

#### **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

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT (MMDHD)

BOARD OF HEALTH

FINANCE COMMITTEE MEETING

Clinton Office, St. Johns, Michigan

Conference Rooms A & B

Wednesday, August 27, 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 July 12 through August 8, 2025 Included.
- B. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for July 2025 Included.
- C. Relias Learning Management System-Included.
- D. Non-Union Employees' Proposal Included.



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Bruce DeLong

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Adam Petersen

Matt Murray

# Nicole Fickes **Board of Health Finance Committee Synopsis of Actions Needed**

August 27,2025

Item A.	EXPENSES FOR JULY 12 THROUGH AUGUST 8, 2025									
Motion to r	ecommend payment of the Mid-Michigan District Health Department's Expenses									
for July 12,	through August 8, 2025, totaling \$429,410.73.									
Item B.	BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR JULY 2025									
Motion to recommend the approval of the Balance Sheet, Revenue and Expenditure Report for July 2025 and place on file.										
Item C.	RELIAS LEARNING MANAGEMENT SYSTEM									
Motion to re	Motion to recommend the board approve the Relias proposal.									
Item D.	NON-UNION EMPLOYEES' PROPOSAL									
Motion to re	commend the board approve the non-union proposal.									



# MONTHLY EXPENSES FOR July 12, 2025 - August 8, 2025

TOTAL		\$ 429,410.73
EV 2066	8/8/2025	\$ 181,031.15
EV 2065	7/23/2025	\$ 248,379.58



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Expense Voucher#	2065		7/23/2025
<u>Payables</u>			
109729-109744 ACH000137-ACH000142	Acumatica Checks Acumatica EFT & ACH Payments	\$ \$	46,051.02 10,868.49
<u>Payroll</u>	Ameriprise NBS Nationwide MERS 457 MiSDU EFT Payroll Taxes	\$ \$ \$ \$	100.00 1,780.00 5,005.00 369.20 48,714.10
<u>Fees</u>	Direct Deposit Payroll Direct Deposit HSA State of Michigan Unemployment  Huntington e-Banking fee Huntington Bank Interest	\$ \$	130,282.62 5,034.55 174.60
TOTAL	-	\$	248,379.58

# AP Payment Register Company/Branc MMDHD

Date From: Date To:

7/9/2025 7/23/2025

Account	Currency	Description						
CASH AP	USD	CASH ACCOUNT	FOR AP					
Dan Time	Def Nomber	Daymant Daf	Ctatus	Data	Vandan	Vandar Nama	Doc. Balance	Orie Dec America
Doc. Type	Ref. Number	Payment Ref.	Status	7/23/2025	Vendor	Vendor Name  ALPHA FAMILY CENTER		Orig. Doc. Amount
Payment	003366	109729	Closed	112312025	ALPH01	ALPHA FAMILY CENTER	0.00	200.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005327		August 2025		August 2025 Rent	t: 200.00 USD	0.00	200.00
							Document Total:	200.00
							Payment Method Total:	200.00
							Cash Account Total:	200.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
	564		<b>.</b> .	<b>5</b> /		v		0: 5 4
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003376	109730	Closed	7/23/2025	CAS01	CAS DATALOGGERS	0.00	785.05
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005343		INV/2025/012	10	DATA LOGGER A	A( 785.05 USD	0.00	785.05
							Document Total:	785.05
							Payment Method Total:	785.05
							Cash Account Total:	785.05
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003367	109731	Closed	7/23/2025	CENT02	CENTRAL MICHIGAN DIST HEALTH DEPARTMENT	0.00	6,573.75
rayillelit	003307	109731	Closed	112312023	CENTUZ	CENTRAL MICHIGAN DIST HEALTH DEPARTMENT	0.00	6,575.75
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005334		June 2025		CMDHD MD for Ju	u 6,573.75 USD	0.00	6,573.75
							Document Total:	6,573.75
							Payment Method Total:	6,573.75
							Cash Account Total:	6,573.75
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003378	109732	Closed	7/23/2025	CHILD01	CHILD ADVOCACY	0.00	200.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005328		August 2025		August 2025 Rent	t 200.00 USD	0.00	200.00
							Document Total:	200.00
							Payment Method Total:	200.00
							Cash Account Total:	200.00

Date:

User:

7/23/2025 1:28 PM

Ashley Tate

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003368	109733	Closed	7/23/2025	CLIN02	CLINTON COUNTY RESA	0.00	22,173.95
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005331		20250630		HRA	22,173.95 USD	0.00	22,173.95
							Document Total:	22,173.95
							Payment Method Total:	22,173.95
							Cash Account Total:	22,173.95
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003369	109734	Closed	7/23/2025	COVE01	COVENANT MEDICAL CENTER	0.00	21.42
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005347		30850683		July labs Guaranto	21.42 USD	0.00	21.42
							Document Total:	21.42
							Payment Method Total:	21.42
							Cash Account Total:	21.42
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003377	109735	Closed	7/23/2025	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	005326		August 2025		August 2025 Offic	€ 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	003370	109736	Closed	7/23/2025	HOSP03	HOSPITAL NETWORK HEALTHCARE SERVICES	0.00	457.75
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005339		100612		MEDICAL WASTE	457.75 USD	0.00	457.75
							Document Total:	457.75
							Payment Method Total:	457.75
							Cash Account Total:	457.75

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003371	109737	Closed	7/23/2025	MICH03	MALPH	0.00	8,753.23
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005333		CJS7925		CJS Grant	8,753.23 USD	0.00	8,753.23
							Document Total:	8,753.23
							Payment Method Total:	8,753.23
							Cash Account Total:	8,753.23
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003381	109738	Closed	7/23/2025	MILES	MARK MILES	0.00	265.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005338		EH REFUND		EH Refund	265.00 USD	0.00	265.00
							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	003372	109739	Closed	7/23/2025	MICH11	MICHIGAN NURSES ASSOCIATION	0.00	677.20
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005325		July 2025		July 2025 MNA	Jn 677.20 USD	0.00	677.20
							<b>Document Total:</b>	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	003380	109740	Closed	7/23/2025	POR01	PROIMPRINT.COM	0.00	3,640.64
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005321		PIM25061043		DFC CBO PROM	MC 3,640.64 USD	0.00	3,640.64
							Document Total:	3,640.64
							Payment Method Total:	3,640.64
							Cash Account Total:	3,640.64

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amoun
Payment	003379	109741	Closed	7/23/2025	STEN01	STENGER & STENGER P.C.	0.00	322.87
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005323		7.25.25		7.25.2025 Payroll	322.87 USD	0.00	322.87
							Document Total:	322.87
							Payment Method Total:	322.87
							Cash Account Total:	322.87
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003373	109742	Closed	7/23/2025	TEAM02	TEAMSTERS LOCAL 214	0.00	1,590.16
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005329		July 2025		July 2025 Teamste	1,590.16 USD	0.00	1,590.16
							Document Total:	1,590.16
							Payment Method Total:	1,590.16
							Cash Account Total:	1,590.16
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003374	109743	Closed	7/23/2025	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	005324		July 2025		July 2025 Employe	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	003375	109744	Closed	7/23/2025	WOOD01	WOOD SARAH	0.00	150.00
			3.3334	00_0			5.55	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005332		07.05.2025		07.05.2025 Contra		0.00	20.00
Bill	005337		07.12.2025		07.12.2025 Contra	130.00 USD	0.00	130.00
							Document Total:	150.00
							Payment Method 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. Amoun
Payment	003360	ACH000137	Closed	7/23/2025	FIRS01	FIRST NATIONAL BANK OMAHA	0.00	4,418.77
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005340		July 2025 547	7	July 2025 Lonnie I	66.54 USD	0.00	66.54
Bill	005341		July 2025 871	2	July 2025 FNBO L	i 49.52 USD	0.00	49.52
Bill	005342		July 2025 259	3	July 2025 FNBO N	4,302.71 USD	0.00	4,302.7
							Document Total:	4,418.77
							Payment Method Total:	4,418.77
							Cash Account Total:	4,418.77
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amoun
Payment	003361	ACH000138	Closed	7/23/2025	MCKE01	MCKESSON MEDICAL	0.00	129.57
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005344		24044436		WIC/FP ITEMS C	107.12 USD	0.00	107.12
Bill	005345		24042995		WIC/FP ITEMS C	22.45 USD	0.00	22.45
							Document Total:	129.57
							Payment Method Total:	129.57
							Cash Account Total:	129.57
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amoun
Payment	003362	ACH000139	Closed	7/23/2025	RICO01	RICOH USA INC	0.00	606.61
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paic
Debit Adj.	005336		5071615046 C	R	June 2025 printing	-80.27 USD	0.00	-80.27
Bill	005335		5071615046		June 2025 Printing	686.88 USD	0.00	686.88
							Document Total:	606.61
							Payment Method Total:	606.61
							Cash Account Total:	606.61
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amoun
Payment	003363	ACH000140	Closed	7/23/2025	MUTU01	MUTUAL OF OMAHA	0.00	4,797.51
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005346		001926243144	4	August 2025 ER L	i 4,797.51 USD	0.00	4,797.51
							Document Total:	4,797.51
							Payment Method Total:	4,797.51
							Cash Account Total:	4,797.51

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003364	ACH000141	Closed	7/23/2025	AMAZON01	AMAZON CAPITAL SERVICES	0.00	25.07
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005320		11V3-THW3-1	TN6W	STERILIZATION F	13.29 USD	0.00	13.29
Bill	005322		19WV-VH4W-	-YNRW	BATTERIES AA C	11.78 USD	0.00	11.78
							Document Total:	25.07
							Payment Method Total:	25.07
							Cash Account Total:	25.07
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003365	ACH000142	Closed	7/23/2025	VERT01	HBK IT LLC dba VERTILOCITY	0.00	890.96
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005330		31028038		July 2025 Monthly	890.96 USD	0.00	890.96
							Document Total:	890.96
							Payment Method Total:	890.96
							Cash Account Total:	890.96
						Doc. Type	Count	Amount Paid (USD)
						Check	22	56,919.51
						Prepayment	0	0.00
						Refund	0	0.00
						Void Check	0	0.00



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Expense Voucher#	2066		8/6/2025
<u>Payables</u>			
109745-109761 ACH000143-ACH000146	Acumatica Checks Acumatica EFT & ACH Payments	\$	18,059.95 3,968.85
<u>Payroll</u>	Ameriprise NBS	\$	100.00
	Nationwide MERS 457	\$ \$	1,740.00 2,205.00
	MiSDU EFT Payroll Taxes	\$ \$	369.20 37,919.52
Fees	Direct Deposit Payroll Direct Deposit HSA State of Michigan Unemployment	\$ \$	111,665.90 5,016.00
<u>1 665</u>	Huntington e-Banking fee Huntington Bank Interest	<u>\$</u>	(13.27)
TOTAL		\$	181,031.15

# **AP Payment Register**

Company/Branc MMDHD

Date From: Date To: 8/1/2025 8/6/2025

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. Amoun
Payment	003395	109745	Closed	8/6/2025	A&L01	A & L AGENCY	0.00	2,250.00
								_,
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005369		July 2025		Cannabis Radio C	2,250.00 USD	0.00	2,250.00
							Document Total:	2,250.00
							Payment Method Total:	2,250.00
							Cash Account Total:	2,250.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003400	109746	Closed	8/6/2025	ALLEN01	ALLEN L HANSEN	0.00	265.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005367		EH REFUND	•	New septic not ne	<u> </u>	0.00	265.00
							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	003386	109747	Closed	8/6/2025	CDWG01	CDW GOVERNMENT, INC.	0.00	360.89
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005360		ZR00767997		June 2025 CISCO	360.89 USD	0.00	360.89
							Document Total:	360.89
							Payment Method Total:	360.89
							Cash Account Total:	360.89
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003387	109748	Closed	8/6/2025	EART01	EARTEK SERVICES	0.00	508.06
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005349		2025G205-01		HEARING/VISION		0.00	508.06
							Document Total:	508.06
							Payment Method Total:	508.06
							Cash Account Total:	508.06

8/6/2025 2:48 PM

Ashley Tate

Date: User:

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003401	109749	Closed	8/6/2025	ELROY01	ELROY VEGTER	0.00	380.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005368		EH Refund		EH Refund, using	ł 380.00 USD	0.00	380.00
							Document Total:	380.00
							Payment Method Total:	380.00
							Cash Account Total:	380.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003388	109750	Closed	8/6/2025	FRIE01	FRIEDLAND INDUSTRIES, INC.	0.00	270.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005361		9373		07.28.2025 Distric	et 270.00 USD	0.00	270.00
							Document Total:	270.00
							Payment Method Total:	270.00
							Cash Account Total:	270.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003389	109751	Closed	8/6/2025	INSP01	INSPIRATION STUDIO DESIGNS	0.00	98.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005352		27512		BUSINESS CARE	98.00 USD	0.00	98.00
							Document Total:	98.00
							Payment Method Total:	98.00
							Cash Account Total:	98.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003396	109752	Closed	8/6/2025	JACOM	JACOM, INC	0.00	2,250.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005370		4683		Cannabis Radio (	2,250.00 USD	0.00	2,250.00
							Document Total:	2,250.00
							Payment Method Total:	2,250.00
							Cash Account Total:	2,250.00

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003399	109753	Closed	8/6/2025	KURTZ	KYLE AND JESSICA KURTZ	0.00	135.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005353		EH REFUND		EH Refund	135.00 USD	0.00	135.00
							Document Total:	135.00
							Payment Method Total:	135.00
							Cash Account Total:	135.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003398	109754	Closed	8/6/2025	MET01	METREX RESEARCH D/B/A ORASCOPTIC	0.00	2,598.99
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005355		37820979098		ORASCOPTIC	2,598.99 USD	0.00	2,598.99
							Document Total:	2,598.99
							Payment Method Total:	2,598.99
							Cash Account Total:	2,598.99
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003391	109755	Closed	8/6/2025	PREIN01	PREIN&NEWHOF	0.00	4,620.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005366		125020		July 2025 Water	Si 4,620.00 USD	0.00	4,620.00
							Document Total:	4,620.00
							Payment Method Total:	4,620.00
							Cash Account Total:	4,620.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003402	109756	Closed	8/6/2025	SAFECENTER	SAFECENTER	0.00	200.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005371		July 2025		SafeCenter Golf	Sc 200.00 USD	0.00	200.00
							Document Total:	200.00
							Payment Method Total:	200.00
							Cash Account Total:	200.00

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amoun
Payment	003397	109757	Closed	8/6/2025	STEN01	STENGER & STENGER P.C.	0.00	29.67
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005354		5 of 5		8.7.2025 Payroll	29.67 USD	0.00	29.67
							Document Total:	29.67
							Payment Method Total:	29.67
							Cash Account Total:	29.67
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003394	109758	Closed	8/6/2025	DATACOM	The DataCom Group, Inc.	0.00	2,815.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005362		2703075-4		Cabling Infrastruc	tı 2,815.00 USD	0.00	2,815.00
							Document Total:	2,815.00
							Payment Method Total:	2,815.00
							Cash Account Total:	2,815.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003392	109759	Closed	8/6/2025	TKS01	TURN KEY SYSTEMS, INC dba TKS SECURITY	0.00	1,197.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005359		31675a		AUG - OCT CLOU	II 1,197.00 USD	0.00	1,197.00
							Document Total:	1,197.00
							Payment Method Total:	1,197.00
							Cash Account Total:	1,197.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003393	109760	Closed	8/6/2025	ULIN01	ULINE	0.00	62.34
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005356		195933703		RESPIRATOR NO	62.34 USD	0.00	62.34
							Document Total:	62.34
							Payment Method Total:	62.34
							Cash Account Total:	62.34

CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003390	109761	Closed	8/6/2025	WOOD01	WOOD SARAH	0.00	20.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005363		08.02.2025		08.02.2025 Cont	ra 20.00 USD	0.00	20.00
							Document Total:	20.00
							Payment Method Total:	20.00
							Cash Account Total:	20.00
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003382	ACH000143	Closed	8/6/2025	SANO01	SANOFI PASTEUR INC	0.00	435.23
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005348		7143060538		TUBERSOL VAC	C 435.23 USD	0.00	435.23
							Document Total:	435.23
							Payment Method Total:	435.23
							Cash Account Total:	435.23
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003383	ACH000144	Closed	8/6/2025	STAP01	STAPLES	0.00	564.56
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005357		6038184521		GBO OFFICE SU	JP 564.56 USD	0.00	564.56
							Document Total:	564.56
							Payment Method Total:	564.56
							Cash Account Total:	564.56
CASH AP	USD	CASH ACCOUNT	FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003384	ACH000145	Closed	8/6/2025	VERI01	VERIZON	0.00	2,942.48
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount Currency	Discount Taken	Amount Paid
Bill	005365		6119360576		June-July 2025	2,942.48 USD	0.00	2,942.48
							Document Total:	2,942.48
							Payment Method Total:	2,942.48
							Cash Account Total:	2,942.48

CASH AP	USD	CASH ACCOUNT	FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name		Doc. Balance	Orig. Doc. Amount
Payment	003385	ACH000146	Closed	8/6/2025	AMAZON01	AMAZON CAPITAL SERV	ICES	0.00	26.58
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description		Original Amount	Currency	Discount Taken	Amount Paid
Bill	005350		1PWV-DY3F-\	YW6P	OIL FOR SHREDI	D 5.83	USD	0.00	5.83
Bill	005351		17W3-L4VG-F	RL1N	Autoclave pouche	s 20.75	USD	0.00	20.75
								Document Total:	26.58
								Payment Method Total:	26.58
								Cash Account Total:	26.58
							Doc. Type	Count	Amount Paid (USD)
							Check	21	22,028.80
							Prepayment	0	0.00
							Refund	0	0.00
							Void Check	0	0.00
						Company Total:		21	22,028.80

3,894,664.67

0.00

# **Mid-Michigan District Health Department** Balance Sheet As of July 31, 2025

**Total Liabilities** 

Difference

Assets	
Cash & Cash Equivalents	2,655,345.94
Account Receivable	677,366.09
Other Receivables	350,989.21
Prepaid Expenses	127,900.14
VFC Inventory	83,063.29
Total Assets	3,894,664.67
Liabilities	
Employee Deductions	239,042.11
Accounts Payable	136,226.32
Due to Others	420,872.77
Taxes Payable	(3,877.00)
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 39018-FUND BALANCE OPEB	150,000.00
	77,778.00 590,296.50
Net Income / (Loss)	590,296.50

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
REVENUE					
ELPHS LCSA	190,167.00	0.00	208,099.00	-17,932.00	109%
ELPHS	1,593,535.00	99,243.00	1,292,224.00	301,311.00	81%
MDHHS GRANTS	3,993,930.00	478,211.00	3,322,684.00	671,246.00	83%
MDHHS FEE FOR SERVICE	42,000.00	0.00	12,474.00	29,526.00	30%
EGLE GRANTS	285,923.00	128,175.61	197,507.93	88,415.07	69%
OTHER GRANTS	631,642.00	19,042.57	194,871.67	436,770.33	31%
VFC SUPPLIES	300,000.00	0.00	0.00	300,000.00	0%
MEDICAID FULL COST	151,000.00	374,312.00	439,715.00	-288,715.00	291%
MEDICAID OUTREACH	184,322.00	0.00	9,191.78	175,130.22	5%
MISC INCOME	105,000.00	32,680.10	141,627.12	-36,627.12	135%
EH ADMIN	0.00	108.39	867.40	-867.40	
EH MISC	50,000.00	1,968.00	28,891.25	21,108.75	58%
SEWAGE PROGRAM	225,000.00	23,490.00	167,273.50	57,726.50	74%
WATER PROGRAM	165,000.00	20,305.00	136,962.53	28,037.47	83%
FOOD PROGRAM	300,000.00	9,239.00	347,130.00	-47,130.00	116%
BODY ART	1,000.00	320.00	7,860.00	-6,860.00	786%
BEACH MONITORING	0.00	0.00	2,990.00	-2,990.00	
COMMUNICABLE DISEASE	1,000.00	0.00	0.00	1,000.00	0%
IMMUNIZATIONS	149,000.00	10,983.73	265,698.52	-116,698.52	178%
STD/STI	7,000.00	408.89	3,904.69	3,095.31	56%
BLOOD LEAD	11,000.00	679.16	6,915.53	4,084.47	63%
WOMENS HEALTH PROGRAM	0.00	0.00	613.10	-613.10	
BCCCP	5,000.00	-211.30	40.80	4,959.20	1%
FAMILY PLANNING	89,000.00	6,781.07	41,314.95	47,685.05	46%
VISION	14,000.00	-0.22	8,992.61	5,007.39	64%
HEARING	14,000.00	-0.22	9,497.89	4,502.11	68%
BREASTFEEDING PROGRAM	6,000.00	342.00	819.56	5,180.44	14%
CLINICAL VARNISH	13,000.00	1,444.56	5,340.62	7,659.38	41%
ORAL HEALTH K-ASSESSMENT	13,000.00	6,024.64	28,841.26	-15,841.26	222%
ORAL HEALTH	0.00	0.00	3,840.00	-3,840.00	
CHED ADMINISTRATION	0.00	0.00	15.00	-15.00	
SPACE	255,300.00	0.00	236,281.81	19,018.19	93%
APPROPRIATIONS	1,135,677.00	164,311.11	1,021,016.61	114,660.39	90%
TOTAL REVENUE	9,931,496.00	1,377,858.09	8,143,502.13	1,787,993.87	82%

# ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
EXPENSE					
SALARIES	4,486,964.00	402,537.15	3,648,588.83	838,375.17	81%
FICA	343,249.00	29,091.62	264,822.69	78,426.31	77%
HEALTH INSURANCE	868,256.00	62,250.10	653,319.61	214,936.39	75%
DENTAL INSURANCE	72,344.00	4,226.40	43,673.56	28,670.44	60%
RETIREMENT	831,681.00	50,503.83	820,113.14	11,567.86	99%
OTHER BENEFITS	57,502.00	439.56	5,074.37	52,427.63	9%
OFFICE SUPPLIES	103,150.00	3,361.93	106,952.66	-3,802.66	104%
COMPUTER SUPPLIES	102,500.00	0.00	90,672.63	11,827.37	88%
MEDICAL SUPPLIES	52,600.00	107.12	47,870.84	4,729.16	91%
BIOLOGICS	105,000.00	435.23	156,556.41	-51,556.41	149%
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	0.00	36,822.80	143,177.20	20%
SOFTWARE PURCHASES	2,000.00	0.00	561.80	1,438.20	28%
CONTRACTUAL/PROFESSIONAL SERVICES	1,574,500.00	26,459.27	934,639.99	639,860.01	59%
COMMUNICATIONS	79,000.00	4,335.53	72,811.66	6,188.34	92%
TRAVEL/TRAINING	182,400.00	11,966.92	124,423.19	57,976.81	68%
MEMBERSHIPS	39,100.00	2,776.85	26,202.14	12,897.86	67%
ADVERTISING	15,650.00	5,737.50	24,855.70	-9,205.70	159%
LIABILITY INSURANCE	65,000.00	0.00	65,964.25	-964.25	101%
LEASE & MAINTENANCE	153,800.00	1,912.57	147,920.69	5,879.31	96%
RENT	28,400.00	700.00	22,941.34	5,458.66	81%
SPACE	269,400.00	0.00	236,281.81	33,118.19	88%
MISC EXPENSE	19,000.00	2,078.26	22,135.52	-3,135.52	117%
TOTAL EXPENSE	9,931,496.00	608,919.84	7,553,205.63	2,378,290.37	76%
Net Income (Loss)	0.00	768,938.25	590,296.50	-590,296.50	



#### **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	

#### II. Summary:

August 27, 2025

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

The Mid-Michigan District Health Department (MMDHD) is annually required to provide regulatory and compliance training to employees. Some examples of these trainings include Bloodborne Pathogen, HIPAA, Right to Know, and confidentiality. MMDHD has contracted with Global Compliance Network (GCN) to provide this training for the last 15 years. Over the years, it has been identified that GCN is not the best fit for MMDHD. GCN is primarily a school-based training program, and does not offer a robust, relevant training platform for the health department. In addition to this, the training courses are outdated, are not interactive, and are very limited in scope.

While exploring new training platforms, MMDHD sought a learning management system that could deliver more comprehensive training opportunities—extending beyond basic regulatory and compliance topics. We've aimed to identify a cost-effective solution that can provide all staff with access to additional leadership and professional development training, including topics like customer service, communication, and conflict resolution.

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 current GCN contract expires 12/31/2025. MMDHD has researched and identified Relias as a suitable replacement. Relias offers a robust catalog of regulatory and compliance training in addition to a catalog of professional development training. The training has been found to be relevant, interactive, well-built and easy to navigate. The platform would allow MMDHD leadership to track outstanding courses and it allows for the building of an orientation training program for new staff.

IV. Fiscal Impact and Cost:

(Immediate, ongoing, and future impact.)

Relias' proposal includes licensing for two catalogs at a cost of \$4,964.79 per year in addition to a one-time implementation fee of \$1,750.00. Total cost of the project is \$6,714.79.

# V. Alternatives Considered:

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

MMDHD reviewed two other learning management platforms:

Medbridge - \$3,150 per year. After reviewing the catalogs that were offered, the training was not relevant to MMDHD employees and identified needs.

Litmos - \$5,063 annually plus a \$3,000 implementation fee. Total cost \$8,063. After reviewing the trainings, they appeared to be less interactive compared to those offered by Relias.

# 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 approve the Relias proposal.

# VII. Monitoring and Reporting Timeline:

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

MMDHD will follow up as needed.



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

Au	gust 27, 2025
ADI	MINISTRATOR: Melissa Selby, Director of Administrative Services
SUE	BJECT: Non-Union Employees' Proposal
	☐ Information Only ☐ Action Needed
I.	Authority For This Action:
	Law or Rule
II.	Summary: (Previous board action relating to this item? Background information and if any future action anticipated.)
	The Non-Union requests are brought to the Board of Health (BOH) annually in August or September. The Non-Union members, discuss and come to a consensus on the request that is sent to the Board.
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 non-union employees wage agreement expires September 30, 2025. There are currently 17 non-union employees with 13 being salaried and 4 being hourly.
	Non-union Proposal:
	<ul> <li>A one-time COLA increase of 3.0% for FY 25/26 (10/1/2025 – 09/30/2026).</li> </ul>
IV.	Fiscal Impact and Cost: (Immediate, ongoing, and future impact.)
	MMDHD has currently budgeted a one-time COLA increase of 3.0% for non-union employees.
V.	Alternatives Considered: (Scope of options reviewed. Reasons for rejecting alternatives.)
	No COLA would be granted.

(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.)

VI. Recommendation:

MMDHD recommends the board approve the non-union proposal.

VII. Monitoring and Reporting Timeline: (Evaluation method and timeline. Next report to the Board.)

None