



10405 Merrill Road
P.O. Box 157
Hamburg, MI 48139
(810) 231-1000
www.hamburg.mi.us

Supervisor Jason Negri **Clerk** Mike Dolan **Treasurer** Jennifer Daniels **Trustees** Chuck Menzies, Patricia Hughes, Nick Miller, Joanna Hardesty

BOARD OF TRUSTEES REGULAR MEETING

Tuesday, September 02, 2025 at 2:30 PM
Hamburg Township Hall Board Room

AGENDA

CALL TO ORDER

PLEDGE TO THE FLAG

ROLL CALL OF THE BOARD

CALL TO THE PUBLIC

CONSENT AGENDA

1. 8-13-2025 Township Board Special Meeting Minutes
2. Township Board Regular Meeting Minutes
3. Bills List(s) 09.02.2025

APPROVAL OF THE AGENDA

UNFINISHED BUSINESS

4. Performance Review - DH - Closed Session MCL 15.268(8)(a)
5. Union Negotiations - Closed Session - MCL 15.268 (8)(c)
6. Policy 3.0
7. Generator Maintenance Agreement
8. Health Care Renewal

CURRENT BUSINESS

9. Police Sergeant Promotion
10. Sale of Police Property
11. Website Hosting

CALL TO THE PUBLIC

BOARD COMMENTS

ADJOURNMENT



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Supervisor Pat Hohl Clerk Mike Dolan Treasurer Jason Negri Trustees Chuck Menzies, Patricia Hughes, Nick Miller, Joanna Hardesty

BOARD OF TRUSTEES SPECIAL MEETING

Wednesday, August 13, 2025 at 1:00 PM
Hamburg Township Hall Board Room

MINUTES

CALL TO ORDER

Supervisor Negri called the meeting to order at 1:00 pm

PLEDGE TO THE FLAG

ROLL CALL OF THE BOARD

PRESENT

Jason Negri
Jennifer Daniels
Joanna Hardesty
Patricia Hughes
Chuck Menzies
Nick Miller

CALL TO THE PUBLIC

A call was made with no response.

CONSENT AGENDA

1. Closed Session Meeting Minutes

Motion made by Hardesty, Seconded by Hughes, to approve the tabling of the Consent Agenda Item - Closed Session Minutes.

Voting Yea: Negri, Daniels, Hardesty, Hughes, Menzies, Miller

Absent: Dolan

APPROVAL OF THE AGENDA

Motion made by Hardesty, Seconded by Menzies, to approve the agenda as presented.

Voting Yea: Negri, Daniels, Hardesty, Hughes, Menzies, Miller

Absent: Dolan

Clerk Dolan joined the meeting at 1:05 pm

UNFINISHED BUSINESS

CURRENT BUSINESS

2. Closed Session - Union Negotiations

Motion made by Negri, Seconded by Hardesty, to go into closed session to discuss Union Negotiations that could have a significant financial impact on the Township.

Voting Yea: Negri, Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

Closed Session began at 1:09 pm

Returned to Open Session at 3:11 pm

Motion made by Dolan, Seconded by Daniels, to direct the negotiation team to proceed as discussed in closed session.

Voting Yea: Negri, Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

3. Policy & Procedure 3.0

Motion made by Dolan, Seconded by Miller, to proceed with the updates to Policy & Procedure Manual as presented.

MOTION WITHDRAWN

4. HR

Motion made by Dolan, Seconded by Daniels, to tabled both HR & Personnel Committee Agenda Items.

Voting Yea: Negri, Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

5. Personnel Committee See Previous Motion

6. Employee Health Insurance Options were discussed with staff present to ask questions and hear the possible options.

CALL TO THE PUBLIC

A call was made with no response.

BOARD COMMENTS

ADJOURNMENT

Motion made by Menzies, Seconded by Hardesty, to adjourn.

Voting Yea: Negri, Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

Meeting Adjourned at 4:05 pm

Respectfully submitted,



Courtney Paton
Recording Secretary



Mike Dolan
Township Clerk

DRAFT



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Supervisor Jason Negri **Clerk** Mike Dolan **Treasurer** Jennifer Daniels **Trustees** Chuck Menzies, Patricia Hughes, Nick Miller, Joanna Hardesty

BOARD OF TRUSTEES REGULAR MEETING

Tuesday, August 19, 2025 at 7:00 PM
Hamburg Township Hall Board Room

MINUTES

CALL TO ORDER

Dolan called the meeting to order at 7:00 pm

Motion made by Menzies, Seconded by Hughes, to have Dolan chair the meeting in absence of Supervisor Negri.
Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

PLEDGE TO THE FLAG

ROLL CALL OF THE BOARD

PRESENT

Mike Dolan
Jennifer Daniels
Joanna Hardesty
Patricia Hughes
Chuck Menzies
Nick Miller

ABSENT

Jason Negri

CALL TO THE PUBLIC

Cindy Michniewicz, 3140 Shehan Rd, LESA School Board Member addressed the Board about the Opioid Settlement Funds and asked the Board to have a discussion about how their funds will be appropriated.

CONSENT AGENDA

Motion made by Menzies, Seconded by Hughes, to approve as presented.
Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

1. Public Information
2. 8-5-2025 Work-Study Meeting Minutes
3. 8-5-2025 Township Board Regular Meeting Minutes
4. Approved MUC Minutes - July 8 2025
5. DPW Monthly Report - July 2025

6. Public Safety Monthly Report July, 2025
7. Bills List(s) 08.19.2025

APPROVAL OF THE AGENDA

Motion made by Miller, Seconded by Daniels, to approve the Agenda as presented.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

UNFINISHED BUSINESS

CURRENT BUSINESS

8. Firefighter Hirings

Motion made by Miller, Seconded by Menzies, to approve the hiring of Connor Hamel, Matthew Sunderland, and Colin Zegarzewski for the position of part-time Apprentice Firefighter/EMT effective immediately.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

9. Purchase of Turnout Gear

Motion made by Miller, Seconded by Menzies, to approve the purchase of six (6) sets of turnout gear at a cost of \$3,765.00 each from Municipal Emergency Services of Sanford, MI for a total cost of \$22,590.00.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

10. Wastewater Treatment & Administration Policies and Procedures Manual Update

Motion made by Hardesty, Seconded by Hughes, to approve the updated Waste Water Treatment Plant Administrative Policies & Procedures Manual as presented.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

11. Generator Maintenance Agreement

Motion made by Hardesty, Seconded by Dolan, to table this item till the next regular meeting in an attempt to get a 3rd bid and give Board members more time to pose as questions to Randazzo.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

12. Tax penalty and interest waiver

Motion made by Daniels, Seconded by Dolan, to adopt the Resolution for Treasurer's Waiver of Collection of Additional 3% Penalty and 1% Interest.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

13. Phone Stipend

Motion made by Dolan, Seconded by Daniels, to approve the phone stipend for the Election Coordinator at \$20 per month.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

14. Grinder Pump Core Purchase

Motion made by Daniels, Seconded by Menzies, to approve the purchase of ten 2000 series grinder pump cores from Redmond Environmental for a total amount of \$17,500.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

CALL TO THE PUBLIC

A call was made with no response.

BOARD COMMENTS

Dolan suggested to the Board to communicate with Negri to find out how our portion of the Opioid Funds have been spent and add to the next work study.

ADJOURNMENT

Motion made by Menzies, Seconded by Miller, to adjourn.

Voting Yea: Dolan, Daniels, Hardesty, Hughes, Menzies, Miller

Meeting Adjourned at 7:34 pm

Respectfully submitted,



Courtney Paton
Recording Secretary



Mike Dolan
Township Clerk

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
ADVANCAUTO	ADVANCE AUTO PARTS	08/21/2025	2749-528453	GEN	B&G GREASE	
81879	P.O. BOX 404875	09/02/2025		N		74.83
08/19/2025	ATLANTA GA, 30384-4875	/ /	0.0000	N		0.00
		09/02/2025		Y		74.83

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-752.000	SUPPLIES & SMALL EQUIPMENT	74.83
VENDOR TOTAL:		74.83

ADVANCED02	ADVANCED WATER TREATMENT, INC.	08/27/2025	61125914	GEN	TWP BOTTLED WATER (3)	
81926	PO BOX 339	09/02/2025		N		17.97
08/27/2025	HAMBURG MI, 48139	/ /	0.0000	N		0.00
		09/02/2025		N		17.97

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-275.000-752.000	SUPPLIES & SMALL EQUIPMENT	17.97

ADVANCED02	ADVANCED WATER TREATMENT, INC.	08/27/2025	61966299	GEN	B& G 3 GAL BOTTLED WATER (1)	
81922	PO BOX 339	09/02/2025		N		13.99
08/27/2025	HAMBURG MI, 48139	/ /	0.0000	N		0.00
		09/02/2025		N		13.99

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-752.000	SUPPLIES & SMALL EQUIPMENT	13.99
VENDOR TOTAL:		31.96

UNJOURNALIZED OPEN

BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

ALERUSRETR	ALERUS RETIREMENT SOLUTIONS	08/27/2025	08282025	GEN	457	
81924	P.O. BOX 64535	08/28/2025		N		17,910.26
08/25/2025	SAINT PAUL MN, 55164	/ /	0.0000	N		0.00
		08/28/2025		N		17,910.26

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-231.500	DEFERRED COMPENSATION/457	17,910.26

ALERUSRETR	ALERUS RETIREMENT SOLUTIONS	08/27/2025	08282025	GEN	401A	
81925	P.O. BOX 64535	08/28/2025		N		20,663.73
08/25/2025	SAINT PAUL MN, 55164	/ /	0.0000	N		0.00
		08/28/2025		N		20,663.73

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-073.003	RETIREMENT - LIBRARY	1,395.76
101-101.000-716.000	DEFINED CONTRIBUTION	427.26
101-171.000-716.000	DEFINED CONTRIBUTION	397.34
101-201.000-716.000	DEFINED CONTRIBUTION	1,171.55
101-262.000-716.000	DEFINED CONTRIBUTION	509.55
101-215.000-716.000	DEFINED CONTRIBUTION	891.20
101-228.000-716.000	DEFINED CONTRIBUTION	725.44
101-253.000-716.000	DEFINED CONTRIBUTION	881.81
101-265.000-716.000	DEFINED CONTRIBUTION	606.70
101-702.000-716.000	DEFINED CONTRIBUTION	678.98
101-751.000-716.000	DEFINED CONTRIBUTION	218.90
101-820.000-716.000	DEFINED CONTRIBUTION	370.34
206-000.000-716.000	DEFINED CONTRIBUTION	4,944.49
207-000.000-716.000	DEFINED CONTRIBUTION	4,399.09
590-527.000-716.000	DEFINED CONTRIBUTION	3,045.32
		20,663.73

VENDOR TOTAL: 38,573.99

ALPHAPSYCH	ALPHA PSYCHOLOGICAL SERVICES, P.C.	08/20/2025	08192025	GEN	FD - PSYCH EVALUATIONS-SUNDERLAND, H	
81836	41820 SIX MILE RD., #104	09/02/2025	20250608	N		750.00
08/14/2025	NORTHVILLE MI, 48168	/ /	0.0000	N		0.00
		09/02/2025		N		750.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-843.100	PSYCH EVAL - SUNDERLAND, HAMEL C	750.00	750.00

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
VENDOR TOTAL:						750.00
ALPINEFLOR 81837	ALPINE FLORIST AND GIFTS, INC. 7524 E. M-36 P.O. BOX 219	08/20/2025 09/02/2025	017469	GEN N	SEN CTR B-DAY FLOWERS MAY/JUNE/JULY	135.00
08/13/2025	HAMBURG MI, 48139	/ / 09/02/2025	0.0000	N N		0.00 135.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-820.000-804.000	SENIOR PROGRAMS	135.00
VENDOR TOTAL:		135.00

UNJOURNALIZED OPEN

BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
AMERICAN09	AMERICAN UNITED LIFE INSURANCE	08/25/2025	08192025	GEN	G00617291-0001-000 09/01-09/30/2025	
81882	AMERICAN UNITED LIFE INSURANCE	09/02/2025		N		2,680.78
	5870 RELIABLE PARKWAY					
08/19/2025	CHICAGO IL, 60686-0058	/ /	0.0000	N		0.00
		09/02/2025		N		2,680.78

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-073.002	DISABILITY - LIBRARY	162.20
101-171.000-725.100		45.94
101-201.000-725.100		110.81
101-215.000-725.100		78.68
101-228.000-725.100		57.63
101-253.000-725.100		70.11
101-262.000-725.100		43.14
101-265.000-725.100		60.80
101-702.000-725.100		70.83
101-751.000-725.100	LONG/SHORT TERM DISABILITY	23.92
101-820.000-725.100	LONG/SHORT TERM DISABILITY	35.74
590-527.000-725.100	LONG/SHORT TERM DISABILITY	298.41
206-000.000-725.100	LONG/SHORT TERM DISABILITY	558.77
207-000.000-725.100	LONG/SHORT TERM DISABILITY	682.55
101-000.000-073.004	LIFE INSURANCE - LIBRARY	25.00
101-171.000-725.200	LIFE INSURANCE	7.03
101-201.000-725.200	LIFE INSURANCE	18.75
101-215.000-725.200	LIFE INSURANCE	12.81
101-228.000-725.200	LIFE INSURANCE	8.75
101-253.000-725.200	LIFE INSURANCE	12.50
101-262.000-725.200	LIFE INSURANCE	7.81
101-265.000-725.200	LIFE INSURANCE	12.35
101-702.000-725.200	LIFE INSURANCE	12.50
101-751.000-725.200	LIFE INSURANCE	4.38
101-820.000-725.200	LIFE INSURANCE	6.25
206-000.000-725.200	LIFE INSURANCE	92.50
207-000.000-725.200	LIFE INSURANCE	109.06
590-527.000-725.200	LIFE INSURANCE	51.56
		2,680.78

VENDOR TOTAL:

2,680.78

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
AMERICANVO	AMERICAN UNITED LIFE INSURANCE COMP	08/25/2025	08192025	GEN	G00617291-0002-000 09.01-09.30.2025	
81883	5870 RELIABLE PARKWAY	09/02/2025		N		1,118.34
08/19/2025	CHICAGO IL, 60686-0058	/ /	0.0000	N		0.00
		09/02/2025		N		1,118.34

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-231.420	VOL. LIFE INSURANCE	1,118.34
VENDOR TOTAL:		1,118.34

AMERICAN02	APPLIED INNOVATION	08/21/2025	1043469-1	GEN	RICOH REFILL STAPLES	
81880	7718 SOLUTION CENTER	09/02/2025		N		54.83
08/20/2025	CHICAGO IL, 60677-7007	/ /	0.0000	N		0.00
		09/02/2025		N		54.83

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-275.000-752.000	SUPPLIES & SMALL EQUIPMENT	54.83

AMERICAN02	APPLIED INNOVATION	08/20/2025	2903838	GEN	CONTRACT BASE 08/21-09/20/2025	
81838	7718 SOLUTION CENTER	09/02/2025		N		224.87
08/15/2025	CHICAGO IL, 60677-7007	/ /	0.0000	N		0.00
		09/02/2025		N		224.87

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-820.000-801.000	CONTRACTUAL SERVICES	224.87
VENDOR TOTAL:		279.70

UNJOURNALIZED OPEN

BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
ARMOREX	ARMOREX	08/27/2025	0000041764	GEN	PD CLEANING SUPPLIES	
81917	7109 DAN MCGUIRE DR	09/02/2025	20250623	N		423.35
08/26/2025	BRIGHTON MI, 48116	/ /	0.0000	N		0.00
		09/02/2025		Y		423.35

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-930.002	BLACK TRASH BAGS	40.08	40.08
207-000.000-930.002	EMPRESS TAD WHITE MULTI-FOLD TOWELS	120.15	120.15
207-000.000-930.002	2 PLY HOUSEHOLD ROLL TOWELS	143.97	143.97
207-000.000-930.002	TOILET TISSUE	54.23	54.23
207-000.000-930.002	KRAFT SANITARY WAX LINERS	38.99	38.99
207-000.000-930.002	MOP HEADS 12/CASE	15.98	15.98
207-000.000-930.002	SHIPPING	9.95	9.95
		423.35	423.35

ARMOREX	ARMOREX	08/27/2025	0000041766	GEN	TWP CLEANING SUPPLIES	
81915	7109 DAN MCGUIRE DR	09/02/2025		N		288.25
08/26/2025	BRIGHTON MI, 48116	/ /	0.0000	N		0.00
		09/02/2025		Y		288.25

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-930.000	MAINTENANCE TWP HALL	288.25

ARMOREX	ARMOREX	08/27/2025	0000041769	GEN	CREDIT FOR FUEL SURCHARGE-SEN CTR/TW	
81916	7109 DAN MCGUIRE DR	09/02/2025		N		(19.90)
08/26/2025	BRIGHTON MI, 48116	/ /	0.0000	N		0.00
		09/02/2025		Y		(19.90)

Open

GL NUMBER	DESCRIPTION	AMOUNT
207-000.000-930.002	MAINTENANCE POLICE BUILDING	(6.64)
101-820.000-930.001	MAINTENANCE COMM CENTER	(6.63)
101-265.000-930.000	MAINTENANCE TWP HALL	(6.63)
		(19.90)

VENDOR TOTAL: 691.70

08/27/2025 03:13 PM

User: MarcyM

DB: Hamburg

INVOICE APPROVAL BY INVOICE REPORT FOR HAMBURG TOWNSHIP OFFICES

EXP CHECK RUN DATES 04/01/2025 - 09/02/2025

UNJOURNALIZED OPEN

BANK CODE: GEN

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Item 3.

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
ATTLONGD01	AT&T LONG DISTANCE	08/21/2025	579165	GEN	PD TOWER SEARCH FEES #579165	
81874	PO BOX 5071	09/02/2025	20250609	N		95.00
08/11/2025	CAROL STREAM IL, 60197-5017	/ /	0.0000	N		0.00
		09/02/2025		N		95.00
Open						
GL NUMBER	DESCRIPTION			AMOUNT	AMT RELIEVED	
207-000.000-967.000	PROCESSING FEE			45.00	45.00	
207-000.000-967.000	BILLED UNITS			50.00	50.00	
				95.00	95.00	
VENDOR TOTAL:						95.00
ATTMOBILIT	AT&T MOBILITY	08/25/2025	287318496818X082	GEN	PD/FD CELL PHONE CHARGES AUGUST 2025	
81886	P.O. BOX 6463	09/02/2025	20250614	N		786.88
08/11/2025	CAROL STREAM IL, 60197-6463	/ /	0.0000	N		0.00
		09/02/2025		N		786.88
Open						
GL NUMBER	DESCRIPTION			AMOUNT	AMT RELIEVED	
207-000.000-853.000	PD CELL PHONE CHARGES AUG 2025			576.45	576.45	
206-000.000-853.000	FD CELL PHONE CHARGES AUG 2025			210.43	210.43	
				786.88	786.88	
ATTMOBILIT	AT&T MOBILITY	08/21/2025	287348028837X082	GEN	PD NEGOT TEAM BRIC BALL SIM CARD SER	
81873	P.O. BOX 6463	09/02/2025	20250613	N		131.37
08/11/2025	CAROL STREAM IL, 60197-6463	/ /	0.0000	N		0.00
		09/02/2025		N		131.37
Open						
GL NUMBER	DESCRIPTION			AMOUNT	AMT RELIEVED	
207-000.000-853.000	HAMBURG BRINC BALL			86.04	86.04	
207-000.000-853.000	LAPTOP UNLIMITED PLAN			45.33	45.33	
				131.37	131.37	
VENDOR TOTAL:						918.25

08/27/2025 03:13 PM

User: MarcyM

DB: Hamburg

INVOICE APPROVAL BY INVOICE REPORT FOR HAMBURG TOWNSHIP OFFICES

EXP CHECK RUN DATES 04/01/2025 - 09/02/2025

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Item 3.

UNJOURNALIZED OPEN

BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
BIOTECHAG1	BIOTECH AGRONOMICS, INC.	08/25/2025	4398	GEN	WWTP TRANSPORT SIOSOLIDS	495,000 08/
81890	1651 BEULAH HWY.	09/02/2025		N		30,541.50
08/20/2025	BEULAH MI, 49617	/ /	0.0000	N		0.00
		09/02/2025		N		30,541.50

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-537.000-917.600	SLUDGE REMOVAL EXPENSE WWTP	30,541.50

VENDOR TOTAL: 30,541.50

BCBSM	BLUE CROSS BLUE SHIELD OF MICHIGAN	08/20/2025	08062025	GEN	09/01-09/30/2025	
81840	P.O. BOX 674416	09/02/2025		N		111,878.52
08/06/2025	DETROIT MI, 48267-4416	/ /	0.0000	N		0.00
		09/02/2025		N		111,878.52

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-262.000-718.000	HEALTH/DENTAL/VISION INSURANCE	2,662.63
101-265.000-718.000	HEALTH/DENTAL/VISION INSURANCE	3,080.11
101-000.000-073.001	HEALTH INSURANCE - LIBRARY	3,704.10
101-171.000-718.000	HEALTH/DENTAL/VISION INSURANCE	3,080.10
101-201.000-718.000	HEALTH/DENTAL/VISION INSURANCE	6,390.33
101-215.000-718.000	HEALTH/DENTAL/VISION INSURANCE	3,910.00
101-228.000-718.000	HEALTH/DENTAL/VISION INSURANCE	852.05
101-702.000-718.000	HEALTH/DENTAL/VISION INSURANCE	2,833.89
206-000.000-718.000	HEALTH/DENTAL/VISION INSURANCE	27,983.32
207-000.000-718.000	HEALTH/DENTAL/VISION INSURANCE	38,442.50
101-751.000-718.000	HEALTH/DENTAL/VISION INSURNACE	1,491.08
101-820.000-718.000	HEALTH/DENTAL/VISION INSURANCE	2,130.11
590-527.000-718.000	HEALTH/DENTAL/VISION INSURANCE	12,435.26
101-000.000-231.300	DUE TO BCBS BCBS W/H	2,883.04
		111,878.52

VENDOR TOTAL: 111,878.52

08/27/2025 03:13 PM

User: MarcyM

DB: Hamburg

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BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount

BOBMAXFORD	BOB MAXEY FORD OF HOWELL, INC.	08/20/2025	298158	GEN	FD - 2020 FORD EXPEDITION MAINTENANC	
81839		09/02/2025	20250607	N		1,387.36
	2798 E. GRAND RIVER AVE.					
07/24/2025	HOWELL MI, 48843-8545	/ /	0.0000	Y		0.00
		09/02/2025		N		1,387.36

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-932.000	2020 FORD EXPEDITION MAINTENANCE	1,387.36	1,387.36

BOBMAXFORD	BOB MAXEY FORD OF HOWELL, INC.	08/27/2025	299642	GEN	B&G F350 50068 BRAKES & ROTORS	
81913		09/02/2025		N		3,315.77
	2798 E. GRAND RIVER AVE.					
08/25/2025	HOWELL MI, 48843-8545	/ /	0.0000	N		0.00
		09/02/2025		N		3,315.77

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-932.000	VEHICLE MAINTENANCE	3,315.77

VENDOR TOTAL:	4,703.13
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BOULLION01	BOULLION SALES, INC.	08/20/2025	100-1015451	GEN	B&G SPEED FEED HEAD/ 24" HEDGE TRIMM	
81841	8530 N. TERRITORIAL RD	09/02/2025		N		434.35
08/18/2025	DEXTER MI, 48130	/ /	0.0000	N		0.00
		09/02/2025		N		434.35

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-931.000	EQUIPMENT MAINT/REPAIR	434.35

BOULLION01	BOULLION SALES, INC.	08/26/2025	100-1015496	GEN	B&G MOWER BLADES	
81898	8530 N. TERRITORIAL RD	09/02/2025		N		586.35
08/20/2025	DEXTER MI, 48130	/ /	0.0000	N		0.00
		09/02/2025		N		586.35

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-752.000	SUPPLIES & SMALL EQUIPMENT	586.35

VENDOR TOTAL:	1,020.70
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BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

BRIGHTON04	BRIGHTON ANALYTICAL, LLC	08/26/2025	0825-144004	GEN	P&R EAST CONCESSION WATER TESTING	
81900	2105 PLESS DRIVE	09/02/2025		N		35.00
08/21/2025	BRIGHTON MI, 48114	/ /	0.0000	N		0.00
		09/02/2025		Y		35.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-751.000-930.005	MAINTENANCE PARK FACILITIES	35.00

VENDOR TOTAL: 35.00

C&ECONTR01	C & E CONSTRUCTION CO., INC.	08/25/2025	3088	GEN	GRINDER PUMP REPLACEMENT 8830 HENDRI	
81888	P.O. BOX 1359	09/02/2025		N		5,397.00
08/18/2025	HIGHLAND MI, 48357	/ /	0.0000	N		0.00
		09/02/2025		N		5,397.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-934.200	GRINDER PUMP REPLACEMENT	5,397.00

C&ECONTR01	C & E CONSTRUCTION CO., INC.	08/26/2025	3092	GEN	GRINDER PUMP REPLACEMENT 6015 WINANS	
81893	P.O. BOX 1359	09/02/2025		N		5,397.00
08/23/2025	HIGHLAND MI, 48357	/ /	0.0000	N		0.00
		09/02/2025		N		5,397.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-934.200	GRINDER PUMP REPLACEMENT	5,397.00

C&ECONTR01	C & E CONSTRUCTION CO., INC.	08/26/2025	3093	GEN	EMERGENCY REPAIR 11488 DUNLAVY LANE	
81894	P.O. BOX 1359	09/02/2025		N		3,200.00
08/23/2025	HIGHLAND MI, 48357	/ /	0.0000	N		0.00
		09/02/2025		N		3,200.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-934.100	PUMP & MAIN REPAIR/MAINTENANCE	3,200.00

VENDOR TOTAL: 13,994.00

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BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
CDWGOVER01	CDW GOVERNMENT, INC.	08/26/2025	AF5MY1K	GEN	PD DELL LAPTOP FOR 7007	
81897	75 REMITTANCE DR SUITE 1515	09/02/2025	20250583	N		2,825.01
08/16/2025	CHICAGO IL, 60675-1515	/ /	0.0000	N		0.00
		09/02/2025		N		2,825.01

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-980.000	DEL CTO LAPTOP FOR VEH 7007	2,825.01	2,825.01

VENDOR TOTAL: 2,825.01

CENTERMASS	CENTER MASS, INC.	08/21/2025	43010	GEN	PD - NATIONAL PATROL RIFLE CONFERENC	
81881	33825 PLYMOUTH RD.	09/02/2025	20250610	N		99.00
08/19/2025	LIVONIA MI, 48150	/ /	0.0000	N		0.00
		09/02/2025		N		99.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-916.000	NATIONAL PATROL RIFLE CONFERENCE, WALLAC	99.00	99.00

VENDOR TOTAL: 99.00

CHARTERC01	CHARTER COMMUNICATIONS	08/26/2025	5447501082125	GEN	PD SPECTRUM CABLE FINAL BILL	
81895	PO BOX 223085	09/02/2025	20250617	N		137.73
08/21/2025	PITTSBURGH PA, 15251-2085	/ /	0.0000	N		0.00
		09/02/2025		N		137.73

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-853.000	FINAL BILL	137.73	137.73

VENDOR TOTAL: 137.73

CHLORIDESO	CHLORIDE SOLUTIONS, LLC	08/26/2025	HAM082225	GEN	DUST CONTROL/BRINE HALL RD/ SHELDON/	
81891	672 N. M-52	09/02/2025		N		4,368.18
08/22/2025	WEBBERVILLE MI, 48892	/ /	0.0000	N		0.00
		09/02/2025		Y		4,368.18

Open

GL NUMBER	DESCRIPTION	AMOUNT
204-000.000-805.000	CHLORIDING	4,368.18

VENDOR TOTAL: 4,368.18

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Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

GRANITBR01	COLDSPRING	08/20/2025	RI 2414759	GEN	CEMETERY NICHE PLAQUE GREGORY SHAW	
81842	P.O. BOX 71037	09/02/2025		N		369.00

07/31/2025	CHICAGO IL, 60694-1037	/ /	0.0000	N		0.00
		09/02/2025		Y		369.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-567.000-955.000	SUNDRY	369.00

GRANITBR01	COLDSPRING	08/20/2025	RI 2421361	GEN	CEMETERY ACCOLADE W/ SINGLE BORDER D	
81843	P.O. BOX 71037	09/02/2025		N		171.00

08/14/2025	CHICAGO IL, 60694-1037	/ /	0.0000	N		0.00
		09/02/2025		Y		171.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-567.000-955.000	SUNDRY	171.00

VENDOR TOTAL:	540.00
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SCHUSTERCS	CRISTINA SCHUSTER	08/25/2025	08252025	GEN	PD REIMBURSEMENT 2025 CJIS CONF	
81884		09/02/2025		N		468.68
08/25/2025	,	/ /	0.0000	N		0.00
		09/02/2025		N		468.68

Open

GL NUMBER	DESCRIPTION	AMOUNT
207-000.000-916.000	TRAINING	468.68

VENDOR TOTAL:	468.68
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Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

CRUISERS01	CRUISERS, INC.	08/20/2025	48262	GEN	PD 2017 DODGE CHARGER 7004 REMOVE/IN	
81855	5977 BRIGHTON PINES CT.	09/02/2025	20250602	N		3,527.80
08/13/2025	HOWELL MI, 48843	/ /	0.0000	N		0.00
		09/02/2025		N		3,527.80

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-981.000	REMOVE/INSTALL EQUIPMT	3,527.80	3,527.80

CRUISERS01	CRUISERS, INC.	08/27/2025	48316	GEN	PD OIL CHG & REINSTALL SPOTLIGHT 701	
81918	5977 BRIGHTON PINES CT.	09/02/2025	20250625	N		95.00
08/25/2025	HOWELL MI, 48843	/ /	0.0000	N		0.00
		09/02/2025		N		95.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-932.000	VEH MAINT	95.00	95.00

VENDOR TOTAL: 3,622.80

DARTTEAM01	DART TEAM	08/27/2025	08012025	GEN	08-2025	
81906	C/O HOWELL FIRE DEPARMENT	09/02/2025		N		135.00
	1211 W. GRAND RIVER					
08/26/2025	HOWELL MI, 48843	/ /	0.0000	N		0.00
		09/02/2025		N		135.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-231.200	DUE TO CHARITY CHARITABLE DEDUCTIONS	135.00

VENDOR TOTAL: 135.00

DUBOISCO01	DUBOIS-COOPER & ASSOCIATES	08/20/2025	296051	GEN	DPQ ACCESSWAY EXTENSIONN	
81856		09/02/2025		N		557.00
	PO BOX 6161					
08/18/2025	PLYMOUTH MI, 48170	/ /	0.0000	N		0.00
		09/02/2025		Y		557.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-751.100	GRINDER PUMP PARTS	557.00

VENDOR TOTAL: 557.00

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Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

JUNGCHRS01	FIREWRENCH OF MICHIGAN	08/26/2025	1369	GEN	FD - ENGINE 12 REPAIR #1369	
81903	25840 JOHNS ROAD	09/02/2025	20250621	N		556.23
08/20/2025	SOUTH LYON MI, 48178	/ /	0.0000	N		0.00
		09/02/2025		Y		556.23

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-932.000	LABOR 2012 ROSENBAUER	400.00	400.00
206-000.000-932.000	BY THE FOOT SILICONE HOSE	36.20	36.20
206-000.000-932.000	HOSE CLAMPS 3/4" HOSE	15.96	15.96
206-000.000-932.000	CONCENTRATE RED COOLANT 1 GALLON	80.97	80.97
206-000.000-932.000	TRAVEL MILES	23.10	23.10
		556.23	556.23

JUNGCHRS01	FIREWRENCH OF MICHIGAN	08/26/2025	1370	GEN	FD - ENGINE 1 REPAIR #1370	
81904	25840 JOHNS ROAD	09/02/2025	20250620	N		1,151.69
08/20/2025	SOUTH LYON MI, 48178	/ /	0.0000	N		0.00
		09/02/2025		Y		1,151.69

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-932.000	LABOR ON 2020 ROSENBAUER	650.00	650.00
206-000.000-932.000	TANK VISION SENSOR AND FREIGHT	478.59	478.59
206-000.000-932.000	TRAVEL MILES	23.10	23.10
		1,151.69	1,151.69

VENDOR TOTAL:	1,707.92
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Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
GEBESISCDJ	GENESIS CDJR OF PINCKNEY LLC	08/20/2025	506999	GEN	PD 2021 DODGE DURANGO VEHICLE REPAIR	
81857	1295 E. M-36	09/02/2025	20250603	N		2,178.99
08/14/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		09/02/2025		N		2,178.99

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-932.000	REPLACED MOTOR MOUNTS, FRONT PADS & ROTR	2,178.99	2,178.99

GEBESISCDJ	GENESIS CDJR OF PINCKNEY LLC	08/27/2025	507073	GEN	PD DEDUCTIBLE 2019 DODGE CHARGER REP	
81919	1295 E. M-36	09/02/2025	20250624	N		250.00
08/26/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		09/02/2025		N		250.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-932.000	DEDUCTIBLE	250.00	250.00

VENDOR TOTAL: 2,428.99

GRLKS BREA	GREAT LAKES BREATHING AIR	08/20/2025	1140	GEN	FD - AIR COMPRESSOR MAINTENANCE #114	
81858	11863 92ND AVE	09/02/2025	20250606	N		226.25
08/14/2025	ALLENDALE MI, 49401	/ /	0.0000	N		0.00
		09/02/2025		N		226.25

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-931.000	SLP AIR SAMPLE KIT #198325	120.00	120.00
206-000.000-931.000	LABOR	31.25	31.25
206-000.000-931.000	TRAVEL FEE	75.00	75.00
		226.25	

VENDOR TOTAL: 226.25

HDAUTODETL	HD AUTOMOTIVE DETAILING LLC	08/26/2025	373	GEN	PD INTERIOR AND EXTERIOR DETAIL OF P	
81902	9455 COMMON TRAIL	09/02/2025	20250622	N		325.00
08/25/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		09/02/2025		Y		325.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-932.000	INTERIOR AND EXTERIOR DETAIL	325.00	325.00

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

VENDOR TOTAL:

325.00

HOMEDEPO01	HOME DEPOT CREDIT SERVICES	08/20/2025	5900341	GEN	DPW REFRIGERATOR 10.1 CU FT	
81859	DEPT 32-2501873644	09/02/2025		N		434.00
	P.O. BOX 78047					
07/15/2025	PHOENIX AZ, 85062-8047	/ /	0.0000	N		0.00
		09/02/2025		Y		434.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-752.000	SUPPLIES & SMALL EQUIPMENT	434.00

HOMEDEPO01	HOME DEPOT CREDIT SERVICES	08/20/2025	7216561	GEN	DPW PLUMBER GREASE (20)	
81860	DEPT 32-2501873644	09/02/2025		N		85.60
	P.O. BOX 78047					
08/12/2025	PHOENIX AZ, 85062-8047	/ /	0.0000	N		0.00
		09/02/2025		Y		85.60

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-752.000	SUPPLIES & SMALL EQUIPMENT	85.60

VENDOR TOTAL:

519.60

HUTSONINC1	HUTSON, INC.	08/20/2025	10992755	GEN	B&G JOHN DEERE 1575 DIAG	
81861	3915 TRACTOR DRIVE	09/02/2025		N		129.32
08/13/2025	HOWELL MI, 48855	/ /	0.0000	N		0.00
		09/02/2025		N		129.32

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-931.000	EQUIPMENT MAINT/REPAIR	129.32

VENDOR TOTAL:

129.32

IMEGCRP#1	IMEG CONSULTANTS CORP	08/25/2025	23008696.05-2	GEN	PRIVATE ROAD REVIEW-CRYSTA; DRIVE &	
81887	ATTN: ACCOUNTS RECEIVABLE	09/02/2025		N		1,053.00
	PO BOX 182094					
08/14/2025	COLUMBUS OH, 43218	/ /	0.0000	N		0.00
		09/02/2025		Y		1,053.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-279.983	CRYSTAL DRIVE & BEACH SUB RD IM SAD	1,053.00

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Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

VENDOR TOTAL: 1,053.00

IMPACTMELA	IMPACT MELANOMA, INC	08/20/2025	824	GEN	P&R SUNSCREEN DISPENSER/AD BOARDEXT	
81862	490 VIRGINIA RD	09/02/2025		N		664.20
	SUITE 9					
08/11/2025	CONCORD MA, 01742	/ /	0.0000	N		0.00
		09/02/2025		N		664.20

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-800.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP	664.20

VENDOR TOTAL: 664.20

INSIGHTLPR	INSIGHT LPR LLC	08/21/2025	2025-15186	GEN	PD LPR DATA HOSTING AND CELLULAR SER	
81875	1014 HIGHWAY 471	09/02/2025	20250612	N		1,200.00
08/20/2025	BRANDON MS, 39042	/ /	0.0000	N		0.00
		09/02/2025		N		1,200.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-933.000	REMOTE DATA HOSTING SERVICES	600.00	600.00
207-000.000-933.000	CELLULAR SERVICE	600.00	600.00
		1,200.00	1,200.00

VENDOR TOTAL: 1,200.00

NEGRIJAS01	JASON NEGRI	08/27/2025	08262025	GEN	CEMETERY REIMBURSE MILEAGE/MEAL MAMC	
81911	7881 PINTAIL LN	09/02/2025		N		326.81
08/26/2025	WHITMORE LAKE MI, 48189	/ /	0.0000	N		0.00
		09/02/2025		N		326.81

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-567.000-861.000	MILEAGE	319.20
101-567.000-955.000	SUNDRY	7.61
		326.81

VENDOR TOTAL: 326.81

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Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
ASSUREDPO1	JAYS ASSURED PEST CONTROL LLC	08/20/2025	7787	GEN	P&R BEES/WASPSHORNETS 98 NESTS LESS	
81863	1000 OAK CREEK DR	09/02/2025		N		3,170.00
08/14/2025	SOUTH LYON MI, 48178	/ /	0.0000	N		0.00
		09/02/2025		Y		3,170.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-751.000-930.005	MAINTENANCE PARK FACILITIES	1,820.00
101-751.000-930.005	MAINTENANCE PARK FACILITIES	1,380.00
101-751.000-930.005	MAINTENANCE PARK FACILITIES	(30.00)
		<u>3,170.00</u>

VENDOR TOTAL: 3,170.00

KENNEDYI01	KENNEDY INDUSTRIES, INC.	08/20/2025	647697	GEN	DPW CURRENT TRANSFORMER-100:5	
81864	P.O. BOX 930079	09/02/2025		N		265.25
08/13/2025	WIXOM MI, 48393	/ /	0.0000	N		0.00
		09/02/2025		N		265.25

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-934.100	PUMP & MAIN REPAIR/MAINTENANCE	265.25

VENDOR TOTAL: 265.25

LAFONTAINE	LAFONTAINE CDJR OF LANSING	08/27/2025	4157-36281	GEN	PD 2026 DODGE DURANGO GT BOARD APPRO	
81923	6131 S. PENNSYLVANIA	09/02/2025	20250490	N		38,782.00
08/28/2025	LANSING MI, 48911	/ /	0.0000	N		0.00
		09/02/2025		Y		38,782.00

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-981.000	2026 DODGE DURANGO	38,782.00	38,782.00

VENDOR TOTAL: 38,782.00

UNJOURNALIZED OPEN

BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

LAKESIDESV	LAKESIDE SERVICE COMPANY	08/27/2025	227446974	GEN	WWTP MINI SPLIT INSTALLATION	
81914	4367 S. OLD US HWY 23	09/02/2025		N		4,195.00
08/26/2025	BRIGHTON MI, 48114	/ /	0.0000	N		0.00
		09/02/2025		Y		4,195.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-537.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP	4,195.00

VENDOR TOTAL: 4,195.00

LIVINGST12	LIVINGSTON COUNTY REGISTER OF DEEDS	08/25/2025	08192025	GEN	EASEMENT GRANT MURAWSKI	
81889	200 E. GRAND RIVER AVE.	09/02/2025		N		30.00
	SUITE 3					
08/19/2025	HOWELL MI, 48843	/ /	0.0000	N		0.00
		09/02/2025		N		30.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-955.000	SUNDRY	30.00

LIVINGST12	LIVINGSTON COUNTY REGISTER OF DEEDS	08/26/2025	08262025	GEN	SEWER AGREEMENT FORM / EASEMENT GRAN	
81892	200 E. GRAND RIVER AVE.	09/02/2025		N		60.00
	SUITE 3					
08/26/2025	HOWELL MI, 48843	/ /	0.0000	N		0.00
		09/02/2025		N		60.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-538.000-955.000	SUNDRY	60.00

VENDOR TOTAL: 90.00

MACQUEENEM	MACQUEEN EMERGENCY GROUP	08/20/2025	P53437	GEN	FD - QUOTE FOR SCENE SUPPLIES 041034	
81865	1125 7TH STREET EAST	09/02/2025	20250511	N		2,173.87
08/18/2025	ST PAUL MN, 55106	/ /	0.0000	N		0.00
		09/02/2025		Y		2,173.87

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-754.000	MSA ALTAIR 5X MULTIGAS DETECTOR	2,173.87	2,173.87

VENDOR TOTAL: 2,173.87

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Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
MALLORY SA	MALLORY SAFETY AND SUPPLY	08/27/2025	6237562	GEN	FD - UNIFORM POLOS #6237562	
81921	PO BOX 2068	09/02/2025	20250619	N		157.68
08/22/2025	LONGVIEW WA, 98632	/ /	0.0000	N		0.00
		09/02/2025		Y		157.68

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-768.000	PERFORMANCE POLO SS SILVER TAN LG	75.12	75.12
206-000.000-768.000	PERFORMANCE POLO SS SILVER TAN XL	82.56	82.56
		157.68	

VENDOR TOTAL: 157.68

URBANOWICZ	MATTHEW E. URBANOWICZ	08/27/2025	08262025	GEN	FD REIMBURSE BOOTS/EMS LICENSE RENEW	
81912	11019 DARWOOD RD	09/02/2025		N		175.00
08/26/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		09/02/2025		N		175.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
206-000.000-768.000	UNIFORMS/ACCESSORIES	150.00
206-000.000-958.000	DUES/SUBSCRIP/RECERTIFICATION	25.00
		175.00

VENDOR TOTAL: 175.00

MES, INC.	MES I ACQUISITION INC.	08/26/2025	IN2310854	GEN	FD - SCBA REPAIR #IN2310854	
81905	12 TURNBERRY LANE 2ND FL.	09/02/2025	20250615	N		829.45
07/31/2025	SANDY HOOK CT, 06482	/ /	0.0000	N		0.00
		09/02/2025		Y		829.45

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
206-000.000-931.000	GAUGELINE/HOSE REPAIR	75.43	75.43
206-000.000-931.000	ASSY, REG HOSE, HUD, QD	636.78	636.78
206-000.000-931.000	WAIST BELT ASSY (FEMALE BUCKLE)	117.24	117.24
		829.45	829.45

VENDOR TOTAL: 829.45

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BANK CODE: GEN

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
MICHIGANST	MICHIGAN STATE DISBURSEMENT UNIT	08/27/2025	08282025	GEN	CASE #810013564 PAYROLL	08/11-08/24/
81907	P.O. BOX 30350	09/02/2025		N		59.08
08/25/2025	LANSING MI, 48909-7850	/ /	0.0000	Y		0.00
		09/02/2025		N		59.08

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-228.010	MI CHILD SUPPORT WITHHOLDING	59.08

MICHIGANST	MICHIGAN STATE DISBURSEMENT UNIT	08/27/2025	08282025	GEN	CASE # 92854739 PAYROLL	08/11/25-08/
81908	P.O. BOX 30350	09/02/2025		N		380.46
08/25/2025	LANSING MI, 48909-7850	/ /	0.0000	N		0.00
		09/02/2025		N		380.46

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-228.010	MI CHILD SUPPORT WITHHOLDING	380.46

MICHIGANST	MICHIGAN STATE DISBURSEMENT UNIT	08/27/2025	08282025	GEN	CASE #912516502 PAYROLL	08/11-08/24/
81909	P.O. BOX 30350	09/02/2025		N		625.25
08/25/2025	LANSING MI, 48909-7850	/ /	0.0000	Y		0.00
		09/02/2025		N		625.25

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-228.010	MI CHILD SUPPORT WITHHOLDING	625.25

VENDOR TOTAL: 1,064.79

MOTOROLA01	MOTOROLA SOLUTIONS INC.	08/26/2025	8282188081	GEN	PD SOFTWARE LICENSING DIGITAL SMARTZ	
81896	13104 COLLECTIONS CENTER DR	09/02/2025	20250618	N		2,725.90
08/22/2025	CHICAGO IL, 60693	/ /	0.0000	N		0.00
		09/02/2025		N		2,725.90

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-933.000	SOFTWARE LICENSE ENH MULTIKEY OPERATION	1,003.50	1,003.50
207-000.000-933.000	SOFTWARE LICENSE UPGRADE	46.15	46.15
207-000.000-933.000	AES ENCRYPTION SOFTWARE	1,676.25	1,676.25
		2,725.90	2,725.90

VENDOR TOTAL: 2,725.90

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Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

MERS000001	MUNICIPAL EMPLOYEE'S RETIRE-	08/27/2025	00170598-4	GEN	2025-08	
81920	1134 MUNICIPAL WAY	09/02/2025		N		48,336.77
08/31/2025	LANSING MI, 48917	/ /	0.0000	N		0.00
		09/02/2025		N		48,336.77

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-000.000-231.500	DEFERRED COMPENSATION/457	10,636.23
207-000.000-716.000	DEFINED CONTRIBUTION	37,700.54
		<u>48,336.77</u>

VENDOR TOTAL:	<u>48,336.77</u>
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NORTHEASTE	NORTHEASTERN PAINT SUPPLY INC	08/20/2025	000040794	GEN	P&R BERCOM HANDY PAINT LINER CREDIT	
81867	2883 MCCARTY RD	09/02/2025		N		(21.56)
08/14/2025	SAGINAW MI, 48603	/ /	0.0000	N		0.00
		09/02/2025		N		(21.56)

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-751.000-930.020	SPORTS FIELD MAINTENANCE	(21.56)

NORTHEASTE	NORTHEASTERN PAINT SUPPLY INC	08/20/2025	000410484	GEN	P&R HP COMMAND WB ST TINTABLE	
81866	2883 MCCARTY RD	09/02/2025		N		74.89
08/14/2025	SAGINAW MI, 48603	/ /	0.0000	N		0.00
		09/02/2025		N		74.89

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-751.000-930.020	SPORTS FIELD MAINTENANCE	74.89

VENDOR TOTAL:	<u>53.33</u>
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Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		

PINCAUTO01	PINCKNEY AUTO WASH, LLC	08/20/2025	07312025	GEN	JULY AUTO WASH	
81869	PO BOX 881	09/02/2025		N		156.00
	1090 E M-36					
08/20/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		09/02/2025		Y		156.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
207-000.000-932.000	VEHICLE MAINTENANCE	120.00
206-000.000-932.000	VEHICLE MAINTENANCE	24.00
590-527.000-932.000	VEHICLE MAINTENANCE	12.00
		156.00

VENDOR TOTAL: 156.00

PORTTOILTS	PORTABLE TOILET SERVICES LLC	08/20/2025	106963	GEN	P&R 08/03-08/30/2025	
81868	4900 MCCARTHY DRIVE	09/02/2025		N		5,436.94
08/03/2025	MILFORD MI, 48381	/ /	0.0000	N		0.00
		09/02/2025		Y		5,436.94

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-800.000-942.000	PORTABLE TOILETS	1,701.96
101-751.000-942.000	PORTABLE TOILETS	3,734.98
		5,436.94

VENDOR TOTAL: 5,436.94

SPICERGRUP	SPICER GROUP, INC.	08/27/2025	240049	GEN	P & R BENNETT PARK & WATER TRAIL ACC	
81910	230 SOUTH WASHINGTON AVENUE	09/02/2025		N		13,174.25
08/25/2025	SAGINAW MI, 48607	/ /	0.0000	N		0.00
		09/02/2025		N		13,174.25

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-751.000-975.300	GRANT MATCH	13,174.25

VENDOR TOTAL: 13,174.25

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Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount

NYBLOWER	THE NEW YORK BLOWER COMPANY	08/26/2025	7802955	GEN	DPW 2025-11032-1 CW BH SIZE 315 FRP	
81901	7660 QUINCY ST	09/02/2025		N		8,638.00
08/20/2025	WILLOWBROOK IL, 60527	/ /	0.0000	N		0.00
		09/02/2025		N		8,638.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP	8,638.00

NYBLOWER	THE NEW YORK BLOWER COMPANY	08/27/2025	7803494	GEN	FREIGHT CHG FOR BLOWER	
81927	7660 QUINCY ST	09/02/2025		N		136.76
08/27/2025	WILLOWBROOK IL, 60527	/ /	0.0000	N		0.00
		09/02/2025		N		136.76

Open

GL NUMBER	DESCRIPTION	AMOUNT
590-527.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP	136.76

VENDOR TOTAL:	8,774.76
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WARDSDOI02	WARD'S EQUIPMENT RENTAL, LLC	08/26/2025	102869	GEN	CEMETERY SCISSOR LIFT RENTAL	
81899	PO BOX 425	09/02/2025		N		359.00
08/20/2025	HAMBURG MI, 48139	/ /	0.0000	N		0.00
		09/02/2025		Y		359.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-567.000-930.000	MAINTENANCE	359.00

VENDOR TOTAL:	359.00
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TOTAL - ALL VENDORS:	358,776.88
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GL Number	Invoice Date	Vendor	Invoice Desc.	Invoice	Due Date	Amount	check #
Fund 101 General Fund							
Dept 000.000							
101-000.000-073.001	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	3,704.10	
101-000.000-073.002	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	162.20	
101-000.000-073.003	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	1,395.76	
101-000.000-073.004	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	25.00	
101-000.000-228.010	08/25/25	MICHIGAN STATE DISBURSEMENT UN	CASE #810013564 PAYROLL 08/11-08/24	08282025	09/02/25	59.08	
101-000.000-228.010	08/25/25	MICHIGAN STATE DISBURSEMENT UN	CASE # 92854739 PAYROLL 08/11/25-08	08282025	09/02/25	380.46	
101-000.000-228.010	08/25/25	MICHIGAN STATE DISBURSEMENT UN	CASE #912516502 PAYROLL 08/11-08/24	08282025	09/02/25	625.25	
101-000.000-231.200	08/26/25	DART TEAM	08-2025	08012025	09/02/25	135.00	
101-000.000-231.300	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	2,883.04	
101-000.000-231.420	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0002-000 09.01-09.30.2025	08192025	09/02/25	1,118.34	
101-000.000-231.500	08/25/25	ALERUS RETIREMENT SOLUTIONS	457	08282025	08/28/25	17,910.26	
101-000.000-231.500	08/31/25	MUNICIPAL EMPLOYEE'S RETIRE-	2025-08	00170598-4	09/02/25	10,636.23	
101-000.000-279.983	08/14/25	IMEG CONSULTANTS CORP	PRIVATE ROAD REVIEW-CRYSTA; DRIVE &	23008696.05-2	09/02/25	1,053.00	
Total For Dept 000.000						40,087.72	
Dept 101.000 Township Board							
101-101.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	427.26	
Total For Dept 101.000 Township Board						427.26	
Dept 171.000 Township Supervisor							
101-171.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	397.34	
101-171.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	3,080.10	
101-171.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	45.94	
101-171.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	7.03	
Total For Dept 171.000 Township Supervisor						3,530.41	
Dept 201.000 ACCOUNTING							
101-201.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	1,171.55	
101-201.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	6,390.33	
101-201.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	110.81	
101-201.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	18.75	
Total For Dept 201.000 ACCOUNTING						7,691.44	
Dept 215.000 CLERK'S OFFICE							
101-215.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	891.20	
101-215.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	3,910.00	
101-215.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	78.68	
101-215.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	12.81	
Total For Dept 215.000 CLERK'S OFFICE						4,892.69	
Dept 228.000 TECHNICAL/UTILITIES SERVICES							
101-228.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	725.44	
101-228.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	852.05	
101-228.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	57.63	
101-228.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	8.75	
Total For Dept 228.000 TECHNICAL/UTILITIES SERVICES						1,643.87	
Dept 253.000 Treasurer							
101-253.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	881.81	
101-253.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	70.11	
101-253.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	12.50	
Total For Dept 253.000 Treasurer						964.42	
Dept 262.000 Elections							

GL Number	Invoice Date	Vendor	Invoice Desc.	Invoice	Due Date	Amount	check #
Fund 101 General Fund							
Dept 262.000 Elections							
101-262.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	509.55	
101-262.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	2,662.63	
101-262.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	43.14	
101-262.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	7.81	
Total For Dept 262.000 Elections						3,223.13	
Dept 265.000 Township Buildings							
101-265.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	606.70	
101-265.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	3,080.11	
101-265.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	60.80	
101-265.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	12.35	
101-265.000-752.000	08/19/25	ADVANCE AUTO PARTS	B&G GREASE	2749-528453	09/02/25	74.83	
101-265.000-752.000	08/27/25	ADVANCED WATER TREATMENT, INC.	B& G 3 GAL BOTTLED WATER (1)	61966299	09/02/25	13.99	
101-265.000-752.000	08/20/25	BOULLION SALES, INC.	B&G MOWER BLADES	100-1015496	09/02/25	586.35	
101-265.000-930.000	08/26/25	ARMOREX	TWP CLEANING SUPPLIES	0000041766	09/02/25	288.25	
101-265.000-930.000	08/26/25	ARMOREX	CREDIT FOR FUEL SURCHARGE-SEN CTR/T	0000041769	09/02/25	(6.63)	
101-265.000-931.000	08/18/25	BOULLION SALES, INC.	B&G SPEED FEED HEAD/ 24" HEDGE TRIM	100-1015451	09/02/25	434.35	
101-265.000-931.000	08/13/25	HUTSON, INC.	B&G JOHN DEERE 1575 DIAG	10992755	09/02/25	129.32	
101-265.000-932.000	08/25/25	BOB MAXEY FORD OF HOWELL, INC.	B&G F350 50068 BRAKES & ROTORS	299642	09/02/25	3,315.77	
Total For Dept 265.000 Township Buildings						8,596.19	
Dept 275.000 OTHER EXPENSES							
101-275.000-752.000	08/27/25	ADVANCED WATER TREATMENT, INC.	TWP BOTTLED WATER (3)	61125914	09/02/25	17.97	
101-275.000-752.000	08/20/25	APPLIED INNOVATION	RICOH REFILL STAPLES	1043469-1	09/02/25	54.83	
Total For Dept 275.000 OTHER EXPENSES						72.80	
Dept 567.000 CEMETERY							
101-567.000-861.000	08/26/25	JASON NEGRI	CEMETERY REIMBURSE MILEAGE/MEAL MAM	08262025	09/02/25	319.20	
101-567.000-930.000	08/20/25	WARD'S EQUIPMENT RENTAL, LLC	CEMETERY SCISSOR LIFT RENTAL	102869	09/02/25	359.00	
101-567.000-955.000	07/31/25	COLDSRING	CEMETERY NICHE PLAQUE GREGORY SHAW	RI 2414759	09/02/25	369.00	
101-567.000-955.000	08/14/25	COLDSRING	CEMETERY ACCOLADE W/ SINGLE BORDER	RI 2421361	09/02/25	171.00	
101-567.000-955.000	08/26/25	JASON NEGRI	CEMETERY REIMBURSE MILEAGE/MEAL MAM	08262025	09/02/25	7.61	
Total For Dept 567.000 CEMETERY						1,225.81	
Dept 702.000 PLANNING AND ZONING							
101-702.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	678.98	
101-702.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	2,833.89	
101-702.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	70.83	
101-702.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	12.50	
Total For Dept 702.000 PLANNING AND ZONING						3,596.20	
Dept 751.000 Recreation Board							
101-751.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	218.90	
101-751.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	1,491.08	
101-751.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	23.92	
101-751.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	4.38	
101-751.000-930.005	08/21/25	BRIGHTON ANALYTICAL, LLC	P&R EAST CONCESSION WATER TESTING	0825-144004	09/02/25	35.00	
101-751.000-930.005	08/14/25	JAYS ASSURED PEST CONTROL LLC	P&R BEES/WASPSHORNETS 98 NESTS LESS	7787	09/02/25	3,170.00	
101-751.000-930.020	08/14/25	NORTHEASTERN PAINT SUPPLY INC	P&R HP COMMAND WB ST TINTABLE	000410484	09/02/25	74.89	
101-751.000-930.020	08/14/25	NORTHEASTERN PAINT SUPPLY INC	P&R BERCOM HANDY PAINT LINER CREDIT	000040794	09/02/25	(21.56)	
101-751.000-942.000	08/03/25	PORTABLE TOILET SERVICES LLC	P&R 08/03-08/30/2025	106963	09/02/25	3,734.98	
101-751.000-975.300	08/25/25	SPICER GROUP, INC.	P & R BENNETT PARK & WATER TRAIL AC	240049	09/02/25	13,174.25	
Total For Dept 751.000 Recreation Board						21,905.84	

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Fund 101 General Fund							
Dept 800.000 LAKELAND TRAIL							
101-800.000-942.000	08/03/25	PORTABLE TOILET SERVICES LLC	P&R 08/03-08/30/2025	106963	09/02/25	1,701.96	
101-800.000-980.000	08/11/25	IMPACT MELANOMA, INC	P&R SUNSCREEN DISPENSER/AD BOARD EXT	824	09/02/25	664.20	
Total For Dept 800.000 LAKELAND TRAIL						2,366.16	
Dept 820.000 SENIOR CENTER							
101-820.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	370.34	
101-820.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	2,130.11	
101-820.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	35.74	
101-820.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	6.25	
101-820.000-801.000	08/15/25	APPLIED INNOVATION	CONTRACT BASE 08/21-09/20/2025	2903838	09/02/25	224.87	
101-820.000-804.000	08/13/25	ALPINE FLORIST AND GIFTS, INC.	SEN CTR B-DAY FLOWERS MAY/JUNE/JULY	017469	09/02/25	135.00	
101-820.000-930.001	08/26/25	ARMOREX	CREDIT FOR FUEL SURCHARGE-SEN CTR/T	0000041769	09/02/25	(6.63)	
Total For Dept 820.000 SENIOR CENTER						2,895.68	
Total For Fund 101 General Fund						103,119.62	
Fund 204 Road Fund							
Dept 000.000							
204-000.000-805.000	08/22/25	CHLORIDE SOLUTIONS, LLC	DUST CONTROL/BRINE HALL RD/ SHELDON	HAM082225	09/02/25	4,368.18	
Total For Dept 000.000						4,368.18	
Total For Fund 204 Road Fund						4,368.18	
Fund 206 Fire Fund							
Dept 000.000							
206-000.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	4,944.49	
206-000.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	27,983.32	
206-000.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	558.77	
206-000.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	92.50	
206-000.000-754.000	08/18/25	MACQUEEN EMERGENCY GROUP	FD - QUOTE FOR SCENE SUPPLIES 04103	P53437	09/02/25	2,173.87	
206-000.000-768.000	08/22/25	MALLORY SAFETY AND SUPPLY	FD - UNIFORM POLOS #6237562	6237562	09/02/25	157.68	
206-000.000-768.000	08/26/25	MATTHEW E. URBANOWICZ	FD REIMBURSE BOOTS/EMS LICENSE RENE	08262025	09/02/25	150.00	
206-000.000-843.100	08/14/25	ALPHA PSYCHOLOGICAL SERVICES,	FD - PSYCH EVALUATIONS-SUNDERLAND,	08192025	09/02/25	750.00	
206-000.000-853.000	08/11/25	AT&T MOBILITY	PD/FD CELL PHONE CHARGES AUGUST 202	287318496818X082	09/02/25	210.43	
206-000.000-931.000	08/14/25	GREAT LAKES BREATHING AIR	FD - AIR COMPRESSOR MAINTENANCE #11	1140	09/02/25	226.25	
206-000.000-931.000	07/31/25	MES I ACQUISITION INC.	FD - SCBA REPAIR #IN2310854	IN2310854	09/02/25	829.45	
206-000.000-932.000	07/24/25	BOB MAXEY FORD OF HOWELL, INC.	FD - 2020 FORD EXPEDITION MAINTENAN	298158	09/02/25	1,387.36	
206-000.000-932.000	08/20/25	FIREWRENCH OF MICHIGAN	FD - ENGINE 12 REPAIR #1369	1369	09/02/25	556.23	
206-000.000-932.000	08/20/25	FIREWRENCH OF MICHIGAN	FD - ENGINE 1 REPAIR #1370	1370	09/02/25	1,151.69	
206-000.000-932.000	08/20/25	PINCKNEY AUTO WASH, LLC	JULY AUTO WASH	07312025	09/02/25	24.00	
206-000.000-958.000	08/26/25	MATTHEW E. URBANOWICZ	FD REIMBURSE BOOTS/EMS LICENSE RENE	08262025	09/02/25	25.00	
Total For Dept 000.000						41,221.04	
Total For Fund 206 Fire Fund						41,221.04	
Fund 207 Police Fund							
Dept 000.000							
207-000.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	4,399.09	
207-000.000-716.000	08/31/25	MUNICIPAL EMPLOYEE'S RETIRE-	2025-08	00170598-4	09/02/25	37,700.54	
207-000.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	38,442.50	
207-000.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	682.55	
207-000.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	109.06	
207-000.000-853.000	08/11/25	AT&T MOBILITY	PD NEGOT TEAM BRIC BALL SIM CARD SE	287348028837X082	09/02/25	131.37	
207-000.000-853.000	08/11/25	AT&T MOBILITY	PD/FD CELL PHONE CHARGES AUGUST 202	287318496818X082	09/02/25	576.45	

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Fund 207 Police Fund							
Dept 000.000							
207-000.000-853.000	08/21/25	CHARTER COMMUNICATIONS	PD SPECTRUM CABLE FINAL BILL	5447501082125	09/02/25	137.73	
207-000.000-916.000	08/19/25	CENTER MASS, INC.	PD - NATIONAL PATROL RIFLE CONFEREN	43010	09/02/25	99.00	
207-000.000-916.000	08/25/25	CRISTINA SCHUSTER	PD REIMBURSEMENT 2025 CJIS CONF	08252025	09/02/25	468.68	
207-000.000-930.002	08/26/25	ARMOREX	CREDIT FOR FUEL SURCHARGE-SEN CTR/T	0000041769	09/02/25	(6.64)	
207-000.000-930.002	08/26/25	ARMOREX	PD CLEANING SUPPLIES	0000041764	09/02/25	423.35	
207-000.000-932.000	08/25/25	CRUISERS, INC.	PD OIL CHG & REINSTALL SPOTLIGHT 70	48316	09/02/25	95.00	
207-000.000-932.000	08/26/25	GENESIS CDJR OF PINCKNEY LLC	PD DEDUCTIBLE 2019 DODGE CHARGER RE	507073	09/02/25	250.00	
207-000.000-932.000	08/14/25	GENESIS CDJR OF PINCKNEY LLC	PD 2021 DODGE DURANGO VEHICLE REPAI	506999	09/02/25	2,178.99	
207-000.000-932.000	08/25/25	HD AUTOMOTIVE DETAILING LLC	PD INTERIOR AND EXTERIOR DETAIL OF	373	09/02/25	325.00	
207-000.000-932.000	08/20/25	PINCKNEY AUTO WASH, LLC	JULY AUTO WASH	07312025	09/02/25	120.00	
207-000.000-933.000	08/20/25	INSIGHT LPR LLC	PD LPR DATA HOSTING AND CELLULAR SE	2025-15186	09/02/25	1,200.00	
207-000.000-933.000	08/22/25	MOTOROLA SOLUTIONS INC.	PD SOFTWARE LICENSING DIGITAL SMART	8282188081	09/02/25	2,725.90	
207-000.000-967.000	08/11/25	AT&T LONG DISTANCE	PD TOWER SEARCH FEES #579165	579165	09/02/25	95.00	
207-000.000-980.000	08/16/25	CDW GOVERNMENT, INC.	PD DELL LAPTOP FOR 7007	AF5MY1K	09/02/25	2,825.01	
207-000.000-981.000	08/13/25	CRUISERS, INC.	PD 2017 DODGE CHARGER 7004 REMOVE/I	48262	09/02/25	3,527.80	
207-000.000-981.000	08/28/25	LAFONTAINE CDJR OF LANSING	PD 2026 DODGE DURANGO GT BOARD APPR	4157-36281	09/02/25	38,782.00	
Total For Dept 000.000						135,288.38	
Total For Fund 207 Police Fund						135,288.38	
Fund 590 SEWER FUND							
Dept 527.000 SEWER OPERATING							
590-527.000-716.000	08/25/25	ALERUS RETIREMENT SOLUTIONS	401A	08282025	08/28/25	3,045.32	
590-527.000-718.000	08/06/25	BLUE CROSS BLUE SHIELD OF MICH	09/01-09/30/2025	08062025	09/02/25	12,435.26	
590-527.000-725.100	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	298.41	
590-527.000-725.200	08/19/25	AMERICAN UNITED LIFE INSURANCE	G00617291-0001-000 09/01-09/30/2025	08192025	09/02/25	51.56	
590-527.000-751.100	08/18/25	DUBOIS-COOPER & ASSOCIATES	DPQ ACCESSWAY EXTENSIONN	296051	09/02/25	557.00	
590-527.000-752.000	07/15/25	HOME DEPOT CREDIT SERVICES	DPW REFRIGERATOR 10.1 CU FT	5900341	09/02/25	434.00	
590-527.000-752.000	08/12/25	HOME DEPOT CREDIT SERVICES	DPW PLUMBER GREASE (20)	7216561	09/02/25	85.60	
590-527.000-932.000	08/20/25	PINCKNEY AUTO WASH, LLC	JULY AUTO WASH	07312025	09/02/25	12.00	
590-527.000-934.100	08/23/25	C & E CONSTRUCTION CO., INC.	EMERGENCY REPAIR 11488 DUNLAVY LANE	3093	09/02/25	3,200.00	
590-527.000-934.100	08/13/25	KENNEDY INDUSTRIES, INC.	DPW CURRENT TRANSFORMER-100:5	647697	09/02/25	265.25	
590-527.000-934.200	08/23/25	C & E CONSTRUCTION CO., INC.	GRINDER PUMP REPLACEMENT 6015 WINAN	3092	09/02/25	5,397.00	
590-527.000-934.200	08/18/25	C & E CONSTRUCTION CO., INC.	GRINDER PUMP REPLACEMENT 8830 HENDR	3088	09/02/25	5,397.00	
590-527.000-955.000	08/19/25	LIVINGSTON COUNTY REGISTER OF	EASEMENT GRANT MURAWSKI	08192025	09/02/25	30.00	
590-527.000-980.000	08/20/25	THE NEW YORK BLOWER COMPANY	DPW 2025-11032-1 CW BH SIZE 315 FRP	7802955	09/02/25	8,638.00	
590-527.000-980.000	08/27/25	THE NEW YORK BLOWER COMPANY	FREIGHT CHG FOR BLOWER	7803494	09/02/25	136.76	
Total For Dept 527.000 SEWER OPERATING						39,983.16	
Dept 537.000							
590-537.000-917.600	08/20/25	BIOTECH AGRONOMICS, INC.	WWTP TRANSPORT SIOSOLIDS 495,000 08	4398	09/02/25	30,541.50	
590-537.000-980.000	08/26/25	LAKESSIDE SERVICE COMPANY	WWTP MINI SPLIT INSTALLATION	227446974	09/02/25	4,195.00	
Total For Dept 537.000						34,736.50	
Dept 538.000							
590-538.000-955.000	08/26/25	LIVINGSTON COUNTY REGISTER OF	SEWER AGREEMENT FORM / EASEMENT GRA	08262025	09/02/25	60.00	
Total For Dept 538.000						60.00	
Total For Fund 590 SEWER FUND						74,779.66	

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Fund Totals:							
			Fund 101 General Fund			103,119.62	
			Fund 204 Road Fund			4,368.18	
			Fund 206 Fire Fund			41,221.04	
			Fund 207 Police Fund			135,288.38	
			Fund 590 SEWER FUND			74,779.66	
Total For All Funds:							358,776.88
--- TOTALS BY GL DISTRIBUTION ---							
		101-000.000-073.001	HEALTH INSURANCE - LIBRARY			3,704.10	
		101-000.000-073.002	DISABILITY - LIBRARY			162.20	
		101-000.000-073.003	RETIREMENT - LIBRARY			1,395.76	
		101-000.000-073.004	LIFE INSURANCE - LIBRARY			25.00	
		101-000.000-228.010	MI CHILD SUPPORT WITHHOLDING			1,064.79	
		101-000.000-231.200	DUE TO CHARITY CHARITABLE DEDUCTIONS			135.00	
		101-000.000-231.300	DUE TO BCBS BCBS W/H			2,883.04	
		101-000.000-231.420	VOL. LIFE INSURANCE			1,118.34	
		101-000.000-231.500	DEFERRED COMPENSATION/457			28,546.49	
		101-000.000-279.983	CRYSTAL DRIVE & BEACH SUB RD IM SAD			1,053.00	
		101-101.000-716.000	DEFINED CONTRIBUTION			427.26	
		101-171.000-716.000	DEFINED CONTRIBUTION			397.34	
		101-171.000-718.000	HEALTH/DENTAL/VISION INSURANCE			3,080.10	
		101-171.000-725.100	LONG/SHORT TERM DISABILITY			45.94	
		101-171.000-725.200	LIFE INSURANCE			7.03	
		101-201.000-716.000	DEFINED CONTRIBUTION			1,171.55	
		101-201.000-718.000	HEALTH/DENTAL/VISION INSURANCE			6,390.33	
		101-201.000-725.100	LONG/SHORT TERM DISABILITY			110.81	
		101-201.000-725.200	LIFE INSURANCE			18.75	
		101-215.000-716.000	DEFINED CONTRIBUTION			891.20	
		101-215.000-718.000	HEALTH/DENTAL/VISION INSURANCE			3,910.00	
		101-215.000-725.100	LONG/SHORT TERM DISABILITY			78.68	
		101-215.000-725.200	LIFE INSURANCE			12.81	
		101-228.000-716.000	DEFINED CONTRIBUTION			725.44	
		101-228.000-718.000	HEALTH/DENTAL/VISION INSURANCE			852.05	
		101-228.000-725.100	LONG/SHORT TERM DISABILITY			57.63	
		101-228.000-725.200	LIFE INSURANCE			8.75	
		101-253.000-716.000	DEFINED CONTRIBUTION			881.81	
		101-253.000-725.100	LONG/SHORT TERM DISABILITY			70.11	
		101-253.000-725.200	LIFE INSURANCE			12.50	
		101-262.000-716.000	DEFINED CONTRIBUTION			509.55	
		101-262.000-718.000	HEALTH/DENTAL/VISION INSURANCE			2,662.63	
		101-262.000-725.100	LONG/SHORT TERM DISABILITY			43.14	
		101-262.000-725.200	LIFE INSURANCE			7.81	
		101-265.000-716.000	DEFINED CONTRIBUTION			606.70	
		101-265.000-718.000	HEALTH/DENTAL/VISION INSURANCE			3,080.11	
		101-265.000-725.100	LONG/SHORT TERM DISABILITY			60.80	
		101-265.000-725.200	LIFE INSURANCE			12.35	
		101-265.000-752.000	SUPPLIES & SMALL EQUIPMENT			675.17	
		101-265.000-930.000	MAINTENANCE TWP HALL			281.62	
		101-265.000-931.000	EQUIPMENT MAINT/REPAIR			563.67	
		101-265.000-932.000	VEHICLE MAINTENANCE			3,315.77	
		101-275.000-752.000	SUPPLIES & SMALL EQUIPMENT			72.80	
		101-567.000-861.000	MILEAGE			319.20	
		101-567.000-930.000	MAINTENANCE			359.00	
		101-567.000-955.000	SUNDRY			547.61	
		101-702.000-716.000	DEFINED CONTRIBUTION			678.98	
		101-702.000-718.000	HEALTH/DENTAL/VISION INSURANCE			2,833.89	
		101-702.000-725.100	LONG/SHORT TERM DISABILITY			70.83	

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		101-702.000-725.200	LIFE INSURANCE			12.50	
		101-751.000-716.000	DEFINED CONTRIBUTION			218.90	
		101-751.000-718.000	HEALTH/DENTAL/VISION INSURANCE			1,491.08	
		101-751.000-725.100	LONG/SHORT TERM DISABILITY			23.92	
		101-751.000-725.200	LIFE INSURANCE			4.38	
		101-751.000-930.005	MAINTENANCE PARK FACILITIES			3,205.00	
		101-751.000-930.020	SPORTS FIELD MAINTENANCE			53.33	
		101-751.000-942.000	PORTABLE TOILETS			3,734.98	
		101-751.000-975.300	GRANT MATCH			13,174.25	
		101-800.000-942.000	PORTABLE TOILETS			1,701.96	
		101-800.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP			664.20	
		101-820.000-716.000	DEFINED CONTRIBUTION			370.34	
		101-820.000-718.000	HEALTH/DENTAL/VISION INSURANCE			2,130.11	
		101-820.000-725.100	LONG/SHORT TERM DISABILITY			35.74	
		101-820.000-725.200	LIFE INSURANCE			6.25	
		101-820.000-801.000	CONTRACTUAL SERVICES			224.87	
		101-820.000-804.000	SENIOR PROGRAMS			135.00	
		101-820.000-930.001	MAINTENANCE COMM CENTER			(6.63)	
		204-000.000-805.000	CHLORIDING			4,368.18	
		206-000.000-716.000	DEFINED CONTRIBUTION			4,944.49	
		206-000.000-718.000	HEALTH/DENTAL/VISION INSURANCE			27,983.32	
		206-000.000-725.100	LONG/SHORT TERM DISABILITY			558.77	
		206-000.000-725.200	LIFE INSURANCE			92.50	
		206-000.000-754.000	MEDICAL AND SCENE SUPPLIES			2,173.87	
		206-000.000-768.000	UNIFORMS/ACCESSORIES			307.68	
		206-000.000-843.100	EMPLOYEE PHYSICALS/VACCINATION			750.00	
		206-000.000-853.000	PHONE/COMM/INTERNET			210.43	
		206-000.000-931.000	EQUIPMENT MAINT/REPAIR			1,055.70	
		206-000.000-932.000	VEHICLE MAINTENANCE			3,119.28	
		206-000.000-958.000	DUES/SUBSCRIP/RECERTIFICATION			25.00	
		207-000.000-716.000	DEFINED CONTRIBUTION			42,099.63	
		207-000.000-718.000	HEALTH/DENTAL/VISION INSURANCE			38,442.50	
		207-000.000-725.100	LONG/SHORT TERM DISABILITY			682.55	
		207-000.000-725.200	LIFE INSURANCE			109.06	
		207-000.000-853.000	PHONE/COMM/INTERNET			845.55	
		207-000.000-916.000	TRAINING			567.68	
		207-000.000-930.002	MAINTENANCE POLICE BUILDING			416.71	
		207-000.000-932.000	VEHICLE MAINTENANCE			2,968.99	
		207-000.000-933.000	SOFTWARE MAINTENANCE			3,925.90	
		207-000.000-967.000	SPECIAL PROJECTS			95.00	
		207-000.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP			2,825.01	
		207-000.000-981.000	CAPITAL EXPENSE - VEHICLE			42,309.80	
		590-527.000-716.000	DEFINED CONTRIBUTION			3,045.32	
		590-527.000-718.000	HEALTH/DENTAL/VISION INSURANCE			12,435.26	
		590-527.000-725.100	LONG/SHORT TERM DISABILITY			298.41	
		590-527.000-725.200	LIFE INSURANCE			51.56	
		590-527.000-751.100	GRINDER PUMP PARTS			557.00	
		590-527.000-752.000	SUPPLIES & SMALL EQUIPMENT			519.60	
		590-527.000-932.000	VEHICLE MAINTENANCE			12.00	
		590-527.000-934.100	PUMP & MAIN REPAIR/MAINTENANCE			3,465.25	
		590-527.000-934.200	GRINDER PUMP REPLACEMENT			10,794.00	
		590-527.000-955.000	SUNDRY			30.00	
		590-527.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP			8,774.76	
		590-537.000-917.600	SLUDGE REMOVAL EXPENSE WWTP			30,541.50	
		590-537.000-980.000	CAPITAL EQUIPMENT/CAPITAL IMP			4,195.00	
		590-538.000-955.000	SUNDRY			60.00	

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
LIVINGST16	LIVINGSTON CO. DRAIN COMMISSIONER	08/19/2025	4016	GEN	WATER PSASE II IMP LIV CO WATERSHED	
81829	2300 E. GRAND RIVER	08/20/2025		N		646.00
	SUITE 105					
08/05/2025	HOWELL MI, 48843-7581	/ /	0.0000	N		0.00
		08/20/2025		N		646.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-703.000-967.000	SPECIAL PROJECTS	646.00
VENDOR TOTAL:		646.00

LIVTROPHY1	LIVONIA TROPHY & SCREENPRINTING INC	08/19/2025	9362	GEN	PD RETIREMENT PLAQUE-GARBACIK	
81830	38065 ANN ARBOR ROAD	08/20/2025	20250604	N		46.75
08/04/2025	LIVONIA MI, 48150-3499	/ /	0.0000	N		0.00
		08/20/2025		Y		46.75

Open

GL NUMBER	DESCRIPTION	AMOUNT	AMT RELIEVED
207-000.000-967.000	8Z10 CHERRY PLAQUE	46.75	46.75
VENDOR TOTAL:		46.75	

PAULMEGA01	MEGAN S PAUL	08/19/2025	08182025	GEN	REIMBURSE MICHAELS PURCHASE	
81834	21936 SPEARSWOOD DR.	08/20/2025		N		45.12
08/18/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		08/20/2025		N		45.12

Open

GL NUMBER	DESCRIPTION	AMOUNT
207-000.000-967.000	SPECIAL PROJECTS	45.12
VENDOR TOTAL:		45.12

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
MIMUNICI03	MICHIGAN MUNICIPAL RISK AUTHORITY	08/19/2025	08062025	GEN	M0001291-07.01/2025-07.01.2026 INSTA	
81835		08/20/2025		N		156,966.50
	14001 MERRIMAN					
08/06/2025	LIVINIA MI, 48154	/ /	0.0000	N		0.00
		08/20/2025		N		156,966.50

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-275.000-840.000	LIABILITY/CASUALTY INSURANCE	29,412.34
206-000.000-840.000	LIABILITY/CASUALTY INSURANCE	36,339.03
207-000.000-840.000	LIABILITY/CASUALTY INSURANCE	72,421.75
590-527.000-840.000	LIABILITY/CASUALTY INSURANCE	13,110.38
101-275.000-840.000	LIABILITY/CASUALTY INSURANCE-LIBRARY	5,683.00
		156,966.50

VENDOR TOTAL: 156,966.50

MITOWNSH01	MICHIGAN TOWNSHIPS ASSOCIATION	08/19/2025	414791	GEN	MTA ONLINE PASS	
81831	P.O. BOX 80078	08/20/2025		N		1,900.00
07/01/2025	LANSING MI, 48908-0078	/ /	0.0000	N		0.00
		08/20/2025		N		1,900.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-275.000-958.000	DUES/SUBSCRIP/RECERTIFICATION	1,900.00

VENDOR TOTAL: 1,900.00

ROADRUNNER	ROAD RUNNER TIRE	08/19/2025	3691	GEN	B&G TIRES FOR MOWER	
81832	7906 HEATHER MARIE CT., PO BOX 805	08/20/2025		N		290.00
08/18/2025	PINCKNEY MI, 48169	/ /	0.0000	N		0.00
		08/20/2025		Y		290.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
101-265.000-931.000	EQUIPMENT MAINT/REPAIR	290.00

VENDOR TOTAL: 290.00

Vendor Code	Vendor name	Post Date	Invoice	Bank	Invoice Description	Gross Amount
Ref #	Address	CK Run Date	PO	Hold		Discount
Invoice Date	City/State/Zip	Disc. Date	Disc. %	Sep CK		Net Amount
		Due Date		1099		
BANKNYMELL	THE BANK OF NEW YORK MELLON	08/19/2025	00252-25-0055745	GEN	HAMBURGCIR12 -7444559336-INV	
81833	DEBT SERVICE BILLING-DIRECT PAYS	08/20/2025		N		275.00
	P.O. BOX 392005					
08/13/2025	PITTSBURGH PA, 15251-9005	/ /	0.0000	N		0.00
		08/20/2025		N		275.00

Open

GL NUMBER	DESCRIPTION	AMOUNT
591-000.000-993.000	AGENT FEES	275.00
VENDOR TOTAL:		275.00
TOTAL - ALL VENDORS:		160,169.37

HAMBURG TOWNSHIP

ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL



Effective Date:

Rescinds:

Title: **PERSONNEL ADMINISTRATION**No: **3.0**

3.0 PERSONNEL ADMINISTRATION

~~3.1(a) Human Resource Director Duties.~~

~~The Human Resource Director shall be responsible for all of the following:~~

- ~~1. Working with the Supervisor, Treasurer, and Clerk to provide interpretations to implement the provisions of the Personnel Policies and Procedures manual that has have been approved by the Township Board. Aid any interpretations of the policy that may require the Township Board review.~~
- ~~2. Make recommendation to the Township Board on necessary changes in the Personnel Policies and Procedures Manual. Monitor changes in State and Federal laws that impact Township personnel practices and policies. If and when these laws impact Township personnel practices and policies the Human Resource Director Coordinator will communicate and recommend the necessary Personnel Policies and Procedures Manual revisions to the Township Board.~~
- ~~3. The Human Resource Director will investigate complaints levied by an employee against their immediate supervisor or another employee. Depending on the complaint, the HR Director will work with the Department Head and Township Supervisor on the investigation. Upon the conclusion of the investigation, the HR Director will submit a report of the findings with a proposed course of action to the Township Supervisor, Clerk and Treasurer. If it is determined the course of action needs to be approved by the Township Board, the HR Director will provide the written summary.~~
- ~~4. Provide all employees with copies of the Personnel Policies and Procedures Manual and amendments. Provide all new employees with a copy of the Personnel Policies and Procedures Manual.~~
- ~~5. Work with Department heads to develop new job descriptions as required.~~
- ~~6. Review annual job descriptions and any updates that are proposed by Department Heads.~~

3.1(~~b-a~~) Department Heads and Supervisors.

Department Heads shall be responsible for all of the following:

1. Recommend appropriate pay grade and compensation for all employees. Annual compensation is subject to Township Board approval.
2. Develop new Job Description. ~~required with the assistance of the Human Resource Director~~. New Job Descriptions are subject to Township Board approval.
3. Annual review and update all Job Descriptions, ~~with the assistance of the Human Resource Director~~ to ensure their accuracy.
4. Recruit and interview applicants for job vacancies in accordance with section 3.6.

3.2 Employee Recordkeeping

3.2(a) Personnel Records.

The ~~Human Resource Clerk's~~ Department shall maintain a personnel record of each Township employee. All records ~~shall be maintained~~ in accordance with all state and federal law. At a minimum, each employee's personnel file shall contain the following:

1. Personal data, including full name, Social Security number, current address, and resume and/or application submitted.
2. Date of Hire.
3. Performance Evaluations.
4. Use of authorized leaves.
5. Commendations and/or disciplinary actions.
6. Tax withholding information.
7. Beneficiary information.
8. Record of positions held.
9. Insurance and pension records.

3.2(b) Confidentiality of Personnel Files.

The contents of the employee personnel files shall be considered confidential. Any employee may examine the contents of his or her personnel file under the direct supervision of the Clerk ~~or Human Resource Director~~ or designee ~~of the Clerk~~. A record is kept within the file of the person requesting to view the file, together with the date. The contents of an employee's personnel file shall not be removed by anyone except the ~~Human Resource Department Clerk~~. Confidential information contained in a personnel file shall be released to others only with the written authorization of the employee.

3.2(c) Freedom of Information Act Request for Personnel Files.

Requests for copies of documents contained in the personnel files that are made pursuant to the Freedom of Information Act will be released only after confidential information that may be contained on the document is deleted, ~~with the Clerk's approval. The Human Resource Director may contact~~—The Township attorney may be contacted for advice in responding to a Freedom of Information Act request involving personnel records. Pursuant to the Michigan Freedom of Information Act, ~~the Human Resource Director~~ the FOIA Coordinator, after consulting with the Township attorney, shall notify in writing ~~the FOIA Coordinator to notify~~ any party requesting confidential information that the request is denied. ~~The HR department will notify current~~ Employees ~~are to be~~ immediately notified that information from their file has been requested by a FOIA.

3.3 Classification and Compensation

The Township Board shall establish an equitable compensation system for Township employees. The Board shall determine a pay range for all Township positions. Each employee shall be paid an annual salary or hourly wage as determined by the Township Board and as appropriated in the Township budget.

Salaries for elected officials are set once a year by resolution of the Township Board and can only be changed with the official in agreeance and board action. Per diem rates are paid in addition to salaries for Trustees, and committee members. For those individuals who receive per diem payments from the Township, the following requirements apply:

1. The payment of a per diem must be approved by a motion or resolution of the Township Board.
2. A daily per diem rate will be paid for approved, scheduled seminar or conference attendance to officials not compensated with a salary by the Township.
3. Payment of a per diem for scheduled meetings will be made only when the following conditions have been met:
 - a. The Board, Commission, or Committee meeting must have been legally posted with public notice by the Clerk's office. ~~This does not apply to the Union Contract Negotiating Township Board appointed Committee.~~
 - b. The meeting must be held in handicap accessible, public facilities.
 - c. Minutes of the meeting must be taken and supplied to the Township Clerk. ~~This does not apply to the Union Contract Negotiating Township Board appointed Committee.~~
 - d. Item (b) above may be waived if the notice states that the meeting will consist of visiting another site and is for that purpose only.

- e. Scheduled meetings during Township business hours are not eligible for a per diem payment when individual is compensated by an approved salary.

3.3(a) Benefits.

Benefits are provided to all full-time regular employees and the Supervisor, Clerk and Treasurer. Township Board elected trustees receive the retirement benefit established by the current plan. Employee benefits include health insurance, short- and long-term disability insurance, life insurance, retirement, sick/personal and vacation time.

3.3(a)(1) Health Insurance Options.

Health care coverage is provided to all full-time regular employees and the Supervisor, Clerk and Treasurer. Full-time regular employees having health insurance coverage from another source available to them will be eligible for compensation in lieu of health care coverage in the amount of \$3,000.00. To be eligible for this program the employee would have to provide written verification of alternate coverage from a recognized health care provider. Employees wishing to exercise their choice for this program would be limited to an open enrollment period each year unless a change in status is documented.

3.4 ADA Coordinator

The ADA Coordinator shall be appointed by The Township Board of Trustees. It shall be the duty of the ADA Coordinator to assess the general working conditions of the Township on a continual basis. Any conditions that create a safety hazard shall be corrected immediately. The ADA Coordinator shall report to the Township Board any unsafe conditions that will require a modification of any board adopted policy or procedure or the expenditure of funds exceeding \$750.00 to eliminate that condition.

3.5 Authorized Work Force

The Township Board shall determine the number of employees assigned to the various Township departments. The following procedure shall be followed to obtain authorization to establish a new position:

3.5(a)

The Department Head shall present the need for the new position to the Township Board. The Department Head shall include in his/her proposal a written justification for the position as well as a draft of the position's job description, along with cost that has been reviewed by the Accounting Director. Upon receiving authorization from the Township Board, the Department Head may initiate the employee selection procedure.

3.6 Employee Selection

The Department Head shall utilize the following procedures in filling any vacant employment position:

3.6(a)

The ~~Human Resource Director and the~~ Department Head shall develop a notice of position vacancy based on the current job description. Requires approval from an executive team member whom oversees said department head.

3.6(b)

The position of vacancy notice shall be placed on the Township website and published and posted on other websites that the ~~the Human Resource Director and~~ Department Head feels is best suited. All resumes and applications should be sent to the attention of the ~~Human Resource Department~~ Department advertising. ~~The Clerk shall make available a central file storage for the retention of applications according to current record retention rules. The Department Head shall forward application files to the Clerk.~~

3.6(c)

The ~~Human Resource Director~~ Department Head will work with ~~the Department Head~~ HR and a Board member or an alternate to conduct interviews with the selected applicants. Any additional screening procedures such as pre-employment testing or the use of an assessment center shall require prior Board approval. At least three non-related references shall be contacted for a background check.

3.6(d)

The Department Head ~~along with the Human Resource Director~~ shall select the candidate that best meets the job prerequisites for education, experience, personal traits, and management style, if appropriate.

3.6(e)

The Department Head ~~and the Human Resource Director~~ shall present the selected candidate to the Township Board for final approval.

3.6(f)

Following Township Board concurrence, the candidate will be offered the position pending the satisfactory completion of a physical examination and drug testing at the expense of the Township. Failure to pass the examination or testing shall result in an automatic termination of employment.

3.7 Employee Supervision

Department head shall provide direction to employees in a manner that complies with the provisions of these administrative policies and procedures manual, as well as Federal and State laws, Township ordinances and the Township personnel policies manual.

3.8 Employee Evaluation

Employee Evaluation will be done for all employees. Additionally, all new employees shall be considered probationary employees for a period of at least six months following their initial date of employment. During the orientation period, employees will be evaluated on an on-going basis and shall receive a formal written evaluation at the end of three months or end of six months. A probationary employee may be discharged pursuant to Section 3.9(a) without recourse to the appeal process provided in Section 3.9(b).

3.8(a)

In January of each year Department head will review the job growth with each employee within that department through a performance review. ~~Once the performance review is completed a recommendation will be made to the Township Supervisor and the Human Resource Director on whether or not the employee should move to the next increase in the wage scale.~~ Performance Review form is attachment a.

3.8(b) Wage Schedule

In July of 2021, the Township commissioned a wage study. The Board approved the study in September 2021. This wage study will be used as the base for wages moving forward. Each year the base wage study will be increased by the rate of inflation that the Board will set at the strategic planning meeting in March.

3.9 Employee Discipline

Department heads ~~with the Human Resource Director~~ may administer written warnings pursuant to guidelines adopted in the Township personnel policies and procedures employee handbook in Section 9.0 Dispute Resolution Procedure.

3.9(a) Suspension or Discharge.

The application of suspension or discharge can be/shall be authorized by the Township Board, pursuant to guidelines adopted in the Township personnel policies and procedures employee handbook. Additionally, The Township Supervisor, Clerk or Treasurer are authorized to take immediate action and relieve any employee (with pay) or volunteer at any time they deem it is in the best interest of the Township. An employee or volunteer shall immediately vacate the premises until which time they are contacted by the Township Supervisor, Clerk, Treasurer or their Department Supervisor with further direction. Such

action shall be reported to the Township Board through email or phone communication by the Supervisor, Clerk or Treasurer when reasonably possible. Recommendations for suspension or termination can be made by ~~the Human Resource Director and~~ the Department Head to the Township Board for action for all employees except probationary employees.

3.9(b) Appeals.

A suspension or discharge may be appealed within three (3) days. An appeal shall be made in writing to the ~~Human Resource Director~~ Township Clerk, who shall promptly notify the Board of the appeal and all relevant facts that gave rise to the application of the disciplinary measure. The appeal shall be heard at the next Township board meeting, or at a special meeting called for that purpose by the Supervisor or by the majority of the Township Board.

3.10 Collective Bargaining

The Township Board delegates to the ~~Supervisor, one (1) trustee and the Human Resource Director~~ Union Contract Negotiating Committee appointed by the Board the authority to represent the Township Board in collective bargaining negotiating sessions. The Township Board may hire a Labor Relations Attorney to assist in the collective bargaining process. Prior to beginning negotiations, the Township Board shall meet in closed session to develop negotiation strategy regarding wages, hours, conditions of employment and any non-mandatory topic to which the Township Board agrees to negotiate. Any proposed agreement shall be brought to the Township Board for its ratification or rejection.

3.11 Employee Recognition

Department heads shall bring to the attention of the Board any incidences of meritorious conduct by any Township employee, volunteer or appointed official. The Township Board shall recognize meritorious actions that the Board deems worthy through the adoption of resolutions of tribute.

3.12 Ethical Standards

All elected and appointed officials, employees, and volunteers shall fulfill their duties with the utmost attention to serving the best interests of the Township citizens, and no official, employee or volunteer shall participate in a decision or transaction on behalf of the Township that would result in a direct financial benefit to the Township official, employee or volunteer.

Any official, employee or volunteer who believes that he or she may be placed in a potential conflict of interest shall immediately notify the Township Board, and any subsequent action shall be in conformance with State law.

No employee shall accept employment or participate in any outside activities that conflicts with performing his or her Township duties. No employee shall participate in solicitation or use his/her influence of position for personal gain.

No official or employee shall accept any gift of material value in excess of \$10.00 from a person or company providing goods or services to the Township, or who is soliciting Township business.

3.12(a) Nepotism Policy

The employment of relatives can cause various problems including but not limited to charges of favoritism, conflicts of interest, family discord and scheduling conflicts that may work to the disadvantage of both the agency and its employees.

For the purpose of this policy the term “relative” shall include the following relationships: relationships established by blood, marriage or legal action. Examples include the employee’s spouse, mother, father, son, daughter, sister, brother, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, stepparent, stepchild, aunt, uncle, nephew, niece, grandparent, grandchild or cousin. The term also includes domestic partners (a person with whom the employee’s life is interdependent and who shares a common residence) and a daughter or son of an employee’s domestic partner.

It is the goal of Hamburg Township to avoid creating or maintaining circumstances in which the appearance or possibility of favoritism, conflicts or management disruption exist. Hamburg Township may allow existing personal relationships to be maintained or employ individuals with personal relationships to current employees under the following circumstances:

- Individuals may not work under the supervision of the same manager or department;
- They may not create a supervisor/subordinate relationship with a family member;
- They may not supervise or evaluate a family member;
- The relationship will not create an adverse impact on work productivity or performance;
- The relationship may not create an actual or perceived conflict-of-interest
- They may not audit or review in any manner the individual’s work;
- They may not be eligible for employment as a department head if a member of the employee’s immediate family (spouse, children, parents, grandparents, brothers, sisters, step family members, in-law family members) serves on the Board of Trustees.

No personal employee relationship covered by this policy will be allowed to be maintained, regardless of the positions involved, if it creates a disruption or potential disruption in the work environment, creates an actual or perceived conflict of interest or is prohibited by any legal or regulatory mandate.

This policy must be considered when hiring, promoting or transferring any employee.

Should relationships addressed within this policy be identified with either candidate for employment or, current employees the matter should be immediately reported to the Township Clerk and the following policies and procedures will be followed:

- A determination will be made whether the relationship is subject to the agency's Nepotism policy based on the conditions described above.
- If the relationship is determined to fall within one or more of the conditions described in this policy the Township Clerk in consultation with the affected employee supervisor and the Township Supervisor will attempt to resolve the situation through the transfer of one employee to a new position or identifying some other action (e.g., Supervisory reassignment) which will correct the conflict or issue identified. If accommodations are not feasible then, with affected employee suggestions, the Township Clerk in consultation with the Township Supervisor shall determine which employee must resign in order to resolve the situation.

The agency reserves the right to exercise appropriate managerial judgment to take such actions as may be necessary to achieve the intent of this policy.

It is the responsibility of every employee to identify to their Department Head any potential or existing personal relationship which falls under the definitions provided in this policy. Employees who fail to disclose personal relationships covered by this policy will be subject to disciplinary action up to and including the termination of employment.

3.13 Workplace Violence

Please See: The Personnel Policies and Procedures Employee Handbook Section 6.0 Code of Conduct.

3.14 Non-Smoking Policy

In accordance with Michigan State Law, smoking is prohibited in all Hamburg Township buildings. It is Hamburg Township policy that smoking is prohibited within 10 feet of any entrance to Township owned buildings, and in all Township owned vehicles.

3.15 Tuition Reimbursement (Non-Bargaining Unit Employees)

Hamburg Township's tuition reimbursement policy is to help employee's further skills in present positions or prepare for a different position with the Township. The Township will reimburse any full-time employee for tuition, registration, and books for college level courses not to exceed nine thousand (\$9,000.00) dollars per fiscal year per employee. To be eligible for reimbursement, the following criteria must be met by non-bargaining unit employees:

- A.** Employee must be full-time and have completed one year of service prior to enrolling in a college level course.
- B.** All course work must be related to a position at Hamburg Township.
- C.** The employee must submit a Hamburg Township Tuition Reimbursement Approval Request Form (PE-101-1003) to their Department Head in advance of enrolling in the course(s). The Department Head, or his/her designee, must approve all course work

prior to enrollment. The completed, approved form is to be filed in the employee's personnel file prior to the start of the course.

- D.** Denial of approval by the Department Head, or his/her designee, may be appealed first to the Elected Official responsible for that Department, and second, if necessary, to the Township Board of Trustees.
- E.** The employee shall agree that in the event the employee voluntarily leaves Township employment within two years of the completion of the course work, he/she shall reimburse the Township for all costs and authorize repayment through final payroll deductions.
- F.** The employee shall agree that the program course work must not adversely affect job performance, must be taken on personal time, and outside of regularly scheduled work hours.
- G.** The Township will reimburse the cost of registration, tuition, and books based upon successful completion of the course (i.e., with a passing grade of "C" or better for undergraduate course work and "B" or better for graduate course work).
- H.** Upon successful completion, an expense request form, together with a transcript or report card indicating the grade, and receipts for tuition, registration, and book expenses must be submitted to the Department Head for reimbursement.
- I.** None of the above shall apply to any courses/training mandated by the employer.

Note: Tuition reimbursement for bargaining unit employees is governed by their Collective Bargaining Agreement.

3.16 Adverse Weather Policy

Hamburg Township regular business hours are Monday through ~~Friday~~ Thursday from ~~8:00 a.m. to 5:00 p.m.~~ 7:30 a.m. to 5:30 p.m. Should severe weather (snow and/or ice) arise during regular business hours, the Supervisor, or the Clerk in the absence of the Supervisor, ~~after consultation with the Public Safety Director or Buildings and Grounds Superintendent~~ will determine the necessity to close the Township offices and dismiss employees for the remainder of the day. Those employees whose job responsibilities prohibit them from being dismissed, will be compensated for hours worked at time and one-half.

The Supervisor or Clerk will activate a notification "BLAST" on the Township phone system notifying employees, and the general public who call the Township, that the Township offices are closed. This "BLAST" will be in place by 5:30 a.m. If the Township phone system is inoperable, employees should contact their supervisor for Township closure information. When the Township office is closed due to inclement weather, the employees will be compensated at their regular pay rate. Those employees whose job responsibilities require them to report to work, will be additionally compensated their regular rate of pay at time and one-half.

TO: Hamburg Township Board

FROM: Tony Randazzo, Director of Technical & Utility Services

DATE: August 26th, 2025

AGENDA ITEM TOPIC: Generator Maintenance Agreement

Number of Supporting Documents: **04**

Requested Action

- Motion to approve a three-year maintenance agreement with Total Energy Systems, LLC for a total amount of \$17,388.00, to perform annual full service and a semiannual inspection on six township owned generators.

Background

We have obtained a third quote for generator maintenance since the last meeting and have also had the Cummins quote updated so it covers six generators, thus making the quotes easier to compare.

The total price of each quote:

Total Energy Systems: \$17,388.00
Cummins Sales and Service: \$20,823.06
Wolverine Power Systems: \$24,450.00

The six generators are located at: Fire Station #11, Fire Station #12, the Police Department, Wastewater Treatment Plant, Kress Rd. pumping station and the DPW maintenance barn. The contract is billed on a semi-annual basis after inspections are carried out. By locking into a three-year agreement, we will save money compared to paying as we go. The yearly cost will remain the same for the length of the contract. The expense will be charged to each department's respective building maintenance or equipment maintenance line item as it has in years past.

Fiscal Considerations

Does the agenda item require the expenditure of funds? Yes ☒ No ☐

Are funds budgeted? Yes ☒ No ☐

Fiscal year affected: 2025/2026

Is a budget amendment required? Yes ☐ No ☒

General Ledger numbers affected: 590.527.931, 590.537.931, 207.000.932,
206.000.932



Hamburg Township
PO Box 157
Hamburg, MI 48139
Ryan Ward
810.599.5781
rward@hamburg.mi.us

Planned Maintenance Agreement

Estimate Number: 1099820250805.2

Estimate Date: 08/05/2025

Fire Station 2 – Baldor IGLC125N – P0802040002

The maintenance plans outlined below are designed with flexibility to accommodate your unique needs. We understand that maintenance requirements vary, so we've created a range of customizable options to help ensure your equipment receives the right level of care and attention. Because of the nature of this machine, we are recommending **Annual Full Service +Semi-Annual Inspection**

1. Annual Full Service: Replace engine oil, oil filters, and fuel filters (where applicable). Complete a detailed maintenance checklist, including visual inspections, functional testing, and securing connections on the generator and transfer switch.
2. Additional Inspection/Testing Visits: Perform detailed inspections, building load tests, customer orientation, and minor repairs (with approval).

Annual Full Service	\$459.00	
Annual Full Service +Semi-Annual Inspection	\$675.00	
Annual Full Service + Quarterly Inspections	\$1,107.00	

3. Load Bank Testing: The only reliable way to fully exercise the generator system. Standard exercising tests only the engine. JCAHO and NFPA 110 mandate load bank testing under specific conditions. Performed during a Planned Maintenance visit.

2-Hour Load Bank Test	\$612.00	
4-Hour Load Bank Test	\$932.00	
NFPA (4hr, 2hr, 2hr over three years)	\$2,156.00	

4. Fluid Analysis: Collect engine oil, coolant, and diesel fuel samples (where applicable) for independent lab analysis.

Engine Oil Analysis	\$25.00	
Coolant Analysis	\$25.00	

Prices listed are per year and during normal business hours.

**** NFPA Load Bank Pricing Includes Three Years of Testing****

* Please Indicate the Months you would like this work performed. _____

* Please Indicate the length of Agreement you would like. _____

* If additional Repairs are recommended, please indicate the dollar amount not to exceed without customer approval. _____

* Purchase Order Number (if applicable) _____

Signature _____ Date _____



Total Energy Systems, LLC

Hamburg Township
PO Box 157
Hamburg, MI 48139
Ryan Ward
810.599.5781
rward@hamburg.mi.us

Planned Maintenance Agreement

Estimate Number: 1099820250805.4

Estimate Date: 08/05/2025

6400 E. M-36 – Spectrum 600DS60 – 396989

The maintenance plans outlined below are designed with flexibility to accommodate your unique needs. We understand that maintenance requirements vary, so we've created a range of customizable options to help ensure your equipment receives the right level of care and attention. Because of the nature of this machine, we are recommending **Annual Full Service +Semi-Annual Inspection+2-Hour Load Bank Test**

1. Annual Full Service: Replace engine oil, oil filters, and fuel filters (where applicable). Complete a detailed maintenance checklist, including visual inspections, functional testing, and securing connections on the generator and transfer switch.
2. Additional Inspection/Testing Visits: Perform detailed inspections, building load tests, customer orientation, and minor repairs (with approval).

Annual Full Service	\$1,001.00	
Annual Full Service +Semi-Annual Inspection	\$1,217.00	
Annual Full Service + Quarterly Inspections	\$1,649.00	

3. Load Bank Testing: The only reliable way to fully exercise the generator system. Standard exercising tests only the engine. JCAHO and NFPA 110 mandate load bank testing under specific conditions. Performed during a Planned Maintenance visit.

2-Hour Load Bank Test	\$1,112.00	
4-Hour Load Bank Test	\$1,432.00	
NFPA (4hr, 2hr, 2hr over three years)	\$3,656.00	

4. Fluid Analysis: Collect engine oil, coolant, and diesel fuel samples (where applicable) for independent lab analysis.

Engine Oil Analysis	\$25.00	
Coolant Analysis	\$25.00	
Diesel Fuel Analysis	\$140.00	

Prices listed are per year and during normal business hours.

**** NFPA Load Bank Pricing Includes Three Years of Testing****

* Please Indicate the Months you would like this work performed. _____

* Please Indicate the length of Agreement you would like. _____

* If additional Repairs are recommended, please indicate the dollar amount not to exceed without customer approval. _____

* Purchase Order Number (if applicable) _____

Signature _____ Date _____



Total Energy Systems, LLC

Hamburg Township
PO Box 157
Hamburg, MI 48139
Ryan Ward
810.599.5781
rward@hamburg.mi.us

Planned Maintenance Agreement

Estimate Number: 1099820250805.7

Estimate Date: 08/05/2025

Kress Road - Kohler 150ROZJ – 364513

The maintenance plans outlined below are designed with flexibility to accommodate your unique needs. We understand that maintenance requirements vary, so we've created a range of customizable options to help ensure your equipment receives the right level of care and attention. Because of the nature of this machine, we are recommending **Annual Full Service +Semi-Annual Inspection+2-Hour Load Bank Test**

1. Annual Full Service: Replace engine oil, oil filters, and fuel filters (where applicable). Complete a detailed maintenance checklist, including visual inspections, functional testing, and securing connections on the generator and transfer switch.
2. Additional Inspection/Testing Visits: Perform detailed inspections, building load tests, customer orientation, and minor repairs (with approval).

Annual Full Service	\$760.00	
Annual Full Service +Semi-Annual Inspection	\$976.00	
Annual Full Service + Quarterly Inspections	\$1,408.00	

3. Load Bank Testing: The only reliable way to fully exercise the generator system. Standard exercising tests only the engine. JCAHO and NFPA 110 mandate load bank testing under specific conditions. Performed during a Planned Maintenance visit.

2-Hour Load Bank Test	\$612.00	
4-Hour Load Bank Test	\$932.00	
NFPA (4hr, 2hr, 2hr over three years)	\$2,156.00	

4. Fluid Analysis: Collect engine oil, coolant, and diesel fuel samples (where applicable) for independent lab analysis.

Engine Oil Analysis	\$25.00	
Coolant Analysis	\$25.00	
Diesel Fuel Analysis	\$140.00	

Prices listed are per year and during normal business hours.

**** NFPA Load Bank Pricing Includes Three Years of Testing****

* Please Indicate the Months you would like this work performed. _____

* Please Indicate the length of Agreement you would like. _____

* If additional Repairs are recommended, please indicate the dollar amount not to exceed without customer approval. _____

* Purchase Order Number (if applicable) _____

Signature _____ Date _____



Total Energy Systems, LLC

Hamburg Township
PO Box 157
Hamburg, MI 48139
Ryan Ward
810.599.5781
rward@hamburg.mi.us

Planned Maintenance Agreement

Estimate Number: 1099820250805.9

Estimate Date: 08/05/2025

Police – Katolight D150FXJ4 – LM23397

The maintenance plans outlined below are designed with flexibility to accommodate your unique needs. We understand that maintenance requirements vary, so we've created a range of customizable options to help ensure your equipment receives the right level of care and attention. Because of the nature of this machine, we are recommending **Annual Full Service +Semi-Annual Inspection+2-Hour Load Bank Test**

1. Annual Full Service: Replace engine oil, oil filters, and fuel filters (where applicable). Complete a detailed maintenance checklist, including visual inspections, functional testing, and securing connections on the generator and transfer switch.
2. Additional Inspection/Testing Visits: Perform detailed inspections, building load tests, customer orientation, and minor repairs (with approval).

Annual Full Service	\$760.00	
Annual Full Service +Semi-Annual Inspection	\$976.00	
Annual Full Service + Quarterly Inspections	\$1,408.00	

3. Load Bank Testing: The only reliable way to fully exercise the generator system. Standard exercising tests only the engine. JCAHO and NFPA 110 mandate load bank testing under specific conditions. Performed during a Planned Maintenance visit.

2-Hour Load Bank Test	\$612.00	
4-Hour Load Bank Test	\$932.00	
NFPA (4hr, 2hr, 2hr over three years)	\$2,156.00	

4. Fluid Analysis: Collect engine oil, coolant, and diesel fuel samples (where applicable) for independent lab analysis.

Engine Oil Analysis	\$25.00	
Coolant Analysis	\$25.00	
Diesel Fuel Analysis	\$140.00	

Prices listed are per year and during normal business hours.

**** NFPA Load Bank Pricing Includes Three Years of Testing****

* Please Indicate the Months you would like this work performed. _____

* Please Indicate the length of Agreement you would like. _____

* If additional Repairs are recommended, please indicate the dollar amount not to exceed without customer approval. _____

* Purchase Order Number (if applicable) _____

Signature _____ Date _____



Total Energy Systems, LLC

Hamburg Township
PO Box 157
Hamburg, MI 48139
Ryan Ward
810.599.5781
rward@hamburg.mi.us

Planned Maintenance Agreement

Estimate Number: 1099820250805.8

Estimate Date: 08/05/2025

Fire Station 11 – Katolight D150FPJ4 – LM230830

The maintenance plans outlined below are designed with flexibility to accommodate your unique needs. We understand that maintenance requirements vary, so we've created a range of customizable options to help ensure your equipment receives the right level of care and attention. Because of the nature of this machine, we are recommending **Annual Full Service +Semi-Annual Inspection+2-Hour Load Bank Test**

1. Annual Full Service: Replace engine oil, oil filters, and fuel filters (where applicable). Complete a detailed maintenance checklist, including visual inspections, functional testing, and securing connections on the generator and transfer switch.
2. Additional Inspection/Testing Visits: Perform detailed inspections, building load tests, customer orientation, and minor repairs (with approval).

Annual Full Service	\$760.00	
Annual Full Service +Semi-Annual Inspection	\$976.00	
Annual Full Service + Quarterly Inspections	\$1,408.00	

3. Load Bank Testing: The only reliable way to fully exercise the generator system. Standard exercising tests only the engine. JCAHO and NFPA 110 mandate load bank testing under specific conditions. Performed during a Planned Maintenance visit.

2-Hour Load Bank Test	\$612.00	
4-Hour Load Bank Test	\$932.00	
NFPA (4hr, 2hr, 2hr over three years)	\$2,156.00	

4. Fluid Analysis: Collect engine oil, coolant, and diesel fuel samples (where applicable) for independent lab analysis.

Engine Oil Analysis	\$25.00	
Coolant Analysis	\$25.00	
Diesel Fuel Analysis	\$140.00	

Prices listed are per year and during normal business hours.

**** NFPA Load Bank Pricing Includes Three Years of Testing****

* Please Indicate the Months you would like this work performed. _____

* Please Indicate the length of Agreement you would like. _____

* If additional Repairs are recommended, please indicate the dollar amount not to exceed without customer approval. _____

* Purchase Order Number (if applicable) _____

Signature _____ Date _____



Total Energy Systems, LLC

Hamburg Township
PO Box 157
Hamburg, MI 48139
Ryan Ward
810.599.5781
rward@hamburg.mi.us

Planned Maintenance Agreement

Estimate Number: 1099820250805.12

Estimate Date: 08/05/2025

Towable – Kohler 125ROZJ71 – 325754

The maintenance plans outlined below are designed with flexibility to accommodate your unique needs. We understand that maintenance requirements vary, so we've created a range of customizable options to help ensure your equipment receives the right level of care and attention. Because of the nature of this machine, we are recommending **Annual Full Service +Semi-Annual Inspection+2-Hour Load Bank Test**

1. Annual Full Service: Replace engine oil, oil filters, and fuel filters (where applicable). Complete a detailed maintenance checklist, including visual inspections, functional testing, and securing connections on the generator and transfer switch.
2. Additional Inspection/Testing Visits: Perform detailed inspections, building load tests, customer orientation, and minor repairs (with approval).

Annual Full Service	\$760.00	
Annual Full Service +Semi-Annual Inspection	\$976.00	
Annual Full Service + Quarterly Inspections	\$1,408.00	

3. Load Bank Testing: The only reliable way to fully exercise the generator system. Standard exercising tests only the engine. JCAHO and NFPA 110 mandate load bank testing under specific conditions. Performed during a Planned Maintenance visit.

2-Hour Load Bank Test	\$612.00	
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4. Fluid Analysis: Collect engine oil, coolant, and diesel fuel samples (where applicable) for independent lab analysis.

Engine Oil Analysis	\$25.00	
Coolant Analysis	\$25.00	
Diesel Fuel Analysis	\$140.00	

Prices listed are per year and during normal business hours.

**** NFPA Load Bank Pricing Includes Three Years of Testing****

* Please Indicate the Months you would like this work performed. _____

* Please Indicate the length of Agreement you would like. _____

* If additional Repairs are recommended, please indicate the dollar amount not to exceed without customer approval. _____

* Purchase Order Number (if applicable) _____

Signature _____ Date _____



PLANNED MAINTENANCE AGREEMENT

This Planned Maintenance Agreement ("Agreement") is made between **TOTAL ENERGY SYSTEMS** and the **Generator Set Owner** to ensure the proper maintenance of the standby generator set(s) and associated equipment listed. The objective of this Agreement is to minimize the need for emergency repairs and ensure efficient operation through routine servicing by trained technical personnel at a cost-effective rate.

Following each planned maintenance inspection, a detailed service checklist will be provided to the owner, confirming that the scheduled maintenance has been completed and identifying any additional parts or labor required. Generator set owner is responsible for cost of rental generator required during maintenance of existing generator. Any necessary repairs or component replacements not specifically covered by this Agreement will be billed at the prevailing rates in effect at the time of service.

This Agreement does not cover parts, labor, or travel expenses related to repairs necessitated by abuse, neglect, accidents, theft, third-party interference, acts of nature, or unauthorized modifications to the equipment. Additionally, major engine failures or generator overhauls are excluded and will require a separate purchase order. **TOTAL ENERGY SYSTEMS** shall not be held responsible for service delays or failures due to circumstances beyond its control, including but not limited to strikes, labor disputes, or other unforeseen events.

Pricing for services outlined in this Agreement will remain fixed for the first three (3) years.

Following this period, pricing will be subject to a 12% increase every three (3) years. This Agreement will automatically renew ("evergreen") under the same terms unless either party provides written notice of cancellation at least 30 days prior to the renewal date.

This Agreement is non-transferable without prior written consent from **TOTAL ENERGY SYSTEMS** and will remain in effect until terminated by either party through written notice.

TOTAL ENERGY SYSTEMS shall not be liable for any special, incidental, or consequential damages, including but not limited to loss of time, injury to persons or property, or economic loss. All other warranties, whether express or implied, including but not limited to warranties of merchantability and fitness for a particular purpose, are expressly disclaimed.

A complete set of Total Energy Systems Terms & Conditions can be found at totalenergysystems.com and are included by reference to this agreement and supersede any other terms and conditions on this or any prior documents.



Sales and Service

Item 7.

NEW HUDSON MI BRANCH
54250 Grand River Avenue
New Hudson, MI 48165
Phone: 248-573-1900

PLANNED MAINTENANCE AGREEMENT

Customer Address	Customer Contact	Quote Information
HAMBURG TWP	Contact: Tony Randazzo	Quote Date: 19-AUG-25
PO BOX 157	Phone: 810 231-1000	Quote Expires: 23-SEP-25
Hamburg, MI 48139	Fax: 810 231-4295	Quote Num: 252736
	Cust Id: 222117	Quoted By: John D Prill
		Quote Term: 3 Year(s)

Site Information

1	HAMBURG TWSP.	PO BOX 157	HAMBURG	MI	48139
2	WWTP 6400 E M-36	6400 E. M-36	WHITMORE LAKE	MI	48137
3	HAMBURG FIRE STATION	10100 VETERAN MEMORIAL DR	HAMBURG	MI	48139
4	HAMBURG FIRE	3666 M 36	WHITMORE LAKE	MI	48189
5	HAMBURG POLICE	10409 MERRILL RD	WHITMORE LAKE	MI	48189

Site	Unit Number	Manufacturer	Model	Prod Model	Serial Number	Type
1	KRESS GENERA	1 KOHLER	GEN SET	150ROZJ71	364513	ST
1	WWTP PORTABL	KOHLER	GENSET	125ROZJ	325754	ST
2	WWTP 6400 E. M-	DETROIT DIESEL	GEN SET	600DS60	396989	ST
3	P0802040002	BALDOR	GEN SET	IGLC125N-G	P0802040002	ST
4	FIRE DEPT. M-36	KATOLIGHT	GENSET	D150FXJ4 150KW	LM230830	ST
5	POLICE DEPT.	KATOLIGHT	GEN SET	D150FXJ4 150KW	LM233967	ST

Site	Unit Number	Service Event	Qty	Sell Price	Extended Price
1	KRESS	FULL SERVICE	3	645.60	1,936.80
	GENERATOR	INSPECTION	3	298.88	896.64
1	WWTP	FULL SERVICE	3	653.10	1,959.30
	PORTABLE	INSPECTION	3	306.38	919.14
2	WWTP 6400 E. M-	FULL SERVICE	3	1,406.20	4,218.60
		INSPECTION	3	373.59	1,120.77
3	P0802040002	FULL SERVICE	3	645.60	1,936.80
		INSPECTION	3	298.88	896.64
4	FIRE DEPT. M-36	FULL SERVICE	3	761.45	2,284.35
		INSPECTION	3	414.72	1,244.16
5	POLICE DEPT.	FULL SERVICE	3	741.67	2,225.01
		INSPECTION	3	394.95	1,184.85

Generator Planned Equipment Maintenance Quote

This quote reflects services completed during regular business hours unless otherwise noted.

Additional repairs will not be performed without customer's authorization. Either party has the right to terminate this Agreement upon thirty (30) days written notice prior to service.



PLANNED MAINTENANCE AGREEMENT

Customer Address	Customer Contact	Quote Information
HAMBURG TWP PO BOX 157 Hamburg, MI 48139	Contact: Tony Randazzo Phone: 810 231-1000 Fax: 810 231-4295 Cust Id: 222117	Quote Date: 19-AUG-25 Quote Expires: 23-SEP-25 Quote Num: 252736 Quoted By: John D Prill Quote Term: 3 Year(s)

Service/Scheduled Month

Based on previous PM schedule, services are tentatively scheduled for:

FULL SERVICE - September 2025
INSPECTION - March 2026
FULL SERVICE - September 2026
INSPECTION - March 2027
FULL SERVICE - September 2027
INSPECTION - March 2028

For any questions regarding this proposal and to continue your services without interruption, please sign the agreement and return to:

Dan Prill
john.prill@cummins.com
651-286-2223

Payment Information:

Customers with a line of credit will be invoiced after the completion of service event unless requested otherwise.
Customers without a line of credit, including residential customers, will have payment secured prior to services being performed.

Please provide PO#s (if applicable) and include your updated contact information.

PO#: _____ Amount: _____
Name, phone & email to receive invoices _____
Name, phone & email to receive statements _____
Name, phone & email to receive billing inquiries _____

Purchase order must be made out to or Cummins Sales & Service

For any questions regarding your account or additional sales opportunities:

Erin Plouff
erin.terlecky@cummins.com
248-207-8664

Standard Agreement Amount	\$20,823.06
Proposal Total	\$20,823.06

THERE ARE ADDITIONAL CONTRACT TERMS AND
CONDITIONS ON THE REVERSE SIDE OF THIS
DOCUMENT, INCLUDING LIMITATIONS OF



PLANNED MAINTENANCE AGREEMENT

<u>Customer Address</u>	<u>Customer Contact</u>	<u>Quote Information</u>
HAMBURG TWP	Contact: Tony Randazzo	Quote Date: 19-AUG-25
PO BOX 157	Phone: 810 231-1000	Quote Expires: 23-SEP-25
Hamburg, MI 48139	Fax: 810 231-4295	Quote Num: 252736
	Cust Id: 222117	Quoted By: John D Prill
		Quote Term: 3 Year(s)

WARRANTIES AND LIABILITY, WHICH ARE EXPRESSLY INCORPORATED HEREIN. CUSTOMER ACKNOWLEDGES THAT THE CONTRACT TERMS AND CONDITIONS HAVE BEEN READ, FULLY UNDERSTOOD, AND ACCEPTED.

Customer Approval

Signature: _____

Date: _____

CUMMINS INC

Signature: _____

Date: _____

PLANNED MAINTENANCE AGREEMENT TERMS AND CONDITIONS

These planned maintenance agreement terms and conditions ("Terms and Conditions"), together with the quote on the front side ("Quote") and the scope of services, are hereinafter collectively referred to as this "Agreement" and shall constitute the entire agreement between the customer identified in the Quote ("Customer") and Cummins Inc. ("Cummins") and supersede any previous agreement or understanding (oral or written) between the parties with respect to the subject matter of this Agreement. Customer shall be deemed to have made an unqualified acceptance of these Terms and Conditions and it shall become a binding agreement between the parties on the earliest of the following to occur: (i) Cummins' receipt of Customer's purchase order or purchase order number; (ii) Customer's signing or acknowledgment of this Agreement; (iii) Cummins' release of Products to production pursuant to Customer's oral or written instruction or direction; (iv) Customer's payment of any amounts due to Cummins; or (v) any other event constituting acceptance under applicable law. No prior inconsistent course of dealing, course of performance, or usage of trade, if any, constitutes a waiver of or serves to explain or interpret this Agreement. Electronic transactions between Customer and Cummins will be solely governed by this Agreement, and any terms and conditions on Customer's website, vendor portal, or other internet site will be null and void and of no legal effect on Cummins. In the event Customer delivers, references, incorporates by reference, or produces any purchase order or document, vendor portal terms, specifications, agreement (whether upstream or otherwise), or any other terms and conditions related thereto, then such specifications, terms, document, or other agreement: (i) shall be null and void and of no legal effect on Cummins, and (ii) this Agreement shall remain the governing terms of the transaction.

1. SCOPE OF SERVICES; PERFORMANCE OF SERVICES. Cummins shall perform the maintenance ("Services") on the equipment identified in the Quote ("Equipment") in accordance with the schedule specified in the Quote. The Services include those services defined in the "Service Event" section of the Quote. No additional services or materials are included in this Agreement unless agreed upon by the parties in writing. Unless otherwise indicated in the Quote, Cummins will provide the labor and tools necessary to perform the Services and shall keep Customer's property free from accumulation of waste materials caused by Cummins' operations. Either party may terminate this Agreement with or without cause by providing thirty (30) days' written notice to the other. Unless otherwise agreed by Cummins in writing, this Quote is valid for a maximum period of thirty (30) days from the date appearing on the first page of this Quote ("Quote Validation Period"). At the end of the Quote Validation Period, this Quote will automatically expire unless accepted by Customer prior to the end of the Quote Validation Period. The foregoing notwithstanding, in no event shall this Quote Validation Period be deemed or otherwise considered to be a firm offer period nor to establish an option contract, and Cummins hereby reserves its right to revoke or amend this Quote at any time prior to Customer's acceptance.

2. CUSTOMER OBLIGATIONS. Customer shall provide Cummins safe access to Customer's site and arrange for all related services and utilities necessary for Cummins to perform the Services. During the performance of the Services, Customer shall fully and completely secure all or any part of any facility where the Equipment is located to remove and mitigate any and all safety issues and risks, including but not limited to facility occupants, customers, invitees, or any third party and or property damage or work interruption arising out of the Services. Customer shall make all necessary arrangement to address and mitigate the consequences of any electrical service interruption which might occur during the Services. **CUSTOMER IS RESPONSIBLE FOR OPERATING AND MAINTAINING THE EQUIPMENT IN ACCORDANCE WITH THE OWNER'S MANUAL FOR THE EQUIPMENT.**

3. PAYMENT TERMS. Unless otherwise agreed to by the parties in writing and subject to credit approval by Cummins, payments are due thirty (30) days from the date of the invoice. If Customer does not have approved credit with Cummins, as solely determined by Cummins, payments are due in advance or at the time of supply of the Services. If payment is not received when due, in addition to any rights Cummins may have at law, Cummins may charge Customer eighteen percent (18%) interest annually on late payments, or the maximum amount allowed by law. Customer agrees to pay all Cummins' costs and expenses (including all reasonable attorneys' fees) related to Cummins' enforcement and collection of unpaid invoices, or any other enforcement of this Agreement by Cummins. Unless otherwise stated, the Quote excludes all applicable local, state, or federal sales and/or use or similar taxes which Cummins is required by applicable laws to collect from Customer and shall be stated on the invoice. If Customer fails to make any payments, in whole or in part, to Cummins when due and payable, and such failure continues for more than thirty (30) calendar days, or less if required by applicable law, then Cummins may, at its sole discretion and without prejudice to any other rights or remedies, suspend its Services upon providing forty-eight (48) hours' written notice to Customer, in which case, the applicable schedule shall be extended for a period of time equal to the suspension period, plus a reasonable ramp up period, and all costs (including default interest) caused by such suspension shall be assumed by Customer.

4. DELAYS. Any performance dates indicated in this Agreement are estimated and not guaranteed. Cummins shall not be liable for any delays in performance however occasioned, including any that result directly or indirectly from acts of Customer or causes beyond Cummins' control, including but not limited to acts of God, accidents, fire, explosions, flood, unusual weather conditions, acts of government authority, civil strife, riots, natural disasters, embargos, wars, strikes or other labor disputes, civil commotion, terrorism, sabotage, late delivery of parts by Cummins' suppliers, fuel or other energy shortages, or an inability to obtain necessary labor, materials, supplies, equipment, or manufacturing facilities. **AS A RESULT OF COVID-19 RELATED EFFECTS OR INDUSTRY SUPPLY CHAIN DISRUPTIONS, TEMPORARY DELAYS IN DELIVERY, LABOR OR SERVICES FROM CUMMINS AND ITS SUB-SUPPLIERS OR SUBCONTRACTORS MAY OCCUR. AMONG OTHER FACTORS, CUMMINS' DELIVERY OBLIGATIONS ARE SUBJECT TO CORRECT AND PUNCTUAL SUPPLY FROM OUR SUB-SUPPLIERS OR SUBCONTRACTORS, AND CUMMINS RESERVES THE RIGHT TO MAKE PARTIAL DELIVERIES OR MODIFY ITS LABOR OR SERVICE. WHILE CUMMINS SHALL MAKE EVERY COMMERCIALY REASONABLE EFFORT TO MEET THE DELIVERY, SERVICE OR COMPLETION OBLIGATIONS SET FORTH HEREIN, SUCH DATES ARE SUBJECT TO CHANGE. IN THE EVENT DELIVERY, SHIPPING, INSTALLATION, OR PERFORMANCE IS DELAYED, HOWEVER OCCASIONED, DUE TO EVENTS BEYOND CUMMINS' REASONABLE CONTROL, THEN THE DATE OF DELIVERY, SHIPPING, INSTALLATION, OR PERFORMANCE FOR THE GOODS OR SERVICES SHALL BE EQUITABLY EXTENDED FOR A PERIOD EQUAL TO THE TIME LOST, PLUS REASONABLE RAMP-UP.**

5. WARRANTY. Cummins shall perform the Services in a reasonable and workmanlike manner. Parts and components supplied under this Agreement are governed by the express written manufacturer's limited warranty. No other warranty for parts or components is provided under this Agreement. All Services shall be free from defects in workmanship for a period of ninety (90) days after completion of Services. In the event of a warrantable defect in workmanship of Services supplied under this Agreement ("Warrantable Defect"), Cummins' obligation shall be solely limited to correcting the Warrantable Defect. Cummins shall correct the Warrantable Defect where (i) such Warrantable Defect becomes apparent to Customer during the warranty period; (ii) Cummins receives written notice of any Warrantable Defect within thirty (30) days following discovery by Customer; and (iii) Cummins has determined that there is a Warrantable Defect. Warrantable Defects remedied under this provision shall be subject to the remaining warranty period of the original warranty of the Services. New parts supplied during the remedy of Warrantable Defects are warranted for the balance of the warranty period still available from the original warranty of such parts. The remedies set forth in this Section 5 shall not be deemed to have failed of their essential purpose so long as Cummins is willing to correct defective Services or refund the purchase price therefor.

6. LIMITATIONS OF WARRANTIES AND LIABILITY. THE REMEDIES PROVIDED IN THE LIMITED WARRANTY AND THIS AGREEMENT ARE THE SOLE AND EXCLUSIVE WARRANTIES AND REMEDIES PROVIDED BY CUMMINS TO THE CUSTOMER UNDER THIS AGREEMENT, EXCEPT AS SET OUT IN THE WARRANTY AND THIS AGREEMENT, AND TO THE EXTENT PERMITTED BY LAW, CUMMINS EXPRESSLY DISCLAIMS ALL OTHER REPRESENTATIONS, WARRANTIES, ENDORSEMENTS, AND CONDITIONS OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY STATUTORY OR COMMON LAW IMPLIED REPRESENTATIONS, WARRANTIES AND CONDITIONS OF FITNESS FOR A PURPOSE OR MERCHANTABILITY. NOTWITHSTANDING ANY OTHER TERM OF THIS AGREEMENT, IN NO EVENT SHALL CUMMINS, ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS BE LIABLE TO CUSTOMER OR ANY THIRD PARTY FOR ANY INDIRECT, INCIDENTAL, SPECIAL, PUNITIVE, LIQUIDATED, OR CONSEQUENTIAL DAMAGES OF ANY KIND (INCLUDING WITHOUT LIMITATION DOWNTIME, LOSS OF PROFIT OR REVENUE, LOSS OF DATA, LOSS OF OPPORTUNITY, DAMAGE TO GOODWILL, AND DAMAGES CAUSED BY DELAYS), OR IN ANY WAY RELATED TO OR ARISING FROM CUMMINS' SUPPLY OF PARTS OR SERVICES UNDER THIS AGREEMENT. IN NO EVENT SHALL CUMMINS' LIABILITY TO CUSTOMER OR ANY THIRD PARTY CLAIMING DIRECTLY THROUGH CUSTOMER OR ON CUSTOMER'S BEHALF UNDER THIS AGREEMENT EXCEED THE TOTAL COST OF PARTS AND SERVICES SUPPLIED BY CUMMINS UNDER THIS AGREEMENT. BY ACCEPTANCE OF THIS AGREEMENT, CUSTOMER ACKNOWLEDGES CUSTOMER'S SOLE REMEDY AGAINST CUMMINS FOR ANY LOSS SHALL BE THE REMEDY PROVIDED HEREIN.

7. INDEMNITY. Customer shall indemnify, defend and hold harmless Cummins from and against any and all claims, actions, costs, expenses, damages and liabilities, including reasonable attorneys' fees, brought against or incurred by Cummins related to or arising out of this Agreement or the Services supplied under this Agreement (collectively, the "Claims"), where such Claims were caused or contributed to, in whole or in part, by the acts, omissions, fault or negligence of the Customer. Customer shall present any Claims covered by this indemnity to its insurance carrier unless Cummins directs that the defense will be handled by Cummins' legal counsel at Customer's expense.

8. TERMINATION FOR DEFAULT. If the Customer defaults by (i) breaching any term of this Agreement, (ii) becoming insolvent or declared bankrupt, or (iii) making an assignment for the benefit of creditors, Cummins may, upon written notice to Customer, immediately terminate this Agreement. Upon such termination for default, Cummins shall immediately cease any further performance under this Agreement, without further obligation or liability to Customer, and Customer shall pay Cummins for any parts or services supplied under this Agreement, in accordance with the payment terms detailed in Section 3. If a notice of termination for default has been issued and is later determined, for any reason, that the Customer was not in default, the rights and obligations of the parties shall treat the termination as a termination for convenience in accordance with Section 1.

9. CONFIDENTIALITY. Each party shall keep confidential any information received from the other that is not generally known to the public and at the time of disclosure, would reasonably be understood by the receiving party to be proprietary or confidential, whether disclosed in oral, written, visual, electronic or other form, and which the receiving party (or agents) learns in connection with this Agreement including, but not limited to: (a) business plans, strategies, sales, projects and analyses; (b) financial information, pricing, and fee structures; (c) business processes, methods and models; (d) employee and supplier information; (e) specifications; and (f) the terms and conditions of this Agreement. Each party shall take necessary steps to ensure compliance with this provision by its employees and agents.

10. GOVERNING LAW. This Agreement and all matters arising hereunder shall be governed by, interpreted, and construed in accordance with the laws of the State of Indiana without giving effect to any choice or conflict of law provision. The parties agree that the federal and state courts of the State of Indiana shall have exclusive jurisdiction to settle any dispute or claim arising in connection with this Agreement or any related matter, and hereby waive any right to claim such forum would be inappropriate, including concepts of forum non conveniens.

11. INSURANCE. Upon Customer's request, Cummins will provide to Customer a Certificate of Insurance evidencing Cummins' relevant insurance coverage.

12. ASSIGNMENT. This Agreement shall be binding on the parties and their successors and assigns. Customer shall not assign this Agreement without the prior written consent of Cummins.

13. INTELLECTUAL PROPERTY. Any intellectual property rights created by either party, whether independently or jointly, in the course of the performance of this Agreement or otherwise related to Cummins pre-existing intellectual property or subject matter related thereto, shall be Cummins' property. Customer agrees to assign, and does hereby assign, all right, title, and interest to such intellectual property to Cummins. Any Cummins pre-existing intellectual property shall remain Cummins' property. Nothing in this Agreement shall be deemed to have given Customer a license or any other rights to use any of the intellectual property rights of Cummins.

14. MISCELLANEOUS. Cummins shall be an independent contractor with respect to the Services performed under this Agreement. All notices under this Agreement shall be in writing and be delivered personally, mailed via first class certified or registered mail, or sent by a nationally recognized express courier service to the addresses set forth in the Quote. No amendment to this Agreement shall be valid unless it is in writing and signed by an authorized representative of the parties hereto. Failure of either party to require performance by the other party of any provision hereof shall in no way affect the right to require such performance at any time thereafter, nor shall the waiver by a party of a breach of any of the provisions hereof constitute a waiver of any succeeding breach. Any provision of this Agreement that is invalid or unenforceable shall not affect the validity or enforceability of the remaining terms hereof. Headings or other subdivisions of this Agreement are inserted for convenience of reference and shall not limit or affect the legal construction of any provision hereof. The Parties' rights, remedies, and obligations under this Agreement which by their nature are intended to continue beyond the termination or cancellation of this Agreement, including but not limited to the Limitation of Liability provision contained herein, shall survive the expiration, termination, or cancellation of this Agreement.

15. ON-CALL SERVICES. Upon Customer's request, Cummins shall provide on-call services (repair, emergency work or other) on the Equipment ("On-call Services"). Any On-call Services shall be invoiced to the Customer at the Cummins current hour rate (including traveling) and shall be governed by the terms and conditions of this Agreement.

16. PRICING. To the extent allowed by law, actual prices invoiced to Customer may vary from the price quoted at the time of order placement, as the same will be adjusted for prices prevailing on the date Services are performed ("Performance Date") due to economic and market conditions on the Performance Date. Subject to local laws, Cummins reserves the right to adjust pricing on goods and services due to input and labor cost changes and other unforeseen circumstances beyond Cummins' control.

17. To the extent applicable, this contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability. The employee notice requirements set forth in 29 CFR Part 471, Appendix A to Subpart A, are hereby incorporated by reference into this contract.

Generator Planned Equipment Maintenance



INSPECTION

INTERVALS AVAILABLE: WEEKLY, MONTHLY, QUARTERLY, SEMI-ANNUALLY OR ANNUALLY

BATTERIES AND BATTERY CHARGER

- Visually inspect battery terminal connections
- Verify electrolyte level, vent caps of all cells in the starting battery system
- Visually inspect wiring, connections and insulation
- Record battery charging functions
- Record battery information
- Record battery condition test

FUEL SYSTEM

- Visually inspect ignition system (Natural Gas and Propane Only)
- Record primary tank fuel level
- Inspect engine fuel system for leaks
- Visually inspect all engine fuel hoses, clamps, pipes, components and fittings
- Visually inspect rupture/ containment basin
- Inspect day tank and controls (if applicable)
- Optional - fuel sample for laboratory analysis*

COOLING SYSTEM

- Record coolant level
- Visually inspect for coolant leaks
- Visually inspect drive belts condition
- Verify for proper coolant heater operation
- Record jacket water temperature
- Visually inspect fan, water pump, drives and pulleys
- Visually inspect all coolant hoses, clamps and connections
- Visually inspect radiator condition
- Visually inspect louver for damage
- Visually inspect fan hub and drive pulley for mechanical damage
- Record freeze point of antifreeze protection
- Record DCA level prior to changing coolant filter
- Optional - Coolant sample for laboratory analysis*

LUBRICATION SYSTEM

- Visually inspect engine oil leaks
- Visually inspect engine oil lines and connections
- Record oil level
- Optional - Oil sample for laboratory analysis*

GENSET CONTROLS AND ACCESSORIES

- Visually inspect all engine mounted wiring, senders and devices
- Visually inspect all control mounted components and wiring
- Verify all connecting plugs are tightened and in a good condition
- Visually inspect all accessory components and wiring
- Visually inspect and test lighting indicators

INTAKE AND EXHAUST SYSTEMS

- Visually inspect air filter and housing
- Visually inspect all engine piping and connections
- Record air cleaner restriction
- Visually inspect engine exhaust system for leaks
- Visually inspect rain cap
- Optional – Air filter replacement*
- Optional - Clean crankcase breather or replace filters*

GENERAL CONDITIONS

- Visually inspect governor linkage and oil level
- Visually inspect guards
- Visually inspect enclosure
- Visually inspect engine and generator mounts
- Verify emergency stop operation

TRANSFER SWITCH

- Visually inspect controls and time delay settings
- Verify function of exercise clock and record settings from controller
- Verify remote start control operation
- Record utility / source one voltage

AFTERTREATMENT (Upon request)

- Verify DEF level
- Record DPF restriction
- Visually inspect aftertreatment and controls

SWITCHGEAR (Upon Request)

- Inspection and Full Service quote available upon request.

FULL SERVICE

INCLUDES INSPECTION

OPERATIONAL & FUNCTIONAL REVIEW OF GENERATOR CRITICAL COMPONENTS

- Inspect engine cooling fan & fan drives for excessive wear or shaft wobble
- Check all pulleys, belt tensioners, slack adjusters & idler pulleys for travel, wear & overall condition
- Inspect / lubricate drive bearings, gear or belt drives, and other shaft connecting hardware

LUBRICATION OIL & FILTRATION SERVICE

- Change engine oil
- Change oil, fuel and water filters
- Post lube services operations of genset (unloaded) at rated temperature

* Additional Charge

Any additional repairs, parts, or service which are required will be brought to the attention of the owner. Repairs will only be made after proper authorization from the owner is given to Cummins. Any additional repairs, maintenance or service performed by Cummins or a Planned Equipment Maintenance Agreement holder will be at current Cummins labor rates.

Arc flash boundary and available incident energy shall be identified and marked on equipment being serviced or maintained.

AUGUST 20, 2025

HAMBURG TOWNSHIP
P.O. BOX 157
HAMBURG, MI 48139

We would like to offer you one of our scheduled maintenance programs for your backup power system. Regular scheduled maintenance is a vital part of keeping your generators functional and ready to work when you need them.

Below you will find options for providing regular maintenance on your generators and their respective pricing. You will find a detailed description of what is included in each program on the enclosed Maintenance Program Checklist. To sign up, simply check your preferred level of maintenance, along with the month you would like us to start and return the signed agreement to us within 30 days to secure the rates quoted below.

- ☐ **Level 2** Maintenance Program on 6 units* Program Price- **3YR**
\$ 24,450.00 Starting Month _____
(Includes Two (2) Visits Annually – Major & Minor)

- ☐ **Optional:** 2hr Load Bank test on 6 units* (Year 1 Only) **\$ 4,150.00** *To be performed during one of the PM visits*

*Refer to below list of your units and price breakdown:

	Location	Make	Model#	Serial#	kW	LEVEL 2		2hr LB
						Major	Minor	
PUMP STATION	9464 Kress Rd. Pinckney, MI 48169	KOHLER	150ROZJ71	364513	150	\$600	\$500	\$650
WWTP	6400 E. M-36 Whitmore Lake, MI 48189	DETROIT DIESEL	600DS60	396989	600	\$1850	\$800	\$900
WWTP-MOBILE	6400 E. M-36 Whitmore Lake, MI 48189	KOHLER	125ROZJ71	325754	125	\$600	\$500	\$650
FIRE DEPT	10100 Veterans Memorial Dr. Whitmore Lake, MI 48189	BALDOR	IGLC125N-G	P08002040002	125	\$600	\$500	\$650
FIRE DEPT	3666 E. M-36 Pinckney, MI 48189	KATOLIGHT	D150FXJ4150KW	LM230830	150	\$600	\$500	\$650
POLICE DEPT	10409 Merrill Rd. Whitmore Lake, MI 48189	KATOLIGHT	D150FXJ4150KW	LM233967	150	\$600	\$500	\$650

Scheduling Contact: _____ Phone: _____

Secondary Phone Number: _____ Email: _____

- ☐ I would prefer to have my paperwork sent via email.

Billing address (if different) Street Address: _____
Street Address 2: _____
City: _____ State: _____ Zip Code: _____

This agreement is good for 3 years and payment is due prior to each inspection, or per established credit terms. Prices do not include applicable tax or surcharges and are subject to change without notice. Customer must submit 30-day written notice to cancel this agreement and any related inspections. This agreement is subject to our full Terms and Conditions found at [HTTPS://WOLVERINEPOWER.COM/PMA/](https://wolverinepower.com/pma/) on our website. Wolverine Power Systems reserves the right to cancel this agreement, at any time, and refuse service upon Customer's failure to comply with the payment requirements set forth herein. In the event of Customer breach, Wolverine Power Systems assumes no obligation for continued service and shall not be liable for any damages, claims, or injuries of any nature or type, including consequential damages.

Authorized By (Please Print)

Signature

Date

Please send completed documents to one of the following:

Wolverine Power Systems
3229 80th Avenue
Zeeland, MI 49464

Email: pm@wolverinepower.com

ENGINE-DRIVEN GENERATOR MAINTENANCE PROGRAMS

Level 1 Maintenance Program Checklist

One scheduled visit per year which includes, but is not limited to:

- Battery and Charger Inspection of:
 - Fluid Level
 - Voltage
 - Cable & Connections
 - Charger output
- Engine, Inspection of:
 - Oil Pressure
 - Cranking Voltage
 - Safety Shutdowns and Pre-Alarms
 - Crankcase Blow-by
 - Lube Level
 - Spark Plugs
 - Leaks
 - Abnormal Noise or Vibration
 - Alternator Output
- Generator Inspection of:
 - Exciter
 - Stator
 - Brushes & Holders
 - Collector Rings
 - AC Windings
- Fuel System Inspection
 - Flex Fuel Lines
 - Leaks
- Control Panel Inspection
 - Voltage Regulator
 - Engine Monitors
 - Wiring & Relays
 - Indicator Bulbs
 - Connections
- Regular Maintenance - Annually
 - Change Engine Oil & Oil Filter
 - Change Fuel Filter (As needed – Additional Charge)
 - Adjust Valve Lash
 - Lubricate Generator Bearings
 - Replace Spark Plugs (As needed - Additional Charge)
 - Change Air Filter (As needed – Additional Charge)
- Regular Maintenance – Every 3 Years
 - Replace Engine Coolant (Additional Charge – T&M)
 - Change Batteries (Additional Charge)
 - Change Block Heater Hoses (Additional Charge – T&M)

Level 2 Maintenance Program Checklist

Two scheduled visits per year which include, but is not limited to:

- Battery and Charger Inspection of:
 - Fluid Level
 - Voltage
 - Cable & Connections
 - Charger output
- Engine, Inspection of:
 - Oil Pressure
 - Cranking Voltage
 - Safety Shutdowns and Pre-Alarms
 - Crankcase Blow-by
 - Lube Level
 - Spark Plugs
 - Leaks
 - Abnormal Noise or Vibration
 - Alternator Output
- Generator Inspection of:
 - Exciter
 - Stator
 - Brushes & Holders
 - Collector Rings
 - AC Windings
- Fuel System Inspection
 - Flex Fuel Lines
 - Leaks
- Control Panel Inspection
 - Voltage Regulator
 - Engine Monitors
 - Wiring & Relays
 - Indicator Bulbs
 - Connections

One of the scheduled visits will also include:

- Regular Maintenance - Annually
 - Change Engine Oil & Oil Filter
 - Change Fuel Filter (As needed – Additional Charge)
 - Adjust Valve Lash
 - Lubricate Generator Bearings
 - Replace Spark Plugs (As needed - Additional Charge)
 - Change Air Filter (As needed – Additional Charge)
- Regular Maintenance – Every 3 Years
 - Replace Engine Coolant (Additional Charge – T&M)
 - Change Batteries (Additional Charge)
 - Change Block Heater Hoses (Additional Charge – T&M)

LOAD-BANKING OPTION

Load Bank testing is a practical method of testing the generator's output under realistic circumstances. Providing on-demand power is the essential directive for a generator. Exercising at less than 100% full-rated load can cause generator systems to run less reliably over time. Load bank testing rids the exhaust ports and valves of carbon and cylinder-bore buildup, as well as reveals frail electrical components. This can be performed without disabling or interrupting the generator's capabilities. This is normally a process for customers in which we incrementally increase the kW load and record several different readings on a 15-minute interval. Load bank testing will ensure that your generator complies with the industry code requirement of NFPA-110, Standard for Emergency and Standby Power Systems.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Hamburg Township

Simply BlueSM HSA PPO \$2000/20% LG

Effective Date: On or after October 2025

Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at [bcbsm.com/importantinfo](https://www.bcbsm.com/importantinfo). Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Prior authorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request prior authorization of the drugs. **If prior authorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Eligibility information

Member	Eligibility Criteria
Dependents	<ul style="list-style-type: none"> Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Note: If an in-network provider refers you to an out-of-network provider, all covered services obtained from that out-of-network provider will be subject to applicable out-of-network cost-sharing.

Benefits	In-network	Out-of-network
Deductibles Note: Your deductible combines deductible amounts paid under your Simply Blue HSA medical coverage and your Simply Blue prescription drug coverage. Note: The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract.	\$2,000 for a one-person contract or \$4,000 for a family contract (2 or more members) each calendar year (no 4th quarter carry-over)	\$4,000 for a one-person contract or \$8,000 for a family contract (2 or more members) each calendar year (no 4th quarter carry-over)
Flat-dollar copays	See "Prescription Drugs" section	See "Prescription Drugs" section
Coinsurance amounts (percent copays) Note: Coinsurance amounts apply once the deductible has been met.	20% of approved amount for most covered services	40% of approved amount for most covered services
Annual coinsurance maximums	None	None
Annual out-of-pocket maximums - applies to deductibles and coinsurance amounts for all covered services - including prescription drugs cost-sharing amounts	\$4,000 for a one-person contract or \$8,000 for a family contract (2 or more members) each calendar year	\$8,000 for a one-person contract or \$16,000 for a family contract (2 or more members) each calendar year
Lifetime dollar maximum	None	

Preventive care services

Benefits	In-network	Out-of-network
Health maintenance exam -includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not covered

Benefits	In-network	Out-of-network
Gynecological exam	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may be allowed based on medical necessity.	Not Covered
Pap smear screening -laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilizations of female reproductive organs	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Prescription contraceptive devices- includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and Well-child visits	100% (no deductible or copay/coinsurance) <ul style="list-style-type: none"> • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit 	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not Covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance One per member per calendar year	60% after out-of-network deductible Note: Out-of-network readings and interpretations are payable only when the screening mammogram itself is performed by an in-network provider.
Colonoscopy-routine or medically necessary	100% (no deductible or copay/coinsurance), for routine colonoscopy Note: Medically necessary colonoscopies performed during the same calendar year are subject to your deductible and coinsurance One routine colonoscopy per member per calendar year	60% after out-of-network deductible

Physician office services

Benefits	In-network	Out-of-network
Office visits-must be medically necessary Note: Virtual Primary Care visits by a non-BCBSM selected vendor are not covered.	<ul style="list-style-type: none"> 80% after in-network deductible for each office visit (in person or virtual) 80% after in-network deductible for each virtual primary care visit for members 18 years of age or older, by a BCBSM-selected vendor 	60% after out-of-network deductible
Outpatient and home medical care visits-must be medically necessary	80% after in-network deductible	60% after out-of-network deductible
Office consultations-must be medically necessary	80% after in-network deductible	60% after out-of-network deductible
Online visits – by physician or BCBSM selected vendor must be medically necessary Note: Online visits by a non-BCBSM selected vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	80% after in-network deductible	60% after out-of-network deductible

Urgent care visits

Benefits	In-network	Out-of-network
Urgent care visits	80% after in-network deductible	60% after out-of-network deductible

Emergency medical care

Benefits	In-network	Out-of-network
Hospital emergency room	80% after in-network deductible	80% after in-network deductible
Ambulance services-must be medically necessary	80% after in-network deductible	80% after in-network deductible

Diagnostic services

Benefits	In-network	Out-of-network
Laboratory and pathology services	80% after in-network deductible	60% after out-of-network deductible
Diagnostic tests and x-rays	80% after in-network deductible	60% after out-of-network deductible
Therapeutic radiology	80% after in-network deductible	60% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife

Benefits	In-network	Out-of-network
Routine Prenatal and Postnatal Care visits	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Delivery and nursery care	80% after in-network deductible	60% after out-of-network deductible

Hospital care

Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	80% after in-network deductible	60% after out-of-network deductible Unlimited days

Note: Nonemergency services must be rendered in a **participating** hospital.

Inpatient consultations	80% after in-network deductible	60% after out-of-network deductible
Chemotherapy	80% after in-network deductible	60% after out-of-network deductible

Alternatives to hospital care

Benefits	In-network	Out-of-network
Skilled nursing care-must be in a participating skilled nursing facility	80% after in-network deductible	80% after in-network deductible Limited to a maximum of 90 days per member per calendar year
Hospice care	80% after in-network deductible	80% after in-network deductible Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)
Home health care: <ul style="list-style-type: none"> must be medically necessary must be provided by a participating home health care agency 	80% after in-network deductible	80% after in-network deductible
Infusion therapy: <ul style="list-style-type: none"> must be medically necessary must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) may use drugs that require prior authorization- consult with your doctor 	80% after in-network deductible	80% after in-network deductible

Surgical services

Benefits	In-network	Out-of-network
Surgery- includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	80% after in-network deductible	60% after out-of-network deductible
Presurgical consultations	80% after in-network deductible	60% after out-of-network deductible
Voluntary sterilization of male reproductive organs	80% after in-network deductible	60% after out-of-network deductible
Note: For voluntary sterilizations for females, see " Preventive care services. "		
Expanded Abortion services	Not covered	Not covered

Human organ transplants

Benefits	In-network	Out-of-network
Specified human organ transplants-must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	80% after in-network deductible - in designated facilities only
Bone marrow transplants -must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	60% after out-of-network deductible
Specified oncology clinical trials	80% after in-network deductible	60% after out-of-network deductible
Note: BCBSM covers clinical trials in compliance with PPACA.		
Cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	80% after in-network deductible	60% after out-of-network deductible Unlimited days
Residential psychiatric treatment facility <ul style="list-style-type: none"> covered mental health services must be performed in a residential psychiatric treatment facility treatment must have prior authorization subject to medical criteria 	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: <ul style="list-style-type: none"> Facility and clinic 	80% after in-network deductible	80% after in-network deductible in participating facilities only
Note: Online visits by a non-BCBSM selected vendor are not covered. <ul style="list-style-type: none"> Physician's office 	80% after in-network deductible	60% after out-of-network deductible
Outpatient substance use disorder treatment- in approved facilities only	80% after in-network deductible	60% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment

Benefits	In-network	Out-of-network
Applied behavioral analysis (ABA) treatment, subject to prior authorization Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	~ <ul style="list-style-type: none"> 80% after in-network deductible for each office visit (in person or virtual) 80% after in-network deductible for each virtual primary care visit for members 18 years of age or older, by a BCBSM-selected vendor 	60% after out-of-network deductible Note: Services rendered by an approved licensed behavior analyst (LBA) will apply the in-network cost-sharing
Outpatient physical therapy, speech therapy, and occupational therapy for autism spectrum disorder	80% after in-network deductible Physical, speech and occupational therapy with an autism diagnosis is unlimited	60% after out-of-network deductible
Other covered services, including mental health services and nutritional counseling, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible

Other covered services

Benefits	In-network	Out-of-network
Outpatient Diabetes Management Program (ODMP) Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. Note: When you purchase your diabetic supplies via mail order you will lower your out-of-pocket costs.	80% after in-network deductible	60% after out-of-network deductible
Allergy testing and therapy	80% after in-network deductible	60% after out-of-network deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	80% after in-network deductible	60% after out-of-network deductible
Limited to a combined 12-visit maximum per member per calendar year		
Outpatient physical, speech and occupational therapy-provided for rehabilitation	80% after in-network deductible	60% after out-of-network deductible
Note: Services at nonparticipating outpatient physical therapy facilities are not covered. Limited to a combined 30-visit maximum per member per calendar year		
Durable medical equipment Note: DME items required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider. For a list of covered DME items required under PPACA, call BCBSM. Note: Reference the Find A Doctor tool at bcbsm.com for in-network Durable Medical Equipment providers.	80% after in-network deductible	60% after out-of-network deductible
Prosthetic and orthotic appliances Note: Reference the Find A Doctor tool at bcbsm.com for in-network Prosthetics/Orthotics providers.	80% after in-network deductible	60% after out-of-network deductible
Private duty nursing care	80% after in-network deductible	80% after in-network deductible



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Simply BlueSM HSA PPO LG Prescription Drug Coverage PD-TTC \$10/\$40/\$80-RXCM Benefits-at-a-glance Effective Date: On or after October 2025

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty prescription drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, please call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay/coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Your Simply Blue HSA prescription drug benefits, including mail order drugs, are subject to the same deductible and same annual out-of-pocket maximum required under your Simply Blue HSA medical coverage. Benefits are not payable until you have met the Simply Blue HSA annual deductible. After you have satisfied the deductible you are required to pay applicable prescription drug copays and coinsurance amounts which are subject to your annual out-of-pocket maximums.

Note: the following prescription drug expenses will not apply to your Simply Blue HSA deductible or annual out-of-pocket maximum

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand name drug
- the 20% member liability for covered drugs obtained from an out-of-network pharmacy

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	After deductible is met, You pay \$10 copay	After deductible is met, You pay \$10 copay	After deductible is met, You pay \$10 copay	After deductible is met, You pay \$10 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, You pay \$20 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, You pay \$20 copay	After deductible is met, You pay \$20 copay	No coverage	No coverage

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Preferred brand-name drugs	1 to 30-day period	After deductible is met, You pay \$40 copay	After deductible is met, You pay \$40 copay	After deductible is met, You pay \$40 copay	After deductible is met, You pay \$40 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, You pay \$80 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, You pay \$80 copay	After deductible is met, You pay \$80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	After deductible is met, You pay \$80 copay	After deductible is met, You pay \$80 copay	After deductible is met, You pay \$80 copay	After deductible is met, You pay \$80 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	After deductible is met, You pay \$160 copay	No coverage	No coverage
	84 to 90-day period	After deductible is met, You pay \$160 copay	After deductible is met, You pay \$160 copay	No coverage	No coverage

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law. They are identified by BCBSM as select prescription drugs. A prescription for the select OTC drug is required from the member's physician. In some cases, over-the-counter drugs may need to be tried before BCBSM will approve use of other drugs * BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Covered services

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Prescribed over-the-counter drugs - when covered by BCBSM	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
State-controlled drugs	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved generic and select brand name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	80% of approved amount
Other FDA-approved brand name prescription contraceptive medication (non-self-administered drugs are not covered)	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay/coinsurance.	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance for the insulin or other covered injectable legend drug	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty for insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance	Subject to Simply Blue HSA medical deductible and prescription drug copay/coinsurance plus an additional 20% prescription drug out-of-network penalty

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan

Custom Drug List	<p>A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost.</p> <ul style="list-style-type: none"> • Generic drug tier – This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. Select brand-name drugs may be included in the generic tier. • Preferred brand-name drug tier – This tier includes preferred brand-name drugs. These drugs are more expensive than generic and members pay more for them. • Nonpreferred brand-name drug tier – This tier includes brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	<p>A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at bcbsm.com/pharmacy.</p>

Features of your prescription drug plan

Mandatory maximum allowable cost drugs

For maximum allowable cost (MAC) drugs, if you have a prescription filled by an in-network pharmacy, and the pharmacist fills it with a generic equivalent, you are required to pay only the copayment and/or deductible, if applicable.

If you obtain a brand name drug when a generic equivalent is available, you must pay the difference between the maximum allowable cost and the BCBSM approved amount for the brand name drug plus your copayment and/or deductible, if applicable.

Note: If your physician requests and receives authorization for a brand name drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copayment and/or deductible, if applicable.

Quantity limits

To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Blue Preferred® Rx LG Prescription Drug Coverage PD-TTC \$10/\$40/\$80-RXCM Medicare Supplement Benefits-at-a-glance Effective Date: On or after October 2025

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prescription Drug Discount Program - Prescription drug manufacturers provide coupon programs for certain medications. Your benefit plan requires you to take advantage of BCBSM-approved coupon programs for select medications. This benefit may lower the cost-sharing typically required for these drugs. Your out-of-pocket expense will be no more than your benefit cost-sharing. When a manufacturer coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum.

NOTE: Adjustments may be required to accurately reflect your annual out-of-pocket maximum to reflect your true out-of-pocket cost.

This program may be discontinued at any time if it is no longer supported by the vendor.

Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is **Walgreens Specialty Pharmacy**. Specialty prescription drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. **If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.**

A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, please call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that BCBSM defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay/coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Note: Your prescription drug copays and coinsurance amounts, including mail order copay and coinsurance amounts, are subject to the **same** annual out-of-pocket maximum required under your medical coverage. The following prescription drug expenses will not apply to your annual out-of-pocket maximum.

- any difference between the Maximum Allowable Cost and BCBSM's approved amount for a covered brand name drug
- the 25% member liability for covered drugs obtained from an out-of-network pharmacy

Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic or select prescribed over-the-counter drugs	1 to 30-day period	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay	You pay \$10 copay plus an additional 25% of BCBSM approved amount for the drug

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Benefits		90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
	31 to 83-day period	No coverage	You pay \$20 copay	No coverage	No coverage
	84 to 90-day period	You pay \$20 copay	You pay \$20 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay	You pay \$40 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$80 copay	No coverage	No coverage
	84 to 90-day period	You pay \$80 copay	You pay \$80 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay	You pay \$80 copay plus an additional 25% of BCBSM approved amount for the drug
	31 to 83-day period	No coverage	You pay \$160 copay	No coverage	No coverage
	84 to 90-day period	You pay \$160 copay	You pay \$160 copay	No coverage	No coverage

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Covered services

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Prescribed over-the-counter drugs - when covered by BCBSM	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
State-controlled drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand-name prescription preventive drugs, supplements and vitamins as required by PPACA (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand-name prescription preventive drugs, supplements and vitamins as required by PPACA (non-self-administered drugs are not covered)	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount

Benefits	90-day retail network pharmacy	* In-network mail order provider	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Other FDA-approved brand name prescription contraceptive medication (non-self-administered drugs are not covered)	100% of approved amount less plan copay/ coinsurance	100% of approved amount less plan copay/ coinsurance	100% of approved amount less plan copay/ coinsurance	75% of approved amount less plan copay/ coinsurance
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay/ coinsurance.	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug
Select diabetic supplies and devices (test strips, lancets and glucometers) For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy .	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance

* BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers.

Features of your prescription drug plan

Custom Drug List	<p>A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost.</p> <ul style="list-style-type: none"> • Generic drug tier – This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment. Select brand-name drugs may be included in the generic tier. • Preferred brand-name drug tier – This tier includes preferred brand-name drugs. These drugs are more expensive than generic and members pay more for them. • Nonpreferred brand-name drug tier – This tier includes brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Prior authorization/step therapy	<p>A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. Step Therapy, an initial step in the "Prior Authorization" process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require prior authorization or step therapy are available online site at bcbsm.com/pharmacy.</p>
Mandatory maximum allowable cost drugs	<p>For maximum allowable cost (MAC) drugs, if you have a prescription filled by an in-network pharmacy, and the pharmacist fills it with a generic equivalent, you are required to pay only the copayment and/or deductible, if applicable.</p> <p>If you obtain a brand name drug when a generic equivalent is available, you must pay the difference between the maximum allowable cost and the BCBSM approved amount for the brand name drug plus your copayment and/or deductible, if applicable.</p> <p>Note: If your physician requests and receives authorization for a brand name drug from BCBSM's Pharmacy Services Department and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your copayment and/or deductible, if applicable.</p>
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.



Hamburg Township Public Safety Department

PO BOX 157 • HAMBURG, MICHIGAN 48139
PHONE: (810) 231-9391 • FAX: (810) 231-9401

EMAIL: HATP@hamburg.mi.us

RICHARD DUFFANY, DIRECTOR OF PUBLIC SAFETY



Item 9.

TO: Hamburg Township Board

FROM: Chief Richard Duffany

DATE: August 27, 2025

AGENDA ITEM TOPIC: Police Sergeant Promotion

Number of Supporting Documents: 0

Requested Action

- Motion to approve the promotion of Officer Justin Harvey to the rank of Sergeant effective September 2, 2025.

Background

Due to a retirement within the department, there is a current Police Sergeant vacancy. In anticipation of this vacancy, a promotional examination process was conducted to establish an eligibility list. Officer Justin Harvey finished as the top candidate and I am respectfully requesting that he be promoted to the rank of Sergeant to fill the vacancy.

Fiscal Considerations

Does the agenda item require the expenditure of funds? Yes ☒ No ☐

If YES, are funds budgeted? Yes ☒ No ☐

Fiscal year affected: 2025/2026

Is a budget amendment required? Yes ☐ No ☒

General Ledger numbers affected: _____

Respectfully,

Chief Richard Duffany
Director of Public Safety



Hamburg Township Public Safety Department

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EMAIL: HATP@hamburg.mi.us

RICHARD DUFFANY, DIRECTOR OF PUBLIC SAFETY



Item 10.

TO: Hamburg Township Board

FROM: Chief Richard Duffany

DATE: August 28, 2025

AGENDA ITEM TOPIC: Sale of Police Property

Number of Supporting Documents: 1

Requested Action

- Motion to approve the sale of retired Sgt. Alysha Garbacik's duty weapon (Glock 21 Gen4 .45, Serial #AGWG201) to her for \$417.00 plus applicable sales tax and fees.

Background

Sgt. Alysha Garbacik retired from the department after 25 years of service to the Township effective August 29, 2025. As is a tradition, retiring officers are permitted to purchase their duty weapon. Sgt. Garbacik's duty weapon was purchased for \$417.00 in 2022. I respectfully request that the Board authorize the sale of Sgt. Garbacik's duty weapon to her for the price of \$417.00 plus sales tax and any applicable fees.

Fiscal Considerations

Does the agenda item require the expenditure of funds? Yes ☐ No ☒

If YES, are funds budgeted? Yes ☐ No ☐

Fiscal year affected: 2025/2026

Is a budget amendment required? Yes ☐ No ☒

General Ledger numbers affected: _____

Respectfully,

Chief Richard Duffany
Director of Public Safety

CMP Distributors, Inc.
16753 Industrial Parkway
Lansing, MI 48906
Phone # 517-721-0970
Fax # 517-721-0974

Quote

Date	Quote #
1/28/2022	11265

Bill To	Ship To
Hamburg Township Police Department 10409 Merrill Road, PO Box 157 Hamburg, MI 48139-0157	Hamburg Township Police Department 10409 Merrill Road, PO Box 157 Hamburg, MI 48139-0157

Sales Rep	Account #	Terms	Expiration Date	Shipping Terms
CMP		Net 30	2/27/2022	Best Way

Description	Qty	Price	Total
Glock 21 Gen4, .45 Auto, Glock Fixed Sights, 5lb Trigger and 3 Magazines	16	417.00	6,672.00
Trijicon GL1040 Glock HD Night Sight Set - Orange Front Outline, Fits Glock Models: 20, 21, 21SF, 29, 30, 31, 32, 36, 37	4	124.50	498.00
Trijicon GL104Y Glock HD Night Sight Set - Yellow Front Outline, Fits Glock Models: 20, 21, 21SF, 29, 30, 31, 32, 36, 37	12	99.25	1,191.00
Shipping and Handling*** For Sights***	1	25.00	25.00
Less Trade in Weapons Used Glock Model 21SF, 45 ACP Pistols	-14	255.00	-3,570.00
Used Glock Model 21 Gen 4, .45 ACP Pistols	-2	255.00	-510.00

Shipping & Handling Terms: - Freight to be added at time of shipment - Ships UPS Ground	Sales Tax (0.0%) \$0.00
	Total \$4,306.00

This is a quotation on the goods named, subject to the conditions noted below:
1. Pricing is good for 30 days unless otherwise noted.
2. Please include the quote number on all correspondence to insure proper pricing when ordered.
3. To accept this quotation, please sign and return.

Customer Signature _____

TO: Hamburg Township Board

FROM: Tony Randazzo, Director of Technical & Utility Services

DATE: August 28th, 2025

AGENDA ITEM TOPIC: Website Hosting

Number of Supporting Documents: **04**

Requested Action

- Motion to approve a five-year agreement with Revize Software Systems for a total amount of \$14,400 (\$2,880 annually) for website hosting, CMS software and support.

Background

Our current five-year agreement with Revize is coming to an end. We have obtained quotes from other providers such as Civic Plus and Shumaker Technology Group. However, since we receive a free design upgrade in year five of our current agreement with Revize, the cost will be over \$20,000 more if we were to select Civic Plus and at least \$915.00 more per year with the Shumaker Technology Group, undoubtedly more when considering necessary add-ons such as page and document migration, along with email notifications. When looking at the Shumaker quote, the Gold package (\$2,995) plus the support plan (\$800) is the bare minimum, and that totals \$3,795. Based upon cost and our satisfaction with their service and support, I recommend we stay with Revize. The partnership with them has allowed us to implement a number of innovative technologies to better facilitate communication with the citizens of Hamburg Township for a reasonable price. We are exploring some add-on modules such as an interactive forms/reservations module and a branded mobile app but are not ready to move forward with those at this time. These features can be added later on if we choose.

Fiscal Considerations

Does the agenda item require the expenditure of funds? Yes ☒ No ☐

Are funds budgeted? Yes ☒ No ☐

Fiscal year affected: 2025/2026

Is a budget amendment required? Yes ☐ No ☒

General Ledger numbers affected: 101.229.933

Revize Web Services Sales Agreement

This Sales Agreement is between Hamburg Township, MI ("CLIENT") and Revize LLC, aka Revize Software Systems, ("Revize"). Federal Tax ID# 20-5000179 Date 7-30-2025

CLIENT INFORMATION:		REVIZE LLC:
Company Name:	<u>Hamburg Township</u>	Revize Software Systems
Company Address:	<u>10405 Merrill Road</u>	150 Kirts Blvd.
Company City/State/Zip:	<u>Hamburg, Michigan 48139</u>	Troy, MI 48084
Contact Name:	<u>Tony Randazzo</u> <u>trandazzo@hamburg.mi.us</u> <u>810-231-1000x214</u>	248-269-9263
Billing Dept. Contact:		
Client Website Address:	<u>https://www.hamburg.mi.us/</u>	

Revize Quote

Along with your Website Design Refresh using your existing site map and navigation, the following options are available

<u>Quantity</u>	<u>Description</u>	<u>Set-up Price</u>	<u>Annual</u>
1	Discovery & Design from Scratch: <ul style="list-style-type: none"> 1 mockup with up to 3 rounds of changes Home page template and inner page design and layout. Includes Responsive Web Design WCAG 2.1 AA Design 	Included	-
1	Revize Template Development: <ul style="list-style-type: none"> Set-up all CMS modules listed in this agreement Integration with all 3rd party web applications New Calendar 	Included	-
1	Revize Website Annual Fee: Includes Unlimited Tech Support, CMS software updates (6 users), security software updates, and website health checks. Website hosting Included free of charge (30 GB storage space, 100GB monthly bandwidth limit) with security certificate, 5-year agreement, locked in price, free redesign year 5		\$2,880
1	GRAND TOTAL		\$2,880

*The current main navigation of your website will remain the same and will be moved over “as is” including all interior left navigations. The main navigation is also referred to as your top navigation. There will be no rearrangement of links/menus. You can easily edit the menu headings to say whatever you like.

There will not be any reorganization, rearrangement or reformatting of any content on any inner pages. It will be the clients responsibility to populate any new sections with content, if those sections are added to the new design. This includes quick links buttons, news sections content areas and any other areas of content.

“As is” means content will be moved over with the same styles and not reformatted. As you know you can use the Revize CMS to reformat, if need be, once you have editing rights after development.

Note: There may be tables, forms and/or any page specific styles etc. in your current site page content that may not display properly in the new site. In that case, you need to login to the new site and reformat and fix those pages. Keep in mind if you need help you can call in to tech support for help with changes. If you want Revize to do the work and fix those pages, that will be billable work billed on time & material.

Terms:

1. Payments: All Invoices are due Net 30 upon receipt.
2. 5 Year Agreement
3. Revize requires a check for \$2,880
4. Additional content migration, if requested, is available for \$3 per web page or document.
5. Additional bandwidth is available at \$360 per year for each additional 50GB per month.
6. Additional website storage is available at \$1,000 per year for each additional 5GB website storage.
7. Governing Law and Jurisdiction. This Agreement shall be governed by, and construed under, the laws of the State of Michigan.
8. Both parties must agree in writing to any changes or additions to this Sales Agreement.
9. Client understands that project completion date is highly dependent on their timely communication with Revize. Client also agrees and understands that;
 - a. The primary communication tool for this project and future tech support is the Revize customer portal found at <https://support.revize.com>.
 - b. During the project, Client will respond to Revize inquiries within 48 hours of the request to avoid any delay in the project timeline.
10. Revize will provide a free redesign of the website in year 5 of the agreement. This assumes client agrees to five consecutive years of annual software subscription, tech support, CMS updates, and hosting.
11. Client owns design, content, and will receive periodic updates to the CMS for the life of the contract.
12. Unless otherwise agreed, Revize does not migrate irrelevant records, calendar events, news items, bid results, low quality images, or data considered non-conforming to new website layout.
13. Storage is limited only to relevant website data.

AGREED TO BY:

CLIENT

REVIZE

Signature of Authorized Person:

Name of Authorized Person:

Dylan Johnston

Title of Authorized Person

Account Manager

Date:

Please sign and return to:

dylan@revize.com

Fax 1-866-346-8880

The following applications and features were included in your original agreement and will be integrated into your new project. Bolded Features are new features included with this agreement.

Citizen's Communication Center Apps

- Home Page Alert & Announcement Center
- Searchable Document Center
- Searchable How Do I? (FAQs)
- News Center with Facebook/Twitter Integration
- Online Web Forms
- Photo Gallery
- Quick Link Buttons
- Revize Web Calendar
- "Share This" Social Media Fly-out App
- Sliding Feature Bar
- Language Translator

Citizen's Engagement CENTER Apps

- Citizen Request Center with re-Captcha
- Online Bill Pay
- RSS Feed

Staff Productivity Apps

- Image Manager
- iCal Integration
- Link Checker
- Menu Manager
- Bid Posting Management System via Vendor Registry
- Website Content Archiving
- Website Content Scheduling

Site Administration and Security Features

- Audit Trail
- Drag and Drop Menu Management
- Drag and Drop Picture Management
- Drag and Drop Document Management
- History Log
- URL Redirect Setup
- Roles and Permission-based Security Mode
- Secure Site Gateway
- SSL Security Certificate
- Unique Login/Password for each Content Editor
- Web Statistics and Analytics

Mobile Device and Accessibility Features

- Font Size Adjustment
- **ADA Accessibility Button**
- Alt-Tags
- Responsive Website Design (RWD)

Service Level Agreement

Maximum Response Times via Severity Level

- 1 hour for crisis issues
- 4-6 hours for critical issues
- 24 hours for normal issues

Crisis issues are defined as when a website error renders the CMS program or website completely unusable or nearly unusable or introduces a high degree of operational risk and no workaround is available. Till this every error is resolved, the website is essentially halted. A large number of users and or core program functionality a severely impacted.

Critical issues are defined as website errors that are an inconvenience or causes a consistent behavior of the website, which does not impede the normal functioning of the website. It could be an error that occurs consistently and affects non-essential functions and is an inconvenience which impacts a small number of users. May also contain visual errors for the graphical display of the website that is not ideal but still functioning correctly.

Normal issues are defined as an error that has a small degree of significance or is a minor cosmetic issue, or is a one-off case. A one-off case occurs when the error occurs and cannot be reproduced easily. These are errors that do not impact the daily use of the website. A low error is something that does not affect normal use, and can be accepted for a period of time, but user would eventually want changed.

Technical Support Escalation:

If an issue cannot be remedied by the Tech Support technician within 3 days, it will be escalated to the CTO, Ray Akshaya. If the problem is not resolved within 3 business days, then the Business Development Director, Joseph Nagrant, will assemble a team to work on the issue and have a conference call with the client explaining the resolution path the company will take to resolve the issue. If additional time is needed, the Business Development Director will contact the client and notify the client with an explanation and a follow up date as agreed by both the client and Revize.

Revize Support

- 8 a.m. – 8 p.m. EST Phone Support (Monday thru Friday)
- 24X7X365 Portal & Email Support
- Dedicated support staff to provide assistance and answer all questions
- Training refreshers
- Video tutorials and online training manual

Pricing Breakdown

ONE TIME SETUP COSTS

Choose from three packages designed to help define the scope and features of your new website, or contact us for a custom quote that meets your exact needs.



Gold Package.....\$2,995

The gold package is a balanced solution tailored for small to medium-sized townships that require a robust online presence. It includes fully customizable design and layout along with other comprehensive features. This package is ideal for communities that want a unique look and feel while maintaining a manageable sized website.



Platinum Package.....\$3,995

The platinum package is our most comprehensive offering, designed for medium to large townships seeking maximum functionality and user engagement. It supports an extensive number of pages/documents, and allows for a more custom and advanced set of features.

Items	Gold	Platinum
Content Migration From Existing Site	Up to 75 pages	Up To 150 pages
Documents	Up to 250 documents	Up to 500 documents
Digital Forms Included (Additional as add-ons)	3	5
Training & Documentation	✓	✓
.Gov Domain Assistance	✓	✓
Attention to ADA compliance guidelines	✓	✓
Enhanced Security	✓	✓
Website Analytics & Reporting	✓	✓
Links to Third-Party Online Services or Social Media	✓	✓
Standard Search Functionality	✓	✓
Events Calendar	✓	✓
Contact Form	✓	✓
Fully Custom Layout & Design	✓	✓
Login-Gated Pages	✓	✓
Surveys, Polls & Form Builder Tools	✓	✓
Reservation Scheduling System	✓	✓
Advanced Custom Search Functionality		✓
Embedded (API) Social Media Integration		✓
Language Translation Tools		✓
Drone Photo and Video Tour of Township		✓
Free Design Refresh & Modernization after 3 years		✓

RECURRING MAINTENANCE AND HOSTING FEES

Support Plan.....\$800/year

The Shumaker Group will provide website hosting, backups, and ongoing technical support. Our team will also offer training to equip you with the skills needed to update and maintain your website at your convenience.

Maintenance Plan.....\$1500/year

All STG Websites come with training to learn how to update and maintain the Website, we find that some clients would prefer to contract with us to make the day-to-day changes for them. With our Maintenance Plan, whether it's posting your meeting minutes, helping create new pages, or more, we've got you covered.

OPTIONAL SERVICES & ASSOCIATED COSTS

The following services may compliment your website but are also not strictly necessary for all municipalities. They are offered as optional add-ons.



Email Blasts.....Starting at \$20/month

Send email newsletters, alerts, and community updates to residents with automated delivery and easy sign-up on your township website. Monthly cost depends on the total number of subscribers.



Text Message Blasts.....Per Package/Annually

Keep your community connected. Send instant updates directly to your resident's phones, ensuring they stay informed with the latest news.

- **Core Package:** \$750.00 Annually, 12,000 credits
- **Plus Package:** \$1,250.00 Annually, 25,000 credits
- **Boost Package:** \$1,750.00 Annually, 50,000 credits

**Each credit consists of an incoming or outgoing text message of up to 163 characters.*



Accessible Document Conversion.....\$30/Per Hour

If pre-existing documents/forms don't meet accessibility standards, The Shumaker Group can help you recreate those documents in an accessible manner.



Brand Design.....\$85/Per Hour

Work with our team of designers to create a logo that's unique to your township.



Email Accounts.....\$50 Per Account/Annually + \$100 Email Setup Fee

Email accounts provided through Microsoft 365. Other email platforms available upon request. We also offer Optional Third-Party Email Backup for \$50 Per Account/Annually.



Drone Photo and Video Tour of Township.....\$350

We will use our drone to take high resolution photos and videos of locations throughout the township.

Timeline & Payments

TIMELINE

The below steps outline how we generally approach each project from the discovery phase to ongoing support after the site launch.

- **Discovery:** To kick off the project, an introductory meeting will be scheduled to outline the objectives and requirements for the new website.
- **Planning & Design:** During this phase, we will collaborate with the township to brainstorm ideas and gather input that guides the layout, visual style, and content structure of the website. Based on this plan, Shumaker Group will construct an initial prototype or visual of the website. We will then work closely with the township to refine the prototype into a Website that they and their community will be proud of.
- **Development & Content Migration:** Using WordPress, a widely trusted and user-friendly content management system, we will build the prototype into a fully functional, mobile-friendly, and accessible website. During this phase, we will also insert or migrate existing content (such as documents, forms, and meeting minutes) and ensure that all interactive and embedded features are fully operational.
- **Accessibility & Testing:** Once development is complete, our experts will conduct both automated and manual testing of the site. All municipal websites will meet the ADA requirements and conform to WCAG 2.1, Level AA accessibility guidelines to ensure inclusivity and compliance.
- **Launch:** We will coordinate with you to establish a launch window and publish the website to the Internet using the domain name(s) chosen.
- **Training & Support:** Shumaker Group will provide personalized training to ensure officials and staff can confidently make updates to their site. Ongoing tech support is available via support ticket, email, phone, or remote support session. For clients enrolled in a maintenance plan, we offer access to our help desk who can make ongoing site updates for you in the event that you don't wish to manage the site yourself.

MAJOR MILESTONES & DELIVERABLES

Payment for the site development and first year's hosting is due within 30-days of the site launch.



Milestone 1: Planning

- Define project objectives
- Discuss website design, layout & content preferences
- Design, review, and adjust website prototype[\[3\]](#)



Milestone 2: Development

- Replicate prototype into a fully functional website
- Migrate existing content and documents
- Review and make final adjustments[\[3\]](#)



Milestone 3: Deployment

- Establish window and launch website
- Set up additional services and provide final deliverables, such as email accounts and logo designs.
- Provide website training and/or access to our help desk.

- [1] With every website we build, you retain 100% ownership. You'll have full administrative access to make edits and changes just like we do, even if we're managing it on your behalf.
- [2] We guarantee your complete satisfaction. If at any point (prior to 30 days after the launch of the site) you aren't happy with our work, you can cancel and owe nothing.
- [3] In order to meet our delivery milestones, it is important that the client be engaged in the process and provide timely feedback when requested. While we understand that everyone gets busy, if significant delays occur while waiting for client feedback, the delivery dates may be pushed back.

Appendix



[Appendix A]

Municipal Website Case Studies



[Appendix B]

Topic Planner



[Appendix C]

[Access Granted: What You Need To Know About The New ADA Website Requirements" Presentation Slides](#)



SHUMAKER TECHNOLOGY GROUP



PHONE

(517) 325-3121



WEBSITE

stgmunicipal.com



PORTFOLIO

stgportfolio.com

**CivicPlus**

302 South 4th St. Suite 500
Manhattan, KS 66502
US

Quote #:**Date:****Expires On:**

Statement of Work

Q-93091-1

2/19/2025 4:03 PM

4/20/2025

Client:

Hamburg Township, MI

Bill To:

HAMBURG TOWNSHIP (LIVINGSTON
COUNTY), MICHIGAN

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
David May	(785)-370-7821	may@civicplus.com		Net 30

Group1

QTY	PRODUCT NAME	DESCRIPTION	DISCOUNT %	12 Month Value
1.00	Annual - CivicEngage Central	Annual - CivicEngage Central	0	USD 3,853.00
1.00	Website Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	0	USD -1,926.50
1.00	Hosting & Security Annual Fee - CivicEngage Central	Hosting & Security Annual Fee - CivicEngage Central	0	USD 1,188.00
1.00	Website Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	0	USD -594.00
1.00	Guardian Security (Cloudflare WAF/CDN)	Cloudflare Tier 1 WAF/CDN security protection	0	USD 600.00
1.00	Website Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	0	USD -300.00
1.00	SSL Management CivicPlus Provided	SSL Management CivicPlus Provided: URL	0	USD 89.00
1.00	Website Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	0	USD -44.50
1.00	DNS and Domain Hosting Setup	DNS and Domain Hosting Setup: URL	25	USD 118.50
1.00	DNS and Domain Hosting Annual Fee	DNS and Domain Hosting Annual Fee: URL	0	USD 189.00
1.00	Website Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	0	USD -94.50

QTY	PRODUCT NAME	DESCRIPTION	DISCOUNT %	12 Month Value
1.00	Premium Implementation - CivicEngage	Premium Implementation	25	USD 9,476.25
200.00	Website Content Development - 1 Page	Content Development - 1 Page	25	USD 6,000.00
6.00	Website New Customer Virtual System Training - Up to 3 hours	Website Virtual System Training - Up to 3 hours & 12 attendees	25	USD 3,375.00

Group2

QTY	PRODUCT NAME	DESCRIPTION	DISCOUNT %	12 Month Value
1.00	AudioEye Managed	AudioEye Managed: URL	0	USD 4,500.00
1.00	Accessibility Year 1 Annual Fee Discount	Year 1 Annual Fee Discount	0	USD -2,250.00

List Price - Initial Term Total	USD 35,712.00
Total Investment - Initial Term	USD 24,179.25
Annual Recurring Services (Subject to Uplift)	USD 10,419.00

Initial Term	12 Months
Initial Term Invoice Schedule	50% invoiced on 7/1/2025, remaining 50% invoiced on 1/1/2026.
Renewal Procedure	Automatic 1 year renewal term, unless 60 days notice provided prior to renewal date
Annual Uplift	5% to be applied in year 2

This Statement of Work ("SOW") shall be subject to the terms and conditions of the CivicPlus Master Services Agreement and the applicable Solution and Services terms and conditions located at <https://www.civicplus.help/hc/en-us/p/legal-stuff> (collectively, the "Binding Terms"), By signing this SOW, Client expressly agrees to the terms and conditions of the Binding Terms throughout the term of this SOW.

Please note that this document is a SOW and not an invoice. Upon signing and submitting this SOW, Client will receive the applicable invoice according to the terms of the invoicing schedule outlined herein.

Acceptance of Quote # Q-93091-1

The undersigned has read and agrees to the Binding Terms, which are incorporated into this SOW, and have caused this SOW to be executed as of the date signed by the Customer which will be the Effective Date:

For CivicPlus Billing Information, please visit <https://www.civicplus.com/verify/>

Authorized Client SignatureCivicPlus

By (please sign):

By (please sign):

Printed Name:

Printed Name:

Title:

Title:

Date:

Date:

Organization Legal Name:

Billing Contact:

Title:

Billing Phone Number:

Billing Email:

Billing Address:

Mailing Address: (If different from above)

PO Number: (Info needed on Invoice (PO or Job#) if required)