

Contract #: 20230195-00

Amendment Number: 1 to the

Between

Michigan Department of Health and Human Services

and

County of Oakland

hereinafter referred to as the "Local Governing Entity"

on Behalf of Health Department

Oakland County Department of Health and Human Services/ Health Division

AMENDMENT PURPOSE AND JUSTIFICATION

1. The purpose of this amendment is to:

1. Add/revise information in Attachment I - Annual Budget Instructions;
2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
4. Decrease the Department's agreement amount from \$10,835,066 to \$6,329,816, as shown on the Attachment B budget pages.

2. Amendment Revisions:

The following are the additions/revisions to Attachment I and III

A) The following projects include additions/revisions as highlighted in Attachment I - Annual Budget Instructions:

No Change

B) The following projects include additions/revisions as highlighted in Attachment III - Program Specific Assurance and Requirements:

1. ELC Contact Tracing, Testing, Coord., Infection Prevention
2. Expanding Public Health Workforce - New
3. U4U Tuberculosis Services - New

Following are adjustments to funding levels of the Local Health Department agreement as reflected in Attachment IV:

Budget line item changes are reflected in the attached budgets for the following elements:

<u>Project Title</u>	<u>Current Amount</u>	<u>Amended Amount</u>	<u>New Project Amount</u>
American Rescue Plan	189,404	3,940	193,344
COVID Immunization	5,163,603	(4,509,190)	654,413
Total Comprehensive Funding	5,353,007	(4,505,250)	847,757

Performance Level Adjustments

N/A

Budget category Adjustments

It is understood and agreed that all other conditions of the original agreement remains the same.

3. Signing this amendment

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board official or agency.

Signature Section

For Oakland County Department of Health and Human Services/ Health Division

Andrea Powers

Administrator

Name	(please print)	Title
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For the Michigan Department of Health and Human Services

Christine H. Sanches

10/18/2022

Christine H. Sanches, Director
Bureau of Purchasing

Date

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Attachments

[Attachment I - Instructions for the Annual Budget](#)

[Attachment III - Program Specific Assurances and Requirements](#)

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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ATTACHMENT IV - Emerging Threats- Local Health Department- 2023
 CONTRACT MANAGEMENT SECTION
 Oakland County Department of Health and Human Services/ Health Division

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
American Rescue Plan	Reg. Alloc.	F	189,404	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
COVID Immunization	Reg. Alloc.	F	5,163,603	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
COVID Workforce Development	Reg. Alloc.	F	172,605	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
ELC Contract Tracing, Investigation, Testing Coord., and Infection Prevention	Reg. Alloc.	F	3,826,390	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
ELC Regional Lab	Reg. Alloc.	F	512,420	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
ELC Sewer Network	Reg. Alloc.	F	909,057	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
PFAS Response - Airport	Reg. Alloc.	S	60,390	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
PFAS Response - Falk Rd	Reg. Alloc.	S	1,197	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient

TOTAL MDHHS FUNDING **10,835,066**

***SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

[Attachment IV Notes](#)

Project Budgets

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / American Rescue Plan			DATE PREPARED 10/18/2022	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 1	
CITY Pontiac	STATE MI	ZIP CODE 48341-1032	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	84,942.00	84,942.00
2	Fringe Benefits	44,099.00	44,099.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	28,754.00	28,754.00
6	Travel	14,737.00	14,737.00
7	Communication	1,300.00	1,300.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	3,833.00	3,833.00
Total Program Expenses		177,665.00	177,665.00
TOTAL DIRECT EXPENSES		177,665.00	177,665.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	11,739.00	11,739.00
Total Indirect Costs		11,739.00	11,739.00
TOTAL INDIRECT EXPENSES		11,739.00	11,739.00
TOTAL EXPENDITURES		189,404.00	189,404.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	189,404.00	189,404.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	189,404.00	189,404.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse Notes : TBD	66487.0000	1.000	0.000	FTE	66,487.00
	Coordinator Notes : Health Program Coordinator Position # P00004736 M. Maloff	93680.0000	0.197	0.000	FTE	18,455.00
Total for Salary & Wages						84,942.00
2	Fringe Benefits					
	Composite Rate Notes : FICA UNEMPLOYMENT INS RETIREMENT HOSPITAL INS LIFE INS VISION INS DENTAL INS WORK COMP SHORT AND LONG TERM DISABILITY	0.0000	51.917	84942.000		44,099.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Client pre-paid grocery cards Notes : Incentives Breakdown: Client pre-paid transportation - \$10,650 Client pre-paid phones - \$1,500 Client pre-paid grocery cards - \$27,254 Total Incentives - \$39,404	0.0000	0.000	0.000		27,254.00
	Client pre-paid phone cards	0.0000	0.000	0.000		1,500.00
Total for Supplies and Materials						28,754.00

	Line Item	Qty	Rate	Units	UOM	Total
6	Travel					
	Mileage Notes : 1,000 miles * 0.625 per mile	0.0000	0.000	0.000		625.00
	Conferences	0.0000	0.000	0.000		3,462.00
	Client Transpourtion	0.0000	0.000	0.000		10,650.00
Total for Travel						14,737.00
7	Communication					
	Telephone	0.0000	0.000	0.000		1,300.00
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	IT Operations	0.0000	0.000	0.000		3,376.00
	Insurance	0.0000	0.000	0.000		457.00
Total for All Others (ADP, Con. Employees, Misc.)						3,833.00
Total Program Expenses						177,665.00
TOTAL DIRECT EXPENSES						177,665.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 13.82%	0.0000	0.000	0.000		11,739.00
Total Indirect Costs						11,739.00
TOTAL INDIRECT EXPENSES						11,739.00
TOTAL EXPENDITURES						189,404.00

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / COVID Immunization			DATE PREPARED 10/18/2022	
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 1	
CITY Pontiac	STATE MI	ZIP CODE 48341-1032	FEDERAL ID NUMBER 38-6004876	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	1,971,154.00	1,971,154.00
2	Fringe Benefits	888,399.00	888,399.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	48,951.00	48,951.00
6	Travel	31,250.00	31,250.00
7	Communication	250,000.00	250,000.00
8	County-City Central Services	0.00	0.00
9	Space Costs	200,000.00	200,000.00
10	All Others (ADP, Con. Employees, Misc.)	1,501,436.00	1,501,436.00
Total Program Expenses		4,891,190.00	4,891,190.00
TOTAL DIRECT EXPENSES		4,891,190.00	4,891,190.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	272,413.00	272,413.00
Total Indirect Costs		272,413.00	272,413.00
TOTAL INDIRECT EXPENSES		272,413.00	272,413.00
TOTAL EXPENDITURES		5,163,603.00	5,163,603.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	5,163,603.00	5,163,603.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	5,163,603.00	5,163,603.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Various OCHD Positions Notes : Various OCHD staff to host COVID Outreach Clinics - staff names unknown at this time as various staff signs up for the events.	1.0000	1971154.000	0.000	FTE	1,971,154.00
2	Fringe Benefits					
	Composite Rate Notes : FICA UNEMPLOYMENT INS RETIREMENT HOSPITAL INS LIFE INS VISION INS DENTAL INS WORK COMP SHORT AND LONG TERM DISABILITY	0.0000	45.070	1971154.00	0	888,399.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		2,951.00
	Materials and Supplies	0.0000	0.000	0.000		5,000.00
	Disaster Supplies	0.0000	0.000	0.000		18,000.00
	Printing	0.0000	0.000	0.000		20,000.00
	Medical Supplies	0.0000	0.000	0.000		3,000.00
Total for Supplies and Materials						48,951.00
6	Travel					
	Mileage Notes : 50,000 miles @ 0.625 per mile	0.0000	0.000	0.000		31,250.00
7	Communication					

	Line Item	Qty	Rate	Units	UOM	Total
	Telephone Communications	0.0000	0.000	0.000		250,000.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		200,000.00
10	All Others (ADP, Con. Employees, Misc.)					
	Professional Services - Entech Staffing	0.0000	0.000	0.000		1,118,236.00
	Laundry and Cleaning	0.0000	0.000	0.000		200.00
	IT Operations	0.0000	0.000	0.000		374,000.00
	Transportation of Clients	0.0000	0.000	0.000		4,000.00
	Interpretation Fees	0.0000	0.000	0.000		1,000.00
	Advertising	0.0000	0.000	0.000		4,000.00
Total for All Others (ADP, Con. Employees, Misc.)						1,501,436.00
Total Program Expenses						4,891,190.00
TOTAL DIRECT EXPENSES						4,891,190.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan Notes : 13.82%	0.0000	0.000	0.000		272,413.00
Total Indirect Costs						272,413.00
TOTAL INDIRECT EXPENSES						272,413.00
TOTAL EXPENDITURES						5,163,603.00

Summary of Budget

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / Emerging Threats- Local Health Department- 2023			DATE PREPARED 10/18/2022		
CONTRACTOR NAME Oakland County Department of Health and Human Services/ Health Division			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 1200 N. Telegraph Rd. 34 East			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment		AMENDMENT # 1
CITY Pontiac	STATE MI	ZIP CODE 48341-1032	FEDERAL ID NUMBER 38-6004876		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	2,626,155.00	2,626,155.00
2	Fringe Benefits	1,212,323.00	1,212,323.00
3	Cap. Exp. for Equip & Fac.	62,420.00	62,420.00
4	Supplies and Materials	372,645.00	372,645.00
5	Travel	48,275.00	48,275.00
6	Communication	262,900.00	262,900.00
7	Space Costs	200,000.00	200,000.00
8	All Others (ADP, Con. Employees, Misc.)	5,687,414.00	5,687,414.00
Total Program Expenses		10,472,132.00	10,472,132.00
TOTAL DIRECT EXPENSES		10,472,132.00	10,472,132.00
INDIRECT EXPENSES			
Indirect Costs			
1	Cost Allocation Plan / Other	362,934.00	362,934.00
Total Indirect Costs		362,934.00	362,934.00
TOTAL INDIRECT EXPENSES		362,934.00	362,934.00
TOTAL EXPENDITURES		10,835,066.00	10,835,066.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
2	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00

4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
7	Required Match - Local	0.00	0.00	0.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	10,835,066.00	10,835,066.00	0.00	0.00
14	MCH Funding	0.00	0.00	0.00	0.00
15	Local Funds - Other	0.00	0.00	0.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	TOTAL	10,835,066.00	10,835,066.00	0.00	0.00

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