

# Finance Committee Agenda

**8/17/2021**

**1:30 PM**

**Conf Rm F and Zoom ID#6084719153**

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<b>Meeting called by:</b>	Ray Steinke	<b>Note taker:</b>	Paul Bullock
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**Attendees:** Bill Routley, Jerri Strong, Marilynn Bradstrom, Mindy Taylor

## ----- Agenda Topics -----

Call To Order

Public Comment

Veterans Grant

Administrator

Housing Rehab

Administrator

American Rescue Plan Request

Administrator

Commissioner Per Diem and Travel

Listed Bills

Other Business

Adjournment

## Other Information

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# Finance Committee Minutes

8/17/2021

1:30 PM

Conf Rm F and Zoom ID#6084719153

<b>Meeting called by:</b>	Ray Steinke	<b>Note taker:</b>	Paul Bullock
<b>Attendees:</b>	Bill Routley, Jerri Strong, Marilynn Bradstrom, Mindy Taylor		
----- Agenda Topics -----			
Call To Order	1:40 PM		
Public Comment	NONE		
Veterans Grant	Administrator		
Discussion: The Committee reviewed a notification letter from the Michigan Veterans Affairs Agency regarding the FY22 Grant award. The total available is \$74,420 with a base award of \$50,000 and a per capita component of \$24,420.			
Conclusions: <b>The Committee will recommend to the Board that the Administrator be authorized to sign the award acceptance as the Authorizing Official.</b>			
Housing Rehab	Administrator		
Discussion: The Committee reviewed a voucher for \$675 for a lead risk assessment to AAA Lead Inspections and a voucher for \$5,989.50 to the Big Rapids Housing Commission for their 18% administrative fee for three housing rehab projects.			
Conclusions: <b>The Committee will recommend to the Board that the two vouchers be paid as submitted.</b>			
American Rescue Plan Request	Administrator		
Discussion: The Committee reviewed a request from the Administrator for permission to determine the amount of allowable reimbursement from the ARP funds for EMS operations from March 3, 2021 thru June 30, 2021 and to encumber those funds against the ARP funds already on deposit.			
Conclusions: <b>The Committee will recommend to the Board that the request be approved and the funds determined and encumbered for transfer to EMS SR 210.</b>			
Commissioner Per Diem and Travel			
Discussion: <b>The Committee reviewed and approved all Commissioner per diem and travel.</b>			
Listed Bills			
Discussion: The Committee reviewed all bills			
Conclusions: The Committee will recommend that all bills be paid.			

## Other Business

### Discussion:

Secondary Road Patrol: The Committee reviewed the FY 22 SRP Grant Application. **The Committee will recommend to the Board that the Chair, Sheriff, and Finance Officer be authorized to sign the application.**

Open Enrollment: The Administrator requested permission to authorize up to 1 hour paid leave for benefited staff to attend the open enrollment session in November at the C/S Building. **The Committee will recommend to the Board that the request be granted.**

Adjournment

2:12 PM



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
**MICHIGAN VETERANS AFFAIRS AGENCY**  
LANSING

ZANETA ADAMS  
DIRECTOR

August 17, 2021

RE: County Veteran Service Fund Grant

Dear Mr. Bullock:

The Michigan Veterans Affairs Agency has accepted the Mecosta County application for the 2022 County Veteran Service Fund (CVSF) Grant. Your grant project will be assigned a grant number on October 1, 2021.

The grant award will be funded for up to \$50,000.00 of approved costs during the grant period of October 1, 2021 to September 30, 2022, once the CVSF Grant Agreement is signed by both the County and the State of Michigan. The County will receive a direct payment of up to \$50,000.00, and any remainder will be paid on a reimbursement basis. The award will be carried out under the direction of Paul MacKersie, as stated in the grant application.

All grant activities will be supervised by the Michigan Veterans Affairs Agency. For all communications related to the grant, please e-mail me, Karen Rowlander, at [rowladerk@michigan.gov](mailto:rowladerk@michigan.gov), copy [MVAAGrants@michigan.gov](mailto:MVAAGrants@michigan.gov) and include your County and "CVSF" in all e-mail communications.

As a grantee, you must be registered to do business with the State of Michigan. Registration is available at the following website: [www.michigan.gov/SIGMAVSS](http://www.michigan.gov/SIGMAVSS). Failure to register will delay payment.

To accept the grant award, please review and sign the County Veteran Service Fund Grant Agreement and return, in its entirety, by e-mail to [MVAAGrants@michigan.gov](mailto:MVAAGrants@michigan.gov) no later than 60 days from the date of this letter. Failure to return the signed Grant Agreement may delay payment.

Sincerely,

A handwritten signature in black ink that reads "Karen Rowlander".

Karen Rowlander  
Grant Specialist  
Michigan Veterans Affairs Agency  
(517) 243-7675  
[rowladerk@michigan.gov](mailto:rowladerk@michigan.gov)

cc: Project Director  
Financial Officer

## Paul Bullock

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**From:** MVAAGrants <MVAAGrants@michigan.gov>  
**Sent:** Thursday, July 1, 2021 3:32 PM  
**To:** Paul Bullock; Paul MacKersie  
**Cc:** Rowlader, Karen (DMVA)  
**Subject:** [External Sender] Mecosta FY22 County Veteran Service Fund Grant Amount Notification/Application  
**Attachments:** CVSF - Grant Application\_FY22.pdf.pdf; CVSF - Grant Guidance\_FY22 FINAL 6-14-2021.pdf; CVSF - Item and Service Budget Request Form\_FY22.xlsx; CVSF - Salary and Fringe Budget Request Form\_FY22.xlsx; Example County FY22 CVSF Grant Application\_sample.pdf

**COUNTY:** Mecosta  
**CONTACT:** Paul E. Bullock  
**E-MAIL:** [pbullock@mecostacounty.org](mailto:pbullock@mecostacounty.org)

**DATE:** July 1, 2021

**FROM:** Karen Rowlader  
Grants Specialist, Michigan Veterans Affairs Agency

**SUBJECT:** FY22 County Veteran Service Fund Grant Amount Notification

Good afternoon! This e-mail is to inform you that Mecosta County will have \$74,420.00 available for the County Veteran Service Fund (CVSF) Grant. The breakdown follows:

Base Award:	\$50,000.00
Per Capita Award:	\$24,420.00
Total CVSF Grant Award:	\$74,420.00

Attached is the CVSF Grant Application and the budget templates that are required to be used with your application. There is also a sample application for "Example County" for your reference. If you have any questions, please do not hesitate to contact us.

Kindest Regards,

MVAA Grant Management Team

**Karen Rowlader**, Grant Specialist  
Michigan Veterans Affairs Agency  
3423 N Martin Luther King Jr. Blvd (Bldg 32)  
Lansing, MI 48906  
(517)243-7675

**GRANT AGREEMENT  
BETWEEN THE  
MICHIGAN DEPARTMENT OF MILITARY AND VETERANS AFFAIRS,  
MICHIGAN VETERANS AFFAIRS AGENCY  
AND Mecosta County**

This Grant Agreement ("Agreement") is made between the Michigan Department of Military and Veterans Affairs, (DMVA), **Michigan Veterans Affairs Agency ("MVAA")**, and **Mecosta County ("Grantee")**. The parties in this agreement will be referred to as Grantor (DMVA or MVAA) and Grantee (County Recipient).

The purpose of this Agreement is to provide funding in exchange for work to be performed for the project named below. The State is authorized to provide grant assistance pursuant to **Public Act 192 of 1953 MCL 35.623a**. This Agreement is subject to the terms and conditions specified herein.

Project Name: Mecosta County FY22 CVSF Grant

Grant # - TBD 10-1-2021

Amount of grant: \$ 50,000.00

Start Date (date executed by DMVA): 10-1-2021  
[unless alternate date specified]

End Date: 09/30/2022

**GRANTEE CONTACT:**

Paul E. Bullock

Name/Title

Mecosta County

Organization

400 Elm St., RM 202

Address

Big Rapids, MI 49307

Address

231 796-2505

Telephone number

Fax number

pbullock@mecostacounty.org

E-mail address

Federal ID number – (Required for Federal Funding)

Grantee DUNS number - (Required for Federal Funding)

**STATE'S CONTACT:**

Karen Rowlander, Grant Specialist

Name/Title

MVAA

Division/Bureau/Office

3423 N. Martin Luther King Jr. Blvd. (Bldg. 32)

Address

Lansing, MI 48906

Address

(517) 243-7675

Telephone number

Fax number

rowladerk@michigan.gov

E-mail address

[Program will add a Remittance address if different than the above.]

The undersigned certify that they are duly elected and authorized officers of the Grantee and that, as such, are authorized to accept this grant on behalf of the Grantee, to obligate the Grantee to observe all of the terms and conditions placed on this grant, and in connection with this grant to make, execute and deliver on behalf of the Grantee all grant agreements, representations, receipts, reports and other instruments of every kind.

**FOR THE GRANTEE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

**FOR THE GRANTOR:**

Robert W. Price

8/16/2021

\_\_\_\_\_  
Signature Robert W. Price, Project Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Christine F. Apostol, Chief Financial Officer

\_\_\_\_\_  
Date

# Voucher

DATE \_\_\_\_\_

AAA Lead Inspections, Inc.  
15 N Park St NW  
Grand Rapids MI 49544  
(616) 364-9200

# Invoice

Date	Invoice #
8/3/2021	8986

Bill To
Sandra Eaton c/o USDA Rural Development 3260 Eagle Park Drive, Suite 107 Grand Rapids, MI 49525

Project Information
425 N. Norman Street Barryton, MI 49305

	P.O. No.	Terms	Job #
		Net 30	3517
Description	Qty	Rate	Amount
Lead Risk Assessment	1	675.00	675.00
A service charge of 3.5% will be assessed for all credit card payments.		<b>Total</b> \$675.00	

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**AAA Lead Inspections, Inc.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC    ☐ C Corporation    ☒ S Corporation    ☐ Partnership    ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see Instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See Instructions.  
**15 N Park St NW**

**6** City, state, and ZIP code  
**Grand Rapids MI 49544**

**7** List account number(s) here (optional)

**Requester's name and address (optional)**

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

[ ] [ ] [ ]	-	[ ] [ ]	-	[ ] [ ] [ ] [ ] [ ] [ ]
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or

**Employer identification number**

3	8	-	3	4	5	4	1	9	2
---	---	---	---	---	---	---	---	---	---

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
U.S. person ▶

*Judy Marlette*

Date ▶

*1-6-2021*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



AAALEAD-01

JKRAMER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ottawa-Kent Insurance Agency Inc 7472 Main Street Jenison, MI 49429		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Westchester Surplus Lines Insurance Company</b>	
		<b>INSURER B : Frankenmuth Mutual</b>	
		<b>INSURER C : LM Insurance Corporation</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			G4684208A 004	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6672366	1/17/2021	1/17/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC539S341074011	2/21/2021	2/21/2022	
A	Professional Liability			G4684208A 004	12/1/2020	12/1/2021	Limit 2,000,000
A	Pollution Liability			G4684208A 004	12/1/2020	12/1/2021	Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Big Rapids Housing Commission  
 9 Parkview Vlg  
 Big Rapids, MI 49307

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*[Signature]*

Voucher # \_\_\_\_\_

**County of Mecosta**Department Name

Voucher

PO # \_\_\_\_\_

Vendor # \_\_\_\_\_

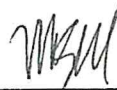
Today's Date: 08/11/2021

TO: Big Rapids Housing Commission  
9 Parkview Village  
Big Rapids, MI 49307

CUSTOMER/ID # \_\_\_\_\_

INVOICE # 5592INVOICE DATE: 08/22/2021DESCRIPTION: Third Party Administration Fee**Charge to:**Admin  
LINE ITEM NAME234-000.813.000  
LINE ITEM NUMBER\_\_\_\_\_  
LINE ITEM NAME\_\_\_\_\_  
LINE ITEM NUMBER**TOTAL \$5,989.50**

It is hereby certified that the above account is true and  
Correct and that no part of the same has been paid.



YOUR DEPARTMENT HEAD  
/AUTHORIZED SIGNATURE

DATE

Big Rapids Housing Commission

9 Parkview Village  
Big Rapids, MI 49307**Invoice**

DATE	INVOICE #
8/11/2021	5592

<b>BILL TO</b>
Mecosta County 400 Elm Street Big Rapids, MI 49307

<b>TERMS</b>

DESCRIPTION	AMOUNT
Third Party Administration Fee  Davis Roof - \$13,300 Sheperd Roof - \$19,300 Eaton Lead Based Paint Inspection - \$675  Total Rehab = \$33,275 x 18%	5,989.50
<b>Total</b>	<b>\$5,989.50</b>



# COUNTY OF MECOSTA

## BOARD OF COMMISSIONERS

400 ELM STREET, BIG RAPIDS, MI 49307  
 Phone (231) 796-2505 Fax (231) 592-0121  
 www.mecostacounty.org

Marilynn Bradstrom  
 District #1

Jerrilynn Strong  
 District #2

Linda Howard  
 District #3

Raymond Steinke  
 District #4

Tom O'Neil  
 District #5

Wendy Nystrom  
 District #6

William Routley  
 District #7

Paul E. Bullock  
 Controller/Administrator

To: Mecosta County Finance Committee

From: Paul E. Bullock, County Administrator

Date: August 17, 2021

Re: American Rescue Plan Encumbrance

The following is an excerpt from Treasury's Interim Final Rule for the use of **Coronavirus State and Local Fiscal Recovery Funds**.

The interim final rule identifies a non-exclusive list of uses that address the effects of the COVID-19 public health emergency, including

*Public Health and Safety Staff.* Treasury recognizes that responding to the public health and negative economic impacts of the pandemic, including administering the services described above, requires a substantial commitment of State, local, and Tribal government human resources.

As a result, the Fiscal Recovery Funds may be used for payroll and covered benefits expenses for public safety, public health, health care, human services, and similar employees, to the extent that their services are devoted to mitigating or responding to the COVID-19 public health emergency.<sup>46</sup> Accordingly, the Fiscal Recovery Funds may be used to support the payroll and covered benefits for the portion of the employee's time that is dedicated to responding to the COVID-19 public health emergency.

For administrative convenience, the recipient may consider public health and safety employees to be entirely devoted to mitigating or responding to the COVID-19 public health emergency, and therefore fully covered, if the employee, or his or her operating unit or division, is primarily dedicated to responding to the COVID-19 public health emergency.

### 35.6 Eligible uses.

(a) *In general.* Subject to §§ 35.7 and 35.8, a recipient may use funds for one or more of the purposes described in paragraphs (b) through (e) of this section

(b) *Responding to the public health emergency or its negative economic impacts.* A recipient may use funds to respond to the public health emergency or its negative economic impacts, including for one or more of the following purposes:

(1) *COVID-19 response and prevention.* Expenditures for the mitigation and prevention

of COVID-19, including:

(vii) Emergency medical response expenses, including emergency medical transportation, related to COVID-19;

<sup>46</sup> In general, if an employee's wages and salaries are an eligible use of Fiscal Recovery Funds, recipients may treat the employee's covered benefits as an eligible use of Fiscal Recovery Funds. For purposes of the Fiscal Recovery Funds, covered benefits include costs of all types of leave (vacation, family-related, sick, military, bereavement, sabbatical, jury duty), employee insurance (health, life, dental, vision), retirement (pensions, 401(k)), unemployment benefit plans (Federal and state), workers compensation insurance, and Federal Insurance Contributions Act (FICA) taxes (which includes Social Security and Medicare taxes).

As you can see, effective March 3, 2021 our EMS response to the Covid pandemic is considered an eligible use of the funds on deposit.

I am requesting that you authorize the EMS Director and Finance Officer to determine the appropriate amount, for March thru June and encumber those funds for reimbursement to EMS fund 210 from the federal funds we have already received under the CSLFR.





## Commissioners

Date 7/15/2021

**Pay to:** Wendy Nystrom

DATE	ITEMS	AMOUNT
7/15/2021	Board of Commissioners Meeting	\$25.00
TOTAL		\$25.00

TOTAL	\$25.00
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**Charge to:** Per Diem  
**Account #:** 101 101 705.000

Finance Committee Approval

It is hereby certified that the above account is true and correct and that no part of the same has been paid.

Signed Wendy Gat

RECEIVED  
AUG 05 2021  
BOARD OF  
COMMISSIONERS

COPY