Michigan Veterans' Homes
- Discharge Recording

*Other*

- Military Records and Medals
- Discharge Review/Corrections
- CHAMPVA/Tricare Health Coverage
- Referrals for Employment Assistance

*Benefits for Surviving Spouse and Dependents*

Otsego County Veterans' Affairs Counselor assists surviving spouses and dependents in filing claims or appealing adverse decisions regarding the following benefits:

*U.S. Department of Veterans Affairs Benefits*

- Federal Burial/Plot Allowance
- Dependency and Indemnity
- Compensation
- Grave Headstone/Markers
- U.S. Flag for Burial Purposes
- Presidential Memorial Certificates
- Death Pension
- VA Life Insurance
- Burial in a National Cemetery
- Education for Spouse and/or Children

*State and County Benefits*

- County Burial Allowance
- County Marker Setting Allowance
- Flag Case
- Soldiers Relief
- Education for Children
- Michigan Veterans' Homes

*Other*

- Military Records and Medals
- CHAMPVA/Tricare Health Coverage

***Otsego County Veteran's Affairs***  
***Page 4 of 4***

Year	2006	2007	2008
Veterans/Surviving Spouses Assisted	2,555	2,413	2,387
<b><u>Total Benefits paid*</u></b>	<b>\$4,083,000</b>	<b>\$4,619,000</b>	<b>\$5,600,000</b>
Comp/Pension/DIC/Federal Burial	\$2,354,000	\$2,662,000	\$3,209,000
Education/Training/Employment	\$ 73,000	\$ 89,000	\$ 133,000
Medical	\$1,504,000	\$1,700,000	\$2,152,000
Insurance	\$ 152,000	\$ 167,000	\$ 105,000
<i>Unique Patients – care at MI VA facility</i>	<i>n/a</i>	<i>\$ 469,000</i>	<i>\$ 482,000</i>

*\*Total expenditures by sum may be slightly different from those calculated; the differences are resulted from rounding.*

<b><u>2009 Otsego VA Accounts</u></b>	<b><u>YTD</u></b>	<b><u>Assisted</u></b>
County Burial - \$300 allowance	\$5,100.00	17
Soldiers Relief Fund	\$2,894.09	8
Transports to VA medical facility	\$ 841.82 <i>fuel</i>	31
VA transport reimb. .285 per mile	\$1,291.46 <i>revenue</i>	
Meal reimbursement to drivers	\$ 114.90	

**Dept 332 MOTORCYCLE SAFETY EDUCATION**

REVENUE & EXPENDITURE REPORT FOR OTSEGO COUNTY  
 Month Ended 08/31/2009

ACCOUNT	DESCRIPTION	2009		YEAR-TO-DATE THRU 08/31/09	MONTH ENDED 08/31/2009	% OF BUDGET	
		ORIG BUDGET	AMENDED BUDGET			AVAILABLE BALANCE	USED
Fund 101 - GENERAL FUND							
<b>Revenues</b>							
Dept 332: MOTORCYCLE SAFETY EDUCATION							
539.000	STATE GRANTS	49,884.00	56,286.00	7,088.00	0.00	49,198.00	12.59
674.000	OTHER REV - CONTRIBUTIONS	4,059.00	4,059.00	1,505.00	575.00	2,554.00	37.08
676.040	REIMBURSEMENT - GENERAL	10,550.00	12,350.00	9,350.00	1,075.00	3,000.00	75.71
<b>Total Revenues</b>		<b>64,493.00</b>	<b>72,695.00</b>	<b>17,943.00</b>	<b>1,650.00</b>	<b>54,752.00</b>	<b>24.68</b>
<b>Expenditures</b>							
Dept 332: MOTORCYCLE SAFETY EDUCATION							
726.000	SUPPLIES - GENERAL	2,732.00	3,023.00	2,045.66	142.65	977.34	67.67
801.020	PROFESSIONAL (COORDINATOR/ADMIN)	14,910.00	17,033.00	11,814.70	1,350.00	5,218.30	69.36
801.030	TECHNICAL SVCS (Instructors)	23,760.00	27,631.00	20,322.35	7,046.10	7,308.65	73.55
920.400	REPAIRS AND MAINTENANCE SVCS	2,000.00	2,000.00	831.10	27.04	1,168.90	41.56
920.510	RENTAL - LAND AND/OR BLDG	1,840.00	2,000.00	44.87	0.00	1,955.13	2.24
930.100	INSURANCE AND BONDS	2,532.00	2,967.00	1,050.40	128.46	1,916.60	35.40
930.500	TRAVEL	2,600.00	3,246.00	1,134.69	460.80	2,111.31	34.96
930.660	GASOLINE	3,360.00	3,648.00	212.70	63.75	3,435.30	5.83
940.010	OUTSIDE CONTRACTED SERVICES	3,709.00	3,709.00	103.95	0.00	3,605.05	2.80
970.420	PROPERTY - VEHICLES	6,700.00	7,088.00	7,088.00	0.00	0.00	100.00
999.990	CONTRIBUTION TO FUND BALANCE	350.00	350.00	0.00	0.00	350.00	0.00
<b>Total Expenditures</b>		<b>64,493.00</b>	<b>72,695.00</b>	<b>44,648.42</b>	<b>9,218.80</b>	<b>28,046.58</b>	<b>61.42</b>

<b>NET OF REVENUES AND EXPENDITURES</b>	0.00	0.00	(26,705.42)	(7,568.80)	26,705.42
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## 2009 MOTORCYCLE SAFETY FUND

The basic objective of the Michigan Motorcycle Safety Program is to improve motorcycling safety by establishing motorcycle safety courses throughout the State.

### INSTRUCTORS

Timothy McPherson  
Lindsey Higgenbottom  
Mike Jarosz  
Timothy Burke  
Bill Pegg  
Audra Swarhout  
Mike Johnson  
Jessica Slusser  
Ed Swope  
Roy Van-Der-Linden

<u>CLASSES</u>	<u>#STUDENTS</u>	<u>PASSED</u>	<u>FAILED</u>	<u>INCOMPLETE</u>
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#### BASIC RIDER COURSE

<i>DATES</i>	<i>LOCATION</i>
5/15-17/09	Cheboygan
5/22-24/09	Gaylord
6/5-7/09	SS Marie
6/12-14/09	Gaylord
6/12-14/09	Cheboygan
6/19-21/09	W. Branch
6/26-28/09	S.S. Marie
7/10-12/09	Gaylord
7/10-12/09	Cheboygan
7/17-19/09	W. Branch
7/17-19/09	S.S. Marie
7/24-26/09	Cheboygan
7/31-8/2/09	Gaylord
8/7-9/09	S.S. Marie
8/7-9/09	W. Branch
8/14-16/09	Cheboygan
6/26/09-6/28/09	Gaylord
8/7/09-8/9/09	Cheboygan
9/11/09-9/13/09	Cheboygan

320	267	18	13
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#### EXPERIENCED RIDER COURSE

6/14/2009	Cheboygan
6/19/2009	Gaylord

<u>#STUDENTS</u>	<u>PASSED</u>
6	6
7	7

#### PERFORMANCE BASED COURSE

5/30/2009	Gaylord
6/13/2009	Cheboygan
6/20/2009	S.S. Marie

7	7
2	2
2	2

## 2009 Otsego County Survey and Remonumentation Grant

Michigan Public Act 345 of 1990, the State Survey and Remonumentation Act coordinate the monumentation and remonumentation of property controlling corners in Michigan and required the adoption of county remonumentation plans. Otsego County plan adopted October 13, 1992.

### PEER GROUP

\$2,250.00

Members: Ronald Brand, Carl Kiiskila,  
Carl Robinson, Donald Sagasser, James Schwant

Meetings located in room 212 of County Building  
Friday, August 21, 2009, 8:30 am  
Friday, September 11, 2009, 8:30 am

### CONTRACTS

#### **Bob Mitchell & Associates**

\$5,666.50

Corners to be researched and monumented  
T31N, R4W, Elmira Township, 9 corners  
K03, K04, K05, K06, K07, L03, L05, M04\*, M06\*  
\* Two corners common to an another township

#### **Wade Trim, Inc.**

\$5,666.50

Corners to be researched and monumented  
T30N, R1W, Charlton Township (Central), 9 corners  
J09, J11, K07, K08, K09, K10, K11, L09, L11

Recordation \$ 252.00

County Representative Surveyor \$1,751.00

Grant Administrator \$1,751.00

**Total Grant \$17,337.00**

VEND. INV#	VENDOR DESCRIPTION	GL DISTRIBUTION	INV DATE	DUE DATE	INV AMT	AMT DUE	STATUS	UNLIZED?
09 FALL CONF								
90008689	MAAE		08/24/2009	08/24/2009	175.00	0.00	P	Y
	2009 CONFERENCE		MFITZGERALD					
	281-537-930.500	FALL CONFERENCE09			175.00			
AUG 2009								
90008690	AVFUEL CORPORATION		08/24/2009	08/24/2009	20,000.00	0.00	P	Y
	GAYLORD REGIONAL AIRPT		MFITZGERALD					
	281-537-930.664	AIRPLANE FUEL			20,000.00			
9779								
90008691	MIDLAND MORTGAGE COMPANY		08/24/2009	08/24/2009	721.52	0.00	P	Y
	VETERANS ASSISTANCE		MFITZGERALD					
	294-683-930.999	MISC OTHER SERVICES			721.52			
JULY-AUG 09 BUR								
90008693	NORTHWESTERN BANK-CARDMEMBER SERVIC		08/24/2009	08/24/2009	1,802.13	0.00	P	Y
	BURT JULY 16-AUG 13, 2009		MFITZGERALD					
	101-257-704.400	EDUCATION AND TRAINING			353.73			
	101-648-726.046	SUPPLIES - UNIFORM/ACC			170.70			
	645-172-726.000	SUPPLIES - GENERAL			59.00			
	645-270-704.400	EDUCATION AND TRAINING			260.00			
	101-257-726.000	SUPPLIES - GENERAL			8.87			
	618-447-940.010	OUTSIDE CONTRACTED SERVICES			30.00			
	645-172-726.000	SUPPLIES - GENERAL			56.00			
	588-699-726.050	REPAIRS AND MAINT SUPPLIES			54.74			
	645-172-704.400	EDUCATION AND TRAINING			525.00			
	701-000-232.004	STAFF DEVELOPMENT			107.97			
	645-172-930.500	TRAVEL			128.26			
	637-265-726.000	SUPPLIES - GENERAL			98.24			
	101-101-726.000	SUPPLIES - GENERAL			21.28			
	101-648-726.046	SUPPLIES - UNIFORM/ACC			(50.00)			
	101-257-704.400	EDUCATION AND TRAINING			(16.56)			
	645-172-930.500	TRAVEL			(5.10)			
VETERAN ASST.								
90008694	DTE ENERGY		08/24/2009	08/24/2009	162.73	0.00	P	Y
	#418962400010 DTE ENERGY PAYMENT FOR MFITZGERALD							
	293-689-930.999	#418962400010 DTE ENERGY			162.73			
VETERANS ASST								
90008695	JOHNSON OIL COMPANY		08/24/2009	08/24/2009	231.36	0.00	P	Y
	PROPANE ACCT PART OF 275 GALLON		MFITZGERALD					
	293-689-930.999	VET ACCT PROPANE FUEL			231.36			

# of Invoices:	6	# Due:	0	TOTALS:	23,092.74	0.00	*
* 1 Net Invoice has Credits Totalling:							
--- TOTALS BY FUND ---							
	101				488.02	0.00	
	281				20,175.00	0.00	
	293				394.09	0.00	
	294				721.52	0.00	

VEND. INV#	VENDOR	INV DATE	DUE DATE	INV AMT	AMT DUE	STATUS	UNLIZED?
588				54.74	0.00		
618				30.00	0.00		
637				98.24	0.00		
645				1,023.16	0.00		
701				107.97	0.00		
---							
--- TOTALS BY FUND (continued) ---							
000				107.97	0.00		
101				21.28	0.00		
172				763.16	0.00		
257				346.04	0.00		
265				98.24	0.00		
270				260.00	0.00		
447				30.00	0.00		
537				20,175.00	0.00		
648				120.70	0.00		
683				721.52	0.00		
689				394.09	0.00		
699				54.74	0.00		
---							
--- TOTALS BY DEPT/ACTIVITY ---							

09/02/2009		DISBURSEMENT REPORT FOR COUNTY OF OTSEGO			PAGE 1	
Bank AP - Checks 00000253702 to 00000253805						
Date	Bank	Check	Payee	Description	GL #	AMT
8/26/2009	AP	00000253702	OTSEGO COUNTY INMATE ACCOUNT	SERVICE CHARGES	101-351-930.150	1,327.08
8/28/2009	AP	00000253703	ABEL M CRUZ	PER DIEM TRAVEL	208-752-703.040 208-752-930.500	40.00 1.60 41.60
8/28/2009	AP	00000253704	ACE HARDWARE	7917 ROUND UP 7916 BLEACH	208-751-726.000 208-751-726.025	302.22 63.69 365.91
8/28/2009	AP	00000253705	BANKERS ADVERTISING COMPANY	512863	208-752-940.010	1,211.61
8/28/2009	AP	00000253706	BUTCH FLEMING	PER DIEM TRAVEL	208-752-703.040 208-752-930.500	40.00 6.40 46.40
8/28/2009	AP	00000253707	CHAD DUTCHER	PER DIEM TRAVEL	208-752-703.040 208-752-930.500	40.00 2.40 42.40
8/28/2009	AP	00000253708	CHUCKS ELECTRIC OF GAYLORD	1810	208-751-726.050	122.00
8/28/2009	AP	00000253709	CITY OF GAYLORD	WATER BILL	208-752-920.200	40.20
8/28/2009	AP	00000253710	CONSUMERS ENERGY	PARK ELECTRIC BILL CENTER ELECTRIC BILL	208-751-930.620 208-752-930.620	2,373.72 232.55 2,606.27
8/28/2009	AP	00000253711	DELL MARKETING	MONITORS	208-751-726.000	179.00
8/28/2009	AP	00000253712	DON HUFF	PER DIEM TRAVEL	208-752-703.040 208-752-930.500	40.00 16.00 56.00

Date	Bank	Check	Payee	Description	GL #	AMT
8/28/2009	AP	00000253713	DTE ENERGY	GAS BILL	208-752-930.610	55.23
8/28/2009	AP	00000253714	GASLIGHT MEDIA	28778	208-751-726.000	59.95
8/28/2009	AP	00000253715	GAULT RACE MGT	1160	208-752-940.010	1,755.00
8/28/2009	AP	00000253716	GAYLORD MACHINE & FABRICATION	REPAIR TRAILER	208-751-726.050	35.00
8/28/2009	AP	00000253717	GAYLORD/OTSEGO CHAMBER OF COMMERCIALPENFEST		208-752-940.010	1,800.00
8/28/2009	AP	00000253718	GIL-ROY'S HARDWARE	680407 SCREW 658664	208-751-726.000 208-752-726.000	14.99 188.99 203.98
8/28/2009	AP	00000253719	HP PRODUCTS	TOILET PAPER	208-751-726.025	294.03
8/28/2009	AP	00000253720	JOHN HESS	FIREWOOD 8/14	208-751-726.000	175.00
8/28/2009	AP	00000253721	JUSTIN ZABLOCKI	CAMPING REFUND	208-440-652.050	13.00
8/28/2009	AP	00000253722	KATHY WITHERS	CAMPING REFUND	208-440-652.050	7.00
8/28/2009	AP	00000253723	LAPPANS OF GAYLORD INC	126763 MULCH 127720 TRIMMER	208-751-726.000 208-751-726.050	26.00 102.33 128.33
8/28/2009	AP	00000253724	MACVC	FALL CONFERENCE OTSEGO VE	101-682-704.400	75.00
8/28/2009	AP	00000253725	MISTER TS GLASS	DISPENSERS	208-751-726.025	116.64
8/28/2009	AP	00000253726	MSU EXTENSION	PLAYGROUP	208-752-940.010	3,410.88
8/28/2009	AP	00000253727	NEW HORIZON LANDSCAPE	SPRINKLER	208-751-726.050	1,100.00
8/28/2009	AP	00000253728	NICOLE BUTCHER	CAMPING REFUND	208-440-652.050	32.00

Date	Bank	Check	Payee	Description	GL #	AMT
8/28/2009	AP	00000253729	NORTHWESTERN BANK-CARDMEMBER SERV	EDUCATION AND TRAINING	101-253-704.400	50.00
				SUPPLIES - GENERAL	101-253-726.000	31.63
				SERVICE CHARGES	101-253-930.150	21.00
				EDUCATION AND TRAINING	516-253-704.400	50.00
				SUPPLIES - GENERAL	616-253-726.000	50.00
				SUPPLIES - GENERAL	617-253-726.000	53.39
				TRAVEL	617-253-930.500	24.12
				STAFF DEVELOPMENT	701-000-232.004	57.18
						337.32
8/28/2009	AP	00000253730	PETE AWREY	PER DIEM	208-752-703.040	80.00
8/28/2009	AP	00000253731	POSTMASTER	SHIPPING AND MAILING - 1945 PIECES	516-253-930.450	855.80
8/28/2009	AP	00000253732	PURCHASE SALES	6371	208-751-726.000	741.07
8/28/2009	AP	00000253733	RANDY STULTS	PER DIEM	208-752-703.040	40.00
				TRAVEL	208-752-930.500	8.00
						48.00
8/28/2009	AP	00000253734	SPARTAN STORES INC	DONUTS	208-751-726.000	203.14
				WORKS, PINE SOL	208-751-726.025	68.56
				BANANAS, MARSMELOWS	208-752-726.000	76.45
						348.15
8/28/2009	AP	00000253735	TERRY THOMASMA	CAMPING REFUND	208-440-652.050	32.00
8/28/2009	AP	00000253736	THOMAS JOHNSON	PER DIEM	208-752-703.040	40.00
				TRAVEL	208-752-930.500	10.00
						50.00
8/28/2009	AP	00000253737	VERIZON NORTH	PARK PHONE BILL	208-751-930.210	95.08
8/28/2009	AP	00000253738	VOLUNTEER CENTER OF OTSEGO COUNTY	ALPENFEST RUN	208-752-940.010	200.00



Date	Bank	Check	Payee	Description	GL #	AMT
9/1/2009	AP	00000253752	CITY OF GAYLORD	WATER/SEWAGE	205-301-920.200	57.71
				WATER	212-430-920.200	49.03
				WATER BILL	281-537-920.200	123.79
				WATER/SEWAGE	588-699-920.200	38.95
				WATER/SEWAGE	637-265-920.200	1,164.54
						1,434.02
9/1/2009	AP	00000253753	CONSUMERS ENERGY	ELECTRIC	212-430-930.620	222.20
				ELECTRICITY	637-265-930.620	15.96
						238.16
9/1/2009	AP	00000253754	CUMMINGS, MCCLOREY, DAVIS & ACHO P	PROFESSIONAL SVCS	260-130-801.025	1,250.00
9/1/2009	AP	00000253755	DEPENDABLE CONCRETE	RESTITUTIONS PAYABLE	701-000-271.000	80.00
9/1/2009	AP	00000253756	DEQ-CASHIERS OFFICE-WB-CG	TANK FEE	281-537-940.010	200.00
9/1/2009	AP	00000253757	DONALD & MARION GREEN	RESTITUTIONS PAYABLE	701-000-271.000	127.06
9/1/2009	AP	00000253758	DR. DONNA SIMMONS	MEDICAL	212-430-930.471	1,054.35
				STERILIZATION	212-430-930.980	4,510.00
						5,564.35
9/1/2009	AP	00000253759	DYE, JOHN	HOSPITALIZATION/DENTAL	101-853-940.110	194.62
9/1/2009	AP	00000253760	EMPLOYERS MUTUAL CASUALTY CO	RESTITUTIONS PAYABLE	701-000-271.000	50.00
9/1/2009	AP	00000253761	ERIK SNYDER	8/15 ASSISTED BRC/ERC	101-332-801.030	216.00
9/1/2009	AP	00000253762	FARM BUREAU INSURANC	RESTITUTIONS PAYABLE	701-000-271.000	40.00
9/1/2009	AP	00000253763	FIFTH THIRD BANK MICHIGAN	DELINQUENT TAXES - CHG BACK	516-000-026.020	1,128.53
9/1/2009	AP	00000253764	FRED & SHIRLEY ROSS	RESTITUTIONS PAYABLE	701-000-271.000	33.30

Date	Bank	Check	Payee	Description	GL #	AMT
9/1/2009	AP	00000253765	GASLIGHT MEDIA	PROFESSIONAL	101-228-801.020	50.00
				SERVICE CONTRACTS	101-864-920.410	800.00
				TELEPHONE	205-301-930.210	16.00
				WIRELESS CONECTION	212-430-920.410	59.95
				INV #28905	261-427-920.410	200.00
				MONTHLY PORT FEE	281-537-940.010	16.00
						1,141.95
9/1/2009	AP	00000253766	GIL-ROYS HARDWARE	SUPPLIES	212-430-726.025	89.20
				0907-751601	637-265-726.050	257.08
						346.28
9/1/2009	AP	00000253767	GLENN & MARY FLOOD	ROOM AND BOARD	292-662-930.700	441.44
9/1/2009	AP	00000253768	GLORIA SAWYER	TRAVEL	101-134-930.500	5.70
				OUTSIDE CONTRACTED SERVICES	101-134-940.010	204.00
				SVCS OF CARE GIVER	292-662-930.830	8.00
						217.70
9/1/2009	AP	00000253769	GREG & KIMBERLY ROSS	RESTITUTIONS PAYABLE	701-000-271.000	26.70
9/1/2009	AP	00000253770	JASON SAJDAK	RESITUTIONS PAYABLE-PRBT CT	701-000-271.148	20.00
9/1/2009	AP	00000253771	JEWETT, LEWIS	OTHER INCOME - OVER AND SHORT	516-030-694.000	743.28
9/1/2009	AP	00000253772	JOHN HARRINGTON	RESTITUTIONS PAYABLE	701-000-271.000	9.88
9/1/2009	AP	00000253773	JOHNSON OIL COMPANY	RESTITUTIONS PAYABLE	701-000-271.000	25.00
9/1/2009	AP	00000253774	KMART	RESTITUTIONS PAYABLE	701-000-271.000	13.00
9/1/2009	AP	00000253775	LONE OAK-KOWALKOSKI	OTHER INCOME - OVER AND SHORT	516-030-694.000	10.00
9/1/2009	AP	00000253776	MI COUNTIES WORKERS COMPENSATION FU	WORKERS COMP PAYABLE	704-000-231.270	26,650.00

Date	Bank	Check	Payee	Description	GL #	AMT
9/1/2009	AP	00000253777	MI COUNTIES WORKERS COMPENSATION FU	WORKERS COMPENSATION	101-131-704.600	922.43
				WORKERS COMPENSATION	101-133-704.600	100.06
				WORKERS COMPENSATION	101-141-704.600	545.09
				WORKERS COMPENSATION	215-141-704.600	96.20
				WORKERS COMPENSATION	292-662-704.600	252.22
						1,916.00
9/1/2009	AP	00000253778	MICHIGAN DEPT. OF LABOR & ECONOMIC	ALLEN WEST/ BUILDING OFFI	249-371-704.400	405.00
9/1/2009	AP	00000253779	MIKE JAROSZ	8/17 BRC CHEBOYGAN	101-332-801.030	405.00
				TRAVEL BRIDGE FEE'S	101-332-930.500	6.80
						411.80
9/1/2009	AP	00000253780	MUTUAL OF OMAHA	LIFE AND DISABILITY	101-131-704.140	382.41
				LIFE AND DISABILITY	101-133-704.140	27.13
				LIFE AND DISABILITY	101-141-704.140	166.66
				LIFE AND DISABILITY	215-141-704.140	29.41
				LIFE AND DISABILITY	292-662-704.140	60.42
						666.03
9/1/2009	AP	00000253781	MUTUAL OF OMAHA	INSURANCE -LIFE/DISABILITY	704-000-231.870	2,986.54
9/1/2009	AP	00000253782	NORTHERN CREDIT BUREAU	INV 8534 14 CREDIT REPORT	233-690-930.150	99.70
9/1/2009	AP	00000253783	NORTHERN MICHIGAN SUBSTANCE ABUSE I	OUTSIDE CONTRACTED SERVICES	101-631-940.010	31,106.50
9/1/2009	AP	00000253784	NORTHWESTERN MORTGAGE	OTHER INCOME - OVER AND SHORT	516-030-694.000	864.20
9/1/2009	AP	00000253785	OMS COMPLIANCE SERVICES INC	OUTSIDE CONTRACTED SERVICES	588-699-940.010	229.50
9/1/2009	AP	00000253786	OTSEGO CLUB & RESORT	RESTITUTIONS PAYABLE	701-000-271.000	50.00
				RESITUTIONS PAYABLE-PRBT CT	701-000-271.148	80.00
						130.00
9/1/2009	AP	00000253787	PROGRESSIVE INSURANCE COMPANY	RESTITUTIONS PAYABLE	701-000-271.000	50.00
9/1/2009	AP	00000253788	SAGINAW COUNTY	OTHER INSTITUTIONS	292-662-930.810	1,050.00

Date	Bank	Check	Payee	Description	GL #	AMT
9/1/2009	AP	00000253789	SHRM - SOCIETY FOR HUMAN RSOURCE MG	MEMBERSHIP AND DUES	645-270-930.600	160.00
9/1/2009	AP	00000253790	STATE CHEMICAL MANUFACTURING CO	REPAIRS AND MAINT SUPPLIES	637-265-726.050	1,163.33
9/1/2009	AP	00000253791	STATE OF MICHIGAN	CONSTRUCTION RUNWAY 18/36	481-901-970.300	16,000.00
9/1/2009	AP	00000253792	STATE OF MICHIGAN	MPSCS-92091	261-427-920.410	88.33
9/1/2009	AP	00000253793	STATE OF MICHIGAN	SERVICE CONTRACTS	637-265-920.410	160.00
				OUTSIDE CONTRACTED SERVICES	637-265-940.010	90.00
						250.00
9/1/2009	AP	00000253794	THOMAS SAWYER	TRAVEL	101-134-930.500	1,663.65
				OUTSIDE CONTRACTED SERVICES	101-134-940.010	492.00
				TRAVEL	292-662-930.500	18.40
				SVCS OF CARE GIVER	292-662-930.830	8.00
						2,182.05
9/1/2009	AP	00000253795	TIMOTHY MCPHERSON	8/28 EQUIP TXFR	101-332-801.020	108.00
				8/28 BIKE REPAIRS	101-332-920.400	108.00
						216.00
9/1/2009	AP	00000253796	TITLE CHECK LLC	TITLE SRCH FEE--DELOQ TAX FORE	516-000-228.051	20,529.94
9/1/2009	AP	00000253797	TITLE CHECK LLC	SERVICE CONTRACTS	516-253-920.410	1,671.54
9/1/2009	AP	00000253798	U.S. POST OFFICE	RESTITUTIONS PAYABLE	701-000-271.000	10.00
9/1/2009	AP	00000253799	US IMAGING	FILM PROCESSING	256-215-930.650	87.00
9/1/2009	AP	00000253800	USA MOBILITY WIRELESS INC	ACCT #0513733-6	261-427-940.010	69.56
9/1/2009	AP	00000253801	VERIZON NORTH	219000233119005400	261-427-930.210	384.18
				TELEPHONE	637-265-930.210	905.84
						1,290.02
9/1/2009	AP	00000253802	WAL MART	SUPPLIES	212-430-726.000	254.74

Date	Bank	Check	Payee	Description	GL #	AMT
9/1/2009	AP	00000253803	WALMART	RESITUTIONS PAYABLE-PRBT CT	701-000-271.148	19.00
9/1/2009	AP	00000253804	WASTE MANAGEMENT	SERVICE CONTRACTS	637-265-920.410	539.35
9/1/2009	AP	00000253805	WINN TELECOM	TELEPHONE	212-430-930.210	122.77
				9897326108	261-427-930.210	61.64
				TELEPHONE	588-699-930.210	384.12
						568.53
--- GL TOTALS ---						
			TOTAL FOR FUND 101 GENERAL FUND			\$ 39,076.26
			TOTAL FOR FUND 205 WORK CAMP			\$ 73.71
			TOTAL FOR FUND 208 PARKS AND RECREATION			\$ 15,534.13
			TOTAL FOR FUND 212 ANIMAL CONTROL			\$ 6,362.24
			TOTAL FOR FUND 215 FRIEND OF THE COURT			\$ 125.61
			TOTAL FOR FUND 233 HUD GRANT FUND			\$ 145.30
			TOTAL FOR FUND 249 BUILDING INSPECTION FUND			\$ 1,965.00
			TOTAL FOR FUND 256 REGISTER OF DEEDS AUTOMATION			\$ 87.00
			TOTAL FOR FUND 260 LEGAL DEFENSE FUND			\$ 1,250.00
			TOTAL FOR FUND 261 911 SERVICE FUND			\$ 847.05
			TOTAL FOR FUND 281 AIRPORT			\$ 339.79
			TOTAL FOR FUND 292 CHILD CARE FUND			\$ 1,838.48
			TOTAL FOR FUND 481 AIRPORT CAPITAL PROJECTS			\$ 16,000.00
			TOTAL FOR FUND 516 DELINQUENT TAX REVOLVING			\$ 25,853.29
			TOTAL FOR FUND 569 DEBT SERVICE			\$ 225.00
			TOTAL FOR FUND 588 TRANSPORTATION FUND			\$ 652.57
			TOTAL FOR FUND 595 JAIL COMMISSARY			\$ 53.47
			TOTAL FOR FUND 616 HOMESTEAD AUDIT FUND			\$ 100.00
			TOTAL FOR FUND 617 TAX FORECLOSURE FUND			\$ 77.51
			TOTAL FOR FUND 637 BUILDING AND GROUNDS			\$ 4,769.54
			TOTAL FOR FUND 645 ADMINISTRATIVE SERVICES			\$ 160.00
			TOTAL FOR FUND 701 GENERAL AGENCY			\$ 796.12
			TOTAL FOR FUND 704 PAYROLL IMPREST FUND			\$ 29,652.04
			GRAND TOTAL			\$ 145,984.11

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9/8/09 warrant Bank AP - Checks 00000253806 to 00000253914

Date	Bank	Check	Payee	Description	GL #	AMT
9/8/2009	AP	00000253806	87-A DISTRICT COURT	WITNESS SERVICES	101-131-930.940	\$ 9.10
9/8/2009	AP	00000253807	ADVANCED BENEFIT SOLUTIONS, INC.	HOSPITALIZATION	101-131-704.110	\$ 97.83
				HOSPITALIZATION	101-136-704.110	\$ 6.45
				HOSPITALIZATION	101-141-704.110	\$ 32.90
				HOSPITALIZATION	101-148-704.110	\$ 6.44
				HOSPITALIZATION	215-141-704.110	\$ 5.81
				HOSPITALIZATION	292-662-704.110	\$ 16.32
						\$ 165.75
9/8/2009	AP	00000253808	ALCHEMY MIND, LLC	CAMP PROGRAM	205-301-704.400	\$ 600.00
				JAIL PROGRAM	595-351-726.000	\$ 625.00
						\$ 1,225.00
9/8/2009	AP	00000253809	ALLTEL	TELEPHONE	588-699-930.210	\$ 136.95
9/8/2009	AP	00000253810	APA CONSTRUCTION OF N. MICHIGAN	REFUND PARTIAL FEE/1 INSP	249-260-451.010	\$ 50.00
9/8/2009	AP	00000253811	ARROW SANITATION	SALES - UTILITIES	637-215-642.060	\$ 6,287.50
9/8/2009	AP	00000253812	ARTHUR SMITH	TRAVEL	101-131-930.500	\$ 19.20
				SVCS OF CARE GIVER	101-131-930.830	\$ 30.00
						\$ 49.20
9/8/2009	AP	00000253813	AT&T MOBILITY	CELL PH 7-23-09 - 8-22-09	101-267-930.210	\$ 80.68
9/8/2009	AP	00000253814	BARBARA WALDORF	ROOM AND BOARD	292-662-930.700	\$ 886.29
9/8/2009	AP	00000253815	BASIC COMMUNICATIONS	SUPPLIES - GENERAL	588-699-726.000	\$ 24.99
9/8/2009	AP	00000253816	BIG BEAR DELICATESSEN	TRAVEL	101-131-930.500	\$ 13.34
9/8/2009	AP	00000253817	BLUEGLOBES, INC	RUNWAY LIGHTS PARTS	281-537-726.000	\$ 596.19

9/8/09 warrant

Date	Bank	Check	Payee	Description	GL #	AMT
9/8/2009	AP	00000253818	BRECHEISEN DIESEL SERVICE, INC	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 31.09
9/8/2009	AP	00000253819	BS&A SOFTWARE INC	SERVICE CONTRACTS	101-228-920.410	\$ 11,700.00
9/8/2009	AP	00000253820	CCP INDUSTRIES INC	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 227.29
9/8/2009	AP	00000253821	CDW GOVERNMENT INC	DISKKEEPER 2009	616-901-970.440	\$ 1,747.04
				LACIE RUGGED XL USB HDD	617-253-726.000	\$ 152.09
				WINDOWS SERV 2008 ENTRP	617-901-970.440	\$ 641.69
						\$ 2,540.82
9/8/2009	AP	00000253822	CHERRY LAN SYSTEMS INC	SERVICE CONTRACTS	101-215-920.410	\$ 345.95
				SERVICE CONTRACTS	256-215-920.410	\$ 1,037.85
						\$ 1,383.80
9/8/2009	AP	00000253823	CHRISTOPHER YOUNG	RESTITUTIONS PAYABLE	701-000-271.000	\$ 80.00
9/8/2009	AP	00000253824	COMFORTABLE HEATING & COOLING	REPAIRS AND MAINT SUPPLIES	637-265-726.050	\$ 83.00
9/8/2009	AP	00000253825	CORNWELL TOOLS	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 216.99
9/8/2009	AP	00000253826	DARLENE SZUMKO	PROBATE ATTORNEY FEES	101-131-801.022	\$ 150.00
9/8/2009	AP	00000253827	DE LAGE LANDEN PUBLIC FINANCE	SERVICE CONTRACTS	101-267-920.410	\$ 139.41
				SERVICE CONTRACTS	101-864-920.410	\$ 867.39
				SERVICE CONTRACTS	212-430-920.410	\$ 139.41
						\$ 1,146.21
9/8/2009	AP	00000253828	DELL MARKETING	ARTICULATING ARM - A18308	101-351-920.400	\$ 224.99
9/8/2009	AP	00000253829	DELL PREFERRED ACCOUNT	AIT FIREMV A1254365	249-371-726.000	\$ 483.99
				DELL POWEREDGE R710 SERV	249-901-970.440	\$ 4,416.12
				DELL POWEREDGE R710 SERV	516-901-970.440	\$ 1,027.38
						\$ 5,927.49

Date	Bank	Check	Payee	Description	GL #	AMT
9/8/2009	AP	00000253830	DELTA DENTAL OF MICHIGAN	HOSPITALIZATION	101-131-704.110	\$ 1,183.93
				HOSPITALIZATION	101-136-704.110	\$ 83.09
				HOSPITALIZATION	101-141-704.110	\$ 412.71
				HOSPITALIZATION	101-148-704.110	\$ 99.70
				HOSPITALIZATION	215-141-704.110	\$ 72.89
				HOSPITALIZATION	292-662-704.110	\$ 167.36
				HEALTH CARE CONTRIBS COURT	704-000-231.261	\$ 98.72
						\$ 2,118.40
9/8/2009	AP	00000253831	DELUXE BUSINESS CHECKS	SUPPLIES - GENERAL	101-131-726.000	\$ 122.32
9/8/2009	AP	00000253832	DERMATEC DIRECT	JAIL GLOVES	101-351-726.035	\$ 259.00
9/8/2009	AP	00000253833	DUNNS	SUPPLIES INVENTORY	101-000-106.000	\$ 524.85
				SUPPLIES - GENERAL	588-699-726.000	\$ 148.48
				SUPPLIES - JANITORIAL	588-699-726.025	\$ 221.50
						\$ 894.83
9/8/2009	AP	00000253834	EAGLE VILLAGE	OTHER INSTITUTIONS	292-662-930.810	\$ 3,206.00
9/8/2009	AP	00000253835	EMPIRIC SOLUTIONS INC	PROFESSIONAL	101-131-801.020	\$ 1,240.00
				TECHNICAL SVCS	101-131-801.030	\$ 371.00
				TECHNICAL SVCS	101-228-801.030	\$ 1,940.00
				REPAIRS AND MAINTENANCE SVCS	101-228-920.400	\$ 559.00
				SUPPLIES - GENERAL	101-267-726.000	\$ 25.00
				OUTSIDE CONTRACTED SERVICES	208-751-940.010	\$ 212.00
				WEB MAINTENANCE	618-447-920.430	\$ 141.00
				OUTSIDE CONTRACTED SERVICES	637-265-940.010	\$ 17.00
						\$ 4,505.00
9/8/2009	AP	00000253836	EMPLOYERS MUTUAL CASUALTY CO	RESTITUTIONS PAYABLE	701-000-271.000	\$ 50.00
9/8/2009	AP	00000253837	EREMAL L. REPP	CONTRACTED ELECTRICAL INS	249-371-801.026	\$ 1,440.00
9/8/2009	AP	00000253838	FAMILY HEATING & COOLING	REPAIRS AND MAINT SUPPLIES	637-265-726.050	\$ 478.75
9/8/2009	AP	00000253839	FIESTA TOY	SUPPLIES - GENERAL	101-131-726.000	\$ 54.00

Date	Bank	Check	Payee	Description	GL #	AMT
9/8/2009	AP	00000253840	GARY GELOW	TRLR VIN1MDCDMJ10XA016870	266-901-970.420	\$ 500.00
9/8/2009	AP	00000253841	GASLIGHT MEDIA	OUTSIDE CONTRACTED SERVICES	588-699-940.010	\$ 59.95
9/8/2009	AP	00000253842	GIL-ROYS HARDWARE	REPAIRS AND MAINT SUPPLIES	637-265-726.050	\$ 125.76
9/8/2009	AP	00000253843	GLENS MARKET	RESTITUTIONS PAYABLE	701-000-271.000	\$ 20.00
9/8/2009	AP	00000253844	GLORIA SAWYER	SVCS OF CARE GIVER	292-662-930.830	\$ 54.25
9/8/2009	AP	00000253845	HICKERSON FLOOR & TILE HOUSE	REPAIRS AND MAINT SUPPLIES	637-265-726.050	\$ 1,076.23
9/8/2009	AP	00000253846	IMPREST CASH, OTSEGO COUNTY AIRPORT	PILOTS BREAK / MICROWAVE	281-537-726.000	\$ 144.77
9/8/2009	AP	00000253847	IMPREST CASH, OTSEGO COUNTY SHERIFF	DRY ERASE MRKRS/PAPR TOWL	101-301-726.000	\$ 9.01
				20 KEY RINGS	101-301-726.050	\$ 3.80
				EMPL MEALS/INMATE TRNSPTS	101-301-930.500	\$ 132.00
				DRY ERASE MRKRS/PAPR TOWL	101-351-726.000	\$ 9.00
						\$ 153.81
9/8/2009	AP	00000253848	JIM HILGENDORF	SPECIAL P/C MTG	101-721-703.040	\$ 40.00
				MILAGE	101-721-930.500	\$ 16.00
						\$ 56.00
9/8/2009	AP	00000253849	JIM WERNIG INC	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 53.52
9/8/2009	AP	00000253850	JIMS ALPINE AUTOMOTIVE	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 42.68
9/8/2009	AP	00000253851	JON DEMING	PROFESSIONAL	101-648-801.020	\$ 75.00
9/8/2009	AP	00000253852	JULIE DELANEY	TELEPHONE	101-131-930.210	\$ 30.00
9/8/2009	AP	00000253853	KENNETH ARNDT	SPECIAL P/C MTG	101-721-703.040	\$ 40.00
				MILAGE	101-721-930.500	\$ 3.20
						\$ 43.20



Date	Bank	Check	Payee	Description	GL #	AMT
9/8/2009	AP	00000253868	MICHAEL COLOSIMO	SPECIAL P/C MTG	101-721-703.040	\$ 40.00
9/8/2009	AP	00000253869	MICHAEL KURAS	ROOM AND BOARD	292-662-930.700	\$ 2,695.76
9/8/2009	AP	00000253870	MICHIGAN ASSESSORS ASSOCIATION	MAA CLASS	101-257-704.400	\$ 150.00
9/8/2009	AP	00000253871	MICHIGAN MUNICIPAL RISK MANAGEMENT	EDUCATION AND TRAINING	101-131-704.400	\$ 70.00
9/8/2009	AP	00000253872	MICHIGAN STATE POLICE BFS-CASHIERS	TRNG 07/14 ABAN VEH UPDAT	101-320-704.400	\$ 40.00
9/8/2009	AP	00000253873	MID STATES BOLT & SCREW CO	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 36.55
9/8/2009	AP	00000253874	MSU EXTENSION	WORKSHOP	212-430-704.400	\$ 300.00
9/8/2009	AP	00000253875	NORTHERN MICHIGAN REVIEW	SHIPPING AND MAILING	101-141-930.450	\$ 69.61
				SHIPPING AND MAILING	215-141-930.450	\$ 12.29
						\$ 81.90
9/8/2009	AP	00000253876	OSCODA REGION II ACCOUNTING	TRANSFER OUT	101-961-999.000	\$ 40.00
9/8/2009	AP	00000253877	OTSEGO CLUB & RESORT	RESITUTIONS PAYABLE-PRBT CT	701-000-271.148	\$ 50.00
9/8/2009	AP	00000253878	OTSEGO CO JUDICIAL SYSTM SMART CARD	HOSPITALIZATION	101-131-704.110	\$ 80.00
9/8/2009	AP	00000253879	OTSEGO COUNTY EMS	AMBULANCE TRANS	101-351-726.035	\$ 481.70
9/8/2009	AP	00000253880	OTSEGO MEMORIAL HOSPITAL	MED SERV	101-351-930.470	\$ 563.03
				AUTOPSIES	101-648-930.920	\$ 291.00
						\$ 854.03
9/8/2009	AP	00000253881	OTWELL MAWBY, P.C.	PROPERTY - IMPROVEMENTS	243-901-970.300	\$ 3,360.00
9/8/2009	AP	00000253882	PAK MAIL CENTERS OF AMERICA	SHIPPING AND MAILING	101-131-930.450	\$ 9.66
9/8/2009	AP	00000253883	QUILL CORPORATION	PENS	101-000-106.000	\$ 80.69
9/8/2009	AP	00000253884	SCHMUCKAL OIL CO.	AIRCRAFT OIL	281-537-726.000	\$ 101.40



Date	Bank	Check	Payee	Description	GL #	AMT
9/8/2009	AP	00000253896	THOMAS SAWYER	TRAVEL	292-662-930.500	\$ 136.00
				SVCS OF CARE GIVER	292-662-930.830	\$ 54.25
						\$ 190.25
9/8/2009	AP	00000253897	TIMOTHY MCPHERSON	POSTAGE REIMB.	101-332-726.000	\$ 9.55
				9/1 ADMIN.	101-332-801.020	\$ 567.00
						\$ 576.55
9/8/2009	AP	00000253898	TONYA KLEE-JURCZYK	RESTITUTIONS PAYABLE	701-000-271.000	\$ 60.00
9/8/2009	AP	00000253899	TRACEY CRUZ	TELEPHONE	101-131-930.210	\$ 30.00
9/8/2009	AP	00000253900	TRACTOR SUPPLY CO-DEPT 30-120262666	SUPPLIES - JANITORIAL	588-699-726.025	\$ 5.99
				REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 21.96
						\$ 27.95
9/8/2009	AP	00000253901	TWIN DISCOVERY SYSTEMS, INC	SUPPLIES - GENERAL	101-141-726.000	\$ 78.99
				SUPPLIES - GENERAL	215-141-726.000	\$ 13.94
						\$ 92.93
9/8/2009	AP	00000253902	UNDERGROUND SECURITY COMPANY	SUPPLIES - GENERAL	256-215-726.000	\$ 28.65
9/8/2009	AP	00000253903	UNIVERSITY CENTER AT GAYLORD	GED TEST FEE'S	205-301-704.400	\$ 50.00
				GED TEST FEE AND INTAKE	595-351-726.000	\$ 75.00
						\$ 125.00
9/8/2009	AP	00000253904	US IMAGING	FILM PROCESSING	256-215-930.650	\$ 27.00
9/8/2009	AP	00000253905	US POSTAL SERVICE	POSTAGE INVENTORY	101-000-103.000	\$ 1,500.00
9/8/2009	AP	00000253906	VERIZON NORTH	TELEPHONE	588-699-930.210	\$ 61.48
9/8/2009	AP	00000253907	VOICE MOTOR SALES INC	REPAIRS AND MAINT SUPPLIES	588-699-726.050	\$ 807.99
9/8/2009	AP	00000253908	WADE TRIM INC	PROPERTY - IMPROVEMENTS	499-901-970.300	\$ 7,500.00
9/8/2009	AP	00000253909	WALMART	RESTITUTIONS PAYABLE	701-000-271.000	\$ 20.00



		TOTAL FOR FUND 618 GIS PROJECT AND AERIAL	\$	141.00
		TOTAL FOR FUND 637 BUILDING AND GROUNDS	\$	14,318.87
		TOTAL FOR FUND 701 GENERAL AGENCY	\$	4,460.07
		TOTAL FOR FUND 704 PAYROLL IMPREST FUND	\$	98.72
		GRAND TOTAL	\$	93,158.29