

MUSKEGON COUNTY BOARD OF COMMISSIONERS
MUSKEGON COUNTY, MICHIGAN

AGENDA

HUMAN RESOURCES COMMITTEE

Hall of Justice
990 Terrace Street, Muskegon, MI
January 10, 2012

Scott Plummer, Chair
I. John Snider, II, Vice-Chair

-
1. Call to Order
 2. Roll Call
 3. Approval of Minutes of December 6, 2011
 4. Public Comment (on an agenda item)
 5. Items for Consideration
 - HR12 /01 - 01 (Mental Health) Authorize CMH Chief Operating Officer to Sign a Contract with Diversified Medical Staffing, LLC
 - HR12/01 - 02 (Mental Health) Authorize CMH Chief Operating Officer to Enter into Hospital Reimbursement Adjustment Agreements
 - HR12/01 - 03 (Mental Health) Authorize CMH Chief Operating Officer to Amend the CMH FY 2011/2012 Contract with Pioneer Resources for Residents at Gretchen's Place
 - HR12/01 - 04 (Public Health) Authorize Public Health Director to Sign Agreement with the Michigan Department of Environmental Quality for Rendering of Technical Services
 - HR12/01 - 05 (Public Health) Authorize Public Health to Accept the Grant Extension from the Centers for Disease Control and to Continue the Contract with West Michigan Shoreline Regional Developmental Commission to Continue to Conduct Community Based Environmental Health Assessments
 6. Old Business
 7. New Business
 8. Public Comment (on a new topic)
 9. Adjournment

Public Comment

Persons may address the Commission during the time set aside for Public Comment or at any time by suspension of the rules. All persons must address the commission and state their name for the record. Comments shall be limited to **two (2) minutes** for each participant, unless time is extended prior to the public comment period by a vote of a majority of the commission.

AMERICAN DISABILITY ACT POLICY FOR ACCESS TO OPEN MEETINGS OF THE
MUSKEGON COUNTY BOARD OF COMMISSIONERS AND ANY OF ITS COMMITTEES OR SUBCOMMITTEES
The County of Muskegon will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities who want to attend the meeting upon 24-hours notice to the County of Muskegon. Individuals with disabilities requiring auxiliary aids or services should contact the County of Muskegon by writing or calling: Administration, 990 Terrace Street, Muskegon, MI 49442 (231) 724-6520

**Muskegon County
Human Resources Committee Meeting
December 6, 2011
3:30 p.m.
Hall of Justice, 4th Floor
Muskegon, MI**

MINUTES

CALL TO ORDER

The meeting was called to order by Commissioner Plummer at 3:35 p.m.

ROLL CALL

Present: Lewis Collins, Benjamin Cross, James Derezinski, Marvin Engle, Alan Jager, Anthony Longmire, Kenneth Mahoney, Scott Plummer, Robert Scolnik, I. John Snider, Rillastine Wilkins

APPROVAL OF MINUTES

It was moved by Engle, supported by Collins, to approve the minutes of the November 1, 2011, meeting as written. Motion Carried.

PUBLIC COMMENT (On an agenda item)

None.

ITEMS FOR CONSIDERATION

HR11/12 - 92 It was moved by Engle, supported by Longmire, to authorize Community Mental Health to sign contracts with those service vendor/providers who have submitted written agreements to continue service provision at the current Fiscal Year 2010/2011 rates for the time period effective October 1, 2011 through September 30, 2012. Motion Carried.

HR11/12 - 93 It was moved by Collins, supported by Engle, to authorize Community Mental Health to accept the proposed rate changes by those vendors/providers listed on FY 2011/2012 Proposed Vendor Rate Changes, effective October 1, 2011 through September 30, 2012. Motion Carried.

HR11/12 - 94 It was moved by Engle, supported by Wilkins, to approve the contract between Community Mental Health and the Arc Muskegon to provide Employer of Record services to CMH consumers doing paper

shredding at CMH offices at a rate of \$10.00 an hour, effective December 1, 2011 through September 30, 2012, with an annual cost not to exceed \$15,000.00. Motion Carried.

HR11/12 - 95 It was moved by Derezinski, supported by Longmire, to authorize the Community Mental Health Chief Operating Officer to sign an amendment to the CMH lease agreement with American Red Cross to extend the lease of the lower 6,500 square feet of the building at 313 W. Webster Avenue, Muskegon, MI 49440 through March 31, 2012 at the current payment of \$2,725.00 per month. Motion Carried.

HR11/12 - 96 It was moved by Engle, supported by Cross, to authorize the Board Chair to sign the agreement between Public Health Muskegon County and Lakeshore Coordinating Council for substance abuse prevention services in the amount of \$103,331.00, effective from October 1, 2011 to September 30, 2012, with no effect on County General Fund. Motion Carried.

OLD BUSINESS

None.

NEW BUSINESS

None.

PUBLIC COMMENT (On a new topic)

None.

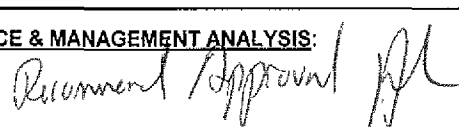

ADJOURNMENT

There being no further business to come before the Human Resources Committee, the meeting adjourned at 3:41 p.m.


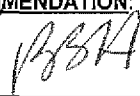
REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED NON-BUDGETED PARTIALLY BUDGETED X	
REQUESTING DEPARTMENT Mental Health	DATE January 10, 2012	REQUESTOR SIGNATURE David Parnin, Chief Operating Officer	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>Authorization is requested for Community Mental Health (CMH) Services to contract with Diversified Medical Staffing, LLC (2025 E. Beltline SE, Suite 205, Grand Rapids, MI 49546) for the provision of Private Duty Nursing Services – LPN at a rate of \$30.20 an hour, and \$45.30 an hour for overtime and holidays, effective December 1, 2011 through September 30, 2012, with an annual cap not to exceed \$75,000.00.</p> <p>A current consumer of Ottawa County CMH is relocating to Muskegon County and is currently receiving eight (8) hours a day of service from this provider through the Habilitative Waiver program. None of CMH's current local providers are able to provide these hours on a consistent basis at this time, and the consumer wishes to continue with this provider if possible</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
<p>I move to authorize the Community Mental Health Services Chief Operating Officer to sign a contract with Diversified Medical Staffing, LLC for the provision of Private Duty Nursing Services – LPN at a rate of \$30.20 an hour, and \$45.30 an hour for overtime and holidays, effective December 1, 2011 through September 30, 2012, with an annual cap not to exceed \$75,000.00.</p>			
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)			
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE & MANAGEMENT ANALYSIS:</u> <i>Recommend Approval AP</i>	
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u> <i>approval BPH</i>	
AGENDA DATE: <i>1/10/12</i>	AGENDA NO.: <i>HR12/01-01</i>	BOARD DATE: <i>1/12/12</i>	PAGE NO.


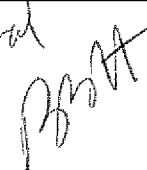
REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED NON-BUDGETED PARTIALLY BUDGETED X	
REQUESTING DEPARTMENT Mental Health	DATE January 10, 2012	REQUESTOR SIGNATURE David Parnin, Chief Operating Officer	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES) Approval is requested for Community Mental Health Services to enter into Hospital Reimbursement Adjustment (HRA) agreements with those Community Inpatient Hospitals in which either Ottawa or Muskegon Affiliates admitted consumers during FY 2010, or the Michigan Department of Community Health (MDCH) established our agency as one of the payees for the facility. The MDCH has established that the goal of the HRA agreement is to sustain community psychiatric inpatient capacity and remove Medicaid access barriers. It is important that community inpatient psychiatric capacity be sufficient so that medically necessary inpatient services are readily available to Medicaid beneficiaries and the quality of services, as measured through hospital accreditation and compliance with PIHP contractual requirements is adequate. Therefore, the MDCH has determined that adequacy of payment for services is a necessary component. This HRA agreement is independent of the local PIHP/hospital rate-setting process. These payments are supplemental to the current PIHP/Hospital current year rate. The following is the list of the LBHA HRA Agreements: <ul style="list-style-type: none"> • BCA StoneCrest Center • Bronson-Battle Creek Health System • Borgess Medical Center • Edward W. Sparrow Hospital • Forest View Hospital • Harbor Oaks Hospital • Healthsource Saginaw • Henry Ford Kingswood Hospital • Holland Community Hospital • Mercy Health Partners, Hackley Behavioral Health • MidMichigan Medical Center-Midland • Munson Medical Center • Pine Rest Christian Mental Health Services • Saint Mary's Health Care • University of Michigan Health System 			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES) I move to authorize the Community Mental Health Services of Muskegon County Chief Operating Officer to enter into Hospital Reimbursement Adjustment (HRA) agreements with those community inpatient hospitals in which either Ottawa or Muskegon affiliates paid for inpatient care of their consumers during FY 2010, or Michigan Department of Community Health has established Community Mental Health as one of the payees for the facility.			
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)			
HUMAN RESOURCES ANALYSIS:		FINANCE & MANAGEMENT ANALYSIS: 	
CORPORATE COUNSEL ANALYSIS:		ADMINISTRATOR RECOMMENDATION: 	
AGENDA DATE: 1/10/12	AGENDA NO.: HR.12/01-02	BOARD DATE: 1/12/12	PAGE NO.

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED X		NON-BUDGETED		PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Mental Health			DATE January 10, 2012		REQUESTOR SIGNATURE David Parnin, Chief Operating Officer		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)							
<p>Authorization is requested for Community Mental Health (CMH) to amend the CMH FY 2011/2012 contract for Community Living Supports Services (CLS) with Pioneer Resources (1145 E. Wesley, Muskegon, MI 49442), to include a reduced rate for CLS services of \$4.50 per 15-minute unit for services delivered at a 1 to 1 ratio (staff to resident), and \$2.12 per 15-minute unit for services delivered at a 1 to 2+ ratio for residents at Gretchen's Place (2331 Stein Street, Muskegon, MI 49441), effective December 1, 2011 through September 30, 2012.</p> <p>Gretchen's Place is a Supported Independent Living home for individuals with a developmental disability run by Pioneer Resources. Because of the number of residents in the home and the amount of community living support services they require, Pioneer Resources is able to provide the service to them at a reduced rate as compared to our usual rate of \$4.60 (1 to 1) and \$2.42 (1 to 2+) for CLS services delivered to consumers living independently in the community.</p>							
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)							
<p>I move to authorize the Community Mental Health Services of Muskegon County (CMH) Chief Operating Officer to amend the CMH FY 2011/2012 contract with Pioneer Resources to include a reduced rate for community living support services of \$4.50 per 15-minute unit for services delivered at a 1 to 1 ratio, and \$2.12 per 15-minute unit for services delivered at a 1 to 2+ ratio to residents at Gretchen's Place, effective December 1, 2011 through September 30, 2012.</p>							
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)							
<u>HUMAN RESOURCES ANALYSIS:</u>				<u>FINANCE & MANAGEMENT ANALYSIS:</u>			
				<i>Recommend Approval</i> 			
<u>CORPORATE COUNSEL ANALYSIS:</u>				<u>ADMINISTRATOR RECOMMENDATION:</u>			
				<i>approval</i> 			
AGENDA DATE: <i>1/10/12</i>		AGENDA NO.: <i>HR12/01-03</i>		BOARD DATE: <i>1/12/12</i>		PAGE NO.	

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED <input checked="" type="checkbox"/>	NON-BUDGETED <input type="checkbox"/>	PARTIALLY BUDGETED <input type="checkbox"/>
REQUESTING DEPARTMENT Public Health	COMMITTEE DATE January 10, 2012	REQUESTOR SIGNATURE Kenneth A. Kraus		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>The Michigan Department of Environmental Quality is renewing its contract with Public Health – Muskegon County for the rendering of certain technical services related to Non-Community Water Supply, Drinking Water Long-Term Monitoring, Beach Monitoring, Public Swimming Pools, Septage, On-Site Sewage Treatment Management, Drinking Water Supply, and Campground Requirements in the amount of \$52,664.00 for FY2012.</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>Move to authorize the Public Health Director to sign the agreement with the Michigan Department of Environmental Quality for the rendering of technical services in the amount of \$52,664.00, effective from October 1, 2011, to September 30, 2012, with no effect on County General Funds.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE & MANAGEMENT ANALYSIS:</u>		
		<i>Recommend Approval</i> 		
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u>		
		<i>Approved</i> 		
AGENDA DATE: <i>1/14/12</i>	AGENDA NO.: <i>HR 12/10-04</i>	BOARD DATE: <i>1/12/12</i>	PAGE NO	



LOCAL HEALTH DEPARTMENT GRANT CONTRACT
 BETWEEN THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 AND PUBLIC HEALTH - MUSKEGON COUNTY

This Grant Contract ("Contract") is made between the Michigan Department of Environmental Quality, (MDEQ), Resource Management Division (RMD) ("State"), and Public Health - Muskegon County ("Grantee").

The purpose of this Contract is to provide funding in exchange for work to be performed for the project named below. The State is authorized to provide grant assistance pursuant to Michigan Safe Drinking Water Act, 1976, PA 399, as amended; Natural Resources and Environmental Protection Act, 1994, PA 451, as amended, Parts 117 and 201; Public Health Act, 1978, PA 368, as amended; and Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq. **Legislative appropriation** of Funds for grant assistance is set forth in **Public Act 63 of 2011**. This Contract is subject to the terms and conditions specified herein.

Project Name: Local Health Department Master Grant Contract

Amount of grant: \$52,664.00 % of grant state \$42,267.00 / % of grant federal \$10,397.00

Start Date (date executed by MDEQ): 10/01/2011 End Date: 09/30/2012

GRANTEE CONTACT:

Kenneth Kraus, Health Officer
 Name/Title
 Public Health - Muskegon County
 Organization
 209 East Apple Avenue, Suite C173
 Address
 Muskegon, MI 49442
 Address
 Telephone number
 Fax number
 E-mail address
 38-6006063
 Federal ID number

STATE'S CONTACT:

Pam Green
 Name/Title
 Resource Management Division
 Division/Bureau/Office
 P.O. Box 30241
 Address
 Lansing, MI 48909-7741
 Address
 517.241.1261
 Telephone number
 517.373.2040
 Fax number
 greenp3@michigan.gov
 E-mail address

The individuals signing below certify by their signatures that they are authorized to sign this Contract on behalf of their agencies and that the parties will fulfill the terms of this Contract, including any attached appendices, as set forth herein.

FOR THE GRANTEE:

 Signature

 Name/Title

 Date

FOR THE STATE:

 Signature
 Liane J. Shekter Smith, P.E., Chief, Resource Management
 Division

 Name/Title

 Date

33XXXI PROGRAM FUNDING

Program A - Noncommunity (Type II):

Index 33350

1. Water Supply Requirements –PCA 45851; Amount \$32,067.00
Funding Source: State Restricted
2. Operator Certification - PCA 45770; Amount \$438.00 is funded with Federal Funding. The Catalog of Federal Domestic Assistance (CFDA) title is "Operator Certification Expense Reimbursement Grant", and the CFDA number is 66.471. The Federal Grant Number is CT975861 and the grant is funded with Federal funds from the EPA awarded in 2002. By accepting this contract, the grantee agrees to comply with the requirements of the Safe Drinking Water Act, Sec. 1419(d) Amended 1996, PL 104-182 and the requirements found in the regulatory authority 40 CFR PART 31.
3. Capacity Development – PCA 45802; Amount \$450.00 is funded with Federal Funding. The Catalog of Federal Domestic Assistance (CFDA) title is "Cap Grant for the Drinking Water Revolving Fund", and the CFDA number is 66.468. The Federal Grant Number is FS97548707 and the grant is funded with Federal funds from the EPA awarded in 2005. By accepting this contract, the grantee agrees to comply with the requirements of the Safe Drinking Water Act, Sec. 1419(d) Amended 1996, PL 104-182 and the requirements found in the regulatory authority 40 CFR PART 31 & 35, subpart L.

Program B - Long-Term Monitoring:

Index 33350 PCA 30744; Amount \$5,000.00 Funding Source: State Restricted

Program C – Great Lakes Beach Monitoring:

Index 60749, PCA 42224, Amount \$9,509.00; is funded with Federal Funding. The Catalog of Federal Domestic Assistance (CFDA) title is "Beach Monitoring and Notification Program Grant", and the CFDA number is 66.472. The Federal Grant Number is CU00E259-01 and the grant is funded with Federal funds from the EPA awarded in 2007. By accepting this contract, the grantee agrees to comply with the requirements of the Beaches Environmental Assessment and Coastal Health Act of 2000, PL 106-284 and the requirements found in the regulatory authority 40 CFR PART 31.

Program D - Public Swimming Pool Requirements:

Index 33350 PCA 45745; Amount \$3,200.00 Funding Source: State Restricted

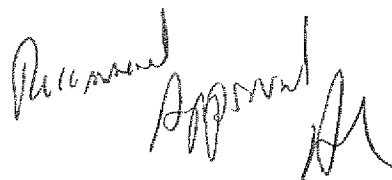
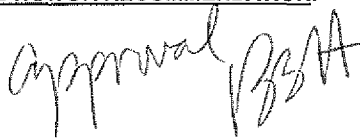
Program E - Septage Requirements:

Index 33350 PCA 45880, Amount \$1,400.00 Funding Source: State Restricted

Program H – Campground Requirements:

Index 33350 PCA 45750; Amount \$600 Funding Source: State Restricted

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED <input checked="" type="checkbox"/>	NON-BUDGETED <input type="checkbox"/>	PARTIALLY BUDGETED <input type="checkbox"/>
REQUESTING DEPARTMENT Public Health	COMMITTEE DATE 01/10/12	REQUESTOR SIGNATURE Kenneth A. Kraus		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>Public Health - Muskegon County received a 12-month extension of the grant from the Centers for Disease Control in order to complete the activities originally contracted (Board approval #2010-635). The grant includes an award for WMSRDC to complete specialized community perception assessments of Brownfield Sites currently slated for federally funded clean up, including the Division Street outfall in Muskegon Lake and other sites in the Muskegon Lake Area of Concern. The remaining balance from the original contract is \$43,951, with the WMSRDC portion being \$12,773.</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>Move to authorize Public Health to accept the grant extension from the Centers for Disease Control through September 30, 2012, in the amount of \$43,951. Further authorize Public Health to continue the contract with West Michigan Shoreline Region Development Commission for the remaining balance of \$12,773 in order to continue to conduct a community based environmental health assessment using the Protocol for Assessing Community Excellence in Environmental Health, with no effect on county general funds.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE & MANAGEMENT ANALYSIS:</u>		
				
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u>		
				
AGENDA DATE: 1/10/12	AGENDA NO.: HR 12/01-05	BOARD DATE: 1/12/12	PAGE NO.	



Notice of Award

GRANTS FOR PUBLIC HEALTH SPECIAL PROJECTS Issue Date: 08/23/2011
Department of Health and Human Services
Centers for Disease Control and Prevention
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY



Grant Number: 1E11TS000143-01 REVISED

Principal Investigator(s):
VICKI WEBSTER

Project Title: MUSKEGON ENVIRONMENTAL CONTAMINATION HEALTH ASSESSMENT
AND COMMUNITY

FINANCIAL OFFICER
MUSKEGON COUNTY PUBLIC HEALTH
209 EAST APPLE AVENUE
MUSKEGON, MI 49442

Budget Period: 09/30/2010 – 09/29/2012

Project Period: 09/30/2010 – 09/29/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to MUSKEGON COUNTY HEALTH DEPARTMENT in support of the above referenced project. This award is pursuant to the authority of 42 USC 241,243,247 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Barbara R Benyard
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1E11TS000143-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$63,117
Fringe Benefits	\$45,124
Personnel Costs (Subtotal)	\$108,241
Supplies	\$1,956
Travel Costs	\$250
Other Costs	\$1,300
Consortium/Contractual Cost	\$20,000

Federal Direct Costs	\$131,747
Federal F&A Costs	\$31,569
Approved Budget	\$163,316
Federal Share	\$163,316
TOTAL FEDERAL AWARD AMOUNT	\$163,316

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

Fiscal Information:

CFDA Number: 93.161
EIN: 1386006063A2
Document Number: ETS000143A

IC	CAN	2010
TS	9391085	\$163,316

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$163,316	\$163,316

CDC Administrative Data:
PCC: / OC 4141

SECTION II – PAYMENT/HOTLINE INFORMATION – 1E11TS000143-01 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL. The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1E11TS000143-01 REVISED

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

SECTION IV – TS Special Terms and Conditions – 1E11TS000143-01 REVISED

Funding Opportunity Announcement (FOA) Number: CE07-008
Award Number: 5 U49/CE001318-04-3

TERMS AND CONDITIONS OF THIS AWARD (REVISED)

1. The purpose of this amended Notice of Award is to authorize a 12 month no cost extension to complete the activities relevant to the project entitled, "Public Health Support for Brownfield/Land Reuse and Legacy Sites in the Area of Concern for the Great Lakes". This action was taken in accordance with your letter dated August 19, 2011. We have reviewed the material submitted by your organization and find it to be acceptable.

2. REPORTING REQUIREMENTS (REVISED):

ASSISTANCE AWARD CLOSEOUT REQUIREMENTS: Award recipient shall submit within 90 days after the last day of the final budget period the following final reports and other programmatic reports as required by the terms and conditions of the assistance award. Reporting timeframe is September 30, 2010 through September 29, 2012.

FINAL PROGRESS REPORT (FSR) (SF 269) is due 90 days after the end of the project period. An original and two copies are required. At a minimum it should include the following:

- A statement of progress made toward the achievement of originally stated aims
- A description of results (positive or negative) considered significant
- A list of publications resulting from the project, with plans, if any, for further publication.

An original and two copies are required. The FSR/FFR should only include those funds authorized and actually expended during the timeframe covered by the report. Handwritten forms will not be accepted. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>.

This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Health and Human Services Payment Management System (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be deobligated and returned to the U.S. Treasury.

EQUIPMENT INVENTORY REPORT is due 90 days after the end of the budget period. An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. You should also identify each item of equipment that you wish to retain for continued use in accordance with 45 CFR 74.37 or 45 CFR 92.50 for State and Local Governments. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter (45 CFR 74.34 or 45 CFR 92.32) for State and Local Governments. We will notify you if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

FINAL INVENTION STATEMENT is due 90 days after the end of the budget period. An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://www.hhs.gov/forms/hhs568.pdf>. If no inventions were conceived

under this assistance award, a negative report is required. This statement may be included in a cover letter.

If the final reports (Final Financial Status Report/Federal Financial Report and Final Progress Report) cannot be submitted within 90 days after the end of the project period, you must submit a letter requesting an extension that includes the reason(s) for the delay and state the expected date which the Procurement and Grants Office will receive the reports. All required documents may be mailed to the Grants contact as provided below in Section IV. Staff Contacts.

Disclaimer: Ensure all financial information is submitted for the last year of the budget period.

NOTE: An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports. The original and two copies of all reports and official correspondence **MUST BE IDENTIFIED WITH THE AWARD NUMBER SHOWN AT THE TOP OF THIS DOCUMENT** and must be submitted to the CDC Grants Office at the following address:

Lisa R. Williams
 Grants Management Specialist
 Procurement and Grants Office, Acquisition & Assistance Branch IV
 Centers for Disease Control and Prevention
 2920 Brandywine Road, MS K-70
 Atlanta, Georgia 30341-4146

3. All other terms and conditions of this award remain full effect, unless rescinded in writing by the Grants Management Officer.

STAFF CONTACTS

Grants Management Specialist: Lisa R Williams
 Centers for Disease Control and Prevention
 Procurement and Grants Office
 Koger Center, Colgate Building
 2920 Brandywine Road, Mail Stop K 70
 Atlanta, GA 30341
Email: lwilliams2@cdc.gov **Phone:** 770.488.2897 **Fax:** 770.488.2670

Grants Management Officer: Barbara R Benyard
 Centers for Disease Control and Prevention
 Procurement and Grants Office
 Koger Center, Colgate Building
 2920 Brandywine Road, Mail Stop K 70
 Atlanta, GA 30341
Email: rbenyard@cdc.gov **Phone:** 770.488.2757 **Fax:** 770.488.2777

SPREADSHEET SUMMARY

GRANT NUMBER: 1E11TS000143-01 REVISED

INSTITUTION: MUSKEGON COUNTY PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>
Salaries and Wages	\$63,117
Fringe Benefits	\$45,124
Personnel Costs (Subtotal)	\$108,241
Supplies	\$1,956
Travel Costs	\$250
Other Costs	\$1,300
Consortium/Contractual Cost	\$20,000
TOTAL FEDERAL DC	\$131,747
TOTAL FEDERAL F&A	\$31,569
TOTAL COST	\$163,316