

**TOWNSHIP OF BLAIR
GRAND TRAVERSE COUNTY, MICHIGAN**

RESOLUTION # _____

Minutes of a _____ meeting of the Township Board of the Township of Blair, Grand Traverse County, Michigan held at the Township Hall in Grawn, Michigan on the _____ day of _____, 2018 at ____:____.m., Eastern Daylight Savings Time, there were:

PRESENT: _____

ABSENT: _____

The following preamble and resolution were offered by _____ and approved by _____.

RESOLUTION TO AUTHORIZE FINANCING OF:

**GRAND TRAVERSE COUNTY – TOWNSHIP OF BLAIR TOWNSHIP 2018 WATER
SYSTEM PROJECT BONDS**

WHEREAS, pursuant to the provisions of Act No. 185, Public Acts of Michigan, 1957, as amended ("Act 185"), the Township of Blair (the "Township") and the County of Grand Traverse (the "County") have entered into a contract dated as of July 1, 2017 (the "Contract") governing the Township of Blair 1997 Water System Improvements Project pursuant to which the Grand Traverse County – Blair Township Water System Improvements Project Refunding Bonds, dated September 1, 2017 (the "2017 Bonds") were issued in the original principal amount of \$4,010,000 to defray the cost of a water improvement refunding project for the water system which is known as (the "System") serving the Township of Blair; and

WHEREAS, the Township wishes to construct an addition to the System as described in Appendix A attached hereto (the "2018 Blair Water System Project")

THEREFORE, BE IT RESOLVED as follows:

1. The County is requested and authorized to issue its bonds in the aggregate principal amount of not to exceed \$965,000 (the "Bonds") pursuant to the provisions of Act 185 for the purpose of paying for the costs of the 2018 Blair Water System Project.

2. The Township will specifically (but not by way of limitation) reaffirms its pledge of its full faith and credit for the payment of its obligations with respect to the Refunding Bonds and its obligation to levy taxes for the payment of the principal of and interest on the Bonds in accordance with the provisions of a Contract which will govern the Township's obligation to the County.

3. The County is requested and authorized to hire Clark Hill PLC, Detroit, Michigan as County Bond Counsel and Municipal Financial Consultants Incorporated, Milford, Michigan as County Financial Advisor and Wade Trim of Traverse City, Michigan as Engineers in connection with the issuance of the Bonds.

4. If necessary, the issuance and sale of the Refunding Bonds may be subject to permission being granted therefor by the Department of Treasury of the State of Michigan and the Township Supervisor is hereby authorized and directed to make application to the Department of Treasury for permission to issue and sell the Bonds as provided by the terms of a resolution adopted by the County.

5. The Township Supervisor, Treasurer or Clerk is authorized to execute a certificate of the Township, constituting an undertaking to provide ongoing disclosure about the Township for the benefit of beneficial owners of the Bonds as required under paragraph (b)(5) of the Rule, and amendments to such certificate from time to time in accordance with the terms of the certificate in the form attached to the official statement for the Refunding Bonds. The Township hereby covenants and agrees that it will comply with and carry out all of the provisions of the Continuing Disclosure Certificate.

6. All resolutions and parts of resolutions insofar as they conflict with the provisions of this resolution be and the same hereby are rescinded.

A vote on the foregoing resolution was taken and was as follows:

YES:

NO:

ABSENT:

Resolution declared adopted.

CERTIFICATION

The undersigned, being the duly qualified and acting Clerk of the Township of Blair, Grand Traverse County, Michigan, hereby certifies that (1) the foregoing is a true and complete copy of a resolution duly adopted by the Township Board at a _____ meeting held on April __, 2017, at which meeting a quorum was present and remained throughout, (2) that an original thereof is on file in the records of the Township, (3) the meeting was conducted, and public notice thereof was given, pursuant to and in full compliance with the Open Meetings Act (Act No. 267, Public Acts of Michigan, 1976, as amended), and (4) minutes of such meeting were kept and will be or have been made available as required thereby.

Township Clerk

APPENDIX A

Addition to the Blair Township Water System

PART I

Attached hereto as Exhibit I is a description of the Preliminary Estimate of Wade Trim Engineers of the cost of Well #4 Iron Removal Plant which will be added to the System currently serving the Township which has a total cost of \$895,000.

SUMMARY

PART II

Also attached hereto as Exhibit II is a description of an estimate of the costs of Additional Electrical Services for the water well with a total cost of \$18,065.

Total Estimated Cost Of Work	\$915,065
Financing Costs	38,900
General Contingency	<u>11,035</u>
TOTAL COST NOT TO EXCEED	<u>\$965,000</u>

**DRAFT
TIMETABLE**

GRAND TRAVERSE COUNTY DPW

<u>Action</u>	<u>Date</u>
1. Blair Township adopts resolution requesting the County to undertake the project on its behalf	April 10, 2018
2. The Grand Traverse County DPW Adopts a Resolution Recommending the Project to the Board of Commissioners	April 12, 2018
3. The Grand Traverse County Board of Commissioners Approves a Resolution Accepting the Project	April 18, 2018
4. Blair Township Board Adopts a Resolution Approving the Contract with the County of Grand Traverse	May 8, 2018
5. The Grand Traverse County DPW Approves the Contract and the Bond Resolution and Recommends the same to be Adopted by the Board of Commissioners	May 10, 2018
6. The Grand Traverse County Board of Commissioners Approves the Contract and the Bond Resolution	May 16, 2018
7. Grand Traverse County DPW Receives and Approves Final Plans and Authorizes Construction Bids	<hr/>
8. Advertise for Construction Bids	<hr/>
10. Construction Bids on the Project are Received	<hr/>
11. Township and County DPW Approve Construction Bids	<hr/>
12. Grand Traverse County Treasurer Awards Bonds	<hr/>
13. Construction can begin	<hr/>
14. Bonds are Delivered	<hr/>

EXHIBIT I

BLR 2002.01C
Updated Mar 8, 2018

Blair Township Well #4 Iron Removal Plant Preliminary Engineer's Estimate

Estimate includes a vertical pressure filter system capable of treating 300 gpm. System to be field installed by contractor. Includes 3 vertical filters with associated piping and equipment, new building to house equipment, new well pump, and infiltration basin for backwash disposal. Costs are based on equipment quotes and recent local bid tabs.

<u>DESCRIPTION</u>	<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Mobilization (5% Max)	1	LS	\$35,000.00	\$35,000
Pavement Removal & Restoration	50	SYD	\$100.00	\$5,000
Treatment Plant Site Clearing & Leveling	1	LS	\$25,000.00	\$25,000
12-Inch Diameter DIP	60	LFT	\$100.00	\$6,000
12-Inch Gate Valve	3	EA	\$3,000.00	\$9,000
12-Inch Tee	3	EA	\$1,500.00	\$4,500
6-Inch Control Valve	1	EA	\$10,000.00	\$10,000
6-Inch Diameter DIP	35	LFT	\$100.00	\$3,500
6-Inch Gate Valve	1	EA	\$1,500.00	\$1,500
12-Inch x 6-Inch Reducers	1	EA	\$500.00	\$500
Flushing Hydrant	1	LS	\$5,000.00	\$5,000
Connection to Existing Water Main	2	EA	\$2,500.00	\$5,000
6-Inch PVC backwash drainline	100	LFT	\$25.00	\$2,500
Backwash Outlet Structure	2	EA	\$3,000.00	\$6,000
Backwash Detention Basin and Fencing	1	EA	\$10,000.00	\$10,000
Oxidation Aerator	1	LS	\$15,000.00	\$15,000
Pressure Filters with Auto Multiwash, incl tax & delivery to site	1	LS	\$308,000.00	\$308,000
Filter System Installation	1	LS	\$100,000.00	\$100,000
24'x 40' Insulated Enclosure Building W/ Plumbing, Heat and Electric	1	LS	\$90,000.00	\$90,000
SCADA, Controls, and Electrical Service	1	LS	\$25,000.00	\$25,000
Relocate Chlorination equipment	1	LS	\$5,000.00	\$5,000
6" Flow Meter	1	LS	\$5,000.00	\$5,000
Disinfect and Flush Well, Install New Pump	1	LS	\$20,000.00	\$20,000
Restoration	1	LS	\$10,000.00	\$10,000
Subtotal Estimated Construction Cost:				\$707,000
Miscellaneous/Contingency (10%)				\$70,700
Survey, Design, Construction Observation & Testing				\$115,000
Total Estimated Project Cost				\$893,000

EXHIBIT II

DJ ELECTRICAL SERVICES, LLC

P.O. Box 5652

Traverse City, MI 49696

231-590-7272

Fax 866-272-4383

231-468-9202

don@djelectricalsvcs.com

Quote

Date	Quote #
3/19/2018	597

Blair Township
2121 County Road 633
Grawn MI 49637

P.O. No.	Rep	Project	Project Name	P.O. Number
			Blair Water Station	
Description		Qty	Rate	Total
Install 3 new I-Line square D breaker			2,565.00	2,565.00
install 4 new VFD Drive 3 on high service pump and 1 on water well			15,500.00	15,500.00
Thank you for your business.			Total	\$18,065.00

Signature _____



Memorandum

To: Blair Township

From: Brian Sousa, Township Engineer *BS*
Ken Schwerdt, Project Manager *KDS*

Date: April 10 2018

Subject: Firm Cost Quote for Well #4 Iron Removal Equipment

This memo is to update the Township on the recently received firm cost quote for purchasing iron removal equipment for Well #4. The attached quote from Westech includes a vertical pressure filter system Model FPV12C. This system includes three vertical pressure filters, piping, automatic valves, flow meter, and controls. The system is capable of treating 300 gallons per minute, with an air scour backwash process that can be done with the existing well flow. The firm quote came in approximately \$20,000 less than previously anticipated.

Quoted equipment price -	\$269,521.00
6% sales tax -	\$16,171.26
Total Cost -	\$285,692.26

The payment terms are:

- 15% (\$42,853.84) is required once equipment submittals are reviewed and approved
- 35% (\$99,992.29) is due to release the equipment for fabrication
- 50% (\$142,846.13) due prior to shipping the equipment to the site

The first two payments totaling 50% (\$142,846.13) usually happen at the same time and are anticipated to be due prior to completing the project bonding. The remaining 50% is anticipated to be due after the project bonding is completed and the site work is nearing completion.

The firm price quote also includes an alternate treatment system, the AERALATER System. While the equipment price is less, this system requires secondary pumping, an unconventional building where the filter unit extends through the roof, and is not as economically expandable should the supply need to be increased in the future. We have crossed out the pages and cost that pertain to the AERALATER System.



Blair Township Municipal Iron Removal

Michigan

Engineer

Wade Trim

Furnished by

Tom Dumbaugh

tdumbaugh@westech-inc.com

Represented by

Randy Hamlett

Hamlett Environmental Technologies

Howell, Michigan

(517) 545-2500

randyh@hamlettenvironmental.com

WESTECH

WesTech Opportunity Number: 1730151
Tuesday, April 03, 2018



Tankage Scope of Supply

Item	Details
Tank dimensions	90 in diameter x 72 in side shell height
Working pressure	100 psi
Test pressure	130 psi
Construction standard	ASME Code with stamp
Influent/Backwash waste connection	6 in flanged
Effluent/Backwash supply connection	6 in flanged
Air scour connection	3 in flanged
Air/Vacuum relief connection	2 in flanged
Overdrain	MULTIWASH Process low-profile troughs with media retaining baffles and tube settlers
Air Scour	PVC air wash grids with slotted laterals on 8 in centers
Underdrain	False bottom steel plate with gravel support nozzles
Manways	(1) 14 in x 18 in elliptical
Tank Support	Structural steel legs

Fabrications Scope of Supply

Feature	Quantity	Notes
Filter Front Piping	1 Lot	Sch. 40 Steel pipe, with ductile iron fittings. Pipe sections are flanged by plain end with one flange loose for field welding. Pipe sections shipped loose.
Air Release Piping	1 lot	Brass ball valves and PVC piping, shipped loose for field assembly
Air Scour Grid*		Sch. 80 PVC header with slotted laterals.

*Items are shipped loose for field installation into the filter tank by the installing contractor. PVC solvent and cement are not by WesTech.

Media Scope of Supply

Type	Quantity	Depth	Effective Size	U. C.	Packaging
Sand*	279 ft ³	24 in	0.45-0.55 mm	≤1.6	1-ft ³ Bags on Pallets
Gravel	33 ft ³	3 in	3/16" x 3/32"	N/A	1-ft ³ Bags on Pallets
	33 ft ³	3 in	1/2" x 3/16"	N/A	1-ft ³ Bags on Pallets
	45 ft ³	4 in	3/4" x 1/2"	N/A	1-ft ³ Bags on Pallets

*Media quantities will include sufficient volume for skimming, typically 5% extra.

Airwash Blower Scope of Supply

Quantity	Volume	Pressure	Type	Motor
1	133 scfm	5 psi	Regenerative	10 hp, 230 V, 60 Hz, 3 ph, TEFC
Features		Notes		
Common Steel Base		Included		
Air Intake Filter		Dirty filter indicator included		
Pressure Relief Valve		Spring loaded		
Pressure Gauge		Included		
High Pressure Safety Valve		Included		

Air Compressor Scope of Supply

Quantity	Volume	Pressure	Type	Motor
1	4.6 acfm	80 psi	Duplex	1 hp, 230 V, 60 Hz, 3 ph, ODP
Features		Notes		
Receiver		60 gallon, ASME Code		
V-Belt Drive		Includes belt guard		
Intake Filter/Silencer Air Filter		Includes spare cartridge		
Automatic Pressure Switches		Included		
Safety Relief Valve		ASME Code		
In-Tank Type Check Valve		Included		
Manual Tank Drain		Included		
Automatic Tank Drain		120V mounted, electronic type		
Air Dryer		120V mounted, refrigerated		
Compressed Air Filter		Includes spare cartridge		
Single-Supply Alternator/Starter Panel		Includes control circuit transformer in NEMA 1 enclosures with IEC magnetic starters		
Vibration Isolation Pads		Included		
Standard Paint System		Applied by Manufacturer		

Surface Preparation and Painting Scope of Supply

Location	Notes
Tank Interior	Prepared per paint manufacturer recommendations, painted with one coat of Tnemec #N140-1255 Pota-Pox primer and one coat of Tnemec #N140-15BL Pota-Pox finish paint above the underdrain.
Tank Exterior	Prepared per paint manufacturer recommendations, painted with one coat of Tnemec #N140-1255 Pota-Pox primer. Field finish to be applied by others.
Piping	Prepared per paint manufacturers recommendations, painted with one coat of Tnemec #N140-1255 Pota-Pox primer on exterior only. Field finish to be applied by others.
Leg Bottom	The legs shall be set in coal tar or asphaltic base mastic compound applied to concrete base pad by others.

Item B– Aluminum AERALATER® Type II Package Filtration System

Design Criteria	
Design Flow	300 gpm
Peak Flow	340 gpm
Number of Units	1
Number of Filter Cells/Unit	4
Unit Size	12 ft diameter
Aerator Blower Style	Induced draft
Aerator Blower Capacity	85 scfm @ 3/8" static pressure
Detention Duration	>30 minutes
Filter Area	112 ft ² total
Hydraulic Load	2.7 gpm/ft ² (3.6 gpm/ft ² with one cell offline)
Flow Control	Modulating Float Valve
Backwash Method	MULTIWASH®
Backwash Water Source	Filtered Water from In-Service Cells
Backwash Water Loading Rate	5 gpm/ft ² *
Backwash Water Flow Rate	340 gpm
Airwash Loading Rate	3 scfm/ft ²
Airwash Flow Rate	85scfm

* The design backwash rate listed is based on a temperature of 25 °C. The actual backwash water rate must be adjusted 2% up or down for each degree Celsius difference above or below from design temperature; i.e., above 25 °C increase by 2%, below 25 °C decrease by 2%.

Features and Benefits

The AERALATER system is a completely self-contained treatment plant that combines aeration, detention and filtration in a single unitized package. The system is utilized for iron, manganese, and arsenic removal. It will also reduce radon, VOC, odor, H₂S and other dissolved gases. The AERALATER unit is a flexible treatment plant able to accommodate different media, backwash methods, materials of construction, and discharge locations.

- Compact design minimizing building size and land requirements lowers capital cost
- MULTICELL® design allows the unit to be self-backwashing—eliminating a backwash supply pump and storage tank
- Low installation cost - units less than 400 gpm come fully assembled; larger units are shipped in major sections
- Low operating cost - aeration section provides oxygen to oxidize iron and removes carbon dioxide to minimize chemical feed requirements
- Operational simplicity requiring minimal operator attention
- Flexible – various configurations, automatic controls, and MULTIWASH® are available
- Aluminum construction options provides corrosion resistant design

Tankage Scope of Supply

Item	Size	Notes
Overall System	12 ft Diameter x 27 ft High	
Aeration Section	4 ft Square x 8 ft 10 in High	Aluminum Construction
Detention Section	12 ft Diameter	Aluminum Construction
Filtration Section	12 ft Diameter	Aluminum Construction
Tank Inlet Nozzle	6 in Diameter	Flanged
Detention Outlet Nozzle	6 in Diameter	Flanged
Filter Inlet Nozzle	6 in Diameter	Flanged
Filter Outlet Nozzle	6 in Diameter	Flanged
Filter Air Nozzle	2 in Diameter	Flanged
Drain	2 in Diameter	Screwed, for detention tank and filter

Fabrications Scope of Supply

Feature	Quantity	Notes
Weir Board	1	Aluminum construction, guides and grooves for weir board are not by WesTech.
Filter Front Piping	1 lot	Sch. 40 Aluminum pipe to the limits shown on cross-hatched on photocopies of the engineer's plans. Pipe sections shipped loose for field fitting by Contractor
Drain Assembly	1 lot	Piping and fittings, size 2 in, to the sump per attached reference drawings

Aeration Section Scope of Supply

Feature	Quantity	Notes
Air intake	2/unit	Includes screen
Media Access	1/unit	Hinged and bolted side
Water Distributor	1/unit	Distribution tray with velocity breaker box, air stacks, and target nozzles
Media	12 rows	Round PVC slats on 2 in vertical centers
Air Exhaust Connection	1/unit	Moisture separator in the cover
Connection Piping	1 Lot	Includes piping, fittings and flange bolts

Aerator shipped loose for field bolting to detention section.

Airwash Blower Scope of Supply

Quantity	Volume	Pressure	Type	Motor
1	85 scfm	5 psi	Regenerative	5.5 hp, 230/460V, 60 Hz, 3 ph, TEFC
Features		Notes		
Common Steel Base		Included		
Air Intake Filter		Dirty filter indicator included		
Pressure Relief Valve		Spring loaded		
Pressure Gauge		Included		
High Pressure Safety Valve		Included		

Media Scope of Supply

Type	Quantity	Layer Depth	Effective Size	Uniformity Coefficient	Packaging
Silica Sand*	235 ft3	24 in	0.45-0.55 mm	<1.6	1-ft3 Bags on Pallets

* Includes 5% excess for skimming.

Valves Scope of Supply

Item	Size	Quantity	Type	Operator Type
Inlet Float*	6 in	1/unit	Modulating Butterfly	Float linkage
Cell Inlet	6 in	4/unit	Open/Close Butterfly	Pneumatic
Backwash Waste	8 in	4/unit	Open/Close Butterfly	Pneumatic
Airwash	2 in	4/unit	Open/Close Butterfly	Pneumatic
Backwash Rate Set	8 in	1/unit	Manual Butterfly	Handwheel
Drain	2 in	2/unit	Manual Ball	Handwheel

* Located in Detention Section

Valve Notes: All valves and actuators will be manufactured by Bray.

WesTech Trips to the Site

Total Trips	Total Days On-Site	Includes
3	9	Installation inspection, startup, instruction of plant personnel, and training

Note: Any Item Not Listed Above to Be Furnished by Others.

Items Not Furnished by WesTech

1. Unloading of equipment from delivering carrier, protected storage of equipment, installation, supervision of installation
2. All items crosshatched on photocopies of engineer's design
3. All underground and interconnecting piping, filter face piping and fittings, pipe supports, wall inserts or sleeves, Dresser or flexible couplings, hangers, pneumatic tubing from air compressor, sampling lines and sinks, small pressure water supply piping, field work of piping (i.e., drilling and tapping for instrumentation) and flow meters
4. Steel treating basin shells, walkways, handrails, stairways and ladders, air ducts and roof flashing
5. Finish paint and intermediate field coats, cathodic protection systems
6. All chemical feeders, feed lines, start-up chemicals, chemicals, labor and procedures for the disinfection of equipment, laboratory test equipment
7. Structural design, supply and installation of concrete basin, foundations, rebar, anchors, concrete, grout, sealant, sumps and concrete fill for filter underdrains
8. Motor control center, motor starters, disconnects, electrical wiring and conduit, telemetering equipment, level controls, turbidity monitoring equipment, supports for controls
9. All pumps, operating and start-up lubricants

This proposal has been reviewed and is approved for issue by Mike Stotzer on April 3, 2018.

Terms & Conditions: This proposal, including all terms and conditions contained herein, shall become part of any resulting contract or purchase order. Changes to any terms and conditions, including but not limited to submittal and shipment days, payment terms, and escalation clause shall be negotiated at order placement, otherwise the proposal terms and conditions contained herein shall apply.

Freight: Prices quoted are **F.O.B. shipping point** with freight allowed to a readily accessible location nearest to jobsite. All claims for damage or loss in shipment shall be initiated by purchaser.

Paint: If your equipment has paint included in the price, please take note to the following. Primer paints are designed to provide only a minimal protection from the time of application (usually for a period not to exceed 30 days). Therefore, it is imperative that the finish coat be applied within 30 days of shipment on all shop primed surfaces. Without the protection of the final coatings, primer degradation may occur after this period, which in turn may require renewed surface preparation and coating. If it is impractical or impossible to coat primed surfaces within the suggested time frame, WesTech strongly recommends the supply of bare metal, with surface preparation and coating performed in the field. All field surface preparation, field paint, touch-up, and repair to shop painted surfaces are not by WesTech.

Terms & Conditions

Terms and Conditions appearing in any order based on this proposal which are inconsistent herewith shall not be binding on WesTech Engineering Inc. The sale and purchase of equipment described herein shall be governed exclusively by the foregoing proposal and the following provisions:

1. SPECIFICATIONS: WesTech Engineering Inc. is furnishing its standard equipment as outlined in the proposal and as will be covered by final approved drawings. The equipment may not be in strict compliance with the Engineer's/Owner's plans, specifications, or addenda as there may be deviations. The equipment will, however, meet the general intention of the mechanical specifications of these documents.

2. ITEMS INCLUDED: This proposal includes only the equipment specified herein and does not include erection, installation, accessories, nor associated materials such as controls, piping, etc., unless specifically listed.

3. PARTIES TO CONTRACT: WesTech Engineering Inc. is not a party to or bound by the terms of any contract between WesTech Engineering Inc.'s customer and any other party. WesTech Engineering Inc.'s undertakings are limited to those defined in the contract between WesTech Engineering Inc. and its direct customers.

4. PRICE AND DELIVERY: All selling prices quoted are subject to change without notice after 30 days from the date of this proposal unless specified otherwise. Unless otherwise stated, all prices are F.O.B. WesTech Engineering Inc. or its supplier's shipping points. All claims for damage, delay or shortage arising from such equipment shall be made by Purchaser directly against the carrier. When shipments are quoted F.O.B. job site or other designation, Purchaser shall inspect the equipment shipped, notifying WesTech Engineering Inc. of any damage or shortage within forty-eight hours of receipt, and failure to so notify WesTech Engineering Inc. shall constitute acceptance by Purchaser, relieving WesTech Engineering Inc. of any liability for shipping damages or shortages.

5. PAYMENTS: All invoices are net 30 days. Delinquencies are subject to a 1.5 percent service charge per month or the maximum permitted by law, whichever is less on all past due accounts. Pro rata payments are due as shipments are made. If shipments are delayed by the Purchaser, invoices shall be sent on the date when WesTech Engineering Inc. is prepared to make shipment and payment shall become due under standard invoicing terms. If the work to be performed hereunder is delayed by the Purchaser, payments shall be based on the purchase price and percentage of completion. Products held for the Purchaser shall be at the risk and expense of the Purchaser. Unless specifically stated otherwise, prices quoted are for equipment only. These terms are independent of and not contingent upon the time and manner in which the Purchaser receives payment from the owner.

6. PAYMENT TERMS: Credit is subject to acceptance by WesTech Engineering Inc.'s Credit Department. If the financial condition of the Purchaser at any time is such as to give WesTech Engineering Inc., in its judgment, doubt concerning the Purchaser's ability to pay, WesTech Engineering Inc. may require full or partial payment in advance or may suspend any further deliveries or continuance of the work to be performed by the WesTech Engineering Inc. until such payment has been received.

7. ESCALATION: If shipment is, for any reason, deferred by the Purchaser beyond the normal shipment date, or if material price

increases are greater than 5% from proposal date to material procurement date, stated prices set forth herein are subject to escalation. The escalation shall be based upon increases in labor and material and other costs to WesTech Engineering Inc. that occur in the time period between quotation and shipment by WesTech Engineering Inc. Purchaser agrees to this potential escalation regardless of contradicting terms in the contract, except when an agreed upon escalation adder is included in the price.

(a) The total quoted revised price is based upon changes in the indices published by the United States Department of Labor, Bureau of Labor Statistics. Labor will be related to the Average Hourly Earnings indices found in the Employment and Earnings publication. Material will be related to the Metal and Metal Products Indices published in Wholesale Prices and Prices Indices.

(b) Price revision for items furnished to, and not manufactured by WesTech Engineering Inc., which exceed the above escalation calculation, will be passed along by WesTech Engineering Inc. to Purchaser based upon the actual increase in price to WesTech Engineering Inc. for the period from the date of quotation to the date of shipment by WesTech Engineering Inc. Any item that is so revised will be excluded from the index escalation calculations set forth in subparagraph (a) above.

8. APPROVAL: If approval of equipment submittals by Purchaser or others is required, a condition precedent to WesTech Engineering Inc. supplying any equipment shall be such complete approval.

9. INSTALLATION SUPERVISION: Prices quoted for equipment do not include installation supervision. WesTech Engineering Inc. recommends and will, upon request, make available, at WesTech Engineering Inc.'s then current rate, an experienced installation supervisor to act as the Purchaser's employee and agent to supervise installation of the equipment. Purchaser shall at its sole expense furnish all necessary labor equipment, and materials needed for installation.

Responsibility for proper operation of equipment, if not installed by WesTech Engineering Inc. or installed in accordance with WesTech Engineering Inc.'s instructions, and inspected and accepted in writing by WesTech Engineering Inc., rests entirely with Purchaser; and any work performed by WesTech Engineering Inc. personnel in making adjustment or changes must be paid for at WesTech Engineering Inc.'s then current per diem rates plus living and traveling expenses.

WesTech Engineering Inc. will supply the safety devices described in this proposal or shown in WesTech Engineering Inc.'s drawings furnished as part of this order but excepting these, WesTech Engineering Inc. shall not be required to supply or install any safety devices whether required by law or otherwise. The Purchaser hereby agrees to indemnify and hold harmless WesTech Engineering Inc. from any claims or losses arising due to alleged or actual insufficiency or inadequacy of the safety devices offered or supplied hereunder, whether specified by WesTech Engineering Inc. or Purchaser, and from any damage resulting from the use of the equipment supplied hereunder.

10. ACCEPTANCE OF PRODUCTS: Products will be deemed accepted without any claim by Purchaser unless written notice of non-acceptance is received by WesTech Engineering Inc. within 30 days of delivery if shipped F.O.B. point of shipment, or 48 hours of delivery if shipped F.O.B. point of destination. Such written notice shall not be

19. RETURN OF PRODUCTS: No products may be returned to WesTech Engineering Inc. without WesTech Engineering Inc.'s prior written permission. Said permission may be withheld by WesTech Engineering Inc. at its sole discretion.

20. BACKCHARGES: WesTech Engineering Inc. will not approve or accept backcharges for labor, materials, or other costs incurred by Purchaser or others in modification, adjustment, service, or repair of WesTech Engineering Inc.-furnished materials unless such back charge has been authorized in advance in writing by a WesTech Engineering Inc. employee, by a WesTech Engineering Inc. purchase order, or work requisition signed by WesTech Engineering Inc.

21. INDEMNIFICATION: Purchaser agrees to indemnify WesTech Engineering Inc. from all costs incurred, including but not limited to court costs and reasonable attorney fees, from enforcing any provisions of this contract, including but not limited to breach of contract or costs incurred in collecting monies owed on this contract.

22. ENTIRE AGREEMENT: This proposal expresses the entire agreement between the parties hereto superseding any prior understandings, and is not subject to modification except by a writing signed by an authorized officer of each party.

23. MOTORS AND MOTOR DRIVES: In order to avoid shipment delays of WesTech Engineering Inc. equipment, the motor drives may be sent directly to the job site for installation by the equipment installer. Minor fit-up may be required.

24. EXTENDED STORAGE: Extended storage instructions will be part of information provided to shipment. If equipment installation and start-up is delayed more than 30 days, the provisions of the storage instructions must be followed to keep WARRANTY in force.

25. LIABILITY: Professional liability insurance, including but not limited to, errors and omissions insurance, is not included. In any event, liability for errors and omissions shall be limited to the lesser of

\$100,000USD or the value of the particular piece of equipment (not the value of the entire order) supplied by WesTech Engineering Inc. against which a claim is sought.

26. ARBITRATION NEGOTIATION: Any controversy or claim arising out of or relating to the performance of any contract resulting from this proposal or contract issued, or the breach thereof, shall be settled by arbitration in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered to any court having jurisdiction.

ACCEPTED BY PURCHASER

Customer Name: _____

Customer Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

CONTRACT WITH FIELDWORK SERVICES

Date:

July 1, 2018

Parties included:

This contract is entered into by Blair Township and contractors Aaron Plowman & Nancy Blanke, doing business as: Fieldwork Services File No. 529-13

Term of Contract:

Terms shall follow Blair Township fiscal year of July 1 - June 30th of each year. Contract amount shall be agreed upon prior to budget approval each year. Payment for the 2018-2019 fiscal year shall be \$27,000.

Scope of Work:

- Field appraisal including annual review of approximately 900 parcels, review of parcels to which permits were issued, and review of parcels sold during the statutory sales period. This number will not exceed 1500 parcels and priority will be determined by Township Assessor. Field appraisal to include field review of structures (including measurements and photos) electronic sketches of all structures, input of date of inspection, and attachment of the pictures to the record card.
- Assistance with mailing Personal Property Statements.
- Attendance at two (2) March Board of Review meetings.

Provision for Liability and Workers Compensation:

Blair Township to provide liability insurance and workers compensation insurance for any work performed as described under "Scope of Work".

Nicole Blonshine, Blair Township Supervisor

Date

Aaron Plowman

Date

Nancy Blanke

Date

2018 Chevy Tahoe Echo

TAHOE	RED	\$36,377.00
RADIOS / LIGHTS / SIREN	INCLUDES INSTALL	\$7,170.31
WRAP	INCLUDES INSTALL	\$1,600.00
REAR SLIDER	INCLUDES INSTALL	\$4,499.00

49646.31

MODEL:		2018 CHEVROLET TAHOE SPECIAL SERVICE CK 15706		DEALER INFORMATION	
Body Style:		4WD		Name:	Berger Chevrolet
NOTE: Model Should include STANDARD PACKAGING, unless otherwise indicated below. Victory Red 5T4 WA - 9260				Address 1:	2525 28th Street SE
				Address 2:	Grand Rapids MI 49512
				Contact:	Bob Evans
				Telephone:	616-949-5200
Standard Equipment Plus				COST	
5T5	Front Cloth Seat				
	Vinyl Rear Seating				
PLUS TITLE FEE					
MINUS TOTAL				\$	-
STANDARD COST SUBTOTAL					\$ 33,398.00
POSSIBLE OPTIONS:					
6N6	Door locks and handles, inside rear doors inoperative			\$	55.00
B30	Floor covering, color-keyed carpeting			\$	169.00
5HP	Key, 6 additional keys			\$	89.00
6E8	Key common, complete special service vehicle fleet			\$	25.00
6E2	Key common, complete vehicle fleet			\$	25.00
6C7	Lighting, red and white front auxiliary dome			\$	151.00
UEO	OnStar, delete (Deletes (UPF) bluetooth for phone			\$	(70.00)
* AMF	Remote keyless entry package, includes 6 additional transmitters. INCLUDES PROGRAMING			\$	169.00
BTV	Remote vehicle start			\$	284.00
A95	Seats, front bucket with premium cloth			\$	220.00
* 9U3	Front central seat (20% seat) delete; req. (HOU) jet black trim				N/C
6N5	Switches, rear window inoperative			\$	55.00
UTQ	Theft-deterrent system			\$	49.00
WX7	Wiring, auxiliary speaker			\$	53.00
6J3	Wiring, grille lamps and siren speakers			\$	83.00
6J4	Wiring, horn and siren circuit			\$	39.00
6J7	Flasher system, headlamp and taillamp			\$	429.00
AKP	Glass, solar absorbing, non-tinted			\$	(257.00)
9G8	Headlamps, daytime running lamps & automatic headlamp control delete			\$	49.00
* V76	Recovery hooks, 2 front, frame-mounted			\$	47.00
* 7X6	Spotlamp, left-handed			\$	452.00
7X7	Spotlamps, left and right hand			\$	769.00
RC3	Tires, P265/70R17 all-terrain, blackwall			\$	179.00
* R18	Tires, P265/65R8 M/T blackwall				N/A
* PZX	Wheels, 18"x8/5" aluminum with high-polished finish			\$	363.00
* NHT	Max trailering package			\$	531.00
R9Y	Fleet free maintenance credit			\$	(50.00)
UT7	Ground studs, auxiliary			\$	79.00
Z82	Suspension package, handling/trailering, heavy duty				Std
VV4	OnStar with 4G LTE				Std
* PCW	Enhanced Driver Alert Package			\$	617.00
TOTAL OPTIONS					
				TOTAL COST	\$
AUTHORIZED NAME: (Print)		Robert Evans			
AUTHORIZED SIGNATURE:				DATE:	10/10/2017

Color \$ 800.00

33,398.00

169.00

47.00
452.00

363.00
531.00

617.00
\$ 36,377.00

Name: _____
 Company: **Blair Township**
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Email: _____

RADIO NORTH, LLC
 2682 Garfield Rd. North #22
 Traverse City, MI 49686
800-274-8255
 231-929-2934 PH Date: 4-Apr-18
 231-929-4580 FX Agent: Rick Wells

New Echo

Line Item	Qty	Description	List Price	Your Cost	Total
1	1	NFORCE LIGHT BAR	\$ -	\$ 1,491.25	\$ 1,491.25
2	2	UNDER MIRROR INTERSECTORS	\$ -	\$ 154.38	\$ 308.75
3	4	UNDERCOVER STROBE LIGHTS	\$ -	\$ 80.00	\$ 320.00
4	2	OPEN TAILGATE LIGHTS	\$ -	\$ 125.00	\$ 250.00
5	1	REAR INTERIOR LIGHT BAR AND TRAFFIC BACKER	\$ -	\$ 543.75	\$ 543.75
6	4	M POWER GEL LIGHTS FOR REAR SIDE WINDOWS	\$ -	\$ 100.00	\$ 400.00
7	4	M POWER GEL LIGHTS FOR GRILL	\$ -	\$ 100.00	\$ 400.00
8	2	M POWER GEL LIGHTS FOR SIDE HEADLIGHT	\$ -	\$ 100.00	\$ 200.00
9	1	200 WATT SIREN WITH BUTTON CONTROLS	\$ -	\$ 479.38	\$ 479.38
10	2	100 WATT SIREN SPEAKER	\$ -	\$ 181.25	\$ 362.50
11	1	HAVIS CONSOLE	\$ -	\$ 402.19	\$ 402.19
12	1	AUTO-EJECT SHORE POWER OUTLET W/INTERNAL WIRING	\$ -	\$ 312.50	\$ 312.50
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -

Price includes shipping and programming of unit to customer specifications

Total: \$ 5,470.31
 Tax: \$ -
 Labor: \$ 1,500.00
 Shipping: \$ 200.00
 Hook-Up: \$ -
 Programming: N/C

Valid for: 30 Days Terms: Net 30 Days

GRAND TOTAL: \$ 7,170.31

TERMS AND CONDITION OF SALE:

The undersigned does hereby agree to the purchase of items and or services as described in the above document. Radio North LLC. Will provide the above items and or services as described above for the price quoted and agreed upon by both parties as long as the product and or Scope of Work remains unchanged by both parties. Any change in the product and or Scope of Work will require a written agreement between the two parties to be enacted upon and may result in a change to the overall price of the product and or services being purchased.

Rick Wells

Radio North Representative

Puchasing Agent

4/3/2018
 Date

Date



1230 M-37 South
Traverse City, MI 49685

Estimate

Date	Estimate #
4/2/2018	2185

Name / Address:

Blair Township
2455 County Road 633
Grawn, MI 49637

Job	Terms	Sales Person
Tahoe	Due upon receipt	JP

Description	Qty	Amount	Total
Vinyl Graphics for 2018 Chevy Tahoe Black w/ red reflective on hood. Yellow & Red Reflective on back. Black on Upper half of sides/roof.	1	1,600.00	1,600.00
Check out our website for additional services www.attitudeandexperience.com		Subtotal	\$ 1,600.00
		Total	\$ 1,600.00

Signature _____



4242 S. Eagleson Rd. Suite 102, Boise, ID 83705

Ph: (800) 752-0706

Duns: 181936493, Cage Code: 1EZW8,

Fed ID: 45-5379813

Date 3/12/2018

Expiration Date 5/31/2018

Quotes are valid for 60 days only.**Please call for updated pricing.****Contact Information**

Name	Scott Allman	Quote Name	Prop 13009
Phone	(231) 218-2083	Carrier Design	EBL-1037 frame and deck with modified CSI carrier (Like WO 7771-R1)
Email	sallman@blairtownship.org	Vehicle Details	2018 Chevy Tahoe (3rd row removed)

Shipping and Billing Information

Bill To Name	Blair TWP	Ship To Name	Blair TWP
Bill To	2121 County Rd #633 Grawn, MI 49637	Ship To	2121 County Rd #633 Grawn, MI 49637
Est. Lead Time (weeks)	8 weeks	Est. Ship Weight	590

Quantity	Product Code	Product Description	Custom Change Order	Sales Price	Total Price
1.00	UPF: 36-48	Upper platform deck, >24"W x 36"L to 48"L	Upper Platform with cutaway to include: -Containment caging -Slide-out Mounting Wall w/ enclosure -Locking enclosure -Safety Screen -Board Slot **Includes price for EBL-1037 (Chevy Tahoe, 3rd row removed only)	\$3,653.00	\$3,653.00
1.00	Crating	Crating		\$100.00	\$100.00
1.00	Ship	Please provide correct shipping address at the time of order. If shipping address is changed once the shipment has left our facility, the buyer will be responsible for any additional shipping costs. *** If damage is suspected at time of delivery, the receiver MUST notate "DAMAGED" on receipt. ***	Shipping price valid for 30 days.	\$246.00	\$246.00

Additional Notes**TERMS:**

- **Prepay** requires payment before unit can be released into production.
- **Net 30** requires payment 30 days after invoice is created.

NOTE: 1½% per month charge on unpaid balances will be added to past due accounts.

SHIPPING: Please request for lift-gate delivery truck if you do not have a fork-lift or loading dock on delivery site. We will charge an extra \$140 for a lift-gate delivery truck to come on site and unload for you.

LEAD TIMES: are estimations only. Please confirm at the time order.

PROPOSAL



4242 S. Eagleson Rd. Suite 102, Boise, ID 83705
Ph: (800) 752-0706
Duns: 181936493, Cage Code: 1EZW8,
Fed ID: 45-5379813

Date 3/12/2018

Expiration Date 5/31/2018

**Quotes are valid for 60 days only.
Please call for updated pricing.**

1.00	Credit Card Fee	If paying by credit card add 3%		\$0.00	\$0.00
------	-----------------	---------------------------------	--	--------	--------

Totals

Created By	Admin & Shipping	Grand Total	\$3,999.00
Last Modified By	Admin & Shipping		

Instal

\$ 500.00
\$ 4,499.00

Additional Notes

TERMS:

- **Prepay** requires payment before unit can be released into production.
- **Net 30** requires payment 30 days after invoice is created.

NOTE: 1½% per month charge on unpaid balances will be added to past due accounts.

SHIPPING: Please request for lift-gate delivery truck if you do not have a fork-lift or loading dock on delivery site. We will charge an extra \$140 for a lift-gate delivery truck to come on site and unload for you.

LEAD TIMES: are estimations only. Please confirm at the time order.

CLERK'S OFFICE MEMORANDUM

TO: BLAIR TOWNSHIP BOARD
FROM: LYNETTE
SUBJECT: BENEFIT BROKER/CONSULTING SERVICES
DATE: APRIL 10, 2018
CC:

The following is a recommendation from the committee:

To stay with our current Priority Health POS health plan (11.2% increase)

To bundle Dental, Vision and Life with Principal – this will be a savings to the Township and the employees

UNUM for ST/LT Disability



Principal will not
do Life Insurance
for Trustees, so
we will keep that
with whoever has
STD/LTD

Thanks,

Lynette

Blair Township - Medical: Priority Health Traditional or Tiered Copay Plans

Rates based on enrolled census of 18 contracts (49 members), effective 6/1/18

Insurance Company	Priority Health	Priority Health	Priority Health	Priority Health
Type of Plan	Platinum 250 100% Current	Platinum 250 100% Renewal	Gold 500 Alternative Option	Gold 1000 Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	\$250/\$500	\$500/\$1000	\$1000/\$2000
Co-insurance	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible
Co-insurance Maximum	\$1500/\$3000	None	\$3500/\$7000	\$3500/\$7000
OOP Individual/Family	\$5000/\$10,000	\$5000/\$10,000	\$7350/\$14,700	\$7350/\$14,700
Hospital Coverage	100% After Deductible	100% After Deductible	80% After Deductible	80% After Deductible
PCP/Specialist/Urgent Care	\$10/\$25/\$75	\$10/\$35/\$75	\$20/\$50/\$75	\$20/\$50/\$75
Preventive Services	No charge	No charge	No charge	No charge
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	\$150	\$150	\$150
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$10/\$40/\$80/20%/20%	\$20/\$60/\$80/20%/20%	\$20/\$60/\$80/20%/20%
Out-of-Network (POS Only)	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	\$500/\$1,000	\$1000/\$2000	\$2000/\$4000
Co-insurance	30% After Deductible	30% After Deductible	40% After Deductible	40% After Deductible
Co-insurance Maximum	\$3000/\$6000	None	\$7000/\$14,000	\$7000/\$14,000
OOP Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$14,700/\$29,400	\$14,700/\$29,400
Hospital Coverage	70% After Deductible	70% After Deductible	60% After Deductible	60% After Deductible
PCP/Specialist/Urgent Care	70% After Deductible	70% After Deductible	60% After Deductible	60% After Deductible
Preventive Services	70% After Deductible	70% After Deductible	60% After Deductible	60% After Deductible
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	\$150	\$150	\$150
Prescription Drug Copay	Not covered	Not covered	Not covered	Not covered

Medical Premium (Age rated, inclusive of taxes and fees)

POS* Network Monthly Total	\$17,756.92	\$19,746.31 (+11.2%)	\$16,378.14 (-7.76%)	\$15,643.25 (-11.9%)
HMO** Network Monthly Total	N/A	\$18,588.88 (+4.69%)	\$15,675.84 (-11.72%)	\$14,784.56 (-16.74%)

*POS = Point of Service. Coverage in and out-of-network, though more coverage in-network. Network is 3% smaller than PPO.

**HMO = Health Maintenance Organization. Coverage in-network only, unless in case of emergency.

Note: SBCs (Summary of Benefits and Coverage) available upon request. Can offer (2) plans, since minimum 10 contracts enrolled. If interested, Priority Health also offers alternative tiered copay plans, HealthbyChoice Incentive, PriorityAssure, and Small Group Suite Bundle.

Prepared by Front Street Insurance Agency, LLC

Blair Township - Medical: PH Health Reimbursement Account or HRA Plans

Rates based on enrolled census of 18 contracts (49 members) - 7 Individual and 11 Family, effective 6/1/18

Insurance Company	Priority Health	Priority Health	Priority Health
Type of Plan	Platinum 250 100% Renewal	Gold HRA 2000 Alternative Option	Gold HRA 5000 Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	\$2000/\$4000	\$5000/\$10,000
Co-insurance	0% After Deductible	30% After Deductible	30% After Deductible
Co-insurance Maximum	None	\$3500/\$7000	None
OOP Individual/Family	\$5000/\$10,000	\$7350/\$14,700	\$7350/\$14,700
Hospital Coverage	100% After Deductible	70% After Deductible	70% After Deductible
PCP/Specialist/Urgent Care	\$10/\$35/\$75	\$30/\$45/\$75	\$30/\$45/\$75
Preventive Services	No charge	No charge	No charge
Emergency Room Copay	\$150	\$150	\$150
Ambulance Coverage	\$150	\$150	\$150
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$20/\$60/\$80/20%/20%	\$20/\$60/\$80/20%/20%
Out-of-Network (POS Only)	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	\$4000/\$8000	\$10,000/\$20,000
Co-insurance	30% After Deductible	50% After Deductible	50% After Deductible
Co-insurance Maximum	None	\$7000/\$14,000	None
OOP Individual/Family	\$10,000/\$20,000	\$14,700/\$29,400	\$14,700/\$29,400
Hospital Coverage	70% After Deductible	50% After Deductible	50% After Deductible
PCP/Specialist/Urgent Care	70% After Deductible	50% After Deductible	50% After Deductible
Preventive Services	70% After Deductible	50% After Deductible	50% After Deductible
Emergency Room Copay	\$150	\$150	\$150
Ambulance Coverage	\$150	\$150	\$150
Prescription Drug Copay	Not covered	Not covered	Not covered

Medical Premium (Age rated, inclusive of SOME taxes and fees; consult your CPA re: additional HRA taxes)

POS Network Monthly Total	\$19,746.31 (+11.2%)	\$14,808.67 (-16.6%)	\$13,501.50 (-23.96%)
HMO Network Monthly Total	\$18,588.88 (+4.69%)	\$14,058.67 (-20.83%)	\$12,999.81 (-26.79%)
Plus Employer Contribution	N/A	\$1000 Individual / \$2000 Family; Max \$29,000 Annual or \$2416.67 p/Mo	\$2600 Individual / \$5200 Family; Max \$75,400 Annual or \$6283.33 p/Mo

*On POS, would save \$35,379 annually.
Worst case scenario, would lose \$29,000 on HRA - still saving \$6379.

Blair Township - Medical: PH Health Savings Account or HSA Plans

Rates based on enrolled census of 18 contracts (49 members) - 7 Individual and 11 Family, effective 6/1/18

Insurance Company	Priority Health	Priority Health	Priority Health	Priority Health
Type of Plan	Platinum 250 100% Renewal	Gold HSA 1400 Alternative Option	Gold HSA 2300 100% Alternative Option	Silver HSA 3000 Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	\$1400/\$2800	\$2300/\$4600	\$3000/\$6000
Co-insurance	0% After Deductible	10% After Deductible	0% After Deductible	30% After Deductible
Co-insurance Maximum	None	None	None	None
OOP Individual/Family	\$5000/\$10,000	\$3500/\$7000	\$4000/\$8000	\$6550/\$13,100
Hospital Coverage	100% After Deductible	90% After Deductible	100% After Deductible	70% After Deductible
PCP/Specialist/Urgent Care	\$10/\$35/\$75	90% After Deductible	100% After Deductible	70% After Deductible
Preventive Services	No charge	No charge	No charge	No charge
Emergency Room Copay	\$150	90% After Deductible	100% After Deductible	70% After Deductible
Ambulance Coverage	\$150	90% After Deductible	100% After Deductible	70% After Deductible
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$20/\$60/\$80/20%/20% AD	\$10/\$40/\$80/20%/20% AD	\$20/\$60/\$80/20%/20% AD
Out-of-Network (POS Only)	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	\$2800/\$5600	\$4600/\$9200	\$6000/\$12,000
Co-insurance	30% After Deductible	30% After Deductible	30% After Deductible	50% After Deductible
Co-insurance Maximum	None	None	None	None
OOP Individual/Family	\$10,000/\$20,000	\$7000/\$14,000	\$8000/\$16,000	\$13,100/\$26,200
Hospital Coverage	70% After Deductible	70% After Deductible	70% After Deductible	50% After Deductible
PCP/Specialist/Urgent Care	70% After Deductible	70% After Deductible	70% After Deductible	50% After Deductible
Preventive Services	70% After Deductible	70% After Deductible	70% After Deductible	50% After Deductible
Emergency Room Copay	\$150	90% After Deductible	100% After Deductible	70% After Deductible
Ambulance Coverage	\$150	90% After Deductible	100% After Deductible	70% After Deductible
Prescription Drug Copay	Not covered	Not covered	Not covered	Not covered

Medical Premium (Age rated, inclusive of taxes and fees)

POS Network Monthly Total	\$19,746.31 (+11.2%)	\$14,754.81 (-16.91%)	\$13,984.69 (-21.24%)	\$11,503.18 (-35.22%)
HMO Network Monthly Total	\$18,588.88 (+4.69%)	\$13,943.73 (-21.47%)	\$13,399.46 (-24.54%)	\$11,045.76 (-37.79%)

*On POS, would save \$45,266.76 annually. If funded \$2000 per HSA, would still save \$9266.76.

Note: No benefits before deductible, except preventive care. No employer contributions required.

Blair Township - Medical: BCBS Traditional Plans

Rates based on enrolled census of 18 contracts (49 members), effective 6/1/18

Insurance Company	Priority Health	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Type of Plan	POS Platinum 250 100% Renewal	CB PPO* Platinum \$0 Alternative Option	SB PPO Platinum \$250 Alternative Option	SB PPO Gold \$500 Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	None	\$250/\$500	\$500/\$1000
Co-insurance	0% After Deductible	10% (No Deductible)	20% After Deductible	20% After Deductible
Co-insurance Maximum	None	\$1000/\$2000	\$1000/\$2000	\$3000/\$6000
OOP Individual/Family	\$5000/\$10,000	\$6600/\$13,200	\$6600/\$13,200	\$6600/\$13,200
Hospital Coverage	100% After Deductible	90% (No Deductible)	80% After Deductible	80% After Deductible
PCP/Specialist/Urgent Care	\$10/\$35/\$75	\$20/\$20/\$60	\$20/\$40/\$60	\$20/\$40/\$60
Preventive Services	No charge	No charge	No charge	No charge
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	90% (No Deductible)	80% After Deductible	80% After Deductible
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$5/\$40/\$80	\$10/\$40/\$80/15%/25%	\$15/\$50/\$70or50%/20%/25%
Out-of-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	\$250/\$500	\$500/\$1000	\$1000/\$2000
Co-insurance	30% After Deductible	30% After Deductible	40% After Deductible	40% After Deductible
Co-insurance Maximum	None	\$2000/\$4000	\$2000/\$4000	\$4000/\$8000
OOP Individual/Family	\$10,000/\$20,000	\$13,200/\$26,400	\$13,200/\$26,400	\$13,200/\$26,400
Hospital Coverage	70% After Deductible	70% After Deductible	60% After Deductible	60% After Deductible
PCP/Specialist/Urgent Care	70% After Deductible	70% After Deductible	60% After Deductible	60% After Deductible
Preventive Services	70% After Deductible	Not covered	Not covered	Not covered
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	90% (No Deductible)	80% After Deductible	80% After Deductible
Prescription Drug Copay	Not covered	In-network Plus 25%	In-network Plus 25%	In-network Plus 25%

Medical Premium (Age rated, inclusive of taxes and fees)

Monthly Total	\$19,746.31 (+11.2%)	\$21,633.65 (+21.83%)	\$19,002.04 (+7.01%)	\$17,054.13 (-3.96%)
				\$16,500.91 (-7.07%)

*PPO = Preferred Provider Organization. Coverage in and out-of-network, with largest network available.

Note: SBCs (Summary of Benefits and Coverage) available upon request. Can offer (2) plans, since minimum 11 contracts enrolled. If interested, BCBS also offers alternative traditional plans, Physician Choice, Routine Care, Healthy Blue Achieve and Coverage for Companies.

Prepared by Front Street Insurance Agency, LLC

Blair Township - Medical: BCN Traditional Plans

Rates based on enrolled census of 18 contracts (49 members), effective 6/1/18

Insurance Company	Priority Health	Blue Care Network	Blue Care Network	Blue Care Network
Type of Plan	POS Platinum 250 100% Renewal	HMO Platinum 10% Alternative Option	HMO Platinum \$500 Alternative Option	HMO Gold \$1000 Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	None	\$500/\$1000	\$1000/\$2000
Co-insurance	0% After Deductible	10% (No Deductible)	0% After Deductible	20% After Deductible
Co-insurance Maximum	None	\$1000/\$2000	None	\$2500/\$5000
OOP Individual/Family	\$5000/\$10,000	\$5000/\$10,000	\$1000/\$2000	\$6600/\$13,200
Hospital Coverage	100% After Deductible	90% (No Deductible)	100% After Deductible	80% After Deductible
PCP/Specialist/Urgent Care	\$10/\$35/\$75	\$20/\$30/\$35	\$20/\$30/\$35	\$20/\$40/\$50
Preventive Services	No charge	No charge	No charge	No charge
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	90% (No Deductible)	\$25	80% After Deductible
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%
Out-of-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	Not covered	Not covered	Not covered
Co-insurance	30% After Deductible	Not covered	Not covered	Not covered
Co-insurance Maximum	None	Not covered	Not covered	Not covered
OOP Individual/Family	\$10,000/\$20,000	Not covered	Not covered	Not covered
Hospital Coverage	70% After Deductible	Not covered	Not covered	Not covered
PCP/Specialist/Urgent Care	70% After Deductible	Not covered	Not covered	Not covered
Preventive Services	70% After Deductible	Not covered	Not covered	Not covered
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	90% (No Deductible)	\$25	80% After Deductible
Prescription Drug Copay	Not covered	Not covered	Not covered	Not covered

Medical Premium (Age rated, inclusive of taxes and fees)

Monthly Total	\$19,746.31 (+11.2%)	\$17,383.74 (-2.1%)	\$17,236.39 (-2.93%)	\$14,660.72 (-17.44%)
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Note: SBCs (Summary of Benefits and Coverage) available upon request. Can offer (2) plans, since minimum 11 contracts enrolled. If interested, BCN also offers alternative traditional plans, PCP Focus, Routine Care, Healthy Blue Living and Coverage for Companies.

Prepared by Front Street Insurance Agency, LLC

Blair Township - Medical: BCBS/BCN Health Reimbursement Account or HRA Plans

Rates based on enrolled census of 18 contracts (49 members) - 7 Individual and 11 Family, effective 6/1/18

Insurance Company	Priority Health	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network
Type of Plan	POS Platinum 250 100% Renewal	SB PPO HRA Gold \$2000 Alternative Option	SB PPO HRA Gold \$4000 Alternative Option	HRA HMO Platinum 2000 Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	\$2000/\$4000	\$4000/\$8000	\$2000/\$4000
Co-insurance	0% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Co-insurance Maximum	None	None	None	\$500/\$1000
OOP Individual/Family	\$5000/\$10,000	\$6350/\$12,700	\$6350/\$12,700	\$6350/\$12,700
Hospital Coverage	100% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible
PCP/Specialist/Urgent Care	\$10/\$35/\$75	\$30/\$50/\$60	\$30/\$50/\$60	\$20/\$40/\$50
Preventive Services	No charge	No charge	No charge	No charge
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	80% After Deductible	80% After Deductible	80% After Deductible
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$15/\$50/\$70or50%/20%/25%	\$20/\$60/\$80or50%/20%/25%	\$4/\$15/\$40/\$80/20%/20%
Out-of-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	\$4000/\$8000	\$8000/\$16,000	Not covered
Co-insurance	30% After Deductible	40% After Deductible	40% After Deductible	Not covered
Co-insurance Maximum	None	None	None	Not covered
OOP Individual/Family	\$10,000/\$20,000	\$12,700/\$25,400	\$12,700/\$25,400	Not covered
Hospital Coverage	70% After Deductible	60% After Deductible	60% After Deductible	Not covered
PCP/Specialist/Urgent Care	70% After Deductible	60% After Deductible	60% After Deductible	Not covered
Preventive Services	70% After Deductible	Not covered	Not covered	Not covered
Emergency Room Copay	\$150	\$150	\$150	\$150
Ambulance Coverage	\$150	80% After Deductible	80% After Deductible	80% After Deductible
Prescription Drug Copay	Not covered	In-network Plus 25%	In-network Plus 25%	Not covered

Medical Premium (Age rated, inclusive of SOME taxes and fees; consult your CPA re: additional HRA taxes)

Monthly Total	\$19,746.31 (+11.2%)	\$15,249.21 (-14.12%)	\$13,887.15 (-21.79%)	\$14,550.21 (-18.06%)
Plus Employer Contribution	N/A	\$750 Ind / \$1500 Fam; Max \$21,750 Annual or \$1812.50 p/Mo	\$2500 Ind / \$5000 Fam; Max \$72,500 Annual or \$6041.67 p/Mo	\$1000 Ind / \$2000 Fam; Max \$29,000 Annual or \$2416.67 p/Mo

Prepared by Front Street Insurance Agency, LLC

Blair Township - Medical: BCBS/BCN Health Savings Account or HSA Plans

Rates based on enrolled census of 18 contracts (49 members) - 7 Individual and 11 Family, effective 6/1/18

Insurance Company	Priority Health	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Blue Care Network
Type of Plan	Platinum 250 100% Renewal	SB HSA Gold \$1450 0% Alternative Option	SB HSA Silver \$3500 0% Alternative Option	HSA HMO Gold \$1450 0% Alternative Option	HSA HMO Silver \$3000 0% Alternative Option
In-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$250/\$500	\$1450/\$2900	\$3500/\$7000	\$1450/\$2900	\$3000/\$6000
Co-insurance	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Co-insurance Maximum	None	None	None	None	None
OOP Individual/Family	\$5000/\$10,000	\$2450/\$4900	\$5500/\$11,000	\$2450/\$4900	\$6350/\$12,700
Hospital Coverage	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
PCP/Specialist/Urgent Care	\$10/\$35/\$75	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge
Emergency Room Copay	\$150	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Ambulance Coverage	\$150	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Prescription Drug Copay	\$10/\$40/\$80/20%/20%	\$20/\$60/\$80or50%/20%/25% AD	\$20/\$60/\$80or50%/20%/25% AD	\$10/\$30/\$60/\$80/20%/20% AD	\$10/\$30/\$60/\$80/20%/20% AD
Out-of-Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Medical Deductible	\$500/\$1,000	\$2900/\$5800	\$7000/\$14,000	Not covered	Not covered
Co-insurance	30% After Deductible	20% After Deductible	20% After Deductible	Not covered	Not covered
Co-insurance Maximum	None	None	None	Not covered	Not covered
OOP Individual/Family	\$10,000/\$20,000	\$4900/\$9800	\$11,000/\$22,000	Not covered	Not covered
Hospital Coverage	70% After Deductible	80% After Deductible	80% After Deductible	Not covered	Not covered
PCP/Specialist/Urgent Care	70% After Deductible	80% After Deductible	80% After Deductible	Not covered	Not covered
Preventive Services	70% After Deductible	Not covered	Not covered	Not covered	Not covered
Emergency Room Copay	\$150	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Ambulance Coverage	\$150	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Prescription Drug Copay	Not covered	In-network Plus 20%	In-network Plus 20%	Not covered	Not covered
Medical Premium (Age rated, inclusive of taxes and fees)					
Monthly Total	\$19,746.31 (+11.2%)	\$16,995.31 (-4.29%)	\$13,492.48 (-24.02%)	\$14,522.19 (-18.22%)	\$11,968.38 (-32.6%)

Note: No benefits before deductible, except preventive care. No employer contributions required.

Blair Township – Voluntary Dental

Rates based on enrolled census of 14 contracts / 33 members (7 Employee Only, 2 Employee & Spouse, 1 Employee & Child, 4 Family), effective 6/1/18

Insurance Company	RECOMMENDED				UNUM	Guardian	Securian	Delta Dental
	Blue Cross Blue Shield	Blue Cross Blue Shield	Principal					
Participation	Minimum 10 contracts	Minimum 10 contracts	Greater of 20% or 5 lives; package sale w/vision & life	Minimum 66% of eligible	Minimum 67% of eligible; package sale w/vision & disability	Any participation; minimum 10 for Ortho	Any participation; minimum 10 for Ortho	50% with Minimum 10, including Ortho
Type of Plan	PPO (Current)	PPO (Renewal)	PPO	Active PPO	PPO (VP)	PPO Plan D	PPO	PPO
In Network	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded	Ind/Family Ded
Deductible	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	\$50/\$150	\$25/\$75	\$25/\$75
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services	50% to \$1000, Ages 0-18	50% to \$1000, Ages 0-18	50% to \$1000, Ages 0-18	50% to \$1000, Ages 0-18	50% to \$1000, Ages 0-18	50% to \$1000, Ages 8-18	50% to \$1000, Ages 0-18	50% to \$1000, Ages 0-18
Maximum	\$1,000	\$1,000	\$1,000	\$1,000 + Carryover	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period	12 Mo for Major & Ortho	12 Mo for Major & Ortho	None	12 Mo for Major & Ortho	None	12 Mo for Major & 18 Mo for Ortho	12 Mo for Major & 18 Mo for Ortho	12 Mo for Major, None for Ortho
Dependents (To Age)	26	26	26	26	26	26	26	26
Network	Blue Dental PPO	Blue Dental PPO	DenteMax + United Concordia + Ameri Tas	UNUM (DenteMax+)	DentalGuard Preferred	DenteMax	Delta Dental PPO and Premier	
Estimated Monthly Premium	Age rated	Age rated	\$24.83	\$29.20	\$30.20	\$34.72	\$34.15	
Employee Only			\$50.48	\$57.28	\$61.31	\$70.82	\$65.86	
Employee and Spouse			N/A	\$78.94	\$89.35	\$79.08	N/A	
Employee and Children			\$101.82	\$116.24	\$129.55	\$120.20	\$138.97	
Employee and Family								
Total	\$924.27	\$1,012.95 (+9.6%)	\$732.53 (-20.75%)	\$862.86 (-6.64%)	\$941.57 (+1.87%)	\$944.56 (+2.20%)	\$992.51 (+7.38%)	

BCBS and Principal proposals enclosed; all others available by request.

Prepared by Front Street Insurance Agency, LLC

Blair Township – Employer Paid Vision

Rates based on enrolled census of 21 contracts (8 Employee Only, 3 Employee + One, 2 Employee + Children, 8 Family), effective 6/1/18

Insurance Company	VSP	Guardian	UNUM	RECOMMENDED Principal
Participation	100% participation	100% participation, package sale with dental	100% participation	100% participation; package sale w/dental & life VSP
Type of Plan	Current	Full Feature - A	Elite	
In-Network				
Exam Copay	\$20	\$20	\$10	\$10
Materials Copay	\$20	\$20	\$10	\$25
Exam/Lens/Frame Service Frequency	12/24/24 Months	12/24/24 months	12/12/12 months	12/12/24 months
Lens Allowance	\$130	\$130	\$130	\$150
Frames Allowance	\$130	\$130	\$130	\$150
Network	Signature	Guardian Vision	UNUM Vision	Choice
Estimated Monthly Premium				
Employee Only	\$7.37	\$5.44	\$5.57	\$5.47
Employee + One	\$11.25	\$9.15	\$11.13	\$11.01
Employee and Children	N/A	\$9.34	\$12.58	\$12.92
Employee and Family	\$20.18	\$14.78	\$19.45	\$19.96
Total	\$285.58	\$207.89 (-27.2%)	\$258.71 (-9.41%)	\$262.31 (-8.15%)

Notes: VSP is under contract until 5/1/19. If cancel beforehand, penalties will be incurred *unless* moving to another VSP provider (such as Principal).
BCBS vision is also available (age rated), if electing BCBS/BCN medical.

Principal proposal enclosed (under dental tab); all others available by request.

Prepared by Front Street Insurance Agency, LLC

Blair Township – Employer Paid Disability

Rates based on enrolled census (21), effective 6/1/18

Insurance Company Dearborn (Current)*
Participation 100% Participation

RECOMMENDED
UNUM
100% Participation

Guardian
100% Participation

STD

Benefit Union: 66.67% of Weekly Salary
Non-Union: 50% of Weekly Salary

Union: 66.67% of Weekly Salary
Non-Union: 50% of Weekly Salary

Union: 66.67% of Weekly Salary
Non-Union: 50% of Weekly Salary

Maximum Union: \$750
Non-Union: \$300

Union: \$750
Non-Union: \$300

Union: \$750
Non-Union: \$300

Elimination Period (Accidental/Sickness) 7 Days / 7 Days

7 Days / 7 Days

7 Days / 7 Days

Duration 25 Weeks

25 Weeks

25 Weeks

Rate
Estimated Monthly Premium \$0.329
\$324.44

\$0.420
\$414.16

\$0.530
\$522.16

LTD

Benefit 60% of Monthly Salary
Union: \$6000

60% of Monthly Salary
Union: \$6000

60% of Monthly Salary
Union: \$6000

Maximum Non-Union: \$5000

Non-Union: \$5000

Non-Union: \$5000

Elimination Period 180 Days

180 Days

180 Days

Duration 5 Years or to Age 70

5 Year ADEA

5 Years

Rate
Estimated Monthly Premium \$0.245
\$195.59

\$0.280
\$223.55

\$0.320
\$255.48

Total Estimated Monthly Premium \$520.03

\$637.71 (+22.63%)

\$777.64 (+49.54%)

*Rates were in-force 8/1/16 and expire 8/1/18. Renewal rates will not be available until early June 2018.

2018 RATES,
guaranteed for 2 years

2018 RATES,
guaranteed for 2 years.
Package sale w/dental and vision.

UNUM proposal enclosed; all others available by request.

Prepared by Front Street Insurance Agency, LLC

Blair Township – Employer Paid Life

Rates based on enrolled census (25), effective 6/1/18

Insurance Company Participation	Dearborn (Current)* 100% Participation	RECOMMENDED Principal 100% Participation	UNUM 100% Participation
Group Life and AD&D			
Benefit	Union: \$50,000	Union: \$50,000	Union: \$50,000
Accelerated Death Benefit	Non-Union and Trustees: \$15,000	Non-Union and Trustees*: \$15,000	Non-Union and Trustees: \$15,000
Reduction	75% to \$250,000	75% to \$250,000	100% to \$250,000
	35% at Age 65,	35% at Age 65,	65% at Age 70 and
	Further Reduce by 50% at Age 70	Additional 15% at Age 70	50% at Age 75
Waiver of Premium	Included	Included	Included
Conversion	(9 Month Elimination Period to Age 65) Included	(9 Month Elimination Period to Age 65) Included	(9 Month Elimination Period to Age 65) Included
Rate	\$0.199	\$0.212	\$0.260
Estimated Monthly Premium	\$154.67	\$164.73 (+6.5%)	\$205.34 (+32.76%)

2018 RATES, if packaged with dental and vision.

Guaranteed for 2 years

*Rates were in-force 8/1/16 and expire 8/1/18. Renewal rates will not be available until early June 2018.

*Principal will only offer life coverage to Trustees if actively at work (W2), minimum 17.5 hours per week. If you do not offer coverage to Trustees, rate would be \$0.187 / estimated \$137.45 monthly.

2018 RATES, if packaged with at least one other line of UNUM coverage.
Guaranteed for 2 years

Principal proposal enclosed (under dental tab); all others available by request.

Prepared by Front Street Insurance Agency, LLC

March 16, 2018

Lynette Wolfgang
Blair Township Clerk
2121 County Road 633
Grawn, MI 49637

Dear Ms. Wolfgang:

We are pleased to submit our proposal to provide accounting assistance for compliance with Michigan Department of Treasury requirements for 2018 to the Township. We will leverage our industry experience, technical expertise proficiency and knowledge of issues impacting governmental entities to provide high-quality services in a timely, efficient manner. **These services will include:**

- **Reviewing the Township's current chart of accounts, providing recommendations for improvements, and establishing and monitoring a new chart of accounts compliant with state requirements.**

When you partner with Rehmann, you can expect:

- **An experienced accounting firm, obsessed with your success**
- **Full-time governmental professionals** managing and performing your engagement
- Access to a broad range of services
- A strong **commitment to local governments**
- A **team recognized in the industry for excellence in government financial reporting**

Based on our discussion with you and our understanding of the accounting assistance required for compliance with Michigan Department of Treasury requirements for 2018, the fees will be as follows:

CHART OF ACCOUNTS

The review of your current chart of accounts and the establishment of a new chart of accounts in compliance with state requirements will be billed at an hourly rate.

Option A

We understand that BS&A may implement a utility to automatically transfer current charts of accounts into the new account requirements. We estimate fees for managing that process for the Township would be a total of 15 hours at an hourly rate of \$150.

Option B

If BS&A **does not implement the account transfer utility**, we anticipate that to manually transfer accounts and recommend improvements will require 30 hours at an hourly rate of \$150.

NO SURPRISE INVOICES

We strive to deliver business wisdom for a fee that is fair, reasonable and representative of the value delivered. Our approach to establishing fees is to discuss expected outcomes and the proposed services to be provided before work is done. This reduces the possibility of surprises when invoices are ultimately delivered. If services are required beyond the scope of this engagement, we will discuss it with you before beginning any work, and provide a cost estimate for those additional services.

TIMEFRAME

Your Rehmann team is available immediately to perform services for Chart of Account review and transfer.

The deadline for adoption of the new chart of accounts is December 31, 2018 and the state is encouraging early adoption. We will be available to begin work whenever it is convenient for the Township's schedule.

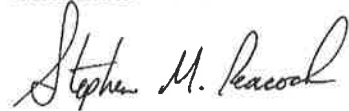
This proposal is a firm, irrevocable offer for 90 days to provide financial services at the prices quoted herein. The undersigned is authorized to bind our firm on any agreement resulting from this proposal and to make representations on behalf of the firm.

We look forward to hearing your response to this proposal. In the meantime, if you have any questions about our proposal or our firm's qualifications, please contact us directly at 231.946.8558.

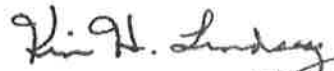
Thank you for considering Rehmann.

Sincerely,

Rehmann Robson LLC



Stephen M. Peacock, CPA
Principal



Kim Lindsay, CPA, CGMA
Principal

BLAIR TOWNSHIP EMERGENCY SERVICES

March 29, 2018

Budget Amendment Request

We would like to purchase a new Echo unit and we have not spent anything so far FY 2017/18 out of Capital Outlay or Contingency. I would like the board to amend the EMS budget moving \$30,000.00 from Contingency to Capital Outlay and \$10,000.00 from Equipment to Capital Outlay.

Thank you

Eric Somsel