Finance Committee Agenda

9/13/2022 1:30 PM Conf Rm F

Meeting called by:	Ray Steinke	Note taker:	Paul Bullock
Attendees:	Bill Routley, Jerri Strong,	, Marilynn Bradstrom, Mine	dy Taylor
	Agenda	Topics	
Call To Order			
Public Comment			
National Opioid Settlement	nt	Administrator	
Probate Judge Salary Incr	ease October 1st	Administrator	
Animal Shelter Contract (Animal Shelter Contract October 1st renewal		
Empower 457 Plan Chang	ges	Administrator	
Housing Funds/Return to	State	Administrator	
Commissioner Per Diem a	and Travel		
Listed Bills			
Other Business			<i>z</i> .
Adjournment			



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: Finance Committee

From: Paul Bullock, County Administrator

Date: September 13, 2022

Re: Agenda Items

• National Opioid Settlement: Attached please find a notice from the Directing Administrator for the Settlement. The Mecosta County year 1 distribution is anticipated to be \$13,829.78. The notice advised the Authorized Official, the County Administrator, to create a profile and enter payment information. I created the profile and am requesting permission to finalize the payment election form and submit it to the Directing Administrator to allow for the year 1 payment to Mecosta County to be made.

• Probate Judges Salary Increase: The State has advised us that the Judges salaries are being increased by 5% effective October 1, 2022. The only effect on our budget is a requirement to increase the Probate Judges approved salary to \$162,334.49 for calendar year 2022. I am requesting permission to amend the salary schedule to reflect the change.

• Animal Shelter Agreement: The current 5-year animal shelter agreement expires October 1, 2022. The agreement was for a flat rate of \$70,000/year. Ms. Taylor and I met with Cate Arroe of ARC and I am bringing you a request for an increase to a flat rate of \$80,000 for the next five years. This would constitute an average increase of 2.7%/year for the last five years, from the \$70,000.

• Deferred Compensation Plan Amendment: Attached please find a FAQ and CARES Interim Amendment to address certain amendments that are/were required under the CARES Act of 2020. I am requesting permission as your authorized representative to sign the amendments electronically.

• Housing Rehab Funds/Return to State: I am requesting permission to return a total of \$39,234.90 in unexpended program income to the MEDC, pursuant to state law. The BR Housing Commission was able to use \$8,600 on an emergency rehab.

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Finance Committee Minutes 9/13/2022 1:30 PM Conf Rm F

Meeting called by:	Ray Steinke	Note taker:	Paul Bullock		
Attendees:	Jerri Strong, Maril	ynn Bradstrom			
[······		
	Ag	genda Topics			
Call To Order			1:30 PM		
Public Comment			NONE		
	tee reviewed a notice fro ipated to be \$13,829.78.		ator for the Settlement. The Mecosta County horized Official, the County Administrator, to		
			inistrator be granted permission to finalize o allow for the year 1 payment to Mecosta		
	tee reviewed a memo fro		the Judges salaries are being increased by 5%		
	effective October 1, 2022. This triggers an increase to the Probate Judges approved salary to \$162,334.49 for calendar year 2022. I am requesting permission to amend the salary schedule to reflect the change.				
Conclusions: The Comm change.	ittee will recommend to) the Board that the salary	schedule be amended to reflect the		
Action items:			Person responsible: Deadline:		
Amend the Budget	2		Finance Officer		
Animal Shelter Contract	October 1st renewal	Administrator			
Discussion: The Commit \$70,000/year.	tee reviewed the expirir	ng 5-year animal shelter agr	eement. The agreement was for a flat rate of		
Conclusions: The Comr	nittee will recommend	to the Board that a new 5	year contract be offered for \$80,000/year.		
Empower 457 Plan Chan	•	Administrator			
Discussion: The Commit required under the CARE		CARES Interim Amendmer	t to address certain amendments that are/were		
Conclusions: The Comm amendments electronica			inistrator be authorized to sign the		

Housing Funds/Return to State

Administrator

Discussion: The Committee reviewed a request for permission to return a total of \$39,234.90 in unexpended program income to the MEDC, pursuant to state law for July 2021-June 2022.. The BR Housing Commission was able to use \$8,600 on an emergency rehab.

Conclusions: The Committee will recommend to the Board that the return of the funds be approved in the amount of \$39,234.90.

Commissioner Per Diem and Travel

Discussion: The Committee reviewed and approved all Commissioner per diem and travel.

Listed Bills

Discussion: The Committee reviewed all bills

Conclusions: The Committee will recommend that all bills be paid.

Other Business

Discussion: Randy Thelen of the Right Place discussed ongoing economic development projects in the region.

Adjournment

2:45 PM

5 of 32

Paul Bullock

FC - 1

From:	DirectingAdministrator@NationalOpioidOfficialSettlement.com
Sent:	Wednesday, September 7, 2022 4:48 PM
То:	Paul Bullock
Cc:	acaldeyro@browngreer.com;
	DirectingAdministrator@NationalOpioidOfficialSettlement.com
Subject:	[External Sender] National Opioid Settlements – Portal Registration for Authorized
	Official
Attachments:	National Opioid Settlement Allocation Notice - Michigan PY1.pdf
Importance:	High

This is an official communication from the Directing Administrator of the National Opioid Settlements. The instructions included herein are intended for the addressee only. All other recipients have been copied for informational purposes only. Forwarding of this email to any additional party will allow the new recipient(s) to use the link below to gain access to the listed Subdivision's account which would allow submission/modification of payment instructions and/or elections regarding payments. This email should only be forwarded if you intend the new recipient to create the account in your stead as the authorized representative.

Paul E. Bullock:

This email is from BrownGreer PLC, the Directing Administrator as defined in the Distributor Settlement Agreement dated as of July 21, 2021, as amended, between and among the Settling States, the Settling Distributors, and Participating Subdivisions (the "Distributor Settlement Agreement") and the Janssen Settlement Agreement dated as of July 21, 2021, as amended, between and among the Settling States, Janssen, and Participating Subdivisions (the "Janssen Settlement Agreement"). All capitalized terms used in this email have the meanings ascribed to them in the Distributor Settlement Agreement and the Janssen Settlement Agreement (collectively, the "National Opioid Settlements").

You have been identified as the authorized representative of Mecosta County, a Participating Subdivision in Michigan, with respect to the National Opioid Settlements (the "Authorized Official"). Please create an account for Mecosta County in the National Opioid Settlements Portal (the "Portal"). The Portal will be the primary means for all Settling States and Participating Subdivisions to submit information and documentation to the Directing Administrator in connection with the National Opioid Settlements. As the Authorized Official, you will be the Portal Administrator for Mecosta County, which means you will have the ability to add additional authorized accounts after you create your own account. If you believe you were incorrectly identified as the Authorized Official of Mecosta County, please email your dedicated Case Manager identified below or call the Directing Administrator at (888) 441-2010 so that we can update our records.

To create a Portal account for Mecosta County, click the link below or copy and paste it into your internet browser:

Click Here

If the link above is not working, copy and paste the URL below into your internet browser:

https://www.nationalopioidofficialsettlement.com/Home/CreateAccount?token=DFDCDCB51947EF32E95493

6 of 32 F9B80B9628A355830C1C59E19AF361824AA6E332AE9F93AAC8041C07C943B038D96AD3D65C4D375F FCDCBE75B99DB2A10C242F2A351DCE9FF25A6778526EEBD9A31A5B556DDF2946CA6B9D317AB2A 812CD3B61DB60894314D24B99F81E15F76E70AA6980B2D347E4588762FA81A9921248F4F0FB3D

This will take you directly to a page on the Portal for you to create an account for Mecosta County, with certain information pre-populated. You will be directed to follow these steps:

- 1. Create an account for yourself;
- 2. Confirm and/or provide certain general contact information for Mecosta County;
- 3. Create accounts for other authorized individuals, if applicable (e.g., government officials, staff members, outside counsel, etc.).
- 4. Complete Payment Election Forms for Mecosta County; and
- 5. Complete W-9 Forms for Mecosta County.

We will use the information in the Payment Election Forms and W-9 Forms to create payment instructions for any Settlement Payments to which Mecosta County is entitled under the National Opioid Settlements. A number of steps must be completed for us to issue Settlement Payments, and a result, payments will not be immediate. Instead, payments will be made over the next several months as states and subdivisions satisfy the requirements for payment. We will keep you informed on the status of your payment.

We have assigned a member of our Communications Team to be the dedicated Case Manager for Michigan and all of its Participating Subdivisions. Your Case Manager is Adreyan Caldeyro, a Communications Coordinator at BrownGreer PLC, whose email address is acaldeyro@browngreer.com. We invite you to direct any questions you may have about creating a Portal account, providing payment information, or the National Opioid Settlements in general to Adreyan.

We appreciate your cooperation with this process, and we look forward to working with you.

Sincerely,

BrownGreer PLC Directing Administrator National Opioid Settlements www.NationalOpioidOfficialSettlement.com

This electronic mail is intended to be received and read only by certain individuals. It may contain information that is privileged or protected from disclosure by law. If it has been misdirected, or if you suspect you received this in error, please notify me by replying and then delete this message and your reply. These restrictions apply to any attachment to this email.

This email has been scanned for spam and viruses by Proofpoint Essentials. Click here to report this email as spam.



Michigan Supreme Court

State Court Administrative Office Michigan Hall of Justice P.O. Box 30048 Lansing, Michigan 48909 517-373-0128

Thomas P. Boyd State Court Administrator

M E M O R A N D U M

DATE: September 1, 2022

- TO: Probate Judges County Administrators Probate Registers/Administrators
- FROM: Thomas P. Boyd, State Court Administrator
- SUBJECT: 2022-2023 Probate Judges' Salaries

<u>Public Act 31 of 2016</u> provides that judges' annual salaries shall be increased by the percentage pay increase, excluding lump-sum payments, paid to civil service nonexclusively represented employees classified as executives and administrators on or after January 1, 2016. This pay increase takes effect on the same date as the effective date of the pay increase paid to civil service nonexclusively represented employees classified as executives and administrators.

Effective October 1, 2022, judges will receive a five percent increase in their annual salary. This does not impact the local salaries paid to circuit and district judges (\$45,724); however, there is an impact on the local salaries paid to probate judges. For calendar year 2022, probate judges should receive a total salary of \$162,334.49. For calendar year 2023, probate judges should receive a total salary of \$168,759.43. Please adjust the amount per pay period accordingly. If there is an additional pay increase in 2023, we will provide you with the amounts of the calendar year salaries to be paid.

If you have any questions regarding the statutorily required annual salary of a judge, please contact Beth Eimer at 517-373-4689 or <u>EimerB@courts.mi.gov</u>, or Crystal Mubarak at 517-373-6956 or <u>MubarakC@courts.mi.gov</u>.

AGREEMENT

Made in Big Rapids, Michigan, this _____ day of _____, 201722. Effective October 1, 2017 between the County of Mecosta (County) and the Animal Rescue Coalition of Mecosta County (ARC).

In consideration of the mutual promises contained herein, it is agreed as follows:

- 1) ARC agrees to:
 - a) SHELTER LOCATION: Themselves or with such employees as they may deem necessary, to operate an animal shelter at a premise located on 220th Ave. between 18 Mile Rd. and 19 Mile Rd., Big Rapids, Michigan.
 - b) HOURS OF OPERATION: Operate the animal shelter continuously throughout the term of this agreement and provide 24 hour access to local law enforcement agencies.

Keep the animal shelter open to the public at regularly advertised hours to include at a minimum 9:00 a.m. to 12:00 p.m. each Tuesday through Friday and 10:00 a.m. to 1:00 p.m. each Saturday and such other hours as ARC determines are necessary for the efficient operation of the shelter and the convenience of the public.

- c) MATERIALS/SERVICES PROVIDED: Provide all facilities, employees, materials including supplies, shelter space, utilities, food, medical/veterinary services and any and all other services necessary for the animals housed, in compliance with all applicable Federal, State and local laws and regulations.
- d) RECEIPT OF ANIMALS FROM LAW ENFORCEMENT: ARC shall receive all animals turned over by law enforcement officers.
- e) ANIMAL RECORDS: Keep and maintain an Activity Log that shall record the date, time and nature of the receipt of every animal at the animal shelter, including the name and address (if known) of the person presenting the animal, or the name and position of the law enforcement officer impounding the animal, the date, time and notification of the owner if the animal has an identification tag or current license, the amount of any fees, fines and other charges for the animal, the name and address of any adopter of the animal, and the final disposition of the animal.
- f) DISPOSAL OF ANIMALS: Dispose of any animal as may be reasonable and necessary in a humane manner, utilizing injection as the sole manner of euthanasia, and in accordance with all applicable Federal, State, and local laws and regulations. No animals shall be transferred from the shelter to a Class B Dealer as defined by MCL §333.733 and The Animal Welfare Act 7 USC § 2131 et seq.
- g) COLLECTION OF FEES: Collect such fees as shall be described in this or any Supplemental Agreement, to account for and promptly pay said monies to the County monthly <u>quarterly</u> and maintain accurate and proper records which shall be available to representatives of the County for purposes of inspection and audit at any reasonable time.

- h) INSURANCE/INDEMNIFICATION: To procure and tender to the County a Liability insurance policy in an amount of no less than \$300,000 per incident and to indemnify and hold the County harmless for any acts of negligence, cruelty, or tortuous, or contractual acts or omissions by ARC, its agents, employees or representatives attendant to the operation of the animal shelter. Further, ARC hereby agrees to indemnify and hold harmless the County for ant acts of negligence, cruelty or tortuous or contractual acts or omissions by ARC, its agents, employees or representatives attendant to the operation of the animal shelter. Further, and hold harmless the County for ant acts of negligence, cruelty or tortuous or contractual acts or omissions by ARC, its agents, employees or representatives attendant to the operation of the animal shelter in excess of any liability insurance coverage.
- i) LAWFUL OPERATION: Operate the said animal shelter in a manner and in compliance with all applicable Federal, State, local laws and regulations.
- 2) The County agrees to:
 - a) SIGNAGE: Furnish all signs attendant to the operation of the animal shelter, as well as signs necessary to direct the general public to the animal shelter. (The number and sufficiency of said signs to be determined by the County.)
 - b) DELIVERY OF ANIMALS: Be responsible for the delivery to the shelter of animals recovered by the Animal Control Officer or other law enforcement agencies.
 - c) FEE SCHEDULE: Establish and publicize a fee schedule for services provided by the animal shelter to residents of the County, post the fee schedule at reasonable locations throughout the County, and provide timely notice of any subsequent changes in the fee schedule.
- 3) CONSIDERATION: ARC shall be compensated at an annual rate of \$70,80,000 for the term of this agreement. The Compensation will be payable in 4 equal quarterly installments, with quarters beginning January 1st, April 1st, July 1st and October 1st. The County shall retain all fees collected by ARC, except as otherwise agreed upon in writing between the parties.
- 4) TERM: This effective term of this agreement shall begin October 1, 201722 and shall continue for a term of five (5) years not withstanding any other provision of this Agreement. It is specifically understood and agreed that this Agreement may be terminated by either party without cause upon 180 days written notice to the other party at any time during the term of the Agreement. Upon the discovery by the County of any violation of applicable Federal, State, and local laws or regulations the County shall have the option to terminate this Agreement effective immediately upon notice to ARC.
- 5) RIGHT OF FIRST REFUSAL: ARC is the owner of the grounds and facility used as the animal shelter. During the term of this agreement and for one year after the conclusion of this agreement, including any extension of this agreement, ARC hereby grants the County a right of first refusal under the following terms to the grounds and facility:

If ARC receives a bona fide offer for the purchase of this property, ARC shall provide the County with a copy of the offer within 10 days of receipt by ARC. The County will then

- 6) Additional provisions:
 - a) ARC IS INDEPENDENT CONTRACTOR: It is specifically understood and agreed that ARC is an independent contractor and not an employee of the County for any purpose whatsoever.
 - b) NON-ASSIGNEMENT: This Agreement is not assignable in any manner by ARC. Any attempt to assign shall be deemed a termination of this Agreement.
 - c) ANIMAL DEFINED: For purposes of this Agreement, "animal" shall be defined to include all dogs, and only those cats which are being held for observation for a bite and other extenuating circumstances, delivered to the animal shelter for disposition, either by the County or a resident of the County.

This Agreement contains all terms and conditions between the parties and may not be modified or changed except by the express written agreement of both parties.

For the Animal Rescue Coalition:

Date:

Date:

For the Mecosta County Board of Commissioners:

William Routley, Chairperson

Marcee Purcell, County Clerk

Date:_____

Date:_____

SUPPLEMENTAL AGREEMENT

In an effort to facilitate compliance with State laws regulating the licensing of dogs, and to further facilitate the efficient operation of the Animal Shelter in Mecosta County, the following agreement is entered into this _____ day of _____, 201722, effective October 1, 201722, between the Animal Rescue Coalition of Mecosta County (ARC) and the County of Mecosta.

- 1. The separate and distinct Animal Shelter operating agreement between the parties is acknowledged.
- 2. This agreement is a supplemental, but separate agreement between the parties.
- 3. The County authorizes ARC to collect reclaim fees as set by the County for animals claimed at the Animal Shelter. reclaimed by their owner at the Animal Shelter. The reclaim fee shall be \$15/animal for a first reclaim, \$25/animal for a second reclaim of the same animal, and \$50/animal for a third or subsequent reclaim of the same animal. The County also authorizes ARC to collect spay/neuter deposits for adopted animals. The spay/neuter deposit shall be returned to the individual upon proof that the adopted animal has been spayed or neutered. Unclaimed spay/neuter deposits shall be forwarded to the County Treasurer with reclaim fees on a guarterly basis. ARC agrees to forward said fees to the County Treasurer on or before the 1st day of each and every quarter beginning October of 2022. monthly basis. ARC agrees to forward said fees to the County Treasurer on or before the 1st day of each and every month. ARC agrees to maintain exact records concerning reclaimed animals and the reclaim and spay/neuter fees collected.
- 4. Boarding fees may be assessed in the amount of \$5.00 per day. commencing after the owner of the animal has been notified that said animal is in custody. ARC shall retain all boarding fees. All adoption, disposal, and surrender fees shall be retained by ARC. Exact records of boarding fees shall be maintained by ARC.
- 5. The County of Mecosta may require a strict accounting of all licenses issued and fees collected by ARC upon 30 day written notice to ARC.

For the Animal Rescue Coalition:

	(<u> </u>
Date:	Date:
For the Mecosta County Board of Commissioners:	
William Routley, Chairperson	Marcee Purcell, County Clerk
Date:	Date:



FAQ: Plan Document Amendment – CARES

Q: What is CARES and how does it impact my retirement plan?

A: The Coronavirus Aid, Relief and Economic Security Act (CARES) allowed plan sponsors to:

- Suspend 2020 required minimum distributions (RMDs),
- Permit CARES distributions and loans during 2020, and
- Extend loan repayments during 2020.

Attached is a chart with additional information on CARES. Prior communications also covered CARES in more detail and some key provisions that would apply to your plan, including defaults and optional provisions.

Q: Do we need to amend our plan document for CARES?

A: Yes. The amendment we provide to you for CARES will depend on your type of plan and optional provisions that apply to your plan.

Some CARES amendments have been adopted by us as sponsor of the plan document and do not require a plan sponsor signature. Other CARES amendments will require customization and plan sponsor signature. The cover letter provided along with your amendment will inform you if your signature is required. A plan amendment fee will apply if your amendment requires customization and plan sponsor signature. Prior guidance from the Department of Labor has indicated that expenses for required compliance amendments can be paid from plan assets.

Also, some CARES amendments may reflect the availability of special disaster relief for federally declared disasters for reasons other than COVID that occurred during 2020 and relief from the partial plan termination 100% vesting requirements. Not all documents needed to be amended to include those provisions, so they may not be included in your amendment.

Q: What is the deadline for the CARES amendment?

A: The deadline to have a signed CARES amendment in place covering the CARES distribution and loan provisions is the last day of the plan year beginning on or after January 1, 2022 (2024 for Government Plans). Although the deadline to amend for the CARES RMD suspension provisions was extended to a later date, the CARES amendment being provided to you covers both aspects and therefore needs to be adopted by December 31, 2022 (2024 for Government plans) for calendar year plans.

Q: Is a Summary of Material Modifications (SMM) required to update the Summary Plan Description (SPD)? When does it need to be provided to participants?

A: No, an SMM is not required for CARES. SMMs are required to update the terms of an SPD based on the plan's terms going forward. Given the timing deadline for the amendment and the temporary nature of the relief granted under CARES, an SMM is not required.

Q: Does my plan need a CARES amendment if I recently restated or amended my plan?

A: Yes, the amendment needed for CARES was not included in those documents.

Q: What other required regulatory amendments may apply to my Plan Document?

A: The Setting Every Community Up for Retirement Enhancement Act (SECURE) will also require an amendment to your plan document and will be provided in a separate communication.

Q: Can I elect any of the CARES provisions going forward?

A: No. The CARES relief is no longer available. The elections made in the amendment are consistent with how provisions applied to your plan according to our records.

CARES ACT KEY PROVISIONS

Following is a summary of the key provisions in the CARES Act plan amendment.

Provision	Plan types impacted	Description	Effective date
Permitted	Defined contribution	A participant who was a Qualified Individual ¹	Distributions were
Coronavirus-	401(a), 401(k), 403(b)	could withdraw up to \$100,000 as a	permitted from 1/1/2020
Related	and governmental	Coronavirus-Related Distribution (CRD). A plan	through 12/30/2020.
Distributions (CRDs)	457(b) plans	/plan sponsor could rely on the participant's	
		representation that they qualified for a CRD	e a far a transfer de la
		unless the plan sponsor had actual knowledge	a strate state of
		to the contrary. CRDs were exempt from the	
		10% additional tax and were eligible for other	
		favorable tax treatment. Within 3 years after	
		the participant received the CRD, they may	
		repay all or a portion of it, in one or more	
		payments, to a vehicle that would accept a	
	C ³ (D)	rollover from the participant at that time.	
Increased the	Defined contribution	The maximum amount of a participant's plan	Available for participant
maximum amount	401(a), 401(k),	loan can't exceed the lesser of \$50,000 or 50%	loans taken from
of a participant	403(b), and	of the participant's vested balance at the time	3/27/2020 through
loan	governmental 457(b)	the loan is initiated. CARES temporarily	9/22/2020.
	plans	increased this limit for a Qualified Individual ¹	
K J Shar Shar		to be the lesser of \$100,000 or 100% of the	an the state of
		vested balance.	
Extended	Defined contribution	Specified participant loan repayments could be	Treatment is available for
repayment and	401(a), 401(k), 403(b)	suspended by a Qualified Individual ¹ .	loans that existed at any
maturity dates for	and governmental	Subsequent repayments and the loan's	time from 3/27/2020
participant loans	457(b) plans	maturity date could be adjusted due to the	through 12/31/2020
		delay. Interest continued to accrue on the	 ¹⁰ ²/₂ ² ¹/₂ ¹ ¹/₂ ¹ ¹/₂ ¹/₂
	and the last the state of the	loan during the delay period.	
Temporarily waived	Defined contribution	Required minimum distribution (RMD) rules	Available for certain RMD
required minimum	401(a), 401(k), 403(b)	were waived for certain distributions payable	payments that were
distribution rules	and governmental	in 2020. The waiver also applied to 2020 "first	payable in, or attributable
	457(b) plans	time" RMDs with a required beginning date of	to, 2020
		4/1/2021. Participants could elect to receive	
· · · · · · · · · · · ·	a what is the second	payments that otherwise would have been	
		waived. 2020 is not considered when	
		determining the 5-year period for distribution	ц.,
	2 I I I I I I I I I I I I I I I I I I I	to a beneficiary.	

¹CARES defined a Qualified Individual as an individual diagnosed with SARS-CoV-2 or coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention or an individual whose spouse or dependent (as defined in Internal Revenue Code § 152) was diagnosed by such a test. A Qualified Individual also included an individual who experienced adverse financial consequences <u>due to COVID-19</u> as a result of (a) being quarantined, furloughed or laid off or having work hours reduced; (b) being unable to work due to lack of childcare; (c) closing or reduction in hours of a business owned or operated by the individual; (d) having pay or self-employment income reduced; (e) having a job offer rescinded or start date for a job delayed; or (f) having a spouse or someone who shared the individual's principal residence affected by any of (a) through (e).

This summary does not include all changes in the plan amendment. Please carefully review the documents to ensure all plan terms accurately reflect the administration of your plan. These materials do not constitute tax or legal advice upon which any party can rely. Plan sponsors are encouraged to consult their own legal or tax advisors for questions on their specific situation.

CARES INTERIM AMENDMENT

ARTICLE I - PREAMBLE

1.1 <u>Adoption of Amendment</u>. The Employer identified on the execution page adopts this Amendment to implement provisions of the CARES Act as they apply to governmental Code section 457(b) plans.

1.2 Plan. This Amendment applies to the Plan identified on the execution page of the Amendment.

1.3 <u>General</u>. This Amendment supersedes the provisions of the Plan identified below to the extent those provisions are inconsistent with the provisions of this Amendment. Except as otherwise provided in this Amendment, any Article or Section reference in this Amendment refers only to this Amendment and is not a reference to the Plan. The Article and Section numbering in this Amendment is solely for purposes of this Amendment and does not relate to the Plan article, section, or other numbering designations. If the Employer restates the Plan, then this Amendment shall remain in effect after such restatement unless the provisions in this Amendment are restated or otherwise become obsolete (e.g., if the Plan is restated onto a plan document which incorporates these provisions). This Amendment is effective March 27, 2020 (or as soon as administratively practical thereafter).

ARTICLE II - DEFINITIONS

2.1 <u>Definitions</u>. Except as otherwise provided in this Amendment, terms defined in the Plan will have the same meaning in this Amendment. The following definitions apply specifically to this Amendment:

2.2 <u>CARES Act</u>. The "CARES Act" is the Coronavirus Aid, Relief, and Economic Security Act. This Amendment shall be interpreted and applied to comply with the CARES Act.

2.3 <u>Qualified Individual</u>. A "Qualified Individual" means any individual who meets one or more of the criteria described in paragraphs (a), (b), (c), or (d). Participants, Alternate Payees and Beneficiaries of deceased Participants can be treated as Qualified Individuals. The Administrator may rely on an individual's certification that the individual satisfies a condition to be a Qualified Individual unless the Administrator has actual knowledge to the contrary. In applying the criteria, "COVID-19" means either the virus SARS–CoV–2 or coronavirus disease 2019; "an approved test" means a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); and a "member of the individual's household" means someone who shares the individual's principal residence. The criteria are as follows:

(a) The individual was diagnosed with COVID-19 by an approved test;

(b) The individual's spouse or dependent (as defined in Code Section 152) was diagnosed with COVID-19 by an approved test;

(c) The individual has experienced adverse financial consequences because: (i) the individual or the individual's spouse, or a member of the individual's household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19; (ii) the individual, the individual's spouse, or a member of the individual's household was unable to work due to lack of childcare due to COVID-19; (iii) A business owned or operated by the individual, the individual's spouse, or a member of the individual's household closed or reduced hours due to COVID-19; or (iv) the individual, the individual's spouse, or a member of the individual's household closed or reduced hours due to COVID-19; or (iv) the individual, the individual's spouse, or a member of the individual's household had a

reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19; or

(d) The individual satisfies any other criteria determined by the Treasury or the IRS.

ARTICLE III – CORONAVIRUS-RELATED DISTRIBUTIONS AND LOANS

3.1 <u>Relief for Qualified Individuals</u>. The provisions of this Article III apply only to the extent a distribution or loan has been made to a Qualified Individual under the CARES Act. If the Plan does not operationally apply the rules under this Article III, such provisions do not apply to the Plan. The Administrator shall document through administrative procedures (including designating accounts from which Coronavirus-Related Distributions and loans may be taken) or otherwise the manner in which the Plan operationally applied the rules under this Article III.

3.2 <u>Coronavirus-Related Distribution(s)</u>. A Qualified Individual may take one or more Coronavirus-Related Distributions. A "Coronavirus-Related Distribution" means a distribution to a Qualified Individual during the period beginning January 1, 2020 and ending December 30, 2020. The total amount of Coronavirus-Related Distributions to a Qualified Individual pursuant to this Amendment from all plans maintained by the Employer, or any related employer described in Code Section 414(b), (c), (m), or (o), shall not exceed \$100,000. The Coronavirus-Related Distributions from the Plan to a Qualified Individual will not exceed the amount of the individual's vested account balance or the present value of the individual's vested accrued benefit. The provisions of this Section 3.2 will apply notwithstanding any limitation in the Plan on partial distributions or any otherwise applicable Plan or administrative limits on the number of allowable distributions.

3.3 <u>Repayment of Coronavirus-Related Distribution(s)</u>. If the Plan permits a Participant to make rollover contributions, then a Participant who received a Coronavirus-Related Distribution (from this Plan and/or another eligible retirement plan as defined in Code Section 402(c)(8)(B)) may make one or more contributions to the Plan, as rollover contributions, in an aggregate amount not to exceed the amount of such distribution at any time during the 3-year period beginning on the day after receipt of the Coronavirus-Related Distribution.

3.4 Loan Relief.

(a) Increased Loan Limit. Notwithstanding the loan limitation that otherwise would apply, the Plan will determine the loan limit under Code Section 72(p)(2)(A) for a loan to a Qualified Individual, made during the period beginning March 27, 2020 and ending September 22, 2020, by substituting "\$100,000" for "\$50,000," and by substituting "100% of the present value of the nonforfeitable accrued benefit of the employee under the Plan" for "one-half of the present value of the nonforfeitable accrued benefit of the employee under the Plan" (or its equivalent).

(b) Extension of Loan Repayments. If a Qualified Individual has an outstanding loan from the Plan on or after March 27, 2020, then: (1) if the date for any repayment of such loan occurs during the Suspension Period, the due date is extended for the Extension Period; (2) the due date of the loan will be extended by the Extension Period; (3) the Plan will adjust any subsequent repayments to reflect the extension of the due date and any interest accrued during the Suspension Period; and (4) the Plan will disregard the Extension Period in determining the 5-year period and the loan term under Code Section 72(p)(2)(B) or (C). The Suspension Period will begin March 27, 2020 and end December 31, 2020. The Extension Period will be one year. The provisions of this Section 3.4(b) will be applied in accordance with Section 5.B. of Notice 2020-

50, or any subsequent applicable guidance, and the adjustment described in (3) may reflect the "safe harbor" described therein.

ARTICLE IV - RMD WAIVERS FOR 2020

4.1 <u>Waiver of RMDS</u>. A Participant or Beneficiary who would have been required to receive a 2020 RMD or an Extended RMD that is scheduled to be paid in annual installments will not receive the distribution unless the Participant or Beneficiary chooses to receive the distribution. A Participant or Beneficiary who would have been required to receive an Extended 2020 RMD (unless it is scheduled to be paid in annual installments) will receive the distribution unless the Participant or Beneficiary chooses not to receive the distribution. The deadline for a Participant or Beneficiary of a deceased Participant to make the election to use the 5-year rule or the life expectancy rule may be extended to reflect the adoption of Code Section 401(a)(9)(I). If Code Section 401(a)(9)(B)(ii) applies, the five-year period described in such provision shall be determined without regard to the 2020 calendar year.

4.2 <u>Direct Rollovers</u>. Notwithstanding the provisions of the Plan relating to required minimum distributions under Code Section 401(a)(9), and solely for purposes of applying the direct rollover provisions of the Plan, a direct rollover will be offered only for distributions that would be eligible rollover distributions without regard to Code Section 401(a)(9)(I).

4.3 <u>Definitions</u>. "RMDs" means required minimum distributions described in Code Section 401(a)(9). "2020 RMDs" means required minimum distributions the Plan would have been required to distribute in 2020 (or permitted to pay in 2021 for the 2020 calendar year for a Participant with a required beginning date of April 1, 2021) but for the enactment of Code Section 401(a)(9)(I). "Extended 2020 RMDs" means one or more payments in a series of substantially equal distributions (that include the 2020 RMDs) made at least annually and expected to last for the life (or life expectancy) of the Participant, the joint lives (or joint life expectancy) of the Participant and the Participant's designated Beneficiary, or for a period of at least 10 years.

4.4 <u>Installment Payments</u>. A Participant or Beneficiary receiving payment of 2020 RMDs or 2020 Extended RMDs pursuant to this Article IV may receive them in any method (including installments or partial distributions) which would have been permitted under the terms of the Plan if the amounts would have been RMDs but for the enactment of Code Section 401(a)(9)(I).

MECOSTA COUNTY DEFERRED COMPENSATION PLAN Name of Plan

Mecosta County

Name of Employer

Name of Authorized Representative

Title

Signature

Date

17 of 32

Certificate Of Completion

Client Service Representative Email:

Plan Number: Category:

DocuSign Envelope Id: 2CF6CB6F77BC49BBA8F71AC9A4E4B828 Status: Delivered Subject: Action Required - CARES Regulatory Amendment for Your Retirement Plan 744217-01

Client Service Representative Name: Social Security Number: Source Envelope: Signatures: 0 Document Pages: 5 Initials: 0 Certificate Pages: 8 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator: DocuSign - Empower Retirement- Plan Document PO Box 1700 Denver, CO 80201 DocumentServices@retirementpartner.com IP Address: 34.196.116.87

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Status: Original 9/8/2022 12:54:03 PM Holder: DocuSign - Empower Retirement- Plan Location: DocuSign Document

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Signer Events	Signature	Timestamp
Paul Bullock		Sent: 9/8/2022 12:54:06 PM
pbullock@co.mecosta.mi.us		Viewed: 9/9/2022 5:50:35 AM
Controller/Administrator		
Security Level: Email, Account Authentication (None)		and a second
Electronic Record and Signature Disclosure: Accepted: 9/9/2022 5:50:35 AM ID: 962cc275-f56e-4296-bc9a-4f5a8f522255 Company Name: Empower Retirement		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events

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Status Timestamp **Carbon Copy Events** Sent: 9/8/2022 12:54:04 PM **Bradley Fath** COPIED BRAD@LERNERFINANCIAL.COM Security Level: Email, Account Authentication (None)

Status

Status

Electronic Record and Signature Disclosure: Not Offered via DocuSign

Nicole X

nicole@lernerfinancial.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Not Offered via DocuSign

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Sent: 9/8/2022 12:54:05 PM Viewed: 9/8/2022 12:56:01 PM

Timestamp

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Carbon Co <mark>by Even</mark> ts	Status	Timestamp
Trisha Olds trisha@lernerfinancial.com	COPIED	Sent: 9/8/2022 12:54:05 PM Viewed: 9/8/2022 12:56:29 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent Certified Delivered	Hashed/Encrypted Security Checked	9/8/2022 12:54:05 PM 9/9/2022 5:50:35 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disc	losure	

ELECTRONIC RECORD AND SIGNATURE CONSENT AGREEMENT

The purpose of this Electronic Record and Signature Consent Agreement ("Agreement") is to formally agree to receive electronically and use an electronic signature on one or more of the document(s) included in the electronic envelope on the Docusign system ("Document Package"). By accepting this Agreement, you are agreeing that electronic signatures and electronic delivery (*i.e.*, email or posting to a website) are the legal equivalent of an actual physical signature and actual physical delivery, respectively, for purposes of the Document Package.

This Agreement is voluntary. This Agreement is only required if you want to electronically sign and receive the Document Package.

If you do not want to electronically sign and receive the Document Package, do not check the 'I agree to use electronic records and signatures' box. If you do not want to electronically sign the Document Package, contact Empower Retirement for a standard PDF file that you can print and execute with wet signatures and return via regular mail. If you have any problems accessing PDF documents, contact Empower Retirement to discuss alternative arrangements. Note that even if you agree to electronically sign the Document Package, in the future after receiving an electronic document package, you will be able to choose whether or not to electronically sign that document or ask for another version to sign.

Please confirm your acceptance by checking the 'I agree to use electronic records and signatures' box. By checking this box, you acknowledge that you have carefully and thoroughly read the information below, you can access this information electronically to your satisfaction, and you agree to these terms and conditions:

1. Definitions:

The words "you" and "your" mean the account owner of the account..

"Empower Retirement" and the words "we," "our," and "us" mean Great-West Life & Annuity Insurance Company and its affiliates, successors, and assigns, including but not limited to Great-West Life & Annuity Insurance Company of New York, Great-West Funds, Inc., Great-West Trust Company, LLC, Great-West Capital Management, LLC, Advised Assets Group, LLC, GWFS Equities, Inc., and FASCore, LLC as applicable.

2. Scope of this Agreement:

This Agreement only applies to the electronic signatures and electronic delivery of the Document Package. This Agreement does not apply to any situation by law or otherwise that requires you to provide written notice or document to us, which must be done on paper unless we provide instruction to you how to deliver the item to us electronically. We may, in our sole discretion, choose to provide you with any document on paper, even if you have authorized electronic delivery.

3. <u>Electronic Signatures</u>:

By accepting this Agreement, you consent to use electronic signatures for the Document Package, and you agree that electronic signatures shall be deemed to be legally equivalent to actual physical signatures. The electronic signature process will be facilitated through DocuSign, Inc., which is separate company retained by us to facilitate this service, but has no other affiliation with Empower Retirement. One or more electronic documents will be included in an electronic envelope on the Docusign system and a link to the envelope will be e-mailed to you. These electronic documents may include but are not limited to service and account agreements between you and us, along with transaction forms and other documents related to your account with us.

1. Authentication and Qualified Security Procedures:

The electronic signature process through DocuSign provides authentication through the use of a digital audit trail. Generally, "authentication" refers to the act of attributing an electronic signature to the individual that signed the document, and determining that the document has not been changed since its execution.

In order to electronically sign the Document Package, you will need to access a unique link sent to your email address that you provided to us. After signing the Document Package, we will receive a court-admissible "Certificate of Completion." This "Certificate of Completion" contains a digital audit trail of the transaction, including the signer names, authentication history, digital signatures, email addresses, signer IP addresses, chain of custody (i.e., sent, viewed, signed, etc.), trusted timestamps, geolocation capture of the signer (if provided), and completion status. By accepting this Agreement, you agree that these authentication and qualified security procedures are commercially reasonable.

4. Electronic Delivery:

By accepting this Agreement, you agree the electronic delivery of the Document Package emailed to you, is the legal equivalent of actual physical delivery, such as delivery by the United States Postal Service or hand-delivery, whether or not you actually see or view the Document Package. For purposes of this agreement, unless we receive actual notice of a delivery failure, we shall be deemed to have conclusively delivered the Document Package to you when we attach and send the document(s) to the email address that you provided to us.

5. Updating Your Email Address and Other Contact Information:

It is your responsibility to provide us with accurate and complete e-mail address and other contact information. You agree to maintain and promptly update any changes in this information.

6. Withdrawing Your Consent:

We will ask for your consent each time we present an envelope of electronic documents to you.

Once you give your consent for that envelope, you cannot withdraw it for that envelope but you can still choose not to sign any or all electronic documents included in that envelope. In addition, before you execute an electronic signature in DocuSign, the DocuSign system allows you to exit the electronic signing process. You should inform us that you no longer want to

electronically sign and then receive the document(s) in another manner by emailing Empower Retirement directly with your request.

7. <u>Requesting Paper Copies</u>:

At any time, you may request from us a paper copy of any record that we provided or made available electronically to you. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session. If you elect to create a DocuSign signer account, you may access them for a limited period of time, typically 30 days after such documents are first sent to you.

Additionally, subject to our document retention procedures, you may contact us and request another electronic or paper copy of the Document Package. If you wish for us to send you paper copies of any such documents, you will be charged a \$0.00 per-page fee.

You may request a paper copy of the Document Package by contacting Empower Retirement directly with your request.

8. <u>Required Hardware and Software:</u>

Operating Systems:	Windows XP, Windows Vista®, Windows® 7, Windows® 8 or higher; Mac OS® X or higher
Browsers:	Final release versions of Internet Explorer® 9.0 or above (Windows only); Mozilla Firefox 35 or above (Windows and Mac); Safari [™] 7.0 or above (Mac only), Chrome 40 or above
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	1024 x 768 minimum
Enabled Security Settings:	Allow per session cookies; Users accessing the Internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

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These minimum requirements are subject to change. If these requirements change before the Document Package is fully executed, you will be asked to re-accept this Agreement. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

9. Docusign

We have entered into an agreement with DocuSign, Inc. ("DocuSign") to make their electronic system available to facilitate your receipt and electronic signature of the Document Package. Your use of the DocuSign system is subject to the terms and conditions of DocuSign's system. We are not responsible for the DocuSign system and we disclaim any representations and all warranties regarding the DocuSign system.

10. Acknowledgement and Consent:

To confirm to us that you can access this information electronically, please verify that you were able to read this Agreement and that you also were able to: print on paper or electronically save for your future reference and access, or that you were able to e-mail to an address where you will be able to print on paper or save it for your future reference and access. By checking the 'I agree to use electronic records and signatures' box, I confirm that:

- I meet the required hardware and software requirements listed above;
- I can access and read this Agreement;
- I can print on paper the Document Package or save or send the Document Package to a place where I can print it for future reference and access;
- I have read this Agreement and agree to be bound by its terms and conditions.

10. Contacting Empower Retirement

Please contact us to let us know of changes as to how we may contact you electronically, to request paper copies of certain information to us, and to withdraw your consent to receive the Document Package:

To contact us by e-mail: retirementsolutionsservice@empower-retirement.com

To contact us by phone: 866-317-6586

Great-West Financial[®], Empower Retirement, and Great-West InvestmentsTM are the marketing names of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY; and their subsidiaries and affiliates, including registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.

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PROGRAM INCOME ACCOMPLISHMENT REPORT

123 LIKULIUR) 1. Reperted due on 10/93 of each year. 2. Totol adhe annot exceed 18% of PP Received In PK. 3. Admin cannot exceed 18% of Energency Reheb expended per Project Addrest. 4. Column & Admin unlanutopopulate at 18%. If less than 18% of mine year used, exerce amount. An amount greater than 18% for Admin is not allowed. 4. Column & Admin unlanutopopulate at 18%. If less than 18% of mine year used, exerce around. An amount greater than 18% for Admin is not allowed. 5. A negative number in any cell indicates on error and must be carrected phor to submitsion.

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Email pbullock@mecostacounty.org	TOTAL TO (see R	TOTAL TO BE RETURNED TO MEDC (see Return PI Instructions below)		\$39,234.90							14				9	10 - Other Multi-Racial	Racial		
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Mortgage and Note Project Expense (Involces, etc.)

REQUIRED DOCUMENTATION FOR EACH PROJECT TO BE MAINTAINED BY GRANTEE (enter Yes or No)

ncome Verilication, HUD Calculator worksheet

×

15-C, Activity Checklist

contact either Louis Vinson at Minson@michigan.org. or Jonathon Lukco at lukcoj1@michigan.org Pay by Chrats Payable to: "State of Michigan" Meno: Grant Number II applicable Mail to: Mail to: DBC – COB Pogram 300 N, Washington Square Lanfing, Mi 48913 Par by Electronic Eurola Lientier Send paymen to: Reuling # 07200326 Account # 87833551 Account Mane: States Fund Agency Account Mane: States Eurol Agency For credit to: State of Michigan,

CERTIFICATION

All representations made breein are accurate and true. COBG Program Income was expended in conformance with the requirements of 24 CH 570.489 and COBG Program Income Policy, effective 71/2018. Documentation of all federal and COBG program and compliance requirements are saved at offices of this local Unit of Government and are available for review and manuform policy, effective 71/2018. Documentation of all federal and COBG program and compliance requirements are saved at offices of this local Unit of Government and are available for review and manuform policy, effective 71/2018. Documentation of all federal and COBG program and compliance requirements are saved at offices of this local Unit of Government and are available for review and manuform policy and the MEOC/COBG Staff.

Typed Name Signed and Certified by the Authorized Signer/Highest Elected Official of the Unit of Local Government

Date

CDBG

22/16/60

COUNTY OF MECOSTA

Commissioners

Pay to: LINDA HOWARD

DATE	ITEMS	AMOUNT
		¢50.00
8/2/2022	Bldg & Grounds	\$50.00
8/3/2022	Sheriff & Jail	\$50.00
8/4/2022	Co Comm	\$50.00
8/4/2022	Public Hearing re: Barryton	\$50.00
8/11/2022	Human Serv Collab Bd	\$50.00
8/11/2022	Tri Lakes Assoc mtg	\$50.00
8/18/2022	Co Comm	\$50.00
8/25/2022	Co CommCommittee of Whole	\$100.00
8/30/2022	DHHS	\$50.00
	TOTAL	\$500.00

Charge to: Account #: Per Diem 101 101 705.000

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

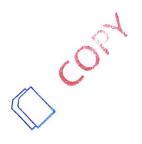
8/30/2022

Date

Linda Howard

Signed

.





TRAVEL VOUCHER

COUNTY OF MECOSTA

Department:

Date: 8/30/2022

Pay to: LINDA HOWARD

Date	From	То	Reason for Travel	Miles Traveled
7/25/2022	Mecosta	Morton Twp Hall	Tri Lakes Mtg	1 x 2 = 2
8/30/2022	Mecosta	B.R.	DHHS	20 x 2 = 40
Lodging				
Parking/Me	Event			<u>Amount</u>
			Total Other	\$0.00
			TOTAL MILES	42
Charge to:	Travel Expens	e	x	0.625
General Led	101-101-810.0	000	MILEAGE TOTAL	\$26.25
			Meals/Parking Total	\$0.00
			Total Reimbursement	\$26.25

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

Linda Howard

Signed Employee

Signed Authorizing Department Head

RECEIVED SEP DU MUSSIONERS COMMISSIONERS



TRAVEL VOUCHER

COUNTY OF MECOSTA

6-Sep-22

Pay to:

Bill Routley

Date	From	То	Reason for Travel	Miles Traveled
17-Aug-22	Big Rapids	COA	Advisory Board	30
			TOTAL MILES	30
Charge to:	Travel Expense	se	x	0.625
General Ledger:	101 101 810.0	000	TRAVEL TOTAL	18.75



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

Bill Routley

Signed by Employee

Signed by Dept Head or Deputy if check is for Dept H

j S

30 of 32

VOUCHER

COUNTY OF MECOSTA

Commissioners

Pay to: Bill Routley

Per Diems

DATE	ITEMS	AMOUNT
2-Aug-22	Bldg/Grd	\$50.00
2-Aug-22	Finance	\$50.00
8/4/2022	Commish	\$50.00
8/16/2022	Finance	\$50.00
8/17/2022	COA	\$50.00
8/18/2022	City/County/Ferris	\$50.00
8/18/2022	Bldg/Zon	\$50.00
8/18/2022	Commish	\$50.00
8/25/2025	Comm of Whole	\$100.00
8/30/2022	Finance	\$50.00
· ·		
	TOTAL	\$550.00

Charge to: Account #: Per Diem 101 101 705.000

RECENTED SEPONDOFIERS COMMISSIONERS

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

0

Bill Routley

Signed

Voucher No.

Date 6-Sep-22

Vendor #_____

31 of 32

TRAVEL VOUCHER

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COUNTY OF MECOSTA

Department:

Date: 8-30-22

Pay to:

MARILYNN BRADSTROM

Date	From	То	Reason for Travel	Miles Traveled
7-11-22	HOME	GRANT TWP.	REG. MU. MTGS	13.0
7-12-22 7-20-22 8-8-22	2	GREEN TWP.	REG. MU. MTGS	4.4
7-20-22		COLFAY TWD.		26.0
8-8-22	-	GRANT TWO		13.0
8-9		GREEN TOOD		4.4
8-9 8-17		COLFAX TWP		Z6.0
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Lodging				
Parking/Meals	Event			Amount
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			and the second	Notes Street Contractor (Contractor)
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				and the second
			Total Other	\$0.00
			TOTAL MULES	81.8

Charge to: General Ledger:

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Travel Expense 101-101-810,000

RECENTED RECENTED BOARDONERS COMMISSIONERS CORT

TÔTAL MILES	86.8
MILEAGE TOTAL	0 .5 85
MileAge TOTAL Meals/Parking Total	\$0.00
Total Reimbursement	54.25

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

~ J-Bradstrone Employee Signed

Signed Authorizing Department Head .625

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VOUCHER

COUNTY OF MECOSTA

Commissioners

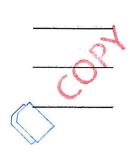
Date 8-30-22

Pay to: MARILYNN BRADSTROM

DATE	ITEMS	AMOUNT
7-19-22	FINANCE	\$ 50.00
7-21-22	PERSONNEL	
<i>i</i> 1	B.O.C.	
7-25-22	WEST MI CO. AlliANCE - LAKE CO,	
8-2-22	BLOG. & GROUNDS	
"	FINANCE	
8-3-22	MI WORKS - HART	
8-4-22	B.O.C.	
8-10-22	PERSONNEL .	
8-16-22	PERSONNEL	
*1	FINANCE	
8-18-22	B.O.C.	V
8-25-22	COMMITTEE OF THE WHOLE - ARPA FUNDS	100,00
8-30 22	FINANCE	50,00
	TOTAL	750.

Charge to: Account #: Per Diem 101 101 705.000

Approval RECENTED AUG 30 2000 AUG 30 2000 BOARD OFFRS COMMISSIONERS Finance Committee Approval



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

Marilyen J. Bradstrom Signed