

Region 2 Planning Commission



MEMORANDUM

TO: Region 2 Planning Commission

FROM: Steven Duke, Executive Director

DATE: August 2, 2018

SUBJECT: Cancellation of Executive Committee Meeting of August 9, 2018

The Region 2 Planning Commission Executive Committee meeting scheduled for August 9, 2018, at the Hillsdale City Hall, **has been canceled** due to a light agenda and staff vacations.

The next meeting of the Region 2 Planning Commission Full Commission will be held at the **Jackson County Tower Building on Thursday, September 13, 2018**. Formal approval of the August submitted bills will be requested at this meeting. To maintain solid business dealings with our creditors, I would like to pay the submitted bills as enclosed with this mailing. Please review the bills, and if you believe any may require Commission consideration prior to payment, let me know and we will withhold those bills for action at the September meeting.

Also enclosed is a Federal Project Review for the Village of Concord. Should you have any questions/comments on this, please contact me.

Thanks and enjoy the summer.

REGION 2 PLANNING COMMISSION
Treasurer's Report - Monthly Summary
as of July 31, 2018

Checking Account Balance ending June 30, 2018		\$	622,921.32
Deposit Summary:			
<i>July 2018 EFT Deposits</i>		\$	79,865.81
<i>July Bank Deposits</i>			7,746.11
<i>July Adjustments</i>			(769.55)
Total Deposits plus Bank Balance		\$	709,763.69
Expenses:			
<i>Submitted Expenses - July 2018**</i>	\$	(11,294.15)	
<i>Interim Expenses</i>		(2,332.11)	
<i>Payroll/Related Expenses</i>		(22,564.55)	
Subtotal of Expenses	\$	(36,190.81)	\$ (36,190.81)
<i>Balance Checking Account ending July 31, 2018</i>		\$	673,572.88
<i>Balance CD Investments ending July 31, 2018</i>		\$	102,409.68
Total Cash on Hand		\$	775,982.56

**Note that this amount can include cleared checks from prior months' submitted bills.

REGION 2 PLANNING COMMISSION
Deposits and Adjustments to Cash
July 31, 2018

EFT Deposits:		
7/31/2018	MDOT FHWA Q2 2018, Invoice 3494	\$ 72,889.06
	Lenawee County Quarterly Membership Dues	<u>6,976.75</u>
	Subtotal - EFT Deposits	\$ 79,865.81
7/31/2018 Check Deposits:		
	Leoni Township - Admin Services Revenue, March 2018	\$ 1,051.12
	Lenawee Dinner Fees	1,350.00
	City of Jonesville, Planning Services Invoice 3481	<u>5,344.99</u>
	Subtotal - Check Deposits	\$ 7,746.11
7/31/2018 Adjustments to cash:		
	<i>Bank fees - July</i>	\$ (133.18)
	<i>Paycor Fees - July</i>	(224.64)
	<i>Credit Card Charges - Postage</i>	(139.84)
	<i>Credit Card Charges - Supplies</i>	(176.19)
	<i>Credit Card Charges - Conference/Travel Fees</i>	<u>(95.70)</u>
	Subtotal - Adjustments to Cash	\$ (769.55)
Total Net Deposits for July 2018		<u>\$ 86,842.37</u>

REGION 2 PLANNING COMMISSION
INTERIM BILLING and PAYROLL EXPENSES
July 31, 2018

Interim Billing for July, 2018

<u>Vendor</u>	<u>Description</u>	<u>Amount</u>	<u>Check #</u>
Allegra	R2PC July Packet	\$ 188.48	14376
Jackson Co. Sheriff Dept.	OHSP	\$ 1,894.98	14383
JTV	Website Hosting	\$ 225.00	14384
The Water Store	Supplies for July, 2018	\$ 23.65	14387
Total Interim Billing for July 31, 2018		<u><u>\$ 2,332.11</u></u>	

Payroll & Travel Related Expenses:

<i>Paid July 13, 2018</i>	<i>by Direct Deposit/EFT</i>	
Paycor	Payroll Disbursement	\$ 11,203.44
G. Bauman	Travel Reimbursement	\$ 11.77
T. DeOliveira	Travel Reimbursement	\$ 46.92
S. Richardson	Travel Reimbursement	\$ 47.42
	Total	<u>\$ 11,309.55</u>

<i>Paid July 27, 2018</i>	<i>by Direct Deposit/EFT</i>	
Paycor	Payroll Disbursement	\$ 11,067.45
G. Bauman	Travel Reimbursement	\$ 84.20
T. DeOliveira	Travel Reimbursement	\$ 63.56
S. Duke	Travel Reimbursement	\$ 39.79
	Total	<u>\$ 11,255.00</u>

Total Payroll Expenses for July, 2018	<u><u>\$ 22,564.55</u></u>
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Region 2 Planning Commission
Outstanding Accounts Receivable
7/31/18

Municipality/Source	Date	Inv. No.	Amount
Liberty Township	3/30/2018	3485	167.62
<i>FY 2018 Balance as of July 31, 2018</i>			\$ 167.62

REGION 2 PLANNING COMMISSION

Submitted Bills

August 9, 2018

Vendor	Description	Amount Due
Blue Cross/Blue Shield	Office Coverage (Sept. 2018)	\$ 3,176.30
Blue Cross/Blue Shield	Supplement F (SD) Sept. 2018	\$ 148.16
Blue Cross/Blue Shield	Prescription Coverage (SD) Sept. 2018	\$ 102.60
County of Jackson	Rent for August 2018	\$ 3,016.92
County of Jackson	Phone Expense for June 2018	\$ 258.64
County of Jackson	Postage Expense for May-June 2018	\$ 3,411.16
ICMA Retirement Trust	ICMA 401 Contribution	\$ 2,000.07
ICMA Retirement Trust	Quarterly Fee	\$ 250.00
Jackson Area Transp. Authority	UWP	\$ 11,607.03
Michigan Broadband Cooperative	RPI Grant 2018 (Jun.-Jul. 2018)	\$ 12,550.00
Public Sector Consultants	RPI Grant 2018 (June 2018)	\$ 4,606.00
The Water Store	Supplies for June 2018	\$ 6.85
Vantage Point Transfer Agents	ICMA RHS Contribution	\$ 217.91
Total Submitted Billing - August 9, 2018		<u>\$ 41,351.64</u>

Region 2 Planning Commission



FEDERAL/STATE PROJECT REVIEW NOTICE

DATE: August 3, 2018

TO: Local Units of Government in Jackson County

FROM: Region 2 Planning Commission, Regional Clearinghouse

In accordance with the Michigan Federal Project Review System, notification of the following project (FPR 18-11) is provided for your review:

Village of Concord's project is for water main replacement in the primary residential area, with commercial in the downtown area and industrial in the western portion of the Village of Concord along M-60.

Existing facilities – The water system consists of three production wells, a 200,000 gallon elevated storage tank and water mains in diameter of 3" to 12". There is 2,775 lineal feet of 4" diameter of cast iron pipe and 17,725 lineal feet of 6" diameter cast iron pipe all in poor condition and installed in 1952.

Need for Project – Approximately 26.2% of the water distribution system is 4" to 6" diameter cast iron pipe and in poor condition. The pipe is also undersized by current standards, thus limiting the availability to deliver adequate fire flows. In addition, the continuing cost for maintenance and emergency repairs is continuing to increase every year.

You may wish to comment on the potential impact the project may have on your jurisdiction, or on the degree of the project's compatibility with adopted plans. Comments will be forwarded to the State Clearinghouse or appropriate Federal agency if received within 30 days of the date of this notice. Information on this application may be obtained from: Mr. Jason Blossom, Village of Concord, 110 Hanover Street, P.O. Box 306, Concord, MI 49237; (517)524-8534.

cc: Steven Duke

Enclosure

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> • Other (Specify) <input type="text"/>	
* 3. Date Received: 07/25/2018		4. Applicant Identifier: 365509631			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Village of Concord					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 386008239			* c. Organizational DUNS: 045873700		
d. Address:					
• Street 1: 110 Hanover Street					
Street 2: P.O. Box 306					
• City: Concord					
County/Parish: Jackson					
• State: MI					
Province: <input type="text"/>					
• Country: USA: UNITED STATES					
• Zip / Postal Code: 49237					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr		• First Name: Jason			
Middle Name: <input type="text"/>					
• Last Name: Blossom					
Suffix: <input type="text"/>					
Title: Customer Contact					
Organizational Affiliation: <input type="text"/>					
• Telephone Number: (517) 524-8534		Fax Number: (517) 524-7194			
• Email: j blossom@villageofconcord.com					

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

C. City or Township Government

Type of Applicant 2- Select Applicant Type:

0

Type of Applicant 3- Select Applicant Type:

0

* Other (specify):

* 10. Name of Federal Agency:

Water And Environmental

11. Catalog of Federal Domestic Assistance Number:

Drinking Water

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Service area

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Drinking Water

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

7th

* b. Program/Project

7th

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

05-01-2019

* b. End Date:

10-01-2019

18. Estimated Funding (\$):

* a. Federal

\$4,180,000.00

* b. Applicant

\$0.00

* c. State

\$0.00

* d. Local

\$0.00

* e. Other

\$0.00

* f. Program Income

\$0.00

* g. TOTAL

4,180,000

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

07-01-2018



b. Program is subject to E.O. 12372 but has not been selected by the State for review.



c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)**

Yes



No

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**** I AGREE**

**** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.**

Authorized Representative:

Prefix:

Middle Name:

* Last Name:

Suffix:

* First Name:

Jason

Blossom

* Title:

* Telephone Number:

Fax Number:

* Email:

jblossom@villageofconcord.com

* Signature of Authorized Representative:

Jason Blossom, generated and signed
this form electronically

* Date Signed:

07/25/2018