

<b>BOARD OF HEALTH:</b>	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**  
**Conference Rooms A & B**

**Wednesday, June 24, 2026**  
**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

**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

- A. MMDHD’s Expenses for May 17 through June 13, 2026 – **Included.**
- B. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for May 2026 – **Included.**
- C. Hepatitis C Labs and Fees – **Included.**
- D. Health Educator Position – **Included.**

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

**Board of Health Finance Committee Synopsis of Actions Needed**

June 24, 2026 Finance Meeting

Item A.	<b>EXPENSES FOR MAY 17 THROUGH JUNE 13, 2026</b>
Motion to recommend payment of the Mid-Michigan District Health Department's Expenses for May 17, through June 13, 2026, totaling \$575,036.53.	
Item B.	<b>BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR MAY 2026</b>
Motion to recommend the approval of the Balance Sheet, Revenue and Expenditure Report for May 2026 and place on file.	
Item C.	<b>HEPATITIS C LABS AND FEES</b>
Motion to recommend the approval of the additional Hepatitis C labs and fees as proposed.	
Item D.	<b>HEALTH EDUCATOR POSITION</b>
Motion to recommend the posting of a new health educator position.	

**MONTHLY EXPENSES FOR  
May 17, 2026 - June 13, 2026**

<i>EV 2087</i>	<i>5/27/2026</i>	<i>\$</i>	<i>277,597.35</i>
<i>EV 2088</i>	<i>6/10/2026</i>	<i>\$</i>	<i>297,439.18</i>
<b>TOTAL</b>		<b>\$</b>	<b>575,036.53</b>



# Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher #      2087      5/27/2026

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**Payables**

110142-110150	Acumatica Checks	\$	69,749.10
ACH000271-ACH000277	Acumatica EFT & ACH Payments	\$	37,287.04

**Payroll**

Ameriprise NBS	\$	125.00	
Nationwide	\$	1,575.00	
MERS 457	\$	3,105.00	
MISDU	\$	285.29	
EFT Payroll Taxes	\$	39,270.97	
Direct Deposit Payroll	\$	120,173.02	add extra \$10 for Austin keycard
Direct Deposit HSA	\$	5,885.41	
State of Michigan Unemployment			

**Fees**

Huntington e-Banking fee	\$	141.52
Huntington Bank Interest		

**TOTAL**      **\$ 277,597.35**

**AP Payment Register**

Company/Branc MMDHD

Date From: 5/14/2026

Date To: 5/27/2026

Date: 5/27/2026 10:56 AM

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	003892	110142	Closed	5/27/2026	AMER04	AMERICAN PROFICIENCY INSTITUTE	0.00	133.33
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006144		757721	MICROSCOPY PA	133.33	USD	0.00	133.33
							<b>Document Total:</b>	<b>133.33</b>
							<b>Payment Method Total:</b>	<b>133.33</b>
							<b>Cash Account Total:</b>	<b>133.33</b>
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003893	110143	Closed	5/27/2026	BROM01	BROMBERG & ASSOCIATES	0.00	34.25
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006141		32501	April 2026 Translat	34.25	USD	0.00	34.25
							<b>Document Total:</b>	<b>34.25</b>
							<b>Payment Method Total:</b>	<b>34.25</b>
							<b>Cash Account Total:</b>	<b>34.25</b>
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003894	110144	Closed	5/27/2026	CDWG01	CDW GOVERNMENT, INC.	0.00	473.54
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006153		AJ4BD9N	KINGSTON DDR4	473.54	USD	0.00	473.54
							<b>Document Total:</b>	<b>473.54</b>
							<b>Payment Method Total:</b>	<b>473.54</b>
							<b>Cash Account Total:</b>	<b>473.54</b>
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003895	110145	Closed	5/27/2026	COHL01	COHL, STOKER & TOSKEY, P.C.	0.00	307.50
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006160		58963	4.2026 services	307.50	USD	0.00	307.50
							<b>Document Total:</b>	<b>307.50</b>
							<b>Payment Method Total:</b>	<b>307.50</b>
							<b>Cash Account Total:</b>	<b>307.50</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003896	110146	Closed	5/27/2026	INSP01	INSPIRATION STUDIO DESIGNS	0.00	1,342.75

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006145		27881	CANNIBAS PRINT	715.54	USD	0.00	715.54
Bill	006146		27882	CANNIBAS PRINT	627.21	USD	0.00	627.21
<b>Document Total:</b>								<b>1,342.75</b>
<b>Payment Method Total:</b>								<b>1,342.75</b>
<b>Cash Account Total:</b>								<b>1,342.75</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003900	110147	Closed	5/27/2026	JEROME	Kase Jerome	0.00	780.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006164		non-Synar 2026	Tobacco Complian	780.00	USD	0.00	780.00
<b>Document Total:</b>								<b>780.00</b>
<b>Payment Method Total:</b>								<b>780.00</b>
<b>Cash Account Total:</b>								<b>780.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003897	110148	Closed	5/27/2026	POLY01	POLYMEDCO CANCER DIAGNOSTIC PRODUCTS LLC	0.00	109.50

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006159		01493054	POLYMEDCO PRE	109.50	USD	0.00	109.50
<b>Document Total:</b>								<b>109.50</b>
<b>Payment Method Total:</b>								<b>109.50</b>
<b>Cash Account Total:</b>								<b>109.50</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003899	110149	Closed	5/27/2026	PRIORITY	PRIORITY HEALTH	0.00	66,458.22

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006154		261340088255	June 2026 Priority	66,458.22	USD	0.00	66,458.22
<b>Document Total:</b>								<b>66,458.22</b>
<b>Payment Method Total:</b>								<b>66,458.22</b>
<b>Cash Account Total:</b>								<b>66,458.22</b>

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003898	110150	Closed	5/27/2026	RSNO01	R&S NORTHEAST LLC	0.00	110.01	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	006148		603151	PORTIA, LIDOCIAI	110.01	USD	0.00	110.01	
							<b>Document Total:</b>	<b>110.01</b>	
							<b>Payment Method Total:</b>	<b>110.01</b>	
							<b>Cash Account Total:</b>	<b>110.01</b>	

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003885	ACH000271	Closed	5/27/2026	MCKE01	MCKESSON MEDICAL	0.00	615.27	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Debit Adj.	006163		25643925	Damaged Order	-61.78	USD	0.00	-61.78	
Bill	006147		25606873	KLEENIX, TOWEL	251.38	USD	0.00	251.38	
Bill	006161		25625186	ECONOMY PROC	425.67	USD	0.00	425.67	
							<b>Document Total:</b>	<b>615.27</b>	
							<b>Payment Method Total:</b>	<b>615.27</b>	
							<b>Cash Account Total:</b>	<b>615.27</b>	

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003886	ACH000272	Closed	5/27/2026	MICH06	MDARD-MICHIGAN DEPARTMENT OF AGRICULTURE	0.00	208.00	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	006142		791-11412462	Food Licenses	208.00	USD	0.00	208.00	
							<b>Document Total:</b>	<b>208.00</b>	
							<b>Payment Method Total:</b>	<b>208.00</b>	
							<b>Cash Account Total:</b>	<b>208.00</b>	

CASH AP		USD		CASH ACCOUNT FOR AP					
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount	
Payment	003887	ACH000273	Closed	5/27/2026	MICH06	MDARD-MICHIGAN DEPARTMENT OF AGRICULTURE	0.00	169.00	
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid	
Bill	006143		791-11385048	Food Licenses	169.00	USD	0.00	169.00	
							<b>Document Total:</b>	<b>169.00</b>	
							<b>Payment Method Total:</b>	<b>169.00</b>	
							<b>Cash Account Total:</b>	<b>169.00</b>	

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003888	ACH000274	Closed	5/27/2026	RICO01	RICOH USA INC	0.00	547.90

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006157		9033716135	Printing/Copies	547.90	USD	0.00	547.90
							<b>Document Total:</b>	<b>547.90</b>
							<b>Payment Method Total:</b>	<b>547.90</b>
							<b>Cash Account Total:</b>	<b>547.90</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003889	ACH000275	Closed	5/27/2026	MUTU01	MUTUAL OF OMAHA	0.00	5,039.38

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006162		002106248685	June 2026 ER Life	5,039.38	USD	0.00	5,039.38
							<b>Document Total:</b>	<b>5,039.38</b>
							<b>Payment Method Total:</b>	<b>5,039.38</b>
							<b>Cash Account Total:</b>	<b>5,039.38</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003890	ACH000276	Closed	5/27/2026	AMAZON01	AMAZON CAPITAL SERVICES	0.00	453.82

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006149		1T3G-PTQ7-4WCH	STORAGE FILING	40.67	USD	0.00	40.67
Bill	006150		1LDH-6GJM-7MJK	3X3 STICKY NOTE	16.56	USD	0.00	16.56
Bill	006151		1YDG-V3VR-4TJ1	BIRTHDAY CARD	23.99	USD	0.00	23.99
Bill	006152		1RTT-3NLV-4HWT	TOURNIQUETS, S	53.37	USD	0.00	53.37
Bill	006155		1GGK-RKLJ-93KC	BROCHURE HOLI	319.23	USD	0.00	319.23
							<b>Document Total:</b>	<b>453.82</b>
							<b>Payment Method Total:</b>	<b>453.82</b>
							<b>Cash Account Total:</b>	<b>453.82</b>

**CASH AP      USD      CASH ACCOUNT FOR AP**

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003891	ACH000277	Closed	5/27/2026	VERT01	HBK IT LLC dba VERTILOCITY	0.00	30,253.67

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006158		31036232	Annual Billing 2026	30,253.67	USD	0.00	30,253.67
							<b>Document Total:</b>	<b>30,253.67</b>
							<b>Payment Method Total:</b>	<b>30,253.67</b>
							<b>Cash Account Total:</b>	<b>30,253.67</b>

Doc. Type	Count	Amount Paid (USD)
Check	16	107,036.14
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
<b>Company Total:</b>	<b>16</b>	<b>107,036.14</b>



# Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher #	2088	6/10/2026
<b><u>Payables</u></b>		
110151-110167	Acumatica Checks	\$ 20,068.98
ACH000278-ACH000283	Acumatica EFT & ACH Payments	\$ 111,441.38
<b><u>Payroll</u></b>		
	Ameriprise NBS	\$ 125.00
	Nationwide	\$ 1,575.00
	MERS 457	\$ 3,105.00
	MISDU	\$ 285.29
	EFT Payroll Taxes	\$ 38,410.98
	Direct Deposit Payroll	\$ 116,559.98
	Direct Deposit HSA	\$ 5,885.41
	State of Michigan Unemployment	
<b><u>Fees</u></b>		
	Huntington e-Banking fee	
	Huntington Bank Interest	\$ (17.84)
<b>TOTAL</b>		<b><u><u>\$ 297,439.18</u></u></b>

**AP Payment Register**

Company/Branch MMDHD

Date From: 6/1/2026  
Date To: 6/10/2026

Date: 6/10/2026 9:42 AM  
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	003922	110151	Closed	6/10/2026	PAWLUK	CARL PAWLUK	0.00	210.00

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006193		EH refund	No longer need va	210.00	USD	0.00	210.00
							<b>Document Total:</b>	<b>210.00</b>
							<b>Payment Method Total:</b>	<b>210.00</b>
							<b>Cash Account Total:</b>	<b>210.00</b>

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	003908	110152	Closed	6/10/2026	CDWG01	CDW GOVERNMENT, INC.	0.00	418.53

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006171		AJ5L62L	PRIVACY FILTER	56.84	USD	0.00	56.84
Bill	006181		ZR01308694	April 2026 CISCO '	361.69	USD	0.00	361.69
							<b>Document Total:</b>	<b>418.53</b>
							<b>Payment Method Total:</b>	<b>418.53</b>
							<b>Cash Account Total:</b>	<b>418.53</b>

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	003909	110153	Closed	6/10/2026	CENT02	CENTRAL MICHIGAN DIST HEALTH DEPARTMENT	0.00	10,389.33

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006182		May 2026	CMDHD MD for Me	10,389.33	USD	0.00	10,389.33
							<b>Document Total:</b>	<b>10,389.33</b>
							<b>Payment Method Total:</b>	<b>10,389.33</b>
							<b>Cash Account Total:</b>	<b>10,389.33</b>

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	003910	110154	Closed	6/10/2026	COVE01	COVENANT MEDICAL CENTER	0.00	457.35

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006194		20940 May 2026	Acct: 34739239 Gl	61.35	USD	0.00	61.35
Bill	006195		21654 May 2026	Guarantor Acct: 21	396.00	USD	0.00	396.00
							<b>Document Total:</b>	<b>457.35</b>
							<b>Payment Method Total:</b>	<b>457.35</b>
							<b>Cash Account Total:</b>	<b>457.35</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003918	110155	Closed	6/10/2026	COVE02	COVENANT MEDICAL CENTER	0.00	18.29
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006196		IN 45980	Admin fee for April	2.45	USD	0.00	2.45
Bill	006197		IN 15981	Admin fee for April	15.84	USD	0.00	15.84
<b>Document Total:</b>								<b>18.29</b>
<b>Payment Method Total:</b>								<b>18.29</b>
<b>Cash Account Total:</b>								<b>18.29</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003923	110156	Closed	6/10/2026	BARNABEI	DR. JAMIE BARNABEI	0.00	1,000.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006189			Speaker fee	1,000.00	USD	0.00	1,000.00
<b>Document Total:</b>								<b>1,000.00</b>
<b>Payment Method Total:</b>								<b>1,000.00</b>
<b>Cash Account Total:</b>								<b>1,000.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003916	110157	Closed	6/10/2026	8CAP	EightCAP, Inc.	0.00	1,000.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006178		2182	FY 2026 MHSC Du	1,000.00	USD	0.00	1,000.00
<b>Document Total:</b>								<b>1,000.00</b>
<b>Payment Method Total:</b>								<b>1,000.00</b>
<b>Cash Account Total:</b>								<b>1,000.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003917	110158	Closed	6/10/2026	HEN01	HENRY SCHEIN	0.00	373.14
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006168		EZ200128320260428142228	SEALANT SUPPLI	294.46	USD	0.00	294.46
Bill	006169		78723083	SEALANT SUPPLI	78.68	USD	0.00	78.68
<b>Document Total:</b>								<b>373.14</b>
<b>Payment Method Total:</b>								<b>373.14</b>
<b>Cash Account Total:</b>								<b>373.14</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003911	110159	Closed	6/10/2026	HOSP03	HOSPITAL NETWORK HEALTHCARE SERVICES	0.00	324.11
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006179		106971	Ithaca pick up	324.11	USD	0.00	324.11
							<b>Document Total:</b>	<b>324.11</b>
							<b>Payment Method Total:</b>	<b>324.11</b>
							<b>Cash Account Total:</b>	<b>324.11</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003919	110160	Closed	6/10/2026	JOU01	JOURNEYWORKS PUBLISHING	0.00	673.92
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006170		157331A	Anti-Tobacco brocl	673.92	USD	0.00	673.92
							<b>Document Total:</b>	<b>673.92</b>
							<b>Payment Method Total:</b>	<b>673.92</b>
							<b>Cash Account Total:</b>	<b>673.92</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003915	110161	Closed	6/10/2026	KENT02	KENT MICHELLE	0.00	40.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006167		6.16.2026	CPR recertification	40.00	USD	0.00	40.00
							<b>Document Total:</b>	<b>40.00</b>
							<b>Payment Method Total:</b>	<b>40.00</b>
							<b>Cash Account Total:</b>	<b>40.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003921	110162	Closed	6/10/2026	M&JWATER	M & J WATER WELLS	0.00	275.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006191		EH refund	Portal Application,	275.00	USD	0.00	275.00
							<b>Document Total:</b>	<b>275.00</b>
							<b>Payment Method Total:</b>	<b>275.00</b>
							<b>Cash Account Total:</b>	<b>275.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003912	110163	Closed	6/10/2026	MICH08	MICHIGAN GRAPHICS & SIGNS	0.00	30.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006176		22209	WIC door signs	30.00	USD	0.00	30.00
							<b>Document Total:</b>	<b>30.00</b>
							<b>Payment Method Total:</b>	<b>30.00</b>
							<b>Cash Account Total:</b>	<b>30.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003907	110164	Closed	6/10/2026	CASA01	POINT BROADBAND	0.00	875.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006184		7131996	Point Broadband lr	875.00	USD	0.00	875.00
							<b>Document Total:</b>	<b>875.00</b>
							<b>Payment Method Total:</b>	<b>875.00</b>
							<b>Cash Account Total:</b>	<b>875.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003914	110165	Closed	6/10/2026	PREIN01	PREIN&NEWHOF	0.00	1,125.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006198		132104	May 2026 Water S	1,125.00	USD	0.00	1,125.00
							<b>Document Total:</b>	<b>1,125.00</b>
							<b>Payment Method Total:</b>	<b>1,125.00</b>
							<b>Cash Account Total:</b>	<b>1,125.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003920	110166	Closed	6/10/2026	STAR02	SEAN STARICHA	0.00	210.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006177		EH Refund	No longer need va	210.00	USD	0.00	210.00
							<b>Document Total:</b>	<b>210.00</b>
							<b>Payment Method Total:</b>	<b>210.00</b>
							<b>Cash Account Total:</b>	<b>210.00</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003913	110167	Closed	6/10/2026	STAT01	STATCOURIER	0.00	2,649.31
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006185		1019-4212	5.2026 Lab Courier	2,649.31	USD	0.00	2,649.31
							<b>Document Total:</b>	<b>2,649.31</b>
							<b>Payment Method Total:</b>	<b>2,649.31</b>
							<b>Cash Account Total:</b>	<b>2,649.31</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003901	ACH000278	Closed	6/10/2026	FIRS01	FIRST NATIONAL BANK OMAHA	0.00	5,162.16
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006199		6.2026 9400	June 2026 FNBO	164.35	USD	0.00	164.35
Bill	006200		6.2026 8712	June 2026 FNBO L	382.53	USD	0.00	382.53
Bill	006201		6.2026 2593	June 2026 FNBO M	4,615.28	USD	0.00	4,615.28
<b>Document Total:</b>								<b>5,162.16</b>
<b>Payment Method Total:</b>								<b>5,162.16</b>
<b>Cash Account Total:</b>								<b>5,162.16</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003902	ACH000279	Closed	6/10/2026	GLAXO1	GLAXO SMITH KLINE	0.00	4,555.61
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006190		8254889161	BEXSERO/SHINGI	4,555.61	USD	0.00	4,555.61
<b>Document Total:</b>								<b>4,555.61</b>
<b>Payment Method Total:</b>								<b>4,555.61</b>
<b>Cash Account Total:</b>								<b>4,555.61</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003903	ACH000280	Closed	6/10/2026	VERI01	VERIZON	0.00	2,640.13
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006180		6144416984	April 24, 2026 - Ma	2,640.13	USD	0.00	2,640.13
<b>Document Total:</b>								<b>2,640.13</b>
<b>Payment Method Total:</b>								<b>2,640.13</b>
<b>Cash Account Total:</b>								<b>2,640.13</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003904	ACH000281	Closed	6/10/2026	AMAZON01	AMAZON CAPITAL SERVICES	0.00	7,304.54
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006173		16YN-P61V-PYYP	ALCOHOL PADS/	46.64	USD	0.00	46.64
Bill	006174		191H-TYYL-TWF6	LEAD GRANT SAF	1,958.86	USD	0.00	1,958.86
Bill	006175		14CN-FD4L-F944	MARIJUANA LOC	543.66	USD	0.00	543.66
Bill	006188		1GRD-MHNV-NHFP	BAGS HYGIENE K	24.80	USD	0.00	24.80
Bill	006192		1M1K-WGVQ-VNFF	LEAD GRANT SAF	4,730.58	USD	0.00	4,730.58
<b>Document Total:</b>								<b>7,304.54</b>
<b>Payment Method Total:</b>								<b>7,304.54</b>
<b>Cash Account Total:</b>								<b>7,304.54</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003905	ACH000282	Closed	6/10/2026	VERT01	HBK IT LLC dba VERTILOCITY	0.00	56.25

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006186		31036462	Consultant support	56.25	USD	0.00	56.25
							<b>Document Total:</b>	<b>56.25</b>
							<b>Payment Method Total:</b>	<b>56.25</b>
							<b>Cash Account Total:</b>	<b>56.25</b>

CASH AP USD CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003906	ACH000283	Closed	6/10/2026	MERS01	MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN	0.00	91,722.69

Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	006183		00180086-8	MERS Defined Ber	91,722.69	USD	0.00	91,722.69
							<b>Document Total:</b>	<b>91,722.69</b>
							<b>Payment Method Total:</b>	<b>91,722.69</b>
							<b>Cash Account Total:</b>	<b>91,722.69</b>

Doc. Type	Count	Amount Paid (USD)
Check	23	131,510.36
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
<b>Company Total:</b>	<b>23</b>	<b>131,510.36</b>

## REVENUE-EXPENSE

As of May 31, 2026

ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
<b>REVENUE</b>					
ELPHS LCSA	190,167.00	0.00	190,167.00	0.00	100%
ELPHS	1,695,253.00	141,270.00	1,133,917.00	561,336.00	67%
MDHHS GRANTS	2,010,427.00	215,464.00	1,534,273.00	476,154.00	76%
MDHHS FEE FOR SERVICE	77,500.00	0.00	36,540.73	40,959.27	47%
EGLE GRANTS	283,923.00	0.00	59,265.36	224,657.64	21%
OTHER GRANTS	456,200.00	55,012.95	210,884.53	245,315.47	46%
VFC SUPPLIES	300,000.00	0.00	0.00	300,000.00	0%
MEDICAID FULL COST	107,000.00	0.00	270,015.49	-163,015.49	252%
MEDICAID OUTREACH	187,836.00	0.00	8,805.36	179,030.64	5%
OTHER INCOME	82,000.00	2,070.22	126,146.91	-44,146.91	154%
ADMINISTRATION	100.00	0.00	0.00	100.00	0%
EH ADMIN	0.00	60.52	913.25	-913.25	
EH MISC	69,860.00	1,310.00	41,083.00	28,777.00	59%
SEWAGE PROGRAM	215,730.00	23,995.00	142,790.00	72,940.00	66%
WATER PROGRAM	178,190.00	17,355.00	114,285.00	63,905.00	64%
FOOD PROGRAM	330,435.00	11,387.00	348,283.00	-17,848.00	105%
BODY ART	5,600.00	0.00	7,190.00	-1,590.00	128%
COMMUNICABLE DISEASE	1,000.00	0.00	200.00	800.00	20%
IMMUNIZATIONS	249,000.00	9,632.22	141,056.08	107,943.92	57%
STD/STI	2,000.00	130.00	470.00	1,530.00	24%
BLOOD LEAD	13,000.00	465.21	4,792.76	8,207.24	37%
HEADSTART	0.00	0.00	-190.00	190.00	
WOMENS HEALTH PROGRAM	0.00	0.00	135.90	-135.90	
BCCCP	2,000.00	240.74	939.16	1,060.84	47%
FAMILY PLANNING	54,000.00	4,882.84	20,781.89	33,218.11	38%
VISION	17,000.00	839.99	7,399.90	9,600.10	44%
HEARING	17,000.00	830.21	7,757.37	9,242.63	46%
BREASTFEEDING PROGRAM	5,000.00	0.00	619.63	4,380.37	12%
CLINICAL VARNISH	20,000.00	2,699.61	24,289.62	-4,289.62	121%
ORAL HEALTH K-ASSESSMENT	0.00	4,775.51	29,583.82	-29,583.82	
ORAL HEALTH SEALANT	0.00	4,641.95	4,956.95	-4,956.95	
CHED ADMINISTRATION	0.00	0.00	21.00	-21.00	
SPACE	268,800.00	0.00	227,565.24	41,234.76	85%
APPROPRIATIONS	1,165,478.00	100,094.98	780,339.87	385,138.13	67%
<b>TOTAL REVENUE</b>	<b>8,004,499.00</b>	<b>597,157.95</b>	<b>5,475,278.82</b>	<b>2,529,220.18</b>	<b>68%</b>

## REVENUE-EXPENSE

As of May 31, 2026

ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD
<b>EXPENSE</b>					
SALARIES	4,129,107.00	335,619.71	2,742,095.45	1,387,011.55	66%
FICA	315,845.00	24,369.97	195,988.52	119,856.48	62%
HEALTH INSURANCE	731,492.00	59,256.15	447,832.70	283,659.30	61%
DENTAL INSURANCE	56,133.00	3,968.28	32,945.91	23,187.09	59%
RETIREMENT	864,781.00	78,291.46	453,018.26	411,762.74	52%
OTHER BENEFITS	34,891.00	879.54	28,382.19	6,508.81	81%
OFFICE SUPPLIES	87,400.00	14,085.69	87,749.30	-349.30	100%
COMPUTER SUPPLIES	29,000.00	1,138.98	13,590.26	15,409.74	47%
MEDICAL SUPPLIES	54,100.00	902.19	29,839.64	24,260.36	55%
BIOLOGICS	105,000.00	2,568.11	89,251.25	15,748.75	85%
VFC	300,000.00	0.00	0.00	300,000.00	0%
OTHER SUPPLIES	0.00	0.00	0.00	0.00	
CAPITAL EXPENSE	0.00	0.00	0.00	0.00	
SOFTWARE PURCHASES	0.00	0.00	5,600.00	-5,600.00	
CONTRACTUAL/PROFESSIONAL SERVICES	413,200.00	17,642.97	185,260.19	227,939.81	45%
COMMUNICATIONS	77,900.00	-1,290.60	44,288.33	33,611.67	57%
TRAVEL/TRAINING	168,350.00	11,681.93	78,145.30	90,204.70	46%
MEMBERSHIPS	27,800.00	1,461.33	25,895.42	1,904.58	93%
ADVERTISING	13,300.00	3,024.00	10,207.73	3,092.27	77%
LIABILITY INSURANCE	70,000.00	0.00	55,977.90	14,022.10	80%
LEASE & MAINTENANCE	241,000.00	31,676.54	231,463.19	9,536.81	96%
RENT	3,200.00	500.00	7,140.00	-3,940.00	223%
SPACE	265,600.00	0.00	227,565.24	38,034.76	86%
MISC EXPENSE	16,400.00	2,072.95	14,558.47	1,841.53	89%
<b>TOTAL EXPENSE</b>	<b>8,004,499.00</b>	<b>587,849.20</b>	<b>5,006,795.25</b>	<b>2,997,703.75</b>	<b>63%</b>
<b>Net Income (Loss)</b>	<b>0.00</b>	<b>9,308.75</b>	<b>468,483.57</b>	<b>-468,483.57</b>	

**Balance Sheet**

As of May 31, 2026

**Assets**

Cash & Cash Equivalents	3,256,908.33
Account Receivable	168,563.03
Other Receivables	(15,147.50)
Prepaid Expenses	3,660.50
VFC Inventory	83,270.74
<b>Total Assets</b>	<b>3,497,255.10</b>

**Liabilities**

Employee Deductions	(6,273.76)
Accounts Payable	47,200.34
Due to Others	217,538.17
VFC Inventory	83,270.74
Trust Funds	0.00
Deferred Revenues	0.00
38901-FUND BALANCE RESTRICTED DENTAL	95,208.84
39001-FUND BALANCE	936,417.69
39004-FUND BALANCE - TECHNICAL/EQUIP	300,000.00
39005-FUND BALANCE-FACILITY DEV.	50,000.00
39008-FUND BALANCE-FUTURE RETIREMENT	575,000.00
39009-FUND BALANCE-COMPENSATED LEAVE	443,887.51
39010-FUND BALANCE-UNEMPLOYMENT	50,000.00
39012-FUND BALANCE - TRAINING	25,000.00
39013-FUND BALANCE - BRFS	11,522.00
39014-FUND BALANCE-HEALTH INSURANCE	100,000.00
39018-FUND BALANCE OPEB	100,000.00
Net Income / (Loss)	468,483.57
<b>Total Liabilities</b>	<b>3,497,255.10</b>
<b>Difference</b>	<b>0.00</b>

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

June 24, 2026

ADMINISTRATOR: Sarah Doak

SUBJECT: Additional Hepatitis C Labs and Fees

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:

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). Infection can range from a mild illness to a serious, chronic illness. While there is no vaccine to prevent HCV, there are medications that can cure HCV infection. Without treatment, HCV can cause liver failure and/or liver cancer, which may lead to death. In April 2026, we started providing Hepatitis C treatment throughout the jurisdiction. Before, during and after treatment, many blood tests are needed to ensure the health of the client as well as successful cure of the disease. As such, lab tests and fees need to be added to the current CHED fee schedule. We've amended our contract with Covenant Lab Services to provide the testing at a reduced cost for clients without insurance coverage.

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

Treating to cure hepatitis C infection will improve health outcomes, prevent transmission and reduce the burden on health care by preventing the need for long term care related to liver failure.

IV. Fiscal Impact and Cost:

Addition of this program should be cost neutral. Most insurances will cover the cost of care. Those with no insurance coverage will receive care at a reduced cost.

V. Alternatives Considered:

None

VI. Recommendation:

We recommend adding the following lab testing services and fees as follows:

80053 Comprehensive Metabolic Panel	\$11
84460 ALT	\$6
84450 AST	\$6
82565 Creatinine	\$6
80061 Lipid Panel	\$14
82248 Direct Bilirubin	\$6

VII. Monitoring and Reporting Timeline:

Reports will be made available to the Board as requested.

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

June 18, 2026

ADMINISTRATOR: Melissa Selby, Director of Administrative Services

SUBJECT: Health Educator Position

Information Only

Action Needed

I. Authority For This Action:

Local Policy

Law or Rule

II. Summary:

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

**The Mid-Michigan District Health Department has been awarded funding to establish a comprehensive Syringe Service Program (SSP) serving Clinton, Gratiot and Montcalm counties. The initiative aims to reduce the transmission of infectious diseases, prevent overdose deaths, and connect individuals to essential healthcare and social services. Through integration with MMDHD's existing programs, the SSP will provide coordinated, wraparound services to ensure the needs of the residents are effectively met.**

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 program will mitigate the spread of infectious diseases by providing sterile supplies, wound care resources and access to testing and treatment services.**

IV. Fiscal Impact and Cost:

*(Immediate, ongoing, and future impact.)*

**The SSP program will begin on August 1, 2026 and continue into the next fiscal year. The budget for the program includes a Health Educator position that is not currently in the budget. The costs associated with the Health Educator starting August 1, 2026, which is approximately \$10,000 will be covered entirely by the grant funding. Therefore, the new expenses will be budget neutral.**

V. Alternatives Considered:

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

**The Health Educator is essential to the program, therefore, since the funding has been awarded, there was not alternatives considered.**

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 approval of posting a new Health Educator position.**

VII. Monitoring and Reporting Timeline:

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

**The position will be wrapped into the total budget for the next fiscal year. Information regarding the program will be presented to the Board of Health at future meetings.**