

**Agreement Between**  
**Michigan Department of Health and Human Services**  
**hereinafter referred to as the "Department"**  
**and**  
**Muskegon County Board of Commissioners**  
**hereinafter referred to as the "Local Governing Entity"**  
**on Behalf of Health Department**  
**Muskegon County Health Department**  
**209 E. Apple Ave.**  
**Muskegon MI 49442 3406**  
**Federal I.D.#: 38-6006063, DUNS #: 171385685**  
**hereinafter referred to as the "Grantee"**  
**for**  
**The Delivery of Public Health Services under**  
**the Local Health Department Agreement**

**Part I**

**1. Purpose**

This agreement is entered into for the purpose of setting forth a joint and cooperative Grantee/Department relationship and basis for facilitating the delivery of public health services to the citizens of Michigan under their jurisdiction, as described in the attached Annual Budget, established Minimum Program Requirements, and all other applicable Federal, State and Local laws and regulations pertaining to the Grantee and the Department. Public health services to be delivered under this agreement include Essential Local Public Health Services (ELPHS) and Categorical Programs as specified in the attachments to this agreement.

**2. Period of Agreement:**

This agreement shall commence on the date of the Department's signature, Grantee's signature or October 1, 2016 whichever is later and continue through September 30, 2017. This agreement is full force and effect for the period specified. The Department has the option to assume no responsibility for costs incurred by the Grantee prior to the signing of this agreement.

**3. Program Budget and Agreement Amount**

**A. Agreement Amount**

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this agreement is \$2,561,454.00.

**B. Equipment Purchases and Title**

Any Grantee equipment purchases supported in whole or in part through this agreement must be specified in the Supporting Equipment Inventory Schedule as an attachment to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to equipment having a unit acquisition cost of less than \$5,000 shall vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

**C. Budget Transfers and Adjustments**

1. Transfers between categories within any program element budget supported in whole or in part by state/federal categorical sources of funding shall be limited to increases in an expenditure budget category by \$10,000 or fifteen percent (15%) whichever is greater. This transfer authority does not authorize purchase of additional equipment items or new subcontracts with state/federal categorical funds without prior written approval of the Department.
2. Any transfers or adjustments involving State/Federal categorical funds, other than those covered by C.1, including any related adjustment to the total state amount of the budget, must be made in writing through a formal amendment executed by all parties to this agreement in accordance with Section VIII. A. of Part II.
3. The C.1 and C.2 provisions authorizing transfers or changes in local funds apply also to the Family Planning program, provided statewide local maintenance of effort is not diminished in total.

Any statewide diminishing of total local effort for family planning and/or any related funding penalty experienced by the Department shall be recovered proportionately from each local Grantee that, during the course of the agreement period, chose to reduce or transfer local funds from the Family Planning program.

**4. Agreement Attachments**

- A. The following documents are attachments to this Agreement Part I and Part II - General Provisions, which are part of this agreement through reference:
  1. Attachment I - Annual Budget
  2. Attachment III - Program Specific Assurances and Requirements
  3. Attachment IV - Funding/Reimbursement Matrix
- B. The attachments are added into this Agreement as follows:
  1. Original Agreement (Part I and Part II) - Attachment I, III, IV

**5. Statement of Work**

The Grantee agrees to undertake, perform and complete the services described in Attachment III - Program Specific Assurances and Requirements and the other applicable attachments to this agreement which are part of this agreement through reference.

**6. Method of Payments and Financial Reports**

The payment procedures shall be followed as described in Part II and Attachment I - Annual Budget and Attachment IV - Funding/Reimbursement Matrix, which are part of this agreement through reference.

**7. Performance/Progress Report Requirements**

The progress reporting methods, as applicable, shall be followed as described in IV - Funding/Reimbursement Matrix, which are part of this agreement through reference.

**8. General Provisions**

The Grantee agrees to comply with the General Provisions outlined in Part II, which are part of this agreement through reference.

**9. Administration of the Agreement**

The person acting for the Department in administering this agreement (hereinafter referred to as the Contract Consultant) is:

Name: Brenda Roys  
Title: Departmental Analyst  
Telephone No.: 517-373-1207  
E-Mail Address roysb@michigan.gov

**10. Special Conditions**

- A. This agreement is valid upon approval and execution by the Department which may be contingent upon State Administrative Board and Signature by the Grantee.
- B. The Department and Grantee, under the terms of this agreement shall, subject to availability of funding and other applicable conditions, provide resources and continuous services throughout the period of this agreement as shown in Attachment I - Annual Budget.
- C. The Department will not assume any responsibility or liability for costs incurred by the Grantee prior to the signing of this agreement.
- D. The Grantee is required by PA 533 of 2004 to receive payments by electronic funds transfer.

**11. Special Certification**

The individual or officer signing this agreement certifies by his or her signature that he or she is authorized to sign this agreement on behalf of the responsible governing board, official or Grantee.

**12. Signature Section**

**For Muskegon County Health Department**

Kathy Moore

Health Officer

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Name

Title

**For the Michigan Department of Health and Human Services**

Kim Stephen

09/10/2016

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Kim Stephen, Director  
Bureau of Purchasing

Date

**Part II**  
**General Provisions**

**I. Responsibilities - Grantee**

The Grantee in accordance with the general purposes and objectives of this agreement will:

**A. Publication Rights**

1. Where the Grantee exclusively develops books, films, or other such copyrightable materials through activities supported by this agreement, the Grantee may copyright those materials. The materials that the Grantee copyrights cannot include service recipient information or personal identification data. Grantee grants the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials.
2. Any materials copyrighted by the Grantee or modifications bearing acknowledgment of the Department's name must be approved by the Department before reproduction and use of such materials. The State of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The State of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this agreement to the Grantee. If the Grantee ceases to conduct business for any reason, or ceases to support the copyrightable materials developed under this agreement, the State of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has to the federal government.
3. The Grantee shall give recognition to the Department in any and all publications papers and presentations arising from the program and service contract herein; the Department will do likewise.
4. The Grantee must notify the Department's Bureau of Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this agreement and must submit a final invention statement and certification within 90 days of the end of the agreement period.

**B. Fees**

Grantee must collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any underrecoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

**C. Grant Program Operation**

Provide the necessary administrative, professional, and technical staff for operation of the grant program.

**D. Reporting**

Utilize all report forms and reporting formats required by the Department at the effective date of this agreement, and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

**E. Record Maintenance/Retention**

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this agreement will be maintained for a period of not less than three years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved.

**F. Authorized Access**

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector General, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.
2. The rights of access in this section are not limited to the required retention period but last as long as the records are retained.
3. Grantee must cooperate and provide reasonable assistance to authorized representatives of the Department and others when those individuals have access to Grantee's grant records.

**G. Audits**

**1. Single Audit**

Grantee must submit to the Department a Single Audit consistent with the regulations set forth in Title 2 Code of Federal Regulations (CFR) Part 200, Subpart F. The Single Audit reporting package must include all components described in Title 2 Code of Federal Regulations, Section 200.512 (c) including a Corrective Action Plan, and management letter (if one is issued) with a response to the Department. The Grantee must assure that the Schedule of Expenditures of Federal Awards includes expenditures for all federally-funded grants.

2. Other Audits

The Department or federal agencies, may also conduct or arrange for “agreed upon procedures” or additional audits to meet their needs.

3. Due Date and Where to Send

The Single Audit reporting package, management letter (if one is issued) with a response and Corrective Action Plan shall be submitted to the Department within nine months after the end of the Grantee’s fiscal year. Submit the Single Audit reporting package, management letter, and Corrective Action Plan shall be filed with the Department even if there are no findings or disclosures reported in the audit pertaining to Department programs by e-mail to the Department at ,MDHHS-AuditReports@michigan.gov. The required materials must be assembled as one document in a PDF file compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

If the Grantee does not submit the required Single Audit reporting package, management letter (if one is issued) with a response, and Corrective Action Plan within nine months after the end of the Grantee’s fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year’s grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

## **H. Subrecipient/Contractor Monitoring**

When passing federal funds through to a subrecipient (if the agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:

1. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.331 (a).
2. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.331(b).
3. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.331(d) are met including reviewing financial and programmatic reports, following up on corrective actions, and issuing management decisions for audit findings.
4. Verify that every subrecipient is audited as required by Subpart F of 2 CFR 200.

The Grantee must develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight, and monitoring activities, such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Grantee must establish requirements to ensure compliance for **for-profit subrecipients** as required by Title 2 (CFR), Section 200.501(h), as applicable.

The Grantee must ensure that transactions with contractors comply with laws, regulations, and provisions of contracts or grant agreements in compliance with Title 2 CFR, Section 200.501(h), as applicable.

## **I. Notification of Modifications**

Provide timely notification to the Department, in writing, of any action by the Grantee, its governing board or any other funding source which would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

## **J. Software Compliance**

The Grantee must ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this



agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Grantee's business operations for processing date/time data. All information systems, electronic or hard copy that contain state or federal data must be protected from unauthorized access.

**K. Human Subjects**

The Grantee will comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the state of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved IRB Authorization Agreement. The manner of the review will be agreed upon between the Department's Signatory Official and the Grantee's IRB chairperson or executive officer(s).

**L. Mandatory Disclosures**

The Grantee must disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor, or an officer or director of Grantee or subcontract, or that arises during the term of this Agreement including:

1. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the agreement.
2. A criminal Proceeding;
3. A parole or probation Proceeding;
4. A Proceeding under the Sarbanes-Oxley Act;
5. A civil Proceeding involving;
  - a. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
  - b. A governmental or public entity's claim or written allegation of fraud; or
6. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.

**M. Minimum Program Requirements**

The Grantee must comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472.3, MSA 14.15 (2472.3), for each applicable program element funded under this agreement.

**N. Annual Budget and Plan Submission**

To submit an Annual Budget and Plan request to the Department, in accordance with instructions established by the Department, to serve as the basis for completion of specific details for Attachments I, III, and IV of this agreement via Grantee/Department negotiated amendment(s). Failure to submit a complete Annual Budget and Plan by the due date through MI E-Grants will result in the deferral of Department payments until these documents are submitted.

**O. Maintenance of Effort**

All agencies shall comply with maintenance of effort requirements for Essential Local Public Health Services (ELPHS), as defined in the current Department appropriation act, and Family Planning in accordance with federal requirements, except as noted in Section 3.C.3 of Part I.

**P. Accreditation**

1. All Grantees shall comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
  - a. Grantees that fail to meet all accreditation requirements and/or implement corrective plans of action within the prescribed time period will receive the status of "Not Accredited." Grantees designated as "Not Accredited" may have their Department allocations reduced for costs incurred in the assurance of service delivery.
  - b. Grantees that disagree with on-site review findings or their accreditation status may request an inquiry through written request to the Department. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify information and seek resolution.
2. Consent Agreements/Administrative Compliance Orders/Administrative Hearings for "Not Accredited" Grantees:
  - a. Grantees designated as "Not Accredited", will receive a Consent Agreement Package from the Department. Grantees and their local governing entities shall be given 75 days to review the package, meet with the Department, and sign/return

the Consent Agreement.

- b. Fulfillment of the terms and conditions of the Consent Agreement will not affect accreditation status, but impacts the Grantees' ability to fulfill its contractual obligations under the Comprehensive Planning, Budgeting and Contracting Agreement. Grantees designated as "Not Accredited", will retain this designation until the subsequent accreditation cycle.
- c. Grantee failure to fulfill the terms and conditions of the Consent Agreement within the prescribed time period will result in the issuance of an Administrative Compliance Order by the Department.
- d. Within 60 working days after receipt of an Administrative Compliance Order and proposed compliance period, a local governing entity may petition the Department for an administrative hearing. If the local governing entity does not petition the Department for a hearing within 60 days after receipt of an Administrative Compliance Order, the order and proposed compliance date shall be final. After a hearing, the Department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.
- e. If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the Department may petition the appropriate circuit court for a writ of mandamus to compel correction.

**Q. Medicaid Outreach Activities Reimbursement**

The Grantee agrees to report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 225 (OMB Circular A-87) and the requirements in Medicaid Bulletin number: MSA 05-29.

The Grantee agrees to submit a Cost Allocation Plan Certification to the Department to bill for the Medicaid Outreach Activities. The Cost Allocation Plan Certification is valid until a change is made to the cost allocation plan or the Department determines it is invalid.

The Grantee will submit quarterly FSRs for the Medicaid Outreach activities and an annual FSR for the Children with Special Health Care Services Medicaid Outreach activities in accordance with the instructions contained in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Grantee agrees to target their Medicaid outreach effort toward Department established priorities. For FY 17, the Department priorities are: lead testing, outreach and enrollment for the Family Planning waiver, and outreach for pregnant women, mothers and infants for the Maternal and Infant Health Program. The Grantee

will submit a report using the MDHHS Local Health Department Medicaid Outreach form describing their outreach activities targeting the priorities 30 days after the end of a fiscal year quarter and at the same time as the final COMPREHENSIVE FSR is due into the Department. The Local Health Department Medicaid Outreach report are to be sent through MI E-Grants as an attachment report to the Financial Status Report.

**R. Conflict of Interest and Code of Conduct Standards**

1. The Grantee is subject to the provisions of 1968 PA 317, as amended, 1973 PA 196, as amended, and Title 2 Code of Federal Regulations, Section 200.318 (c) (1) and (2).
2. The Grantee will uphold high ethical standards and is prohibited from:
  - a. Holding or acquiring an interest that would conflict with this Agreement;
  - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
  - c. Attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or
  - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.

Grantee must immediately notify the Department of any violation or potential violation of these standards. This Section applies to Grantee, any parent, affiliate, or subsidiary organization of Grantee, and any subcontractor that performs Agreement activities in connection with this agreement.

**S. Terms**

The Grantee must abide by the terms of this agreement including all attachments.

**II. Responsibilities - Department**

The Department in accordance with the general purposes and objectives of this agreement will:

**A. Payment**

Provide payment in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

**B. Report Forms**

Provide any report forms and reporting formats required by the Department at the effective date of this agreement, and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least ninety (90) days prior to their required usage in order to afford the Grantee an opportunity to review and offer comment.

**C. Notification of Modifications**

To notify the Grantee in writing of modifications to Federal or State laws, rules and regulations affecting this agreement.

**D. Identification of Laws**

To identify for the Grantee relevant laws, rules, regulations, policies, procedures, guidelines and State and Federal manuals, and provide the Grantee with copies of these documents to the extent they are not otherwise available to the Grantee.

**E. Modification of Funding**

To notify the Grantee in writing within thirty (30) calendar days of becoming aware of the need for any modifications in agreement funding commitments made necessary by action of the Federal Government, the Governor, the Legislature or the Department of Management and Budget on behalf of the Governor or the Legislature. Implementation of the modifications will be determined jointly by the Grantee and the Department.

**F. Monitor Compliance**

To monitor compliance with all applicable provisions contained in federal grant awards and their attendant rules, regulations and requirements pertaining to program elements covered by this agreement.

**G. Reimbursement**

To reimburse local agencies for costs based upon timely, accurately completed Financial Status Reports in accordance with Section IV.

**H. Technical Assistance**

To make technical assistance available to the Grantee for the implementation of this agreement.

**I. Health Insurance Portability and Accountability**

The Department assures that it will be in compliance with the Health Insurance Portability and Accountability Act.

**J. Accreditation**

The Department agrees to adhere to the accreditation requirements including the process for "Not Accredited" Grantees. The process includes developing and monitoring consent agreements, issuing and monitoring administrative compliance orders, participating in administrative hearings and petitioning appropriate circuit courts.

**K. Medicaid Outreach Activities Reimbursement**

The Department agrees to reimburse the Grantee for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a

reporting requirement for the Grantee.

### **III. Assurances**

The following assurances are hereby given to the Department:

#### **A. Compliance with Applicable Laws**

The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Grantee will also comply with all applicable general administrative requirements such as Title 2 Code of Federal Regulations (CFR) covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

#### **B. Anti-Lobbying Act**

The Grantee will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-208). Further, the Grantee shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

#### **C. Non-Discrimination**

1. In the performance of any contract or purchase order resulting herefrom, the Grantee agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.
2. The Grantee will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:
  - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which

- prohibits discrimination on the basis of race, color or national origin;
  - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
  - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of disabilities;
  - d. the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
  - e. the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
  - f. the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
  - g. §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records
  - h. any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and,
  - i. the requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority owned and women owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

**D. Debarment and Suspension**

The Grantee will comply with Federal Regulation, 2 CFR 180 and certifies to the best of it knowledge and belief that the Grantee's local health department employees, official of the Grantee's local health department and the Grantee's subcontractors:

- 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or Grantee;

2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

**E. Federal Requirement: Pro-Children Act**

1. The Grantee will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's services.
2. The Grantee also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities or services are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities or



services shall be smoke-free.

**F. Hatch Political Activity Act and Intergovernmental Personnel Act**

The Grantee will comply with the Hatch Political Activity Act, 5 USC 1501-1509 and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

**G. National Defense Authorization Act Employee Whistleblower Protections**

The Grantee will comply with the National Defense Authorization Act "Pilot Program for Enhancement of Grantee Employee Whistleblower Protections".

1. This agreement and employees working on this agreement will be subject to the whistleblower rights and remedies in the pilot program on Grantee employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2012 and FAR 3.908.
2. The Grantee shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.
3. The Grantee shall insert the substance of this clause, including this paragraph (3), in all subcontracts over the simplified acquisition threshold.

**H. Clean Air Act and Federal Water Pollution Control Act**

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended.

- a. This agreement and anyone working on this agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders or regulations issue pursuant to these Acts. Violations must be reported to the Department.

**I. Subcontracts**

For any subcontracted service, activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request.
2. That any executed subcontract shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail. A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this agreement; or
  - b. Restates provisions of this agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
  - c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Grantee in this agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.
6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 shall contain provisions or conditions that will:
  - a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the Contractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
  - b. Provide for termination by the Grantee, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 shall contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).
8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$2,000 for construction or repair, awarded by the Grantee shall include a provision:
  - a. For compliance with the Copeland "Anti-Kickback" Act (18 USC 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
  - b. For compliance with the Davis-Bacon Act (40 USC 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR, Part 5) (if required by Federal Program Legislation).

- c. For compliance with Section 103 and 107 of the Contract Work Hours and Safety Standards Act (40 USC 327-330) as supplemented by Department of Labor regulations (29 CFR, Part 5). This provision also applies to all other contracts in excess of \$2,500 that involve the employment of mechanics or laborers.

**J. Procurement**

Grantee will ensure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of Title 2 Code of Federal Regulations, Part 200, as amended, as applicable. Funding from this agreement shall not be used for the purchase of foreign goods or services or both. Records shall be sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

**K. Health Insurance Portability and Accountability Act**

To the extent that this act is pertinent to the services that the Grantee provides to the Department under this agreement, the Grantee assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Grantee must not share any protected health data and information provided by the Department that falls within HIPAA requirements except as permitted or required by applicable law; or to a subcontractor as appropriate under this agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach, and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures.

6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Agreement Termination.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information by the Grantee received from the Department or any other source.
8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

**L. Home Health Services**

If the Grantee provides Home Health Services (as defined in Medicare Part B), the following requirements apply:

1. The Grantee shall not use State ELPHS or categorical grant funds provided under this agreement to unfairly compete for home health services available from private providers of the same type of services in the Grantee's service area.
2. For purposes of this agreement, the term "unfair competition" shall be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.
3. If the Department finds that the Grantee is not in compliance with its assurance not to use state ELPHS and categorical grant funds to unfairly compete, the Department shall follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978 PA 368 as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

**M. Website Incorporation**

The Department is not bound by any content on Grantee's website unless expressly incorporated directly into this Agreement.

**N. Survival**

The provisions of this Agreement that impose continuing obligations will survive the expiration or termination of this Agreement.

#### **IV. Payment and Reporting Procedures**

##### **A. Operating Advance**

Under the pre-payment reimbursement method, no additional operating advances will be issued.

##### **B. Comprehensive Prepayments**

The Department will make monthly prepayments equal to 1/12th of the agreement amount for each non-fee-for-service program contained in Attachment IV of this agreement. One single payment covering all non-fee-for-service programs will be made within the first week of each month. The Grantee can view their monthly prepayment within the MI E-Grants system.

Prepayments for the months of October thru January will be based upon the initial agreement amounts in Attachment IV. Subsequent monthly prepayments may be adjusted based upon agreement amendments and/or Grantee adjustment requests per Department approval.

##### **C. Prepayment Adjustments**

If the sum of the prepayments do not equal at least 90% of the Grantee's expenditures for a quarter of the contract period, the Grantee may submit documentation for an adjustment to the monthly prepayment amount via the following process:

1. Submit a written request for the adjustment to the Department's Accounting Division, Expenditure Operations Section.
2. The adjustment request must be itemized by program and must list the amount received from the Department, the expenditure amount reported per the quarterly Financial Status Report (FSR), and the difference. The amount received from the Department and the expenditures must be for the same reporting quarterly FSR period.
3. The Department will review the requests and if an adjustment is approved, it will be included in the next scheduled monthly prepayment.
4. Adjustment requests will not be accepted prior to submission of the FSR for the quarter ending December 31. No adjustments will be made prior to the February monthly prepayment.
5. The ability of the Department to approve adjustments may be limited by the quarterly allotments of spending authority in the Department's appropriation account mandated by the Office of the State Budget Director. The quarterly allotment limits the amount of each account (program) that the Department may expend during each fiscal quarter.

##### **D. Financial Status Report Submission**

A Financial Status Report (FSR) must be submitted for all programs listed on Attachment IV. All FSR's must be prepared in accordance with the Department's FSR instructions and submitted electronically not later than thirty (30) days after the close of the fiscal quarters through MI E-Grants. Reports

are due 1/30, 4/30, and 7/30.

FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.

**E. Reimbursement Method**

The Grantee will be reimbursed in accordance with the reimbursement methods for applicable program elements described as follows:

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of State funds. Any local funds used to support program elements operated under such provisions of this agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part I and Section XIV of Part II. If Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the State maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.
2. Staffing Grant Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that State dollars will be paid up to total costs in relation to the State's share of the total costs and up to the total State allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.
3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee are reimbursed a specific amount for each output actually delivered and reported.
4. Essential Local Public Health Services (ELPHS) - A reimbursement method by which Grantees are reimbursed a share of reasonable and allowable costs incurred for required services, as noted in the current Appropriations Act.

**F. Reimbursement Mechanism**

All Grantees must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits. Vendor registration information is available through the Department of Management and Budget's web site:

<http://www.cpexpress.state.mi.us/>

**G. Unobligated Funds**

Any unobligated balance of funds held by the Grantee at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

**H. Fiscal Year-End Reporting**

An Obligation Report is based on annual guidelines and due date using the format provided by the Department through MI E-Grants. The Grantee must provide, by program, an estimate of total expenditures for the entire agreement period (October 1 through September 30). This report must represent the Grantee's best estimate of total program expenditures for the agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report assists the Department in reserving sufficient funding to reimburse the final expenditures that will be reported on the Final FSR without materially overstating or understating the year-end obligations for this agreement. The Department compares the total estimated expenditures from this report to the total amount reimbursed to the Grantee in the monthly prepayments and quarterly fee-for-service payments to establish accounts payable and accounts receivable entries at fiscal year-end. The Department recognizes that based upon payment adjustments and timing of agreement amendments, the Grantee may owe the Department funding for overpayment of a program and may be due funds from the Department for underpayment of a program at fiscal year-end.

Within 75 days after the agreement fiscal year-end, the Grantee must liquidate any unpaid year-end commitments and obligations. Any obligation remaining unliquidated after 75 days from the end of the agreement period shall revert to the Department for disposition in accordance with applicable state and/or federal requirements, except as specifically authorized in writing by the Department.

**I. Final Total Grantee FSR**

<u>Project</u>	<u>Final FSR Due Date</u>
Public Health Emergency Preparedness	11/15/2017
WIC	11/30/2017
All Remaining Projects	12/15/2017

The final total Grantee FSR is due December 15, after the agreement period

end date. WIC financial data reporting and final FSR must be received by November 30. Upon receipt of the final FSR electronically through MI E-Grants, the Department will determine by program, if funds are owed to the Grantee or if the Grantee owes funds to the Department. If funds are owed to the Grantee, payment will be processed. However, if the Grantee underestimated their year-end obligations in the Obligation Report as compared to the final FSR and the total reimbursement requested does not exceed the agreement amount that is due to the Grantee, the Department will make every effort to process full reimbursement to the Grantee per the final FSR. Final payment may be delayed pending final disposition of the Department's year-end obligations.

If funds are owed to the Department, it will generally not be necessary for Grantee to send in a payment. Instead the Department will make the necessary entries to offset other payments and as a result the Grantee will receive a net monthly prepayment. When this does occur, clarifying documentation will be provided to the Grantee by the Department's Accounting Division.

**J. Penalties for Reporting Noncompliance**

For failure to submit the final total Grantee FSR report by December 15, through MI E-Grants after the agreement period end date, the Grantee may be penalized with a one-time reduction in their current ELPHS allocation for noncompliance with the fiscal year-end reporting deadlines. Any penalty funds will be reallocated to other Comprehensive Grantees (local health departments). Reductions will be one-time only and will not carryforward to the next fiscal year as an ongoing reduction to a Grantee's ELPHS allocation. Penalties will be assessed based upon the submitted date in MI E-Grants:

ELPHS Penalties for Noncompliance with Reporting Requirements:

1. 1% - 1 day to 30 days late;
2. 2% - 31 days to 60 days late;
3. 3% - over 60 days late with a maximum of 3% reduction in the Grantee's ELPHS allocation.

**K. Indirect Costs and Cost Allocations/Distribution Plans**

The Grantee is allowed to use approved federal indirect rate, 10% de minimis indirect rate and/or cost allocation/distribution plans in their budget calculations.

1. Costs must be consistently charged as indirect, direct or cost allocated, but may not be double charged or inconsistently charged.
2. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.
3. Grantees using the cost allocation/distribution method must develop



certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.

4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

**V. Agreement Termination**

The Department may cancel this agreement without further liability or penalty to the Department for any of the following reasons:

- A. This agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating the reasons for termination and the effective date.
- B. This agreement may also be terminated on thirty (30) days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the thirty (30) day period.
- C. This agreement may be terminated immediately if the Grantee's local health department, or an official of the Grantee's local health department, is convicted of any activity referenced in Part II, Section III.D, of this agreement during the term of this agreement or any extension thereof.

**VI. Final Reporting upon Termination**

Should this agreement be terminated by either party, within thirty (30) days after the termination, the Grantee shall provide the Department with all financial, performance and other reports required as a condition of this agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee shall immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

**VII. Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

## **VIII. Amendments**

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement.

- A. This agreement, including attachments, may be amended by mutual written consent of the Grantee and the Department. When submitting a proposed agreement/budget amendment, the Grantee must submit copies of the revised sheets and a summary description of the changes.
- B. In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Grantee's or Department's control, which reduce or otherwise interfere with the Grantee's or Department's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party and an amendment to this agreement negotiated.
- C. Amendments to this agreement shall be made as follows:
  - 1. Any change proposed by the Grantee which would affect the State funding of any element funded in whole or in part by funds provided by the Department, subject to Part I, Section 3.C, of the agreement, must be submitted in writing to the Department immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

Within thirty (30) days after receipt of the proposed change, the Department shall advise the Grantee in writing of its determination. Subsequently the Department will initiate any necessary formal amendment to the agreement for execution by all parties to the agreement.

Any changes proposed by the Department must be agreed to in writing by the Grantee and upon such written agreement, the Department shall initiate any necessary formal amendment as above.

- 2. Other amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee at any time prior to June 2nd. The Department will provide a written response within thirty (30) calendar days.

All amendments must be submitted to the Department by June 15 through MI E-Grants to assure the amendment can be executed prior to the end of the agreement period.

**IX. Liability**

- A. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Grantee in the performance of this agreement shall be the responsibility of the Grantee, and not the responsibility of the Department, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Grantee, any subcontractor, anyone directly or indirectly employed by the Grantee, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by statute or court decisions.
- B. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by the Department in the performance of this agreement shall be the responsibility of the Department, and not the responsibility of the Grantee, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any Department employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the State, its agencies (the Department) or employees as provided by statute or court decisions.
- C. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Grantee and the Department in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Grantee and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the Grantee, the State, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

**X. Waiver**

Failure to enforce any provision of this Agreement will not constitute a waiver.

Any clause or condition of this agreement found to be an impediment to the intended and effective operation of this agreement may be waived in writing by the Department or the Grantee, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the agreement and may affect any or all program elements covered by this agreement.

**XI. State of Michigan Agreement**

This is a State of Michigan Agreement and is governed by the laws of Michigan. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

## **XII. Confidentiality**

Both the Department and the Grantee shall assure that medical services to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be otherwise permitted or required by applicable state or federal law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.

## **XIII. Funding**

- A. State funding for this agreement shall be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds shall be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV, Funding/Reimbursement Matrix.
- B. The funding provided through the Department for this agreement shall not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the agreement.
- C. The Department may periodically redistribute funds between agencies during the agreement period in order to ensure that funds are expended to meet the varying needs for services. Such redistributions will be based upon projections obtained in consultation with the Grantee. Any redistributions will be effected through the established amendment process.

## **AA Attachments**

### **A1 Attachment I - Instructions for the Annual Budget**

[Attachment I - Instructions for the Annual Budget](#)

### **A2 Attachment III - Program Specific Assurances and Requirements**

[Attachment III - Program Specific Assurances and Requirements](#)

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2017  
CONTRACT MANAGEMENT SECTION  
Muskegon County Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
Body Art Fixed Fee	Calc. Amt.		250.00/Numbers	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Childhood Lead Poisoning Prevention	Reg. Alloc.	F	20,000	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.		150.00/Various	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Recipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	56,500	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	56,500							
Enabling Services Children - MCH	Local MCH	F	62,500	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Enabling Services Women - MCH	Local MCH	F	72,500	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Food ELPHS	ELPHS Food	S	103,887	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
General Communicable Disease ELPHS	ELPHS MDHHS Other	S	175,610	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	ELPHS Hearing	S	40,582	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV Prevention	Reg. Alloc.	F	33,281	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	77,766							
Immunization Action Plan (IAP)	Reg. Alloc.	F	82,906	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization ELPHS	ELPHS MDHHS Other	S	141,009	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Recipient
Immunization Vaccine Quality Assurance	Reg. Alloc.	S	23,670	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Infant Safe Sleep	Reg. Alloc.	F	2,813	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	19,687							

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2017  
CONTRACT MANAGEMENT SECTION  
Muskegon County Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
MDEQ On-site Wastewater Treatment	ELPHS On-site Wastew	S	50,396	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
MDEQ Private and Type III Water Supply	ELPHS Private and Ty	S	93,592	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Public Health Emergency Preparedness (PHEP) 10/1/16 - 6/30/17	Reg. Alloc.	F	102,679	Staffing (6), (14), (18)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) Ebola Virus Disease (EVD) Phase II	Reg. Alloc.	F	13,936	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Hlth Functions & Infratruct - MCH	Local MCH	F	30,826	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Sexually Transmitted Disease (STD) Control	Reg. Alloc.	F	23,663	Staffing (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Sexually Transmitted Disease (STD-ELPHS)	Reg. Alloc.	S	25,057							
	ELPHS MDHHS Other	S	141,634	ELPHS(3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Vision ELPHS	ELPHS Vision	S	40,583	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
WIC Resident Services	Reg. Alloc.	F	1,069,877	Performance (8)	# Average Monthly Participation	N/A	N/A	97	0	Subrecipient

**TOTAL MDHHS FUNDING 2,561,454**

**\*SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

**Attachment IV Notes**  
[Attachment IV Notes](#)

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Public Health Emergency Preparedness (PHEP) 10/1/16 - 6/30/17			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 6/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
<b>CITY</b> Muskegon			<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406
<b>FEDERAL ID NUMBER</b> 38-6006063				
<b>AMENDMENT #</b> 0				

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	56,835.00	56,835.00
2	Fringe Benefits	20,184.00	20,184.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	2,146.00	2,146.00
6	Travel	1,454.00	1,454.00
7	Communication	316.00	316.00
8	County-City Central Services	0.00	0.00
9	Space Costs	923.00	923.00
10	All Others (ADP, Con. Employees, Misc.)	9,723.00	9,723.00
<b>Total Program Expenses</b>		91,581.00	91,581.00
<b>TOTAL DIRECT EXPENSES</b>		91,581.00	91,581.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	21,366.00	21,366.00
<b>Total Indirect Costs</b>		21,366.00	21,366.00
<b>TOTAL INDIRECT EXPENSES</b>		21,366.00	21,366.00
<b>TOTAL EXPENDITURES</b>		<b>112,947.00</b>	<b>112,947.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	10,268.00	0.00	10,268.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	102,679.00	0.00	0.00	102,679.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	102,679.00	10,268.00	0.00	112,947.00



3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Coordinator	0.7500	57137.600	0.000	FTE	42,853.00
	Epidemiologist	0.0630	85539.000	0.000	FTE	5,389.00
	Clerk	0.2475	34717.280	0.000	FTE	8,593.00
<b>Total for Salary &amp; Wages</b>						56,835.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : Includes FICA, Hospitalization, Life Insurance, Retirement, Dental Insurance, Disability Insurance, Unemployment Insurance, Worker's Compensation	0.0000	35.513	56835.000		20,184.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					2,146.00
<b>6</b>	<b>Travel</b>					
	Travel					1,454.00
<b>7</b>	<b>Communication</b>					
	Communication					316.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		923.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Insurance	0.0000	0.000	0.000		460.00
	fee for radios	0.0000	0.000	0.000		300.00
	Miscellaneous	0.0000	0.000	0.000		222.00
	Overage to be amended Notes : Overage to be amended	0.0000	0.000	0.000		8,741.00
<b>Total for All Others (ADP, Con. Employee</b>						9,723.00
<b>Total Program Expenses</b>						91,581.00
<b>TOTAL DIRECT EXPENSES</b>						91,581.00
<b>INDIRECT EXPENSES</b>						

	Line Item	Qty	Rate	Units	UOM	Total
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Other Costs Distributions					
	Health Adm Distribution	0.0000	0.000	0.000		21,366.00
<b>Total Indirect Costs</b>						21,366.00
<b>TOTAL INDIRECT EXPENSES</b>						21,366.00
<b>TOTAL EXPENDITURES</b>						<b>112,947.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Body Art Fixed Fee			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	3,830.00	3,830.00
<b>Total Program Expenses</b>		3,830.00	3,830.00
<b>TOTAL DIRECT EXPENSES</b>		3,830.00	3,830.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>3,830.00</b>	<b>3,830.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	Body Art Fee	3,830.00	0.00	0.00	3,830.00
	<b>Totals</b>	<b>3,830.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,830.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Miscellaneous	0.0000	0.000	0.000		3,830.00
	Notes : 15 licenses @ 255.33					
		0.0000	0.000	0.000		0.00
<b>Total for All Others (ADP, Con. Employee</b>						<b>3,830.00</b>
<b>Total Program Expenses</b>						<b>3,830.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>3,830.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Other Costs Distributions					
<b>Total Indirect Costs</b>						<b>0.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>0.00</b>
<b>TOTAL EXPENDITURES</b>						<b>3,830.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Children's Special Hlth Care Services (CSHCS) Care Coordination			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	61,765.00	61,765.00
<b>Total Indirect Costs</b>		61,765.00	61,765.00
<b>TOTAL INDIRECT EXPENSES</b>		61,765.00	61,765.00
<b>TOTAL EXPENDITURES</b>		<b>61,765.00</b>	<b>61,765.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	CSHCS Care Coordination	61,765.00	0.00	0.00	61,765.00
	<b>Totals</b>	<b>61,765.00</b>	<b>0.00</b>	<b>0.00</b>	<b>61,765.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Other Costs Distributions					
	Health Adm Distribution	0.0000	0.000	0.000		61,765.00
<b>Total Indirect Costs</b>						61,765.00
<b>TOTAL INDIRECT EXPENSES</b>						61,765.00
<b>TOTAL EXPENDITURES</b>						<b>61,765.00</b>



1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / CSHCS Medicaid Outreach			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>0.00</b>	<b>0.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	0.00	0.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Other Costs Distributions					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>0.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Childhood Lead Poisoning Prevention			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	9,636.00	9,636.00
2	Fringe Benefits	4,902.00	4,902.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	952.00	952.00
6	Travel	0.00	0.00
7	Communication	12.00	12.00
8	County-City Central Services	0.00	0.00
9	Space Costs	72.00	72.00
10	All Others (ADP, Con. Employees, Misc.)	80.00	80.00
<b>Total Program Expenses</b>		15,654.00	15,654.00
<b>TOTAL DIRECT EXPENSES</b>		15,654.00	15,654.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	4,346.00	4,346.00
<b>Total Indirect Costs</b>		4,346.00	4,346.00
<b>TOTAL INDIRECT EXPENSES</b>		4,346.00	4,346.00
<b>TOTAL EXPENDITURES</b>		<b>20,000.00</b>	<b>20,000.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	20,000.00	0.00	0.00	20,000.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	20,000.00	0.00	0.00	20,000.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Supervisor	0.1587	58600.000	0.000	FTE	9,300.00
Clerk	0.0100	33619.000	0.000	FTE	336.00
<b>Total for Salary &amp; Wages</b>					9,636.00
<b>2 Fringe Benefits</b>					
Composite Rate Notes : Includes the following fringe benefits: FICA Life Insurance Retirement Medical Insurance Dental Insurance Medical Retirement Long Term Disability Unemployment Worker's Compensation	0.0000	50.870	9636.000		4,902.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Supplies and Materials					952.00
<b>6 Travel</b>					
<b>7 Communication</b>					
Communication					12.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		72.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
All Others (ADP, Con. Employees, Misc.)					80.00
<b>Total Program Expenses</b>					15,654.00
<b>TOTAL DIRECT EXPENSES</b>					15,654.00
<b>INDIRECT EXPENSES</b>					
<b>Indirect Costs</b>					
<b>1 Indirect Costs</b>					
<b>2 Other Costs Distributions</b>					
Health Adm Distribution	0.0000	0.000	0.000		4,346.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						4,346.00
<b>TOTAL INDIRECT EXPENSES</b>						4,346.00
<b>TOTAL EXPENDITURES</b>						<b>20,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	94,021.00	94,021.00
2	Fringe Benefits	38,079.00	38,079.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	3,900.00	3,900.00
6	Travel	750.00	750.00
7	Communication	1,086.00	1,086.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,286.00	2,286.00
10	All Others (ADP, Con. Employees, Misc.)	1,211.00	1,211.00
<b>Total Program Expenses</b>		141,333.00	141,333.00
<b>TOTAL DIRECT EXPENSES</b>		141,333.00	141,333.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	-28,333.00	-28,333.00
<b>Total Indirect Costs</b>		-28,333.00	-28,333.00
<b>TOTAL INDIRECT EXPENSES</b>		-28,333.00	-28,333.00
<b>TOTAL EXPENDITURES</b>		<b>113,000.00</b>	<b>113,000.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	113,000.00	0.00	0.00	113,000.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	113,000.00	0.00	0.00	113,000.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Clerk	0.7900	34427.000	0.000	FTE	27,197.00
	Public Health Nurse	1.0000	55844.000	0.000	FTE	55,844.00
	Supervisor	0.1700	64588.000	0.000	FTE	10,980.00
<b>Total for Salary &amp; Wages</b>						94,021.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	40.500	94022.000		38,079.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					3,900.00
<b>6</b>	<b>Travel</b>					
	Travel					750.00
<b>7</b>	<b>Communication</b>					
	Communication					1,086.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		2,286.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					1,211.00
<b>Total Program Expenses</b>						141,333.00
<b>TOTAL DIRECT EXPENSES</b>						141,333.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		33,432.00

	Line Item	Qty	Rate	Units	UOM	Total
	Cost Distributions for Fees-Care Coordin	0.0000	0.000	0.000		-61,765.00
<b>Total for Other Costs Distributions</b>						-28,333.00
<b>Total Indirect Costs</b>						-28,333.00
<b>TOTAL INDIRECT EXPENSES</b>						-28,333.00
<b>TOTAL EXPENDITURES</b>						<b>113,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Enabling Services Children - MCH			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	31,432.00	31,432.00
2	Fringe Benefits	16,301.00	16,301.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	537.00	537.00
6	Travel	588.00	588.00
7	Communication	170.00	170.00
8	County-City Central Services	0.00	0.00
9	Space Costs	801.00	801.00
10	All Others (ADP, Con. Employees, Misc.)	326.00	326.00
<b>Total Program Expenses</b>		50,155.00	50,155.00
<b>TOTAL DIRECT EXPENSES</b>		50,155.00	50,155.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	12,345.00	12,345.00
<b>Total Indirect Costs</b>		12,345.00	12,345.00
<b>TOTAL INDIRECT EXPENSES</b>		12,345.00	12,345.00
<b>TOTAL EXPENDITURES</b>		<b>62,500.00</b>	<b>62,500.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	62,500.00	0.00	0.00	62,500.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	62,500.00	0.00	0.00	62,500.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Supervisor	0.2350	65882.000	0.000	FTE	15,482.00
	Health Educator	0.3769	42318.000	0.000	FTE	15,950.00
<b>Total for Salary &amp; Wages</b>						<b>31,432.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate	0.0000	51.860	31432.000		16,301.00
	Notes : FICA					
	Medical Insurance					
	Life Insurance					
	Retirement					
	Dental Insurance					
	Retirees'					
	Vision					
	Long Term Disability Insurance					
	Unemployment Insurance					
	Worker's Compensation Insurance					
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					537.00
<b>6</b>	<b>Travel</b>					
	Travel					588.00
<b>7</b>	<b>Communication</b>					
	Communication					170.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Space Costs					801.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					326.00
<b>Total Program Expenses</b>						<b>50,155.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>50,155.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					

	Line Item	Qty	Rate	Units	UOM	Total
	Health Adm Distribution	0.0000	0.000	0.000		12,345.00
<b>Total Indirect Costs</b>						12,345.00
<b>TOTAL INDIRECT EXPENSES</b>						12,345.00
<b>TOTAL EXPENDITURES</b>						<b>62,500.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Enabling Services Women - MCH			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	36,460.00	36,460.00
2	Fringe Benefits	18,908.00	18,908.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	628.00	628.00
6	Travel	683.00	683.00
7	Communication	196.00	196.00
8	County-City Central Services	0.00	0.00
9	Space Costs	928.00	928.00
10	All Others (ADP, Con. Employees, Misc.)	377.00	377.00
<b>Total Program Expenses</b>		58,180.00	58,180.00
<b>TOTAL DIRECT EXPENSES</b>		58,180.00	58,180.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	14,320.00	14,320.00
<b>Total Indirect Costs</b>		14,320.00	14,320.00
<b>TOTAL INDIRECT EXPENSES</b>		14,320.00	14,320.00
<b>TOTAL EXPENDITURES</b>		<b>72,500.00</b>	<b>72,500.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	72,500.00	0.00	0.00	72,500.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	72,500.00	0.00	0.00	72,500.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Supervisor	0.2726	65882.000	0.000	FTE	17,959.00
	Health Educator	0.4372	42318.000	0.000	FTE	18,501.00
<b>Total for Salary &amp; Wages</b>						<b>36,460.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA Medical Insurance Life Insurance Retirement Dental Insurance Retirees' Vision Long Term Disability Insurance Unemployment Insurance Workers' Compensation Insurance	0.0000	51.860	36460.000		18,908.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					628.00
<b>6</b>	<b>Travel</b>					
	Travel					683.00
<b>7</b>	<b>Communication</b>					
	Communication					196.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Space Costs					928.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					377.00
<b>Total Program Expenses</b>						<b>58,180.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>58,180.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					

	Line Item	Qty	Rate	Units	UOM	Total
	Health Adm Distribution	0.0000	0.000	0.000		14,320.00
<b>Total Indirect Costs</b>						14,320.00
<b>TOTAL INDIRECT EXPENSES</b>						14,320.00
<b>TOTAL EXPENDITURES</b>						<b>72,500.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Food ELPHS			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	322,147.00	322,147.00
2	Fringe Benefits	214,524.00	214,524.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	7,731.00	7,731.00
6	Travel	745.00	745.00
7	Communication	3,500.00	3,500.00
8	County-City Central Services	0.00	0.00
9	Space Costs	5,750.00	5,750.00
10	All Others (ADP, Con. Employees, Misc.)	15,093.00	15,093.00
<b>Total Program Expenses</b>		569,490.00	569,490.00
<b>TOTAL DIRECT EXPENSES</b>		569,490.00	569,490.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	175,910.00	175,910.00
<b>Total Indirect Costs</b>		175,910.00	175,910.00
<b>TOTAL INDIRECT EXPENSES</b>		175,910.00	175,910.00
<b>TOTAL EXPENDITURES</b>		<b>745,400.00</b>	<b>745,400.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	335,600.00	0.00	335,600.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	103,887.00	0.00	0.00	103,887.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	305,913.00	0.00	305,913.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	103,887.00	641,513.00	0.00	745,400.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Sanitarian	4.0000	56043.000	0.000	FTE	224,172.00
	Clerk	1.1400	36526.000	0.000	FTE	41,640.00
	Coordinator	1.0000	56335.000	0.000	FTE	56,335.00
<b>Total for Salary &amp; Wages</b>						<b>322,147.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	66.592	322147.000		214,524.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					7,731.00
<b>6</b>	<b>Travel</b>					
	Travel					745.00
<b>7</b>	<b>Communication</b>					
	Communication					3,500.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		5,750.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					15,093.00
<b>Total Program Expenses</b>						<b>569,490.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>569,490.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		175,910.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						175,910.00
<b>TOTAL INDIRECT EXPENSES</b>						175,910.00
<b>TOTAL EXPENDITURES</b>						<b>745,400.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / General Communicable Disease ELPHS			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	170,147.00	170,147.00
2	Fringe Benefits	144,346.00	144,346.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	5,000.00	5,000.00
5	Supplies and Materials	6,331.00	6,331.00
6	Travel	1,493.00	1,493.00
7	Communication	1,893.00	1,893.00
8	County-City Central Services	0.00	0.00
9	Space Costs	3,943.00	3,943.00
10	All Others (ADP, Con. Employees, Misc.)	4,068.00	4,068.00
<b>Total Program Expenses</b>		337,221.00	337,221.00
<b>TOTAL DIRECT EXPENSES</b>		337,221.00	337,221.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	170,087.00	170,087.00
<b>Total Indirect Costs</b>		170,087.00	170,087.00
<b>TOTAL INDIRECT EXPENSES</b>		170,087.00	170,087.00
<b>TOTAL EXPENDITURES</b>		<b>507,308.00</b>	<b>507,308.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	175,610.00	0.00	0.00	175,610.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	331,698.00	0.00	331,698.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	175,610.00	331,698.00	0.00	507,308.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Epidemiologist	0.2000	85775.000	0.000	FTE	17,155.00
	Public Health Nurse	2.0000	59203.000	0.000	FTE	118,406.00
	Coordinator	0.8200	42178.000	0.000	FTE	34,586.00
<b>Total for Salary &amp; Wages</b>						170,147.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	84.836	170147.000		144,346.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
	Subcontracting Agency-County Sherriff's	0.0000	0.000	0.000		5,000.00
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					6,331.00
<b>6</b>	<b>Travel</b>					
	Travel					1,493.00
<b>7</b>	<b>Communication</b>					
	Communication					1,893.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		3,943.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					4,068.00
<b>Total Program Expenses</b>						337,221.00
<b>TOTAL DIRECT EXPENSES</b>						337,221.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					

	Line Item	Qty	Rate	Units	UOM	Total
	Health Adm Distribution	0.0000	0.000	0.000		170,087.00
<b>Total Indirect Costs</b>						170,087.00
<b>TOTAL INDIRECT EXPENSES</b>						170,087.00
<b>TOTAL EXPENDITURES</b>						<b>507,308.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Hearing ELPHS			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	37,756.00	37,756.00
2	Fringe Benefits	28,872.00	28,872.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,930.00	1,930.00
6	Travel	1,506.00	1,506.00
7	Communication	307.00	307.00
8	County-City Central Services	0.00	0.00
9	Space Costs	1,721.00	1,721.00
10	All Others (ADP, Con. Employees, Misc.)	1,125.00	1,125.00
<b>Total Program Expenses</b>		73,217.00	73,217.00
<b>TOTAL DIRECT EXPENSES</b>		73,217.00	73,217.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	17,258.00	17,258.00
<b>Total Indirect Costs</b>		17,258.00	17,258.00
<b>TOTAL INDIRECT EXPENSES</b>		17,258.00	17,258.00
<b>TOTAL EXPENDITURES</b>		<b>90,475.00</b>	<b>90,475.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	40,582.00	0.00	0.00	40,582.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	49,893.00	0.00	49,893.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	40,582.00	49,893.00	0.00	90,475.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Technician	1.0167	28502.000	0.000	FTE	28,978.00
Supervisor	0.0500	64588.000	0.000	FTE	3,229.00
Clerk	0.1620	34255.000	0.000	FTE	5,549.00
<b>Total for Salary &amp; Wages</b>					<b>37,756.00</b>
<b>2 Fringe Benefits</b>					
Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	76.469	37756.000		28,872.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Supplies and Materials					1,930.00
<b>6 Travel</b>					
Travel					1,506.00
<b>7 Communication</b>					
Communication					307.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		1,721.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
All Others (ADP, Con. Employees, Misc.)					1,125.00
<b>Total Program Expenses</b>					<b>73,217.00</b>
<b>TOTAL DIRECT EXPENSES</b>					<b>73,217.00</b>
<b>INDIRECT EXPENSES</b>					
<b>Indirect Costs</b>					
<b>1 Indirect Costs</b>					
<b>2 Other Costs Distributions</b>					
Health Adm Distribution	0.0000	0.000	0.000		17,258.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						17,258.00
<b>TOTAL INDIRECT EXPENSES</b>						17,258.00
<b>TOTAL EXPENDITURES</b>						<b>90,475.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / HIV Prevention			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	67,872.00	67,872.00
2	Fringe Benefits	16,704.00	16,704.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	2,214.00	2,214.00
6	Travel	306.00	306.00
7	Communication	250.00	250.00
8	County-City Central Services	0.00	0.00
9	Space Costs	1,884.00	1,884.00
10	All Others (ADP, Con. Employees, Misc.)	738.00	738.00
<b>Total Program Expenses</b>		89,968.00	89,968.00
<b>TOTAL DIRECT EXPENSES</b>		89,968.00	89,968.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	21,079.00	21,079.00
<b>Total Indirect Costs</b>		21,079.00	21,079.00
<b>TOTAL INDIRECT EXPENSES</b>		21,079.00	21,079.00
<b>TOTAL EXPENDITURES</b>		<b>111,047.00</b>	<b>111,047.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	111,047.00	0.00	0.00	111,047.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	111,047.00	0.00	0.00	111,047.00

3 Program Budget - Cost Detail

Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>					
<b>Program Expenses</b>					
<b>1 Salary &amp; Wages</b>					
Public Health Nurse	1.0337	54956.000	0.000	FTE	56,809.00
Supervisor	0.0500	66198.000	0.000	FTE	3,310.00
Clerk	0.2300	33709.000	0.000	FTE	7,753.00
<b>Total for Salary &amp; Wages</b>					67,872.00
<b>2 Fringe Benefits</b>					
Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	24.611	67872.000		16,704.00
<b>3 Cap. Exp. for Equip &amp; Fac.</b>					
<b>4 Contractual</b>					
<b>5 Supplies and Materials</b>					
Supplies and Materials					2,214.00
<b>6 Travel</b>					
Travel					306.00
<b>7 Communication</b>					
Communication					250.00
<b>8 County-City Central Services</b>					
<b>9 Space Costs</b>					
Rent	0.0000	0.000	0.000		1,884.00
<b>10 All Others (ADP, Con. Employees, Misc.)</b>					
All Others (ADP, Con. Employees, Misc.)					738.00
<b>Total Program Expenses</b>					89,968.00
<b>TOTAL DIRECT EXPENSES</b>					89,968.00
<b>INDIRECT EXPENSES</b>					
<b>Indirect Costs</b>					
<b>1 Indirect Costs</b>					
<b>2 Other Costs Distributions</b>					
Health Adm Distribution	0.0000	0.000	0.000		21,079.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						21,079.00
<b>TOTAL INDIRECT EXPENSES</b>						21,079.00
<b>TOTAL EXPENDITURES</b>						<b>111,047.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Immunization Action Plan (IAP)			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	47,752.00	47,752.00
2	Fringe Benefits	14,083.00	14,083.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	4,525.00	4,525.00
6	Travel	603.00	603.00
7	Communication	314.00	314.00
8	County-City Central Services	0.00	0.00
9	Space Costs	1,234.00	1,234.00
10	All Others (ADP, Con. Employees, Misc.)	2,309.00	2,309.00
<b>Total Program Expenses</b>		70,820.00	70,820.00
<b>TOTAL DIRECT EXPENSES</b>		70,820.00	70,820.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	12,086.00	12,086.00
<b>Total Indirect Costs</b>		12,086.00	12,086.00
<b>TOTAL INDIRECT EXPENSES</b>		12,086.00	12,086.00
<b>TOTAL EXPENDITURES</b>		<b>82,906.00</b>	<b>82,906.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	82,906.00	0.00	0.00	82,906.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	82,906.00	0.00	0.00	82,906.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Clerk	0.1900	34084.000	0.000	FTE	6,476.00
	Public Health Nurse	0.7345	47657.000	0.000	FTE	35,004.00
	Supervisor	0.0900	69689.000	0.000	FTE	6,272.00
<b>Total for Salary &amp; Wages</b>						<b>47,752.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURNACE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	29.493	47752.000		14,083.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					4,525.00
<b>6</b>	<b>Travel</b>					
	Travel					603.00
<b>7</b>	<b>Communication</b>					
	Communication					314.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		1,234.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					2,309.00
<b>Total Program Expenses</b>						<b>70,820.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>70,820.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		12,086.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						12,086.00
<b>TOTAL INDIRECT EXPENSES</b>						12,086.00
<b>TOTAL EXPENDITURES</b>						<b>82,906.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Immunization ELPHS			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	83,595.00	83,595.00
2	Fringe Benefits	41,166.00	41,166.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	67,760.00	67,760.00
6	Travel	0.00	0.00
7	Communication	917.00	917.00
8	County-City Central Services	0.00	0.00
9	Space Costs	3,602.00	3,602.00
10	All Others (ADP, Con. Employees, Misc.)	2,230.00	2,230.00
<b>Total Program Expenses</b>		199,270.00	199,270.00
<b>TOTAL DIRECT EXPENSES</b>		199,270.00	199,270.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	35,269.00	35,269.00
<b>Total Indirect Costs</b>		35,269.00	35,269.00
<b>TOTAL INDIRECT EXPENSES</b>		35,269.00	35,269.00
<b>TOTAL EXPENDITURES</b>		<b>234,539.00</b>	<b>234,539.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	80,530.00	0.00	80,530.00
	Fees and Collections - 3rd Party	0.00	13,000.00	0.00	13,000.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	141,009.00	0.00	0.00	141,009.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	141,009.00	93,530.00	0.00	234,539.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Public Health Nurse	1.0019	46306.000	0.000	FTE	46,394.00
	Supervisor	0.2764	66214.000	0.000	FTE	18,303.00
	Clerk	0.5529	34180.640	0.000	FTE	18,898.00
<b>Total for Salary &amp; Wages</b>						83,595.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	49.244	83595.000		41,166.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Printing	0.0000	0.000	0.000		1,105.00
	Office Supplies	0.0000	0.000	0.000		1,728.00
	Pharmaceuticals	0.0000	0.000	0.000		64,364.00
	Medical Supplies	0.0000	0.000	0.000		563.00
<b>Total for Supplies and Materials</b>						67,760.00
<b>6</b>	<b>Travel</b>					
<b>7</b>	<b>Communication</b>					
	Communication					917.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		3,602.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					2,230.00
<b>Total Program Expenses</b>						199,270.00
<b>TOTAL DIRECT EXPENSES</b>						199,270.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						

	Line Item	Qty	Rate	Units	UOM	Total
1	<b>Indirect Costs</b>					
2	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		35,269.00
<b>Total Indirect Costs</b>						35,269.00
<b>TOTAL INDIRECT EXPENSES</b>						35,269.00
<b>TOTAL EXPENDITURES</b>						<b>234,539.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Infant Safe Sleep			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	10,819.00	10,819.00
2	Fringe Benefits	5,611.00	5,611.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	3,700.00	3,700.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		20,130.00	20,130.00
<b>TOTAL DIRECT EXPENSES</b>		20,130.00	20,130.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	2,370.00	2,370.00
<b>Total Indirect Costs</b>		2,370.00	2,370.00
<b>TOTAL INDIRECT EXPENSES</b>		2,370.00	2,370.00
<b>TOTAL EXPENDITURES</b>		<b>22,500.00</b>	<b>22,500.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	22,500.00	0.00	0.00	22,500.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	22,500.00	0.00	0.00	22,500.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Supervisor	0.0500	59460.000	0.000	FTE	2,973.00
	Health Educator	0.1500	52307.000	0.000	FTE	7,846.00
<b>Total for Salary &amp; Wages</b>						10,819.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA Medical Insurance Life Insurance Retirement Dental Insurance Retirees' Benefits Vision Long Term Disability Insurance Unemployment Insurance Workers' Compensation Insurance	0.0000	51.860	10819.000		5,611.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Printing	0.0000	0.000	0.000		500.00
	Pack n' Plays Safe Sleep Survival	0.0000	0.000	0.000		3,200.00
<b>Total for Supplies and Materials</b>						3,700.00
<b>6</b>	<b>Travel</b>					
<b>7</b>	<b>Communication</b>					
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						20,130.00
<b>TOTAL DIRECT EXPENSES</b>						20,130.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		2,370.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						2,370.00
<b>TOTAL INDIRECT EXPENSES</b>						2,370.00
<b>TOTAL EXPENDITURES</b>						<b>22,500.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Public Hlth Functions & Infratruct - MCH			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	14,774.00	14,774.00
2	Fringe Benefits	7,662.00	7,662.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	263.00	263.00
6	Travel	290.00	290.00
7	Communication	84.00	84.00
8	County-City Central Services	0.00	0.00
9	Space Costs	395.00	395.00
10	All Others (ADP, Con. Employees, Misc.)	1,269.00	1,269.00
<b>Total Program Expenses</b>		24,737.00	24,737.00
<b>TOTAL DIRECT EXPENSES</b>		24,737.00	24,737.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	6,089.00	6,089.00
<b>Total Indirect Costs</b>		6,089.00	6,089.00
<b>TOTAL INDIRECT EXPENSES</b>		6,089.00	6,089.00
<b>TOTAL EXPENDITURES</b>		<b>30,826.00</b>	<b>30,826.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	30,826.00	0.00	0.00	30,826.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	30,826.00	0.00	0.00	30,826.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Supervisor	0.1085	65882.000	0.000	FTE	7,148.00
	Health Educator	0.1802	42318.000	0.000	FTE	7,626.00
<b>Total for Salary &amp; Wages</b>						<b>14,774.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	51.860	14774.000		7,662.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					263.00
<b>6</b>	<b>Travel</b>					
	Travel					290.00
<b>7</b>	<b>Communication</b>					
	Communication					84.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Space Costs					395.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Insurance	0.0000	0.000	0.000		169.00
	Community Events Notes : Refreshments for 6 training events	0.0000	0.000	0.000		1,100.00
<b>Total for All Others (ADP, Con. Employee</b>						<b>1,269.00</b>
<b>Total Program Expenses</b>						<b>24,737.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>24,737.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					

	Line Item	Qty	Rate	Units	UOM	Total
2	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		6,089.00
<b>Total Indirect Costs</b>						6,089.00
<b>TOTAL INDIRECT EXPENSES</b>						6,089.00
<b>TOTAL EXPENDITURES</b>						<b>30,826.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Public Health Emergency Preparedness (PHEP) Ebola Virus Disease (EVD) Phase II			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	6,024.00	6,024.00
2	Fringe Benefits	3,093.00	3,093.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	610.00	610.00
6	Travel	500.00	500.00
7	Communication	65.00	65.00
8	County-City Central Services	0.00	0.00
9	Space Costs	400.00	400.00
10	All Others (ADP, Con. Employees, Misc.)	44.00	44.00
<b>Total Program Expenses</b>		10,736.00	10,736.00
<b>TOTAL DIRECT EXPENSES</b>		10,736.00	10,736.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	3,200.00	3,200.00
<b>Total Indirect Costs</b>		3,200.00	3,200.00
<b>TOTAL INDIRECT EXPENSES</b>		3,200.00	3,200.00
<b>TOTAL EXPENDITURES</b>		<b>13,936.00</b>	<b>13,936.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	13,936.00	0.00	0.00	13,936.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	13,936.00	0.00	0.00	13,936.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Health Educator	0.0440	44500.000	0.000	FTE	1,958.00
	Public Health Nurse	0.0440	54500.000	0.000	FTE	2,398.00
	Specialist	0.0400	41700.000	0.000	FTE	1,668.00
<b>Total for Salary &amp; Wages</b>						6,024.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA Life Insurance Retirement Unemployment Worker's Compensation Dental Insurance Medical Insurance	0.0000	51.344	6024.000		3,093.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					610.00
<b>6</b>	<b>Travel</b>					
	Travel					500.00
<b>7</b>	<b>Communication</b>					
	Communication					65.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Space Costs					400.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					44.00
<b>Total Program Expenses</b>						10,736.00
<b>TOTAL DIRECT EXPENSES</b>						10,736.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		3,200.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						3,200.00
<b>TOTAL INDIRECT EXPENSES</b>						3,200.00
<b>TOTAL EXPENDITURES</b>						<b>13,936.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / MDEQ On-site Wastewater Treatment			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	105,357.00	105,357.00
2	Fringe Benefits	62,873.00	62,873.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	5,308.00	5,308.00
6	Travel	958.00	958.00
7	Communication	1,051.00	1,051.00
8	County-City Central Services	0.00	0.00
9	Space Costs	6,256.00	6,256.00
10	All Others (ADP, Con. Employees, Misc.)	7,694.00	7,694.00
<b>Total Program Expenses</b>		189,497.00	189,497.00
<b>TOTAL DIRECT EXPENSES</b>		189,497.00	189,497.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	41,717.00	41,717.00
<b>Total Indirect Costs</b>		41,717.00	41,717.00
<b>TOTAL INDIRECT EXPENSES</b>		41,717.00	41,717.00
<b>TOTAL EXPENDITURES</b>		<b>231,214.00</b>	<b>231,214.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	47,820.00	0.00	47,820.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	50,396.00	0.00	0.00	50,396.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	132,998.00	0.00	132,998.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	50,396.00	180,818.00	0.00	231,214.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Supervisor	0.3353	54103.000	0.000	FTE	18,141.00
	Sanitarian	1.2775	45300.000	0.000	FTE	57,871.00
	Clerk	1.1940	24577.000	0.000	FTE	29,345.00
<b>Total for Salary &amp; Wages</b>						105,357.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	59.211	106185.000		62,873.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					5,308.00
<b>6</b>	<b>Travel</b>					
	Travel					958.00
<b>7</b>	<b>Communication</b>					
	Communication					1,051.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		6,256.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					7,694.00
<b>Total Program Expenses</b>						189,497.00
<b>TOTAL DIRECT EXPENSES</b>						189,497.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		41,717.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						41,717.00
<b>TOTAL INDIRECT EXPENSES</b>						41,717.00
<b>TOTAL EXPENDITURES</b>						<b>231,214.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Sexually Transmitted Disease (STD) Control			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	172,334.00	172,334.00
2	Fringe Benefits	61,904.00	61,904.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	40,000.00	40,000.00
5	Supplies and Materials	9,202.00	9,202.00
6	Travel	2,907.00	2,907.00
7	Communication	1,101.00	1,101.00
8	County-City Central Services	0.00	0.00
9	Space Costs	6,536.00	6,536.00
10	All Others (ADP, Con. Employees, Misc.)	3,147.00	3,147.00
<b>Total Program Expenses</b>		297,131.00	297,131.00
<b>TOTAL DIRECT EXPENSES</b>		297,131.00	297,131.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	-83,831.00	-83,831.00
<b>Total Indirect Costs</b>		-83,831.00	-83,831.00
<b>TOTAL INDIRECT EXPENSES</b>		-83,831.00	-83,831.00
<b>TOTAL EXPENDITURES</b>		<b>213,300.00</b>	<b>213,300.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	48,720.00	0.00	0.00	48,720.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	164,580.00	0.00	164,580.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	48,720.00	164,580.00	0.00	213,300.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Nurse	1.7000	49680.500	0.000	FTE	84,457.00
	Supervisor	0.3000	66190.000	0.000	FTE	19,857.00
	Clerk	1.1500	25183.000	0.000	FTE	28,960.00
	Disease Investigation Spec	1.0000	39060.000	0.000	FTE	39,060.00
<b>Total for Salary &amp; Wages</b>						172,334.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : Includes FICA, Hospitalization, Life Insurance, Retirement, Dental, Disability, Retiree's Benefits, Unemployment, Worker's Compensation.	0.0000	35.921	172334.000		61,904.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
	Subcontracting Agency-Planned Parenthood	0.0000	0.000	0.000		40,000.00
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					9,202.00
<b>6</b>	<b>Travel</b>					
	Travel					2,907.00
<b>7</b>	<b>Communication</b>					
	Communication					1,101.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		6,536.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					3,147.00
<b>Total Program Expenses</b>						297,131.00
<b>TOTAL DIRECT EXPENSES</b>						297,131.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					

	Line Item	Qty	Rate	Units	UOM	Total
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		57,803.00
	Cost Distributions-LPHO	0.0000	0.000	0.000		-141,634.00
<b>Total for Other Costs Distributions</b>						<b>-83,831.00</b>
<b>Total Indirect Costs</b>						<b>-83,831.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>-83,831.00</b>
<b>TOTAL EXPENDITURES</b>						<b>213,300.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Sexually Transmitted Disease (STD-ELPHS)			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	141,634.00	141,634.00
<b>Total Indirect Costs</b>		141,634.00	141,634.00
<b>TOTAL INDIRECT EXPENSES</b>		141,634.00	141,634.00
<b>TOTAL EXPENDITURES</b>		<b>141,634.00</b>	<b>141,634.00</b>



2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	141,634.00	0.00	0.00	141,634.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	141,634.00	0.00	0.00	141,634.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Other Costs Distributions					
	Cost Distributions-LPHO	0.0000	0.000	0.000		141,634.00
<b>Total Indirect Costs</b>						141,634.00
<b>TOTAL INDIRECT EXPENSES</b>						141,634.00
<b>TOTAL EXPENDITURES</b>						<b>141,634.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Immunization Fixed Fees			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	7,000.00	7,000.00
<b>Total Indirect Costs</b>		7,000.00	7,000.00
<b>TOTAL INDIRECT EXPENSES</b>		7,000.00	7,000.00
<b>TOTAL EXPENDITURES</b>		<b>7,000.00</b>	<b>7,000.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	IMM: VFC - AFIX Visits	7,000.00	0.00	0.00	7,000.00
	<b>Totals</b>	<b>7,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,000.00</b>

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Other Costs Distributions					
	Cost Distributions for Fees-VFC - AFIX V	0.0000	0.000	0.000		7,000.00
<b>Total Indirect Costs</b>						<b>7,000.00</b>
<b>TOTAL INDIRECT EXPENSES</b>						<b>7,000.00</b>
<b>TOTAL EXPENDITURES</b>						<b>7,000.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Vision ELPHS			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	37,756.00	37,756.00
2	Fringe Benefits	28,869.00	28,869.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,934.00	1,934.00
6	Travel	1,506.00	1,506.00
7	Communication	307.00	307.00
8	County-City Central Services	0.00	0.00
9	Space Costs	1,721.00	1,721.00
10	All Others (ADP, Con. Employees, Misc.)	1,125.00	1,125.00
<b>Total Program Expenses</b>		73,218.00	73,218.00
<b>TOTAL DIRECT EXPENSES</b>		73,218.00	73,218.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	17,258.00	17,258.00
<b>Total Indirect Costs</b>		17,258.00	17,258.00
<b>TOTAL INDIRECT EXPENSES</b>		17,258.00	17,258.00
<b>TOTAL EXPENDITURES</b>		<b>90,476.00</b>	<b>90,476.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	40,583.00	0.00	0.00	40,583.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	49,893.00	0.00	49,893.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	40,583.00	49,893.00	0.00	90,476.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Technician	1.0167	28502.000	0.000	FTE	28,978.00
	Supervisor	0.0500	64588.000	0.000	FTE	3,229.00
	Clerk	0.1620	34253.000	0.000	FTE	5,549.00
<b>Total for Salary &amp; Wages</b>						<b>37,756.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	76.463	37756.000		28,869.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					1,934.00
<b>6</b>	<b>Travel</b>					
	Travel					1,506.00
<b>7</b>	<b>Communication</b>					
	Communication					307.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		1,721.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					1,125.00
<b>Total Program Expenses</b>						<b>73,218.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>73,218.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		17,258.00



	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						17,258.00
<b>TOTAL INDIRECT EXPENSES</b>						17,258.00
<b>TOTAL EXPENDITURES</b>						<b>90,476.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Immunization Vaccine Quality Assurance			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	14,826.00	14,826.00
2	Fringe Benefits	4,380.00	4,380.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	410.00	410.00
6	Travel	603.00	603.00
7	Communication	69.00	69.00
8	County-City Central Services	0.00	0.00
9	Space Costs	269.00	269.00
10	All Others (ADP, Con. Employees, Misc.)	475.00	475.00
<b>Total Program Expenses</b>		21,032.00	21,032.00
<b>TOTAL DIRECT EXPENSES</b>		21,032.00	21,032.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	2,638.00	2,638.00
<b>Total Indirect Costs</b>		2,638.00	2,638.00
<b>TOTAL INDIRECT EXPENSES</b>		2,638.00	2,638.00
<b>TOTAL EXPENDITURES</b>		<b>23,670.00</b>	<b>23,670.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	23,670.00	0.00	0.00	23,670.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	23,670.00	0.00	0.00	23,670.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Clerk	0.0760	35325.000	0.000	FTE	2,685.00
	Public Health Nurse	0.2000	47017.000	0.000	FTE	9,403.00
	Supervisor	0.0400	68450.000	0.000	FTE	2,738.00
<b>Total for Salary &amp; Wages</b>						14,826.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	29.542	14826.000		4,380.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					410.00
<b>6</b>	<b>Travel</b>					
	Travel					603.00
<b>7</b>	<b>Communication</b>					
	Communication					69.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		269.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					475.00
<b>Total Program Expenses</b>						21,032.00
<b>TOTAL DIRECT EXPENSES</b>						21,032.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		2,638.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						2,638.00
<b>TOTAL INDIRECT EXPENSES</b>						2,638.00
<b>TOTAL EXPENDITURES</b>						<b>23,670.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / WIC Resident Services			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

Category		Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	447,208.00	447,208.00
2	Fringe Benefits	268,835.00	268,835.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	33,375.00	33,375.00
6	Travel	1,700.00	1,700.00
7	Communication	3,250.00	3,250.00
8	County-City Central Services	0.00	0.00
9	Space Costs	19,500.00	19,500.00
10	All Others (ADP, Con. Employees, Misc.)	13,900.00	13,900.00
<b>Total Program Expenses</b>		787,768.00	787,768.00
<b>TOTAL DIRECT EXPENSES</b>		787,768.00	787,768.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	282,109.00	282,109.00
<b>Total Indirect Costs</b>		282,109.00	282,109.00
<b>TOTAL INDIRECT EXPENSES</b>		282,109.00	282,109.00
<b>TOTAL EXPENDITURES</b>		<b>1,069,877.00</b>	<b>1,069,877.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>	<b>Total</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	1,069,877.00	0.00	0.00	1,069,877.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	0.00	0.00	0.00	0.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	1,069,877.00	0.00	0.00	1,069,877.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Technician	4.0000	29586.000	0.000	FTE	118,344.00
	Supervisor	1.0000	52000.000	0.000	FTE	52,000.00
	Specialist	3.4780	39439.000	0.000	FTE	137,169.00
	Counselor	2.0000	54241.000	0.000	FTE	108,482.00
	Coordinator	0.6700	46587.000	0.000	FTE	31,213.00
<b>Total for Salary &amp; Wages</b>						<b>447,208.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	60.114	447208.000		268,835.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					33,375.00
<b>6</b>	<b>Travel</b>					
	Travel					1,700.00
<b>7</b>	<b>Communication</b>					
	Communication					3,250.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		19,500.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					13,900.00
<b>Total Program Expenses</b>						<b>787,768.00</b>
<b>TOTAL DIRECT EXPENSES</b>						<b>787,768.00</b>
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					



	Line Item	Qty	Rate	Units	UOM	Total
2	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		282,109.00
<b>Total Indirect Costs</b>						282,109.00
<b>TOTAL INDIRECT EXPENSES</b>						282,109.00
<b>TOTAL EXPENDITURES</b>						<b>1,069,877.00</b>

1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / MDEQ Private and Type III Water Supply			<b>DATE PREPARED</b> 9/10/2016	
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017	
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 0	
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063	

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	85,107.00	85,107.00
2	Fringe Benefits	50,786.00	50,786.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	4,357.00	4,357.00
6	Travel	774.00	774.00
7	Communication	849.00	849.00
8	County-City Central Services	0.00	0.00
9	Space Costs	5,053.00	5,053.00
10	All Others (ADP, Con. Employees, Misc.)	6,215.00	6,215.00
<b>Total Program Expenses</b>		153,141.00	153,141.00
<b>TOTAL DIRECT EXPENSES</b>		153,141.00	153,141.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Other Costs Distributions	33,698.00	33,698.00
<b>Total Indirect Costs</b>		33,698.00	33,698.00
<b>TOTAL INDIRECT EXPENSES</b>		33,698.00	33,698.00
<b>TOTAL EXPENDITURES</b>		<b>186,839.00</b>	<b>186,839.00</b>

2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Amount	Cash	Inkind	Total
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	33,670.00	0.00	33,670.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Hearing	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Vision	0.00	0.00	0.00	0.00
	ELPHS - MDHHS Other	0.00	0.00	0.00	0.00
	ELPHS - Food	0.00	0.00	0.00	0.00
	ELPHS - Private / Type III Water Supply	93,592.00	0.00	0.00	93,592.00
	ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	59,577.00	0.00	59,577.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	93,592.00	93,247.00	0.00	186,839.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Supervisor	0.2706	54154.000	0.000	FTE	14,654.00
	Sanitarian	1.0310	45343.000	0.000	FTE	46,749.00
	Clerk	0.9644	24579.000	0.000	FTE	23,704.00
<b>Total for Salary &amp; Wages</b>						85,107.00
<b>2</b>	<b>Fringe Benefits</b>					
	Composite Rate Notes : FICA LIFE INSURANCE RETIREMENT UNEMPLOYMENT WORKER'S COMPENSATION DENTAL INSURANCE MEDICAL INSURANCE	0.0000	59.029	86036.000		50,786.00
<b>3</b>	<b>Cap. Exp. for Equip &amp; Fac.</b>					
<b>4</b>	<b>Contractual</b>					
<b>5</b>	<b>Supplies and Materials</b>					
	Supplies and Materials					4,357.00
<b>6</b>	<b>Travel</b>					
	Travel					774.00
<b>7</b>	<b>Communication</b>					
	Communication					849.00
<b>8</b>	<b>County-City Central Services</b>					
<b>9</b>	<b>Space Costs</b>					
	Rent	0.0000	0.000	0.000		5,053.00
<b>10</b>	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	All Others (ADP, Con. Employees, Misc.)					6,215.00
<b>Total Program Expenses</b>						153,141.00
<b>TOTAL DIRECT EXPENSES</b>						153,141.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Other Costs Distributions</b>					
	Health Adm Distribution	0.0000	0.000	0.000		33,698.00

	Line Item	Qty	Rate	Units	UOM	Total
<b>Total Indirect Costs</b>						33,698.00
<b>TOTAL INDIRECT EXPENSES</b>						33,698.00
<b>TOTAL EXPENDITURES</b>						<b>186,839.00</b>

### Summary of Budget

<b>PROGRAM / PROJECT</b> Local Health Department - 2017 / Local Health Department - 2017			<b>DATE PREPARED</b> 9/10/2016		
<b>CONTRACTOR NAME</b> Muskegon County Health Department			<b>BUDGET PERIOD</b> From : 10/1/2016 To : 9/30/2017		
<b>MAILING ADDRESS (Number and Street)</b> 209 E. Apple Ave.			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Muskegon	<b>STATE</b> MI	<b>ZIP CODE</b> 49442-3406	<b>FEDERAL ID NUMBER</b> 38-6006063		

	Category	Amount	Total
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	1,851,858.00	1,851,858.00
2	Fringe Benefits	1,052,082.00	1,052,082.00
3	Contractual	45,000.00	45,000.00
4	Supplies and Materials	157,813.00	157,813.00
5	Travel	17,366.00	17,366.00
6	Communication	15,737.00	15,737.00
7	Space Costs	63,274.00	63,274.00
8	All Others (ADP, Con. Employees, Misc.)	74,979.00	74,979.00
<b>Total Program Expenses</b>		3,278,109.00	3,278,109.00
<b>TOTAL DIRECT EXPENSES</b>		3,278,109.00	3,278,109.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Other Costs Distributions	971,380.00	971,380.00
<b>Total Indirect Costs</b>		971,380.00	971,380.00
<b>TOTAL INDIRECT EXPENSES</b>		971,380.00	971,380.00
<b>TOTAL EXPENDITURES</b>		<b>4,249,489.00</b>	<b>4,249,489.00</b>

### SOURCE OF FUNDS

	Category	Amount	Cash	Inkind	Total
1	Fees and Collections - 1st and 2nd Party	0.00	497,620.00	0.00	497,620.00

2	Fees and Collections - 3rd Party	0.00	13,000.00	0.00	13,000.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
7	Required Match - Local	0.00	10,268.00	0.00	10,268.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	1,608,335.00	0.00	0.00	1,608,335.00
14	ELPHS - MDHHS Hearing	40,582.00	0.00	0.00	40,582.00
15	ELPHS - MDHHS Vision	40,583.00	0.00	0.00	40,583.00
16	ELPHS - MDHHS Other	458,253.00	0.00	0.00	458,253.00
17	ELPHS - Food	103,887.00	0.00	0.00	103,887.00
18	ELPHS - Private / Type III Water Supply	93,592.00	0.00	0.00	93,592.00
19	ELPHS - On-Site Wastewater Treatment	50,396.00	0.00	0.00	50,396.00
20	MCH Funding	165,826.00	0.00	0.00	165,826.00
21	Local Funds - Other	0.00	1,094,552.00	0.00	1,094,552.00
22	Inkind Match	0.00	0.00	0.00	0.00
23	MDHHS Fixed Unit Rate	72,595.00	0.00	0.00	72,595.00
	<b>TOTAL</b>	<b>2,634,049.00</b>	<b>1,615,440.00</b>	<b>0.00</b>	<b>4,249,489.00</b>

**Source of Funds**