



**BOARD COORDINATOR  
GENESEE COUNTY BOARD OF COMMISSIONERS**

1101 BEACH STREET, ROOM 312  
FLINT, MICHIGAN 48502

TELEPHONE: (810) 257-3020  
FAX: (810) 257-3008

AMY ALEXANDER  
COORDINATOR

**HUMAN SERVICES COMMITTEE  
MONDAY, MARCH 13, 2017, 9:30 a.m.  
AGENDA**

**I. CALL TO ORDER**

**II. ROLL CALL**

**III. MINUTES** – February 27, 2017

**IV. PUBLIC COMMENT TO COMMITTEE**

**V. COMMUNICATIONS**

**VI. OLD BUSINESS**

**VII. NEW BUSINESS**

**A. HEALTH DEPARTMENT**

1. H031317VIA1: Request approval of overnight travel for Suzanne Cupal, Community Health Director to attend the CSTE Disaster Epidemiology Workshop for the period of May 15-17, 2017 in Atlanta, Georgia at a cost not to exceed \$0.00 (airfare, ground transportation, hotel accommodations, mileage, parking and per diem to be paid through the CSTE) – Attached
2. H031317VIA2: Request approval of overnight travel for Mark Valacak, Health Officer to attend the Invest Health Initiative for the period of June 6-9, 2017 in Phoenix, Arizona at a cost not to exceed \$0.00 – Attached
3. H031317VIA3: Request approval of overnight travel for Kate Stevens, Health Educator to attend the Great Lakes Homeland Security Training Conference & Expo for the period of May 9-11, 2017 in Grand Rapids, Michigan at a cost not to exceed \$775.05 – Attached
4. H031317VIA4: Request approval to submit a grant proposal to the U.S. Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes for the HUD Lead Reduction Healthy Homes Grant – Attached
5. H031317VIA5: Request approval to approve the Memorandum of Understanding between the County of Genesee and Mott Children's

Health Center to allocate duties and responsibilities of each party –  
Attached

B. MEDICAL EXAMINER'S OFFICE

1. H031317VIIB1: Request approval of the Gift of Life Michigan Organ and Tissue Procurement Agreement – Attached

C. OFFICE OF SENIOR SERVICES

1. H031317VIIC1: Request approval of the 2017 Senior Project FRESH Payment and Contract Template -- Attached

**VIII. OTHER BUSINESS**

**IX. ADJOURNMENT**


Mark Valacak, MPH  
Health Officer



Gary K. Johnson, MD, MPH  
Medical Director

## MEMORANDUM

**To:** Brenda Clack, Chairperson  
Human Services Committee

**From:** Mark Valacak, MPH   
Health Officer

**Date:** March 13, 2017

**Subject:** Approval for Suzanne Cupal, Community Health Director, to Attend Overnight Conference.

### Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

**Amount:** \$0.00

**Location:** Atlanta, GA

**Funding Account:** N/A

**For the Period:** May 15-17, 2017

**Purpose:** To approve overnight travel.

### Discussion

This conference is for the Council of State and Territorial Epidemiologists (CSTE) Disaster Epidemiology Workshop. Ms. Cupal has been invited to attend and present the work that is still ongoing in the assessment and response to the lead contamination in the water of Flint, Michigan. The role that the public health has been able to play in risk assessment, in communicating that risk to people in the impacted community, as well as the epidemiological methods that are being employed. Airfare, ground transportation, hotel accommodations, mileage, parking and per diem to be paid through the CSTE. No County appropriation required.

R:\Groups\Admin\Medical Director & Coord\Suzanne\overnight travel memo 3-13-17.doc

**GENESEE COUNTY  
OVERNIGHT TRAVEL REQUEST**

Reso #: \_\_\_\_\_

Name: SUZANNE CUPAL

Date: 2/28/2017

Conference Title: CSTE DISASTER EPIDEMIOLOGY WORKSHOP

Date(s) of Conference: MAY 15-17, 2017 Location: ATLANTA, GA

Charge to: Department: N/A Acct (choose one): \_\_\_\_\_

**Expenditure Detail**

Personal Vehicle Mileage: 11 Miles @ \$0.535 per mile= \$5.89  
(If over 50 miles you must attain approval)

Airfare: \$502.40

Other Transportation Costs (detail): GROUND \$100.00

Conference Registration: \_\_\_\_\_

Lodging: 2 nights @ \$167.40 per night= \$334.80

# of Meals:	<u>0</u>	bkfst @	\$6.00 + .90 tip=	\$6.90	<u>\$0.00</u>
	<u>3</u>	lunch @	\$9.00 + 1.35 tip=	\$10.35	<u>\$31.05</u>
	<u>3</u>	dinner @	\$15.00 + 2.25 tip=	\$17.25	<u>\$51.75</u>
					<u>\$82.80</u>

Other costs (detail): AIRPORT PARKING \$48.00

**TOTAL COSTS: \$1,073.89**

**Prepayments requested:**

Airfare: \_\_\_\_\_  
Lodging Deposit: \_\_\_\_\_  
Registration Fees: \_\_\_\_\_  
Other: \_\_\_\_\_

**TOTAL PREPAYMENTS REQUESTED: \$0.00**

**ALLOWABLE ADVANCE PAYMENT: \$0.00**

**APPROVALS**

Supervisor: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Accounting: N/A \_\_\_\_\_

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

Health Officer: \_\_\_\_\_

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



**Stickler, Lisa**

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**From:** Jessica Wurster <jwurster@cste.org>  
**Sent:** Friday, February 24, 2017 11:27 AM  
**To:** Jessica Wurster  
**Subject:** Travel Sponsorship for CSTE Disaster Epidemiology Workshop May 2017  
**Attachments:** Sponsored Travel Letter.pdf; Expense Reimbursement Form 2017 DE Workshop.pdf

Good morning,

Thank you for agreeing to present at the CSTE Disaster Epidemiology Workshop on May 16-17, 2017 in Atlanta, GA. Attached are details regarding your sponsored travel. Your funding includes: airfare or driving reimbursement, hotel lodging for 2 nights, ground transportation, and per diem. Please read the attached sponsored travel letter carefully and make your hotel and airfare reservations soon. CSTE will reimburse expenses to each traveler after the workshop.

The Workshop will begin at 8:30am on Tuesday, May 16 and will conclude by 3pm on Wednesday May 17, and a draft agenda will be distributed soon. Please let me know if you have any questions.

Thank you,

Jessica Wurster, MPH  
Associate Research Analyst  
Council of State and Territorial Epidemiologists  
2872 Woodcock Blvd., Suite 250, Atlanta, GA 30341  
Tel: 770.458.3811 | Fax: 770.458.8516  
[www.cste.org](http://www.cste.org)

(810) 768-7970  
[scupal@gchd.us](mailto:scupal@gchd.us)

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**From:** Michael Heumann [<mailto:heumannhealth@gmail.com>]  
**Sent:** Wednesday, January 25, 2017 12:31 PM  
**To:** Cupal, Suzanne  
**Cc:** Jessica Wurster  
**Subject:** Invitation to speak at the Annual National Disaster Epidemiology Workshop in Atlanta

Hi Suzann. It was good to speak with you yesterday. As I mentioned I work as a consultant with the Council of State and Territorial Epidemiologists (CSTE). CSTE is a national organization representing epidemiologists from all U.S. states and territories, as well as from local and Tribal public health agencies, academic institutions and federal agencies.

The Disaster Epidemiology Subcommittee is part of the CSTE Environmental and Occupational Committee. We formed about eight years ago to advance the discipline of disaster epidemiology (DE) which is the application of epidemiological methods to the planning for, mitigating, responding to and recovering from disasters and emergencies of all types. In November of 2014 we published an article in the American Journal of Public Health that describes the framework of DE. A copy of the article is attached to this email.

For the last seven years, CSTE has also held an annual National Disaster Epidemiology Workshop in Atlanta, Georgia. The workshop brings together epidemiologists from across the country to share the work and experiences that are being done in applying DE methods in all phases of the disaster management cycle. This year the workshop will be held on May 16-17, 2017, in Atlanta, GA. We would like to invite you to attend the workshop and present the work that is still ongoing in the assessment and response to the lead contamination in the water of Flint, Michigan. We believe that there is much to be learned from the public health response to this incident. Of particular interest is the role that public health has been able to play in risk assessment, in communicating that risk to people in the impacted community, as well as the epidemiological methods that are being employed. Learning from your experiences can be very helpful to epidemiologists in other jurisdictions who may be confronted with similar issues.

CSTE has funds to support your travel, lodging and per diem while attending the workshop. You may well have additional questions, and I would be happy to respond to them. We sincerely hope that you will be able to participate in the workshop this year. I look forward to hearing back from you.

All the best,

Michael

Michael Heumann  
HeumannHealth Consulting LLC  
2402 NE 26th Ave.  
Portland, OR 97212  
[heumannhealth@gmail.com](mailto:heumannhealth@gmail.com)  
503-880-2226



RE: Travel Arrangements to the CSTE Disaster Epidemiology Workshop in Atlanta, GA on May 16-17, 2017

**Executive Board:**

**President:**

Joe McLaughlin, MD, MPH  
State Epidemiologist & Chief  
of Epidemiology  
Alaska

**President-Elect:**

Janet Hamilton, MPH  
Surveillance & Surveillance Systems  
Manager  
Florida

**Secretary / Treasurer:**

Sarah Y. Park, MD, FAAP  
State Epidemiologist  
Hawaii

**Chronic Disease / Maternal  
& Child Health / Oral Health:**

Robert Graff, PhD  
Chronic Disease & Environmental  
Health Epidemiologist  
Idaho

**Environmental /**

**Occupational / Injury:**

Sharon Watkins, PhD, MA  
State Epidemiologist  
Pennsylvania

**Infectious Disease:**

Kristy Bradley, DVM, MPH  
State Epidemiologist  
Oklahoma

**Surveillance / Informatics:**

Kathryn Turner, PhD, MPH  
Deputy State Epidemiologist  
Chief, Bureau of Communicable  
Disease Prevention  
Idaho

**Members-At-Large:**

Richards Danila, PhD, MPH  
Deputy State Epidemiologist  
Minnesota

Marcelle Layton, MD  
Assistant Commissioner of Bureau  
of Communicable Disease  
New York City

**Executive Director:**

Jeffrey P. Engel, M.D.

Dear Sponsored Traveler,

Support for the CSTE Disaster Epidemiology Workshop being held in Atlanta, GA on May 16-17, 2017 for non-federal employees will be provided for airline transportation, ground transportation (excludes rental cars and taxi service other than transportation to and from the hotel and airport), hotel accommodations at the designated rate for 2 nights, airport parking and per diem allowance. If you are unsure if an expense will be reimbursed, contact me ([jwurster@cste.org](mailto:jwurster@cste.org)) for clarification. Please read the CSTE Travel Support Guidelines that includes guidelines regarding expenses and cancellations.

Travelers are responsible for paying for all expenses, with the exception of airfare. Reimbursement for approved expenses will occur after the meeting has taken place upon receipt of an expense reimbursement form.

**Transportation**

Airline transportation will be provided to and from your originating city to the venue city, Atlanta, GA. The travel dates are Monday, May 15<sup>th</sup> and Wednesday, May 17<sup>th</sup>. **Flight reservations must be made through the CSTE official travel agent, American Express Travel at 1-800-872-9954. Airline reservations should be made no later than three weeks prior to the date of travel.** CSTE National Office must pre-approve travel arrangements not made through our travel agent in order for the traveler to receive reimbursement.

Airport parking in your originating city will be reimbursed at a rate of \$12 per day for up to 3 days. Mileage to and from your house to the originating airport will be reimbursed at the federal rate of \$0.535 per mile. You must document these expenses on your expense reimbursement form. CSTE will reimburse up to \$50 each way for ground transportation to and from the hotel and airport. If you have questions regarding transportation, contact CSTE at (770) 458-3811.

**Hotel Accommodations**

Arrangements for hotel accommodations should be made directly with the **Embassy Suites by Hilton Atlanta Buckhead** at a discounted rate of \$140.00 (+ tax) per night for **2 nights**. Please call: 1-800-362-2779 and refer to the Council of State and Territorial Epidemiologists to receive the discounted rate or use the room block [link](#) to make your reservations.



National Office  
Council of State and Territorial Epidemiologists

**Hotel Information:**

**Embassy Suites by Hilton Atlanta Buckhead**

3285 Peachtree Road NE

Atlanta, GA 30305

Embassy Suites Reservations: 1-800-362-2779

Embassy Suites Atlanta Buckhead Front Desk: 1-404-261-7733

Group name: Council of State and Territorial Epidemiologists (CSTE)

Group code: EPI

Room reservation deadline: April 25, 2017

Room block link:

[http://embassysuites.hilton.com/en/es/groups/personalized/A/ATLLXES-EPI-20170515/index.jhtml?WT.mc\\_id=POG](http://embassysuites.hilton.com/en/es/groups/personalized/A/ATLLXES-EPI-20170515/index.jhtml?WT.mc_id=POG)

Hotel website:

<http://embassysuites3.hilton.com/en/hotels/georgia/embassy-suites-by-hilton-atlanta-buckhead-ATLLXES/index.html>

CSTE will reimburse lodging at the **Embassy Suites by Hilton Atlanta Buckhead** up to \$140 per night for **2** nights. Incidentals or other lodging expenses are not reimbursable. The hotel check-in time is 3pm on Monday, May 15<sup>th</sup> and the check-out time is at 12pm on Wednesday, May 17<sup>th</sup>. **Please make your hotel reservation by April 25, 2017.**

**Per Diem**

Meal expenses are reimbursed at the federal per diem allowance for Atlanta, GA of \$69.00 per day less any meals provided.

**Reimbursement Procedure**

After the meeting, complete the reimbursement form provided and include any receipts \$50.99 or greater and all airline boarding passes. Please send the signed expense reimbursement form to the CSTE National Office via email to [travel@cste.org](mailto:travel@cste.org) or via fax to (770) 458-8516. Expenses will not be reimbursed until after the meeting.

Sincerely,

Jessica Wurster, MPH  
Associate Research Analyst

SUZANNE CUPAL

ENJOY A SPECIAL ROOM  
UPGRADE FOR ONLY **\$15**

[SHOW MY CUSTOM UPGRADE](#)



*Your Room Information:*

1 KING BED NONSMOKING

Rooms: 1

Guests: 1 Adult

Check In: May 15 3:00 PM

Check Out: May 17 12:00 PM

*Your Plan Information:*

CSTE

Rate per night : 140.00 USD

Total for Stay per Room

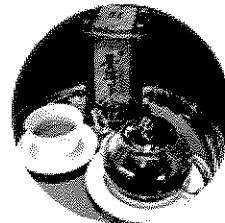
Rate: 280.00 USD

Taxes: 54.80 USD

Total: 334.80 USD

Total for Stay : 334.80 USD

*Get what you want, the way you want it.*



To ensure your arrival is the perfect beginning to a relaxing stay, let us prepare your room ahead of time with any extra touches that will make your trip pretty great.

[CUSTOMIZE YOUR STAY](#)



[SIGN UP NOW](#)

**CSTE Member Expense Reimbursement Form**



**Directions for submission:** Please complete the entire form below. Sign and submit this form to the CSTE National Office via email submission to [travel@cste.org](mailto:travel@cste.org) or faxed to 770-234-5268. Receipts must be included for all claimed expenses exceeding \$50.99. The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (25% for breakfast, 25% for lunch, and 50% for dinner). Use the return/departure chart below to determine the percentage of per diem earned on the days of travel. Specify any provided meals within the expense chart. At least one receipt from the destination city must be provided as proof of attendance. If you have any questions, please contact the CSTE national office staff member that coordinated your travel (770-458-3811).

Sponsored Traveler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Date Received by CSTE: \_\_\_\_\_  
*Must be received by CSTE within 30 days of conclusion of travel*

CSTE Program Staff Lead: Jessica Wurster  
 Description of Travel: Disaster Epidemiology Workshop May 16-17, 2017  
 Destination: Atlanta, GA  
 Federal per diem rate for destination: \$ 69

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Time: 100%  12AM-6AM  25%   
 75%  6AM-Noon  50%   
 50%  Noon-6PM  75%   
 25%  6PM-12AM  100%

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Check box if you or a family member hold an elective or appointive public office in a federal, state or local government that pays an annual rate of \$20,000 or more. IRS code section 4946(c).

Daily Travel Expenses						
Expenses:	Date:	Date:	Date:	Date:	Date:	Charged Directly to CSTE*
Breakfast (25% of per diem)						
Lunch (25% of per diem)						
Dinner (50% of per diem)						
Lodging						
Airfare						
Ground Transportation						
\$0.535 X _____ miles						
Other:						
Other:						
Other:						
Total Expenses:						

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

*By submitting this form, I certify that the above information contained in the claim is true and correct and that I am not being reimbursed for any of the above expenses from another public or private source. I also certify that I have no outstanding receipts over 30 days old due to CSTE and that I will not be submitting for additional expenses associated with this trip.*

FOR CSTE USE ONLY: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Charge to Project: ENV SURV PO: 5980

*\*if amount is unknown, please indicate that funds were charged to CSTE by placing a check mark in the appropriate box*

**Return to CSTE: Email [travel@cste.org](mailto:travel@cste.org) | 2872 Woodcock Blvd. Suite 250, Atlanta, GA 30341**

**Stickler, Lisa**

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**From:** Valacak, Mark  
**Sent:** Friday, February 24, 2017 8:50 AM  
**To:** Cupal, Suzanne  
**Cc:** ~~Stickler, Lisa~~  
**Subject:** RE: Invitation to speak at the Annual National Disaster Epidemiology Workshop in Atlanta

Yes, you may attend if approved by the Board for out of state travel.

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Mark Valacak, MPH, Health Officer  
Genesee County Health Department,  
630 S. Saginaw St. Suite 4 Flint, MI 48502-1540  
Phone 810-257-3588 Fax 810 257-3147  
E-mail [mvalacak@gchd.us](mailto:mvalacak@gchd.us)



**Genesee County  
Health Department**

Your Health. Our Work.

Please consider the environment before printing this e-mail.

"There are two lasting bequests we can hope to give our children: one is roots; the other is wings." Hodding Carter

\*NOTICE: This e-mail, including attachments, is intended for the exclusive use of the addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any disclosure, use, distribution, copying, or taking of any action in reliance of the contents of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify me via e-mail and permanently delete the original and destroy all copies. Thank you.

For a copy of the Health Department's Notice of Information Practices, contact the Health Department or visit the Health Department's website at <http://www.gchd.us/>

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**From:** Cupal, Suzanne  
**Sent:** Friday, February 24, 2017 7:59 AM  
**To:** Valacak, Mark  
**Subject:** FW: Invitation to speak at the Annual National Disaster Epidemiology Workshop in Atlanta

Please see below. Please let me know if I may attend or if you would prefer someone else attend.

Thank you.

Suzanne

Suzanne Cupal, M.P.H.  
Public Health Division Director  
Genesee County Health Department  
630 S. Saginaw Street  
Suite 4  
Flint, MI 48502


Mark Valacak, MPH  
Health Officer



Gary K. Johnson, MD, MPH  
Medical Director

## MEMORANDUM

**To:** Brenda Clack, Chairperson  
Human Services Committee

**From:** Mark Valacak, MPH  
Health Officer 

**Date:** March 13, 2017

**Subject:** Overnight Travel Request for Mark Valacak, Health Officer, to Attend the Invest Health Initiative in Phoenix, Arizona.

### Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

**Conference:** Invest Health Initiative

**Location:** Phoenix, Arizona

**Amount:** No Cost

**For the Period:** June 6 – 9, 2017

**Purpose:** This initiative is aimed at transforming how city leaders work together to help low-income communities thrive, with specific attention to community features that drive health such as access to safe and affordable housing, places to play and exercise, and quality jobs.

### Discussion

Request to approve overnight travel to Phoenix, Arizona. The Invest Health program—a collaboration of the Robert Wood Johnson Foundation and The Reinvestment Fund—aims to transform how city leaders work together to help low-income communities thrive, with specific attention to community features that ... offer fertile ground for strategies that improve health and have the potential to boost local economies. Invest Health cities will fundamentally change the way communities improve opportunities to live healthy lives by addressing the drivers of health. Invest Health teams will meet regularly to share lessons learned throughout the 18-month project to explore a broad range of ideas from reducing isolation of residents and creating retail hubs to decreasing the number of abandoned properties and related crime, as well as, improving walkability. **No County appropriation is required.**

R:\Groups\Admin\BOH\BOH Misc\memo - overnight travel mark june 2017.doc

Floyd J. McCree Courts & Human Services Building ♦ 630 S. Saginaw Street, Ste. 4 ♦ Flint, Michigan 48502-1540

Burton Branch ♦ G-3373 S. Saginaw Street ♦ Burton, Michigan 48529

Main Phone 810-257-3612 ♦ Visit us at: [www.gchd.us](http://www.gchd.us)



GENESEE COUNTY  
OVERNIGHT TRAVEL REQUEST

Reso #: \_\_\_\_\_

Name: MARK VALACAK

3/6/2017

Conference Title: INVEST HEALTH INITIATIVE

Date(s) of Conference: JUNE 6-9, 2017 Location: PHOENIX, AZ

Charge to: Department: N/A Acct (choose one): \_\_\_\_\_

**Expenditure Detail**

Personal Vehicle Mileage: 0 Miles @ \$0.535 per mile= \$0.00  
(If over 50 miles you must attain approval)

Airfare: \$0.00

Other Transportation Costs (detail): GROUND \$0.00

Conference Registration: \_\_\_\_\_

Lodging: 0 nights @ \$0.00 per night= \$0.00

# of Meals:	<u>0</u>	bkfst @	\$6.00 + .90 tip=	\$6.90	<u>\$0.00</u>
	<u>0</u>	lunch @	\$9.00 + 1.35 tip=	\$10.35	<u>\$0.00</u>
	<u>0</u>	dinner @	\$15.00 + 2.25 tip=	\$17.25	<u>\$0.00</u>
					<u>\$0.00</u>

Other costs (detail): \_\_\_\_\_ \$0.00

**TOTAL COSTS: \$0.00**

**Prepayments requested:**

Airfare: \_\_\_\_\_

Lodging Deposit: \_\_\_\_\_

Registration Fees: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL PREPAYMENTS REQUESTED: \$0.00**

**ALLOWABLE ADVANCE PAYMENT: \$0.00**

**APPROVALS**

Supervisor: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Accounting: \_\_\_\_\_

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

Health Officer: \_\_\_\_\_

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

**BRING TOGETHER DISPARATE SECTORS** in mid-sized cities to align around a vision for better health, create innovative ideas, and unlock new sources of investment.

**HELP MID-SIZED CITIES ATTRACT CAPITAL** to improve health outcomes in low-income communities.

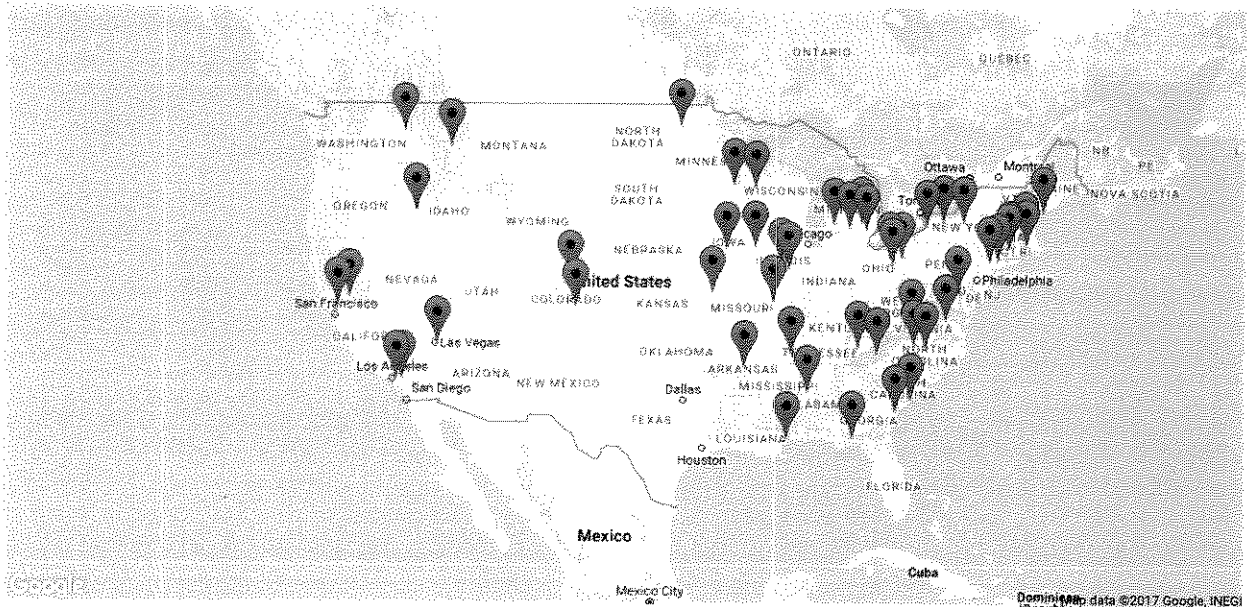
**BUILD LASTING RELATIONSHIPS** in these cities that extend beyond the length of the program and help inform work in other communities nationwide.

**TEST POTENTIAL SOLUTIONS** to inform the national conversation about how to best invest to achieve health equity in more communities throughout the U.S.

**ADVANCE SYSTEMS-FOCUSED STRATEGIES** that reach across sectors to support health improvement in low-income communities.

**HELP CITIES USE DATA AS A DRIVER** for change, beginning with an evidence-based understanding of the problem and continuing to a data framework for assessing impact.

## CITIES PARTICIPATING TEAMS



Akron, OH	Asheville, NC	Bloomington, IL	Buffalo, NY	Canton, OH	Des Moines, IA
Dundalk, MD	Durham, NC	Eau Claire, WI	Flint, MI	Framingham, MA	Grand Forks, ND
Grand Rapids, MI	Greensboro, NC	Gulfport, MS	Hartford, CT	Henderson, NV	Iowa City, IA
Jackson, TN	Kansas City, KS	Knoxville, TN	La Habra, CA	Lansing, MI	Little Rock, AR
Missoula, MT	Nampa, ID	Napa, CA	New Britain, CT	North Charleston, SC	Paterson, NJ
Peoria, IL	Pontiac, MI	Portland, ME	Providence, RI	Pueblo, CO	Richmond, VA
Riverside, CA	Roanoke, VA	Rochester, NY	Roseville, CA	Savannah, GA	Spokane, WA
Stamford, CT	St. Louis, MO	St. Paul, MN	Syracuse, NY	Tallahassee, FL	Tuscaloosa, AL
Westminster, CO	Youngstown, OH				

**INVEST HEALTH**  
*Strategies for Healthier Cities*



# Latest News

INVEST HEALTH » NEWS ARCHIVE

TUESDAY, MAY 17, 2016

## 50 Cities Selected for Invest Health

*Philadelphia, May 17, 2016* — Reinvestment Fund and the Robert Wood Johnson Foundation (RWJF) today announced \$3 million in awards across 50 mid-size cities in 31 states for *Invest Health*, an initiative aimed at transforming how city leaders work together to help low-income communities thrive, with specific attention to community features that drive health such as access to safe and affordable housing, places to play and exercise, and quality jobs.

More than 180 teams from 170 communities applied for grants of \$60,000 each, which were available to cities with populations between 50,000 and 400,000. Applicants were required to form five-member teams including representatives from the public sector, community development, and an anchor institution, preferably academic or health-related. Selected teams also include members from public school districts, community organizations, and local philanthropies.

“Public officials, community developers, and many others have been working in low-income neighborhoods for years, but they haven’t always worked together,” said Donald Schwarz, MD, MPH, MBA, RWJF Vice President, Program. “*Invest Health* aims to align their work and help neighborhoods thrive by intentionally incorporating health into community development.”

Mid-size American cities face some of the nation’s deepest challenges with entrenched poverty, poor health, and a lack of investment. But they also offer fertile ground for strategies that improve health and have the potential to boost local economies. *Invest Health* cities will fundamentally change the way communities improve opportunities to live healthy lives by addressing the drivers of health including jobs, housing, education, community safety, and environmental conditions. In addition to the \$60,000 grant, *Invest Health* teams will take part in a vibrant learning community, have access to highly skilled faculty advisors and coaches, and engage a broader group of local stakeholders to encourage knowledge sharing.

“With a long history in community development finance, we are excited to help create a pipeline to channel capital into low-income communities through public and private investments,” said Amanda High, Chief of Strategic Initiatives at Reinvestment Fund. “Our goal is to transform how cities approach tough challenges, share lessons learned, and spur creative collaboration.”

*Invest Health* teams will travel to Philadelphia for a kick-off meeting on June 7th and will meet regularly to share lessons learned throughout the 18-month project. Learning from the program will be synthesized and disseminated through the *Invest Health* project website.

Selected teams plan to explore a broad range of ideas from reducing isolation of residents and creating retail hubs to decreasing the number of abandoned properties and related crime as well as improving walkability. Specific examples include:

**Tuscaloosa, Alabama** (population 50,000 – 100,000): The Tuscaloosa team plans to focus on intergenerational safety and health projects targeting the elderly, young adults, and children. The team comprising the City of Tuscaloosa, Whatley Health Services, Community Service Programs of West Alabama, Tuscaloosa Homebuilders Association, and Tuscaloosa Pediatrics will work on improving affordable, accessible housing; increasing technical education; and developing safe places to live and play.

**Napa, California** (population 50,000 – 100,000): The Housing Authority reports a Section 8 waiting list of 9,500—seven times the number of affordable housing units available. Given that safe and affordable housing is linked to better health, the City of Napa Housing Authority, Queen of the Valley Medical Center, the Public Health Division, Satellite Affordable Housing Associates, and the Corporation for Supportive Housing plan to work with community stakeholders to develop innovative low-income and supportive housing solutions.

**St. Paul, Minnesota** (population 250,000 – 300,000): In St. Paul, suburbanization has left many city residents without resources necessary for healthy daily life such as jobs and access to health care. St. Paul's *Invest Health* team, with representatives from the City, HealthEast, Dayton's Bluff Community Council, Latino Economic Development Center, and the Hmong American Farmers Association will focus on long-term community-based interventions that revitalize neighborhoods and restore opportunities for healthy living.

A list of awardees is below and more information is available at [www.investhealth.org](http://www.investhealth.org).

Tuscaloosa, AL  
Little Rock, AR  
La Habra, CA  
Napa, CA  
Riverside, CA  
Roseville, CA  
Pueblo, CO  
Westminster, CO  
Hartford, CT  
New Britain, CT  
Stamford, CT  
Tallahassee, FL  
Savannah, GA  
Nampa, ID  
Bloomington, IL  
Peoria, IL  
Des Moines, IA

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Iowa City, IA  
Kansas City, KS  
Portland, ME  
Dundalk, MD  
Framingham, MA  
Flint, MI  
Grand Rapids, MI  
Lansing, MI  
Pontiac, MI  
St. Paul, MN  
Gulfport, MS  
St. Louis, MO  
Missoula, MT  
Henderson, NV  
Paterson, NJ  
Buffalo, NY  
Rochester, NY  
Syracuse, NY  
Asheville, NC  
Durham, NC  
Greensboro, NC  
Grand Forks, ND  
Akron, OH  
Canton, OH  
Youngstown, OH  
Providence, RI  
North Charleston, SC  
Jackson, TN  
Knoxville, TN  
Richmond, VA

Roanoke, VA  
Spokane, WA  
Eau Claire, WI

# # #

### **About Reinvestment Fund**

Reinvestment Fund is a catalyst for change in low-income communities. We integrate data, policy and strategic investments to improve the quality of life in low-income neighborhoods. Using analytical and financial tools, we bring high-quality grocery stores, affordable housing, schools and health centers to the communities that need better access—creating anchors that attract investment over the long term and help families lead healthier, more productive lives. Learn more at [reinvestment.com](http://reinvestment.com). Follow Reinvestment Fund on Twitter @ReinvestFund or on Facebook at [www.facebook.com/ReinvestFund](http://www.facebook.com/ReinvestFund).

### **About the Robert Wood Johnson Foundation**

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

[VIEW ALL NEWS](#)

ABOUT  
INVEST HEALTH

*Invest Health* is a new initiative that brings together diverse leaders from mid-sized U.S. cities across the nation to develop new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health. The program is a collaboration between the Robert Wood Johnson Foundation and Reinvestment Fund.

## CONTACT

To learn more about this important initiative email us at [info@investhealth.org](mailto:info@investhealth.org).

# **INVEST HEALTH**

## ***Strategies for Healthier Cities***

A Project of the Robert Wood Johnson Foundation  
and *Reinvestment Fund*





**REINVESTMENT FUND** is a catalyst for change in low-income communities. They integrate data, policy and strategic investments to improve the quality of life in low-income neighborhoods. Using analytical and financial tools, they bring high-quality grocery stores, affordable housing, schools and health centers to the communities that need better access—creating anchors that attract investment over the long term and help families lead healthier, more productive lives.



## Robert Wood Johnson Foundation

For more than 40 years the **Robert Wood Johnson Foundation** has worked to improve health and health care. We are working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.facebook.com/rwjf).

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**QUESTIONS?**

[info@investhealth.org](mailto:info@investhealth.org)

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Mark Valacak, MPH  
Health Officer



Gary K. Johnson, MD, MPH  
Medical Director

## MEMORANDUM

To: Brenda Clack, Chairperson  
Human Services Committee

From: Mark Valacak, MPH  
Health Officer

Date: March 13, 2017

Subject: Approval for Kate Stevens, Health Educator, to attend the Great Lakes Homeland Security Training Conference & Expo.

### Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

Amount: \$775.05

Funding source: 221.00.00.6083.0889

For the Period: May 9-11, 2017

Purpose: To learn more about emergency preparedness.

### Discussion

Kate Stevens, Health Educator, is requesting to attend the Great Lakes Homeland Security Training Conference and Expo May 9-11, 2017. This conference is a great experience to learn more about emergency preparedness and how it can help the Health Department. **No County appropriation required.**

**GENESEE COUNTY  
OVERNIGHT TRAVEL REQUEST**

Reso #: \_\_\_\_\_

Name: Kate Stevens

Date: 2/7/2017

Conference Title: Great Lakes Homeland Security Training Confernece and Expo

Date(s) of Conference: 5/9/17 - 5/11/17 Location: Grand Rapids, MI

Charge to: Department: 6083 Acct (choose one): 46495

**Expenditure Detail**

Personal Vehicle Mileage: \_\_\_\_\_ Miles @ \$0.535 per mile= \$0.00  
(If over 50 miles you must attain approval)

Airfare: \_\_\_\_\_

Other Transportation Costs (detail): \_\_\_\_\_

Conference Registration: \$350.00

Lodging: 2 nights @ 136.75 per night= \$273.70

# of Meals:	<u>2</u>	bkfst @	\$6.00 + .90 tip=	\$6.90	<u>\$13.80</u>
	<u>3</u>	lunch @	\$9.00 + 1.35 tip=	\$10.35	<u>\$31.05</u>
	<u>2</u>	dinner @	\$15.00 + 2.25 tip=	\$17.25	<u>\$34.50</u>
					<u>\$79.35</u>

Other costs (detail): Parking \$72.00

**TOTAL COSTS: \$775.05**

**Prepayments requested:**

Airfare: \_\_\_\_\_  
Lodging Deposit: 273.70  
Registration Fees: \$350.00  
Other: \_\_\_\_\_

**TOTAL PREPAYMENTS REQUESTED: \$ 623.70**

**ALLOWABLE ADVANCE PAYMENT: \$ 151.35**

**APPROVALS**

Supervisor:	<u>Kate Stevens</u>	Date: <u>3-7-17</u>
Director:	<u>[Signature]</u>	Date: <u>3/7/17</u>
Accounting:	<u>[Signature]</u>	Date: <u>3-8-17</u>
Health Officer:	_____	Date: _____

**Stickler, Lisa**

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**Subject:**

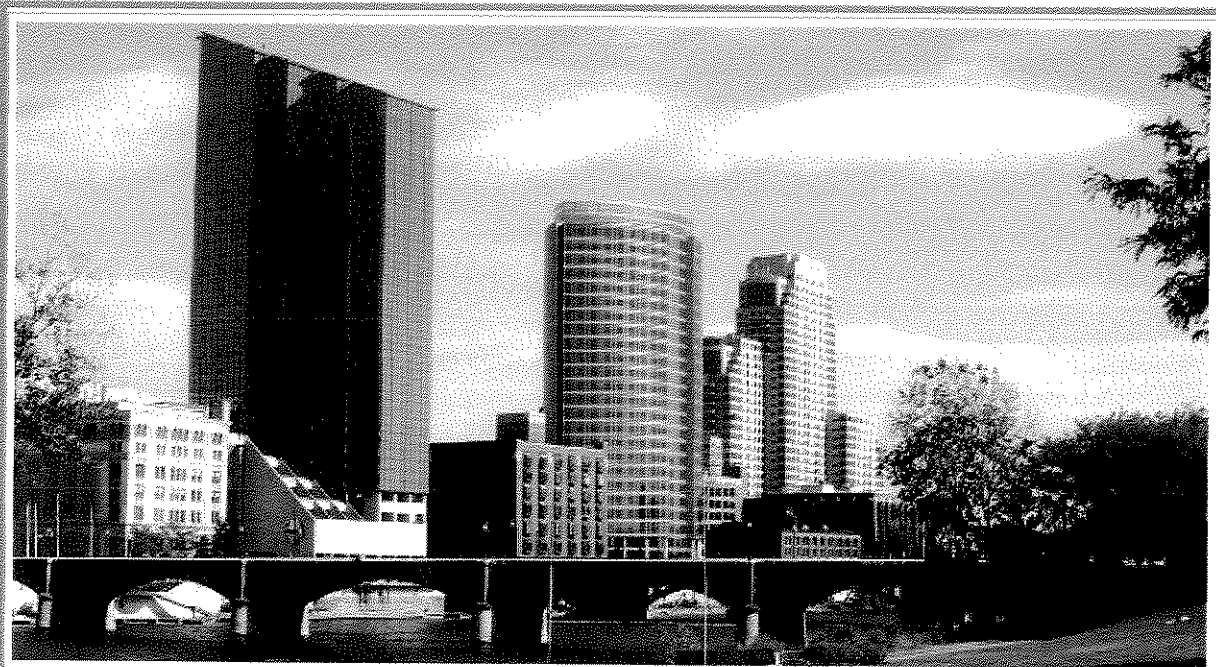
FW: The Amway Hotel Collection Reservation Confirmation

**From:** The Amway Hotel Collection [mailto:groupcampaigns@pkghlrss.com]

**Sent:** Friday, March 03, 2017 4:10 PM

**To:** Stevens, Kate

**Subject:** The Amway Hotel Collection Reservation Confirmation



Great Lakes Homeland Security Conference May 2017 - 07-May-2017 - 11-May-2017 - Amway Grand Plaza, Curio Collection by Hilton

187 Monroe, NW

Dear KATHRYN STEVENS, Grand Rapids MI 49503

We are pleased to confirm your reservations at the Amway Grand Plaza, Curio Collection by Hilton. The staff of the Amway Grand Plaza, Curio Collection by Hilton is looking forward to your arrival as part of the Great Lakes Homeland Security Conference May 2017. Should your travel plans change and you need to make changes to your reservations, please [click here](#) or call . If you believe that you may be tax exempt or if you will not be traveling with the credit card to be used for payment and need a credit card authorization form please contact the hotel.

We look forward to welcoming you to the Amway Grand Plaza, Curio Collection by Hilton.

- The Staff of the Amway Grand Plaza, Curio Collection by Hilton

### Reservation Details

Online Confirmation:	32JNBCKX				
Date Booked:	03-Mar-2017				
Reservation Name:	KATHRYN STEVENS				
Arrival Date:	09-May-2017				
Departure Date:	11-May-2017				
Room Type:	Classic Room with 2 Queen Beds				
Number of Rooms:	1				
Number of Guests:	1				
Night by Night Rate:	<b>Date2</b>	<b>Guest(s)</b>	<b>Status</b>	<b>Rate</b>	<b>TAX</b>
	09-May-2017	1	Confirmed	119.00	17.75
	10-May-2017	1	Confirmed	119.00	17.75
	<b>Additional Guest</b>		<b>Rate</b>		
	Second Guest		0.00		
Third Guest		0.00			
Fourth Guest		0.00			
Fifth Guest		0.00			
Total Charge:	<del>238.00</del> 273.70				
Tax Disclosure:	The total room charge presented above does not include taxes. The current room tax rate is 15% (6% state tax and 9% hospitality tax) per night and will be added to your final bill.				
Cancel Policy:	Cancellations must be made 24 hours prior to arrival in order to avoid a one night's room and tax fee.				

**Stevens, Kate**

---

**From:** Swartout, April  
**Sent:** Tuesday, February 28, 2017 9:39 AM  
**To:** Stevens, Kate  
**Subject:** FW: Registration and Hotel Blocks Now Open - Great Lakes Homeland Security Training Conference and Expo

April L. Swartout, M.P.A.  
Public Health Supervisor  
Genesee County Health Department  
630 S. Saginaw St., Suite 4  
Flint, MI 48502  
(810) 424-4441  
Fax: (810) 257-3147

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**From:** Michigan State Police [<mailto:MichStatePolice@govsubscriptions.michigan.gov>]  
**Sent:** Tuesday, February 28, 2017 9:26 AM  
**To:** Swartout, April  
**Subject:** Registration and Hotel Blocks Now Open - Great Lakes Homeland Security Training Conference and Expo



# Registration and Hotel Blocks Now Open

## Early Bird Rate Offered until April 14

### 2017 Great Lakes Homeland Security Training Conference and Expo

Registration is now open to join more than 1,200 attendees for the 2017 Great Lakes Homeland Security Training Conference and Expo at the DeVos Place in Grand Rapids, Michigan from May 9-11.

#### Registration rates for 2017:

**\$300 early bird** by utilizing special code **earlybird17** at checkout - Expires April 14 at midnight. Details can be found on the

**\$350 regular registration** - April 15 to April 21  
Registration closes at 5:00 p.m. on April 21

To register for the conference, go to

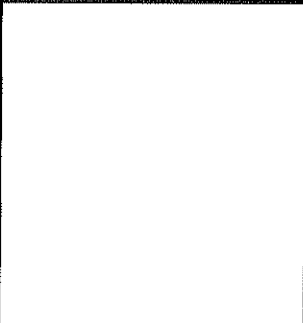
This year's theme is "Protecting Our Homeland," and will give attendees a deeper look into the world of terrorism. The threats we face are real, increasing in occurrence, and recognize no boundaries. We must expand our knowledge and unite in efforts to combat terrorism and protect the homeland.

#### A dynamic lineup of speakers has been confirmed, including keynotes:



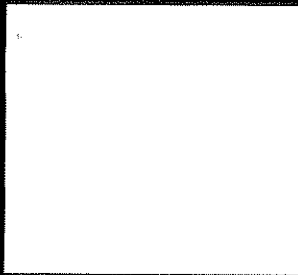
**Deputy Chief Orlando Rolon, Orlando Police Department**

**Pulse Nightclub Shooting**



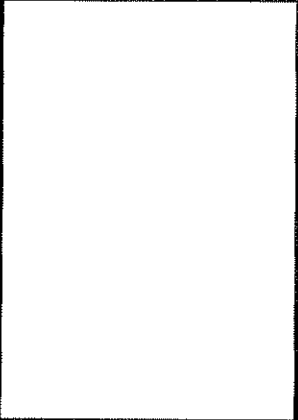
**SA Christopher Jancosko and IA Weldon (Gil) Hedgwood, Federal Bureau of Investigation**

**Garland Texas shooting**



### General Wesley K. Clark (ret.)

Former Nato Supreme Allied and Presidential Candidate. During his 34 years in the U.S. Army, Wesley Clark rose to the rank of four-star general and was named director for strategic plans and policy of the Joint Chiefs of Staff.



### Ed Davis

Former Boston Police Commissioner Ed Davis was at the forefront of the emergency response to the 2013 Boston Marathon Bombing and the arrests that followed.

In addition, we have a full roster of workshops that include topics such as:

- Homegrown Violent Extremists: Social Media & Trends
- Boston Children's Hospital: Lessons Learned
- Lone Wolf Radicalization
- Intentional Contamination of Ready to Eat Foods
- MC3 Cyber Crimes
- Countering Violent Extremist
- Human Trafficking

Organizations interested in showcasing services and products are encouraged to visit the [exhibitor and sponsor registration website](#). Additional details about the agenda and registration process are available on the [conference website](#).

With this year's thought-provoking topics, you don't want to miss the opportunity to learn, share, and interact with industry experts. Register now.





## COMMITTEE REFERRAL FORM

### Human Services Committee

**Meeting Date:** March 7, 2017

Action Taken – Approval by Mr. Nolden supported by Ms. Doerr for the Request to Submit a Grant Proposal to the U.S. Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes for the HUD Lead Reduction Healthy Homes Grant. For the purpose of providing Lead-Based Paint Hazard Control (LBPHC) and Lead Hazard Reduction Demonstration (LHRD) in accordance with the federal NOFAs. This funding opportunity is available from the U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes for HUD Lead Reduction/Healthy Homes and would support work to reduce lead hazards in homes that contain lead paint hazards.

### **MOTION CARRIED.**

**Committee Referred From:** Board of Health

Is


Mark Valacak, MPH  
Health Officer



Gary K. Johnson, MD, MPH  
Medical Director

## MEMORANDUM

**To:** Kay Doerr, Chairperson  
Genesee County Board of Health

**From:** Mark Valacak, MPH   
Health Officer

**Date:** March 8, 2017

**Subject:** Request to submit a Grant Proposal to the U.S. Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes for the HUD Lead Reduction Healthy Homes Grant.

### Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

**Re:** Submit a proposal to acquire funding for HUD Lead Reduction Healthy Homes

**Amount:** Undetermined at this time

**Funding Account:** 221.00.00.

**For the Period:** TBD

**Purpose:** The purpose of this grant is to provide Lead-Based Paint Hazard Control (LBPHC) and Lead Hazard Reduction Demonstration (LHRD) in accordance with the federal NOFAs. This funding opportunity is available from the U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes for HUD Lead Reduction/Healthy Homes and would support work to reduce lead hazards in homes that contain lead paint hazards.

### Discussion

We have had preliminary discussions and are looking to collaborate with Genesee County Community Action Resource Department (GCCARD) and the City of Flint as we did in a previous application. We participated in a webinar and feel we have a good chance of submitting a successful application in collaboration with GCCARD and the City of Flint. **No County appropriation is required.**

R:\Groups\Admin\BOH\BOH Misc\memo boh HUD lead reduction healthy homes grant proposal 3-8-17.doc

## COMMITTEE REFERRAL FORM

### Human Services Committee

**Meeting Date:** March 7, 2017

Action Taken – Approval by Mr. Nolden supported by Dr. Carravallah for the Memorandum of Understanding with Mott Children's Health Center, for the period January 1, 2017 through December 31, 2018. Amount: No Monetary Exchange. For the purpose of allocating duties and responsibilities of each party related to breastfeeding support and education provided to Mott patients.

**MOTION CARRIED.**

**Committee Referred From:** Board of Health

Is

Mark Valacak, MPH  
Health Officer



Gary K. Johnson, MD, MPH  
Medical Director

## MEMORANDUM

**To:** Kay Doerr, Chairperson  
Genesee County Board of Health

**From:** Mark Valacak *MV*  
Health Officer

**Date:** March 7, 2017

**Subject:** Memorandum of Understanding between Mott Children's Health Center and The County of Genesee WIC (Women, Infants and Children) Supplemental Nutrition Education Program

### Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

**Contract:** Mott Children's Health Center

**Amount:** No monetary exchange

**Funding Account:** 221.00.00.6020.23185 State Participation

**Funding Source:** USDA-MDCH-WIC

**For the Period:** January 1, 2017 through December 31, 2018

**Purpose:** Approve MOU (Memorandum of Understanding) between the County of Genesee and Mott Children's Health Center to allocate duties and responsibilities of each party.

### Discussion:

This MOU is entered into between Genesee County and Mott Children's Health Center for the purpose of allocating duties and responsibilities of each party related to breastfeeding support and education provided to Mott patients. Funds for WIC staff and necessary equipment and supplies for WIC staff duties are covered through WIC State Participation funding source. **No County appropriation required.**

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**MOTT CHILDREN'S HEALTH CENTER**  
**AND**  
**Genesee County WIC Department**

Mott Children's Health Center at 806 Tuuri Place, Flint Michigan hereby enters into an agreement with the Genesee County WIC Department on 630 S. Saginaw Street for purposes of the Genesee County WIC Department providing peer counselors at our Newborn/Infant Mental Health Clinic and Primary Care Clinic at Mott Children's Health Center, 806 Tuuri Place, Flint, MI 48503. The terms of this agreement are as follows:

**Mott Children's Health Center agrees to:**

- Provide space during the Newborn/Infant Mental Health Clinic for Peer Counselors to speak to our participants.

**Genesee County WIC Department hereby agrees to:**

- Provide Breastfeeding Peer Counselors for the Newborn/Infant Mental Health Clinic and as requested in the Primary Care Clinic.
- The Breastfeeding Peer Counselor will advise any interested parents regarding breastfeeding and answer any lactation related questions.

**Both Parties agree:**


1. This memorandum may be ended at any time by written notice provided by either party.
2. This memorandum is effective January 1<sup>st</sup>, 2017 through December 31, 2018.
3. Each party to this Agreement will remain responsible for any claims arising out of that party's performance of this Agreement, as provided for in this Agreement or by law. This Agreement is not intended to either increase or decrease either party's liability for or immunity from tort claims. This Agreement is not intended to nor will it be interpreted as giving either party a right of indemnification either by contract or at law for claims arising out of the performance of this Agreement.

Dated at Flint, Michigan, this 1st day of January, 2017

**MOTT CHILDREN'S HEALTH CENTER**

**GENESEE COUNTY WIC  
DEPARTMENT**

BY:

  
\_\_\_\_\_  
Gary R. Willis  
Vice President of Operations

BY:

\_\_\_\_\_  
Mark Valacak, MPH, Health Officer  
Genesee County Health Department

DATE: 2/6/17

DATE: \_\_\_\_\_

Reviewed \_\_\_\_\_ RMgr

# Genesee County Medical Examiner's Office



Brian C. Hunter, M.D.  
Medical Examiner

630 South Saginaw Street  
Flint, Michigan 48502  
Phone: (810) 762-7777 Fax: (810) 762-7786

## MEMORANDUM

**To:** Brenda Clack, Chairperson  
Genesee County Human Services Committee

**From:** Brian C. Hunter, MD  
Medical Examiner

**Date:** March 13, 2017

**Subject:** Gift of Life Michigan Contract

### Requested Action

Approval by the Board of Commissioners.

**Contract:** Gift of Life Michigan Organ and Tissue Procurement Agreement

**Amount:** None

**Purpose:** For the purpose of continuing working with Gift of Life Michigan in the referral of organ donors, harvesting of tissue, and maintenance of records.

### Discussion

This contract is for the purpose of working with Gift of Life Michigan in the referral of organ donors, harvesting of tissue and organs, and maintenance of records.

**ORGAN AND TISSUE PROCUREMENT AGREEMENT BETWEEN  
GIFT OF LIFE MICHIGAN  
and  
EVERSIGHT MICHIGAN  
and  
GENESEE COUNTY, MICHIGAN**

This Agreement is effective the 1st day of September, 2016 (the "Effective Date"), by and between GIFT OF LIFE MICHIGAN ("GIFT OF LIFE") and EVERSIGHT MICHIGAN ("EVERSIGHT"), both located in Ann Arbor, Michigan and the County of Genesee, Michigan, acting on behalf of the Genesee County Medical Examiner (the "MEDICAL EXAMINER"), located at 1101 Beach Street, Flint, Michigan, 48502.

**RECITALS**

- A. GIFT OF LIFE is a federally designated Organ Procurement Organization ("OPO") and is a member of the federal government's Organ Procurement and Transplant Network ("OPTN"). GIFT OF LIFE is the OPO designated by the U.S. Department of Health and Human Services as authorized under the National Organ Transplant Act (Title 42, United States Code, Section 273) to provide a single, coordinated organ and tissue recovery program to support all the organ transplantation programs that serve residents of Michigan; and is registered with the Food and Drug Administration as an organization that recovers, screens, tests, and packages human cells, tissues, and cellular and tissue-based products for transplant;
- B. EVERSIGHT is an eye bank accredited by the Eye Bank Association of America, and is registered with the Food and Drug Administration as an organization that recovers, screens, packages, processes, stores, labels, and distributes human cornea for transplant;
- C. Michigan Public Act 2005 P.A. 176 ("P.A. 176") amends the Michigan statute governing the operation of county medical examiners' offices to require, among other things, that, upon the request of GIFT OF LIFE, county medical examiners shall enter into agreements with GIFT OF LIFE and EVERSIGHT that coordinate the recovery and allocation of anatomical donation opportunities that are identified by medical examiners. The parties enter into this Agreement pursuant to P.A. 176.

**NOW, THEREFORE**, in consideration of the foregoing, and the terms, covenants and conditions hereinafter set forth, the parties agree as follows;

1. **Definitions.**

- a. The term "County" shall mean the County of Genesee, Michigan.

b. The term "MEDICAL EXAMINER" shall include the person designated by the County as its Medical Examiner and all other persons designated by the County Medical Examiner as responsible for compliance with P.A. 176.

**2. Notice to GIFT OF LIFE and EVERSIGHT.**

a. This Agreement applies to all non-hospital deaths in which the MEDICAL EXAMINER is involved. The MEDICAL EXAMINER will make a timely notification to GIFT OF LIFE at either its 24 hour toll-free telephone number or by electronic communication within one hour of assessing initial organ, tissue and/or eye donor potential, as determined by criteria published by GIFT OF LIFE or EVERSIGHT, as amended from time to time. The GIFT OF LIFE toll-free number is 800.482.4881.

b. GIFT OF LIFE and EVERSIGHT shall respond to a notice from the MEDICAL EXAMINER through a qualified organ and/or tissue/eye procurement coordinator ("Procurement Coordinator"). The Procurement Coordinator will (i) request consent by potential donors' family, or determine the existence of a previously executed document of consent, for organ or tissue donation; (ii) assist, under appropriate medical supervision, in conducting or directing all necessary donor evaluations and supportive care to determine medical suitability for organ or tissue donation; (iii) coordinate the surgical recovery of organs, tissues, and corneas/eyes by qualified surgical teams; and (iv) arrange for the preservation, distribution, and transportation of organs, tissue, and corneas to transplant centers. Organs will be distributed in accordance with OPTN policies.

**3. Notice to Medical Examiner.**

Upon receipt of any notice by GIFT OF LIFE or EVERSIGHT of the intent to recover organs or tissues for transplant, the MEDICAL EXAMINER will undertake all necessary protocols under MCL 52.202, Section 2. (1), to investigate the cause and manner of the death.

4. **Donation Protocols.** The MEDICAL EXAMINER shall, with the assistance of GIFT OF LIFE and EVERSIGHT, establish and maintain written protocols for the identification of potential organ, tissue, and eye donors that are consistent with generally accepted medical standards and all relevant laws ("Donation Protocols"), and which require that GIFT OF LIFE be promptly notified of all deaths or imminent deaths when a person meets or will meet the criteria for imminent death as published by GIFT OF LIFE, prior to the withdrawal of any ventilator or hemodynamic support. Whenever possible, referral should be made early enough to allow GIFT OF LIFE to assess a person's suitability for organ donation before brain death is declared. Upon request by GIFT OF LIFE or EVERSIGHT, the MEDICAL EXAMINER shall provide copies of its Donation Protocols to GIFT OF LIFE or EVERSIGHT. The MEDICAL EXAMINER shall update its Donation Protocols as required to cause its Donation Protocols to be consistent with organ, tissue, and eye donation standards and procedures published by GIFT OF LIFE and EVERSIGHT.



5. **Release of Information.** The MEDICAL EXAMINER shall release to GIFT OF LIFE or EVERSIGHT any information in the possession of the MEDICAL EXAMINER that is necessary for GIFT OF LIFE and EVERSIGHT to identify potential organ, tissue, or eye donors and request authorization for such donations. Except as required by law, GIFT OF LIFE and EVERSIGHT shall maintain all such information in confidence, and they will not use or disclose that information to any third party for any purpose other than as necessary for the protection of health care workers involved with the donation, and for the procurement of donated organs and tissues for transplantation, education or research, if so authorized in the donor authorization form.

6. **Autopsy Reports.** Upon receipt of a <sup>and Eversight</sup> written request, the MEDICAL EXAMINER, at no cost, will provide GIFT OF LIFE with written autopsy reports, or other requested records, within 120 days of a specified donor decedent death, to allow recovered tissue held in quarantine to be released for transplant processing. These reports and records include documents that are completed at the time of receiving the written request from GIFT OF LIFE or EVERSIGHT.

7. **Responsibility for Donation Requests.** The MEDICAL EXAMINER, and staff, shall not discuss organ, tissue, eye donation options with legal next-of-kin, or designated funeral homes, associated with deaths under medical investigation. All discussions and requests regarding the option of organ, tissue, and eye donation with any individual having authority to make a gift under Section 10102 of the Michigan Public Health Code (MCLA §333.10102) shall be handled by a qualified organ and/or tissue/eye Procurement Coordinator provided by GIFT OF LIFE or EVERSIGHT. GIFT OF LIFE will provide the MEDICAL EXAMINER with an ongoing supply of printed materials which may be offered to individuals having authority to make a gift that expresses condolences and communicates that GIFT OF LIFE or EVERSIGHT may be in contact to discuss end-of-life options for organ, tissue, and eye donation.

8. **Coordination with Medical Examiner Investigation.** Regardless of whether a death occurs in or outside of a hospital, if the MEDICAL EXAMINER is required to conduct an investigation into the cause and manner of death of a person who the medical examiner knows to be a donor of all or a physical part of that person's body, the MEDICAL EXAMINER shall conduct the examination of the body within a time period that permits organs, tissues and eyes to remain viable for transplant. The MEDICAL EXAMINER will permit GIFT OF LIFE and EVERSIGHT to draw blood, vitreous, and other specimens from a donor candidate for the purposes of suitability testing. If the MEDICAL EXAMINER is unable to conduct an investigation within that period of time, a health care professional authorized to remove an anatomical gift from a donor may, upon notifying the MEDICAL EXAMINER, remove the donated tissue, organs or both, to preserve the viability of the donated organs, tissues, or cornea for transplant. This Agreement does not abrogate the right of the MEDICAL EXAMINER to decline select tissue donation if, in the opinion of the MEDICAL EXAMINER, such donation would impair the Medical Examiner's ability to investigate or determine the cause of death or would be of significant evidentiary value in a criminal proceeding. If the MEDICAL EXAMINER or his or her designee determines that an organ may be related to the cause of death, the MEDICAL EXAMINER may request

(a) to be present during the recovery of a donated organ; and/or,

(b) a biopsy of the donated organ.

9. **Use of Facilities.** The MEDICAL EXAMINER may permit GIFT OF LIFE or EVERSIGHT recovery teams to use the MEDICAL EXAMINERS' facilities for the purpose of surgical recovery of organs, tissues and eyes. If the MEDICAL EXAMINER'S facilities include high speed Internet access, the MEDICAL EXAMINER shall permit GIFT OF LIFE organ procurement coordinators to use that Internet connection for the purpose of facilitating statewide and national organ distribution through the OPTN, or to communicate electronic donor records to the MEDICAL EXAMINER, or others authorized to receive such records from GIFT OF LIFE or EVERSIGHT.

10. **Coordination with Hospitals and Tissue Processors.** All organs, tissues and eyes shall be surgically removed from donors by GIFT OF LIFE and EVERSIGHT. Recovered organs, tissues, and eyes will be shipped to a hospital, GIFT OF LIFE, EVERSIGHT, or processing facility, with which GIFT OF LIFE or EVERSIGHT has an agreement for final disposition, as required under federal law or regulation.

11. **Reimbursement.** GIFT OF LIFE shall reimburse the MEDICAL EXAMINER for reasonable costs incurred by the MEDICAL EXAMINER for extraordinary medical examinations or other costs related to maintaining the body in a condition suitable for donation including, but not limited to, transportation costs, and any other cost related to the donation of organs, tissue, or eyes that would not have been otherwise incurred by the MEDICAL EXAMINER if the body had not been identified as a potential organ, tissue, or eye donor. Reimbursement will be provided by GIFT OF LIFE to the MEDICAL EXAMINER regardless of whether or not the organs or tissues are recovered or transplanted. GIFT OF LIFE will pay the MEDICAL EXAMINER'S invoices for reimbursable costs within 30 days of invoice date.

12. **Review of Records.** The MEDICAL EXAMINER shall permit GIFT OF LIFE and EVERSIGHT to conduct or participate in periodic medical record reviews and other operational data studies. GIFT OF LIFE and EVERSIGHT shall not conduct such a study more than one time in any 12 month period. GIFT OF LIFE and EVERSIGHT will use data collected in any such review primarily for purposes of quality improvement and the study and evaluation of the size of potential donor populations in a given county and areas for program improvement. All data collected will remain privileged under applicable law. Except as required by law, GIFT OF LIFE and EVERSIGHT will maintain all such information in confidence, and neither party will use or disclose the information to any third party for any purpose other than as necessary for evaluating the procurement of donated organs, tissues, or eyes. The parties will schedule a mutually agreeable time for any review of medical records.

13. **Recovery Personnel.** GIFT OF LIFE and EVERSIGHT shall utilize only qualified, trained individuals when performing organ, tissue, or eye recovery. GIFT OF LIFE and EVERSIGHT shall assure that all persons who perform organ, tissue, or eye recovery have been sufficiently qualified to confirm that they have the education, training, and experience required to perform applicable recovery procedures and have the appropriate license, registration or certification. GIFT OF LIFE and EVERSIGHT shall regularly review the results of recovery procedures performed by such persons and maintain documentation to this effect.

14. **Training.** GIFT OF LIFE and EVERSIGHT shall provide the MEDICAL EXAMINER with professional education programs, at no cost to the MEDICAL EXAMINER, on a continuing basis in order to maintain an optimal donor program. Training will include, but not limited to, the surgical recovery and evaluation of deceased donor tissues through the GIFT OF LIFE, and deceased donor eye enucleations and/or cornea excisions through EVERSIGHT.

15. **Term and Termination.** This Agreement shall be in effect for an indefinite term. Any party may cancel this agreement upon 90 days written notice to the other parties. Termination of this Agreement does not relieve any of the parties, within this Agreement, of its obligation to comply with P.A. 176.

16. **Notice to Medical Examiner's Staff.** In order to facilitate the identification of potential organ, tissue, or eye donors in accordance with this Agreement, the MEDICAL EXAMINER shall communicate the terms of this Agreement to all assistant medical examiners and other persons on the MEDICAL EXAMINERS' staff. The MEDICAL EXAMINER shall make assistant medical examiners and other persons on the MEDICAL EXAMINERS' staff available for orientation and training to be conducted by GIFT OF LIFE and EVERSIGHT in accordance with Section 14.

17. **Compliance with Laws.** All parties to this Agreement shall comply with all relevant state and federal laws and regulations applicable to organ, tissue, and eye donation and recovery, including compliance with any standards applicable to such services as may be promulgated for hospitals by the Centers for Medicare and Medicaid Services (CMS), Joint Commission on Accreditation of Health Care Organizations, or the American Osteopathic Association. The parties shall comply with all other laws and regulations applicable to the performance of their obligations under this Agreement.

18. **Insurance.** Each of the parties shall maintain professional liability insurance coverage for protection against acts or omissions of agents, employees and servants acting on behalf of that party and under their respective supervision for all purposes contemplated, intended or described herein.

19. **Indemnity.** Each party shall be responsible for the acts or omissions of its employees, servants or agents in the performance or nonperformance of its obligations under this agreement, where such acts or omissions were rendered on behalf or at the direction of such party.

20. **Authority to Disclose Information.** The parties acknowledge that Paragraph 164.512 (h) of 45 Code of Federal Regulation Subtitle A, Subchapter C permits the use of and disclosure by MEDICAL EXAMINER to GIFT OF LIFE and EVERSIGHT of "Protected Health Information" in connection with the performance of services covered by this Agreement.

21. **Reporting Certain Events.** The parties shall comply with regulations published by the Centers for Medicaid and Medicare Services (CMS) regarding adverse events which might occur during the evaluation of a potential organ or tissue donor or organ/tissue recovery efforts. Such events include, but are not limited to, mismanagement of a donor, avoidable loss of a medically suitable potential donor for whom consent for donation has been obtained, and

avoidable loss of a viable organ. GIFT OF LIFE is required to report an adverse event to CMS within 10 business days of becoming aware of the event, and to provide CMS with written documentation of investigation and analysis of an adverse event within 15 business days of becoming aware of the event.

22. **Entire Agreement.** This Agreement contains the entire agreement of the parties and may only be amended by the mutual, written agreement of the parties.

23. **Applicable Law.** This Agreement shall be governed by Michigan law and by applicable federal law.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth above.

EVERSIGHT MICHIGAN



\_\_\_\_\_  
Diana Kern  
Executive Director

Date: 2/24/17

GIFT OF LIFE MICHIGAN



\_\_\_\_\_  
Dorrie Dils  
Chief Executive Officer

Date: 2/23/17

Genesee County, Michigan

Approved by: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

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



Genesee County Office of Senior Services  
1101 Beach Street, Room 361  
Flint, Michigan 48502  
Phone 810.424.4478 Fax 810.424.4359  
Lynn M. Radzilowski, Director

March 6, 2017

**MEMORANDUM**

**TO:** Commissioner Brenda Clack, Chairperson  
Human Services Committee (HSC)

**FROM:** Lynn M. Radzilowski, Senior Services Director  
Genesee County Office of Senior Services (GCOSS)

**SUBJECT: 2017 Senior Project FRESH Payment and Contract Template**

Senior Project FRESH (Farm Resources Expanding and Supporting Health) is an educational program offered by the United States Department of Agriculture (USDA) and, in Michigan, administered by the Michigan DHHS Aging and Adult Services Agency. Eligible participants of Senior Project FRESH are able to receive booklets containing ten (10) coupons, valued at \$2.00 each (\$20.00 value per booklet), for the purpose of purchasing fresh, locally grown produce at certified Genesee County farmers' markets. This program utilizes a partnership approach between the Michigan DHHS Aging and Adult Services Agency, a designated lead agency and local distribution sites, each with distinct roles and responsibilities.

The approved 2016-2017 Senior Millage Budget provides funds in the amount of \$25,480 for the purchase of Senior Project FRESH coupon booklets.

At this time, the GCOSS is asking to approve the award to the Michigan DHHS Aging and Adult Services Agency not to exceed \$25,480 for the 2017 Senior Project FRESH program. Further, GCOSS requests authorization for County staff to negotiate 2017 Genesee County Senior Project FRESH program contracts and agreements between Genesee County, Michigan DHHS Aging and Adult Services Agency and distribution sites, to the satisfaction of the County, and authorization for Chairperson Young to sign on behalf of the County, contractual agreements between program partners that substantially conform to those attached. It is requested that these recommendations be forwarded the Genesee County Board of Commissioners for approval.



## MEMORANDUM OF AGREEMENT

Between

### THE COUNTY OF GENESEE

Acting By and Through

**Genesee County Office of Senior Services**

**Room 361, Genesee County Administration Building**

**1101 Beach Street, Flint, Michigan 48502**

Hereinafter referred to as the "COUNTY" or the "LEAD AGENCY"

and

**MICHIGAN DHHS AGING AND ADULT SERVICES AGENCY**

**P.O. Box 30676**

**Lansing, MI 48909-8176**

Independently and collectively referred to as the "**PARTNER(S)**"  
for 2017 Genesee County Senior Project FRESH/Market FRESH

**For the period from June 1, 2017 through October 31, 2017**

**Whereas**, the COUNTY has established a Program of Services titled Genesee County 2017 Senior Project FRESH/Market FRESH funded by Genesee County Senior Millage dollars; and,

**Whereas**, the COUNTY desires to enter into a contractual agreement with the Michigan DHHS Aging and Adult Services Agency for the provision of Services set forth herein;

**Now, therefore**, in consideration of the premises and mutual covenants herein contained, the parties agree as follows:

#### **A. PURPOSE:**

This Memorandum of Agreement ("MOA") is entered into for the purpose of permitting PARTNERS to conduct the Genesee County 2017 Senior Farmers Market Nutrition Program ("2017 Senior Project FRESH/Market FRESH" or "Program") in Genesee County, funded by the Genesee County Senior Millage, by providing coupon booklets to low income Genesee County residents aged 60 years and older, for the purchase of fresh, nutritious, unprepared, locally grown fruits and vegetables from authorized farmers markets and roadside stands located in Genesee County and providing nutritional instruction to all applicants.

#### **B. THE PARTNER(S) AGREE:**

1. That this Memorandum of Agreement shall commence on June 1, 2017 and continue through October 31, 2017 for the purposes of distributing and redeeming 2017 Senior Project FRESH/Market FRESH coupons.
2. That this MOA is effective upon approval by the Genesee County Board of Commissioners.
3. To accept the terms of this MOA and to undertake, perform and complete the requirements for the Senior Project FRESH/Market FRESH Program of Services.

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4. To conduct a Program that certifies an eligible participant as an individual who:
  - a. Is age 60 years or older;
  - b. Resides in Genesee County; and
  - c. Has a household income no greater than 185% of the Federal Poverty Income Guidelines.
5. To follow these additional guidelines regarding eligibility:
  - a. To certify income declaration annually (i.e., last year's participants are not automatically eligible to participate in this year's program until affidavit is signed, applications is completed and education is provided);
  - b. To not base eligibility on participation in other programs;
  - c. To allow proxies and/or authorized statements from eligible seniors to designate another person(s) as her/his authorized representative to ensure that the eligible senior for whom the coupons are intended actually obtains fresh farm market goods; and
  - d. To provide a process for written notification of applicant eligibility and right to fair hearing or appeal as required by Food and Nutrition Service.
6. To conduct a nondiscriminatory Program that assures that no person shall, on the grounds of race, color, national origin, age, sex or disability, be excluded from participation, be denied benefits, or be otherwise subjected to discrimination under the Program.
7. To integrate into the Program a standardized nutrition education component that emphasizes the relationship of proper nutrition to good health, including the importance of consuming fruits and vegetables, and to convey, and document nutrition education provided to each person seeking Program information and application.
8. To have in place a mechanism to assure that excessive participation by an eligible individual within the 2017 Senior Project FRESH/Market FRESH Program can be detected and prevented.
9. That failure by the COUNTY to insist upon strict adherence to any terms of this MOA shall not be considered a waiver or deprive the COUNTY of the right thereafter to insist upon strict adherence to that term, or any other term, of this MOA.
10. That the PARTNERS shall be considered independent contractors and not employees or agents of the other PARTNERS in carrying out the terms of this MOA.

**C. FURTHER, IT IS UNDERSTOOD AND AGREED BETWEEN THE PARTIES THAT:**

1. The Michigan DHHS Aging and Adult Services Agency has an approved State Plan to implement, operate and administer funds under the Senior Farmers Market Nutrition Program (SFMNP) of the United States Department of Agriculture, Food and Nutrition Service. Michigan DHHS Aging and Adult Services Agency will also use USDA SFMNP dollars to augment local fund contribution at the rate of fifty cents of USDA SFMNP funding to one dollar of local funding, with a three thousand dollar cap.
2. The COUNTY is designated as the LEAD AGENCY.

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3. A total of \$30,960 in the COUNTY fund contribution is available for the 2017 Senior Project FRESH/Market FRESH as follows: the funds remaining from the COUNTY's 2016 fund contribution in the amount of \$5,480, plus amounts not to exceed \$25,480, with the initial disbursement to be \$20,480, to be disbursed by a County check made payable to the "State of Michigan" and submitted to the Department of Community Health Accounting Division, P.O. Box 30437, Lansing, MI 48909, according to the written instructions of the Michigan DHHS Aging and Adult Services Agency, which are incorporated by reference and attached herein as Attachment A. The County may purchase additional coupon booklets if needed at a future date, not to exceed \$5,000.
4. Upon receipt, the total COUNTY and Michigan DHHS Aging and Adult Services Agency combined funds in the amount of Thirty thousand, nine hundred and sixty dollars will be used to leverage a maximum of 1,548 Senior Project FRESH coupon booklets, each with a value of Twenty Dollars (\$20.00), as well as an additional 100 booklets, also valued at Twenty Dollars (\$20.00) each, at no cost to the COUNTY, to be provided to, and distributed by, the COUNTY as Lead Agency to the designated DISTRIBUTION SITES, said sites being listed in Attachment C to this MOA.
5. The Genesee County Senior Centers and agencies that certify by signatory are designated as the participating DISTRIBUTION SITES for the purposes of this Program.
6. Each of the PARTNER(S) accepts the conditions, requirements and obligations described and listed in Attachment B, Business Associate Agreement.

**D. The COUNTY, acting through the GENESEE COUNTY OFFICE OF SENIOR SERVICES, as the designated Program LEAD AGENCY agrees to:**

1. Accept Program coupon booklets from the Michigan DHHS Aging and Adult Services Agency in return for the local and match contributions to the Program.
2. Conduct a mandatory orientation and develop training materials for participating DISTRIBUTION SITES' staff to ensure that staff and volunteers working with the Program are trained in the use of requirements, forms, nutrition education and coupon distribution requirements in accordance with the COUNTY requirements and USDA guidelines.
3. Establish a process for distribution of coupon booklets, reporting, and mapping secure information.
4. Ensure a standardized, nutrition education component is provided to persons seeking Program information and/or applications.
5. Publish a notice on the 2017 Program in a news publication of general circulation throughout the Genesee County community.
6. Assure that all information pertaining to any Program applicant will be kept confidential and in accordance with the Business Associate Agreement.
7. Produce Geographic Information System (GIS) based maps depicting Program participants' addresses for the purpose of recognizing Program outreach and participation.
8. Ensure that an application form is completed for each participant and collect all Program applications from participating DISTRIBUTION SITES once per each week during the term of the MOA and maintain all Program applications in a confidential and secure  
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environment for three (3) calendar years in a secure location, and in accordance with USDA guidelines.

9. Collect all Program applications from participating Distribution Sites once per each week during the term of the MOA and maintain all Program applications in a confidential and secure environment for three (3) calendar years in a secure location, and in accordance with USDA guidelines.
10. Ensure that Program participants sign the coupon registers and collect coupon distribution documentation and nutrition education verification from participating DISTRIBUTION SITES once per each week of the 2017 Program.
11. Collect and compile all mailing addresses of 2017 Program participants in an electronic file format and provide addresses to the COUNTY for the mapping purposes in accordance with the Business Associate Agreement referenced within this MOA as Attachment B.
12. Enter all application data into the 2017 Excel Spreadsheet that will be provided by Michigan DHHS Aging and Adult Services Agency , and return to Michigan DHHS Aging and Adult Services Agency prior to December 1, 2017 as an Excel Spreadsheet. (no other formats will be accepted).

**E. The MICHIGAN DHHS AGING AND ADULT SERVICES AGENCY agrees to:**

1. Based upon Federal and State guidelines and upon receipt of Genesee County's local contribution, provide to the COUNTY a maximum total of coupon booklets, each with a value of Twenty Dollars (\$20.00) (1,548 booklets based upon contributions plus 100 booklets at no charge).
2. Provide administrative direction and Program coordination to the COUNTY as the Lead Agency for the 2017 Program.
3. To provide the COUNTY with requisite Program forms in electronic format, including, but not limited to, Applications for 2017, poverty level guidelines, proxy forms for personal representatives of eligible seniors, and any other forms, documentation, and written directions that are required by Michigan DHHS Aging and Adult Services Agency to conduct this Program of services.
4. Provide reports to the COUNTY on Program redemption and demographic data in a timely manner, or as soon as it is made available to Michigan DHHS Aging and Adult Services Agency by DCH-WIC.

**F. MEMORANDUM OF AGREEMENT ATTACHMENTS**

The following documents are Attachments to this Memorandum of Agreement which are hereby made part of this Memorandum of Agreement by reference:

- Attachment A: Michigan DHHS Aging and Adult Services Agency Instructions for Submitting Funds for 2017 Senior Project FRESH/Market FRESH
- Attachment B: Business Associate Agreement
- Attachment C: List of Contracted Distribution Sites
- Attachment D: Eligible Products to Buy and Ineligible Products
- Attachment E: 2017 Income Guidelines
- Attachment F: Memoranda of Agreement between COUNTY and Distribution Sites

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## **G. TERMINATION**

This Memorandum of Agreement is in full force and effect for the period specified in Section B.1 of this Memorandum of Agreement, subject to the following conditions:

- a. This Memorandum of Agreement may be terminated or amended by the COUNTY upon seven days written notice should any one of the PARTNER(S) be found to have failed to perform its services in a manner satisfactory to the COUNTY as per MOA requirements. The COUNTY shall be the sole judge of non-performance.
- b. This Memorandum of Agreement may be terminated immediately without further liability to the COUNTY if the PARTNER(S), or an official of the PARTNER(S), is found guilty of any activity referenced in section *H. Assurances*, of this Memorandum of Agreement.

## **H. ASSURANCES**

The PARTNER(S) covenant that they will not discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status or a disability that is related to the individual's ability to perform the duties of a particular job or position. Breach of this covenant shall be regarded as a material breach of this Memorandum of Agreement.

## **I. APPLICABLE LAWS**

This Memorandum of Agreement shall be governed by the laws of the State of Michigan. Any dispute arising as a result of this Memorandum of Agreement shall be resolved in the State of Michigan. The parties shall give all notices and comply with all laws, ordinances, rules, regulations and lawful orders of any public authority that may have bearing on the performance of the Memorandum of Agreement.

## **J. INTEGRATION**

This Memorandum of Agreement constitutes the complete understanding of the parties. No agreements, representations or understandings not specifically contained herein shall be binding upon any of the parties unless reduced to writing and signed by the parties to be bound.



**K. SPECIAL CERTIFICATION STATEMENT**

The individual or officer signing this Memorandum of Agreement certifies by her/his name that s/he is authorized to sign this Memorandum of Agreement on behalf of the responsible governing board, official or PARTNER(S).

**COUNTY OF GENESEE**

**MICHIGAN DHHS AGING AND ADULT SERVICES AGENCY**

\_\_\_\_\_  
By: MARK YOUNG, Chairperson  
Genesee County Board of Commissioners

\_\_\_\_\_  
By: KARI SEDERBURG, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

\_\_\_\_\_  
Brian MacMillan, Assistant Prosecuting Attorney-Civil Division  
Genesee County Prosecutor's Office-Civil Division

\_\_\_\_\_  
Date

## **Attachment A**

### **Michigan DHHS Aging and Adult Services Agency Instructions for Submitting Funds for 2017 Senior Project FRESH/Market FRESH**

**DRAFT**

**Attachment A**

**Michigan DHHS Aging and Adult Services Agency Instructions for Submitting Funds for  
2017 Senior Project FRESH/Market Fresh**

1. Please make sure the amount of the check reflects the difference between the total and the Michigan DHHS Aging and Adult Services Agency match as described in the Memorandum of Understanding, Item A, under the Michigan DHHS Aging and Adult Services Agency responsibilities.
2. Checks should be made payable to "State of Michigan"

Checks should be sent to:

**DEPARTMENT OF COMMUNITY HEALTH  
ACCOUNTING DIVISION  
PO BOX 30437  
LANSING MI 48909**

(Cut and use as a mailing label)

Please enclose the bottom part of this sheet to ensure the check is credited to your county through project fresh.

---

**RETURN WITH CHECK**

This check is for SENIOR PROJECT FRESH **Genesee County** which is a project of the Michigan DHHS Aging and Adult Services Agency. Please contact Malavia (373-1485) or Sherri King (373-4064) if you have questions.

# **Attachment B**

## **Business Associate Agreement**

**DRAFT**



**Attachment B**  
**Business Associate Agreement**

**Recital of Defined Terms**

“Business Associate” shall mean **MICHIGAN DHHS Aging and Adult Services Agency and GENESEE COUNTY** (otherwise referred to as PARTNER(S) in the main Contract/MOA).

“Privacy Rule” shall mean the standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

“Protected Health Information” shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of the County.

“Required by law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.

**Whereas**, Business Associate will be performing various services for or on behalf of the County that may, or do in fact, contain individually identifiable protected health information (“PHI”) as defined by § 164.501 of the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 through 164.

**Whereas**, the County, in order to meet its obligations to comply with the privacy and security regulations promulgated under Title II, Subtitle F, §§ 261-264 of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the administrative regulations issued by the Department of Health and Human Services (“DHHS”) as found in 45 C.F.R. Parts 160 through 164 (hereafter the Privacy Rule), seeks reasonable assurances from Business Associate that Business Associate will implement and/or maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all protected health information it receives or possesses from the clients of the Program of Services.

**Whereas**, Business Associate, in order to meet HIPAA and Privacy Rule requirements, agrees to and will provide such reasonable assurances and further asserts that it has or will implement and/or maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all protected health information that it receives or possesses from the County.

**Whereas**, Business Associate further agrees to protect all protected health information against reasonably anticipated threats or hazards to the security or integrity of the information and unauthorized uses or disclosures of the information.

**NOW, THEREFORE**, the parties agree as follows:

1. Business Associate does hereby assure the County that Business Associate will appropriately safeguard protected health information made available to or obtained by Business Associate.
2. In implementation of such assurance and without limiting the obligations of Business Associate otherwise set forth in this Agreement or imposed by applicable law, Business Associate hereby agrees to comply with applicable requirements of law relating to protected health information and with respect to any task or other activity that Business Associate performs on behalf of the County to the extent the County would be required to comply with such requirements.

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3. The agreement of Business Associate set forth in items 1 and 2 above and the additional provisions relating to permitted and required uses and disclosures thereof that shall be from time to time provided to Business Associate by the County in accordance with applicable law constitute a contract between the County and Business Associate establishing the permitted and required uses and disclosures of such protected health information by Business Associate.
4. In amplification and not in limitation of the provisions of this Agreement, including this Section of this Agreement, Business Associate agrees that it will:
  - a. Not use or further disclose such information other than as permitted or required by this Agreement.
  - b. Except as necessary for the proper management and administration of the Business Associate and for the performance of Business Associate's duties under this Agreement, it will not use, reproduce, disclose or provide to third parties any confidential documents or information relating to the County or clients of the Program without the prior written consent or authorization of the County or of the program clients. If Business Associate uses such information for the purposes set forth above, it will do so only if the disclosure is required by law or if Business Associate obtains reasonable assurances from the person(s) to whom the information is disclosed that the information disclosed will be held confidential and will be used or further disclosed only as required by law or for the purpose for which Business Associate disclosed it to the person(s). Business Associate shall also ensure that the person(s) to whom Business Associate so discloses information notifies the County of any instances of breach of confidentiality of which such person is aware.
  - c. Business Associate agrees to provide to the County the mailing addresses of clients for mapping purposes only. County agrees to limit use of the provided mailing addresses to mapping and statistical analysis. County further agrees to destroy all copies, paper and electronic, of the mailing addresses provided once the mapping of said addresses is complete.
5. Business Associate shall ensure that its personnel, employees, affiliates, and agents maintain the confidentiality of client health information and business information of the County.
6. Business Associate shall not use or further disclose the information in a manner that would violate the requirements of applicable law if done by the County. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the County as specified in the main contract, provided that such use or disclosure would not violate the Privacy Rule if done by the County or the minimum necessary policies and procedures of the County.
7. Business Associate shall use appropriate safeguards to prevent use or disclosure of such information other than as provided for by this Agreement.
8. Business Associate shall report to the County any use or disclosure of such information not provided for by this Agreement of which Business Associate becomes aware.
9. Business Associate shall ensure that any subcontractors or agents to whom Business Associate provides protected health information received from the County agree to the same restrictions and conditions that apply to Business Associate with respect to such information. Business Associate shall provide copies of such agreements to the County upon request.
10. Business Associate shall make available protected health information in accordance with applicable law.

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11. Business Associate shall incorporate any amendments or corrections to protected health information when notified pursuant to applicable law.
12. Business Associate agrees to indemnify and hold harmless the County, officers, agents, employees, and personnel ("Indemnified Party") from and against any and all claims, demands, suits, losses, causes of action, or liability that the Indemnified Party may sustain as a result of the Business Associate's breach of its duties within the terms of this Agreement or for any act or conduct of the Business Associate adjudged to constitute fraud, misrepresentation, or violation of any law, including violation of any statute or regulation applicable to the conduct of the Business Associate provided pursuant to this Agreement. This indemnification shall include reasonable expenses, including attorney's fees incurred by defending such claims and damages incurred by reason of the indemnifying party's failure to comply with applicable laws, ordinances, and regulations or for damages caused by the indemnifying party.
13. Without limiting the rights and remedies of the County elsewhere set forth in this Agreement or available under applicable law, the County may terminate this Agreement without penalty or recourse to the County if the County determines that Business Associate has violated a material term of the provisions of this Agreement.
14. Business Associate agrees that this Agreement may be amended from time to time by the County if and to the extent required by the provisions of 42 U.S.C. 1171 *et seq.* enacted by the HIPAA and regulations promulgated there under in order to assure that this Agreement is consistent therewith.
15. In the event of an inconsistency between the provisions of this agreement and the mandatory provisions of HIPAA and the Privacy Rule, as amended, HIPAA and the Privacy Rule shall control. Where provisions of this agreement are different than those mandated in the HIPAA and the Privacy Rule, but are none the less permitted by HIPAA and the Privacy Rule, the provisions of this agreement shall control.

# Attachment C

## List of Contracted Distribution Sites

DRAFT

**Attachment C  
List of Contracted Distribution Sites**

<p><b>Brennan Community Center</b> 1301 Pingree Avenue Flint, MI 48503 <b>Ms. Deborah Holmes, Director</b> <a href="mailto:brennanseniorcorporation@gmail.com">brennanseniorcorporation@gmail.com</a> (810) 766-7238</p>	<p><b>Flushing Area Senior Center</b> 106 Elm Street Flushing, MI 48506 <b>Mr. Gary Dearing, Director</b> <a href="mailto:Director.fasc@icloud.com">Director.fasc@icloud.com</a> (810) 659-4735</p>	<p><b>Krapohl Senior Center</b> G-5473 Bicentennial Drive Mt. Morris, MI 48458 <b>Ms. Karen Reid, Director</b> <a href="mailto:karen.reid@heartscs.org">karen.reid@heartscs.org</a> (810) 785-2270</p>
<p><b>Burton Senior Center</b> 3410 S Grand Traverse Flint, MI 48529 <b>Ms. Jean Johnson, Director</b> <a href="mailto:j.johnson77@comcast.net">j.johnson77@comcast.net</a> (810) 744-0960</p>	<p><b>Forest Township Senior Center</b> 130 E Main Street Otisville, MI 48463 <b>Ms. Julie Richey, Director</b> <a href="mailto:forestseniors@charterinternet.com">forestseniors@charterinternet.com</a> (810) 631-3407</p>	<p><b>Loose Senior Center</b> 707 N. Bridge Street Linden, MI 48451 <b>Mr. Carl Gabrielson, Director</b> <a href="mailto:coalie07@aol.com">coalie07@aol.com</a> (810) 735-9406</p>
<p><b>Carman-Ainsworth Senior Center</b> 2071 S Graham Road Flint, MI 48532 <b>Ms. Pam Luna, Director</b> <a href="mailto:cascflintwp@yahoo.com">cascflintwp@yahoo.com</a> (810) 732-6290</p>	<p><b>GCCARD</b> 601 N Saginaw Street, Suite 1B Flint, MI 48502 <b>Ms. Tamitha Taylor</b> <a href="mailto:taylor@o.genesee.mi.us">taylor@o.genesee.mi.us</a> (810) 235-3567</p>	<p><b>Montrose Senior Center</b> 200 Alfred Street Montrose, MI 48457 <b>Ms. Sara Warren</b> <a href="mailto:swarren@montrosetownship.org">swarren@montrosetownship.org</a> (810) 639-2822</p>
<p><b>Clio Area Senior Center</b> 2136 W Vienna Road Clio, MI 48420 <b>Mr. Bruce Burger, Director</b> <a href="mailto:director@ClioASC.org">director@ClioASC.org</a> (810) 687-7260</p>	<p><b>Genesee County Department of Veteran Services</b> 1101 Beach Street Flint, MI 48502 <b>Ms. Jeanne Thick</b> <a href="mailto:jthick@co.genesee.mi.us">jthick@co.genesee.mi.us</a> (810) 257-3068</p>	<p><b>Swartz Creek Senior Center</b> 8095 Civic Drive Swartz Creek, MI 48473 <b>Ms. Melinda Soper, Director</b> <a href="mailto:msoper@myscasc.org">msoper@myscasc.org</a> (810) 635-4122</p>
<p><b>Davison Area Senior Center</b> 10135 Lapeer Road Davison, MI 48506 <b>Ms. Kathy Davis</b> <a href="mailto:kathy@davison-sc.org">kathy@davison-sc.org</a> (810) 658-1566</p>	<p><b>Grand Blanc Senior Center</b> 12632 Pagels Drive Grand Blanc, MI 48439 <b>Ms. Misty Moen, Director</b> <a href="mailto:gbseniorcenter@sbcglobal.net">gbseniorcenter@sbcglobal.net</a> (810) 695-3202</p>	<p><b>Thetford Senior Center</b> 11495 N Center Road Clio, MI 48420 <b>Ms. Shannon Kline</b> <a href="mailto:thetfordseniordir@yahoo.com">thetfordseniordir@yahoo.com</a> (810) 686-0630</p>
<p><b>Eastside Senior Center</b> 3065 N Genesee Road Flint, MI 48506 <b>Ms. Debra Gilbert, Director</b> <a href="mailto:debra452@gmail.com">debra452@gmail.com</a> (810) 250-5000</p>	<p><b>Hasselbring Senior Center</b> 1002 W Home Avenue Flint, MI 48505 <b>Ms. Mary Tibbs</b> <a href="mailto:Hasselbring102@gmail.com">Hasselbring102@gmail.com</a> (810) 766-9516</p>	<p><b>Jewish Community Services</b> 619 Wallenburg Street Flint, MI 48502  (810) 767-5922</p>



## Attachment D

### Senior Project Fresh/Market Fresh Eligible Items

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## Attachment D

### Senior Project Fresh/Market Fresh Eligible Items

Apples	Swiss Chard	Marjoram
Blackberries	Greens (all)	Chives
Blueberries	Kale & Collards	Mint
Cantaloupe	Tomatilla	Cilantro
Cherries	Kohlrabi	Oregano
Cranberries	Leeks	Cutting Celery
Currants	Turnips	Dill
Elderberries	Lettuce (all)	Rosemary
Grapes	Watercress	Epazote
Peaches	Asparagus	Sage
Pears	Beans (all)	Garlic
Plums	Beets	Summary Savory
Raspberries	Broccoli	Sorrel
Strawberries	Cabbage	Lemon Balm
Watermelon	Carrots	Tarragon
Howell Melons	Cauliflower	Lemon Grass
Rhubarb	Celery	Barley Grass
Parsnips	Mushrooms	Thyme
Salsify & Scorzonera	Onions (all)	Fennel-Finocchio
Bok Choy	Peppers (all)	Parsley
Peas	Potatoes	Horseradish
Brussels Sprouts	Sweet Potatoes	Wheatberries
Rutabagas	Pumpkins	Saskatoon berries
Scallions	Radishes	Basil
Celeriac	Squash	Honey
Spinach	Tomatoes	
Corn (not ornamental or popcorn)	Artichoke-Cardoon	
Sprouts	Jerusalem Artichoke	
Sunchokes	Shallots	Other items are eligible
Cucumbers	Burdock	if they are Michigan-
Eggplant	Lovage	grown and NOT
		processed.

# **Attachment E**

## **2017 Income Guidelines**

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**Attachment E  
Income Guidelines**

Federal Poverty Guidelines from United States Department of Health and Human Services (HHS)*	<u>2017 Genesee County Senior Project FRESH/Market FRESH</u>
Household Size	Household Income at the 185 Percentile
1	\$21,978
2	\$29,637
3	\$37,926
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
Each Additional Family Member	\$7,696

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## **Attachment F**

### **Memorandum of Agreement between Genesee County and Distribution Sites**

**DRAFT**



**Attachment F  
MEMORANDUM OF AGREEMENT**

**Between**

**THE COUNTY OF GENESEE**  
Acting By and Through  
**Genesee County Office of Senior Services**  
**Room 361, Genesee County Administration Building**  
**1101 Beach Street, Flint, Michigan 48502**

Hereinafter referred to as the "COUNTY" or the "LEAD AGENCY"

**and**  
**[name and address of site]**

Hereinafter referred to as the "DISTRIBUTION SITE"  
**for Senior Project FRESH/Market FRESH**

**For the period from June 1, 2017 through October 31, 2017**

**Whereas**, the COUNTY has established a Program of Services titled Genesee County 2017 Senior Project FRESH/Market FRESH funded by Genesee County Senior Millage dollars; and,

**Whereas**, the COUNTY desires to enter into a contractual agreement with the DISTRIBUTION SITE for the provision of Services set forth herein;

**Now, therefore**, in consideration of the premises and mutual covenants herein contained, the parties agree as follows:

**A. PURPOSE:**

This Memorandum of Agreement ("MOA") is entered into for the purpose of permitting the parties to conduct the 2017 Senior Farmers Market Nutrition Program ("Senior Project FRESH/Market FRESH" or "Program"). The COUNTY will provide to the DISTRIBUTION SITE coupon booklets to be distributed by the DISTRIBUTION SITE to individuals age 60 years and older with gross incomes at or below 185% of the poverty level who reside in Genesee County for the purchase of fresh, nutritious, unprepared, locally grown fruits and vegetables from authorized farmers markets and roadside stands. Coupons have been provided using a combination of Genesee County Senior Millage funding and funds from the Michigan DHHS Aging and Adult Services Agency and will be distributed on a first come, first serve basis.

**B. THE PARTIES AGREE:**

1. That this Agreement shall commence on June 1, 2017 and continue through September 30, 2017 for the purpose of distributing program coupon booklets

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which may be redeemed through October 31, 2017.

2. That this Agreement is effective upon approval by the Genesee County Board of Commissioners.
3. To accept the terms of this Agreement and to undertake, perform and complete the requirements for Senior Project FRESH/Market FRESH.
4. To conduct a nondiscriminatory program that assures that no person shall, on the grounds of race, color, national origin, age, sex or disability, be excluded from participation, be denied benefits or be otherwise subjected to discrimination under the Program.
5. To integrate into the Program a standardized nutrition education component that emphasizes the relationship of proper nutrition to good health, including the importance of consuming fruits and vegetables, and to convey and document nutrition education provided to each person seeking program information and application, regardless of eligibility determination.
6. That the DISTRIBUTION SITE shall be considered an independent contractor and not an employee or agent of the COUNTY in carrying out the terms of this MOA.

#### **C. THE DISTRIBUTION SITE AGREES:**

1. That in order to participate in the program, a representative of the DISTRIBUTION SITE will attend the mandatory orientation prior to the distribution of coupon booklets.
2. To accept from the COUNTY coupon booklets, each with a value of twenty dollars (\$20.00), for distribution to eligible senior citizens on a first come, first serve basis during the period of June 1, 2017 through September 30, 2017. The DISTRIBUTION SITE will return to the COUNTY all coupons booklets that remain undistributed at the end of the distribution period.
3. To certify that the participant meets the following eligibility criteria:
  - a. Is age 60 years of older;
  - b. Resides in Genesee County; and
  - c. Has a household income of no greater than 185% of the of the Federal Poverty Income Guidelines during the current fiscal year as established by the United States Department of Health & Human Services (Exhibit 1).
4. To use the standard 2017 Application form (Exhibit 2) for each person requesting program services. The Application will serve as self-certification of eligibility and acknowledgement by the participant of the illegality of dual participation. The Application also contains a Proxy authorization to be used when the participant wishes to participate in the program through his/her proxy.

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5. To include the following statement in or on all printed materials, newsletters, programs, registration materials, advertisements, DVDs, CDs, program presentations, etc.:

*“This program and/or service is funded in whole or in part by Genesee County Senior Millage funds. Your tax dollars are at work.”*

6. To collect and submit all completed 2017 Applications to the COUNTY, where they will be maintained in a secure location for three (3) years, as required by the United States Department of Agriculture (USDA).
7. To provide staff and/or volunteer workers who have received training in the handling and distribution of Senior Project FRESH coupons and who have been determined to be qualified to have access to senior persons' confidential information.
8. To provide and document the provision of nutrition education to each applicant, regardless of eligibility for the Program.
9. To document coupon booklet distribution by recording the booklet number and recipient name of each booklet distributed, and by documenting the nutrition education provided to each applicant.
10. To provide a report in hard copy and electronic format **once each week** of the Program statistics to the COUNTY (see Exhibit 3).
11. To provide and document a waiting list of applicants waiting to receive booklets with the following information: date, name, phone, best time to call, and date contacted. (see Exhibit 4)
12. To request additional booklets from the COUNTY if the DISTRIBUTION SITE determines additional coupon booklets are needed. Fulfilling such requests will be based on booklet availability.
13. To return to the COUNTY any coupon booklets the COUNTY or the DISTRIBUTION SITE determines will not be distributed prior to the end of the distribution period to be reallocated to an alternative distribution site.
14. To provide copies of civil rights policies, nondiscrimination, hearings, appeals, judicial review rights procedures upon request as required by the USDA for the Senior Project FRESH program and report all complaints on a weekly basis to the Office of Senior Service on the weekly report (see Exhibit 3).

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**D. THE COUNTY AGREES TO:**

1. Conduct a mandatory orientation and develop training materials for participating DISTRIBUTION SITE staff to ensure that staff and volunteers working with the Program are trained in the use of requirements, forms, nutrition education and coupon distribution requirements in accordance with the COUNTY, and Michigan DHHS Aging and Adult Services Agency requirements and USDA guidelines.
2. Establish a process for distribution and redistribution of coupon booklets, reporting, and mapping secure information.
3. Publish a notice on the 2017 Program in a news publication of general circulation throughout the Genesee County community.
4. Collect all Program applications from participating DISTRIBUTION SITE once per each week during the term of the MOA and maintain all Program applications in a confidential and secure environment for three (3) calendar years in a secure location, and in accordance with USDA guidelines.

**E. SPECIAL CERTIFICATION STATEMENT**

The individual or officer signing this Memorandum of Agreement certifies by her/his name that s/he is authorized to sign this Memorandum of Agreement on behalf of the responsible governing board or entity.

**COUNTY OF GENESEE**

**[DISTRIBUTION SITE NAME]**

\_\_\_\_\_  
By: MARK YOUNG, Chairperson  
Genesee County Board of Commissioners

\_\_\_\_\_  
By:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

\_\_\_\_\_  
Brian MacMillan, Assistant Prosecuting Attorney-Civil Division  
Genesee County Prosecutor's Office-Civil Division

\_\_\_\_\_  
Date

# Exhibit 1

## 2017 Income Guidelines

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**Exhibit 1  
Income Guidelines**

<b>Federal Poverty Guidelines from United States Department of Health and Human Services (HHS)*</b>	<b><u>2017 Genesee County Senior Project FRESH/Market FRESH</u></b>
<b>Household Size</b>	<b>Household Income at the 185 Percentile</b>
1	<b>\$21,978</b>
2	<b>\$29,637</b>
3	<b>\$37,926</b>
4	<b>\$44,955</b>
5	<b>\$52,614</b>
6	<b>\$60,273</b>
7	<b>\$67,951</b>
8	<b>\$75,647</b>
<b>Each Additional Family Member</b>	<b>\$7,696</b>

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## Exhibit 2

### Michigan Senior Project FRESH/Market FRESH Senior Farmers' Market Nutrition Program 2017 Application

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**Michigan Senior Project FRESH/Market FRESH  
SENIOR FARMERS' MARKET NUTRITION PROGRAM/WISEWOMAN PROGRAM  
2017 APPLICATION**

NEW APPLICANT  RETURN APPLICANT

County \_\_\_\_\_

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

PARTICIPANT INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

SEX:  Male  
 Female

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

NUMBER OF PEOPLE IN LIVING IN YOUR HOUSE (**Count yourself**) : \_\_\_\_\_

The collection of race and ethnicity is requested solely for the purpose of determining the State agency's compliance with Federal civil rights laws, and ensures that the program is administered in a non-discriminatory manner. Your responses to these questions will not affect consideration of your application. If you choose not to self-identify race and ethnicity, the person taking the application must record the participant's race and ethnicity based on visual observation.

ETHNICITY CATEGORY:

- HISPANIC OR LATINO  
 NOT HISPANIC OR LATINO

RACE CATEGORY (select one or more):

- AMERICAN INDIAN OR ALASKA NATIVE  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 WHITE

To be eligible to receive **Senior Project FRESH** (SFMNP) coupons, you must be at least 60 years of age and meet the income guidelines, which are based on 185% of the Federal Poverty Income Guidelines during the current fiscal year and live in the county where the coupons are being issued. Your signature indicates that you have been given a copy of the current income guidelines for this fiscal year. For 1 person: not to exceed \$21,978, for 2 people: not to exceed \$29,637. (These guidelines effective until June 30, 2017).

To be eligible to receive **Wisewoman Market FRESH** coupons, you must be a participant in the Wisewoman program.

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**CERTIFICATION BY PARTICIPANT**

I have been advised of my rights and obligations for use of Senior Project FRESH coupons. I certify that that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I am aware that I cannot receive farmers' market benefits from more than one state, more than one local agency or program model (check, coupon or CSA). This application is being submitted in connection with the receipt of Federal assistance (Senior Farmers Market Nutrition Program known in Michigan as Senior Project FRESH). I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

***In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.***

***To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer***

I understand that I may appeal any decision made by the local agency regarding my eligibility for the Michigan Senior Project FRESH program. I certify I meet the 2017 household size and income guidelines provided by the state and that I am eligible to receive Michigan Senior Project FRESH benefits.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff/volunteer

\_\_\_\_\_  
Date

-----  
Number of coupon books: \_\_\_\_\_ Coupon book numbers: \_\_\_\_\_

Applicant eligible?  Yes  given coupons  Put on wait list  
 No If no:  denial sent to client Date: \_\_\_\_\_

Applicant received the brochure on Nutrition Education.

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## PROXY for Senior Project FRESH

A proxy is a person authorized to receive and/or redeem SFMNP coupons. A proxy should be at least 18 years of age and dependable for the duration of the program months of operation. In order for the coupons to be issued to a proxy, the proxy must be present identification as well as written approval from the participant. Proxies must sign the coupon book and the coupon register to receive coupons. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, \_\_\_\_\_ authorize the following individual(s) to act as my proxy.  
Participant signature

Assigned proxies: \_\_\_\_\_  
1<sup>st</sup> proxy named \_\_\_\_\_ 2<sup>nd</sup> proxy named \_\_\_\_\_

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complamt\\_filing\\_cust.html](http://www.ascr.usda.gov/complamt_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State): found online at [http://www.fns.usda.gov/snap-contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap-contact_info/hotlines.htm).

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**Exhibit 3**

**Distribution Site Weekly Reporting Form**

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**Exhibit 3  
Distribution Site Weekly Reporting Form**

**MICHIGAN SENIOR PROJECT FRESH/MARKET FRESH  
SENIOR FARMERS' MARKET NUTRITION PROGRAM**

Reports should be completed for a time period of one (1) full week, every week during the terms of this Agreement, and submitted to Genesee County – Office of Senior Services staff no later than the following Wednesday including, weeks that no coupon books were distributed.

**I. DISTRIBUTION SITE INFORMATION**

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

Name of Distribution Site: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**II. COUPON BOOKLET DISTRIBUTION SUMMARY**

Total Coupon Booklets Allocated: \_\_\_\_\_

Coupon Booklets Distributed Prior to this Report: \_\_\_\_\_

Coupon Booklets Remaining Prior to This Report: \_\_\_\_\_

**III. THIS WEEK'S COUPON BOOKLET DISTRIBUTION**

Time Period of this Report: \_\_\_\_\_

**Number of Coupon Booklets Distributed During this  
Time Period:** \_\_\_\_\_

Coupon Booklets Remaining After this Report: \_\_\_\_\_

**IV. BACKUP DOCUMENTATION**

2017 Applications are attached:  YES  NO

Note: The number of attached 2017 Applications should be equal to the "Number of Coupon Booklets Distributed During this Time Period."

**V. SIGNATURE**

Prepared by: \_\_\_\_\_

Signature

Date

**COMPLAINTS FILED:**

**COMMENTS:**



**Exhibit 4**  
**Senior Project FRESH/Market FRESH 2017 Waiting List Form**

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**SENIOR PROJECT FRESH/MARKET FRESH 2017  
WAITING LIST  
GENESEE COUNTY**

DATE	NAME	PHONE or EMAIL	Best Time to Call	Date Contacted

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