

memo

To: Grant Review Committee **(for signature approval by 6-9-2021, if possible)**
Finance Committee **(for submission at the 6-16-2021 meeting, if possible)**

From: Cynthia Muszynski, Prosecutor
Stacey Stewart, IV-D Program Child Support Investigator

Date: June 8, 2021

Re: State of Michigan/DHHS
Title IV-D Cooperative Reimbursement Program – 2017 (renewals)

Comments: The current IV-D Grant Agreement is in its 5th year and expires on 9-30-2021 (see A1 & A2 attached). The Office of Child Support (State of Michigan/DHHS) is exercising the Options to Renew section of the current Grant Agreement (see A3 attached). The current budget for this 5th year (2021) is attached as B.

We are seeking approval of the State of Michigan/DHHS renewal budget amounts for years 2022 (see C attached) and 2023 (see D attached). The calculation for 2022 & 2023 budget amounts is appx. 103% of the 2021 budget amount.

Additionally, authorization is requested for the Chairman of the Board to sign renewal agreements (online through EGrAMS) when they are available (between 6-30-2021 and 9-30-2021). Actual Amendment documents should be available in hard copy during that time.

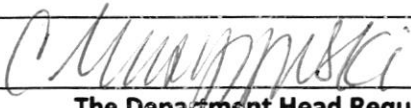
Previous Grant Review Committee approval and Board approval for the current Grant Agreement are attached as E & F (for reference).

Attachments: Contract/Leases/Agreements/Grants Form
Exhibits A1-F

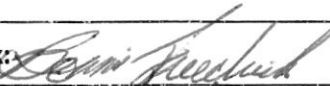
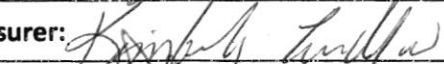

Contract / Leases / Agreements / Grants Form

This is	New			Renewal	XX	Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes	XX		No		If you marked YES this needs to go through Grant Review.
This is an	Agreement <u>XX</u> Contract <u> </u> Lease <u> </u> Other <u> </u> :					
Name of Entity who Contract / Lease / Agreement / Grant is with	Office of Child Support/State of Michigan/DHHS					
Project Name	Title IV-D Cooperative Reimbursement Program - 2017					
Attorney Review	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.					
Insurance Review	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.					
Total Amount	\$ 129,980.99 (2022) & \$129,980.99 (2023)					
Organization Match 66%	\$ 85,787.45 (2022) & \$ 85,787.45 (2023)					
County Match 34%	\$ 44,193.54 (2022) & \$ 44,193.54 (2023)					
Future Budget Commitment	\$ This should include ongoing maintenance fees/subscriptions, etc.					

I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:

 The Department Head Requesting	6/8/21 Date Signed
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GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: 	Date Signed: 6/8/21	I am requesting a meeting
County Treasurer: 	Date Signed: 6-8-21	I am requesting a meeting
Finance Chairman: 	Date Signed: 6-9-21	I am requesting a meeting

Please do NOT mark below this line

INTEROFFICE USE ONLY

Date Received:	Date Sent for Attorney Review:
Attorney Approval Received:	Insurance Received:

(A)
(1)

State of Michigan
 Department of Health & Human Services
 Bureau of Purchasing (BOP)
 PO Box 30037, Lansing MI 48909
 Or
 235 S. Grand Avenue, Suite 1201, Lansing, MI 48933
 AGREEMENT NUMBER: CSPA17-04002
 Between
 THE STATE OF MICHIGAN
 DEPARTMENT OF HEALTH & HUMAN SERVICES
 And

GRANTEE		PRIMARY CONTACT	EMAIL
County Of Alpena - Prosecuting Attorney		Ed Black	blacke@alpenacounty.org
GRANTEE ADDRESS			TELEPHONE
719 West Chisholm Street, County Annex Alpena, Mi 49707 2452			(989) 354-9738
STATE CONTACT	NAME	TELEPHONE	EMAIL
Contract Administrator	Duane Noworyta	(517) 241-7728	noworytad@michigan.gov
BOP Analyst	Melanie Sanford	(517) 373-9376	sanfordm2@michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Child Support Services		
GEOGRAPHIC AREA	Alpena		
INITIAL TERM	EFFECTIVE DATE*	EXPIRATION DATE	AVAILABLE OPTION YEARS
5 years	10/01/2016	09/30/2021	2
MISCELLANEOUS INFORMATION	DUNS NUMBER: 080 351 281		
ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION	\$378,766.97		
AGREEMENT TYPE	Actual Cost		

The undersigned have the lawful authority to bind the Grantee and MDHHS to the terms set forth in this Agreement. The Grantee's signature on this Agreement is the Grantee's certification that verification has and will be performed. The Grantee's signature certifies that the Grantee is not an Iran linked business as defined in MCL 129.312.

FOR THE GRANTEE (CSFOC, CSPA and CSCOM Agreements):

Grantee: County Of Alpena

Cameron Habermehl

Signature of Chairperson, County Board of Commissioners

Print Name: Cameron Habermehl

Date: 09/08/2016

FOR THE STATE:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Kim Stephen

Signature of Director or Authorized Designee

Print Name: Kim Stephen

Date: 09/12/2016

FOR THE GRANTEE (CSFOC and CSCOM Agreements Only):

Signature of Chief Circuit Judge

Print Name:

Date:

FOR THE GRANTEE (CSPA and CSCOM Agreements Only):

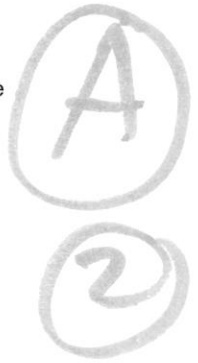
Ed Black

Signature of County of Prosecuting Attorney

Print Name: Ed Black

Date: 09/07/2016

This Agreement will be in effect from October 1, 2016 through September 30, 2021. No service will be provided and no costs to the state will be incurred before 10/01/2016.



	<u>Agreement Period</u>	<u>Amount</u>
Year 1	10/01/2016 through 09/30/2017	\$68,663.16
Year 2	10/01/2017 through 09/30/2018	\$71,953.83
Year 3	10/01/2018 through 09/30/2019	\$75,532.58
Year 4	10/01/2019 through 09/30/2020	\$79,325.97
Year 5	10/01/2020 through 09/30/2021	\$83,291.43
Total Amount :		\$378,766.97

1. Reserved

2. GRANTEE RESPONSIBILITIES

2.1 Email Address

The Grantee authorizes MDHHS to use the contact information below to send Agreement related notifications/information. The Grantee shall provide MDHHS with updated contact information if it changes. Contact email address: blacke@alpenacounty.org

2.2 Geographic Area

The Grantee shall provide services described herein in the following jurisdiction: Alpena

2.3 Reserved

2.4 Credentials

The Grantee shall assure that appropriately credentialed or trained staff under its control, including Grantee employees and/or subcontractors, shall perform functions under this Agreement.

2.5 Services to be Delivered

Activities the Grantee shall perform:

The Grantee under the terms of this Agreement may participate with the Office of Child Support (OCS) in various child support projects. These projects may be funded with additional federal performance incentives or federal or private grants. In addition to the Title IV-D standards these projects may be subject to additional specific requirements. The additional specific requirements will be provided to the Grantee and the Grantee agrees to comply with any specific requirements related to any project in which it agrees to participate.

The Grantee shall comply with all applicable requirements of the following (and any amendments to the following), hereinafter referred to as "Title IV-D Standards", that relate to establishing paternity or obtaining and enforcing support orders:

- U.S. Code Title 42, Chapter 7, subchapter IV, Part D
- 45 Code of Federal Regulations (CFR) Part 300 to 399
- 45 CFR Part 75
- 45 CFR Part 95
- 2 CFR Part 200
- Applicable Michigan Compiled Laws and Public Acts
- Applicable Michigan Court Rules
- Friend of the Court Manual
- Prosecuting Attorney Handbook
- Combined IV-D Policy Manual

laws or regulations.

4.54 Options to Renew

At the discretion of MDHHS, this Agreement may be renewed in writing by an amendment not less than 30 days before its expiration. This Agreement may be renewed for up to two additional one-year periods.

4.55 Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The Grantee certifies to the best of its knowledge that they and their principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal or state department or agency.
- b. Have not within a three-year period preceding this Agreement been convicted of or had civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in 28 CFR 67, et sec.
- d. Have not within a three-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause and default.

Where the parties are unable to certify to any of the statements in this certification, the Grantee shall attach an explanation to this Agreement.

The Grantee certifies to the best of its knowledge that within the past three years, the Grantee has not;

- a. Failed to substantially perform a state contract, agreement, or subcontract according to its terms, conditions, and specifications within specified time limits.
- b. Refused to provide information or documents required by a contract or agreement including, but not limited to information or documents necessary for monitoring contract performance.
- c. Failed to respond to requests for information regarding contract or agreement compliance, or accumulated repeated substantiated complaints regarding performance of a contract or agreement.
- d. Failed to perform a state contract, agreement, or subcontract in a manner consistent with any applicable state or federal law, rule, regulation, order, or decree.

The Grantee shall include Section 4.55 (Certification Regarding Debarment, Suspension, and Other Responsibility Matters) language as written above in all subcontracts with other parties.

The Grantee shall require each primary subcontractor, whose subcontract will exceed \$25,000, to disclose to the Grantee, in writing, whether at the time of the award of the subcontract, the subcontractor, or its principals, is or is not debarred, suspended, or proposed for debarment by the state of Michigan. The Grantee shall then inform MDHHS of the subcontractor's status and reasons for the Grantee's decision to use such subcontractor, if the Grantee so decides.

If it is determined that the Grantee knowingly rendered an erroneous certification under this provision, in addition to the other remedies available to the state, MDHHS may immediately terminate this Agreement.

If the state finds that grounds to debar exist, it shall send notice to the Grantee of proposed debarment indicating the grounds for proposed debarment and the procedures for requesting a

Budget Abstract Summary

Description	2017	2018	2019	2020	2021	Total
SECTION B						
1. FTE Positions	1.38	1.39	1.41	1.43	1.45	7.06
2. % of Total FTE	16.24	16.35	16.59	16.82	17.06	83.06
3. Caseload % (FOC, COM)	100.00	100.00	100.00	100.00	100.00	500.00
SECTION C						
1. Personnel	72,397.86	75,918.80	79,132.67	82,537.53	87,009.40	396,996.26
2. Data Processing	8,699.48	9,086.84	9,565.99	10,062.30	10,588.60	48,003.21
3. Other Direct	9,498.12	9,989.06	11,031.41	12,112.76	12,339.44	54,970.79
4. Central Services	12,949.63	13,526.25	14,213.23	14,978.28	15,761.70	71,429.09
5. Paternity Testing	490.00	500.00	500.00	500.00	500.00	2,490.00
6. TOTAL EXPENDITURES	104,035.09	109,020.95	114,443.30	120,190.87	126,199.14	573,889.35
7. Service Fees	0.00	0.00	0.00	0.00	0.00	0.00
8. Final Judgment Fees	0.00	0.00	0.00	0.00	0.00	0.00
9. Other Income	0.00	0.00	0.00	0.00	0.00	0.00
10. SUB TOTAL	104,035.09	109,020.95	114,443.30	120,190.87	126,199.14	573,889.35
11. Federal Incentives	0.00	0.00	0.00	0.00	0.00	0.00
12. NET BUDGET	104,035.09	109,020.95	114,443.30	120,190.87	126,199.14	573,889.35
13. County Share @ 34.00%	35,371.93	37,067.12	38,910.72	40,864.90	42,907.71	195,122.38
14. State Share (IV-D) @ 66.00%	68,663.16	71,953.83	75,532.58	79,325.97	83,291.43	378,766.97
15. STATE GF/GP AMOUNT	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRACT AMOUNT	68,663.16	71,953.83	75,532.58	79,325.97	83,291.43	378,766.97



A. CONTRACT DESCRIPTION

COUNTY : Alpena CONTRACT NO : CSPA17-04002
 PROVIDER : _____ FOC _____ PA COM _____
 FISCAL YEAR : 2022 AMENDMENT LINE ITEM TRANSFER _____

COLUMN I	COLUMN II	COLUMN III	COLUMN IV	COLUMN V
	Current 2022 IV-D Budget	Adjustment To 2022 IV-D Budget	Revised 2022 IV-D Budget	Provider's Total Eligible Budget
Allocation Factors				
SECTION B				
1. FTE Positions	0.00	0.00	1.36	10.10
2. % of Total FTE	0.00	0.00	13.47	100.00
3. Caseload % (FOC, COM)	0.00	0.00	100.00	100.00
Budget Categories	Current 2022 IV-D Budget	Adjustment To 2022 IV-D Budget	Revised 2022 IV-D Budget	Provider's Total Eligible Budget
SECTION C				
1. Personnel	0.00	92,065.33	92,065.33	607,148.00
2. Data Processing	0.00	67.35	67.35	500.00
3. Other Direct	0.00	9,828.41	9,828.41	49,000.00
4. Central Services	0.00	27,869.90	27,869.90	206,903.44
5. Paternity Testing	0.00	150.00	150.00	150.00
6. TOTAL EXPENDITURES	0.00	129,980.99	129,980.99	863,701.44
7. Service Fees	0.00	0.00	0.00	0.00
8. Final Judgment Fees	0.00	0.00	0.00	0.00
9. Other Income	0.00	0.00	0.00	0.00
10. SUB TOTAL	0.00	129,980.99	129,980.99	863,701.44
11. Federal Incentives	0.00	0.00	0.00	0.00
12. NET BUDGET	0.00	129,980.99	129,980.99	863,701.44
13. County Share @ 34.00%	0.00	44,193.54	44,193.54	0.00
14. State Share (IV-D) @ 66.00%	0.00	85,787.45	85,787.45	0.00
15. STATE GF/GP AMOUNT	0.00	0.00	0.00	0.00
TOTAL CONTRACT AMOUNT	0.00	85,787.45	85,787.45	0.00

A. CONTRACT DESCRIPTION

COUNTY : Alpena CONTRACT NO : CSPA17-04002
 PROVIDER : _____ FOC _____ PA COM _____
 FISCAL YEAR : 2023 AMENDMENT LINE ITEM TRANSFER _____

COLUMN I	COLUMN II	COLUMN III	COLUMN IV	COLUMN V
Allocation Factors	Current 2023 IV-D Budget	Adjustment To 2023 IV-D Budget	Revised 2023 IV-D Budget	Provider's Total Eligible Budget
SECTION B				
1. FTE Positions	0.00	0.00	1.36	10.10
2. % of Total FTE	0.00	0.00	13.47	100.00
3. Caseload % (FOC, COM)	0.00	0.00	100.00	100.00
Budget Categories	Current 2023 IV-D Budget	Adjustment To 2023 IV-D Budget	Revised 2023 IV-D Budget	Provider's Total Eligible Budget
SECTION C				
1. Personnel	0.00	92,065.33	92,065.33	607,148.00
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5. Paternity Testing	0.00	150.00	150.00	150.00
6. TOTAL EXPENDITURES	0.00	129,980.99	129,980.99	863,701.44
7. Service Fees	0.00	0.00	0.00	0.00
8. Final Judgment Fees	0.00	0.00	0.00	0.00
9. Other Income	0.00	0.00	0.00	0.00
10. SUB TOTAL	0.00	129,980.99	129,980.99	863,701.44
11. Federal Incentives	0.00	0.00	0.00	0.00
12. NET BUDGET	0.00	129,980.99	129,980.99	863,701.44
13. County Share @ 34.00%	0.00	44,193.54	44,193.54	0.00
14. State Share (IV-D) @ 66.00%	0.00	85,787.45	85,787.45	0.00
15. STATE GF/GP AMOUNT	0.00	0.00	0.00	0.00
TOTAL CONTRACT AMOUNT	0.00	85,787.45	85,787.45	0.00

(E) IV-D

NEW

RENEWAL

GRANT REVIEW COMMITTEE
SIGNATURE
TO PROCEED TO FINANCE COMMITTEE

Today's Date: 6-1-16

Department Requesting Grant: Prosecutor's Office

Name of Department Head/Employee Name: Ed Black / Stacey Stewart

Grant From: State of Michigan
Organization Offering Grant

Date Grant Application Due: 6/30/16

Grant period (effective dates): 10/1/16 - 9/30/2021 (5 years)

Total Amount of Grant: 5yr total - \$573,966⁰⁰ } NOT applying for maximum amounts according to our contract.

Grant Amount from Organization: \$378,818⁰⁰

Alpena County's Grant MATCH Amount: \$195,148⁰⁰
(see 1st page for yearly amounts)

I have reviewed this grant:

[Signature] 6/1/16 I am requesting a meeting.
Department Head requesting Grant Date signed

[Signature] 6/2/16 I am requesting a meeting.
Bonnie Friedrichs, County Clerk Date signed

[Signature] 6-2-16 I am requesting a meeting.
Joelyn McCallum, County Treasurer Date signed

[Signature] 6-8-16 I am requesting a meeting.
Lyle VanWormer, Chairman of Finance Date signed

6-8-16 [Signature]
Commissioners Office - date received



E-MAILED

6-30-16



ALPENA COUNTY BOARD OF COMMISSIONERS
BOARD ACTION #10

TO: County Treasurer, Prosecutor's Office

FROM: Alpena County Board of Commissioners

SUBJECT: Title IV-D Cooperative Reimbursement Program 2017 Grant Renewal

BOARD ACTION:

CONSENT CALENDAR:

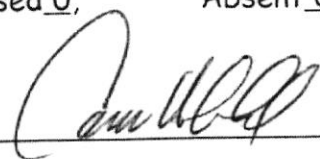
Finance/Building Maintenance and Recreation Committee - June 15, 2016

ACTION ITEM #FM-4: The Committee recommends we approve the State of Michigan Title IV-D Cooperative Reimbursement Program 2017 Grant Renewal 10-1-16/9-30-21, as presented and authorize the Chairman of the Board to sign all pertaining paperwork.

Moved by Commissioner Kowalski and supported by Commissioner Adrian to approve the Consent Calendar which includes actions as listed above and filing of all reports. Roll call vote was taken. Motion carried.

This action was xx APPROVED DISAPPROVED

BY: Ayes 8, Nays 0, Excused 0, Absent 0, Abstaining 0

Alpena County Board Chairman's Signature 

Alpena County Board Vice-Chairman's Signature _____

Date of the Board Meeting June 28, 2016