



CLINTON OFFICE
 1307 E. Townsend Rd.
 Saint Johns, MI 48879-9036
 (989) 224-2195

GRATIOT OFFICE
 151 Commerce Dr.
 Ithaca, MI 48847-1627
 (989) 875-3681

MONTCALM OFFICE
 615 N. State St.
 Stanton, MI 48888-9702
 (989) 831-5237

BOARD OF HEALTH:	Bruce DeLong Nicole Fickes	George Bailey Steven Sopocy	Adam Petersen Matt Murray
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MID-MICHIGAN DISTRICT HEALTH DEPARTMENT (MMDHD)
 BOARD OF HEALTH
 FINANCE COMMITTEE MEETING
Gratiot Office, Ithaca, Michigan
Conference Rooms A & B

Wednesday, March 26, 2025
8:30 a.m.

AGENDA

We take action to protect, maintain, and improve the health of our community.

COMMITTEE MEMBERS: George Bailey (Chairperson), Bruce DeLong and Adam Petersen

ABSENT: None

STAFF: Mari E. (Liz) Braddock, Health Officer; Melissa Selby, Director of Administrative Services; Lonnie Smith, Director of Environmental Health Services (EH); Sarah Doak Director of Community Health and Education Division (CHED); Krishna Santana, Board Secretary

STAFF ABSENT: None

- A. MMDHD’s Expenses for February 9 through March 7, 2025 – **Included.**
- B. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for February 2025 – **Included.**
- C. Administration Fees for Vaccines- **Included.**
- D. Fee Establishment for New Medications and Labs – **Included.**
- E. Revised – Yealink Video Conferencing Equipment – **Included.**
- F. Montcalm Office Rewire – **Included.**

BOARD OF HEALTH:	Bruce DeLong	George Bailey	Adam Petersen
	Nicole Fickes	Steven Sopocy	Matt Murray

Board of Health Finance Committee Synopsis of Actions Needed
March 26,2025

Item A.	EXPENSES FOR FEBRUARY 9 THROUGH MARCH 7, 2025
Motion to recommend payment of the Mid-Michigan District Health Department’s Expenses for February 9, through March 7,2025 totaling \$594,684.32.	
Item B.	BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR FEBRUARY 2025
Motion to recommend the approval of the Balance Sheet, Revenue and Expenditure Report for February 2025 and place on file.	
Item C.	ADMINISTRATION FEES FOR VACCINES
Motion to recommend approval to increase the five noted administration fees to \$24.00 each.	
Item D.	FEE ESTABLISHMENT FOR NEW MEDICATIONS AND LABS
Motion to recommend adding the proposed codes to the fee schedule at market price rounded up to the next even dollar amount.	
Item E.	REVISED – EXTENDING YEALINK VIDEO CONFERENCING EQUIPMENT
Motion to recommend authorization for the agency to purchase the Yealink equipment needed.	
Item F.	MONTCALM OFFICE REWIRE
Motion to recommend authorizing the agency to spend up to \$100,000.00 to contract with DataCom to complete the infrastructure upgrade.	

**MONTHLY EXPENSES FOR
February 9, 2025 - March 7, 2025**

<i>EV 2054</i>	<i>2/19/2025</i>	\$	<i>328,624.21</i>
<i>EV 2055</i>	<i>3/5/2025</i>	\$	<i>266,060.11</i>
TOTAL		\$	594,684.32



Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher #	2054	2/19/2025
<u>Payables</u>		
109499-109527	Acumatica Checks	\$ 94,222.88
ACH000078-ACH000079	Acumatica EFT & ACH Payments	\$ 5,601.18
<u>Payroll</u>		
	Ameriprise NBS	\$ 100.00
	MERS 457	\$ 1,847.00
	Nationwide	\$ 1,780.00
	EFT Payroll Taxes	\$ 42,179.92
	MERS Defined Benefit - Employee	\$ 8,775.17
	MERS Defined Benefit - Employer	\$ 47,616.62
	Direct Deposit Payroll	\$ 121,587.67
	Direct Deposit HSA	\$ 5,134.43
	State of Michigan Unemployment	
<u>Fees</u>		
	Huntington e-Banking fee	\$ 183.14
	Huntington Bank Interest	
<u>Corrections</u>		
	Interest	\$ (535.30)
	MERS	\$ 131.50
TOTAL		<u>\$ 328,624.21</u>

AP Payment Register

Company/Branch MMDHD

Date From: 2/8/2025
Date To: 2/19/2025

Date: 2/19/2025 1:10 PM
User: Ashley Tate

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003071	109499	Closed	2/19/2025	ALPH01	ALPHA FAMILY CENTER	0.00	200.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004883		March 2025	March 2025 Rent:	200.00	USD	0.00	200.00
							Document Total:	200.00
							Payment Method Total:	200.00
							Cash Account Total:	200.00

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003072	109500	Closed	2/19/2025	CENT02	CENTRAL MICHIGAN DIST HEALTH DEPARTMENT	0.00	7,040.59

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004882		Jan 2025	CMDHD MD for Ja	7,040.59	USD	0.00	7,040.59
							Document Total:	7,040.59
							Payment Method Total:	7,040.59
							Cash Account Total:	7,040.59

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003094	109501	Closed	2/19/2025	CHILD01	CHILD ADVOCACY	0.00	200.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004885		March 2025	March 2025 Rent	200.00	USD	0.00	200.00
							Document Total:	200.00
							Payment Method Total:	200.00
							Cash Account Total:	200.00

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003073	109502	Closed	2/19/2025	COMM01	COMMUNITY MENTAL HEALTH ASSOCIATION	0.00	2,600.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004913		2025 Membership	MEMBERSHIP	2,600.00	USD	0.00	2,600.00
							Document Total:	2,600.00
							Payment Method Total:	2,600.00
							Cash Account Total:	2,600.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003074	109503	Closed	2/19/2025	COVE01	COVENANT MEDICAL CENTER	0.00	42.84

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004910		28965883	Jan labs Account 2	42.84	USD	0.00	42.84
							Document Total:	42.84
							Payment Method Total:	42.84
							Cash Account Total:	42.84

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003099	109504	Closed	2/19/2025	COWAN	Daryls Cowan	0.00	320.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004915		EH Refund	EH Refund	320.00	USD	0.00	320.00
							Document Total:	320.00
							Payment Method Total:	320.00
							Cash Account Total:	320.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003075	109505	Closed	2/19/2025	GANN01	Gannett Michigan LocaliQ	0.00	230.80

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004905		0006917640	BOH 2025 LEGAL	230.80	USD	0.00	230.80
							Document Total:	230.80
							Payment Method Total:	230.80
							Cash Account Total:	230.80

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003076	109506	Closed	2/19/2025	GLAXO1	GLAXO SMITH KLINE	0.00	418.30

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004890		8254537480	BOOSTRIX VACCI	418.30	USD	0.00	418.30
							Document Total:	418.30
							Payment Method Total:	418.30
							Cash Account Total:	418.30

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003077	109507	Closed	2/19/2025	GRAT07	GRATIOT ISABELLA RESD	0.00	35,098.80

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004906		12586	January 2025 HRA	35,098.80	USD	0.00	35,098.80
							Document Total:	35,098.80
							Payment Method Total:	35,098.80
							Cash Account Total:	35,098.80

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003090	109508	Closed	2/19/2025	VERT01	HBK IT LLC dba VERTILOCITY	0.00	869.50

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004896		31023991	Feb 2025 Monthly	869.50	USD	0.00	869.50
							Document Total:	869.50
							Payment Method Total:	869.50
							Cash Account Total:	869.50

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003091	109509	Closed	2/19/2025	HERI01	HERITAGE UNITED METHODIST CHURCH	0.00	100.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004884		March 2025	March 2025 Office	100.00	USD	0.00	100.00
							Document Total:	100.00
							Payment Method Total:	100.00
							Cash Account Total:	100.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003078	109510	Closed	2/19/2025	HOSP03	HOSPITAL NETWORK HEALTHCARE SERVICES	0.00	984.32

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004891		97890	MEDICAL WASTE	984.32	USD	0.00	984.32
							Document Total:	984.32
							Payment Method Total:	984.32
							Cash Account Total:	984.32

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003079	109511	Closed	2/19/2025	INSP01	INSPIRATION STUDIO DESIGNS	0.00	37.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004909		27344		37.00	USD	0.00	37.00
							Document Total:	37.00
							Payment Method Total:	37.00
							Cash Account Total:	37.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003080	109512	Closed	2/19/2025	MICH06	MDARD-MICHIGAN DEPARTMENT OF AGRICULTURE	0.00	130.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004895		791-11295210	Food Licenses	130.00	USD	0.00	130.00
							Document Total:	130.00
							Payment Method Total:	130.00
							Cash Account Total:	130.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003092	109513	Closed	2/19/2025	MICH24	MEHA	0.00	1,400.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004901		2025MEHA	MEHA Conference	1,400.00	USD	0.00	1,400.00
							Document Total:	1,400.00
							Payment Method Total:	1,400.00
							Cash Account Total:	1,400.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003095	109514	Closed	2/19/2025	MEN01	MENDEZ FOUNDATION	0.00	8,108.27
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004912		0065108-IN	TOO GOOD FOR I	8,108.27	USD	0.00	8,108.27
							Document Total:	8,108.27
							Payment Method Total:	8,108.27
							Cash Account Total:	8,108.27

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003089	109515	Closed	2/19/2025	MICH21	MICHIGAN CENTER FOR RURAL HEALTH	0.00	1,200.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004911		2025 conference	Michigan Center fo	1,200.00	USD	0.00	1,200.00
							Document Total:	1,200.00
							Payment Method Total:	1,200.00
							Cash Account Total:	1,200.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003081	109516	Closed	2/19/2025	MICH11	MICHIGAN NURSES ASSOCIATION	0.00	677.20

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004886		Feb 2025	Feb 2025 MNA Un	677.20	USD	0.00	677.20
							Document Total:	677.20
							Payment Method Total:	677.20
							Cash Account Total:	677.20

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003096	109517	Closed	2/19/2025	OVERDO	OVERDOSE LIFELINE	0.00	722.50

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004893		3317	Overdose Lifeline t	722.50	USD	0.00	722.50
							Document Total:	722.50
							Payment Method Total:	722.50
							Cash Account Total:	722.50

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003082	109518	Closed	2/19/2025	PATA01	PATAGONIA HEALTH INC	0.00	279.50

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004904		12356	Telehealth App Mo	279.50	USD	0.00	279.50
							Document Total:	279.50
							Payment Method Total:	279.50
							Cash Account Total:	279.50

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003097	109519	Closed	2/19/2025	POSTAL	POSTAL CONNECTIONS #207	0.00	117.40
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004897		271116	Farmworker Flu M	117.40	USD	0.00	117.40
							Document Total:	117.40
							Payment Method Total:	117.40
							Cash Account Total:	117.40

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003088	109520	Closed	2/19/2025	PUBL01	PUBLIC SECTOR CONSULTANTS	0.00	25,407.50
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004898		INV6633	2025 BRFS	25,407.50	USD	0.00	25,407.50
							Document Total:	25,407.50
							Payment Method Total:	25,407.50
							Cash Account Total:	25,407.50

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003098	109521	Closed	2/19/2025	STLOUIS	St. Louis Community Schools Preschool c/o Midland Family Cen	0.00	320.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004914		EH Refund	EH Refund	320.00	USD	0.00	320.00
							Document Total:	320.00
							Payment Method Total:	320.00
							Cash Account Total:	320.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003083	109522	Closed	2/19/2025	STAT01	STATCOURIER	0.00	2,403.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004894		1019-3770	01.2025 Lab Couri	2,403.00	USD	0.00	2,403.00
							Document Total:	2,403.00
							Payment Method Total:	2,403.00
							Cash Account Total:	2,403.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003084	109523	Closed	2/19/2025	TEAM02	TEAMSTERS LOCAL 214	0.00	1,884.05
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004902		Feb 2025	February 2025 Tea	1,884.05	USD	0.00	1,884.05
							Document Total:	1,884.05
							Payment Method Total:	1,884.05
							Cash Account Total:	1,884.05

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003093	109524	Closed	2/19/2025	TOWN01	TOWN AND COUNTRY TECHNOLOGIES	0.00	2,956.31
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004908		36987	GRATIOT CABLIN	2,956.31	USD	0.00	2,956.31
							Document Total:	2,956.31
							Payment Method Total:	2,956.31
							Cash Account Total:	2,956.31

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003085	109525	Closed	2/19/2025	UNIT03	UNITED WAY OF MONTCALM COUNTY	0.00	140.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004887		Feb 2025	February 2025 Emp	140.00	USD	0.00	140.00
							Document Total:	140.00
							Payment Method Total:	140.00
							Cash Account Total:	140.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003086	109526	Closed	2/19/2025	VIEW01	VIEW NEWSPAPER GROUP	0.00	70.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004892		371565	2025 BOARD OF P	70.00	USD	0.00	70.00
							Document Total:	70.00
							Payment Method Total:	70.00
							Cash Account Total:	70.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003087	109527	Closed	2/19/2025	WOOD01	WOOD SARAH	0.00	265.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid		
Bill	004899		2.1.25		02.01.2025	Contra	30.00	USD	0.00	30.00
Bill	004900		2.8.25		02.08.2025	Contra	125.00	USD	0.00	125.00
Bill	004903		02.15.25		02.15.2025	Contra	110.00	USD	0.00	110.00
Document Total:								265.00		
Payment Method Total:								265.00		
Cash Account Total:								265.00		

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003100	ACH000078	Closed	2/19/2025	MISD01	MISDU - FRIEND OF COURT	0.00	369.20

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid		
Bill	004916		2.21.25	payroll	2.21.25	Payroll - C	369.20	USD	0.00	369.20
Document Total:								369.20		
Payment Method Total:								369.20		
Cash Account Total:								369.20		

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003101	ACH000079	Closed	2/19/2025	MUTU01	MUTUAL OF OMAHA	0.00	5,231.98

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid		
Bill	004907		001847786313		Mar 2025	ER Life//	5,231.98	USD	0.00	5,231.98
Document Total:								5,231.98		
Payment Method Total:								5,231.98		
Cash Account Total:								5,231.98		

Doc. Type	Count	Amount Paid (USD)
Check	31	99,824.06
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
Company Total:	31	99,824.06



Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher #	2055	3/5/2025
<u>Payables</u>		
109528-109548	Acumatica Checks	\$ 87,001.51
ACH000080-ACH000084	Acumatica EFT & ACH Payments	\$ 10,303.30
<u>Payroll</u>		
	Ameriprise NBS	\$ 100.00
	MERS 457	\$ 1,997.00
	Nationwide	\$ 1,780.00
	EFT Payroll Taxes	\$ 40,640.42
	MERS Defined Benefit - Employee	
	MERS Defined Benefit - Employer	
	Direct Deposit Payroll	\$ 119,119.43
	Direct Deposit HSA	\$ 5,134.43
	State of Michigan Unemployment	
<u>Fees</u>		
	Huntington e-Banking fee	
	Huntington Bank Interest	\$ (15.98)
TOTAL		<u>\$ 266,060.11</u>

AP Payment Register

Company/Branch MMDHD

Date From: 2/22/2025

Date To: 3/7/2025

Date:

3/5/2025 1:07 PM

User:

Ashley Tate

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003108	109528	Closed	3/5/2025	CDWG01	CDW GOVERNMENT, INC.	0.00	68,747.85

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004918		AC8IH8L	COURTNEY	359.30	USD	0.00	359.30
Bill	004919		AC8JK5S	EH SANITARIAN L	15,037.54	USD	0.00	15,037.54
Bill	004924		AC8QW7J	PO 1713	85.95	USD	0.00	85.95
Bill	004945		ZR00654359	CISCO VOICE FEE	16,380.00	USD	0.00	16,380.00
Bill	004946		ZR00654357	Cisco WebEx/Spar	36,262.80	USD	0.00	36,262.80
Bill	004953		ZR00638837	Feb 2025 Webex C	250.00	USD	0.00	250.00
Bill	004954		ZR00654358	Jan 2025 CISCO V	372.26	USD	0.00	372.26

Document Total:	68,747.85
Payment Method Total:	68,747.85
Cash Account Total:	68,747.85

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003122	109529	Closed	3/5/2025	CLIA01	CLIA LABORATORY PROGRAM	0.00	297.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004932		2025-2027	CERTIFICATE PEI	297.00	USD	0.00	297.00

Document Total:	297.00
Payment Method Total:	297.00
Cash Account Total:	297.00

Account	Currency	Description
CASH AP	USD	CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003127	109530	Closed	3/5/2025	CAAS01	CLINTON AREA AMBULANCE SERVICE	0.00	60.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004925		022125-2	CPR for Cassidy Ti	60.00	USD	0.00	60.00

Document Total:	60.00
Payment Method Total:	60.00
Cash Account Total:	60.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003109	109531	Closed	3/5/2025	CLIN01	CLINTON COUNTY ADMINISTRATION/ACCOUNTING	0.00	1,966.67

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004947		Ac-2025-022	April 2025 Rent - E	1,966.67	USD	0.00	1,966.67
							Document Total:	1,966.67
							Payment Method Total:	1,966.67
							Cash Account Total:	1,966.67

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003110	109532	Closed	3/5/2025	FRIE01	FRIEDLAND INDUSTRIES, INC.	0.00	366.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004931		8796	2.10.25 District Wir	366.00	USD	0.00	366.00
							Document Total:	366.00
							Payment Method Total:	366.00
							Cash Account Total:	366.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003126	109533	Closed	3/5/2025	VERT01	HBK IT LLC dba VERTILOCITY	0.00	100.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004943		31024574	Service Ticket 640:	100.00	USD	0.00	100.00
							Document Total:	100.00
							Payment Method Total:	100.00
							Cash Account Total:	100.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003111	109534	Closed	3/5/2025	HEDG01	HEDGEROW SOFTWARE LTD.	0.00	9,000.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004951		1344	April 1-June 30 20:	9,000.00	USD	0.00	9,000.00
							Document Total:	9,000.00
							Payment Method Total:	9,000.00
							Cash Account Total:	9,000.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003112	109535	Closed	3/5/2025	HOSP03	HOSPITAL NETWORK HEALTHCARE SERVICES	0.00	50.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004929		98197	Pharmaceutical wa	50.00	USD	0.00	50.00
							Document Total:	50.00
							Payment Method Total:	50.00
							Cash Account Total:	50.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003113	109536	Closed	3/5/2025	INSP01	INSPIRATION STUDIO DESIGNS	0.00	149.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004934		27346	APPOINTMENT C	83.00	USD	0.00	83.00
Bill	004935		27347	BUSINESS CARD	66.00	USD	0.00	66.00
							Document Total:	149.00
							Payment Method Total:	149.00
							Cash Account Total:	149.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003114	109537	Closed	3/5/2025	MAGE01	MAGELLAN DIAGNOSTICS	0.00	2,700.26

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004922		74297	BLOOD TEST KIT	2,700.26	USD	0.00	2,700.26
							Document Total:	2,700.26
							Payment Method Total:	2,700.26
							Cash Account Total:	2,700.26

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003115	109538	Closed	3/5/2025	MICH06	MDARD-MICHIGAN DEPARTMENT OF AGRICULTURE	0.00	228.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004928		791-11316333	Food Licenses	228.00	USD	0.00	228.00
							Document Total:	228.00
							Payment Method Total:	228.00
							Cash Account Total:	228.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003124	109539	Closed	3/5/2025	MICH20	MICHIGAN DEPARTMENT OF EGLE	0.00	225.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004955		HQA-VZVC-Z69N8	MONTCALM MEDI	75.00	USD	0.00	75.00
Bill	004956		HQA-VZT2-928Y4	GRATIOT MEDICA	75.00	USD	0.00	75.00
Bill	004957		HQA-VZJG-HWSTB	CLINTON MEDICA	75.00	USD	0.00	75.00
Document Total:								225.00
Payment Method Total:								225.00
Cash Account Total:								225.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003116	109540	Closed	3/5/2025	MICH14	MICHIGAN ORAL HEALTH COALITION	0.00	75.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004927		MOHC 2025	SHELLEY TREYN	75.00	USD	0.00	75.00
Document Total:								75.00
Payment Method Total:								75.00
Cash Account Total:								75.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003117	109541	Closed	3/5/2025	PLEA01	PLEASANT GRAPHICS INC	0.00	272.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004944		49941	A/P CHECKS 8.5X	272.00	USD	0.00	272.00
Document Total:								272.00
Payment Method Total:								272.00
Cash Account Total:								272.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003107	109542	Closed	3/5/2025	CASA01	POINT BROADBAND	0.00	875.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004949		5628469	Point Broadband Ir	875.00	USD	0.00	875.00
Document Total:								875.00
Payment Method Total:								875.00
Cash Account Total:								875.00

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003125	109543	Closed	3/5/2025	PREIN01	PREIN&NEWHOF	0.00	963.00	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	004948		121355	February 2025 Wat	963.00	USD	0.00	963.00	
							Document Total:	963.00	
							Payment Method Total:	963.00	
							Cash Account Total:	963.00	

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003119	109544	Closed	3/5/2025	RSNO01	R&S NORTHEAST LLC	0.00	96.12	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	004937		510715	TRI-SPRINTEC TA	96.12	USD	0.00	96.12	
							Document Total:	96.12	
							Payment Method Total:	96.12	
							Cash Account Total:	96.12	

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003118	109545	Closed	3/5/2025	RICO01	RICOH USA INC	0.00	623.11	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	004950		5071012251	February 2025 Print	623.11	USD	0.00	623.11	
							Document Total:	623.11	
							Payment Method Total:	623.11	
							Cash Account Total:	623.11	

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003120	109546	Closed	3/5/2025	STAT04	STATE OF MICHIGAN-LAB	0.00	57.50	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	004933		20250201-7	State of Michigan L	11.50	USD	0.00	11.50	
Bill	004938		20250201-13	State of Michigan L	23.00	USD	0.00	23.00	
Bill	004952		20250201-12	State of Michigan L	23.00	USD	0.00	23.00	
							Document Total:	57.50	
							Payment Method Total:	57.50	
							Cash Account Total:	57.50	

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003121	109547	Closed	3/5/2025	WINN01	WINN TELECOM	0.00	0.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Debit Adj.	003970		CR APR2024	INTERNET CREDI	-7,064.48	USD	0.00	-7,064.48
Debit Adj.	004491		Aug 2024 CR	August 2024 Winn	-3,412.32	USD	0.00	-3,412.32
Debit Adj.	004492		Sept 2024 CR	September 2024 V	-2,282.11	USD	0.00	-2,208.10
Bill	004485		May 2024	05.2024 Winn Tele	3,172.42	USD	0.00	3,172.42
Bill	004486		June 2024	06.2024 Winn Tele	3,171.71	USD	0.00	3,171.71
Bill	004487		July 2024	07.2024 Winn Tele	3,171.10	USD	0.00	3,171.10
Bill	004488		Aug 2024	08.2024 Winn Tele	3,169.67	USD	0.00	3,169.67
Document Total:								0.00
Payment Method Total:								0.00
Cash Account Total:								0.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003123	109548	Closed	3/5/2025	WOOD01	WOOD SARAH	0.00	150.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004926		02.22.25	02.22.2025 Contra	150.00	USD	0.00	150.00
Document Total:								150.00
Payment Method Total:								150.00
Cash Account Total:								150.00

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003102	ACH000080	Closed	3/5/2025	FIRS01	FIRST NATIONAL BANK OMAHA	0.00	4,461.68

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004941		March 2025 8712	02.04.2025-03.03.;	64.69	USD	0.00	64.69
Bill	004942		March 2025 2593	02.04.2025-03.03.;	4,396.99	USD	0.00	4,396.99
Document Total:								4,461.68
Payment Method Total:								4,461.68
Cash Account Total:								4,461.68

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003103	ACH000081	Closed	3/5/2025	MISD01	MISDU - FRIEND OF COURT	0.00	369.20

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004939		3.7.25 Payroll	3.7.25 Payroll - Ch	369.20	USD	0.00	369.20
Document Total:								369.20
Payment Method Total:								369.20
Cash Account Total:								369.20

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003104	ACH000082	Closed	3/5/2025	STAP01	STAPLES	0.00	166.29

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004923		6024629295		166.29	USD	0.00	166.29
							Document Total:	166.29
							Payment Method Total:	166.29
							Cash Account Total:	166.29

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003105	ACH000083	Closed	3/5/2025	VERI01	VERIZON	0.00	4,697.86

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004940		6106845839		4,697.86	USD	0.00	4,697.86
							Document Total:	4,697.86
							Payment Method Total:	4,697.86
							Cash Account Total:	4,697.86

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003106	ACH000084	Closed	3/5/2025	AMAZON01	AMAZON CAPITAL SERVICES	0.00	608.27

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	004920		1TTY-MK6L-G3GM		130.53	USD	0.00	130.53
Bill	004921		1TL4-PH6M-9YQL	WALL CLOCK COI	27.99	USD	0.00	27.99
Bill	004930		1DGW-JGTJ-43WQ	White backdrop	169.98	USD	0.00	169.98
Bill	004936		1J3X-PF74-GPLW	CHAIRS, POSTCA	279.77	USD	0.00	279.77
							Document Total:	608.27
							Payment Method Total:	608.27
							Cash Account Total:	608.27

Doc. Type	Count	Amount Paid (USD)
Check	26	97,304.81
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
Company Total:	26	97,304.81

Balance Sheet

As of February 28, 2025

Assets

Cash & Cash Equivalents	2,714,901.26
Account Receivable	372,124.80
Other Receivables	294,098.30
Prepaid Expenses	137,299.14
VFC Inventory	83,063.29
Total Assets	3,601,486.79

Liabilities

Employee Deductions	185,378.37
Accounts Payable	143,518.27
Due to Others	718,993.21
Taxes Payable	79,833.57
VFC Inventory	83,063.29
Trust Funds	17,987.17
Deferred Revenues	14,752.74
Other Long-term Liabs	151,433.00
38901-FUND BALANCE RESTRICTED DENTAL	95,208.84
39000-FUND BALANCE END OF YEAR	(17,486.73)
39001-FUND BALANCE	206,856.39
39004-FUND BALANCE - TECHNICAL/EQUIP	489,494.46
39005-FUND BALANCE-FACILITY DEV.	137,523.00
39007-FUND BALANCE-SELF INS BONDS	13,949.72
39008-FUND BALANCE-FUTURE RETIREMENT	277,269.58
39009-FUND BALANCE-COMPENSATED LEAVE	511,844.51
39010-FUND BALANCE-UNEMPLOYMENT	55,000.00
39012-FUND BALANCE - TRAINING	35,000.00
39013-FUND BALANCE - BRFS	11,522.00
39014-FUND BALANCE-HEALTH INSURANCE	125,451.00
39015-FUND BALANCE-POTENTIAL CLAIMS	75,457.00
39017-FUND BALANCE CHW	150,000.00
39018-FUND BALANCE OPEB	77,778.00
Net Income / (Loss)	(38,340.60)

Total Liabilities	3,601,486.79
Difference	0.00

REVENUE-EXPENSE

As of February 28, 2025

ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
REVENUE					
ELPHS LCSA	190,167.00	0.00	190,167.00	0.00	100%
ELPHS	1,593,535.00	132,796.00	610,943.00	982,592.00	38%
MDHHS GRANTS	3,993,930.00	428,380.00	1,826,085.00	2,167,845.00	46%
MDHHS FEE FOR SERVICE	42,000.00	0.00	0.00	42,000.00	0%
EGL E GRANTS	285,923.00	0.00	0.00	285,923.00	0%
OTHER GRANTS	631,642.00	5,966.67	77,983.63	553,658.37	12%
VFC SUPPLIES	300,000.00	0.00	0.00	300,000.00	0%
MEDICAID FULL COST	151,000.00	0.00	65,403.00	85,597.00	43%
MEDICAID OUTREACH	184,322.00	0.00	0.00	184,322.00	0%
MISC INCOME	105,000.00	16.46	95,237.05	9,762.95	91%
ADMINISTRATION	0.00	-8,944.96	0.00	0.00	
EH ADMIN	0.00	51.69	464.87	-464.87	
EH MISC	50,000.00	1,093.75	17,235.50	32,764.50	34%
SEWAGE PROGRAM	225,000.00	11,395.00	63,000.00	162,000.00	28%
WATER PROGRAM	165,000.00	9,304.00	53,096.53	111,903.47	32%
FOOD PROGRAM	300,000.00	6,309.00	23,018.00	276,982.00	8%
BODY ART	1,000.00	0.00	6,600.00	-5,600.00	660%
COMMUNICABLE DISEASE	1,000.00	0.00	0.00	1,000.00	0%
IMMUNIZATIONS	149,000.00	14,115.09	185,068.48	-36,068.48	124%
STD/STI	7,000.00	20.50	485.78	6,514.22	7%
BLOOD LEAD	11,000.00	938.88	3,496.66	7,503.34	32%
WOMENS HEALTH PROGRAM	0.00	283.20	550.07	-550.07	
BCCCP	5,000.00	259.52	312.30	4,687.70	6%
FAMILY PLANNING	89,000.00	7,472.71	19,581.14	69,418.86	22%
VISION	14,000.00	469.67	5,754.08	8,245.92	41%
HEARING	14,000.00	399.56	6,258.59	7,741.41	45%
BREASTFEEDING PROGRAM	6,000.00	55.00	55.00	5,945.00	1%
CLINICAL VARNISH	13,000.00	981.36	2,399.26	10,600.74	18%
ORAL HEALTH K-ASSESSMENT	13,000.00	-25.00	11,831.58	1,168.42	91%
SPACE	255,300.00	0.00	94,512.73	160,787.27	37%
APPROPRIATIONS	1,135,677.00	94,623.17	471,148.84	664,528.16	41%
TOTAL REVENUE	9,931,496.00	705,961.27	3,830,688.09	6,100,807.91	39%

REVENUE-EXPENSE

As of February 28, 2025

ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
EXPENSE					
SALARIES	4,486,964.00	88,206.69	2,025,553.92	2,461,410.08	45%
FICA	343,249.00	6,406.48	159,357.69	183,891.31	46%
HEALTH INSURANCE	868,256.00	60,257.36	343,200.14	525,055.86	40%
DENTAL INSURANCE	72,344.00	4,431.46	21,580.67	50,763.33	30%
RETIREMENT	831,681.00	50,091.28	272,904.35	558,776.65	33%
OTHER BENEFITS	57,502.00	480.06	2,784.30	54,717.70	5%
OFFICE SUPPLIES	103,150.00	10,429.60	43,059.21	60,090.79	42%
COMPUTER SUPPLIES	102,500.00	15,498.56	60,315.42	42,184.58	59%
MEDICAL SUPPLIES	52,600.00	9,293.34	34,847.95	17,752.05	66%
BIOLOGICS	105,000.00	3,472.43	83,943.30	21,056.70	80%
VFC	300,000.00	0.00	0.00	300,000.00	0%
OTHER SUPPLIES	0.00	0.00	0.00	0.00	
CAPITAL EXPENSE	180,000.00	36,262.80	36,262.80	143,737.20	20%
SOFTWARE PURCHASES	2,000.00	0.00	561.80	1,438.20	28%
CONTRACTUAL/PROFESSIONAL SERVICES	1,574,500.00	72,551.79	422,111.80	1,152,388.20	27%
COMMUNICATIONS	79,000.00	27,213.69	51,209.98	27,790.02	65%
TRAVEL/TRAINING	182,400.00	6,691.98	70,798.40	111,601.60	39%
MEMBERSHIPS	39,100.00	5,708.88	19,532.95	19,567.05	50%
ADVERTISING	15,650.00	342.12	7,083.92	8,566.08	45%
LIABILITY INSURANCE	65,000.00	0.00	65,933.25	-933.25	101%
LEASE & MAINTENANCE	153,800.00	1,797.92	25,236.26	128,563.74	16%
RENT	28,400.00	2,466.67	13,976.33	14,423.67	49%
SPACE	269,400.00	0.00	94,512.73	174,887.27	35%
MISC EXPENSE	19,000.00	1,472.41	14,261.52	4,738.48	75%
TOTAL EXPENSE	9,931,496.00	403,075.52	3,869,028.69	6,062,467.31	39%
Net Income (Loss)	0.00	302,885.75	-38,340.60	38,340.60	

BOARD OF HEALTH:	Bruce DeLong	George Bailey	Adam Petersen
	Nicole Fickes	Steven Sopocy	Matt Murray

March 26, 2025

ADMINISTRATOR: Sarah Doak, CHED Director

SUBJECT: Administration Fees for Vaccines

Information Only

Action Needed

I. Authority For This Action:

Local Policy

Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

II. Summary:

Most private insurance as well as Medicaid reimburse for a vaccine administration fee. These fees help to cover the cost of supplies as well as staff time. Historically Local Public Health was reimbursed at a lower rate than private practices. However, the rates have been recently revised and the public sector reimbursement rates now mirror the private sector. As such, we should raise our administration fees to collect the higher amount.

III. Strategic Objective, Health Issue, or other Need Addressed:

We continue to vaccinate all clients no matter the ability to collect the administration fee. We must keep reviewing our reimbursement rates to maintain the maximum allowable fees.

IV. Fiscal Impact and Cost:

The administration fee reimbursement rates covered by private insurance and Medicaid have increased to \$23.03. Our current administration fee of \$20 is lower than the rate published for this year. We'd like to increase our fees to receive the higher reimbursement amount.

V. Alternatives Considered:

None

VI. Recommendation:

We recommend increasing these administration fees to \$24 so that fee can be easily calculated for the sliding fee scale for those below the Federal poverty guidelines. We will receive \$23.03 from the insurances.

90471 to \$24

90472 to \$24

90473 to \$24

90474 to \$24

96381 to \$24

VII. Monitoring and Reporting Timeline:

Financial reports specific to these vaccines can be presented at future BOH meetings as requested.

BOARD OF HEALTH:	Bruce DeLong	George Bailey	Adam Petersen
	Nicole Fickes	Steven Sopocy	Matt Murray

March 26, 2025

ADMINISTRATOR: Sarah Doak, CHED Director
SUBJECT: Fee establishment for new Medications and Labs

Information Only Action Needed

I. Authority for This Action:

- Local Policy
 Law or Rule ___

II. Summary:

Sexually transmitted infections (STIs) are on the rise across the State. The HIV/STI program allows for pre-exposure medications to clients to prevent infection, also known as pre-exposure prophylaxis (PrEP). Currently there are three medications approved for PrEP, Truvada® Descovy® and Apretude®. When a client is on these medication regimens, additional lab work is required to ensure that liver and kidney function are not adversely affected. MMDHD is requesting the addition of these medications and lab tests to the current fee schedule.

III. Strategic Objective, Health Issue, or other Need Addressed:

The mission of the Health Department is to improve the health of the communities we serve. By preventing infections, we can achieve healthier outcomes.

IV. Fiscal Impact and Cost:

Adding these preventative services will be cost neutral. Most insurances will cover the costs. Those with no insurance coverage will be referred to the Community Health Worker to get enrolled into health plan coverage.

V. Alternatives Considered:

N/A

VI. Recommendation:

Adding the following codes to our fee schedule at the market price rounded up to the next even dollar amount:

J0750 Truvada	J0799 PrEP not otherwise specified
J0751 Descovy	G0011 Individual counseling by qualified health professional
J0739 Apretude	G0013 Individual counseling by clinical staff
G0012 Injection fee	80061 Lipid Panel Lab
82565 Creatinine Lab	84450 AST Lab
84460 ALT Lab	

VII. Monitoring and Reporting Timeline:

Fee schedule review and recommendations to the Board are completed yearly.



CLINTON OFFICE
 1307 E. Townsend Rd.
 Saint Johns, MI 48879-9036
 (989) 224-2195

GRATIOT OFFICE
 151 Commerce Dr.
 Ithaca, MI 48847-1627
 (989) 875-3681

MONTCALM OFFICE
 615 N. State St.
 Stanton, MI 48888-9702
 (989) 831-5237

BOARD OF HEALTH:	Bruce DeLong	George Bailey	Adam Petersen
	Nicole Fickes	Steven Sopocy	Matt Murray

March 26, 2025

ADMINISTRATOR: Melissa Selby

SUBJECT: Revised - Extending Yealink Video Conferencing Equipment

Information Only Action Needed

I. Authority For This Action:

- Local Policy
- Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

II. Summary:

(Previous board action relating to this item? Background information and if any future action anticipated.)

Last month, the Board of Health approved the purchase to extend the Yealink video conferencing system. Upon that approval, Mid-Michigan District Health Department went to purchase the equipment and was notified the model we wanted to purchase was discontinued and removed. Since then, a new model has been released by Yealink. The new model is \$484.56 more than the approval that was made in February.

The Mid-Michigan District Health Department (MMDHD) purchased a video conferencing system called Yealink in 2021. This system allows MMDHD the ability to utilize large room level coverage with our current Microsoft Teams platform. It allows for multi-presenter meetings to be held with both virtual and in-person capabilities. The system was initially purchased in 2021 for the Gratiot Branch office. In 2023, it was expanded to the Montcalm and Clinton branch offices. MMDHD would like to further extend this system to be compatible with additional TVs for the conference rooms in all three offices. In addition, MMDHD would upgrade the original system purchased in 2021 to ensure it is the same generation of the Montcalm and Clinton offices and extend it into Conference Room C in the Montcalm office.

III. Strategic Objective, Health Issue, or other Need Addressed:

(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

As part of Michigan Department of Health and Human Services Public Health Emergency Preparedness, MMDHD has applied for and been approved for special project funding to fund this project. Technology enhancements are an appropriate use for this funding, and the purchased equipment would be utilized districtwide.

IV. Fiscal Impact and Cost:

(Immediate, ongoing, and future impact.)

MMDHD has received \$10,000 in special project funding to complete this project. The new quote received from CDW-G to complete the equipment upgrade is \$8,945.68.

V. Alternatives Considered:

(Scope of options reviewed. Reasons for rejecting alternatives.)

No alternatives were considered as this software is something MMDHD has been using for the past 4 years.

VI. Recommendation:

(Advantages/benefits of proposal. Expected results. Possible problems or disadvantages of proposal. Effect of action on agency. Consequences of not approving recommendation or taking action.)

Recommend that the Board of Health authorize the agency to purchase the Yealink video equipment that is needed as there is funding to cover the cost.

VII. Monitoring and Reporting Timeline:

(Evaluation method and timeline. Next report to the Board.)

No monitoring will be necessary.

BOARD OF HEALTH:	Bruce DeLong	George Bailey	Adam Petersen
	Nicole Fickes	Steven Sopocy	Matt Murray

March 26, 2025

ADMINISTRATOR: Melissa Selby

SUBJECT:

Information Only

Action Needed

I. Authority For This Action:

Local Policy

Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

II. Summary:

(Previous board action relating to this item? Background information and if any future action anticipated.)

The network connectivity in the Montcalm Branch Office has been difficult for the past several years. The current Cat 5 cabling is aging out and fixes over the years have created a mismatch of network cabling. There are several data drops in the office that are nonfunctional, and many others are not properly labeled. This results in a lack of network connectivity and troubleshooting issues leading to staff frustration and inefficiency. Furthermore, as technology has advanced MMDHD desires to have fiber connections properly seated on the server rack instead of the wall. Due to the length of the building MMDHD would like to add a smaller wall mounted IT closet to shorten the lengths of the cabling from the server room. Shorter length cabling results in faster speeds. This will prepare us for the next 20 years of advancements in network speeds and requirements.

III. Strategic Objective, Health Issue, or other Need Addressed:

(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

The cabling infrastructure upgrade will allow MMDHD to have new Cat 6A cabling installed, clean-up of existing MDF and installation of a 4 post rack (server rack), wall mount in room 321, installation of conference room systems, remove all existing Cat5/5e cabling, updated patch panels and cords, maps of the entire building, proper labeling and color coding for all network connections, and complete testing/grounding.

IV. Fiscal Impact and Cost:

(Immediate, ongoing, and future impact.)

MMDHD requested and obtained quotes from three vendors for the infrastructure upgrade. MMDHD is asking the Board of Health to authorize up to \$100,000 for the infrastructure upgrade. The money is currently budgeted utilizing the Public Health Infrastructure grant funding.

V. Alternatives Considered:

(Scope of options reviewed. Reasons for rejecting alternatives.)

MMDHD requested quotes from 3 companies:

DataCom - \$89,660.00

Town and Country - \$96,504.00

Vanbelkum - \$99,879.74

VI. Recommendation:

(Advantages/benefits of proposal. Expected results. Possible problems or disadvantages of proposal. Effect of action on agency. Consequences of not approving recommendation or taking action.)

MMDHD recommends the Board of health authorize the agency to spend up to \$100,000 to contract with DataCom to complete the infrastructure upgrade.

VII. Monitoring and Reporting Timeline:

(Evaluation method and timeline. Next report to the Board.)

MMDHD will provide an update on the progress of the project at the next Board meeting.



THE DATACOM GROUP, INC.
Data, Voice & Video Network Systems

PROPOSAL
MID-MICHIGAN DISTRICT HEALTH DEPT.
MMDHD - STANTON, MI
CABLING INFRASTRUCTURE UPGRADE



3-12-25
3979 Holt Rd.
Holt, MI 48842
517-699-5000 = Ph.
517-699-5076 = Fax
Prepared by: John Amon
john@datacomgroup.com

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March 12, 2025

Hailey Brewer, MPH
Administrative Services Supervisor
Mid-Michigan District Health Department
615 N. State St.
Stanton, MI 48888

Hailey:

On behalf of The DataCom Group, Inc., it is my pleasure to submit our Proposal to Mid-Michigan District Health Department (MMDHD) for consideration to provide the Cabling Infrastructure Upgrade for the MMDHD Montcalm Branch located at 615 N State St #2, Stanton, MI 48888 as detailed in the RFP, Spec's, Drawing emailed to our attention on 2/25/25, e-mails to date, our previous experience in this facility and as further defined herein.

DataCom is a local Technology Company, well versed in all aspects of the services to be provided herein.

We have listed a summary and associated cost herein for:

- Base Bid:
 - Installation of 216 new Cat6A Cables
 - New Four Post Rack in Room 408
 - New Wall Mount Cabinet in Room 321
 - Fiber Backbone
 - Installation of Conference Rooms Systems
 - Demo of existing Cat5/5e Cabling
 - Low Voltage Permit
 - Closeout documentation and as built drawings
- Add Option #1: Additional 28 – Cat6A Cables, to align with counts for on the drawings
- Add Option #2: New Cat6A Patch Cords
- Add Option #3: PDU and UPS equipment

Thank you for allowing The DataCom Group the opportunity to work with you on this project.

Sincerely,
John Amon
John Amon
Sales Engineer

Scope of Work

Please refer to the following for a detailed description of services provided under this proposal.

Global Cabling Installation:

- 216 – New Cat6A Cabling as detailed in the RFP
 - NOTE: 244 Cat6A Cables were found on the drawings
 - Add Alternate # 1 is intended to provide an option to provide the additional 28 Cat6A Cables – to match the drawings
- 24, Modular Patch Panels as needed
- Fiber Optic Backbone
- Closet Build Outs
- Conference Room System
- Demo and removal of existing, Cat5/5e cable
- Testing, Labeling and 25 Year Warranty provided on DataCom installed cabling
- As Built provided upon completion in PDF Format
- CAT6A Patch Cords Listed as an Add Alternate under this proposal

New Work

DataCom shall provide installation of the following under this contract:

Communications Cabling:

Under this section, DataCom shall provide the labor and materials to provide the following:

- 12 – Wireless Access Point locations to include the following:
 - Cable assumed to be existing and functional
 - DataCom to re-label cables to MMHDM standards
- 12 – 1 Data, Camera Locations to include the following:
 - 1 – New, Blue Cat6A cable each ran from the MDF
 - Terminated on a Blue, Cat6A Jack in a two port surface mount box at the user end
 - Blanks as needed to cover up unused ports
 - Terminated on a Blue, Cat6A Jack in a 24 Port, Modular Patch Panel at the MDF
- 96 – 2 Data, Wall Locations to include the following:
 - 2 – New, Blue Cat6A cable each ran from the MDF
 - Terminated on a Blue, Cat6A Jack in a two port faceplate at the user end
 - Terminated on a Blue, Cat6A Jack in a 24 Port, Modular Patch Panel at the MDF

Fiber Optic Cabling:

Under his section of our proposal, DataCom shall provide the labor and materials to provide the following:

- 1 – 1U, Fiber distribution center in Rm 321
 - 1 - 6 Duplex Port, LC Style, Coupler Adapter Panel
- 1 – 1U Fiber distribution center in Rm 408 (MDF), to include the following:
 - 3 – 6 Duplex Port, LC Style, Coupler Adapter Panels
 - Relocation on existing Winn Telecom and Point Broadband Fiber to new Fiber Distribution Center
- 1 – New, 12 Strand, OM3, Armored, Plenum rated fiber from RM 408 to Rm 321
 - Terminated on LC style connectors
- DataCom assumes there is sufficient slack on existing fiber to be relocated to new location

MC/TR:

Under this section, DataCom shall provide the following:

Room 408:

- 1 – Legrand, MM20724 – four post channel rack
- 1 – MM20VMD710 – 10.5” Vertical Wire Manager
- 2 – Vertically Mounted, 220v PDU
- 2 – Horizontal 1U 110v PDU
- 1 - Network MultiMode Xceiver, FORTINET, FN-TRAN-SFP+SR
- 1 – 3 Meter, Duplex, LC-LC, Multi Mode Fiber Patch Cord
- UPS is assumed to be existing, and not provided under this Scope of Work

Rom 321

- 1 – Legrand - VWM-SD-6-36K-BW – 6U, Wall Mount Cabinet
- 1 – Vertiv PSI5-1100RT120N, UPS – with NIC Card
- Relocation of existing 48 Port Fortiswitch from MDF to this new location
- 1 - Network MultiMode Xceiver, FORTINET, FN-TRAN-SFP+SR
- 1 – 3 Meter, Duplex, LC-LC, Multi Mode Fiber Patch Cord
- 110v outlet assumed to be provided by others, and is not included in this Scope of Work

Conference Room System:

- DataCom shall provide Installation of Owner Provided Yealink MVC940 Conference Room system spanning Rooms 401 & 402, and DataCom provided cabling where needed as detailed herein and other materials as needed for the successful implementation, consisting generally of the following major items:
 - 1 – Legrand “ENP1700NA”, 17” In Wall Media Enclosure, provided and installed by DataCom in Room 401, to house:
 - MCore
 - 1 – RCH40 (or other AV Hub)
 - 2 New Cat6 Cables at this location
 - 1 – HDMI Patch Cord from MCore to TV in Rm 401
 - 1 – Legrand “ENP0900NA”, 9” In Wall Media Enclosure, provided and installed by DataCom in Room 402, to House:
 - 1 – RCH40 (or other AV Hub)
 - 2 New Cat6 Cables at this location
 - 1 – Cat6 Cable ran from Hub in Rm 401 to Hub in Rm, 402
 - 1 – Cat Cable ran from MCore (HDMI Port 1) to Hub in Rm 402 for use as HDMI
 - Extender for this feed
 - 1 - MCore – Located in a new “In Wall 17” Enclosure’ behind TV location in Room 401
 - 2 – RCH40 – 4 Port Hubs located in rooms 401 & 402 to serve AV Components
 - 2 - Soundbars – Mounted on wall or shelf locations as directed by owner
 - New Cat5e Cabling shall be ran from each soundbar to associated RCH40
 - 2 – UVC84 Camera’s
 - New Cat5e Cabling shall be ran from each camera to associated RCH40
 - 1 – 8” Touch Panel
 - New Cat5e Cabling shall be ran from each Cam Hub to associated RCH40’s
 - 1 – Ceiling Mounted Activity Monitor and associated cabling

- 2 – Wall Mount TV's
- In addition, DataCom shall provide
 - In Wall Enclosures
 - Cat5e Cabling and Termination as noted
 - New HDMI Cabling as as noted
 - Associated Patch Cords as needed
 - Testing and Verification of System operation
- All Power Needed, Yealink equipment, AV Equipment, TV's and TV Mounts provided by Owner

Add Option # 1: - Additional Cat6A Cabling

The RFP stated 216 Cat6A Cables are to be provided – however, 244 Cat6A Cables were found on the drawings issued with the RFP. This add Alternate shall supply the additional 28 Cat6A Cables to match the drawings.

Add Option # 2: - Cat6A Patch Cords

To ensure the Cat6A link remains for the new Structured Cabling System, new Cat6A Patch Cords should be used for every new connection. This Add Option, DataCom shall provide the following:

- 1 - Cat6A Patch Cord at MDF Location and 1 - Cat6A Patch Cords at User Location each new cable installed by DataCom under this proposal:
 - 1' Cat6A Patch Cords for Closet Location, for each DataCom installed cable
 - 10' Cat6A Patch Cords for User Location, for each DataCom installed cable

Terms & Conditions:

- DataCom assumes that UPS in room 408 is existing, and not provided under this Scope of Work
- DataCom assumes work can be done during normal business hours
- Conduit, Raceway, Sleeves, Back Boxes, Coring not provided but can be added at an additional charge if needed
- Cable tray provided as needed in the Comm Closets only, to properly dress new cabling provided under this proposal
- DataCom assumes existing pathways and spaces are available for DataCom installed cabling. DataCom has provided for a small amount of J Hooks only. Additional sleeves, penetrations and cable supports can be added at an additional cost if needed.
- Any and all power and electronics provided by others unless otherwise noted herein

Pricing

This quote is valid for 30 days. Purchase Order is required prior to securing materials or scheduling the project. Terms are set forth below.

Payment Terms: All invoices generated from this project shall have payment term of NET30. 1 ½% interest applied to all past due invoices.

BASE BID COST: \$77,345.00

ADD ALTERNATE # 1: \$9,100.00
* 28 Additional Cat6A Cables*

ADD ALTERNATE # 2: \$3,215.00
* Patch Cords*

John J Amon
DataCom Group, Signature

3-12-25
Date

Customer, Signature

Date