



**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, June 5, 2017 at 9:30 a.m.
AGENDA**

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. MINUTES – May 15, 2017**
- IV. PUBLIC COMMENT TO COMMITTEE**
- V. COMMUNICATIONS – Dr. Brian Hunter, Medical Examiner – Medical Examiner system at the Regional and State level update.**
- VI. OLD BUSINESS**
- VII. NEW BUSINESS**
 - A. GCCARD
 1. HA060517VIIA1: Request approval to accept 2017 contract between Jewish Community Services and GCCARD's Senior Nutrition program – Attached **(ROLL CALL VOTE REQUESTED)**
 2. HA060517VIIA2: Request approval to accept amended LCA16-25012 contract – Attached
 3. HA060517VIIA3: Request approval to accept amended WAP16-25012 contract - Attached
 4. HA060517VIIA4: Request approval for overnight travel for Andre Strater and Shelly Kline to attend the WIPFLi Annual Conference in Las Vegas, NV July 11-14, 2017 - Attached
- VIII. OTHER BUSINESS**
- IX. ADJOURNMENT**



**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, June 5, 2017 at 9:30 a.m.
AGENDA**

I. CALL TO ORDER

II. ROLL CALL

III. MINUTES – May 15, 2017

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

A. GCCARD

1. HA060517VIIA1: Request approval to accept 2017 contract between Jewish Community Services and GCCARD's Senior Nutrition program – Attached **(ROLL CALL VOTE REQUESTED)**
2. HA060517VIIA2: Request approval to accept amended LCA16-25012 contract – Attached
3. HA060517VIIA3: Request approval to accept amended WAP16-25012 contract - Attached
4. HA060517VIIA4: Request approval for overnight travel for Andre Strater and Shelly Kline to attend the WIPFLi Annual Conference in Las Vegas, NV July 11-14, 2017 - Attached

VIII. OTHER BUSINESS

IX. ADJOURNMENT



Genesee County Community Action Resource Department
601 N. Saginaw St., Ste 1B • Flint, MI 48502-2009 • (810) 232-2185 • Fax (810) 762-4986 • TDD: (810) 768-4654

Commissioners

Bryant Nolden
District 1

Brenda Clack
District 2

Ellen Ellenburg
District 3

Kim Courts
District 4

Mark Young
District 5

Drew Shapiro
District 6

Martin Cousineau
District 7

Ted Henry
District 8

David Martin
District 9

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Daniel Newcombe
Neighborhood Svcs. Director

Tamitha Taylor
Nutritional Svcs Asst. Director

Chevon Wilborn
Nutritional Svcs Asst. Director


Andre Strater
Asst. Director

Matthew Odette
Home Maint. Asst. Director

Kelli Webb
Head Start Director

M E M O R A N D U M

TO: Commissioner Brenda Clack, Chairperson
Human Services Committee

FROM: Matthew A. Purcell, Executive Director 

SUBJECT: Request Authorization to accept 2017 contract between Jewish
Community Services and GCCARD's Senior Nutrition Program

DATE: June 5, 2017

Background Information:

GCCARD's Senior Nutrition Services Program has negotiated with the Jewish Community Services its FY 2017 Contract to service the Kosher Home Delivered and Congregate Meal Program. Contract dates are October 1, 2016 thru September 30, 2017.

All GCCARD positions are fully grant funded and will require no general fund allocation.

Requested Action:

GCCARD requests authorization from this Committee to accept the 2017 contract between Jewish Community Services and GCCARD's Senior Nutrition Program with a recommendation to the full Board at its next scheduled meeting. Due to time constraints **a roll call vote is requested.**

Attachment

TT:sg



CONTRACT BETWEEN

THE COUNTY OF GENESEE

Acting By and Through

GENESEE COUNTY COMMUNITY ACTION RESOURCE DEPARTMENT

601 North Saginaw Street, Ste. 1B

Flint, Michigan 48502

Hereinafter referred to as "GCCARD"

and

JEWISH COMMUNITY SERVICES

619 Wallenberg Street

Flint, Michigan 48502

Hereinafter referred to as "JCS" or the "CONTRACTOR"

For the period from October 1, 2016 through September 30, 2017

WHEREAS, GCCARD desires to enter into a contract with Jewish Community Services for the provision of specialized meals in conjunction with the Older American Act of 1965, from the Valley Area Agency on Aging (hereinafter referred to as VAAA);

NOW THEREFORE, GCCARD and the CONTRACTOR agree as follows:

- A. CONTRACTOR will, in a satisfactory and proper manner as determined by GCCARD, provide Kosher Home Delivered Meals and Congregate Meals, as further described below, to elderly persons in the County of Genesee Michigan:
 - 1. The CONTRACTOR shall establish and maintain the capacity to prepare and package kosher meals in a manner consistent with kosher traditions as well as federal, state and local standards, guidelines and requirements that are applicable to GCCARD Home Delivered and Congregate Meal Program.
 - 2. Home Delivered Meals are to consist of prepared, packaged meals in temperature controlled containers to the GCCARD kitchen on an arranged basis for further delivery by GCCARD. Meals may, at no additional cost to GCCARD, be delivered by CONTRACTOR to clients with special nutritional needs in institutionalized settings including, but not limited to, hospitals, hospice and nursing homes as determined by the JCS caseworker and approved by the JCS program supervisor, payment for which is contingent upon approval by GCCARD.
 - 3. Congregate Meals may be prepared and supplied as described for Home Delivered Meals or maybe offered via restaurants or other non-governmental operated venues. They must be developed, ordered and served in a manner consistent with state standards. If offered via restaurants, they must be authorized in writing by GCCARD prior to the meal being scheduled for serving at said restaurant.

Information required for authorization must include documentation that JCS has conducted negotiations regarding the meals' food groups and portion sizes so as to comply with state regulations. Failure to obtain prior authorization from GCCARD may result in denial of reimbursement.

Must be open to all eligible interested parties. In order to facilitate such open access, it is required that the meals that are to be funded by GCCARD and offered at restaurants or other non-governmental operated venues be publicized in advance of the date and time they are to be made available. To satisfy this requirement, GCCARD requires that it be notified of the date and time the meal will be served ten (10) business days prior to such an event. JCS is also required to post, at its facility, similar public notification at least ten (10) business days prior to service.

JCS must document the distribution of meals to senior recipients in a manner consistent with the operation of an approved congregate meal site. Congregate meal site operation procedures regarding customer documentation, service applications, meal participation sign-in-sheet, guest policies, etc., shall be applicable for meals that are served at restaurants or other non-governmental operated venues.

4. GCCARD will supply the milk that is required for each kosher home delivered meal that JCS schedules for delivery by GCCARD. Payment by JCS to GCCARD at a rate of \$0.27 per carton of milk provided shall be shown on the monthly invoice, noted by Paragraph L below, as an offset to the cost to be paid by GCCARD to JCS for meals.
 5. CONTRACTOR will coordinate the additional social services required by Title III-C guidelines (i.e., information and referral, counseling, nutrition education, recreation and shopping assistance).
- B. If this contract contradicts any portion of the minimum standards established by Title III-C and subsequent memorandum amendments, a copy of which is attached to this contract as Attachment A, the minimum standards will supersede the conflicting portions of the application.
 - C. CONTRACTOR will commence performance of this contract on the 1st day of October 2016, and will continue performance through September 30, 2017.
 - D. CONTRACTOR will prepare and submit such reports as may be required by GCCARD in such format and detail as directed.
 - E. CONTRACTOR will maintain such records and accounts, including property, personnel, and financial records, as specified for all project funds. These records will be made available for audit purposes to GCCARD or the Comptroller General of the United States, or any authorized representative, and will be retained for five years after the expiration of this contract.
1. It is understood and agreed that because "Program Income" (defined as the contributions given by the program recipients daily), constitutes a source of program revenue to the Contractor and to GCCARD, the Contractor will collect the total of the contributions given by the program

recipients during the month and transmit all contributions received for any meals to GCCARD together with a letter of transmittal by an authorized official according to the schedule described in Paragraph L.

2. It is further understood and agreed that monies collected as "Program Income" by the Contractor that are not specifically designated for meals will be retained by the Contractor.
- F. CONTRACTOR agrees that all volunteered services claimed as local share will be reported on the Volunteer Record Sheet (GCCARD Form 14), a copy of which may be requested by GCCARD. Each sheet will have been signed by the volunteer and also by a supervisory employee. This record will show the exact hours spent and specific duties performed as well as the basis for determining the rate of the volunteer's contribution (calculate for the non-professional volunteer at minimum wages).
- G. CONTRACTOR agrees to provide the documentation of an annual criminal background check for those employees who will be assigned to review client's personal information or that have personal contact with the senior clients. The CONTRACTOR further agrees that costs associated with persons meeting the following criteria will not be paid utilizing senior millage funds:
1. Persons having a felony conviction in this state or elsewhere within the last 10 years; or
 2. Persons having a felony charge pending in this state or elsewhere; or
 3. Persons having a misdemeanor conviction in this state or elsewhere within the last 10 years involving theft, assault, battery or drug related crimes; or
 4. Persons having a misdemeanor charge pending in this state or elsewhere involving theft, assault, battery or drug related crimes.

The COUNTY retains the right to deny reimbursement for salary requests, or recapture paid reimbursements by withholding from future requests, if it determines that the individual for whom the request is/was made falls within any of the above categories.

- H. CONTRACTOR agrees to provide proof of negative tuberculosis tests for workers assigned to prepare, serve or cook food. CONTRACTOR further agrees to comply with the State of Michigan Department of Labor & Economic Growth, "Occupational Health Standards Part 554 Bloodborne Infectious Diseases" (MIOSHA Part 554) including "Part 554 Bloodborne Infectious Diseases Standard Requirements for Training" using the rules provided in Attachment B to this Contract. Documentation for existing workers or volunteers shall be performed and provided to GCCARD within fifteen days of the signing of this Contract.
- I. Testing and criminal background checks for new hires or new volunteers shall be performed within fifteen days of their commencement. Documentation of the testing, licenses (if appropriate) and background checks shall be provided to the GCCARD with the next required monthly statement referred to in paragraph L below.
- J. CONTRACTOR acknowledges that the COUNTY is a public body subject to the Michigan Freedom of Information Act. Records held by the COUNTY are public

unless exempted. Notwithstanding the foregoing, confidential information collected and provided to the COUNTY by the CONTRACTOR as part of its reporting requirements shall be used solely for purposes of performing and evaluating the performance of this Contract and will not be retained.

- K. Subject to receipt of funds from VAAA, GCCARD will make payment to CONTRACTOR under this contract in accordance with the reimbursement rate of \$1,090 per month (or \$13,080 per year) for establishing and maintaining the facility and capability to prepare and package kosher meals. The schedule for or timing of these payments shall be made in a manner that is mutually agreeable to the parties to this agreement.
- L. Subject to receipt of funds from VAAA, GCCARD will make payment to CONTRACTOR under this contract in accordance with the reimbursement rate of \$7.75 for both Home Delivered and Congregate meals, with payment for a maximum of 4,000 meals annually. It is anticipated that the majority of the meals will be home delivered. However, the flexibility exists for GCCARD to request Congregate meals in quantities GCCARD deems to be appropriate. Meals produced in excess of 4,000 meals shall be reimbursed at a rate of \$3.25 per meal (i.e., the cost of food and packaging inputs). Payments to the CONTRACTOR shall be made in accordance with the following method, such payment to be made upon presentation of a statement to GCCARD, provided, that:
 - 1. Any payment made to the Contractor by GCCARD, prior to verification by the auditor in the employ of GCCARD, will be subject to later adjustment upon such verification.
 - 2. The CONTRACTOR agrees to submit an accurate statement of the number of meals served in the congregate and mobile meals programs to GCCARD with a letter of transmittal by an authorized official, according to the following schedule:
 - a. By the 6th of the next month for all meals served during the month, beginning October 1, 2016.
 - b. A calendar quarterly financial report, prepared and delivered to GCCARD by the 6th calendar day following the last day of each quarter.
 - 3. GCCARD shall reimburse CONTRACTOR on a monthly basis at the rate stated above, with a maximum reimbursement not to exceed \$7,098.00 per month. The purpose of maximum reimbursement is to avoid expending all of the Contract funds prior to the scheduled end date of the Contract. Reimbursements exceeding the recommended maximum figure may be permitted on a case by case basis as long as CONTRACTOR presents an explanation of need and a reasonable plan for providing continued service for the remainder of the term of the Contract.

- M. Relative to the delivery of the first 4,000 meals, it is expressly understood and agreed that in no event will the total amount to be paid by GCCARD to the CONTRACTOR under this contract exceed Forty-Four Thousand Eighty Dollars (\$44,080.00). Subsequent to the delivery of the first 4,000 meals, the CONTRACTOR shall be reimbursed at a rate of \$3.25 per meal.
- N. This Contract may be revised at any time by amendment(s) signed by duly authorized representatives of both parties, such amendment(s) becoming a permanent part of the original Contract.
- O. CONTRACTOR hereby agrees to defend, indemnify, and save harmless GCCARD from any and all claims of any nature whatsoever for damages (including personal injuries and death resulting there from) which may arise from CONTRACTOR's performance of this contract; provided, however, that nothing contained herein will be construed as rendering CONTRACTOR liable for acts of GCCARD's officers, agent, or employees.
- P. Assessment of Subcontractor: GCCARD is required to assess all contractors at least semi-annually. This assessment is to include compliance with contract objectives, fiscal procedures and quality of services. Written review reports will be given to the Contractor in a timely manner. If necessary, corrective action plans will be submitted in accordance with agency policy.
- Q. Probation
1. If CONTRACTOR has failed to comply with the terms of a contract, GCCARD may place the Contractor on probation.
 2. GCCARD may commence probation upon the CONTRACTOR's receipt of written violations as cited by GCCARD.
 3. The notice of probation will contain reasons for probation and any corrective action required of the CONTRACTOR, and the effective date.
 4. During the probation period, the CONTRACTOR will receive reimbursement for expenses incurred as part of the contract.
 5. If, during the probation period, CONTRACTOR does not promptly comply with the required corrective actions, the contract may be suspended or terminated by GCCARD.
- R. Suspension
1. When CONTRACTOR has significantly failed to comply with the terms of the contract, GCCARD may suspend support for CONTRACTOR's operation in whole or in part. Support for any part will automatically be terminated when it has been suspended for more than ninety (90) days.

2. To suspend contract operations, GCCARD must notify CONTRACTOR in writing of the action being taken, the reason(s) for such action, the effective date, and the conditions of the suspension. It must also note the right of the CONTRACTOR to appeal such decision.
3. Under serious conditions (such as, but not limited to, danger to an older person or improper use of funds), notice of immediate suspension may be given.
4. New obligations incurred by the Contractor during the suspension period will not be allowed unless GCCARD expressly authorizes them in the notice of suspension or an amendment to it. Necessary and otherwise allowable costs which the Contractor could not reasonably avoid during the suspension period will be allowed if they result from obligations properly incurred by the Contractor before the effective date of the suspension and not in anticipation of suspension or termination.
5. In suspending contract operations, GCCARD will determine the amount of unearned funds the Contractor has on hand, anticipated length of suspension, the extent of operations suspension, and the amount of fund balance on hand to determine whether GCCARD should require the balance to be returned.
6. GCCARD may authorize the Contractor to reinstate the suspended contract operations if it determines conditions warrant such action. Such reinstatement will be made by assurance of a new statement of award.
7. GCCARD financial participation in reinstated contract operations may resume immediately upon reinstatement, but not for any costs incurred for those contract operations while they were suspended. The obligation authority unearned at the time of suspension may again become available for earning at the previously established matching ratio unless GCCARD reduces the amount of the contract.

S. Contract Termination

1. For adequate cause, GCCARD may terminate support for a contract prior to the end of an approved budget year. Though not intended to be an exhaustive list, example of cause for which GCCARD may terminate support are:
 - 1) Non-availability of funds;
 - 2) Contractor violates conditions under which the contract was approved;
 - 3) Program performance is inadequate as documented through the monitoring visits;
 - 4) Other resources are unavailable;
 - 5) Assessment findings are inadequate for two (2) semi-annual assessments; and
 - 6) Suspension for more than three consecutive months.

IN WITNESS WHEREOF, GCCARD and the Contractor have executed this contract on the dates designated below with a contract effective date of October 1, 2016.

DATE: _____

Mark Young, Chairperson
Genesee County Board of Commissioners

DATE: _____

Matthew Purcell, Executive Director
GCCARD

DATE: _____

Steven Low, Executive Director
Jewish Community Services

Approved as to form:

Brian MacMillan, Assistant Prosecuting Attorney – Civil Division
Genesee County Prosecutor's Office – Civil Division

DATE: _____

GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS
REVIEW CHECKLIST

Department: G.C.C.A.R.D.
Dept. Contact: Tamitha Taylor
Committee: H.S.C.

Document: Contract Jewish Community Services
Phone: 762-4935
Desired agenda date: 6-5-17

Submit a completed copy of this form with document when seeking Board Chair signature.

If a proposed agenda item requires Board approval of a contract, lease, application, agreement, or memorandum of understanding, it must be reviewed by the Controller's Office (Finance and Procurement), Risk Management, and Corporation Counsel. If changes are made after Corporation Counsel approval, you must re-submit your document to Corporation Counsel.

1. Controller-Finance

- ☐ This item requires an appropriation or budget transfer.
- ☐ This item does not require an appropriation or budget transfer and it has been reviewed and found to be in accordance with the County's budget and accounting practices.

Controller's Office date

2. Controller-Procurement

- ☐ This transaction is subject to the Genesee County Administrative Control of Funds Regulations.
- ☐ This transaction is in compliance with the Genesee County Purchasing Regulations.

Controller's Office date

3. Risk Management

The insurance, indemnity, and bond provisions contained in this document are sufficient to meet the County's fiscal obligations.

Risk Manager date

4. Legal

This document is approved as to form and legality.

E. Marks 5/23/2017
Corporation Counsel date

5. Department

This document has been approved by roll call vote on _____ (date)

or This document has been approved by Resolution # _____

I certify that this document is the document approved by the above listed departments: _____



Genesee County Community Action Resource Department
601 N. Saginaw St., Ste 1B • Flint, MI 48502-2009 • (810) 232-2185 • Fax (810) 762-4986 • TDD: (810) 768-4654

Commissioners

Bryant Nolden
District 1

Brenda Clack
District 2

Ellen Ellenburg
District 3

Kim Courts
District 4

Mark Young
District 5

Drew Shapiro
District 6

Martin Cousineau
District 7

Ted Henry
District 8

David Martin
District 9

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Daniel Newcombe
Neighborhood Svcs. Director

Tamitha Taylor
Nutritional Svcs Asst. Director


Chevon Wilborn
Nutritional Svcs Asst. Director

Andre Strater
Asst. Director

Matthew Odette
Home Maint. Asst. Director

Kelli Webb
Head Start Director

MEMORANDUM

TO: Commissioner Brenda Clack, Chairperson
FROM: Matthew A. Purcell, Executive Director 
SUBJECT: Request to Accept LCA16-25012 Amendment A6
DATE: June 5, 2017

BACKGROUND:

GCCARD has received notification from the State of Michigan Department of Health and Human Services (DHHS) to amend contract LCA16-25012. This amendment will utilize the second option year.

The fund allocated to Genesee County provides assistance to households that utilize deliverable fuel (propane, fuel oil, etc.) with emergency heating assistance. The LCA16-25012 contract will be extend to August 31, 2018.

REQUESTED ACTION:

GCCARD request authorization from this Committee to accept the amended contract LCA16-25012 with a recommendation to the full Board at its next scheduled meeting.

Attachment

MP:sm



AGREEMENT NUMBER: LCA16-25012

AMENDMENT NUMBER: A6

Between

THE STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

And

GRANTEE	Genesee County Community Action Resource Department
GRANTEE ADDRESS	601 N. Saginaw Street, Suite 1B, Flint, MI 49502
GRANTEE EMAIL	mpurcell@co.genesee.mi.us

CONTRACT ADMINISTRATOR	EMAIL
Jeanine Stanley	StanleyJ@Michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Low Income Deliverable Fuel		
GEOGRAPHIC AREA	As stated in the Service Plan		
INITIAL EFFECTIVE DATE	October 1, 2015	CURRENT EXPIRATION DATE	August 31, 2017
CURRENT AGREEMENT VALUE	\$23,276.00		
AGREEMENT TYPE	Actual Cost		

AMENDMENT DESCRIPTION			
EXTEND EXPIRATION DATE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	NEW EXPIRATION DATE August 31, 2018
AMENDMENT AMOUNT	ESTIMATED REVISED AGGREGATE AGREEMENT VALUE		
\$	<input type="checkbox"/> INCREASE	<input type="checkbox"/> DECREASE	\$23,276.00
NATURE OF CHANGE	Utilizing the second option year.		

The undersigned have the lawful authority to bind the Grantee and the Michigan Department of Health and Human Services (MDHHS) to the terms set forth in this Agreement.

FOR THE GRANTEE:

Genesee County Community Action Resource
Department

Grantee

Signature of Director or Authorized Designee

Print Name

Date

FOR THE STATE:

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Signature of Director or Authorized Designee

Jeanette Hensler

Print Name

Date

Agreement Number: LCA16-25012

Amendment Number: A6

	<u>Agreement Period</u>	<u>Amount</u>
Year 1	October 1, 2015 through August 31, 2016	\$5,300.00
Year 2	September 1, 2016 through August 31, 2017	\$17,976.00
Year 3	September 1, 2017 through August 31, 2018	\$TBD
Total Amount:		\$23,276.00

Check all agreement years affected by this amendment:
☐ Year 1 ☐ Year 2 ☒ Year 3
☐ Year 4 ☐ Year 5 ☐ Year 6

**STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

WHEREAS, the Michigan Department of Health and Human Services (hereinafter referred to as "MDHHS") entered into a contractual Agreement effective October 1, 2015, with Genesee County Community Action Resource Department (hereinafter referred to as "Grantee"), having a mailing address of 601 N. Saginaw Street, Suite 1B, Flint, MI 49502, for the provision of certain services as set forth therein; and,

WHEREAS, it is mutually desirable to MDHHS and to the Grantee to amend the aforesaid Agreement.

THEREFORE, in consideration of the promises and mutual covenants hereinabove and hereinafter contained, the parties hereto agree to the following amendment of said Agreement. This amendment shall be attached to the Agreement, said Agreement being hereby reaffirmed and made a part hereof.

Article I

This amendment shall be effective on the date of MDHHS signature.

Article II

MDHHS will exercise the second of two, one-year options to extend. Therefore, the end date of the Agreement shall be changed from August 31, 2017 to August 31, 2018. The dollar amount of the Agreement shall remain the same. Year 3 funds will be made available via NFA (Notice of Funds Available).

**GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS
REVIEW CHECKLIST**

Department: GCCARD Document: LCA16-25012 Amendment
Dept. Contact: Shenethea Mangrum Phone: 762-4951
Committee: H.S.C. Desired agenda date: June 5, 2017

Submit a completed copy of this form with document when seeking Board Chair signature.

If a proposed agenda item requires Board approval of a contract, lease, application, agreement, or memorandum of understanding, it must be reviewed by the Controller's Office (Finance and Procurement), Risk Management, and Corporation Counsel. If changes are made after Corporation Counsel approval, you must re-submit your document to Corporation Counsel.

1. Controller-Finance

☐ This item requires an appropriation or budget transfer.

☒ This item does not require an appropriation or budget transfer and it has been reviewed and found to be in accordance with the County's budget and accounting practices.

Kristie Primeau Digitaly signed by Kristie Primeau
On: 2017.05.18 10:00:00 AM
Date: 2017.05.18 10:00:00 AM
Controller's Office _____ date _____

2. Controller-Procurement

☐ This transaction is subject to the Genesee County Administrative Control of Funds Regulations.

☐ This transaction is in compliance with the Genesee County Purchasing Regulations.

Controller's Office _____ date _____

3. Risk Management

The insurance, indemnity, and bond provisions contained in this document are sufficient to meet the County's fiscal obligations.

Risk Manager _____ date _____

4. Legal

This document is approved as to form and legality.

Corporation Counsel _____ date _____

5. Department

This document has been approved by roll call vote on _____ (date)

or
This document has been approved by Resolution # _____.

I certify that this document is the document approved by the above listed departments: _____.

**GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS
REVIEW CHECKLIST**

Department: GCCARD Document: LCA16-25012 Amendment
Dept. Contact: Shenethea Mangum Phone: 762-4951
Committee: H.S.C. Desired agenda date: June 5, 2017

Submit a completed copy of this form with document when seeking Board Chair signature.

If a proposed agenda item requires Board approval of a contract, lease, application, agreement, or memorandum of understanding, it must be reviewed by the Controller's Office (Finance and Procurement), Risk Management, and Corporation Counsel. If changes are made after Corporation Counsel approval, you must re-submit your document to Corporation Counsel.

1. Controller-Finance

- ☐ This item requires an appropriation or budget transfer.
- ☐ This item does not require an appropriation or budget transfer and it has been reviewed and found to be in accordance with the County's budget and accounting practices.

Controller's Office date

2. Controller-Procurement

- ☒ This transaction is subject to the Genesee County Administrative Control of Funds Regulations.
- ☒ This transaction is in compliance with the Genesee County Purchasing Regulations.

Joy L. Haynes-Hawkins
Digitally signed by Joy L. Haynes-Hawkins
DN: cn=Joy L. Haynes-Hawkins, o=Genesee County,
ou=Controller's Office, email=jhawkins@co.genesee.mi.us, c=US
Date: 2017.05.22 15:33:16 -0400

Controller's Office date

3. Risk Management

The insurance, indemnity, and bond provisions contained in this document are sufficient to meet the County's fiscal obligations.

Risk Manager date

4. Legal

This document is approved as to form and legality.

Corporation Counsel date

5. Department

This document has been approved by roll call vote on _____ (date)

or

This document has been approved by Resolution # _____.

I certify that this document is the document approved by the above listed departments: _____.

**GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS
REVIEW CHECKLIST**

Department: GCCARD Document: LCA16-25012 Amendment
Dept. Contact: Shenethea Mangrum Phone: 762-4951
Committee: H.S.C. Desired agenda date: June 5, 2017

Submit a completed copy of this form with document when seeking Board Chair signature.

If a proposed agenda item requires Board approval of a contract, lease, application, agreement, or memorandum of understanding, it must be reviewed by the Controller's Office (Finance and Procurement), Risk Management, and Corporation Counsel. If changes are made after Corporation Counsel approval, you must re-submit your document to Corporation Counsel.

1. Controller-Finance

- ☐ This item requires an appropriation or budget transfer.
- ☐ This item does not require an appropriation or budget transfer and it has been reviewed and found to be in accordance with the County's budget and accounting practices.

Controller's Office date

2. Controller-Procurement

- ☐ This transaction is subject to the Genesee County Administrative Control of Funds Regulations.
- ☐ This transaction is in compliance with the Genesee County Purchasing Regulations.

Controller's Office date

3. Risk Management

The insurance, indemnity, and bond provisions contained in this document are sufficient to meet the County's fiscal obligations.

Risk Manager date

4. Legal

This document is approved as to form and legality.

Corporation Counsel date

5. Department

This document has been approved by roll call vote on _____ (date)

or

This document has been approved by Resolution # _____.

I certify that this document is the document approved by the above listed departments: _____.



Genesee County Community Action Resource Department
601 N. Saginaw St., Ste 1B • Flint, MI 48502-2009 • (810) 232-2185 • Fax (810) 762-4986 • TDD: (810) 768-4654

Commissioners

Bryant Nolden
District 1

Brenda Clack
District 2

Ellen Ellenburg
District 3

Kim Courts
District 4

Mark Young
District 5

Drew Shapiro
District 6

Martin Cousineau
District 7

Ted Henry
District 8

David Martin
District 9

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Daniel Newcombe
Neighborhood Svcs. Director

Tamitha Taylor
Nutritional Svcs Asst. Director


Chevon Wilborn
Nutritional Svcs Asst. Director

Andre Strater
Asst. Director

Matthew Odette
Home Maint. Asst. Director

Kelli Webb
Head Start Director

MEMORANDUM

TO: Commissioner Brenda Clack, Chairperson
FROM: Matthew A. Purcell, Executive Director 
SUBJECT: Request to Accept WAP16-25012 Amendment 4
DATE: June 5, 2017

BACKGROUND:

GCCARD has received notification from the State of Michigan Department of Health and Human Services (DHHS) to amend the Weatherization Assistance Program Contract. This Amendment uses one option year to extend agreement end date, correct language and updated CFDA table.

The fund allocated to GCCARD will be utilized to weatherize eligible dwelling units and perform related services as described in the DOE Weatherization Assistance Program Service Plan, as approved by MDHHS. The new contract expiration date will be September 30, 2019.

REQUESTED ACTION:

GCCARD request authorization from this Committee to accept the amended contract WAP16-25012 with a recommendation to the full Board at its next scheduled meeting.

Attachment

MP:sm



AGREEMENT NUMBER: WAP16-25012

AMENDMENT NUMBER: 4

Between

THE STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

And

GRANTEE	Genessee County Community Action Resource Department
GRANTEE ADDRESS	601 N. Saginaw Street, Suite 1B, Flint, MI 49502
GRANTEE EMAIL	mpurcell@co.genesee.mi.us

CONTRACT ADMINISTRATOR	EMAIL
Jeanine Stanley	StanleyJ@Michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Weatherization Assistance Program		
GEOGRAPHIC AREA	Per the Grantee's approved Service Plan		
INITIAL EFFECTIVE DATE	July 1, 2016	CURRENT EXPIRATION DATE	June 30, 2019
CURRENT AGREEMENT VALUE	\$698,196.00		
AGREEMENT TYPE	Actual Cost		

AMENDMENT DESCRIPTION			
EXTEND EXPIRATION DATE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	NEW EXPIRATION DATE September 30, 2019
AMENDMENT AMOUNT	ESTIMATED REVISED AGGREGATE AGREEMENT VALUE		
\$	<input type="checkbox"/> INCREASE	<input type="checkbox"/> DECREASE	\$698,196.00
NATURE OF CHANGE	This Amendment uses one option year to extend agreement end date, corrects language, and updates CFDA table.		

The undersigned have the lawful authority to bind the Grantee and the Michigan Department of Health and Human Services (MDHHS) to the terms set forth in this Agreement.

FOR THE GRANTEE:

Genessee County Community Action Resource
Department

Grantee

Signature of Director or Authorized Designee

Print Name

Date

FOR THE STATE:

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Signature of Director or Authorized Designee

Christine H. Sanches

Print Name

Date

Agreement Number: WAP16-25012

Amendment Number: 4

Check all agreement years
affected by this amendment:

☒ Year 1 ☒ Year 2 ☒ Year 3
☐ Year 4 ☐ Year 5 ☐ Year 6

**STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

WHEREAS, the Michigan Department of Health and Human Services (hereinafter referred to as "MDHHS") entered into a contractual Agreement effective July 1, 2016, with Genessee County Community Action Resource Department (hereinafter referred to as "Grantee"), having a mailing address of 601 N. Saginaw Street, Suite 1B, Flint, MI 49502, for the provision of certain services as set forth therein; and,

WHEREAS, it is mutually desirable to MDHHS and to the Grantee to amend the aforesaid Agreement.

THEREFORE, in consideration of the promises and mutual covenants hereinabove and hereinafter contained, the parties hereto agree to the following amendment of said Agreement. This amendment shall be attached to the Agreement, said Agreement being hereby reaffirmed and made a part hereof.

Article I

This amendment shall be effective on the date of MDHHS signature.

Article II

MDHHS will exercise the first of two, one-year options to extend. Therefore, the end date of the Agreement shall be changed from June 30, 2019 to September 30, 2019. The dollar amount of the Agreement shall remain the same. Year 3 funds will be made available via NFA (Notice of Funds Available).

Agreement Number: WAP16-25012
Amendment Number: 4

Article III

Section 3. MDHHS RESPONSIBILITIES, Item 3.1, Maximum Amount of Agreement, shall be amended as follows:

3.1. Maximum Amount of Agreement

MDHHS hereby agrees to pay, based on the annual amounts and time frames listed below for each funding source, the Grantee for services performed in accordance with the terms of this Agreement exclusively during the period from the begin date to September 30, 2019.

DOE annual allocation will start on July 1 and finish on June 30 annually.
LIHEAP annual allocation will start on October 1 and finish on September 30. A Notice of Funds Available (NFA) form will provide funding details throughout the Agreement period.

From the annual amount for this year, the maximum amount that may be expended during the following periods:

<u>Funding Source</u>	<u>Agreement Period</u>	<u>Amount</u>
DOE	Begin date through June 30, 2017	\$471,235.00
LIHEAP	Begin date through September 30, 2017	\$226,961.00
DOE	July 1, 2017 through June 30, 2018	\$TBD
LIHEAP	September 1, 2017 through September 30, 2018	\$TBD
DOE	July 1, 2018 through June 30, 2019	\$TBD
LIHEAP	September 1, 2018 through September 30, 2019	\$TBD

MDHHS shall notify the Grantee of future funding availability associated with this Agreement through a Notice of Funds Available (NFA). MDHHS has no commitment to reimburse the provider for any costs not included in the budget approved by MDHHS. No reimbursement shall be made by MDHHS for any costs incurred by the provider until and unless a budget is approved by MDHHS.

The NFA shall be signed by MDHHS and incorporated by reference into this Agreement unless the Grantee sends written notice of disagreement with the terms specified in the NFA within 14 days of its receipt. MDHHS hereby agrees to pay the Grantee an amount not to exceed the amount identified in the NFA for activities performed under this Agreement exclusively during the period identified in the NFA.

Agreement Number: WAP16-25012
Amendment Number: 4

Article IV

In Section 2., GRANTEE RESPONSIBILITIES, Item 2.8., Audit Requirements, the CFDA table in Paragraph 2 shall be amended as follows

CFDA Title	CFDA Number	Federal Agency Name	Federal Award Grant Number and Phase	Federal Award Identification Number (FAIN)	Federal Award Date	Federal Grant Program Title	Amount
Weatherization Assistance for Low-Income persons	81.042	Department of Energy	020250-17	DE-EE0006161	08/18/2016	WAP	\$471,235.00
Low-Income Home Energy Assistance	93.568	Department of Health and Human Services	090015-17	16B1MILIEA	10/01/2016	Low-Income Home Energy Assistance	\$226,961.00

GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS
REVIEW CHECKLIST

Department: GCCARD

Document: LOAPI6-25012 Amendment

Dept. Contact: Shenetha Mangrum

Phone: 762-4951

Committee: H.S.C.

Desired agenda date: June 5, 2017

Submit a completed copy of this form with document when seeking Board Chair signature.

If a proposed agenda item requires Board approval of a contract, lease, application, agreement, or memorandum of understanding, it must be reviewed by the Controller's Office (Finance and Procurement), Risk Management, and Corporation Counsel. If changes are made after Corporation Counsel approval, you must re-submit your document to Corporation Counsel.

1. Controller-Finance

☐ This item requires an appropriation or budget transfer.

☒ This item does not require an appropriation or budget transfer and it has been reviewed and found to be in accordance with the County's budget and accounting practices.

Kristie Primeau Digitally signed by Kristie Primeau
DN: cn=Kristie Primeau, o=Genesee County, ou=Genesee County, email=kristie.primeau@genesee.net, c=US
Date: 2017.05.19 14:07:09 -0400
Controller's Office _____ date _____

2. Controller-Procurement

☐ This transaction is subject to the Genesee County Administrative Control of Funds Regulations.

☐ This transaction is in compliance with the Genesee County Purchasing Regulations.

Controller's Office _____ date _____

3. Risk Management

The insurance, indemnity, and bond provisions contained in this document are sufficient to meet the County's fiscal obligations.

Risk Manager _____ date _____

4. Legal

This document is approved as to form and legality.

Corporation Counsel _____ date _____

5. Department

This document has been approved by roll call vote on _____ (date)

or
This document has been approved by Resolution # _____

I certify that this document is the document approved by the above listed departments: _____

Department: GCCARD Document: LOAP16-25012 Amendment
Dept. Contact: Shenika Mangrum Phone: 702-4951
Committee: H.B.C. Desired agenda date: June 5, 2017

Review checklist April 2017

GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS REVIEW CHECKLIST

Department: GCCARD

Document: WAPI6-25012 Amendment

Dept. Contact: Shenika Mangum

Phone: 762-4951

Committee: H. B. C.

Desired agenda date: June 5, 2017

Submit a completed copy of this form with document when seeking Board Chair signature.

If a proposed agenda item requires Board approval of a contract, lease, application, agreement, or memorandum of understanding, it must be reviewed by the Controller's Office (Finance and Procurement), Risk Management, and Corporation Counsel. If changes are made after Corporation Counsel approval, you must re-submit your document to Corporation Counsel.

1. Controller-Finance

_____ This item requires an appropriation or budget transfer.

_____ This item does not require an appropriation or budget transfer and it has been reviewed and found to be in accordance with the County's budget and accounting practices.

Controller's Office date

2. Controller-Procurement

_____ This transaction is subject to the Genesee County Administrative Control of Funds Regulations.

_____ This transaction is in compliance with the Genesee County Purchasing Regulations.

Controller's Office date

3. Risk Management

The insurance, indemnity, and bond provisions contained in this document are sufficient to meet the County's fiscal obligations.

Risk Manager date

4. Legal

This document is approved as to form and legality.

Corporation Counsel date

5. Department

This document has been approved by roll call vote on _____ (date)

This document has been approved by Resolution # _____

I certify that this document is the document approved by the above listed departments: _____



Genesee County Community Action Resource Department
601 N. Saginaw St., Ste 1B • Flint, MI 48502-2009 • (810) 232-2185 • Fax (810) 762-4986 • TDD: (810) 768-4654

Commissioners

Bryant Nolden
District 1

Brenda Clack
District 2

Ellen Ellenburg
District 3

Kim Courts
District 4

Mark Young
District 5

Drew Shapiro
District 6

Martin Cousineau
District 7

Ted Henry
District 8

David Martin
District 9

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Daniel Newcombe
Neighborhood Svcs. Director

Tamitha Taylor
Nutritional Svcs Asst. Director


Chevon Wilborn
Nutritional Svcs Asst. Director

Andre Strater
Finance Director

Matthew Odette
Home Maint. Asst. Director

Kelli Webb
Head Start Director

**GCCARD HEAD START
MEMORANDUM**

TO: Brenda Clack, Chairperson, Human Services Committee
FROM: Matt Purcell, Executive Director 
SUBJECT: Request Approval for Andre Strater and Shelly Kline to attend the WIPFli 18th Annual training Conference and overnight travel.
DATE: June 5, 2017

BACKGROUND INFORMATION:

Conference/Location: WIPFli 18th Annual Conference, Las Vegas, NV

Dates: July 11-14, 2017

Attendees: Two GCCARD Staff

Amount: \$2,103.81 per person

Funding Accounts: 124-7478 and 116-7478

Funding Source: GCCARD Head Start and Early Head Start Training Funds

Purpose: The WIPFli 18th Annual Training Conference is designed to ensure Head Start and Early Head Start regulations are being followed. There are multiple opportunities for education to ensure compliance and necessary fiscal integrity.

REQUESTED ACTION:

Genesee County Community Action Resource Department (GCCARD) requests approval for Andrew Strater and Shelly Kline to attend the WIPFli 18th Annual Training Conference and overnight travel from this committee and recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

MP/KW/bmh

Enclosure

H:\CENTRAL OFFICE\CORRESPONDENCE\HSC\TRAINING-WIPFli-SHELLY AND ANDRE.DOCX



Pikes, Donita

From: Humenchick, Barb
Sent: Monday, May 22, 2017 3:08 PM
To: Pikes, Donita
Subject: FW: Wipfli Registration Confirmation/Invoice: 18th Annual Wipfli National Training Conference

Barb Humenchick
Secretary
GCCARD Head Start
Phone: (810) 235-5613; Fax: (810) 232-7546
www.gccardheadstart.com

From: GFP Online [gfpmentoring@wipfli.com]
Sent: Wednesday, May 10, 2017 10:35 AM
To: Humenchick, Barb
Subject: Wipfli Registration Confirmation/Invoice: 18th Annual Wipfli National Training Conference



Registration Confirmation & Invoice

Order Date: 5/10/2017
Order Number: 67036

Thank you for your registration! Please verify your contact and registration details below. To update your information, go to your [WIPFLI MyAccount page](#) or reply with any necessary changes.

Shelly Kline
GCCARD
601 N Saginaw St Ste 1B

Flint, MI 48502-2015
bhumenchick@co.genesee.mi.us

18th Annual Wipfli National Training Conference

Sunday, July 9, 2017 - Friday, July 14, 2017
Caesars Palace
3570 Las Vegas Blvd. S.
Las Vegas, NV 89109

You may review your registration and event information at any time on our website:
[18th Annual Wipfli National Training Conference](#)

You are registered for the following:

- 7/9/2017 11:00 AM - Sunday Pre-Conference Check In
- 7/10/2017 8:00 AM - Monday Pre-Conference/General Conference Check In
- 7/11/2017 7:30 AM - Tuesday General Conference Check In
- 7/11/2017 10:00 AM - Opening Session
- 7/11/2017 1:30 PM - HS/EHS Non-Federal Share/In-Kind/Match
- 7/12/2017 8:15 AM - Head Start Monitoring Protocol
- 7/12/2017 1:30 PM - Methods of Procurement
- 7/12/2017 3:25 PM - Davis-Bacon Act for Head Start/Early Head Start
- 7/13/2017 8:15 AM - Budgeting for EHS/HS Directors
- 7/13/2017 10:10 AM - HS/EHS 15% Administrative Limit
- 7/13/2017 1:30 PM - What's New for the Uniform Guidance
- 7/13/2017 3:25 PM - HS/EHS Governance: Working Together for the Mission
- 7/14/2017 8:15 AM - HS/EHS: The Best Kept Secret-Now Stop It!
- 7/14/2017 10:10 AM - Real-Life Grant-Funded Challenges

Total charges: 800.00

Total payments: 0.00

Balance due: 800.00

This email was sent to sharon@wipfli.com

Remit to:

Wipfli LLP, PO Box 8700 - Madison, WI 53708-8700

Inquiries: phone 888.876.4992 - fax 608.274.8085 - FED ID# 39-0758449

Pikes, Donita

From: Humenckick, Barb
Sent: Monday, May 22, 2017 3:21 PM
To: Pikes, Donita
Subject: FW: Your trip confirmation-LCYTSB 11JUL

Breakdown per person is as follows:

Registration - \$800
Hotel: \$544.22
Flight: \$539.59
Food: \$120 (4 days x \$30 per day)
Taxi: \$100 (approximate cost)
Total: \$2,103.81 per person

Barb Humenckick

Secretary

GCCARD Head Start

Phone: (810) 235-5613; Fax: (810) 232-7546

www.gccardheadstart.com

From: American Airlines@aa.com [notify@aa.globalnotifications.com]

Sent: Wednesday, May 10, 2017 10:33 AM

To: Humenckick, Barb

Subject: Your trip confirmation-LCYTSB 11JUL

American Airlines 



Hello Andre Strater!

Issued: May 10, 2017



Your trip confirmation and receipt

Record locator: **LCYTSB**

[View your trip](#)

Tuesday, July 11, 2017

FNT

6:10 AM

Flint



ORD

6:15 AM

Chicago O'hare

Seats: -- , --

Class: Economy (G)

Meals:

American Airlines 3072

OPERATED BY SKYWEST AIRLINES AS AMERICAN EAGLE.

ORD

7:15 AM

Chicago O'hare



LAS

9:05 AM

Las Vegas

Seats: -- , --

Class: Economy (G)

Meals: Food For Purchase

American Airlines 2537

Friday, July 14, 2017

LAS

3:14 PM

Las Vegas



ORD

8:59 PM

Chicago O'hare

Seats: -- , --

Class: Economy (G)

Meals: Food For Purchase

American Airlines 1227

ORD

9:55 PM

Chicago O'hare



FNT

11:58 PM

Flint

Seats: -- , --

Class: Economy (G)

Meals:

American Airlines 3070

OPERATED BY SKYWEST AIRLINES AS AMERICAN EAGLE.

Andre Strater

Earn miles with this trip.

Join AAdvantage »

Ticket # 0012128024010

Janie Kline

Earn miles with this trip.

Join AAdvantage »

Ticket # 0012128024011

Your trip receipt



Master Card XXXXXXXXXXXXXXX1000

Andre Strater

FARE-USD	\$ 459.53
TAXES AND CARRIER-IMPOSED FEES	\$ 80.06
TICKET TOTAL	\$ 539.59

Janie Kline

FARE-USD	\$ 459.53
TAXES AND CARRIER-IMPOSED FEES	\$ 80.06
TICKET TOTAL	\$ 539.59



Book a hotel »



Book a car »



Buy trip insurance »



Schedule a ride »

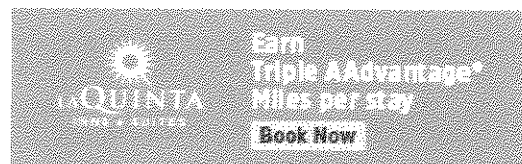


Limited time: earn
60,000 bonus miles after
qualifying purchases
[Learn more »](#)

Up to 35% off base rates plus
500 AAdvantage® bonus miles.

AVIS

Budget



[Contact us](#) | [Privacy policy](#)

Get the American Airlines app



Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE - FNTLAS-No free checked bags/ American Airlines BAG ALLOWANCE -LASFNT-No free checked bags/ American Airlines 1STCHECKED BAG FEE-FNTLAS-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-LASFNT-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-FNTLAS-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-LASFNT-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

You have 24 hours to cancel your trip for a full refund if you booked at least 7 days prior to departure. You must cancel your trip before requesting a refund. To cancel your trip, login on aa.com or Contact Reservations. For our refund policy and to request a refund, go to www.aa.com/refunds.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our Airport Information page.



Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in

carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

To change your reservation, please call 1-800-433-7300 and refer to your record locator.

NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys), is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include, but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges, 3. Claim restrictions, including time periods in which passengers must file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request, to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage button below.

Air transportation on American Airlines and the American Eagle carriers® is subject to American's conditions of carriage..

NOTICE: This email and any information, files or attachments are for the exclusive and confidential use of the intended recipient(s). This message contains confidential and proprietary information of American Airlines (such as customer and business data) that may not be read, searched, distributed or otherwise used by anyone other than the intended recipient. If you are not an intended recipient, please do not read, distribute, or take action in reliance upon this message. If you suspect you have received this email in error, please notify the sender and promptly delete this message and its attachments from your computer.

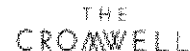
NRID: 5213356029421009330760300

Pikes, Donita

From: Humenchick, Barb
Sent: Monday, May 22, 2017 3:20 PM
To: Pikes, Donita
Subject: FW: Hotel Reservation Update Confirmation

Barb Humenchick
Secretary
GCCARD Head Start
Phone: (810) 235-5613; Fax: (810) 232-7546
www.gccardheadstart.com

From: The Caesars Entertainment Team [groupcampaigns@pkghlrss.com]
Sent: Wednesday, May 10, 2017 11:47 AM
To: Humenchick, Barb
Subject: Hotel Reservation Update Confirmation



RESERVATION MODIFICATION CONFIRMATION

This is an automatically generated e-mail. Please DO NOT REPLY to this e-mail.

Dear Andre,

Thank you for attending the Wipfli 2017 hosted at Caesars Palace. Your confirmation number and reservation details are below. Please keep this page for your records. **Confirmation Number: 32JV698X**

To modify or cancel your reservation, [click here](#). You will need your last name and confirmation number to access your reservation. You may also call our Contact Center at 866-227-5944.

Fast and Efficient Executive Coach Service to and from the hotel. LASxpress is committed to providing you a convenient stress-free experience. LASxpress offers: direct non-stop service to / from the hotel, advance reservations on a secure website, pre-printed boarding passes, eliminating frustration of securing transportation on-site and avoiding long taxi lines, available 24/7/365 complemented by 24 hour customer service. It's simple and easy.

Caesars Palace
3570 Las Vegas
Boulevard South
Las Vegas, NV 89109
866-227-5944

Reservation Information

Guest Name: Andre Strater
Confirmation Number: 32JV698X
Check-In Date: Jul 11, 2017
Check-Out Date: Jul 14, 2017

Rates Per Room*

Date2	Guest(s)	Status	Rate
Jul 11, 2017	1	Confirmed	160.00
Jul 12, 2017	1	Confirmed	160.00

Number of Adults: 1
Number of Children: 0

Jul 13, 2017 1 Confirmed 160.00

Additional Guest	Rate
Second Guest	0.00
Third Guest	30.00
Fourth Guest	30.00
Fifth Guest	0.00

480.00
*

Room rates shown do not include 13.38% room tax (subject to change). Total charges presented on the website will include all room and tax charges.

Hotel Information

Caesars Palace
3570 Las Vegas Boulevard South
Las Vegas, NV 89109
866-227-5944

Room Selection & Preferences
Octavius Premium Room 2 Queen
Beds Non Smoking

****PLEASE NOTE**
Room preferences are not guaranteed and additional charges may apply. If you are disabled and require special accommodations, please call 866-227-5944.

TERMS AND CONDITIONS

Caesars Palace CANCELLATION POLICY

Cancellation Policy: The hotel requires a 72-hour cancellation policy prior to the arrival date and the guest may then cancel the reservation with no penalties. However, if the reservation is canceled less than 72 hours prior to arrival date, the guest will forfeit their deposit of the 1st night's room and tax. When booked within 3 days, cancellations will be allowed but the guest will forfeit the 1st night's room and tax deposit.

DEPOSITS AND CREDIT CARDS

All reservations must be guaranteed by a major credit card. For group reservations, one night's room and tax are charged upon booking. Reservations made with declined or invalid credit cards are subject to cancellation.

RATES

Internet rates are not valid with, during, or in conjunction with other Discount programs, including corporate group and junket programs. All rates are currently subject to 13.38% tax and tourism fee that may not be reflected in the total cost. Prior to confirmation, all rates are subject to change without notice and based upon limited availability.

CHECK-IN/CHECK-OUT

Check-In time is 4:00pm and Check-Out time is 11:00am.

ROOM PREFERENCES

We will make every effort to fulfill your preference requests; however they are not guaranteed, as rooms are assigned at check-in. Additional charges may apply for some requests. For accommodation preferences for the physically challenged, please call us at 866-227-5944.

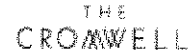
AGE REQUIREMENT

You must be 21 years of age or older to reserve a room.

ADDITIONAL PERSON CHARGES

Maximum occupancy is four persons per room. There is an additional nightly fee of \$30 per person for rooms with more than 2 occupants.

[Click here](#) to sign up to receive exclusive email offers from Caesars Entertainment.



Know When To Stop Before You Start ® Gambling Problem? Call 1-800-522-4700

© 2013 Caesars License Company, LLC. All rights reserved.

[PRIVACY](#) | [CAESARS](#)

This is a post-only mailing. Please do not reply to this email. [Click here for Caesars Customer Service](#)

The trademarks used herein are owned by Caesars License Company, LLC and its affiliated companies.

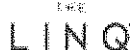
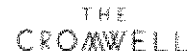
This is an advertisement from Caesars Entertainment. It was transmitted by Passkey on behalf of Caesars Entertainment, c/o Caesars Entertainment Operating Company, Inc. ATTN: Total Service Central 3475 Las Vegas Blvd., South, Las Vegas, NV 89109

Pikes, Donita

From: Humenchick, Barb
Sent: Monday, May 22, 2017 3:20 PM
To: Pikes, Donita
Subject: FW: Hotel Reservation Update Confirmation

Barb Humenchick
Secretary
GCCARD Head Start
Phone: (810) 235-5613; Fax: (810) 232-7546
www.gccardheadstart.com

From: The Caesars Entertainment Team [groupcampaigns@pkghlrss.com]
Sent: Wednesday, May 10, 2017 11:48 AM
To: Humenchick, Barb
Subject: Hotel Reservation Update Confirmation



RESERVATION MODIFICATION CONFIRMATION

This is an automatically generated e-mail. Please DO NOT REPLY to this e-mail.

Dear Shelly,

Caesars Palace
3570 Las Vegas
Boulevard South
Las Vegas, NV 89109
866-227-5944

Thank you for attending the Wipfli 2017 hosted at Caesars Palace. Your confirmation number and reservation details are below. Please keep this page for your records. **Confirmation Number: 32JV698W**

To modify or cancel your reservation, [click here](#). You will need your last name and confirmation number to access your reservation. You may also call our Contact Center at 866-227-5944.

Fast and Efficient [Executive Coach Service](#) to and from the hotel. LASxpress is committed to providing you a convenient stress-free experience. LASxpress offers: direct non-stop service to / from the hotel, advance reservations on a secure website, pre-printed boarding passes, eliminating frustration of securing transportation on-site and avoiding long taxi lines, available 24/7/365 complemented by 24 hour customer service. It's simple and easy.

Reservation Information

Guest Name: Shelly Kline
Confirmation Number: 32JV698W
Check-In Date: Jul 11, 2017
Check-Out Date: Jul 14, 2017

Rates Per Room*

Date2	Guest(s)	Status	Rate
Jul 11, 2017	1	Confirmed	160.00
Jul 12, 2017	1	Confirmed	160.00

Number of Adults: 1
Number of Children: 0

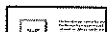
Jul 13, 2017 1 Confirmed 160.00

Additional Guest	Rate
Second Guest	0.00
Third Guest	30.00
Fourth Guest	30.00
Fifth Guest	0.00

480.00

*

Room rates shown do not include 13.38% room tax (subject to change). Total charges presented on the website will include all room and tax charges.



Hotel Information

Caesars Palace
3570 Las Vegas Boulevard South
Las Vegas, NV 89109
866-227-5944

Room Selection & Preferences
Julius Luxury Room King Bed Non
Smoking

**PLEASE NOTE

Room preferences are not guaranteed and additional charges may apply. If you are disabled and require special accommodations, please call 866-227-5944.

TERMS AND CONDITIONS

Caesars Palace CANCELLATION POLICY

Cancellation Policy: The hotel requires a 72-hour cancellation policy prior to the arrival date and the guest may then cancel the reservation with no penalties. However, if the reservation is canceled less than 72 hours prior to arrival date, the guest will forfeit their deposit of the 1st night's room and tax. When booked within 3 days, cancellations will be allowed but the guest will forfeit the 1st night's room and tax deposit.

DEPOSITS AND CREDIT CARDS

All reservations must be guaranteed by a major credit card. For group reservations, one night's room and tax are charged upon booking. Reservations made with declined or invalid credit cards are subject to cancellation.

RATES

Internet rates are not valid with, during, or in conjunction with other Discount programs, including corporate group and junket programs. All rates are currently subject to 13.38% tax and tourism fee that may not be reflected in the total cost. Prior to confirmation, all rates are subject to change without notice and based upon limited availability.

CHECK-IN/CHECK-OUT

Check-In time is 4:00pm and Check-Out time is 11:00am.

ROOM PREFERENCES

We will make every effort to fulfill your preference requests; however they are not guaranteed, as rooms are assigned at check-in. Additional charges may apply for some requests. For accommodation preferences for the physically challenged, please call us at 866-227-5944.

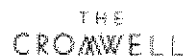
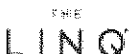
AGE REQUIREMENT

You must be 21 years of age or older to reserve a room.

ADDITIONAL PERSON CHARGES

Maximum occupancy is four persons per room. There is an additional nightly fee of \$30 per person for rooms with more than 2 occupants.

[Click here](#) to sign up to receive exclusive email offers from Caesars Entertainment.



Know When To Stop Before You Start ® Gambling Problem? Call 1-800-522-4700

© 2013 Caesars License Company, LLC. All rights reserved.

[PRIVACY](#) | [CAESARS](#)

This is a post-only mailing. Please do not reply to this email. [Click here for Caesars Customer Service](#)

The trademarks used herein are owned by Caesars License Company, LLC and its affiliated companies.

This is an advertisement from Caesars Entertainment. It was transmitted by Passkey on behalf of Caesars Entertainment, c/o Caesars Entertainment Operating Company, Inc. ATTN: Total Service Central 3475 Las Vegas Blvd., South, Las Vegas, NV 89109