

NORTHFIELD TOWNSHIP BOARD AGENDA

NOTICE OF SPECIAL MEETING

October 13, 2015 - - 6:00 PM
8350 Main Street, 2nd Floor

CALL TO ORDER
PLEDGE/INVOCATION
ROLL CALL
ADOPT BALANCE OF AGENDA
CALL TO THE PUBLIC

CLOSED SESSION PER MCL 15.268(8)(d) – To consider the purchase or lease of real property up to the time an option to purchase or lease that real property is obtained

2nd CALL TO THE PUBLIC
BOARD MEMBER COMMENTS
ADJOURNMENT

Regular Business Meeting Begins at 7:00 pm

* Denotes previous backup; + denotes no backup in package

This notice is posted in compliance with PA 267 of 1976 as amended (Open Meetings Act) MCLA 41.72A (2) (3) and the Americans with Disabilities Act. (ADA) individuals with disabilities requiring auxiliary aids or services should contact the Northfield Township Office, (734-449-2880) seven days in advance.

NORTHFIELD TOWNSHIP BOARD AGENDA
October 13, 2015 - - 7:00 PM
8350 Main Street, 2nd Floor

CALL TO ORDER
PLEDGE/INVOCATION
ROLL CALL
CONSENT AGENDA: Minutes, Bills
ADOPT BALANCE OF AGENDA
CALL TO THE PUBLIC
CORRESPONDENCE AND ANNOUNCEMENTS

REPORTS/UPDATES

- Department Head Reports
- ZBA Report
- Planning Commission Report
- Parks and Rec Report
- Financial Report
- Township Manager's Report

AGENDA ITEMS

1. Kiwanis request to use 75 Barker
2. Northfield Human Services request to use 2nd floor of Public Safety Building
3. Board Room Construction
4. Downtown Planning Group
5. Resolution 15-532: Special Assessment Resolution No. 3
6. Snow Removal Bids

DISCUSSION ITEMS

1. Resolution 15-531: Opt out of Insurance Hard Caps
2. Health Insurance Plans & HSA Funding

2nd CALL TO THE PUBLIC
BOARD MEMBER COMMENTS
ADJOURNMENT

* Denotes previous backup; + denotes no backup in package

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**NORTHFIELD TOWNSHIP
Township Board
Minutes
September 8, 2015**

CALL TO ORDER

The meeting was called to order at 8:30 P.M. by Supervisor Engstrom at 8350 Main Street.

PLEDGE

Supervisor Engstrom led those present in the Pledge of Allegiance.

ROLL CALL

Marilyn Engstrom, Supervisor	Present
Angela Westover, Clerk	Absent with notice
Kathy Braun, Treasurer	Present
Janet Chick, Trustee	Absent with notice
Wayne Dockett, Trustee	Present (left at 9:05 P.M.)
Jacki Otto, Trustee	Present
Tracy Thomas, Trustee	Absent with notice

Also present:
Township Manager Howard Fink
Wastewater Treatment Plant Superintendent Tim Hardesty
Public Safety Director William Wagner
Police Lt. Tim Greene
Recording Secretary Lisa Lemble
Members of the community

CONSENT AGENDA:

- Minutes
- Bills

- **Motion:** Engstrom moved, Otto supported, that the bills and minutes be approved as presented.
Motion carried 4—0 on a voice vote.

ADOPT BALANCE OF AGENDA

- **Motion:** Engstrom moved, Otto supported, that the balance of the agenda be adopted as presented.
Motion carried 4—0 on a voice vote.

FIRST CALL TO THE PUBLIC

Susan Shink, 600 W. Joy Road, spoke against sewer expansion and in favor of farmland protection. Udo Huff, 6431 Whitmore Lake Road, made comments about the cost of legal services, purchase of land by the Township, and sewers. Craig Warburton, 450 W. Joy Road, commented on the cost and purpose of building a sewer equalization tank and spoke in favor of following the current master plan. Kitty Burkhart, 6187 Nollar Road, said she is disappointed in the direction planning for the Township is taking. David Gordon, 5558 Hellner Road, commented on the costs involved in considering amending the master plan. Lenore Zelenock, 1440 Six Mile Road, asked about the cost of the sewer equalization tank.

CORRESPONDENCE AND ANNOUNCEMENTS

None.

REPORTS

- **Motion:** Otto moved, Engstrom supported, that Board approve the Provisional State and Local Task Force Annual Agreement Renewal between the Drug Enforcement Administration and Northfield Township Police Department.

Dockett objected to the costs of having the DEA officer on the police force that are not reimbursable by forfeiture funds. Wagner said he will provide that information.

Dockett asked for a roll call vote.

Motion carried 3—1 on a roll call vote, Dockett opposed.

- **Motion:** Otto moved, Braun supported, that the Board approve the appointment of Jeno Okey as the limited enforcement officer to conduct salvage vehicle inspections for the Police Department, contingent upon approval of the contract by the Township attorney.

Dockett said he did not get the contract until today and objected to someone being appointed to conduct a for-profit business within the police department.

[Dockett left the meeting].

Fink noted that with Dockett's departure the Board lacked a quorum to continue the meeting, and the following agenda items were not discussed:

**Fees for Civic Event Applications
for Non-Profit Organizations**

**Civic Event Application:
Chamber of Commerce Artisan Market**

Cell Phone Stipend

Wastewater Treatment Plant Equalization Tank

Auditor Contract

Second Call to the Public

Board Member Comments

Engstrom adjourned the meeting at 9:09 P.M.

Submitted by Lisa Lemble. Corrections to the originally issued minutes are indicated as follows:
Wording removed is ~~stricken through~~; Wording added is underlined.

Approved by the Township Board on _____, 2015.

Angela Westover, Clerk

**Northfield Township Board Meeting
Minutes of Regular Meeting
Public Safety Building; 8350 Main Street
October 10, 2015**

Official minutes of all meetings are available on the Township's website at
http://www.twp-northfield.org/government/township_board_of_trustees/

Draft

NORTHFIELD TOWNSHIP Township Board Meeting Minutes September 22, 2015

CALL TO ORDER/PLEDGE

The meeting was called to order at 7:00 P.M. by Supervisor Engstrom at 8350 Main Street.

Supervisor Engstrom led those present in the Pledge of Allegiance.

ROLL CALL

Marilyn Engstrom, Supervisor	Present
Kathy Braun, Treasurer	Present
Angela Westover, Clerk	Present
Janet Chick, Trustee	Present
Wayne Dockett, Trustee	Present
Jacki Otto, Trustee	Present
Tracy Thomas, Trustee	Present

Also present:

Township Manager Howard Fink
Public Safety Director William Wagner
Wastewater Treatment Plant Superintendent
Tim Hardesty
Township Attorney Paul Burns
Members of the community

ADOPT AGENDA

Dockett asked that Board Member Comments be added following the First Call to the Public.

- **Motion:** Engstrom moved, Thomas, that the agenda be adopted as amended.
Motion carried 7—0 on a voice vote.

FIRST CALL TO THE PUBLIC

Mary Devlin, 9211 Brookside, called attention to the Elevate Concert Series and Kiwanis Rummage Sale, and commented on the early adjournment of the last Board meeting.

Marlene Chockley, Planning Commission Chair, provided an update about development of a citizen survey and asked for Board approval to proceed.

David Gordon, 5558 Hellner Road, commented on potential uses for the second floor of the Public Safety Building, and he said he would be sending a list of questions he would like answered publicly.

Jim Nelson, 7777 Sutton Road, commented on making improvements to the sound system in the meeting room.

BOARD MEMBER COMMENTS

Dockett said he has not gotten information about the cell phone stipend and audit contract items that are on the agenda, and asked for an update on the citizen survey.

CORRESPONDENCE & ANNOUNCEMENTS

None.

AGENDA ITEMS

1.

Fees for Civic Applications for Non-Profit Organizations

- **Motion:** Engstrom moved, Chick supported, to approve Ordinance 15-45. **Motion carried 7—0 on a voice vote. Ordinance adopted.**

2.

Civic Event Application: The Chamber Artisans Market

- **Motion:** Engstrom moved, Chick supported, to approve the Civic Event application for the Chamber of Commerce Artisans Market.
Motion carried 7—0 on a voice vote.
- **Motion:** Engstrom moved, Otto supported, to waive the \$100 civic event application fee for the Chamber of Commerce Artisans Market.
Motion carried 7—0 on a voice vote.

3.

Cell Phone Stipend

Fink explained Wastewater Treatment Plant staff are asking to be given a stipend for use of their personal cell phones rather than carrying both a personal and Township-owned phone. He said the proposed policy would cover all non-Police Township staff who use their cell phone for Township work. Hardesty said \$35/month is the current cost for Township phones, and it would save the cost of purchasing replacement phones.

- **Motion:** Chick moved, Otto supported, to allow a cell phone stipend for administrative employees only at a cost of \$35/month.
Motion carried 7—0 on a voice vote.

Northfield Township Board Meeting
Minutes of Workshop Meeting
Public Safety Building; 8350 Main Street
September 22, 2015

4.
Wastewater Treatment Plant Equalization Tank

Hardesty explained that he had brought up the need to plan for a sewage equalization tank in light of the new development coming into the Township. Brian Rubel of Tetra Tech said an equalization tank would be helpful for the existing plant and for future development, and he suggested engaging in a planning process. The Board discussed costs and other issues.

- **Motion:** Otto moved, Chick supported, that to accept the proposal to complete a design for an equalization tank for \$23,500; of that amount \$14,000 from the previous capacity inventory project will be applied to these services, with the unbudgeted \$9,500 possibly requiring a budget amendment. **Motion carried 6—1 on a voice vote, Dockett opposed.**

5.
Audit Contract

Fink recommended approval, noting it is a three year agreement with no cost increase during that period, and it may be canceled by either party with 90 days' notice. Dockett said this should be put out for bid and the Board discussed the pros and cons of that.

- **Motion:** Otto moved, Braun supported, to accept the contract from Pfeffer, Hanniford, and Palka with the annual rate of \$18,000 for the years 2016, 2017, and 2018.

Dockett called for a roll call vote.

Motion carried 6—1 on a voice vote, Dockett opposed.

6.
Cell Tower Contract

Fink explained this is a 25 year lease for Verizon Wireless to place a cell tower at Fire Station #2 with \$18,600 annual payments to the Township with a 3% yearly escalation. Burns said there are clauses in the agreement he does not recommend, but Verizon will not consider additional negotiations. The Board discussed the pros and cons of the proposal, including the long length of the lease, potential other uses for the land, and new income to the Township.

No action taken.

7.
Salvage Inspections Contract

Wagner reported that within the last hour the person involved in this contract indicated he does not want to work for the Township.

8.
Resignation of Front Desk Clerk Lisa Bradford

- **Motion:** Engstrom moved, Chick supported, that the resignation of Lisa Bradford be accepted with thanks for her service. **Motion carried 7—0 on a voice vote.**

9.
Michigan Department of Transportation (MDOT)
Request to Waive Address Application Fees

Wagner explained that MDOT needs several addresses for installation of new traffic management systems that will be used on US-23 per DTE requirements.

- **Motion:** Chick moved, Engstrom supported, to accept the request from the Michigan Department of Transportation that \$50 fees be waived for addresses for active traffic management information systems along US-23. **Motion carried 7—0 on a voice vote.**

10.
Northfield Township Area Library Request
for Reimbursement of Building Permit Fees

In answer to questions Fink confirmed that the \$3,400 being waived covers the cost of staff reviews, but not inspection fees. Several Board members noted that the Township has already waived \$7,000 zoning application fees for this project.

No action taken.

11.
Fire Department Request for New Hire:
Robert Wales

Wagner said Wales is the son of another firefighter, but will serve in a different platoon.

- **Motion:** Chick moved, Westover supported, to hire Robert Wales for firefighter training contingent upon passing background check and physical.

8:26 p.m. review motion

Motion carried 7—0 on a voice vote.

DISCUSSION ITEMS

1.
Board Room Construction

Fink reviewed past discussions about creating a meeting room in the second floor of the Public Safety Building and said after being approached by several Board members to continue looking into this he developed a bare bones estimate of \$55,000 which he reviewed in detail. Board

Northfield Township Board Meeting
Minutes of Workshop Meeting
Public Safety Building; 8350 Main Street
September 22, 2015

members asked questions and made comments and asked Fink to put this on the next agenda for action.

2.
Downtown Planning Group

Fink recalled that during the last discussion the Board indicated they would like this group to have a larger number of members and to include people who previously have not been involved with Township government. He said he and the DDA chair are suggesting a 15 member group to be led by the two of them. Board members recommended that "average" citizens who are not business owners be included, and that it be community driven without having the Township's planner participating.

It was agreed to place this on the next agenda for action.

SECOND CALL TO THE PUBLIC

Jim Nelson commented on plans for the audio and video system in the proposed new meeting space.

BOARD MEMBER COMMENTS

Board members commented on Jim Nelson's recommendations for the sound system for the proposed meeting room, the proposed citizen survey, the approach being taken to developing the citizen survey, plans for moving the Township's bank accounts to a new bank, and the success of the Police and Fire open houses.

On behalf of the Planning Commission Chick asked each Board member to send her three questions they would like to see included in the citizen survey.

ADJOURNMENT

Engstrom adjourned the meeting at 9:08 P.M.

Submitted by Lisa Lemble.

Corrections to the originally issued minutes are indicated as follows:
Wording removed is ~~stricken through~~;
Wording added is underlined.

Approved by the Township Board on _____, 2015.

Angela Westover, Clerk

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INVOICE GL DISTRIBUTION REPORT FOR NORTHFIELD TOWNSHIP
 EXP CHECK RUN DATES 10/14/2015 - 10/14/2015
 BOTH JOURNALIZED AND UNJOURNALIZED

"OPEN"

GL Number	Invoice Line Desc	Vendor	Invoice Description	Amount	Check #
Fund 101 GENERAL FUND					
Dept 101 TOWNSHIP BOARD	MEMBERSHIP DUES	SEMCOG	DESIGNATED MGMT AGENCY SERVICE CHARGE	240.00	
101-101-807		Total For Dept 101 TOWNSHIP BOARD		240.00	
Dept 257 ASSESSING	CONTRACTUAL SERVICES	ASSESSMENT ADMIN. SERVIC	ASSESSOR SERVICES 9/15-15-10/15/15	4,833.33	
101-257-818		Total For Dept 257 ASSESSING		4,833.33	
Dept 265 HALL AND GROUNDS	SUPPLIES	ARBOR SPRINGS WATER CO I	TWP OFFICE WATER & RENTAL FEE	19.50	
101-265-727		J & M LANDSCAPING	LAWN CARE SEPT 2015	70.00	
101-265-816	GROUNDS/CLEANG/JANITORL SERVIC	CHARTER COMMUNICATIONS	PEG STATION 10/9/15-11/8/15	51.73	
101-265-850	COMMUNICATION	MICRO TECH SERVICES INC	REMOTE LABOR SUPPORT 9/15/15	45.00	
101-265-930	REPAIRS & MAINTENANCE	MICRO TECH SERVICES INC	REMOTE LABOR SUPPORT 9/21/15	67.50	
101-265-930	REPAIRS & MAINTENANCE	MICRO TECH SERVICES INC	ANITVIRUS 10/1/15-10/31/15	90.00	
101-265-938	CHARGEBACKS - PRIOR TAX YEARS	WASHTEENAW COUNTY TREASUR	08/15 P.R.E. INVOICE	62.07	
101-265-940		ARBOR SPRINGS WATER CO I	TWP OFFICE WATER & RENTAL FEE	14.00	
101-265-940	RENTAL EQUIPMENT	PITNEY BOWES	RENTAL PERIOD 7/1/15-9/30/15	240.75	
		Total For Dept 265 HALL AND GROUNDS		660.55	
Dept 270 LEGAL/PROFESSIONAL	ENGINEER	OHM ADVISORS	GENERAL SERVICES THROUGH 8/22/15	291.00	
101-270-806		OHM ADVISORS	GENERAL SERVICES THROUGH 9/19/15	2,461.00	
101-270-806	ENGINEER	Total For Dept 270 LEGAL/PROFESSIONAL		2,752.00	
Dept 412 PLANNING/ZONING DEPT	CODE ENFORCEMENT	PITTSFIELD TOWNSHIP	AUGUST 2015 INSPECTIONS	696.66	
101-412-809		Total For Dept 412 PLANNING/ZONING DEPT		696.66	
Dept 449 ROAD WORK	ROADWORK	WASHTEENAW COUNTY	ROAD C 2015 2ND BILLING FOR ROADS	5,026.89	
101-449-813		WASHTEENAW COUNTY	ROAD C 2015 2ND BILLING FOR ROADS	40,672.11	
101-449-814	ROAD IMPROVEMENTS	Total For Dept 449 ROAD WORK		45,699.00	
Dept 666 COMMUNITY CENTER	CONTRIBUTIONS - SCC	LISA ABRAMS	GENTLE ENERGY EXERCISE 8/24/15-9/28/1	16.00	
101-666-676		LINDA HARTLEY	YOGA FOR BEGINNERS SEPT 2015	40.00	
101-666-815	CC PROGRAMS	LISA ABRAMS	GENTLE ENERGY EXERCISE 8/24/15-9/28/1	16.00	
101-666-815	CC PROGRAMS	J & M LANDSCAPING	LAWN CARE SEPT 2015	40.00	
101-666-816	GROUNDS/CLEANG/JANITORL SERVIC	ALLIANCE WINDOW CLEANING	CON CTR WINDOWS INSIDE & OUTSIDE 9/24	59.00	
101-666-930	REPAIRS & MAINTENANCE	Total For Dept 666 COMMUNITY CENTER		170.00	
Fund 207 LAW ENFORCEMENT FUND		Total For Fund 101 GENERAL FUND		55,051.54	
Dept 000					
207-000-214	DUE TO OTHERS	MICHIGAN STATE POLICE	LIVE SCAN CORRIE, RAYMOND, FOUTY	134.25	
207-000-214	DUE TO OTHERS	MICHIGAN STATE POLICE	LIVE SCAN FOR BEDNARZ, VELLA, CHAMBE	176.50	
		Total For Dept 000		310.75	
Dept 301 OPERATING COSTS	SUPPLIES	QUILL CORP	ORDER NUMBER 84525113	9.32	
207-301-727	SUPPLIES	QUILL CORP	ORDER # 84525114	28.99	
207-301-727	SUPPLIES	QUILL CORP	ORDER # 84525112	81.57	
207-301-820	DISPATCH SERVICES	WASHTEENAW COUNTY TREASUR	DISPATCH SERVICES OCT. 2015	5,278.91	

INVOICE GL DISTRIBUTION REPORT FOR NORTHFIELD TOWNSHIP
 EXP CHECK RUN DATES 10/14/2015 - 10/14/2015
 BOTH JOURNALIZED AND UNJOURNALIZED

GL Number	Invoice Line Desc	Vendor	Invoice Description	Amount	Check #
Fund 207 LAW ENFORCEMENT FUND					
Dept 301 OPERATING COSTS					
			Total For Dept 301 OPERATING COSTS	5,398.79	
Dept 333 TRANSPORTATION					
207-333-930	REPAIRS & MAINTENANCE	BRIGHTON FORD INC	2013 EXPLORER SUSPENSION & BRAKES	784.92	
207-333-930	REPAIRS & MAINTENANCE	DIRTSQUIRT, LLC	PD CAR WASHES JULY-SEPT. 2015	100.00	
			Total For Dept 333 TRANSPORTATION	884.92	
Fund 216 MEDICAL RESCUE FUND					
Dept 301 OPERATING COSTS			Total For Fund 207 LAW ENFORCEMENT FUND	6,594.46	
216-301-727	SUPPLIES	ARBOR SPRINGS WATER CO I	FD WATER	6.50	
216-301-820	DISPATCH SERVICES	EMERGENT HEALTH PARTNERS	FIRE DISPATCHING SERVICES OCT. 2015	982.73	
			Total For Dept 301 OPERATING COSTS	989.23	
Dept 333 TRANSPORTATION					
216-333-930	REPAIRS & MAINTENANCE	CARQUEST AUTO PARTS - FD	CARB CLEANER	2.75	
216-333-930	REPAIRS & MAINTENANCE	CARQUEST AUTO PARTS - FD	3/16 FUEL LINE & CQ HOSE CLAMPS	1.30	
216-333-930	REPAIRS & MAINTENANCE	CARQUEST AUTO PARTS - FD	MARINE STA-BIL 32 OZ	25.75	
216-333-930	REPAIRS & MAINTENANCE	EMERGENCY VEHICLES PLUS	TRUCK T-81 REPLACE SOLENOID	247.50	
			Total For Dept 333 TRANSPORTATION	277.30	
Fund 230 DONATION FUND					
Dept 301 OPERATING COSTS			Total For Fund 216 MEDICAL RESCUE FUND	1,266.53	
230-301-904	DONATIONS - EVENTS/COMMUNITY PR	WASTE MANAGEMENT OF MI	DOG PARK SERVICE 10/1/15-10/31/15	19.40	
			Total For Dept 301 OPERATING COSTS	19.40	
Fund 266 FEDERAL NARCOTICS FUND					
Dept 301 OPERATING COSTS			Total For Fund 230 DONATION FUND	19.40	
266-301-727	SUPPLIES	VERIZON WIRELESS - LERT	SMS PRESENTATION 9/13/15-9/23/15 - JE	150.00	
266-301-956	MISCELLANEOUS	NORTH EASTERN UNIFORMS & COLLING PANT, NAME PLATE & SOFT BADGE		102.48	
			Total For Dept 301 OPERATING COSTS	252.48	
			Total For Fund 266 FEDERAL NARCOTICS FUND	252.48	
Fund 287 BUILDING DEPARTMENT FUND					
Dept 261 GOVERNMENT SHARED SERVICES			PITTSFIELD TOWNSHIP	3,720.66	
287-261-725	INSPECTOR EXPENSES	AUGUST 2015 INSPECTIONS		3,720.66	
			Total For Dept 261 GOVERNMENT SHARED SERVICES	3,720.66	
			Total For Fund 287 BUILDING DEPARTMENT FUND	3,720.66	
Fund 370 PUBLIC SAFETY BLDG DEBT FD					
Dept 301 OPERATING COSTS					
370-301-816	REPAIRS & MAINTENANCE	J & M LANDSCAPING	LAWN CARE SEPT 2015	50.00	
370-301-930	REPAIRS & MAINTENANCE	ALLIANCE WINDOW CLEANING	PSB ENTRANCEWAY 9/24/15	10.00	
370-301-930	REPAIRS & MAINTENANCE	ALLIANCE WINDOW CLEANING	PSB ENTRANCEWAY 10/8/15	10.00	
			Total For Dept 301 OPERATING COSTS	70.00	
			Total For Fund 370 PUBLIC SAFETY BLDG DEBT FD	70.00	

INVOICE GL DISTRIBUTION REPORT FOR NORTHFIELD TOWNSHIP
 EXP CHECK RUN DATES 10/14/2015 - 10/14/2015
 BOTH JOURNALIZED AND UNJOURNALIZED

GL Number	Invoice Line Desc	Vendor	Invoice Description	Amount	Check #
Fund 571 WASTEWATER TREATMENT FUND					
Dept 301 OPERATING COSTS	UTILITIES				
571-301-920				62.50	
571-301-930	REPAIRS & MAINTENANCE	ARBOR SPRINGS WATER CO I	WWTP WATER	200.00	
571-301-930	REPAIRS & MAINTENANCE	ALIMAX SOFTWARE, INC.	PROGRAM SETUP - DATAVIEW SETUP	3.79	
571-301-930	REPAIRS & MAINTENANCE	CARQUEST AUTO PARTS - WW	TLS 940500	7.99	
571-301-930	REPAIRS & MAINTENANCE	CARQUEST AUTO PARTS - WW	CO CLAY ABSORBENT	3.67	
571-301-930	REPAIRS & MAINTENANCE	CARQUEST AUTO PARTS - WW	RADIATOR STOP LEAK	99.56	
571-301-930	REPAIRS & MAINTENANCE	NAICO CROSSBOW WATER	CARBON GUARD	188.71	
571-301-930	REPAIRS & MAINTENANCE	NAICO CROSSBOW WATER	DI EXPRESS & FILTER		
	Total For Dept 301 OPERATING COSTS			566.22	
Dept 333 TRANSPORTATION					
571-333-930	REPAIRS & MAINTENANCE			20.88	
	CARQUEST AUTO PARTS - WW	CONVENTIONAL 50/50			
	Total For Dept 333 TRANSPORTATION			20.88	
Dept 528 O & M - BOND & INTEREST					
571-528-989	INTEREST 1992 BOND	US BANK, N.A.	2004B LGIP-SRS-NORTHFIELD TWP #5	6,969.38	
	Total For Dept 528 O & M - BOND & INTEREST			6,969.38	
	Total For Fund 571 WASTEWATER TREATMENT FUND			7,556.48	
Fund 701 TRUST AND AGENCY					
Dept 000					
701-000-248	NORTHFIELD LIBRARY ADDITION		OHM ADVISORS	262.50	
701-000-278	O'Donnell Electric		OHM ADVISORS	507.50	
	Total For Dept 000			770.00	
	Total For Fund 701 TRUST AND AGENCY			770.00	

GL Number	Invoice Line Desc	Vendor	OPEN	Invoice Description	Amount	Check #
Fund Totals:						
				Fund 101 GENERAL FUND	55,051.54	
				Fund 207 LAW ENFORCEME	6,594.46	
				Fund 216 MEDICAL RESCU	1,266.53	
				Fund 230 DONATION FUND	19.40	
				Fund 266 FEDERAL NARCO	252.48	
				Fund 287 BUILDING DEPA	3,720.66	
				Fund 370 PUBLIC SAFETY	70.00	
				Fund 571 WASTEWATER TR	7,556.48	
				Fund 701 TROST AND AGE	770.00	
Total For All Funds:					75,301.55	

Banks: MIF

"PAID"

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
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Fund: 101 GENERAL FUND

09/09/2015 MIF 311 (E)*# PAYROLL

SALARIES	701	171	480.76
SOCIAL SECURITY	715	171	36.78
SALARIES	701	172	2,961.54
CLERICAL/DEP /SUPER/ELECTION	704	172	1,061.90
SOCIAL SECURITY	715	172	490.73
PENSION	718	172	296.16
CONTROLLER	722	172	2,391.41
SALARIES	701	215	480.76
DEPUTY SALARIES	703	215	1,260.00
SOCIAL SECURITY	715	215	133.17
PENSION	718	215	126.00
SALARIES	701	253	480.76
DEPUTY SALARIES	703	253	1,664.84
CLERICAL/DEP /SUPER/ELECTION	704	253	881.25
SOCIAL SECURITY	715	253	231.56
PENSION	718	253	166.48
ASST ASSESSOR	709	257	1,440.00
SOCIAL SECURITY	715	257	110.16
PENSION	718	257	144.00
JANITORIAL SALARIES	710	265	460.00
SOCIAL SECURITY	715	265	91.42
SUPPLIES	727	265	16.73
SALARIES	701	666	1,478.36
SALARIES	702	666	498.60
SOCIAL SECURITY	715	666	148.18
PENSION	718	666	147.84

CHECK MIF 311(E) TOTAL FOR F

17,679.39

09/09/2015 MIF 39977 227806 ALL AMERICAN CLEANING CO. REPAIRS & MAINTENANCE

930 666 280.00

09/09/2015 MIF 39979 1576513 ARBOR SPRINGS WATER CO INC SUPPLIES

727 265 13.00

09/09/2015 MIF 39980*# 734449288008 AT&T COMMUNICATION

850 265 215.30

09/09/2015 MIF 39982*# 2689 463 0005 3 DTE ENERGY UTILITIES

920 666 89.51

09/09/2015 MIF 39984*# 1653 J & M LANDSCAPING

816 265 950.00

1662 GROUNDS/CLEANING/JANITORIAL SERVICE

816 265 400.00

1662 GROUNDS/CLEANING/JANITORIAL SERVICE

816 666 160.00

CHECK MIF 39984 TOTAL FOR FU

1,510.00

User: JEN
DB: Northfield

CHECK DATE FROM 09/08/2015 - 10/08/2015

Banks: MIF

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 101 GENERAL FUND								
09/09/2015	MIF	39985	99955	JOHN'S SANITATION	CC PROGRAMS	815	666	90.00
09/09/2015	MIF	39986	CLASSES	LINDA HARTLEY	CONTRIBUTIONS - SCC	676	666	15.00
			CLASSES		CC PROGRAMS	815	666	80.00
			CHECK MIF 39986 TOTAL FOR FU					95.00
09/09/2015	MIF	39987	2517-915	MICHIGAN MUNICIPAL LEAGUE	MEMBERSHIP DUES	807	101	175.00
09/09/2015	MIF	39988	30071	MICRO TECH SERVICES INC	REPAIRS & MAINTENANCE	930	265	90.00
09/09/2015	MIF	39990	0000002234	PITTSFIELD TOWNSHIP	CODE ENFORCEMENT	809	412	836.66
09/09/2015	MIF	39992	7021213	QUILL CORP	SUPPLIES	727	666	85.01
09/09/2015	MIF	39993	4016	REVIZE, LLC	CONTRACTUAL SERVICES	818	172	720.00
09/09/2015	MIF	39994	174514	SALLY MARTTILA	CC PROGRAMS	815	666	60.00
09/09/2015	MIF	39996	172	STARDUST THEATRE RENTALS	CC PROGRAMS	815	666	350.00
09/09/2015	MIF	39998	PAYCHECK	WILLIAM J. LENAGHAN	CODE ENFORCEMENT	809	412	400.00
09/09/2015	MIF	40003	8245 12 485 007512	CHARTER COMMUNICATIONS	COMMUNICATION	850	265	51.73
09/09/2015	MIF	40010	IN449781	MICHIGAN OFFICE SOLUTIONS	SUPPLIES	727	666	23.01
09/09/2015	MIF	40011	30095	MICRO TECH SERVICES INC	REPAIRS & MAINTENANCE	930	265	22.50
09/09/2015	MIF	40012#	1000582092	MLIVE MEDIA GROUP	PRINTING & PUBLICATIONS	900	101	651.26
			1000582092		PRINTING & PUBLICATIONS	900	412	131.28
			CHECK MIF 40012 TOTAL FOR FU					782.54
09/09/2015	MIF	40013*#	AUGUST 2015	PAUL E BURNS	LEGAL	803	253	500.00
			AUGUST 2015		LEGAL	803	270	8,045.00
			AUGUST 2015		ALLOCATE TO DEPARTMENTS	927	270	(3,800.00)
			CHECK MIF 40013 TOTAL FOR FU					4,745.00
09/09/2015	MIF	40014*#	4436 0370 3002 327	PNC BANK	COMMUNICATION	850	265	45.00
09/09/2015	MIF	40018	MILEAGE	WILLIAM J. LENAGHAN	FUEL & MILEAGE	860	412	120.00
09/23/2015	MIF	40023	DJ SERVICES	AMIE DAVIS	CC PROGRAMS	815	666	95.00
09/23/2015	MIF	40025	912015	ASSESSMENT ADMIN. SERVICES,	CONTRACTUAL SERVICES	818	257	4,833.33

CHECK DISBURSEMENT REPORT FOR NORTHFIELD TOWNSHIP

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Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 101 GENERAL FUND								
09/23/2015	MIF	40026*#	822375300 822375300	AT&T LONG DISTANCE	COMMUNICATION	850 850	265 666	919.76 11.25
				CHECK MIF 40026 TOTAL FOR FU				931.01
09/23/2015	MIF	40027*#	007011521710-0001 007011521710-0001 007011521710-0001	BLUE CROSS BLUE SHIELD OF MI	HOSPITALIZATION HOSPITALIZATION HOSPITALIZATION	716 716 716	253 257 666	844.04 1,426.46 555.52
				CHECK MIF 40027 TOTAL FOR FU				2,826.02
09/23/2015	MIF	40031*#	58043017	CONSTELLATION ENERGY SERVICE	UTILITIES	920	666	97.00
09/23/2015	MIF	40034	151036	G2 CONSULTING GROUP, LLC	GRANT EXPENSE	929	449	2,500.00
09/23/2015	MIF	40035	30103	MICRO TECH SERVICES INC	REPAIRS & MAINTENANCE	930	265	67.50
09/23/2015	MIF	40036	239970	MTA	PRINTING & PUBLICATIONS	900	101	114.00
09/23/2015	MIF	40037	172721	OHM ADVISORS	GRANT EXPENSE	929	449	1,097.00
09/23/2015	MIF	40038	MILEAGE	PAM BOEGLER	FUEL & MILEAGE	860	253	73.31
09/23/2015	MIF	40039*#	7367272 7371224 7445260 7467351	QUILL CORP	SUPPLIES SUPPLIES SUPPLIES SUPPLIES	727 727 727 727	265 265 265 265	196.96 10.99 4.29 41.99
				CHECK MIF 40039 TOTAL FOR FU				254.23
09/23/2015	MIF	40040	MUTIPLE EVENT	RED CARPET TRAVEL CLUB	CC TRIPS	812	666	690.74
09/23/2015	MIF	40041	REIMBURSE	SHARON LISANTTI	CC PROGRAMS	815	666	46.00
09/23/2015	MIF	40042	347911633	TERMINIX	REPAIRS & MAINTENANCE	930	666	41.00
09/23/2015	MIF	40044	ADVERTISEMENT	THE COURANT	PRINTING & PUBLICATIONS	900	666	195.00
09/23/2015	MIF	40049*#	5002450540	WELLS FARGO FINANCIAL LEASIN	RENTAL EQUIPMENT	940	265	206.74
09/23/2015	MIF	40050	PAYCHECK	WILLIAM J. LENAGHAN	CODE ENFORCEMENT	809	412	400.00
09/24/2015	MIF	312(E)*#		PAYROLL	SALARIES SOCIAL SECURITY SALARIES	701 715 701	101 101 171	1,974.97 151.11 480.76

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Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
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Fund: 101 GENERAL FUND

					SOCIAL SECURITY	715	171	36.77
					SALARIES	701	172	2,961.54
					CLERICAL/DEP /SUPER/ELECTION	704	172	848.70
					SOCIAL SECURITY	715	172	441.52
					PENSION	718	172	296.16
					CONTROLLER	722	172	1,961.01
					SALARIES	701	215	480.76
					DEPUTY SALARIES	703	215	1,260.00
					SOCIAL SECURITY	715	215	133.16
					PENSION	718	215	126.00
					SALARIES	701	253	480.76
					DEPUTY SALARIES	703	253	1,664.84
					CLERICAL/DEP /SUPER/ELECTION	704	253	547.63
					SOCIAL SECURITY	715	253	196.47
					PENSION	718	253	166.48
					ASST ASSESSOR	709	257	1,440.00
					SOCIAL SECURITY	715	257	110.16
					PENSION	718	257	144.00
					SUPPLIES	727	265	17.94
					SOCIAL SECURITY	715	412	45.90
					PLANN COMM	726	412	600.00
					SALARIES	701	666	1,478.36
					SALARIES	702	666	166.20
					SOCIAL SECURITY	715	666	122.75
					PENSION	718	666	147.84
					CHECK MIF 312(E) TOTAL FOR F			18,481.79

09/24/2015	MIF	40053*#	00 751981 0001	STANDARD INSURANCE CO.	LIFE/DISB. INSURANCE	717	172	81.29
			00 751981 0001		LIFE/DISB. INSURANCE	717	253	38.40
			00 751981 0001		LIFE/DISB. INSURANCE	717	666	43.68
				CHECK MIF 40053 TOTAL FOR FU				163.37

09/24/2015	MIF	40054*#	26850	WASHTEENAW COUNTY TREASURER	CHARGEBACKS - PRIOR TAX YEARS	938	265	29.43
10/01/2015	MIF	40056	124681763-1	AT&T - UVERSE	COMMUNICATION	850	666	186.94

10/01/2015	MIF	40058	2015-573	BECKETT & RAEDER	PLANNER FEES	801	412	450.00
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10/01/2015	MIF	40061*#	1000 0973 9812	CONSUMERS ENERGY	UTILITIES	920	666	16.11
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Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 101 GENERAL FUND								
10/01/2015	MIF	40064*#	2689 463 0005 3	DTE ENERGY	UTILITIES	920	666	52.97
10/01/2015	MIF	40067*#	0000-7608-3	DTE ENERGY	UTILITIES	920	448	2,835.82
10/01/2015	MIF	40070	VENDOR FEE	NORTHFIELD AREA CHAMBER OF C	CC PROGRAMS	815	666	25.00
10/01/2015	MIF	40073#	4436 0370 3800 132	PNC BANK	PRINTING & PUBLICATIONS	900	101	195.00
			4436 0370 3800 132		SUPPLIES	727	265	459.03
			CHECK MIF 40073 TOTAL FOR FU					654.03
10/01/2015	MIF	40074*#	4436 0370 3002 327	PNC BANK	COMMUNICATION	850	265	45.00
10/01/2015	MIF	40075	50956229	TETRA TECH INC	WL SPEC ASSESS RECEIVABLE-CURRENT	045	000	2,765.00
10/01/2015	MIF	40078*#	685468320-00001	VERIZON WIRELESS MESSAGING S	COMMUNICATION	850	172	99.18
10/08/2015	MIF	40081	227810	ALL AMERICAN CLEANING CO.	REPAIRS & MAINTENANCE	930	666	350.00
10/08/2015	MIF	40082*#	734449288009	AT&T	COMMUNICATION	850	265	214.69
10/08/2015	MIF	40087*#	IN472242	MICHIGAN OFFICE SOLUTIONS	SUPPLIES	727	257	47.95
			IN472242		SUPPLIES	727	265	24.20
			IN472241		SUPPLIES	727	666	23.89
			CHECK MIF 40087 TOTAL FOR FU					96.04
10/08/2015	MIF	40088	4436 0370 3800 133	PNC BANK	CC PROGRAMS	815	666	219.59
			4436 0370 3800 133		SENIOR NUTRITION	822	666	260.74
			4436 0370 3800 133		PRINTING & PUBLICATIONS	900	666	180.00
			4436 0370 3800 133		EQUIPMENT	970	666	(24.00)
			CHECK MIF 40088 TOTAL FOR FU					636.33
10/08/2015	MIF	40089*#	348682771	TERMINIX	REPAIRS & MAINTENANCE	930	666	41.00
10/08/2015	MIF	40092	PAYCHECK	WILLIAM J. LENAGHAN	CODE ENFORCEMENT	809	412	400.00
			Total for fund 101 GENERAL FUND					70,489.23

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Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 207 LAW ENFORCEMENT FUND								
09/09/2015	MIF	311(E)*#		PAYROLL	SALARIES	701	226	7,632.86
					SALARIES	702	226	15,077.20
					CLERICAL/DEP /SUPER/ELECTION	704	226	2,575.71
					SALARIES-PART TIME	708	226	3,073.04
					JANITORIAL SALARIES	710	226	735.00
					SALARIES-OVERTIME	711	226	756.20
					SOCIAL SECURITY	715	226	2,218.87
					PENSION	718	226	2,427.50
					SUPPLIES	727	301	19.24
CHECK MIF 311(E) TOTAL FOR F								34,515.62
09/09/2015	MIF	40013*#	AUGUST 2015	PAUL E BURNS	LEGAL	803	270	3,300.00
09/09/2015	MIF	40014*#	4436 0370 3002 327	PNC BANK	SUPPLIES	727	301	64.96
09/16/2015	MIF	40019*	734449890008	AT&T	COMMUNICATION	850	301	417.95
09/23/2015	MIF	40024	1576509	ARBOR SPRINGS WATER CO INC	SUPPLIES	727	301	32.50
09/23/2015	MIF	40026*#	822375300	AT&T LONG DISTANCE		850	301	579.57
09/23/2015	MIF	40027*#	007011521710-0001	BLUE CROSS BLUE SHIELD OF MI	HOSPITALIZATION	716	226	2,755.38
09/23/2015	MIF	40028*	007011521710-0002	BLUE CROSS BLUE SHIELD OF MI	HOSPITALIZATION	716	226	(260.29)
			007011521710-0002	CHECK MIF 40028 TOTAL FOR FU	HOSPITALIZATION	716	226	5,092.73
								4,832.44
09/23/2015	MIF	40033*	78124072	DELL FINANCIAL SERVICES	COMPUTER	972	301	637.26
09/23/2015	MIF	40046	32198	VAL'S SERVICE STATION	REPAIRS & MAINTENANCE	930	333	76.00
09/23/2015	MIF	40047	9751783932	VERIZON WIRELESS MESSAGING S	COMMUNICATION	850	301	151.20
09/23/2015	MIF	40048*#	26804	WASHTEENAW COUNTY TREASURER	DISPATCH SERVICES	820	301	5,278.91
09/23/2015	MIF	40049*#	5002469831	WELLS FARGO FINANCIAL LEASIN	SUPPLIES	727	301	87.50
			5002469831	REPAIRS & MAINTENANCE		930	301	85.66

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Fund: 207 LAW ENFORCEMENT FUND								
			5002450540		RENTAL EQUIPMENT	940	301	114.91
				CHECK MIF 40049 TOTAL FOR FU				288.07
09/24/2015	MIF	312(E)*#		PAYROLL				
				SALARIES	701	226		7,261.72
				SALARIES	702	226		15,628.30
				CLERICAL/DEP /SUPER/ELECTION	704	226		2,153.41
				SALARIES-PART TIME	708	226		1,807.61
				SALARIES-OVERTIME	711	226		3,015.38
				SOCIAL SECURITY	715	226		2,268.80
				PENSION	718	226		2,427.50
				SUPPLIES	727	301		20.63
				CHECK MIF 312(E) TOTAL FOR F				34,583.35
09/24/2015	MIF	40053*#	00 751981 0001	STANDARD INSURANCE CO.	LIFE/DISE. INSURANCE	717	226	652.37
09/24/2015	MIF	40054*#	26850	WASHTEENAW COUNTY TREASURER	CHARGEBACKS - PRIOR TAX YEARS	938	301	44.00
10/08/2015	MIF	40082*#	734449890009	AT&T	COMMUNICATION	850	301	415.96
10/08/2015	MIF	40084	X263277	CDW GOVERNMENT INC	SUPPLIES	727	301	36.08
10/08/2015	MIF	40087*#	IN467867	MICHIGAN OFFICE SOLUTIONS	SUPPLIES	727	301	25.04
				Total for fund 207 LAW ENFORCEMENT FUND				88,686.66

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 216 MEDICAL RESCUE FUND								
09/09/2015	MIF	311(E)*#		PAYROLL	SALARIES	701	226	3,050.38
					SALARIES	702	226	4,524.00
					ADMINISTRATIVE ASSISTANT	705	226	249.00
					SALARIES-PART TIME	708	226	2,312.89
					SOCIAL SECURITY	715	226	791.92
					PENSION	718	226	305.04
					TRAINING WAGES	958	226	279.00
					SUPPLIES	727	301	30.11
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				CHECK MIF 311(E) TOTAL FOR F				11,542.34
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09/09/2015	MIF	39999	1576508	ARBOR SPRINGS WATER CO INC	SUPPLIES	727	301	6.50
09/09/2015	MIF	40000	734449238508	AT&T	COMMUNICATION	850	301	231.51
09/09/2015	MIF	40001	404395	BRIGHTON FORD INC	REPAIRS & MAINTENANCE	930	333	1,416.03
09/09/2015	MIF	40002	2716-216996	CARQUEST AUTO PARTS - FD	REPAIRS & MAINTENANCE	930	333	8.53
09/09/2015	MIF	40006	INV04099	EMERGENT HEALTH PARTNERS	DISPATCH SERVICES	820	301	982.73
09/09/2015	MIF	40007	9822449253	GRAINGER, INC.	SUPPLIES	727	301	124.00
09/09/2015	MIF	40008	6035 3220 1354 367	HOME DEPOT CREDIT SERVICES	SUPPLIES	727	301	4.77
09/09/2015	MIF	40014*#	4436 0370 3002 327	PNC BANK	REPAIRS & MAINTENANCE	930	333	3,278.94
09/09/2015	MIF	40015	TRAINING	POTNAM TWP. FIRE DEPT.	TRAINING & DEVELOPMENT	957	226	230.00
09/09/2015	MIF	40016	090115	RJB ENTERPRISE	COMMUNICATION	850	301	490.00
09/16/2015	MIF	40020	FC3452575	CARQUEST AUTO PARTS - FD	REPAIRS & MAINTENANCE	930	333	2.34
			FC3463249		REPAIRS & MAINTENANCE	930	333	2.25
			2716-214478		REPAIRS & MAINTENANCE	930	333	38.58
			2716-214872		REPAIRS & MAINTENANCE	930	333	92.14
			2716-203189		REPAIRS & MAINTENANCE	930	333	(6.24)
			1925608		REPAIRS & MAINTENANCE	930	333	(21.90)
			2716-214489		REPAIRS & MAINTENANCE	930	333	(38.58)
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				CHECK MIF 40020 TOTAL FOR FU				68.59
09/23/2015	MIF	40026*#	822375300	AT&T LONG DISTANCE		850	301	22.44
09/23/2015	MIF	40027*#	007011521710-0001	BLUE CROSS BLUE SHIELD OF MI	HOSPITALIZATION	716	226	1,678.16

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Fund: 216 MEDICAL RESCUE FUND

09/23/2015	MIF	40031*#	58043017	CONSTELLATION ENERGY SERVICE UTILITIES		920	301	156.54
09/23/2015	MIF	40033*	78124072	DELL FINANCIAL SERVICES	COMPUTER	972	301	637.26
09/23/2015	MIF	40045	REIMBURSE	TYLER COKER	TRAINING & DEVELOPMENT	957	226	95.00
09/24/2015	MIF	312(E)*#		PAYROLL				
				SALARIES		701	226	3,050.38
				SALARIES		702	226	5,046.00
				ADMINISTRATIVE ASSISTANT		705	226	223.67
				SALARIES-PART TIME		708	226	1,707.75
				SOCIAL SECURITY		715	226	788.71
				PENSION		718	226	305.04
				TRAINING WAGES		958	226	345.00
				SUPPLIES		727	301	32.29
				CHECK MIF 312(E) TOTAL FOR F				11,498.84

09/24/2015	MIF	40053*#	00 751981 0001	STANDARD INSURANCE CO.	LIFE/DISB. INSURANCE	717	226	70.41
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09/24/2015	MIF	40054*#	26850	WASHTEENAW COUNTY TREASURER	CHARGEBACKS - PRIOR TAX YEARS	938	301	19.68
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10/01/2015	MIF	40057	95792	BADER & SONS CO.	REPAIRS & MAINTENANCE			** VOIDED **
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			703216		REPAIRS & MAINTENANCE			** VOIDED **
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10/01/2015	MIF	40059	2716-218213	CARQUEST AUTO PARTS - FD	REPAIRS & MAINTENANCE	930	333	12.59
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10/01/2015	MIF	40060	8245 12 485 008064	CHARTER COMMUNICATIONS	COMMUNICATION	850	301	79.97
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10/01/2015	MIF	40064*#	3147 035 0001 2	DTE ENERGY	UTILITIES	920	301	83.83
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10/01/2015	MIF	40069	828294641	MOORE MEDICAL CORP	SUPPLIES	727	301	194.24
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10/01/2015	MIF	40074*#	4436 0370 3002 327	PNC BANK	TRAINING & DEVELOPMENT	957	226	50.00
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			4436 0370 3002 327		UNIFORMS/GEAR & ALLOWANCE	741	301	245.50
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				CHECK MIF 40074 TOTAL FOR FU				295.50
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10/01/2015	MIF	40076	164	THE ACCUMED GROUP	CONTRACTUAL SERVICES	818	301	16.05
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10/01/2015	MIF	40077	6035 3012 0297 485	TRACTOR SUPPLY CREDIT PLAN	SUPPLIES	727	301	51.53
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Fund: 216 MEDICAL RESCUE FUND								
10/01/2015	MIF	40078*#	685468320-00001	VERIZON WIRELESS MESSAGING S		850	301	144.28
10/01/2015	MIF	40079	NTFD0915	WASHTEENAW-LIVINGSTON MEDICAL SUPPLIES		727	301	64.00
10/01/2015	MIF	40080	42233564	WEX BANK	FUEL & MILEAGE	860	333	522.54
10/08/2015	MIF	40082*#	734449238509	AT&T	COMMUNICATION	850	301	231.71
10/08/2015	MIF	40083	95792	BADER & SONS CO.	REPAIRS & MAINTENANCE	930	301	31.60
10/08/2015	MIF	40090	354260-1	TRIANGLE TOWING INC	REPAIRS & MAINTENANCE	930	333	132.00
10/08/2015	MIF	40091	B471572 B471572	WARD'S DO IT CENTER	SUPPLIES	727	301	9.84
					SUPPLIES	727	301	(0.98)
				CHECK MIF 40091 TOTAL FOR FU				8.86
				Total for fund 216 MEDICAL RESCUE FUND				34,430.97

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Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 370 PUBLIC SAFETY BLDG DEBT FD								
09/09/2015	MIF	39978	16031	ALLIANCE WINDOW CLEANING	REPAIRS & MAINTENANCE	930	301	10.00
09/09/2015	MIF	39982*#	4693 635 0002 3	DTE ENERGY	UTILITIES	920	301	1,554.16
09/09/2015	MIF	39984*#	1662 1722	J & M LANDSCAPING	GROUPS/CLEANG/JANITORL SERVIC GROUPS/CLEANG/JANITORL SERVIC	816 816	301 301	200.00 325.00
CHECK MIF 39984 TOTAL FOR FU								525.00
09/09/2015	MIF	40004	661775	CLEARWATER SYSTEMS KINETICO	SUPPLIES	727	301	424.50
09/09/2015	MIF	40005	661973	CLEARWATER SYSTEMS KINETICO	REPAIRS & MAINTENANCE	930	301	179.67
09/09/2015	MIF	40009	96452	JLB OF WHITMORE LAKE	REPAIRS & MAINTENANCE	930	301	80.00
09/09/2015	MIF	40014*#	4436 0370 3002 327	PNC BANK	SUPPLIES	727	301	161.69
09/09/2015	MIF	40017	347913390	TERMINIX	REPAIRS & MAINTENANCE	930	301	50.00
09/16/2015	MIF	40019*	734449927208	AT&T	COMMUNICATION	850	301	136.67
09/16/2015	MIF	40021	8245 12 485 004952	CHARTER COMMUNICATIONS	COMMUNICATION	850	301	106.98
09/23/2015	MIF	40022	16155	ALLIANCE WINDOW CLEANING	REPAIRS & MAINTENANCE	930	301	10.00
09/23/2015	MIF	40031*#	58043017	CONSTELLATION ENERGY SERVICE	UTILITIES	920	301	2,453.61
09/24/2015	MIF	40051	BOND - UNLIMITED	PNC BANK, N.A.	INTEREST 3.8 BOND PSB	994	905	20,327.50
09/24/2015	MIF	40052*	BOND - LIMITED BOND - LIMITED	PNC BANK, N.A.	INTEREST 3 M BOND INTEREST 500K BOND	987 992	905 905	18,910.68 3,063.29
CHECK MIF 40052 TOTAL FOR FU								21,973.97
09/24/2015	MIF	40054*#	26850	WASHTENAW COUNTY TREASURER	CHARGEBACKS - PRIOR TAX YEARS	938	301	8.95
10/01/2015	MIF	40061*#	1000 0012 0517	CONSUMERS ENERGY	UTILITIES	920	301	133.76
10/01/2015	MIF	40074*#	4436 0370 3002 327	PNC BANK	SUPPLIES	727	301	388.42
10/08/2015	MIF	40082*#	734449927209	AT&T	COMMUNICATION	850	301	130.01

User: JEN
DB: NorthfieldCHECK DATE FROM 09/08/2015 - 10/08/2015
Banks: MIF

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
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Fund: 571 WASTEWATER TREATMENT FUND

09/09/2015	MIF	311(E)*#		PAYROLL	SALARIES	701	226	2,519.23
					SALARIES	702	226	8,931.77
					SOCIAL SECURITY	715	226	872.95
					PENSION	718	226	949.80
					SUPPLIES	727	301	5.86
				CHECK MIF 311(E) TOTAL FOR F				13,279.61
09/09/2015	MIF	39976	SLS 10036407	ALEXANDER CHEMICAL CORP	OPERATING SUPPLIES	740	301	5,126.14
09/09/2015	MIF	39980*#	734449415908	AT&T	COMMUNICATION	850	301	287.40
09/09/2015	MIF	39981	2716-217237 2716-217698	CARQUEST AUTO PARTS - WWT	REPAIRS & MAINTENANCE	930	301	56.99
				CHECK MIF 39981 TOTAL FOR FU	REPAIRS & MAINTENANCE	930	301	104.51
								161.50
09/09/2015	MIF	39982*#	2689 463 0004 6	DTE ENERGY	UTILITIES	920	301	33.35
			3146 792 0001 9		UTILITIES	920	301	12.47
			2689 463 0014 5		UTILITIES	920	301	315.52
			2689 463 0001 2		UTILITIES	920	301	23.87
			2689 463 0003 8		UTILITIES	920	301	18.33
			2689 463 0006 1		UTILITIES	920	301	19.01
			2689 056 0001 4		UTILITIES	920	301	10.51
			2689 463 0012 9		UTILITIES	920	301	36.84
			2689 562 0003 7		UTILITIES	920	301	11.23
			2689 463 0007 9		UTILITIES	920	301	25.14
			2689 463 0010 3		UTILITIES	920	301	18.20
			2689 463 0016 0		UTILITIES	920	301	19.10
				CHECK MIF 39982 TOTAL FOR FU				543.57
09/09/2015	MIF	39989	360303	NCL OF WISCONSIN, INC.	OPERATING SUPPLIES	740	301	526.50
09/09/2015	MIF	39991	509038	POWER VAC OF MICHIGAN, INC	COLLECTION SYS ANNUAL MAINT	819	301	715.00
09/09/2015	MIF	39995	618894510-162	SPRINT/NEXTEL COMMUNICATIONS	COMMUNICATION	850	301	195.75
09/23/2015	MIF	40026*#	822375300	AT&T LONG DISTANCE		850	301	42.23
09/23/2015	MIF	40027*#	007011521710-0001	BLUE CROSS BLUE SHIELD OF MI	HOSPITALIZATION	716	226	3,574.78

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 571 WASTEWATER TREATMENT FUND								
09/23/2015	MIF	40028*	007011521710-0002	BLUE CROSS BLUE SHIELD OF MI HOSPITALIZATION		716	226	2,370.00
09/23/2015	MIF	40029	277031	BOULLION SALES, INC.	REPAIRS & MAINTENANCE	930	301	519.96
09/23/2015	MIF	40030	0915-90321	BRIGHTON ANALYTICAL LLC	IAB & TESTING	817	301	15.00
09/23/2015	MIF	40031*#	58043017	CONSTELLATION ENERGY SERVICE UTILITIES		920	301	4,022.93
09/23/2015	MIF	40032	47084468	DE LAGE LANDEN FINANCIAL SER	RENTAL EQUIPMENT	940	301	69.00
09/23/2015	MIF	40039*#	5734089	QUILL CORP	SUPPLIES	727	301	237.55
09/23/2015	MIF	40043	50956231	TETRA TECH INC	ENGINEER	806	270	752.75
09/23/2015	MIF	40048*#	26785	WASHTENAW COUNTY TREASURER	AGENT FEES	954	528	99.13
			26785		DEBT SERVICE - INTEREST	995	528	12,379.19
				CHECK MIF 40048 TOTAL FOR FU				12,478.32
09/24/2015	MIF	312(E)*#		PAYROLL		701	226	2,519.23
					SALARIES	702	226	7,398.96
					SOCIAL SECURITY	715	226	753.23
					PENSION	718	226	949.80
					SUPPLIES	727	301	6.28
				CHECK MIF 312(E) TOTAL FOR F				11,627.50
09/24/2015	MIF	40053*#	00 751981 0001	STANDARD INSURANCE CO.	LIFE/DISB. INSURANCE	717	226	251.77
10/01/2015	MIF	40061*#	1000 0950 4356	CONSUMERS ENERGY	UTILITIES	920	301	20.90
			1000 0950 4588		UTILITIES	920	301	20.90
			1000 6159 0814			920	301	17.08
			1000 1171 7061		UTILITIES	920	301	24.40
			1000 0950 4273		UTILITIES	920	301	20.90
			1000 0012 4642		UTILITIES	920	301	649.49
			1000 0950 4497		UTILITIES	920	301	25.49
				CHECK MIF 40061 TOTAL FOR FU				779.16
10/01/2015	MIF	40064*#	2689 562 0001 1	DTE ENERGY	UTILITIES	920	301	30.34
			2689 463 0015 2		UTILITIES	920	301	16.86

10/00/2010
Floor: TEN

DR: Northfield

CHECK DATE FROM 09/08/2015 - 10/08/2015

Ranks: MT, F

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
Fund: 571 WASTEWATER TREATMENT FUND								
			2689 463 0017 8		UTILITIES	920	301	106.03
			2689 463 0011 1		UTILITIES	920	301	74.57
			3146 792 0001 9		UTILITIES	920	301	12.11
			2689 055 0001 6		UTILITIES	920	301	41.07
			2689 562 0003 7		UTILITIES	920	301	10.95
			2689 463 0010 3		UTILITIES	920	301	15.71
			2689 463 0016 0		UTILITIES	920	301	16.15
			2689 463 0012 9		UTILITIES	920	301	29.73
			2689 463 0006 1		UTILITIES	920	301	17.40
			2689 463 0007 9		UTILITIES	920	301	22.66
			2689 463 0001 2		UTILITIES	920	301	20.35
			2689 463 0003 8		UTILITIES	920	301	16.82
			2689 463 0004 6		UTILITIES	920	301	28.71
			2689 056 0001 4		UTILITIES	920	301	10.52
			CHECK MIF 40064 TOTAL FOR FU					469.98
10/01/2015	MIF	40067*	0000-3319-1	DTE ENERGY	UTILITIES	920	301	651.92
10/01/2015	MIF	40068	090115	EMBROIDERY IMPRESSIONS	UNIFORMS/GEAR & ALLOWANCE	741	301	529.41
10/01/2015	MIF	40071	09/30/2015	NORTHFIELD ESTATES	Sewer	214	000	78.71
10/01/2015	MIF	40072	4436 0370 3004 071	PNC BANK	POSTAGE	851	301	6.74
10/08/2015	MIF	40086*	2689 463 0014 5	DTE ENERGY	UTILITIES	920	301	229.47
Total for fund 571 WASTEWATER TREATMENT FUND								59,542.65

CHECK DATE FROM 09/08/2015 - 10/08/2015

Banks: MIF

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
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Fund: 815 DIST # 5 SEVEN MILE SEWER

09/24/2015 MIF 40052* BOND - LIMITED PNC BANK, N.A.

DEBT SERVICE - INTEREST

995 905

4,052.29

Total for fund 815 DIST # 5 SEVEN MILE SEWER

4,052.29

Check Date	Bank	Check #	Invoice	Payee	Description	Account	Dept	Amount
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Fund: 890 N.T. SEWER DISTRICT

09/23/2015	MIF	40048*#	26785	WASHTENAW COUNTY TREASURER	AGENT FEES	954	905	63.37
			26785		INTEREST NT BOND	998	905	7,914.56

CHECK MIF 40048 TOTAL FOR FU

7,977.93

Total for fund 890 N.T. SEWER DISTRICT

7,977.93

316,076.19

'*'-INDICATES CHECK DISTRIBUTED TO MORE THAN ONE FUND
 '#'-INDICATES CHECK DISTRIBUTED TO MORE THAN ONE DEPARTMENT



William E. Wagner, Jr.
Director of Public
Safety/Fire Chief

Northfield Township Public Safety

8350 Main Street, Whitmore Lake, MI 48189
Fire: 734-449-2385 • Fax: 734-449-2521
Police: 734-449-9911 • Fax: 734-449-0511
www.twp.northfield.mi.us



Timothy Greene
Lieutenant
Police Operations

October 2015 Director of Public Safety Board Communication

1. **Fire department training September:** Training for the month consisted of Drivers training, pump and dry hydrant testing and Narcan training. There was also some individual training of Pre hospital trauma life support.
2. **Significant calls for month:** We assisted Dexter Fire Department and Scio Township Fire Department with Simultaneous structure fire when a lighting storm moved through the area. Chelsea Fire Department was also on a structure fire from this storm as well.
3. **Police and Fire Open House:** The Open House was a success again this year. The weather was very nice again and the partnership with Living Water Church went very well. We estimated around 200-250 came through the station that day.
4. **Fire Prevention Week:** Fire Prevention Week this year was last week (Oct. 4-10). The theme this year is "hear the beep where you sleep". This is a reminder to make sure you are changing the batteries in your smoke detectors twice a year. We are currently making our rounds at all the elementary schools in the Township. This includes Whitmore Lake, Spirit De Sanctus, Ann Arbor Christian and Livingston Christian.
5. **Narcan Training:** Starting October 14th Northfield Township Fire Department will be carrying Narcan on 3 of our fire trucks. Narcan is the drug used to reverse Heroin overdoses. We are currently finishing up the last couple of fire fighters training. All Fire Departments in the County and a couple of Police Departments are or will be carrying this drug.
6. **Grant updates:** We are part of 2 successful regional grants for the fire department. The first grant sponsored by the Ann Arbor Fire Department is for a mobile training facility. The cost of this is nearly \$400,000. As mentioned this will be a mobile facility and will be used for live fire, forcible entry, confined space, high angle rescue ventilation and several other types of training. The Northfield Township portion of this facility is \$1,964. The other grant that was just announced is for equipment for rapid intervention. This grant is for equipment worth \$321,000. We have not been advised yet what our portion would be but I would guess around \$1,000



William E. Wagner, Jr.
Director of Public
Safety/Fire Chief

Northfield Township Public Safety

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Fire: 734-449-2385 • Fax: 734-449-2521
Police: 734-449-9911 • Fax: 734-449-0511
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Timothy Greene
Lieutenant
Police Operations

September 2015 Northfield Township Fire Department Statistical Report

Responses September 2015:	41
Responses September 2014:	54
Total to Date 2015:	517

Fire Calls:	10
Structure Fires	3
Vehicle Fire	3
Fire Alarms	2
Outside Fire	2

Emergency Medical Calls:	22
Chest Pain	2
Difficulty Breathing	4
Unconscious/Cardiac Arrest	1
Diabetic/ Seizure	1
Trauma	4
CVA	4
Other	6

Motor Vehicle Accidents:	5
Injury Crashes	3
Unknown	2
Pin In	0

Public Service calls: 3

Electrical wire down	1
Gas Leak	1
Other	1

Mutual Aid Given: 3

Dexter Fire Dept. Structure Fire	1
Ann Arbor Twp. Fire Dept. Chimney Fire	1
Scio Twp. Fire Dept. Structure Fire	1
Ann Arbor Twp. Fire Dept. Station stand by	1

Mutual Aid Received: 1

Salem Twp. & Ann Arbor Twp. Grass Fire	1
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Responses in hamlet area:	17
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Responses in rural area:	19
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Responses outside the township:	5
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Average response time for the month:	6:22
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William Wagner

NORTHFIELD TOWNSHIP POLICE DEPARTMENT

MONTHLY OPERATIONS REPORT



SEPTEMBER 2015

SEPTEMBER 2015 MONTHLY REPORT

Calls For Service	482
Arrests	11
Mutual Aid Assistance To Other Departments Inside the Township	7
Mutual Aid Assistance To Other Departments Outside the Township	5
Average Response Time	6.055

NOTES & FACTS FROM THE DEPARTMENT

- **DATA:** 61 % of total complaints answered were in the hamlet area and 39 % were handled throughout the rest of the Township.

- **ACTION ITEMS;**

PERSONNEL ISSUE

I recommend the Northfield Township Board of Trustees approve the appointment of Corey Allen Johnston for the position of Northfield Township Police Reserve Officer contingent upon successful completion of all Departmental requirements.

PURCHASE OF VIGILANT SOLUTIONS DATA ACCESS SYSTEM

I request the Northfield Township Board of Trustees approve the purchase of the Vigilant Solutions license plate recognition software for the sum of \$7,500.00. Item is budgeted out of State Forfeiture funds

- **TRAINING;**

FORMAL: Officer Jensen – Documenting Force
All Uniformed Officers – Firearms Qualifications

ROLL CALL: Sexual Assault – First Response Training Video and Stormwater Management Training.

- **EVENTS OF SIGNIFICANCE;**

BREAKING & ENTERING

On September 25, residents on East Shore Drive were awakened around 4am by a subject who had entered their house without permission. The subject walked into the residents' bedroom and was speaking incoherently, when the homeowner confronted the subject and a fight ensued. The homeowner was able to physically restrain the subject until police were called and arrived. It was obvious that the subject was under the influence of some kind of narcotic, due to his erratic behavior. Police arrested the subject and he was then transported for medical evaluation. The homeowner has declined to press charges on the subject.

BURGLARY

On September 21, a Burglary was reported at a business on Barker Rd. A worker had arrived at work that morning to find that some items in the office had been disturbed and notified police. Officers found that the entry door had been tampered with and a safe, containing approx. \$2000, had been stolen. The case is under investigation.

LARCENY OF AUTO PARTS

On September 8, a resident on Pine Cove Drive reported that his tires and rims had been stolen from his vehicle. He awoke that morning to find his vehicle on blocks missing all four tires. The suspect had stolen some paver blocks from a nearby house to do this. The stolen property is valued at over \$4800.00. The case is being investigated.

AUTOMOBILE THEFT / LARCENY



On September 4, a larceny report was taken on Nollar Rd. The homeowner told police that his 4-wheeler and an oven had been stolen from his pole barn. He believes this occurred in late May, due to other larcenies that occurred in the area around that time. The homeowner had not been in his pole barn for some time. Evidence was collected at the scene and is being analyzed at this time.

ARMED ROBBERY

On September 3 at approximately 4:35am, officers were dispatched to a gas station on North Territorial Rd for an Armed Robbery. The victim, a clerk at the gas station, reported that an unknown male wearing a mask (from the movie "Scream") entered the store and robbed him at gunpoint. The suspect stole approximately \$300 from the cash register and then fled the store. Officers arrived within minutes and began a K9 track of the area but were unable to locate the suspect. The case remains under investigation.

DWLS/UNLAWFUL USE OF PLATE/NO MOTORCYCLE ENDORSEMENT/FAIL TO REPORT CRASH

On September 2, an officer was monitoring traffic on North Territorial Rd when a motorcycle rode past without a working taillight. The officer attempted to catch up with the motorcycle, but the motorcycle fled at speeds of around 100mp the officer lost sight of it. About 45 minutes later, the officer was dispatched to a hitchhiker on the same roadway. Upon making contact, it was obvious that the male was injured. When questioned, the male admitted to being the same one who fled from the officer earlier and advised he had crashed his motorcycle. The male was transported for medical treatment and was charged with the offenses listed above.

		Capitol Electronics Inc. 230 E. Main Street Plainfield, IN 46168 (P) 317-839-5022		 CAPITOL ELECTRONICS INC <i>Turning Technology into Solutions</i>	
Attention:	Officer Dave Powell	Date	9/10/2015		
Project Name:	Northfield Township PD	Quote Number:	LIG-0002-01		

PROJECT QUOTATION

We at Vigilant Solutions are pleased to quote the following systems for the above referenced project:

Qty	Model #	Description
(1)	VS-LDS-1	Vigilant 'Private Data' Access via LEARN - Tier 1 <ul style="list-style-type: none"> • Local/State LEA Tier 1 Private LPR Data access - Up to 100 Sworn • Access to all Vigilant commercially acquired national vehicle location data • Unlimited access for agencywide unlimited users of all private LPR data and LEARN components • Includes full use of hosted/managed LPR server account via LEARN • Includes Vigilant's complete suite of LEARN data analytics • As per the Vigilant Solutions Private Data Subscription Agreement

Quote Notes:

1. All prices are quoted in USD and will remain firm and in effect for 60 days.

Quoted by: Lisa Gonzalez - 317-839-5022 - LGonzalez@Capitolelectronics.com

Total Price (Excluding sales tax)	\$7,500.00	
Accepted By:	Date:	P.O#

CLEAR-1018 Verified Offense By Date
Agency: NR
9/1/2015 12:00:00 AM - 9/30/2015 12:00:00 AM

Offense Code	Description	Incident Count
1201	Robbery - Business - Gun	1
1302	Agg/Fel Assault - Family - Other Weapon-Domestic	1
1305	Agg/Fel Assault - Non-Family - Other Weapon	2
1313	Assault/ Battery/Simple (Incl Domestic and Police Officer	3
1382	Stalking (Misdemeanor)	2
2202	B&E - Burglary - Forced Entry - Residence - Home Invasion	1
2203	B&E - Burglary - Forced Entry - Non-Residence	2
2205	B&E - Burglary - No Forced Entry - Non-Residence	1
2304	Larceny - Parts & Accessories from Vehicle - LFA	1
2305	Larceny - Personal Property from Vehicle - LFA	3
2308	Larceny - From Building (Includes Library, Office used by Public, etc)	1
2309	Larceny - From Yards (Grounds Surrounding a Building)	1
2609	Identity Theft	5
2674	Fraud (Larceny) by Conversion	1
2902	Damage to Property - Private Property - MDOP	3
3073	Retail Fraud Theft 1st Degree	1
3074	Retail Fraud Theft 2nd Degree	1
3562	Marijuana -Possess	1
6274	Littering on Public or Private Property	1
C2840	Juvenile - Malicious Mischief	1
C2899	Juvenile - All Other	1
C2931	DWLS OPS License Suspended / Revoked	3
C2933	Vehicle Registration - Improper / Expired	5
C2934	Vehicle Insurance - None / Expired	2
C2935	DWLS 2nd OPS License Suspended / Revoked	1
C3020	Misdemeanor Arrest Warrant (Originating Agency)	2
C3050	Misdemeanor Arrest Warrant - Other Jurisdiction	8
C3145	Property Damage Traffic Crash PDA	13
C3150	Property Damage H&R Traffic Crash	1
C3155	Personal Injury Traffic Crash PIA	2
C3170	Private Property Traffic Crash	1
C3250	Mental Health Call	1
C3299	Welfare Check	5
C3310	Family Trouble	3
C3316	Lost Property	2
C3318	Found Property	2
C3324	Suspicious Circumstances	9
C3326	Suspicious Vehicles	5
C3328	Suspicious Persons	13
C3329	Intelligence Information	1
C3330	Assist Other Law Enforcement Agency	3
C3331	Assist Medical	13
C3332	Assist Fire Department	5
C3333	Assist Motorist	3
C3334	Assist Other Govt Agency	1

CLEAR-1018 Verified Offense By Date
Agency: NR
9/1/2015 12:00:00 AM - 9/30/2015 12:00:00 AM

Offense Code	Description	Incident Count
C3336	Assist Citizen	21
C3337	Assist Citizen - Vehicle Lockout	7
C3345	Accidental Property Damage	1
C3351	Civil - Landlord / Tenant	3
C3355	Civil Matter - Other	10
C3399	Miscellaneous All Other	3
C3702	Traffic Complaint / Road Hazard	6
C3704	Traffic Complaint / Abandoned Auto	3
C3706	Traffic Complaint / Vehicle Impound	1
C3707	Vehicle Release	7
C3708	Traffic Complaint / Private Impound	11
C3728	Traffic Complaint / Parking Complaint	1
C3730	Traffic Complaint / Traffic Miscellaneous A Complaint	1
C3799	Miscellaneous Traffic Complaint	1
C3804	Animal Complaint	6
C3808	Animal Bite / Scratch	1
C3907	Panic Alarm	1
C4040	Hazardous Traffic Citation	1
C4041	Speeding Citation	27
C4046	Disobey Stop Sign Citation	1
C4093	School Zone Citation	1
C4105	Equipment Citation	1
C4125	Seat Belt Law Citation	3
C4127	Seat Belt Law - Passenger	2
C4312	No-Ops On Person Citation	1
L3501	911 Hang Up - NR	2
L3504	PBT Station - NR	14
L3506	Shots Fired - NR	3
L3507	Fingerprints - NR	5
L3508	Ticket Sign Off - NR	1
L3510	Loud Music - NR	2
L3520	Dumping Complaint - NR	1
L3521	Open Door / Window - NR	2
L3526	False Alarm - NR	11
L3529	Duplicate Report of Run - NR	1
L3530	Wires Down - NR	1
L3535	GUN Permit, Applications, CCW Permits - NR	37
L3538	Property/Vacation Check - NR	1
L3540	Child Safety Seat Inspection - NR	2
L3542	BOL - NR	11
L3550	Speed Sign Detail - NR	15
L3551	Sex Offender Registration/Verification - NR	5
L3552	Traffic Stop - NR	57
L3557	Check Person - NR	2
L3565	Tresspass - Info Only - NR	1

CLEAR-1018 Verified Offense By Date
Agency: NR
9/1/2015 12:00:00 AM - 9/30/2015 12:00:00 AM

Offense Code	Description	Incident Count
L3568	Local Records Check - NR	4
L3569	Assist Other Police Agency - Inside Northfield - NR	7
L3570	Assist Other Police Agency - Outside Northfield - NR	5
L3571	Disorderly Person - NR	2
L3597	Non Terminal - NR	23
L4598	Information - NR	3
L4925	Commercial Vehicle Violations - NR	2
L6012	Traffic Direction / Control / Problem - NR	1
L6501	Property Check/Directed Patrol/Vac Watch - NR	1
L6701	Follow Up - NR	1
Sum:		482

Report Time:
10/6/2015 8:50:21 AM

Report CLEAR-008 Summary of Offenses
All Offenses that were Attempted or Completed
For the Month of September

Agency: Northfield Township Police
ORI: MI8196400

Classification	Sep/2014	Sep/2015	%Change
09001 MURDER/NONNEGLIGENT MANSLAUGHTER (VOLUNTARY)	0	0	-
09002 NEGLIGENCE HOMICIDE/MANSLAUGHTER (INVOLUNTARY)	0	0	-
09004 JUSTIFIABLE HOMICIDE	0	0	-
10001 KIDNAPPING/ABDUCTION	0	0	-
10002 PARENTAL KIDNAPPING	0	0	-
11001 SEXUAL PENETRATION PENIS/VAGINA -CSC 1ST DEGREE	0	0	-
11002 SEXUAL PENETRATION PENIS/VAGINA -CSC 3RD DEGREE	0	0	-
11003 SEXUAL PENETRATION ORAL/ANAL -CSC 1ST DEGREE	0	0	-
11004 SEXUAL PENETRATION ORAL/ANAL -CSC 3RD DEGREE	0	0	-
11005 SEXUAL PENETRATION OBJECT -CSC 1ST DEGREE	0	0	-
11006 SEXUAL PENETRATION OBJECT -CSC 3RD DEGREE	0	0	-
11007 SEXUAL CONTACT FORCIBLE -CSC 2ND DEGREE	0	0	-
11008 SEXUAL CONTACT FORCIBLE -CSC 4TH DEGREE	0	0	-
12000 ROBBERY	0	1	-
13001 NONAGGRAVATED ASSAULT	4	4	0%
13002 AGGRAVATED/FELONIOUS ASSAULT	1	3	200.0%
13003 INTIMIDATION/STALKING	1	2	100.0%
20000 ARSON	0	0	-
21000 EXTORTION	0	0	-
22001 BURGLARY -FORCED ENTRY	0	3	-
22002 BURGLARY -ENTRY WITHOUT FORCE (Intent to Commit)	0	1	-
23001 LARCENY -POCKETPICKING	0	0	-
23002 LARCENY -PURSES/NATCHING	0	0	-
23003 LARCENY -THEFT FROM BUILDING	0	1	-
23004 LARCENY -THEFT FROM COIN-OPERATED MACHINE/DEVICE	0	0	-
23005 LARCENY -THEFT FROM MOTOR VEHICLE	0	3	-
23006 LARCENY -THEFT OF MOTOR VEHICLE PARTS/ACCESSORIES	0	1	-
23007 LARCENY -OTHER	2	1	-50.0%
24001 MOTOR VEHICLE THEFT	2	1	-50.0%
24002 MOTOR VEHICLE, AS STOLEN PROPERTY	0	0	-
24003 MOTOR VEHICLE FRAUD	0	0	-
25000 FORGERY/COUNTERFEITING	0	0	-
26001 FRAUD -FALSE PRETENSE/SWINDLE/CONFIDENCE GAME	1	1	0%
26002 FRAUD -CREDIT CARD/AUTOMATIC TELLER MACHINE	2	0	-100.0%
26003 FRAUD -IMPERSONATION	2	5	150.0%
26004 FRAUD -WELFARE FRAUD	0	0	-
26005 FRAUD -WIRE FRAUD	1	0	-100.0%
27000 EMBEZZLEMENT	2	0	-100.0%
28000 STOLEN PROPERTY	0	0	-
29000 DAMAGE TO PROPERTY	3	3	0%
30001 RETAIL FRAUD -MISREPRESENTATION	0	0	-
30002 RETAIL FRAUD -THEFT	1	2	100.0%

Agency: Northfield Township
ORI: MI8196400

Oakland County CLEMIS
REPORT EXCLUDES UCR STATUS OF UNF

Report: CLEAR-008
Page 1 of 4

Report Time:
10/6/2015 8:50:21 AM

Report CLEAR-008 Summary of Offenses
All Offenses that were Attempted or Completed
For the Month of September

Agency: Northfield Township Police
ORI: MI8196400

Classification	Sep/2014	Sep/2015	%Change
30003 RETAIL FRAUD -REFUND/EXCHANGE	0	0	-
30004 ORGANIZED RETAIL FRAUD	0	0	-
35001 VIOLATION OF CONTROLLED SUBSTANCE ACT	3	2	-33.3%
35002 NARCOTIC EQUIPMENT VIOLATIONS	2	0	-100.0%
36001 SEXUAL PENETRATION NONFORCIBLE -BLOOD/AFFINITY	0	0	-
36002 SEXUAL PENETRATION NONFORCIBLE -OTHER	0	0	-
37000 OBSCENITY	0	0	-
39001 GAMBLING- BETTING/WAGERING	0	0	-
39002 GAMBLING- OPERATING/PROMOTING/ASSISTING	0	0	-
39003 GAMBLING -EQUIPMENT VIOLATIONS	0	0	-
39004 GAMBLING -SPORTS TAMPERING	0	0	-
40001 COMMERCIALIZED SEX -PROSTITUTION	0	0	-
40002 COMMERCIALIZED SEX -ASSISTING/PROMOTING PROSTITUTION	0	0	-
40003 HUMAN TRAFFICKING - PURCHASING PROSTITUTION	0	0	-
51000 BRIBERY	0	0	-
52001 WEAPONS OFFENSE- CONCEALED	0	0	-
52002 WEAPONS OFFENSE -EXPLOSIVES	0	0	-
52003 WEAPONS OFFENSE -OTHER	0	0	-
64001 HUMAN TRAFFICKING - COMMERCIAL SEX ACTS	0	0	-
64002 HUMAN TRAFFICKING - INVOLUNTARY SERVITUDE	0	0	-
Total for Group A	27	34	25.9%
01000 SOVEREIGNTY	0	0	-
02000 MILITARY	0	0	-
03000 IMMIGRATION	0	0	-
09003 NEGLIGENT HOMICIDE -VEHICLE/BOAT	0	0	-
14000 ABORTION	0	0	-
22003 BURGLARY - UNLAWFUL ENTRY (NO INTENT)	0	0	-
22004 POSSESSION OF BURGLARY TOOLS	0	0	-
26006 FRAUD -BAD CHECKS	0	0	-
36003 PEEPING TOM	0	0	-
36004 SEX OFFENSE -OTHER	0	0	-
38001 FAMILY -ABUSE/NEGLECT NONVIOLENT	0	0	-
38002 FAMILY -NONSUPPORT	0	0	-
38003 FAMILY -OTHER	0	0	-
41001 LIQUOR LICENSE -ESTABLISHMENT	0	0	-
41002 LIQUOR VIOLATIONS -OTHER	0	0	-
42000 DRUNKENNESS	0	0	-
48000 OBSTRUCTING POLICE	0	0	-
49000 ESCAPE/FLIGHT	0	0	-
50000 OBSTRUCTING JUSTICE	1	0	-100.0%
53001 DISORDERLY CONDUCT	2	0	-100.0%
53002 PUBLIC PEACE -OTHER	0	0	-
54001 HIT and RUN MOTOR VEHICLE ACCIDENT	0	0	-

Agency: Northfield Township
ORI: MI8196400

Oakland County CLEMIS
REPORT EXCLUDES UCR STATUS OF UNF

Report: CLEAR-008
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Report Time:
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Report CLEAR-008 Summary of Offenses
All Offenses that were Attempted or Completed
For the Month of September

Agency: Northfield Township Police
ORI: MI8196400

Classification	Sep/2014	Sep/2015	%Change
54002 OPERATING UNDER THE INFLUENCE OF LIQUOR OR DRUGS	3	0	-100.0%
55000 HEALTH AND SAFETY	2	0	-100.0%
56000 CIVIL RIGHTS	0	0	-
57001 TRESPASS	1	0	-100.0%
57002 INVASION OF PRIVACY -OTHER	0	0	-
58000 SMUGGLING	0	0	-
59000 ELECTION LAWS	0	0	-
60000 ANTITRUST	0	0	-
61000 TAX/REVENUE	0	0	-
62000 CONSERVATION	0	0	-
63000 VAGRANCY	0	0	-
70000 JUVENILE RUNAWAY	0	0	-
73000 MISCELLANEOUS CRIMINAL OFFENSE	2	0	-100.0%
75000 SOLICITATION	0	0	-
77000 CONSPIRACY (ALL CRIMES)	0	0	-
Total for Group B	11	0	-100.0%
2800 JUVENILE OFFENSES AND COMPLAINTS	3	2	-33.3%
2900 TRAFFIC OFFENSES	12	13	8.3%
3000 WARRANTS	8	12	50.0%
3100 TRAFFIC CRASHES	14	18	28.6%
3200 SICK / INJURY COMPLAINT	9	6	-33.3%
3300 MISCELLANEOUS COMPLAINTS	105	104	-1.0%
3400 WATERCRAFT COMPLAINTS / ACCIDENTS	1	0	-100.0%
3500 NON-CRIMINAL COMPLAINTS	204	218	6.9%
3600 SNOWMOBILE COMPLAINTS / ACCIDENTS	0	0	-
3700 MISCELLANEOUS TRAFFIC COMPLAINTS	26	31	19.2%
3800 ANIMAL COMPLAINTS	9	7	-22.2%
3900 ALARMS	2	1	-50.0%
Total for Group C	393	412	4.8%
2700 LOCAL ORDINANCES - GENERIC	0	0	-
4000 HAZARDOUS TRAFFIC CITATIONS / WARNINGS	44	30	-31.8%
4100 NON-HAZARDOUS TRAFFIC CITATIONS / WARNINGS	5	6	20.0%
4200 PARKING CITATIONS	0	0	-
4300 LICENSE / TITLE / REGISTRATION CITATIONS	3	1	-66.7%
4400 WATERCRAFT CITATIONS	0	0	-
4500 MISCELLANEOUS A THROUGH UUUU	0	3	-
4600 LIQUOR CITATIONS / SUMMONS	0	0	-
4700 COMMERCIAL VEHICLE CITATIONS	0	0	-
4800 LOCAL ORDINANCE WARNINGS	0	0	-
4900 TRAFFIC WARNINGS	2	2	0%
Total for Group D	54	42	-22.2%
5000 FIRE CLASSIFICATIONS	0	0	-
5100 18A STATE CODE FIRE CLASSIFICATIONS	0	0	-

Agency: Northfield Township
ORI: MI8196400

Oakland County CLEMIS
REPORT EXCLUDES UCR STATUS OF UNF

Report: CLEAR-008
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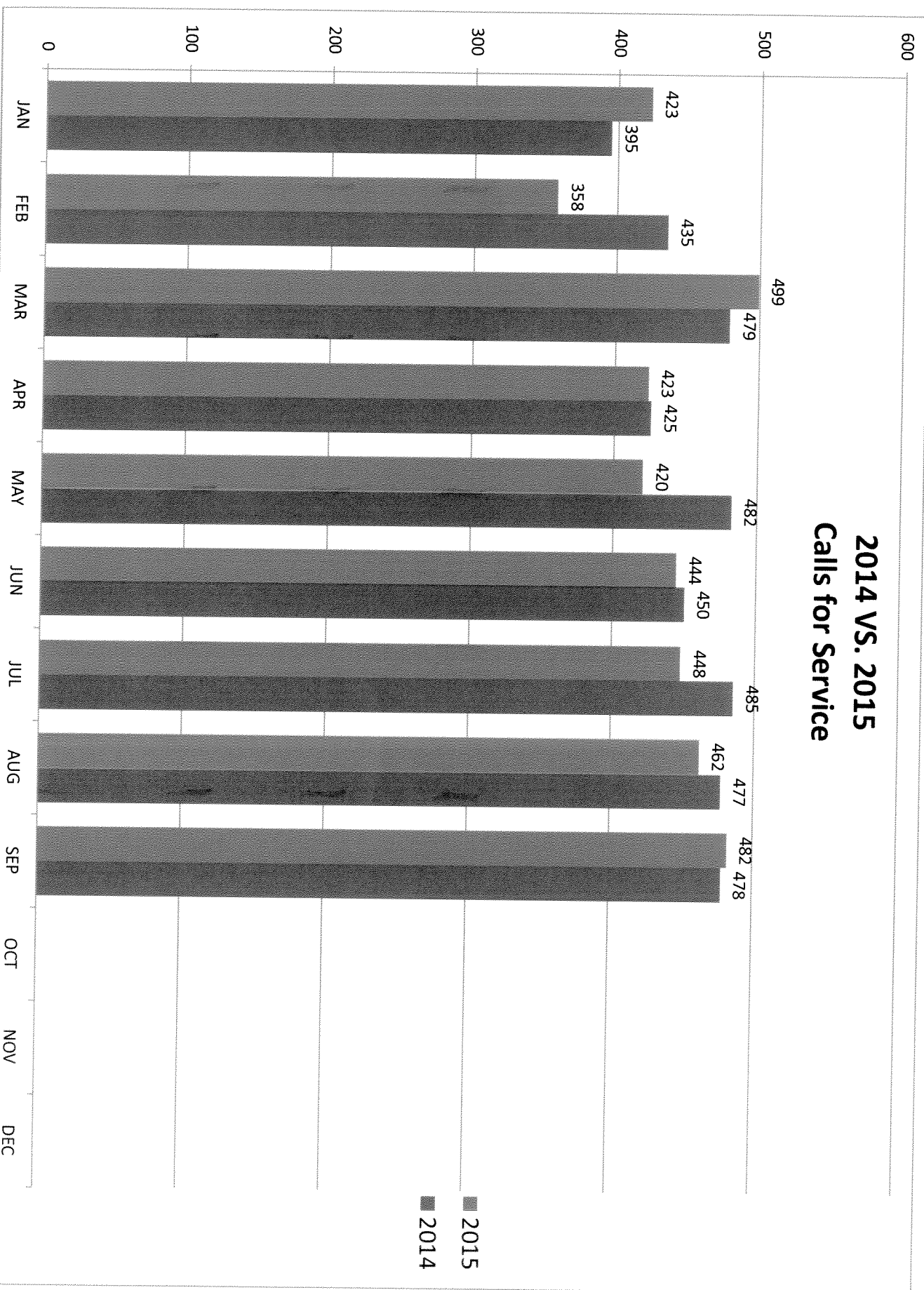
Report Time:
10/6/2015 8:50:21 AM

Report CLEAR-008 Summary of Offenses
All Offenses that were Attempted or Completed
For the Month of September

Agency: Northfield Township Police
ORI: MI8196400

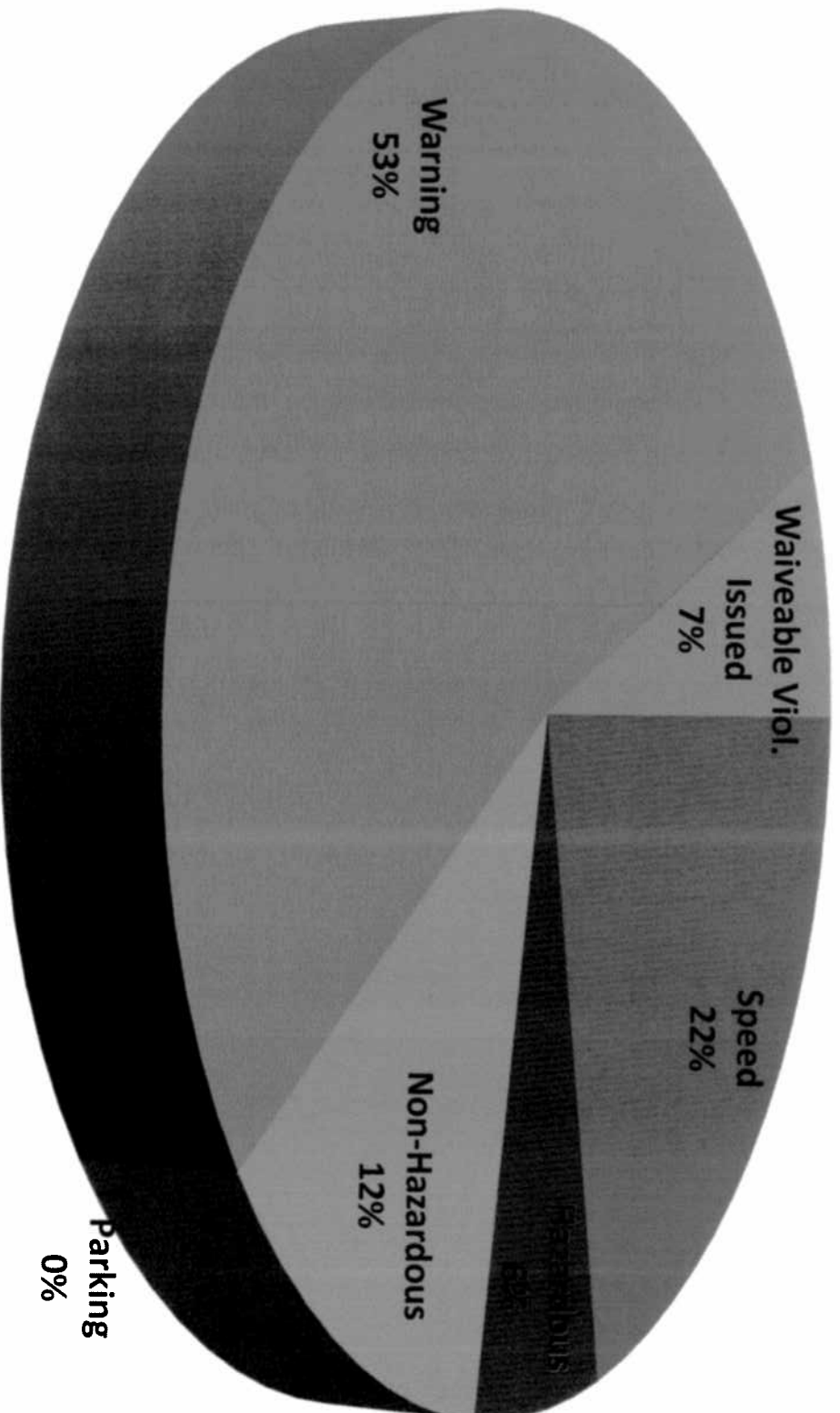
Classification		Sep/2014	Sep/2015	%Change
Total for Group E		0	0	-
6000	MISCELLANEOUS ACTIVITIES (6000)	1	1	0%
6100	MISCELLANEOUS ACTIVITIES (6100)	0	0	-
6200	ARREST ASSIST	0	0	-
6300	CANINE ACTIVITIES	0	0	-
6500	CRIME PREVENTION ACTIVITIES	1	1	0%
6600	COURT / WARRANT ACTIVITIES	0	0	-
6700	INVESTIGATIVE ACTIVITIES	1	0	-100.0%
Total for Group F		3	2	-33.3%
Total for All Groups		488	490	0.4%

2014 VS. 2015 Calls for Service



TRAFFIC VIOLATIONS ISSUED BY TYPE

September 2015

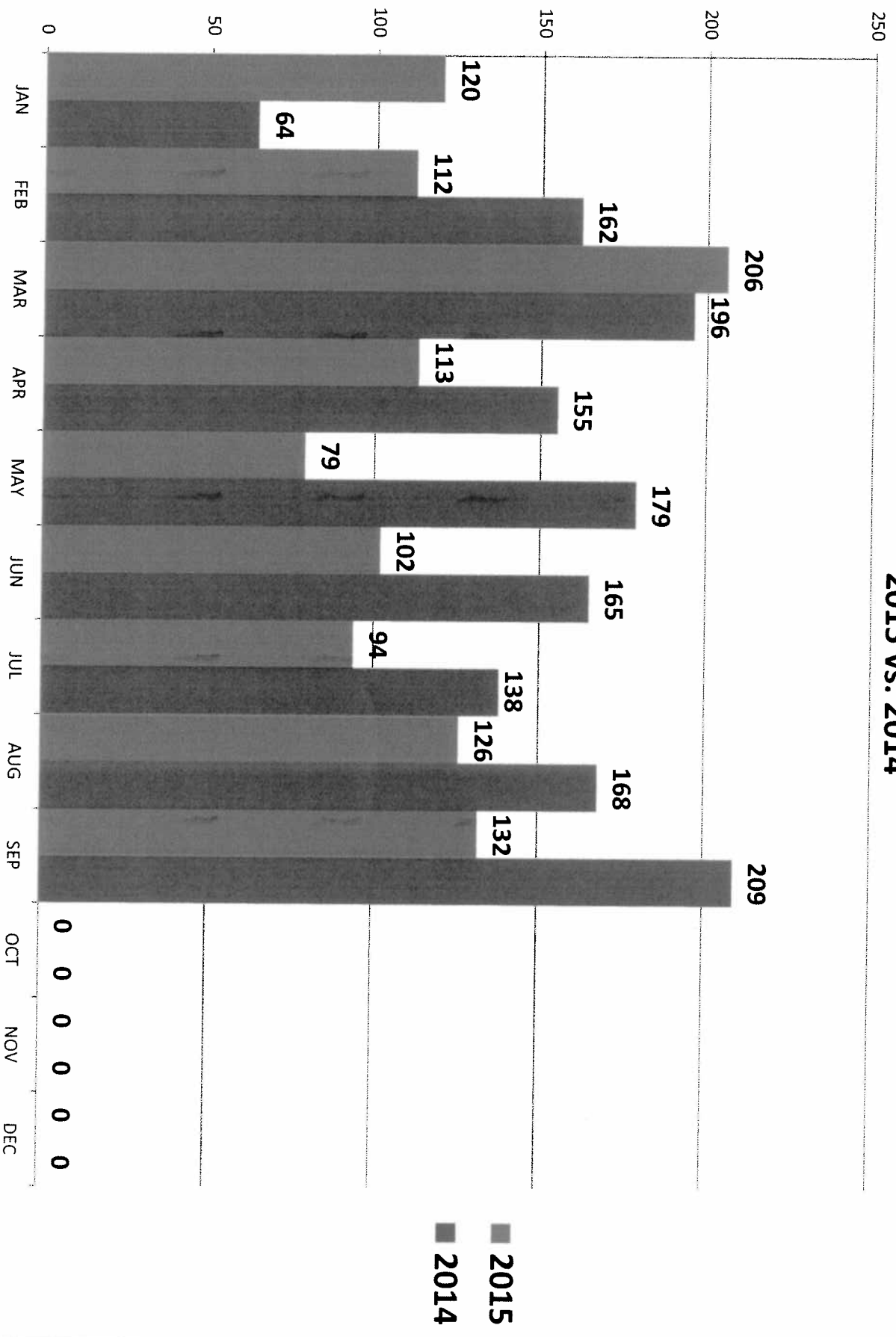


TRAFFIC VIOLATIONS SUMMARY

JANUARY 1, 2015 THROUGH DECEMBER 31, 2015													
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Speed	26	33	57	27	23	21	6	27	29				249
Hazardous	5	9	9	2	3	8	5	12	8				61
Non-Hazardous	15	19	29	18	4	9	16	14	16				140
Parking	0	0	0	0	0	0	0	0	0				0
Warning	56	22	88	51	36	51	57	61	70				492
Waivable Viol. Issued	18	29	23	15	13	13	10	12	9				142
TOTAL	120	112	206	113	79	102	94	126	132	0	0	0	1084
JANUARY 1, 2014 THROUGH DECEMBER 31, 2014													
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Speed	11	41	49	53	59	49	22	39	46				369
Hazardous	4	13	12	8	11	2	15	15	13				93
Non-Hazardous	10	19	17	14	19	6	25	26	26				162
Parking	0	0	0	0	0	0	0	1	0				1
Warning	29	64	81	59	70	83	71	61	98				616
Waivable	10	25	37	21	20	25	5	26	26				195
TOTAL	64	162	196	155	179	165	138	168	209	0	0	0	1436

Note: Waivable citations are: Defective Equipment; No Operator's License on Person and No Registration

NUMBER OF TRAFFIC VIOLATIONS BY MONTH 2015 vs. 2014



OVERTIME SUMMARY

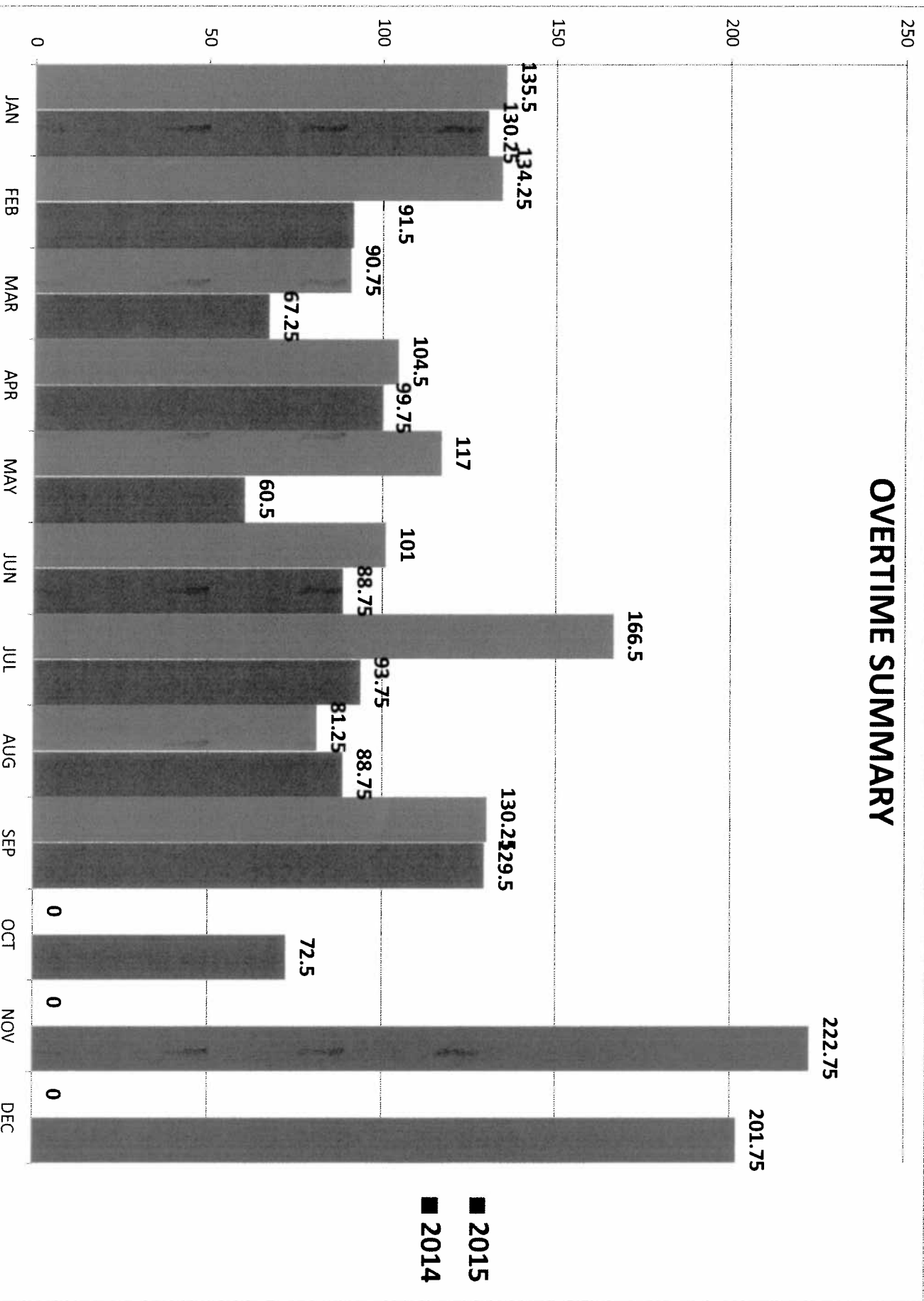
OVERTIME BY TYPE													
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Court	9	20	15	6	32	17	6	12	15.5				132.5
Complaint Investigation	1	15.75	0.75	3	18.75	1	3.5	20.5	4				68.25
Report Writing	2.5	0	0	2.5	1.25	0	0	2.5	0				8.75
Training	0	0	0	0	0	3	0	0	46.25				49.25
Short Shift	10	12	62	60	11.5	53	40	18.25	24				290.75
Administrative	1	18.5	13	1	5.5	0	7.5	0	2.5				49
Special Detail	0	0	0	0	0	27	64.5	28	6				125.5
Holiday	112	68	0	32	48	0	45	0	32				337
TOTAL	135.5	134.25	90.75	104.5	117	101	166.5	81.25	130.25	0	0	0	1061

	2013 VS. 2014												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
2015 - TOTAL	135.5	134.25	90.75	104.5	117	101	166.5	81.25	130.25	0	0	0	1061
2014 - TOTAL	130.25	91.5	67.25	99.75	60.5	88.75	93.75	88.75	129.5	72.5	222.75	201.75	1347

EMPLOYEE TIME OFF

2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Sick	63	12	22	70	0	8	30	34	12				251
Comp	14	13	9.5	4.5	23.25	40.5	8.25	7.5	53				173.5
Vacation	54	56	36	24	0	0	154	56	8				388
Holiday	20	8	0	10	10	0	10	0	10				68
PTO	58	40.75	167	180	94.25	105	80	168.5	142.75				1036.25
Other	0	0	0	168	168	176	184	0	0				696
TOTAL	209	129.75	234.5	456.5	295.5	329.5	466.25	266	225.75	0	0	0	2612.75

OVERTIME SUMMARY



RESERVE UNIT HOURS

RESERVE HOURS BY TYPE													
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Training	0	4.5	0	0	0	0	0	0	0				4.5
Patrol	0	0	8	0	22.5	0	8.25	8	8				54.75
Crime Prevention	0	0	0	0	0	0	0	0	0				0
Special Events	0	17.5	0	0	0	0	25	0	9				51.5
Administrative	0	0	0	0	0	0	0	0	8				8
TOTAL	0	22	8	0	22.5	0	33.25	8	25	0	0	0	118.75

**JAMES E. COX
NORTHFIELD TOWNSHIP
WATER POLLUTION CONTROL FACILITY
11500 LEMEN ROAD WHITMORE LAKE MICHIGAN
PHONE 734-449-4159**

To: Northfield Township Board of Trustees

From: Tim Hardesty Wastewater Treatment Plant Superintendent

Date: October 13th, 2015

Subject: September 2015 Monthly Report

- 9/01/15: Continuing sewer cleaning, televising, and manhole assessment protocol.
- 9/03/15: Sewer pipe inspection camera stopped operating. Sent to Doheny's for a repair quote.
- 9/09/15: Pulled pump #2 at Eagle Gardens pump station because of rags.
- 9/11/15: Met with Tetra Tech regarding asset management plan
- 9/18/15: Plugged sewer call at 11992 East Shore Dr. The problem was in the homeowners' line.
- 9/22/15: Removed broken asphalt in front of grit building door and prepped for pouring concrete.
- 9/23/15: Mixed and poured cement approach to the grit building overhead door.
- 9/24/15: Pulled pump #1 at Canal station because of rag in the impeller. Had to pull and reset pump #2 at Eagle Gardens.
- 9/28/15: Had Utilities Instrumentation Service out for problems at Horseshoe Lake #1 and Nine Mile Rd. pump stations.

September 2014 Daily Average Flow	.665MGD
September 2015 Daily Average Flow	.607MGD
Maximum September Daily Flow 2014	.774MGD
Maximum September Daily Flow 2015	.659MGD
Minimum September Daily Flow 2014	.565MGD
Minimum September Daily Flow 2015	.562MGD
6 – Month Average Flow	.747MGD
12 – Month Average Flow	.701MGD
Total Gallons Treated September 2014	20,600,000
Total Gallons Treated September 2015	18,215,000
Rainfall (inches) August 2014	3.72”
Rainfall (inches) August 2015	1.15”
Connections / Tap-ins’ to system	0
Miss Dig Stakings	8
Overtime for the month	36

**JAMES E. COX
NORTHFIELD TOWNSHIP
WATER POLLUTION CONTROL FACILITY
11500 LEMEN ROAD WHITMORE LAKE MICHIGAN
PHONE 734-449-4159 FAX 734-449-4302**

To: Northfield Township Board of Trustees

From: Tim Hardesty-Wastewater Treatment Plant Superintendent

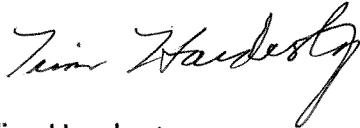
Date: October 1, 2015

Subject: Pipe inspection camera

Our pipeline inspection camera is in need of repair and we have received a quote from Jack Doheny companies. The cost for repairs to the damaged parts is \$ 5300. The cost for purchasing a complete new drive motor, Trans gear, rails and wheels is \$7842.50.

I am therefore requesting the ok to purchase the complete new unit for \$7842.50

Respectfully submitted,



Tim Hardesty

**JAMES E. COX
NORTHFIELD TOWNSHIP
WATER POLLUTION CONTROL FACILITY
11500 LEMEN ROAD WHITMORE LAKE MICHIGAN
PHONE 734-449-4159 FAX 734-449-4302**

To: Northfield Township Board of Trustees

From: Tim Hardesty-Wastewater Treatment Plant Superintendent

Date: October 8th, 2015

Subject: Manhole at 9307 Lakewood Ct.

We have a manhole in the driveway of 9307 Lakewood Court. During installation, the manhole ring was raised up to the correct grade using the incorrect type of bricks. Those bricks have now started to deteriorate from the atmosphere in the manhole and has caused it to drop in depth. This has appeared to cause the cement drive around the manhole to break apart and drop as well. We contacted a local cement contractor and asked his opinion if the cement drive breaking apart was caused by the manhole dropping. It was his opinion that it was. He has given us a quote of \$1,100.00 to repair the driveway, and \$200.00 to repair the manhole for a total of \$1,300.00.

I am looking for the Boards' direction as to whether we are should pay for the repair to the homeowners' driveway.

Respectfully submitted,



Tim Hardesty

Northfield Township Community Center
Monthly Report
September 2015
Tami Averill, Director

I. September Overview

The Senior Nutrition program continues to grow. We have 61 registered seniors, with 10 to 18 attending on a daily basis. Lunches are being served on Mondays, Wednesdays and Fridays at 12:15p.m. Home delivered meals continue on hold while the County works out a catering contract issue.

THANK YOU to our Senior Lunch Volunteers –Linda Hartley, Cindy Hogston, Ernestine Hogston, Betty Jones, Karen Neigebauer, Ann Thompson and Curtis Ward. They continue to do a wonderful job and keep things running smoothly.

Planning for future programming and trips continues.

I continue to attend, record minutes and participate in the Parks & Recreation Commission meetings.

A big thank you to our volunteers – Damon Dotson, Ruth Hague, Linda Hartley, Cindy Hogston, Betty Jones, Alyssa Jones, Autumn Jones, Laura Misko, Karen Neigebauer, Fritz Nelson, Kim & Isabel Pohl, Donn Sleek, Ann Thompson, and Curtis Ward - for the work they contributed in September. Their hard work and assistance is always appreciated.

II. Program Evaluation

a. On Going Services

I continue to look for a new massage therapist who has a specialty in CranioSacral Therapy and other forms of massage. We will be adding two reflexology specialists in the next few weeks, so our massage room will be in use again.

Dr. Anthony Mastrogiacomo from South Lyon Foot & Ankle Specialists is offering senior foot care once a month. He will be back again on Oct. 22.

The Medical Loan Closet continues to be available to the community. Three items were loaned in September. We continue to ask for donations of wheelchairs, 4-wheeled walkers with seats, and shower chairs. We received donations of crutches, a commode, and several standard walkers in September.

The Regency continues to send a Registered Nurse on the 2nd Tuesday of each month to do blood pressure screenings. Eight people participated in September.

b. Classes

Chair Yoga (6 participants/week) and Exercise with Becky (8-12 participants/week) continue.

Tai Chi class will begin again in October.

MAH Fitness began a new session with four students in September.

Gentle Yoga (formerly Yoga for Beginners) has 8 registered participants.

Gentle Energy Exercises has 6 people participating. This is now an ongoing class on Mondays from 11:00a.m. to 12:00p.m.

Acrylic Painting for Beginners will begin a new session on October 14.

Mom & Tots Time had 4 families participate in September. Our theme was "Fun with Play Doh!" in recognition of National Play Doh Day. We read stories and made many creative and colorful works of art!

c. **On-Going Activities**

Pinochle continues every Tuesday and Thursday afternoon. Attendance has been consistent at 8 to 12 players per day each week.

The Knit, Crochet, Craft group continues to meet every Friday afternoon. 3-5 people attended each week during September.

The Whitmore Lake Portrait Group remains steady with their participation. Ten to twelve artists attend each week. The art gallery that showcases their art continues to be popular with our guests.

"A N.E.W. Me – Nutrition, Encouragement, and Weight Loss." Continues to meet here on Tuesday mornings. Three people attended each week this month.

The Chamber of Commerce continues to hold their monthly meetings here on the first Wednesday of each month.

Both the Morning Kiwanis and the Evening Kiwanis continue to hold their regular meetings and Board meetings at the Community Center.

The Lost Voices Board of Directors began holding their monthly meetings here in September.

The Whitmore Lake Historical Society held their fall meeting here on September 24.

d. **Special Events**

"Karaoke Night at the Community Center," continued on September 4. Eighteen people were there to sing or just sit back and enjoy the show.

Our final Movie Under the Stars for 2015 was scheduled to take place on September 18. Stardust Theater Rentals and I decided to cancel due to threatening weather. We were not charged for the evening's rental.

Planning has begun for our Old-fashioned Halloween event (Oct. 30 from 6:00p.m. to 9:00p.m.), the Thanksgiving Potluck (Nov. 16), a Holiday Craft Show (Nov. 20 & 21), Senior Holiday Gala (Dec 3) and Dinner with Santa (December 15).

User: RICK
DB: NorthfieldPERIOD ENDING 09/30/2015
% Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR		AVAILABLE BALANCE	% BDC USED
Fund 101 - GENERAL FUND									
Expenditures									
Dept 101-TOWNSHIP BOARD									
101-101-701	SALARIES	9,891.51	10,000.00	10,000.00	1,874.97	1,874.97	8,125.03	18.75	
101-101-715	SOCIAL SECURITY	756.72	765.00	765.00	151.11	151.11	613.89	19.75	
101-101-807	MEMBERSHIP DUES	9,551.68	10,500.00	10,500.00	6,823.20	175.00	3,676.80	64.98	
101-101-900	PRINTING & PUBLICATIONS	7,073.24	7,000.00	7,000.00	1,156.41	960.26	5,843.59	16.52	
101-101-957	TRAINING & DEVELOPMENT	509.31	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	
Total Dept 101-TOWNSHIP BOARD		27,782.46	29,265.00	29,265.00	10,005.69	3,161.34	19,259.31	34.19	
Dept 171-SUPERVISOR									
101-171-701	SALARIES	12,499.76	12,500.00	12,500.00	2,403.80	961.52	10,096.20	19.23	
101-171-715	SOCIAL SECURITY	(660.83)	957.00	957.00	59.03	73.55	897.97	6.17	
101-171-807	MEMBERSHIP DUES	0.00	120.00	120.00	0.00	0.00	120.00	0.00	
101-171-860	FUEL & MILEAGE	0.00	200.00	200.00	0.00	0.00	200.00	0.00	
101-171-956	MISCELLANEOUS	0.00	100.00	100.00	0.00	0.00	100.00	0.00	
101-171-957	TRAINING & DEVELOPMENT	285.58	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	
Total Dept 171-SUPERVISOR		12,124.51	14,877.00	14,877.00	2,462.83	1,035.07	12,414.17	16.55	
Dept 172-TOWNSHIP MANAGER									
101-172-701	SALARIES	77,000.04	77,000.00	77,000.00	14,807.70	5,923.08	62,192.30	19.23	
101-172-704	CLERICAL/DEP /SUPER/ELECTION	25,325.50	28,288.00	28,288.00	4,807.40	1,910.60	23,480.60	16.99	
101-172-715	SOCIAL SECURITY	11,995.42	12,335.00	12,335.00	2,267.05	932.25	10,067.95	18.38	
101-172-716	HOSPITALIZATION	6,534.22	1,500.00	1,500.00	0.00	0.00	1,500.00	0.00	
101-172-717	LIFE/DISB. INSURANCE	975.48	1,020.00	1,020.00	325.16	81.29	694.84	31.88	
101-172-718	PENSION	7,699.64	7,700.00	7,700.00	1,480.75	592.32	6,219.25	19.23	
101-172-722	CONTRACTOR	54,477.77	55,940.00	55,940.00	10,019.52	4,352.42	45,920.48	17.91	
101-172-818	CONTRACTUAL SERVICES	5,858.68	7,500.00	7,500.00	720.00	720.00	6,780.00	9.60	
101-172-850	COMMUNICATION	605.94	1,000.00	1,000.00	149.60	99.18	850.40	14.96	
101-172-860	FUEL & MILEAGE	0.00	500.00	500.00	0.00	0.00	500.00	0.00	
101-172-927	ALLOCATE TO DEPARTMENTS	(36,501.00)	(41,017.00)	(41,017.00)	0.00	0.00	(41,017.00)	0.00	
101-172-957	TRAINING & DEVELOPMENT	744.87	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	
Total Dept 172-TOWNSHIP MANAGER		154,716.56	152,766.00	152,766.00	34,577.18	14,611.14	118,188.82	22.63	
Dept 191-ELECTIONS									
101-191-704	CLERICAL/DEP /SUPER/ELECTION	9,416.75	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00	
101-191-727	SUPPLIES	4,929.53	1,500.00	1,500.00	247.70	0.00	1,252.30	16.51	
101-191-818	CONTRACTUAL SERVICES	1,760.00	0.00	0.00	0.00	0.00	0.00	0.00	
101-191-851	POSTAGE	0.00	200.00	200.00	0.00	0.00	200.00	0.00	
101-191-900	PRINTING & PUBLICATIONS	2,471.87	250.00	250.00	0.00	0.00	250.00	0.00	
Total Dept 191-ELECTIONS		18,578.15	4,950.00	4,950.00	247.70	0.00	4,702.30	5.00	
Dept 215-CLERK									
101-215-701	SALARIES	11,538.24	12,500.00	12,500.00	2,403.80	961.52	10,096.20	19.23	
101-215-703	DEPUTY SALARIES	38,508.49	34,360.00	34,360.00	5,926.59	2,520.00	28,433.41	17.25	
101-215-715	SOCIAL SECURITY	3,828.56	3,585.00	3,585.00	637.27	266.33	2,947.73	17.78	
101-215-716	HOSPITALIZATION	0.00	1,125.00	1,125.00	0.00	0.00	1,125.00	0.00	
101-215-717	LIFE/DISB. INSURANCE	0.00	500.00	500.00	0.00	0.00	500.00	0.00	
101-215-718	PENSION	0.00	3,436.00	3,436.00	252.00	252.00	3,184.00	7.33	
101-215-723	RECORD SEC	6,147.50	7,720.00	7,720.00	0.00	0.00	7,720.00	0.00	

REVENUE AND EXPENDITURE REPORT FOR NORTHFIELD TOWNSHIP
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GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 101 - GENERAL FUND								
Expenditures								
101-215-807	MEMBERSHIP DUES	0.00	100.00	100.00	0.00	0.00	100.00	0.00
101-215-860	FUEL & MILEAGE	60.94	150.00	150.00	0.00	0.00	150.00	0.00
101-215-922	LATE FEES AND PENALTIES	(26.22)	0.00	0.00	0.00	0.00	0.00	0.00
101-215-957	TRAINING & DEVELOPMENT	0.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Total Dept 215-CLERK		60,057.51	64,476.00	64,476.00	9,219.66	3,999.85	55,256.34	14.30
Dept 247-BOARD OF REVIEW								
101-247-706	BOARD OF REVIEW FEE	1,389.00	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00
101-247-715	SOCIAL SECURITY	106.27	153.00	153.00	0.00	0.00	153.00	0.00
101-247-723	RECORD SEC	1,050.00	1,200.00	1,200.00	0.00	0.00	1,200.00	0.00
101-247-900	PRINTING & PUBLICATIONS	682.00	800.00	800.00	0.00	0.00	800.00	0.00
101-247-959	TRIBUNALS AND DRAINS	10,469.59	20,000.00	20,000.00	73.51	0.00	19,926.49	0.37
Total Dept 247-BOARD OF REVIEW		13,696.86	24,153.00	24,153.00	73.51	0.00	24,079.49	0.30
Dept 253-TREASURER								
101-253-701	SALARIES	12,499.76	12,500.00	12,500.00	2,403.80	961.52	10,096.20	19.23
101-253-703	DEPUTY SALARIES	42,770.75	43,500.00	43,500.00	8,242.98	3,329.68	35,257.02	18.95
101-253-704	CLERICAL/DEP /SUPER/ELECTION	21,681.19	19,365.00	19,365.00	1,697.13	1,428.88	17,667.87	8.76
101-253-715	SOCIAL SECURITY	5,886.70	5,765.00	5,765.00	934.76	428.03	4,830.24	16.21
101-253-716	HOSPITALIZATION	10,089.51	7,305.00	7,305.00	3,376.16	844.04	3,928.84	46.22
101-253-717	LIFE/DISB. INSURANCE	460.80	485.00	485.00	153.60	38.40	331.40	31.67
101-253-718	PENSION	4,213.44	4,350.00	4,350.00	824.28	332.96	3,525.72	18.95
101-253-803	LEGAL	6,000.00	6,000.00	6,000.00	1,500.00	0.00	4,500.00	25.00
101-253-804	TAX STATEMENT PREPARATION	1,440.66	1,650.00	1,650.00	790.69	0.00	859.31	47.92
101-253-807	MEMBERSHIP DUES	100.00	130.00	130.00	0.00	0.00	130.00	0.00
101-253-851	POSTAGE	3,573.27	3,000.00	3,000.00	1,723.71	0.00	1,276.29	57.46
101-253-860	FUEL & MILEAGE	217.08	200.00	200.00	73.31	73.31	126.69	36.66
101-253-927	ALLOCATE TO DEPARTMENTS	(21,036.00)	(20,488.00)	(20,488.00)	0.00	0.00	(20,488.00)	0.00
101-253-956	MISCELLANEOUS	3,137.78	1,000.00	1,000.00	71.47	0.00	928.53	7.15
101-253-957	TRAINING & DEVELOPMENT	0.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Total Dept 253-TREASURER		91,034.94	85,762.00	85,762.00	21,791.89	7,936.82	63,970.11	25.41
Dept 257-ASSESSING								
101-257-709	ASST ASSESSOR	23,097.64	38,480.00	38,480.00	7,200.00	2,880.00	31,280.00	18.71
101-257-713	ASSESSOR	5,597.70	0.00	0.00	0.00	0.00	0.00	0.00
101-257-715	SOCIAL SECURITY	2,195.20	2,944.00	2,944.00	550.80	220.32	2,393.20	18.71
101-257-716	HOSPITALIZATION	5,769.58	18,860.00	18,860.00	5,705.84	1,426.46	13,154.16	30.25
101-257-717	LIFE/DISB. INSURANCE	0.00	700.00	700.00	0.00	0.00	700.00	0.00
101-257-718	PENSION	236.30	3,848.00	3,848.00	576.00	288.00	3,272.00	14.97
101-257-720	BANKED PTO	(3,234.63)	0.00	0.00	0.00	0.00	0.00	0.00
101-257-727	SUPPLIES	1,185.81	1,500.00	1,500.00	89.33	0.00	1,410.67	5.96
101-257-807	MEMBERSHIP DUES	0.00	500.00	500.00	0.00	0.00	500.00	0.00
101-257-818	CONTRACTUAL SERVICES	59,848.31	60,600.00	60,600.00	14,499.99	4,833.33	46,100.01	23.93
101-257-851	POSTAGE	2,202.50	2,500.00	2,500.00	50.00	0.00	2,450.00	2.00
101-257-860	FUEL & MILEAGE	0.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
101-257-957	TRAINING & DEVELOPMENT	1,050.00	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00
Total Dept 257-ASSESSING		97,948.41	133,432.00	133,432.00	28,671.96	9,648.11	104,760.04	21.49

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Fund 101 - GENERAL FUND								
Expenditures								
Dept 265-HALL AND GROUNDS								
101-265-710	JANITORIAL SALARIES	5,240.00	6,000.00	6,000.00	1,300.00	460.00	4,700.00	21.67
101-265-715	SOCIAL SECURITY	455.94	460.00	460.00	155.68	91.42	304.32	33.84
101-265-716	HOSPITALIZATION	(146.43)	0.00	0.00	0.00	0.00	0.00	0.00
101-265-727	SUPPLIES	9,976.20	10,000.00	10,000.00	1,986.49	922.33	8,013.51	19.86
101-265-731	WORKERS COMP INSURANCE	1,896.00	2,050.00	2,050.00	2,049.00	0.00	1.00	99.95
101-265-816	GROUNDS/CLEANING/JANITORIAL SERV	5,295.00	5,000.00	5,000.00	1,630.00	0.00	3,370.00	32.60
101-265-821	PSB MAINT & OPS ALLOCATION	44,890.00	48,975.00	48,975.00	0.00	0.00	48,975.00	0.00
101-265-850	COMMUNICATION	8,917.06	11,280.00	11,280.00	2,287.27	1,231.79	8,992.73	20.28
101-265-851	POSTAGE	4,596.93	5,500.00	5,500.00	1,708.51	0.00	3,791.49	31.06
101-265-910	INSURANCE & BONDS	23,453.00	30,700.00	30,700.00	0.00	0.00	30,700.00	0.00
101-265-920	UTILITIES	217.66	200.00	200.00	20.81	0.00	179.19	10.41
101-265-930	REPAIRS & MAINTENANCE	20,006.54	20,000.00	20,000.00	6,411.00	916.50	13,589.00	32.06
101-265-938	CHARGEBACKS - PRIOR TAX YEARS	4,047.62	2,500.00	2,500.00	91.50	91.50	2,408.50	3.66
101-265-940	RENTAL EQUIPMENT	3,675.88	4,300.00	4,300.00	662.22	220.74	3,637.78	15.40
101-265-956	MISCELLANEOUS	263.54	300.00	300.00	0.00	0.00	300.00	0.00
Total Dept 265-HALL AND GROUNDS		132,784.94	147,265.00	147,265.00	18,302.48	5,284.28	128,962.52	12.43
Dept 270-LEGAL/PROFESSIONAL								
101-270-800	OTHER PROFESSIONAL FEES	925.00	500.00	500.00	0.00	0.00	500.00	0.00
101-270-802	AUDIT FEES	4,500.00	6,300.00	6,300.00	0.00	0.00	6,300.00	0.00
101-270-803	LEGAL	100,997.27	96,000.00	96,000.00	14,875.00	8,045.00	81,125.00	15.49
101-270-806	ENGINEER	12,214.00	10,000.00	10,000.00	666.00	291.00	9,334.00	6.66
101-270-927	ALLOCATE TO DEPARTMENTS	(45,600.00)	(45,600.00)	(45,600.00)	(11,400.00)	(3,800.00)	(34,200.00)	25.00
Total Dept 270-LEGAL/PROFESSIONAL		73,036.27	67,200.00	67,200.00	4,141.00	4,536.00	63,059.00	6.16
Dept 336-CONTRIBUTIONS								
101-336-933	CONTRIBUTION - INDEPENDENCE D	2,500.00	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00
101-336-963	CONTRIBUTION - WWTP	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00
101-336-964	CONTRIBUTION-FIRE & MED RES	30,890.00	25,000.00	25,000.00	0.00	0.00	25,000.00	0.00
101-336-967	CONTRIBUTION-LAW ENFORCEMENT	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 336-CONTRIBUTIONS		53,390.00	27,500.00	27,500.00	0.00	0.00	27,500.00	0.00
Dept 412-PLANNING/ZONING DEPT								
101-412-707	ZBA SALARIES	3,100.00	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
101-412-715	SOCIAL SECURITY	1,139.85	1,071.00	1,071.00	130.05	45.90	940.95	12.14
101-412-723	RECORD SEC	5,597.50	6,720.00	6,720.00	0.00	0.00	6,720.00	0.00
101-412-726	PLANN COMM	11,800.00	11,000.00	11,000.00	1,800.00	700.00	9,200.00	16.36
101-412-727	SUPPLIES	172.18	200.00	200.00	0.00	0.00	200.00	0.00
101-412-800	OTHER PROFESSIONAL FEES	4,097.50	6,000.00	6,000.00	0.00	0.00	6,000.00	0.00
101-412-801	PLANNER FEES	29,932.11	30,750.00	30,750.00	450.00	0.00	30,300.00	1.46
101-412-803	LEGAL	0.00	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00
101-412-809	CODE ENFORCEMENT	16,641.37	17,000.00	17,000.00	3,111.66	1,636.66	13,888.34	18.30
101-412-818	CONTRACTUAL SERVICES	8,416.00	0.00	8,416.00	0.00	0.00	8,416.00	0.00
101-412-851	POSTAGE	14.04	500.00	500.00	61.11	0.00	438.89	12.22
101-412-860	FUEL & MILEAGE	611.30	1,200.00	1,200.00	120.00	0.00	1,080.00	10.00
101-412-900	PRINTING & PUBLICATIONS	3,069.57	1,800.00	1,800.00	248.12	0.00	1,551.88	13.78
101-412-927	ALLOCATE TO DEPARTMENTS	7,600.00	6,596.00	6,596.00	0.00	0.00	6,596.00	0.00
101-412-957	TRAINING & DEVELOPMENT	1,429.00	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00

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Fund 101 - GENERAL FUND								
Expenditures								
Total Dept 412-PLANNING/ZONING DEPT								
		93,620.42	92,837.00	101,253.00	5,920.94	3,083.84	95,332.06	5.85
Dept 448-STREET LIGHTS								
101-448-920	UTILITIES	35,029.20	35,520.00	35,520.00	5,671.64	2,835.82	29,848.36	15.97
Total Dept 448-STREET LIGHTS								
		35,029.20	35,520.00	35,520.00	5,671.64	2,835.82	29,848.36	15.97
Dept 449-ROAD WORK								
101-449-813	ROADWORK	17,357.67	26,000.00	26,000.00	5,026.89	5,026.89	20,973.11	19.33
101-449-814	ROAD IMPROVEMENTS	99,477.92	96,000.00	96,000.00	74,292.19	40,672.11	21,707.81	77.39
101-449-929	GRANT EXPENSE	0.00	250,000.00	250,000.00	3,597.00	3,597.00	246,403.00	1.44
Total Dept 449-ROAD WORK								
		116,835.59	372,000.00	372,000.00	82,916.08	49,296.00	289,083.92	22.29
Dept 666-COMMUNITY CENTER								
101-666-701	SALARIES	37,422.88	38,275.00	38,275.00	7,319.68	2,956.72	30,955.32	19.12
101-666-702	SALARIES	0.00	0.00	0.00	997.20	664.80	(997.20)	100.00
101-666-715	SOCIAL SECURITY	2,862.95	2,930.00	2,930.00	627.07	270.93	2,302.93	21.40
101-666-716	HOSPITALIZATION	8,611.47	6,950.00	6,950.00	2,302.08	315.52	4,647.92	33.12
101-666-717	LIFE/DISB. INSURANCE	524.16	550.00	550.00	174.72	43.68	375.28	31.77
101-666-718	PENSION	3,734.32	3,828.00	3,828.00	731.96	295.68	3,096.04	19.12
101-666-727	SUPPLIES	2,531.33	2,000.00	2,000.00	423.78	108.02	1,576.22	21.19
101-666-731	WORKERS COMP INSURANCE	315.00	340.00	340.00	338.00	0.00	2.00	99.41
101-666-807	MEMBERSHIP DUES	110.00	220.00	220.00	145.00	0.00	75.00	65.91
101-666-812	CC TRIPS	20,281.16	4,500.00	4,500.00	2,900.32	746.74	1,599.68	64.45
101-666-815	CC PROGRAMS	162.98	13,500.00	13,500.00	3,029.61	1,032.84	10,470.39	22.44
101-666-816	CC PROGRAMS	4,435.00	8,225.00	8,225.00	600.00	160.00	7,625.00	7.29
101-666-822	SENIOR NUTRITION	129.14	0.00	0.00	193.89	152.00	(193.89)	100.00
101-666-850	COMMUNICATION	3,523.00	2,700.00	2,700.00	683.25	396.11	2,016.75	25.31
101-666-851	POSTAGE	617.35	1,050.00	1,050.00	101.37	0.00	948.63	9.65
101-666-900	PRINTING & PUBLICATIONS	1,252.26	1,000.00	1,000.00	375.00	195.00	625.00	37.50
101-666-910	INSURANCE & BONDS	903.00	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00
101-666-920	UTILITIES	2,902.94	3,000.00	3,000.00	448.61	202.62	2,551.39	14.95
101-666-929	GRANT EXPENSE	518.94	0.00	0.00	0.00	0.00	0.00	0.00
101-666-930	REPAIRS & MAINTENANCE	4,944.29	4,500.00	4,500.00	538.00	379.00	3,962.00	11.96
101-666-970	EQUIPMENT	30.42	400.00	400.00	54.00	0.00	346.00	13.50
Total Dept 666-COMMUNITY CENTER								
		95,812.59	95,968.00	95,968.00	21,983.54	7,919.66	73,984.46	22.91
Dept 850-TOWNSHIP CONTINGENCY								
101-850-905	CONTINGENCY FUNDS	644.56	12,000.00	12,000.00	2,000.00	0.00	10,000.00	16.67
Total Dept 850-TOWNSHIP CONTINGENCY								
		644.56	12,000.00	12,000.00	2,000.00	0.00	10,000.00	16.67
Dept 900-CAPITAL OUTLAY								
101-900-972	COMPUTER	8,301.66	11,500.00	11,500.00	624.00	0.00	10,876.00	5.43
101-900-978	LAND ACQUISITION	98,582.58	4,500.00	4,500.00	865.00	0.00	3,635.00	19.22
Total Dept 900-CAPITAL OUTLAY								
		106,884.24	16,000.00	16,000.00	1,489.00	0.00	14,511.00	9.31

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Fund 101 - GENERAL FUND								
Expenditures								
Dept 905-DEBT SERVICE								
101-905-985	PSB SHARE OF BOND PMT	85,220.83	87,823.00	87,823.00	0.00	0.00	87,823.00	0.00
Total Dept 905-DEBT SERVICE								
		85,220.83	87,823.00	87,823.00	0.00	0.00	87,823.00	0.00
TOTAL Expenditures								
		1,269,198.04	1,463,794.00	1,472,210.00	249,475.10	113,347.93	1,222,734.90	16.95
Fund 101 - GENERAL FUND:								
TOTAL REVENUES								
		1,272,522.72	1,497,019.00	1,497,019.00	53,777.36	39,451.96	1,443,241.64	3.59
TOTAL EXPENDITURES								
		1,269,198.04	1,463,794.00	1,472,210.00	249,475.10	113,347.93	1,222,734.90	16.95
NET OF REVENUES/EXPENDITURES - 2014-15								
		3,324.68	33,225.00	24,809.00	(195,697.74)	(73,895.97)	220,506.74	788.82
NET OF REVENUES & EXPENDITURES								
BEG. FUND BALANCE								
		1,549,377.79	1,549,377.79	1,549,377.79	1,549,377.79			
END FUND BALANCE								
		1,552,702.47	1,582,602.79	1,574,186.79	1,357,004.73			

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Fund 207 - LAW ENFORCEMENT FUND								
Revenues								
Dept 000								
207-000-402	CURRENT PROPERTY TAX	1,379,180.91	1,404,685.00	1,404,685.00	0.00	0.00	1,404,685.00	0.00
207-000-445	PENALTY & INTEREST ON TAXES	2,112.33	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
207-000-570	LIQUOR LICENSE & PERMITS	2,634.50	3,000.00	3,000.00	2,615.25	0.00	384.75	87.18
207-000-626	COPY & FOIA INCOME	2,284.00	1,600.00	1,600.00	331.60	60.00	1,268.40	20.73
207-000-656	FINES & COURT FEES	25,063.44	30,000.00	30,000.00	2,018.30	120.00	27,981.70	6.73
207-000-658	IMPOUND FEES	2,140.00	2,000.00	2,000.00	0.00	0.00	1,680.00	16.00
207-000-664	FEES PAID FOR OFFICER WAGES	6,298.12	6,500.00	6,500.00	0.00	0.00	6,500.00	0.00
207-000-671	REIMBURSEMENT/OTHER INCOME	3,400.25	3,000.00	3,000.00	756.93	240.00	2,243.07	25.23
207-000-673	SALE OF FIXED ASSET	605.25	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
207-000-681	OF REIMBURSEMENT	17,109.75	17,000.00	17,000.00	1,085.70	0.00	15,914.30	6.39
Total Dept 000		1,440,828.55	1,471,785.00	1,471,785.00	7,127.78	4,560.86	1,464,657.22	0.48
Dept 336-CONTRIBUTIONS								
207-336-588	CONTRIBUTION OTHER FUND(S)	41,000.00	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
207-336-683	CONTRIBUTION - INDEPENDENCE D	1,500.00	1,500.00	1,500.00	0.00	0.00	1,500.00	0.00
Total Dept 336-CONTRIBUTIONS		42,500.00	36,500.00	36,500.00	0.00	0.00	36,500.00	0.00
TOTAL Revenues		1,483,328.55	1,508,285.00	1,508,285.00	7,127.78	4,560.86	1,501,157.22	0.47
Expenditures								
Dept 226-PERSONNEL								
207-226-701	SALARIES	195,514.42	198,005.00	198,005.00	37,439.55	14,894.58	160,565.45	18.91
207-226-702	SALARIES	386,642.25	393,879.00	393,879.00	74,283.73	30,705.50	319,595.27	18.86
207-226-704	CLERICAL/DEP /SUPER/ELECTION	63,951.68	69,401.00	69,401.00	11,995.65	4,729.12	57,405.35	17.28
207-226-708	SALARIES-PART TIME	30,632.22	35,000.00	35,000.00	7,867.29	4,880.65	27,132.71	22.48
207-226-710	JANITORIAL SALARIES	8,240.00	8,320.00	8,320.00	2,095.00	735.00	6,225.00	25.18
207-226-711	SALARIES-OVERTIME	52,947.21	35,000.00	35,000.00	10,731.84	3,771.58	24,268.16	30.66
207-226-714	HOLIDAY	34,215.00	35,257.00	35,257.00	0.00	0.00	35,257.00	0.00
207-226-715	SOCIAL SECURITY	60,958.07	60,190.00	60,190.00	10,958.54	4,487.67	49,231.46	18.21
207-226-716	HOSPITALIZATION	159,260.56	162,555.00	162,555.00	32,085.19	6,927.82	130,469.81	19.74
207-226-717	LIFE/DISB. INSURANCE	7,672.84	8,028.00	8,028.00	2,609.48	606.77	5,418.52	32.50
207-226-718	EMPLOYEE FRINGE-LONGEVITY	60,781.90	63,219.00	63,219.00	11,606.10	4,855.00	51,612.90	18.36
207-226-719	MEDICAL TESTING	5,400.00	5,700.00	5,700.00	0.00	0.00	5,700.00	0.00
207-226-730	WORKERS COMP INSURANCE	145.50	500.00	500.00	0.00	0.00	500.00	0.00
207-226-731	UNIFORMS/GEAR & ALLOWANCE	15,023.00	16,010.00	16,010.00	16,009.00	0.00	1.00	99.99
207-226-741	ALLOCATE TO DEPARTMENTS	6,200.00	6,200.00	6,200.00	0.00	0.00	6,200.00	0.00
207-226-927	TRAINING & DEVELOPMENT	59,485.00	58,604.00	58,604.00	0.00	0.00	58,604.00	0.00
207-226-957		50.00	350.00	350.00	0.00	0.00	350.00	0.00
Total Dept 226-PERSONNEL		1,147,119.65	1,156,218.00	1,156,218.00	217,681.37	76,593.69	938,536.63	18.83
Dept 265-HALL AND GROUNDS								
207-265-821	PSB MAINT & OPS ALLOCATION	44,889.00	48,975.00	48,975.00	0.00	0.00	48,975.00	0.00
Total Dept 265-HALL AND GROUNDS		44,889.00	48,975.00	48,975.00	0.00	0.00	48,975.00	0.00
Dept 270-LEGAL/PROFESSIONAL								
207-270-722	CONTROLLER	8,171.00	6,993.00	6,993.00	0.00	0.00	6,993.00	0.00
207-270-802	AUDIT FEES	3,060.00	2,250.00	2,250.00	0.00	0.00	2,250.00	0.00

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 207 - LAW ENFORCEMENT FUND								
Expenditures								
207-270-803	LEGAL	39,600.00	40,000.00	40,000.00	9,900.00	3,300.00	30,100.00	24.75
Total Dept 270-LEGAL/PROFESSIONAL		50,831.00	49,243.00	49,243.00	9,900.00	3,300.00	39,343.00	20.10
Dept 301-OPERATING COSTS								
207-301-727	SUPPLIES	6,089.63	3,000.00	3,000.00	973.77	224.83	2,026.23	32.46
207-301-741	UNIFORMS/GEAR & ALLOWANCE	58.29	0.00	0.00	0.00	0.00	0.00	0.00
207-301-807	MEMBERSHIP DUES	760.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
207-301-818	CONTRACTUAL SERVICES	13,914.00	18,000.00	18,000.00	3,578.33	0.00	14,421.67	19.88
207-301-820	DISPATCH SERVICES	63,346.92	68,000.00	68,000.00	15,836.73	0.00	52,163.27	23.29
207-301-850	COMMUNICATION	13,546.61	20,000.00	20,000.00	3,670.18	1,148.72	16,329.82	18.35
207-301-851	POSTAGE	320.90	200.00	200.00	100.00	0.00	100.00	50.00
207-301-900	PRINTING & PUBLICATIONS	99.63	400.00	400.00	0.00	0.00	400.00	0.00
207-301-910	INSURANCE & BONDS	17,226.00	17,513.00	17,513.00	0.00	0.00	17,513.00	0.00
207-301-930	REPAIRS & MAINTENANCE	1,589.17	2,000.00	2,000.00	246.94	85.66	1,753.06	12.35
207-301-932	RADIO REPAIR	1,100.00	1,100.00	1,100.00	0.00	0.00	1,100.00	0.00
207-301-938	CHARGEBACKS - PRIOR TAX YEARS	12,232.34	0.00	0.00	44.00	44.00	(44.00)	100.00
207-301-940	RENTAL EQUIPMENT	1,567.92	2,300.00	2,300.00	344.73	114.91	1,955.27	14.99
207-301-972	COMPUTER	2,400.00	0.00	0.00	0.00	(200.00)	0.00	0.00
Total Dept 301-OPERATING COSTS		134,251.41	133,513.00	133,513.00	24,794.68	6,697.03	108,718.32	18.57
Dept 333-TRANSPORTATION								
207-333-860	FUEL & MILEAGE	21,948.33	21,000.00	21,000.00	5,149.99	0.00	15,850.01	24.52
207-333-930	REPAIRS & MAINTENANCE	13,727.32	11,500.00	11,500.00	775.83	176.00	10,724.17	6.75
Total Dept 333-TRANSPORTATION		35,675.65	32,500.00	32,500.00	5,925.82	176.00	26,574.18	18.23
Dept 900-CAPITAL OUTLAY								
207-900-972	COMPUTER	73.13	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 900-CAPITAL OUTLAY		73.13	0.00	0.00	0.00	0.00	0.00	0.00
Dept 905-DEBT SERVICE								
207-905-985	PSB SHARE OF BOND PMT	85,220.83	87,823.00	87,823.00	0.00	0.00	87,823.00	0.00
Total Dept 905-DEBT SERVICE		85,220.83	87,823.00	87,823.00	0.00	0.00	87,823.00	0.00
TOTAL Expenditures		1,498,060.67	1,508,272.00	1,508,272.00	258,301.87	86,766.72	1,249,970.13	17.13
Fund 207 - LAW ENFORCEMENT FUND:								
TOTAL REVENUES		1,483,328.55	1,508,285.00	1,508,285.00	7,127.78	4,560.86	1,501,157.22	0.47
TOTAL EXPENDITURES		1,498,060.67	1,508,272.00	1,508,272.00	258,301.87	86,766.72	1,249,970.13	17.13
NET OF REVENUES/EXPENDITURES - 2014-15		(14,732.12)	13.00	13.00	(251,174.09)	(82,205.86)	251,187.09	1.932,10
BEG. FUND BALANCE		470,378.08	470,378.08	470,378.08	470,378.08			
END FUND BALANCE		455,645.96	470,391.08	470,391.08	204,471.87			

REVENUE AND EXPENDITURE REPORT FOR NORTHFIELD TOWNSHIP
PERIOD ENDING 09/30/2015
% Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 216 - MEDICAL RESCUE FUND								
Revenues								
Dept 000								
216-000-402	CURRENT PROPERTY TAX	616,776.08	634,473.00	634,473.00	0.00	0.00	634,473.00	0.00
216-000-445	PENALTY & INTEREST ON TAXES	943.81	500.00	500.00	0.00	0.00	500.00	0.00
216-000-482	HOUSE NUMBERS	800.00	500.00	500.00	0.00	0.00	500.00	0.00
216-000-588	CONTRIBUTION OTHER FUND(S)	25,000.00	25,000.00	25,000.00	0.00	0.00	25,000.00	0.00
216-000-590	GRANT INCOME	4,841.15	0.00	0.00	0.00	0.00	0.00	0.00
216-000-626	COPY & FOIA INCOME	25.00	0.00	0.00	0.00	0.00	(11.00)	100.00
216-000-635	RESPONSE FEES	9,567.77	8,000.00	8,000.00	160.50	160.50	7,839.50	2.01
216-000-639	DRIVeway INSPECTIONS	750.00	400.00	400.00	200.00	100.00	200.00	50.00
216-000-671	REIMBURSEMENT/OTHER INCOME	2,582.88	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
216-000-673	SALE OF FIXED ASSET	980.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Total Dept 000		662,266.69	672,873.00	672,873.00	371.50	260.50	672,501.50	0.06
Dept 336-CONTRIBUTIONS								
216-336-588	CONTRIBUTION OTHER FUND(S)	5,890.00	0.00	0.00	0.00	0.00	0.00	0.00
216-336-683	CONTRIBUTION - INDEPENDENCE D	1,000.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Total Dept 336-CONTRIBUTIONS		6,890.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
TOTAL Revenues		669,156.69	673,873.00	673,873.00	371.50	260.50	673,501.50	0.06
Expenditures								
Dept 226-PERSONNEL								
216-226-701	SALARIES	79,221.04	79,310.00	79,310.00	15,251.90	6,100.76	64,058.10	19.23
216-226-702	SALARIES	123,046.00	134,000.00	134,000.00	23,752.00	9,570.00	110,248.00	17.73
216-226-705	ADMINISTRATIVE ASSISTANT	5,757.87	7,000.00	7,000.00	1,185.10	472.67	5,814.90	16.93
216-226-708	SALARIES-PART TIME	52,991.49	55,000.00	55,000.00	8,834.09	4,020.64	46,165.91	16.06
216-226-712	SALARIES - OFFICERS	8,925.00	14,000.00	14,000.00	0.00	0.00	14,000.00	0.00
216-226-715	SOCIAL SECURITY	21,627.37	23,130.00	23,130.00	3,839.95	1,580.63	19,290.05	16.60
216-226-716	HOSPITALIZATION	24,930.93	23,000.00	23,000.00	6,839.56	1,297.40	16,160.44	29.74
216-226-717	LIFE/DISB. INSURANCE	844.92	900.00	900.00	281.64	70.41	618.36	31.29
216-226-718	PENSION	7,912.76	7,931.00	7,931.00	1,525.16	610.08	6,405.84	19.23
216-226-730	MEDICAL TESTING	585.00	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00
216-226-731	WORKERS COMP INSURANCE	9,600.00	10,280.00	10,280.00	10,278.00	0.00	2.00	99.98
216-226-927	ALLOCATE TO DEPARTMENTS	(59,485.00)	(58,604.00)	(58,604.00)	0.00	0.00	(58,604.00)	0.00
216-226-957	TRAINING & DEVELOPMENT	4,567.35	10,000.00	10,000.00	325.00	325.00	9,675.00	3.25
216-226-958	TRAINING WAGES	12,739.21	13,000.00	13,000.00	1,362.00	624.00	11,638.00	10.48
Total Dept 226-PERSONNEL		293,263.94	322,947.00	322,947.00	73,474.40	24,671.59	249,472.60	22.75
Dept 265-HALL AND GROUNDS								
216-265-816	GROUND/CLEANING/JANITOR SERV	1,610.00	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00
216-265-821	PSB MAINT & OPS ALLOCATION	44,889.00	48,975.00	48,975.00	0.00	0.00	48,975.00	0.00
Total Dept 265-HALL AND GROUNDS		46,499.00	50,975.00	50,975.00	0.00	0.00	50,975.00	0.00
Dept 270-LEGAL/PROFESSIONAL								
216-270-722	CONTROLLER	8,171.00	6,993.00	6,993.00	0.00	0.00	6,993.00	0.00
216-270-802	AUDIT FEES	3,060.00	2,250.00	2,250.00	0.00	0.00	2,250.00	0.00
216-270-803	LEGAL	0.00	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 216 - MEDICAL RESCUE FUND								
Expenditures								
Total Dept 270-LEGAL/PROFESSIONAL		11,231.00	11,243.00	11,243.00	0.00	0.00	11,243.00	0.00
Dept 301-OPERATING COSTS								
216-301-727	SUPPLIES	6,530.41	8,000.00	8,000.00	1,097.16	507.44	6,902.84	13.71
216-301-741	UNIFORMS/GEAR & ALLOWANCE	13,502.07	8,000.00	8,000.00	289.28	0.00	7,710.72	3.62
216-301-807	MEMBERSHIP DUES	1,175.00	1,500.00	1,500.00	500.00	0.00	1,000.00	33.33
216-301-818	CONTRACTUAL SERVICES	1,593.91	2,000.00	2,000.00	16.05	16.05	1,983.95	0.80
216-301-820	DISPATCH SERVICES	10,274.04	11,800.00	11,800.00	2,948.19	982.73	8,851.81	24.98
216-301-850	COMMUNICATION	4,231.40	7,200.00	7,200.00	1,690.78	968.20	5,509.22	23.48
216-301-851	POSTAGE	100.00	50.00	50.00	0.00	0.00	50.00	0.00
216-301-900	PRINTING & PUBLICATIONS	203.85	200.00	200.00	0.00	0.00	200.00	0.00
216-301-910	INSURANCE & BONDS	54,585.00	55,000.00	55,000.00	0.00	0.00	55,000.00	0.00
216-301-920	UTILITIES	9,097.91	11,000.00	11,000.00	595.93	240.37	10,404.07	5.42
216-301-930	REPAIRS & MAINTENANCE	2,816.28	4,000.00	4,000.00	1,134.31	31.60	2,885.69	28.36
216-301-932	RADIO REPAIR	2,200.00	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
216-301-938	CHARGEBACKS - PRIOR TAX YEARS	5,470.45	0.00	0.00	19.68	19.68	(19.68)	100.00
216-301-972	COMPUTER	0.00	3,000.00	3,000.00	754.52	637.26	2,245.48	25.15
Total Dept 301-OPERATING COSTS		111,780.32	114,750.00	114,750.00	9,045.90	3,403.33	105,704.10	7.88
Dept 333-TRANSPORTATION								
216-333-860	FUEL & MILEAGE	10,337.34	11,000.00	11,000.00	1,241.90	522.54	9,758.10	11.29
216-333-930	REPAIRS & MAINTENANCE	21,273.20	21,000.00	21,000.00	8,516.11	4,784.68	12,483.89	40.55
Total Dept 333-TRANSPORTATION		31,610.54	32,000.00	32,000.00	9,758.01	5,307.22	22,241.99	30.49
Dept 900-CAPITAL OUTLAY								
216-900-970	EQUIPMENT	3,897.73	6,000.00	6,000.00	0.00	0.00	6,000.00	0.00
216-900-972	COMPUTER	703.56	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 900-CAPITAL OUTLAY		4,601.29	6,000.00	6,000.00	0.00	0.00	6,000.00	0.00
Dept 905-DEBT SERVICE								
216-905-985	PSB SHARE OF BOND PMT	85,220.83	87,823.00	87,823.00	0.00	0.00	87,823.00	0.00
216-905-991	DEBT SERVICE - PRINCIPAL	43,775.46	45,900.00	45,900.00	45,898.54	0.00	1.46	100.00
216-905-995	DEBT SERVICE - INTEREST	4,349.19	2,227.00	2,227.00	2,226.11	0.00	0.89	99.96
Total Dept 905-DEBT SERVICE		133,345.48	135,950.00	135,950.00	48,124.65	0.00	87,825.35	35.40
TOTAL Expenditures		632,331.57	673,865.00	673,865.00	140,402.96	33,382.14	533,462.04	20.84
Fund 216 - MEDICAL RESCUE FUND:								
TOTAL REVENUES		669,156.69	673,873.00	673,873.00	371.50	260.50	673,501.50	0.06
TOTAL EXPENDITURES		632,331.57	673,865.00	673,865.00	140,402.96	33,382.14	533,462.04	20.84
NET OF REVENUES/EXPENDITURES - 2014-15					36,825.12		36,825.12	
NET OF REVENUES & EXPENDITURES		36,825.12	8.00	8.00	(140,031.46)	(33,121.64)	140,039.46	1,750.39
BEG. FUND BALANCE		412,431.78	412,431.78	412,431.78	412,431.78			
END FUND BALANCE		449,256.90	412,439.78	412,439.78	309,225.44			

REVENUE AND EXPENDITURE REPORT FOR NORTHEFIELD TOWNSHIP

PERIOD ENDING 09/30/2015
% Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE	2015-16	2015-16	YTD BALANCE	ACTIVITY FOR	AVAILABLE	% BGT
		06/30/2015	ORIGINAL BUDGET	AMENDED BUDGET	09/30/2015	MONTH 09/30/2015	BALANCE	USED

REVENUE AND EXPENDITURE REPORT FOR NORTHFIELD TOWNSHIP

PERIOD ENDING 09/30/2015
 % Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDT USED
Fund 230 - DONATION FUND								
Revenues								
Dept 000								
230-000-691	DONATION - FIREWORKS	1,200.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
230-000-692	DONATION - EVENTS/COMMUNITY P	2,300.00	1,500.00	1,500.00	(2,800.00)	0.00	4,300.00	(186.67)
Total Dept 000		3,500.00	2,500.00	2,500.00	(2,800.00)	0.00	5,300.00	(112.00)
TOTAL Revenues		3,500.00	2,500.00	2,500.00	(2,800.00)	0.00	5,300.00	(112.00)
Expenditures								
Dept 301-OPERATING COSTS								
230-301-903	DONATIONS - KIWANIS	1,025.00	0.00	0.00	0.00	0.00	0.00	0.00
230-301-904	DONATIONS - EVENTS/COMMUNITY	1,376.59	1,500.00	1,500.00	728.20	189.40	771.80	48.55
Total Dept 301-OPERATING COSTS		2,401.59	1,500.00	1,500.00	728.20	189.40	771.80	48.55
TOTAL Expenditures		2,401.59	1,500.00	1,500.00	728.20	189.40	771.80	48.55
Fund 230 - DONATION FUND:								
TOTAL REVENUES		3,500.00	2,500.00	2,500.00	(2,800.00)	0.00	5,300.00	112.00
TOTAL EXPENDITURES		2,401.59	1,500.00	1,500.00	728.20	189.40	771.80	48.55
NET OF REVENUES/EXPENDITURES - 2014-15					1,098.41		1,098.41	
NET OF REVENUES & EXPENDITURES		1,098.41	1,000.00	1,000.00	(3,528.20)	(189.40)	4,528.20	352.82
BEG. FUND BALANCE		4,064.34	4,064.34	4,064.34	4,064.34			
END FUND BALANCE		5,162.75	5,064.34	5,064.34	1,634.55			

REVENUE AND EXPENDITURE REPORT FOR NORTHFIELD TOWNSHIP

PERIOD ENDING 09/30/2015
 % Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 248 - DOWNTOWN DEVELOPMENT AUTH								
Revenues								
Dept 000								
248-000-671	REIMBURSEMENT/OTHER INCOME	4.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 000		4.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Revenues		4.00	0.00	0.00	0.00	0.00	0.00	0.00
Expenditures								
Dept 301-OPERATING COSTS								
248-301-800	OTHER PROFESSIONAL FEES	5,538.08	0.00	0.00	0.00	0.00	0.00	0.00
248-301-816	GROUPS/CLEANING/JANITORIAL SERV	0.00	1,200.00	1,200.00	0.00	0.00	1,200.00	0.00
Total Dept 301-OPERATING COSTS		5,538.08	1,200.00	1,200.00	0.00	0.00	1,200.00	0.00
Dept 449-ROAD WORK								
248-449-814	ROAD IMPROVEMENTS	20,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 449-ROAD WORK		20,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Dept 900-CAPITAL OUTLAY								
248-900-925	STREETSCAPING	0.00	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
Total Dept 900-CAPITAL OUTLAY		0.00	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
TOTAL Expenditures		25,538.08	4,200.00	4,200.00	0.00	0.00	4,200.00	0.00
Fund 248 - DOWNTOWN DEVELOPMENT AUTH:								
TOTAL REVENUES		4.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENDITURES		25,538.08	4,200.00	4,200.00	0.00	0.00	4,200.00	0.00
NET OF REVENUES/EXPENDITURES - 2014-15		(25,534.08)	(4,200.00)	(4,200.00)	0.00	0.00	(4,200.00)	0.00
BEG. FUND BALANCE		91,499.33	91,499.33	91,499.33	91,499.33	0.00	91,499.33	0.00
END FUND BALANCE		65,965.25	87,299.33	87,299.33	65,965.25	0.00	65,965.25	0.00

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GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDT USED
Fund 265 - NARCOTICS FUND								
Revenues								
Dept 000								
265-000-661	FORFEITURES	74,708.80	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
Total Dept 000		74,708.80	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
TOTAL Revenues		74,708.80	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
Expenditures								
Dept 301-OPERATING COSTS								
265-301-727	SUPPLIES	0.00	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00
265-301-899	FOREFEITURE SHARING	13,385.75	15,000.00	15,000.00	0.00	0.00	15,000.00	0.00
265-301-956	MISCELLANEOUS	134.20	2,000.00	2,000.00	6.00	0.00	1,994.00	0.30
265-301-972	COMPUTER	0.00	8,000.00	8,000.00	837.26	837.26	7,162.74	10.47
Total Dept 301-OPERATING COSTS		13,519.95	29,000.00	29,000.00	843.26	837.26	28,156.74	2.91
Dept 336-CONTRIBUTIONS								
265-336-967	CONTRIBUTION-LAW ENFORCEMENT	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 336-CONTRIBUTIONS		1,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Dept 900-CAPITAL OUTLAY								
265-900-970	EQUIPMENT	6,590.91	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 900-CAPITAL OUTLAY		6,590.91	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Expenditures		21,110.86	29,000.00	29,000.00	843.26	837.26	28,156.74	2.91
Fund 265 - NARCOTICS FUND:								
TOTAL REVENUES		74,708.80	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
TOTAL EXPENDITURES		21,110.86	29,000.00	29,000.00	53,597.94	837.26	28,156.74	2.91
NET OF REVENUES/EXPENDITURES - 2014-15								
NET OF REVENUES & EXPENDITURES		53,597.94	6,000.00	6,000.00	(843.26)	(837.26)	6,843.26	14.05
BEG. FUND BALANCE		46,246.49	46,246.49	46,246.49	46,246.49			
END FUND BALANCE		99,844.43	52,246.49	52,246.49	99,001.17			

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Fund 266 - FEDERAL NARCOTICS FUND								
Revenues								
Dept 000								
266-000-661	FOREFEITURES	93,271.61	100,000.00	100,000.00	30,699.41	6,932.13	69,300.59	30.70
Total Dept 000		93,271.61	100,000.00	100,000.00	30,699.41	6,932.13	69,300.59	30.70
TOTAL Revenues		93,271.61	100,000.00	100,000.00	30,699.41	6,932.13	69,300.59	30.70
Expenditures								
Dept 301-OPERATING COSTS								
266-301-727	SUPPLIES	9,537.49	12,000.00	12,000.00	1,714.88	1,156.00	10,285.12	14.29
266-301-956	MISCELLANEOUS	4,587.82	5,000.00	5,000.00	459.18	325.00	4,540.82	9.18
Total Dept 301-OPERATING COSTS		14,125.31	17,000.00	17,000.00	2,174.06	1,481.00	14,825.94	12.79
Dept 336-CONTRIBUTIONS								
266-336-967	CONTRIBUTION-LAW ENFORCEMENT	35,000.00	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
Total Dept 336-CONTRIBUTIONS		35,000.00	35,000.00	35,000.00	0.00	0.00	35,000.00	0.00
Dept 900-CAPITAL OUTLAY								
266-900-970	EQUIPMENT	137,069.19	170,000.00	170,000.00	27,200.48	0.00	142,799.52	16.00
266-900-974	VEHICLE	62,874.10	60,000.00	60,000.00	0.00	0.00	60,000.00	0.00
Total Dept 900-CAPITAL OUTLAY		199,943.29	230,000.00	230,000.00	27,200.48	0.00	202,799.52	11.83
TOTAL Expenditures		249,068.60	282,000.00	282,000.00	29,374.54	1,481.00	252,625.46	10.42
Fund 266 - FEDERAL NARCOTICS FUND:								
TOTAL REVENUES		93,271.61	100,000.00	100,000.00	30,699.41	6,932.13	69,300.59	30.70
TOTAL EXPENDITURES		249,068.60	282,000.00	282,000.00	29,374.54	1,481.00	252,625.46	10.42
NET OF REVENUES/EXPENDITURES - 2014-15		(155,796.99)	(182,000.00)	(182,000.00)	1,324.87	5,451.13	(183,324.87)	0.73
BEG. FUND BALANCE		515,709.12	515,709.12	515,709.12	515,709.12			
END FUND BALANCE		359,912.13	333,709.12	333,709.12	361,237.00			

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Fund 287 - BUILDING DEPARTMENT FUND								
Revenues								
Dept 000								
287-000-484	BUILDING PLAN REVIEW FEES	3,243.00	3,000.00	3,000.00	1,524.32	828.00	1,475.68	50.81
287-000-485	BUILDING PERMIT FEES	35,170.00	29,240.00	29,240.00	14,502.00	7,818.00	14,738.00	49.60
287-000-486	CONTRACTOR'S REGISTRATION	2,340.00	1,500.00	1,500.00	705.00	345.00	795.00	47.00
287-000-488	TRADE PERMIT FEES	32,054.00	25,000.00	25,000.00	10,580.00	5,215.00	14,420.00	42.32
Total Dept 000		72,807.00	58,740.00	58,740.00	27,311.32	14,206.00	31,428.68	46.50
TOTAL Revenues		72,807.00	58,740.00	58,740.00	27,311.32	14,206.00	31,428.68	46.50
Expenditures								
Dept 226-PERSONNEL								
287-226-927	ALLOCATE TO DEPARTMENTS	18,341.00	18,548.00	18,548.00	0.00	0.00	18,548.00	0.00
Total Dept 226-PERSONNEL		18,341.00	18,548.00	18,548.00	0.00	0.00	18,548.00	0.00
Dept 261-GOVERNMENT SHARED SERVICES								
287-261-725	INSPECTOR EXPENSES	31,200.27	25,000.00	25,000.00	3,676.66	0.00	21,323.34	14.71
Total Dept 261-GOVERNMENT SHARED SERVICES		31,200.27	25,000.00	25,000.00	3,676.66	0.00	21,323.34	14.71
Dept 270-LEGAL/PROFESSIONAL								
287-270-722	CONTROLLER	1,634.00	2,796.00	2,796.00	0.00	0.00	2,796.00	0.00
287-270-802	AUDIT FEES	900.00	900.00	900.00	0.00	0.00	900.00	0.00
Total Dept 270-LEGAL/PROFESSIONAL		2,534.00	3,696.00	3,696.00	0.00	0.00	3,696.00	0.00
Dept 301-OPERATING COSTS								
287-301-725	INSPECTOR EXPENSES	5,545.25	7,500.00	7,500.00	1,260.00	495.00	6,240.00	16.80
287-301-727	SUPPLIES	392.00	500.00	500.00	0.00	0.00	500.00	0.00
287-301-850	COMMUNICATION	346.23	300.00	300.00	63.20	31.58	236.80	21.07
287-301-910	INSURANCE & BONDS	0.00	600.00	600.00	0.00	0.00	600.00	0.00
287-301-927	ALLOCATE TO DEPARTMENTS	0.00	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Total Dept 301-OPERATING COSTS		6,283.48	9,900.00	9,900.00	1,323.20	526.58	8,576.80	13.37
TOTAL Expenditures		58,358.75	57,144.00	57,144.00	4,999.86	526.58	52,144.14	8.75
Fund 287 - BUILDING DEPARTMENT FUND:								
TOTAL REVENUES		72,807.00	58,740.00	58,740.00	27,311.32	14,206.00	31,428.68	46.50
TOTAL EXPENDITURES		58,358.75	57,144.00	57,144.00	4,999.86	526.58	52,144.14	8.75
NET OF REVENUES/EXPENDITURES - 2014-15								
NET OF REVENUES & EXPENDITURES		14,448.25	1,596.00	1,596.00	22,311.46	13,679.42	(20,715.46)	1,397.96
BEG. FUND BALANCE		65,414.00	65,414.00	65,414.00	65,414.00			
END FUND BALANCE		79,862.25	67,010.00	67,010.00	102,173.71			

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 369 - BLDG AUTH DEBT FUND								
Revenues								
Dept 000								
369-000-685	FUNDS XFER FOR 3.5 BOND PMT	255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
Total Dept 000		255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
TOTAL Revenues		255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
Expenditures								
Dept 905-DEBT SERVICE								
369-905-942	3 M BOND BLDG AUTH	206,853.50	219,518.00	219,518.00	0.00	0.00	219,518.00	0.00
369-905-987	INTEREST 3 M BOND	48,808.99	43,948.00	43,948.00	0.00	0.00	43,948.00	0.00
Total Dept 905-DEBT SERVICE		255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
TOTAL Expenditures		255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
Fund 369 - BLDG AUTH DEBT FUND:								
TOTAL REVENUES		255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
TOTAL EXPENDITURES		255,662.49	263,466.00	263,466.00	0.00	0.00	263,466.00	0.00
NET OF REVENUES & EXPENDITURES		0.00	0.00	0.00	0.00	0.00	0.00	0.00
BEG. FUND BALANCE								
END FUND BALANCE								

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 370 - PUBLIC SAFETY BLDG DEBT FD								
Revenues								
Dept 000								
370-000-402	CURRENT PROPERTY TAX	280,807.75	275,655.00	275,655.00	0.00	0.00	275,655.00	0.00
370-000-445	PENALTY & INTEREST ON TAXES	440.29	0.00	0.00	0.00	0.00	0.00	0.00
370-000-588	CONTRIBUTION OTHER FUND(S)	134,668.00	146,925.00	146,925.00	0.00	0.00	146,925.00	0.00
Total Dept 000		415,916.04	422,580.00	422,580.00	0.00	0.00	422,580.00	0.00
TOTAL Revenues		415,916.04	422,580.00	422,580.00	0.00	0.00	422,580.00	0.00
Expenditures								
Dept 301-OPERATING COSTS								
370-301-727	SUPPLIES	1,086.39	1,200.00	1,200.00	1,328.57	586.19	(128.57)	110.71
370-301-816	GROUND/CLEAN/UNITORL SERVI	11,400.00	11,500.00	11,500.00	725.00	525.00	10,775.00	6.30
370-301-818	CONTRACTUAL SERVICES	7,362.85	11,725.00	11,725.00	0.00	0.00	11,725.00	0.00
370-301-850	COMMUNICATION	2,889.71	3,300.00	3,300.00	593.16	243.65	2,706.84	17.97
370-301-910	INSURANCE & BONDS	6,038.00	7,200.00	7,200.00	0.00	0.00	7,200.00	0.00
370-301-920	UTILITIES	71,988.54	80,000.00	80,000.00	9,621.57	4,141.53	70,378.43	12.03
370-301-930	REPAIRS & MAINTENANCE	72,383.25	30,000.00	30,000.00	1,367.28	339.67	28,632.72	4.56
370-301-938	CHARGEBACKS - PRIOR TAX YEARS	2,568.81	2,000.00	2,000.00	8.95	8.95	1,991.05	0.45
Total Dept 301-OPERATING COSTS		175,717.55	146,925.00	146,925.00	13,644.53	5,844.99	133,280.47	9.29
Dept 905-DEBT SERVICE								
370-905-945	3.8 M PSB BOND	235,000.00	235,000.00	235,000.00	0.00	0.00	235,000.00	0.00
370-905-987	INTEREST 3 M BOND	0.00	0.00	0.00	18,910.68	18,910.68	(18,910.68)	100.00
370-905-992	INTEREST 500K BOND	0.00	0.00	0.00	3,063.29	3,063.29	(3,063.29)	100.00
370-905-994	INTEREST 3.8 BOND PSB	46,177.50	40,655.00	40,655.00	20,327.50	20,327.50	20,327.50	50.00
Total Dept 905-DEBT SERVICE		281,177.50	275,655.00	275,655.00	42,301.47	42,301.47	233,353.53	15.35
TOTAL Expenditures		456,895.05	422,580.00	422,580.00	55,946.00	48,146.46	366,634.00	13.24
Fund 370 - PUBLIC SAFETY BLDG DEBT FD:								
TOTAL REVENUES		415,916.04	422,580.00	422,580.00	0.00	0.00	422,580.00	0.00
TOTAL EXPENDITURES		456,895.05	422,580.00	422,580.00	55,946.00	48,146.46	366,634.00	13.24
NET OF REVENUES/EXPENDITURES - 2014-15		(40,979.01)	0.00	0.00	(55,946.00)	(48,146.46)	55,946.00	100.00
BEG. FUND BALANCE		54,214.50	54,214.50	54,214.50	54,214.50			
END FUND BALANCE		13,235.49	54,214.50	54,214.50	(42,710.51)			

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Fund 571 - WASTEWATER TREATMENT FUND								
Revenues								
Dept 000								
571-000-445	PENALTY & INTEREST ON TAXES	9.53	0.00	0.00	0.00	0.00	0.00	0.00
571-000-500	TAP-IN FEES	7,100.00	0.00	0.00	4,260.00	0.00	(4,260.00)	100.00
571-000-500	USAGE FEES	1,347,407.62	1,452,500.00	1,452,500.00	118,741.40	7,936.23	1,333,758.60	8.17
571-000-651	INTEREST INCOME	2,474.16	1,000.00	1,000.00	5.20	0.00	994.80	0.52
571-000-671	REIMBURSEMENT/OTHER INCOME	5,023.85	4,000.00	4,000.00	455.42	140.54	3,544.58	11.39
571-000-672	SAD INTEREST	72.88	64.00	64.00	0.00	0.00	64.00	0.00
571-000-690	UNREALIZED GAIN/LOSS	(2,022.06)	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 000		1,360,065.98	1,457,564.00	1,457,564.00	123,462.02	8,076.77	1,334,101.98	8.47
Dept 336-CONTRIBUTIONS								
571-336-588	CONTRIBUTION OTHER FUND(S)	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 336-CONTRIBUTIONS		15,000.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Revenues		1,375,065.98	1,457,564.00	1,457,564.00	123,462.02	8,076.77	1,334,101.98	8.47
Expenditures								
Dept 226-PERSONNEL								
571-226-701	SALARIES	65,309.51	65,500.00	65,500.00	12,596.15	5,038.46	52,903.85	19.23
571-226-702	SALARIES	184,857.79	195,221.00	195,221.00	37,911.63	16,330.73	157,309.37	19.42
571-226-711	SALARIES-OVERTIME	11,683.74	18,000.00	18,000.00	0.00	0.00	18,000.00	0.00
571-226-715	SOCIAL SECURITY	20,031.59	21,325.00	21,325.00	3,852.23	1,626.18	17,472.77	18.06
571-226-716	HOSPITALIZATION	99,421.20	100,600.00	100,600.00	23,859.12	5,704.78	76,740.88	23.72
571-226-717	LIFE/DISB. INSURANCE	3,021.24	3,175.00	3,175.00	1,007.08	388.57	2,167.92	31.72
571-226-718	PENSION	23,815.08	24,977.00	24,977.00	4,729.38	1,899.60	20,247.62	18.93
571-226-731	WORKERS COMP INSURANCE	4,312.00	4,518.00	4,518.00	4,511.00	0.00	7.00	99.85
571-226-957	TRAINING & DEVELOPMENT	2,070.00	3,500.00	3,500.00	0.00	0.00	3,500.00	0.00
Total Dept 226-PERSONNEL		414,522.15	436,816.00	436,816.00	88,466.59	30,988.32	348,349.41	20.25
Dept 270-LEGAL/PROFESSIONAL								
571-270-722	CONTROLLER	13,620.00	19,579.00	19,579.00	0.00	0.00	19,579.00	0.00
571-270-802	AUDIT FEES	6,480.00	6,300.00	6,300.00	0.00	0.00	6,300.00	0.00
571-270-803	LEGAL	0.00	500.00	500.00	0.00	0.00	500.00	0.00
571-270-806	ENGINEER	29,127.26	40,000.00	40,000.00	1,752.06	752.75	38,247.94	4.38
Total Dept 270-LEGAL/PROFESSIONAL		49,227.26	66,379.00	66,379.00	1,752.06	752.75	64,626.94	2.64
Dept 301-OPERATING COSTS								
571-301-727	SUPPLIES	1,444.49	2,000.00	2,000.00	304.59	249.69	1,695.41	15.23
571-301-740	OPERATING SUPPLIES	41,117.60	55,000.00	55,000.00	7,855.86	5,652.64	47,144.14	14.28
571-301-741	UNIFORMS/GEAR & ALLOWANCE	2,770.59	2,500.00	2,500.00	657.65	529.41	1,842.35	26.31
571-301-807	MEMBERSHIP DUES	590.00	1,000.00	1,000.00	620.00	0.00	380.00	62.00
571-301-817	LAB & TESTING	8,613.00	7,000.00	7,000.00	885.00	15.00	6,115.00	12.64
571-301-819	COLLECTION SYS ANNUAL MAINT	45,319.08	55,000.00	55,000.00	715.00	715.00	54,285.00	1.30
571-301-825	SEWER ADMINISTRATION FEES	35,000.00	37,500.00	37,500.00	0.00	0.00	37,500.00	0.00
571-301-850	COMMUNICATION	4,217.16	7,000.00	7,000.00	1,064.37	525.38	5,935.63	15.21
571-301-851	POSTAGE	3,500.52	3,000.00	3,000.00	15.29	6.74	2,984.71	0.51
571-301-900	PRINTING & PUBLICATIONS	0.00	200.00	200.00	0.00	0.00	200.00	0.00
571-301-910	INSURANCE & BONDS	17,016.00	20,300.00	20,300.00	0.00	0.00	20,300.00	0.00

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 571 - WASTEWATER TREATMENT FUND								
Expenditures								
571-301-920	UTILITIES	103,260.73	115,000.00	115,000.00	16,240.13	6,341.06	98,759.87	14.12
571-301-930	REPAIRS & MAINTENANCE	94,590.12	110,000.00	110,000.00	4,613.40	733.57	105,386.60	4.19
571-301-940	RENTAL EQUIPMENT	832.00	1,000.00	1,000.00	207.00	69.00	793.00	20.70
571-301-950	LAND LEASING	257.75	0.00	0.00	0.00	0.00	0.00	0.00
571-301-968	DEPRECIATION EXPENSE	238,490.00	260,327.00	260,327.00	0.00	0.00	260,327.00	0.00
Total Dept 301-OPERATING COSTS		597,019.04	676,827.00	676,827.00	33,178.29	14,837.49	643,648.71	4.90
Dept 333-TRANSPORTATION								
571-333-860	FUEL & MILEAGE	6,554.81	7,000.00	7,000.00	1,927.90	0.00	5,072.10	27.54
571-333-930	REPAIRS & MAINTENANCE	35.96	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00
Total Dept 333-TRANSPORTATION		6,590.77	9,000.00	9,000.00	1,927.90	0.00	7,072.10	21.42
Dept 528-O & M - BOND & INTEREST								
571-528-954	AGENT FEES	648.13	700.00	700.00	99.13	99.13	600.87	14.16
571-528-989	INTEREST 1992 BOND	15,338.76	13,940.00	13,940.00	0.00	0.00	13,940.00	0.00
571-528-995	DEBT SERVICE - INTEREST	38,628.25	24,759.00	24,759.00	12,379.19	12,379.19	12,379.81	50.00
Total Dept 528-O & M - BOND & INTEREST		54,615.14	39,399.00	39,399.00	12,478.32	12,478.32	26,920.68	31.67
Dept 900-CAPITAL OUTLAY								
571-900-970	EQUIPMENT	44,917.00	160,000.00	160,000.00	146,778.00	0.00	13,222.00	91.74
571-900-972	COMPUTER	15,944.94	20,000.00	20,000.00	0.00	0.00	20,000.00	0.00
Total Dept 900-CAPITAL OUTLAY		60,861.94	180,000.00	180,000.00	146,778.00	0.00	33,222.00	81.54
TOTAL Expenditures		1,182,836.30	1,408,421.00	1,408,421.00	284,581.16	59,056.88	1,123,839.84	20.21
Fund 571 - WASTEWATER TREATMENT FUND:								
TOTAL REVENUES		1,375,065.98	1,457,564.00	1,457,564.00	123,462.02	8,076.77	1,334,101.98	8.47
TOTAL EXPENDITURES		1,182,836.30	1,408,421.00	1,408,421.00	284,581.16	59,056.88	1,123,839.84	20.21
NET OF REVENUES/EXPENDITURES - 2014-15					192,229.68		192,229.68	
NET OF REVENUES & EXPENDITURES		192,229.68	49,143.00	49,143.00	(161,119.14)	(50,980.11)	210,262.14	327.86
BEG. FUND BALANCE		6,001,762.81	6,001,762.81	6,001,762.81	6,001,762.81			
END FUND BALANCE		6,193,992.49	6,050,905.81	6,050,905.81	6,032,873.35			

REVENUE AND EXPENDITURE REPORT FOR NORTHFIELD TOWNSHIP

PERIOD ENDING 09/30/2015
 % Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDGT USED
Fund 815 - DIST # 5 SEVEN MILE SEWER								
Revenues								
Dept 000								
815-000-665	INTEREST INCOME	312.54	150.00	150.00	0.65	0.00	149.35	0.43
815-000-672	SAD INTEREST	10,219.95	9,085.00	9,085.00	0.00	0.00	9,085.00	0.00
815-000-690	UNREALIZED GAIN/LOSS	(256.95)	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 000		10,275.54	9,235.00	9,235.00	0.65	0.00	9,234.35	0.01
TOTAL Revenues								
		10,275.54	9,235.00	9,235.00	0.65	0.00	9,234.35	0.01
Expenditures								
Dept 301-OPERATING COSTS								
815-301-968	DEPRECIATION EXPENSE	17,519.00	17,519.00	17,519.00	0.00	0.00	17,519.00	0.00
Total Dept 301-OPERATING COSTS		17,519.00	17,519.00	17,519.00	0.00	0.00	17,519.00	0.00
Dept 905-DEBT SERVICE								
815-905-995	DEBT SERVICE - INTEREST	9,001.02	8,105.00	8,105.00	4,052.29	4,052.29	4,052.71	50.00
Total Dept 905-DEBT SERVICE		9,001.02	8,105.00	8,105.00	4,052.29	4,052.29	4,052.71	50.00
TOTAL Expenditures		26,520.02	25,624.00	25,624.00	4,052.29	4,052.29	21,571.71	15.81
Fund 815 - DIST # 5 SEVEN MILE SEWER:								
TOTAL REVENUES								
		10,275.54	9,235.00	9,235.00	0.65	0.00	9,234.35	0.01
TOTAL EXPENDITURES								
		26,520.02	25,624.00	25,624.00	4,052.29	4,052.29	21,571.71	15.81
NET OF REVENUES/EXPENDITURES - 2014-15								
		(16,244.48)	(16,389.00)	(16,389.00)	(4,051.64)	(4,052.29)	(12,337.36)	24.72
NET OF REVENUES & EXPENDITURES								
BEG. FUND BALANCE		613,438.01	613,438.01	613,438.01	613,438.01			
END FUND BALANCE		597,193.53	597,049.01	597,049.01	593,141.89			

10/07/2015 04:13 PM

User: RICK

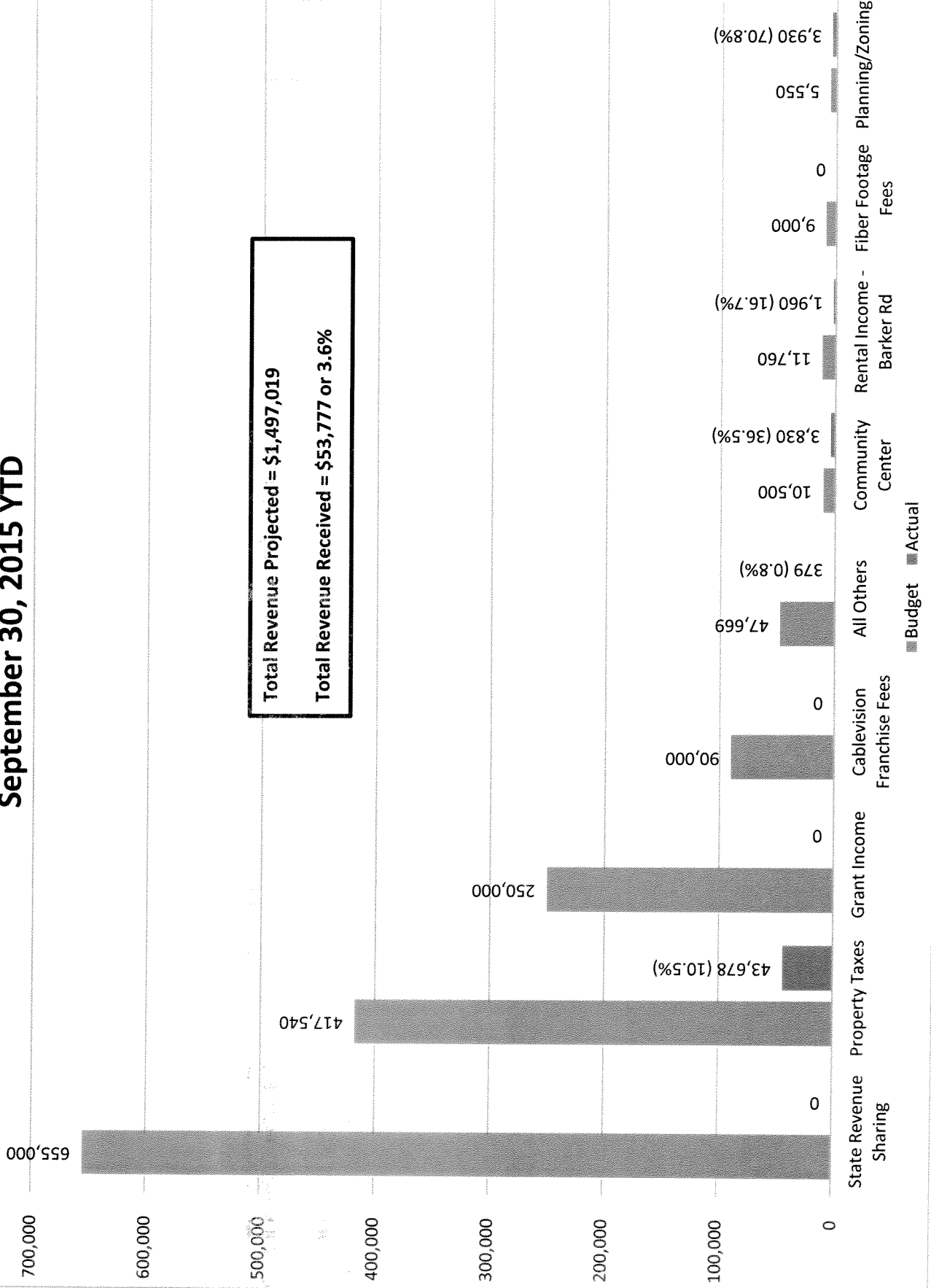
DB: Northfield

PERIOD ENDING 09/30/2015

% Fiscal Year Completed: 25.14

GL NUMBER	DESCRIPTION	END BALANCE 06/30/2015	2015-16 ORIGINAL BUDGET	2015-16 AMENDED BUDGET	YTD BALANCE 09/30/2015	ACTIVITY FOR MONTH 09/30/2015	AVAILABLE BALANCE	% BDC USED
Fund 890 - N.T. SEWER DISTRICT								
Revenues								
Dept 000								
890-000-665	INTEREST INCOME	1,541.56	750.00	750.00	3.24	0.00	746.76	0.43
890-000-672	SAD INTEREST	49,261.45	38,992.00	38,992.00	927.45	0.00	38,064.55	2.38
890-000-690	UNREALIZED GAIN/LOSS	(1,262.39)	0.00	0.00	0.00	0.00	0.00	0.00
Total Dept 000		49,540.62	39,742.00	39,742.00	930.69	0.00	38,811.31	2.34
TOTAL Revenues		49,540.62	39,742.00	39,742.00	930.69	0.00	38,811.31	2.34
Expenditures								
Dept 301-OPERATING COSTS								
890-301-968	DEPRECIATION EXPENSE	74,187.00	74,187.00	74,187.00	0.00	0.00	74,187.00	0.00
Total Dept 301-OPERATING COSTS		74,187.00	74,187.00	74,187.00	0.00	0.00	74,187.00	0.00
Dept 905-DEBT SERVICE								
890-905-954	AGENT FEES	414.37	450.00	450.00	63.37	63.37	386.63	14.08
890-905-998	INTEREST NT BOND	24,696.75	15,830.00	15,830.00	7,914.56	7,914.56	7,915.44	50.00
Total Dept 905-DEBT SERVICE		25,111.12	16,280.00	16,280.00	7,977.93	7,977.93	8,302.07	49.00
TOTAL Expenditures		99,298.12	90,467.00	90,467.00	7,977.93	7,977.93	82,489.07	8.82
Fund 890 - N.T. SEWER DISTRICT:								
TOTAL REVENUES		49,540.62	39,742.00	39,742.00	930.69	0.00	38,811.31	2.34
TOTAL EXPENDITURES		99,298.12	90,467.00	90,467.00	7,977.93	7,977.93	82,489.07	8.82
NET OF REVENUES/EXPENDITURES - 2014-15					(49,757.50)		(49,757.50)	
NET OF REVENUES & EXPENDITURES		(49,757.50)	(50,725.00)	(50,725.00)	(7,047.24)	(7,977.93)	(43,677.76)	13.89
BEG. FUND BALANCE		3,027,473.62	3,027,473.62	3,027,473.62	3,027,473.62			
END FUND BALANCE		2,977,716.12	2,976,748.62	2,976,748.62	2,970,668.88			
TOTAL REVENUES - ALL FUNDS								
TOTAL EXPENDITURES - ALL FUNDS		5,775,760.04	6,068,004.00	6,068,004.00	240,880.73	73,488.22	5,827,123.27	3.97
NET OF REVENUES & EXPENDITURES		5,777,280.14	6,230,333.00	6,238,749.00	1,036,683.17	355,764.59	5,202,065.83	16.62
BEG. FUND BALANCE - ALL FUNDS		(1,520.10)	(162,329.00)	(170,745.00)	(795,802.44)	(282,276.37)	625,057.44	466.08
END FUND BALANCE - ALL FUNDS		12,852,009.87	12,852,009.87	12,681,264.87	12,054,687.33			
		12,850,489.77	12,689,680.87					

NORTHFIELD TOWNSHIP **GENERAL FUND** **Revenues Projected vs. Received** **September 30, 2015 YTD**

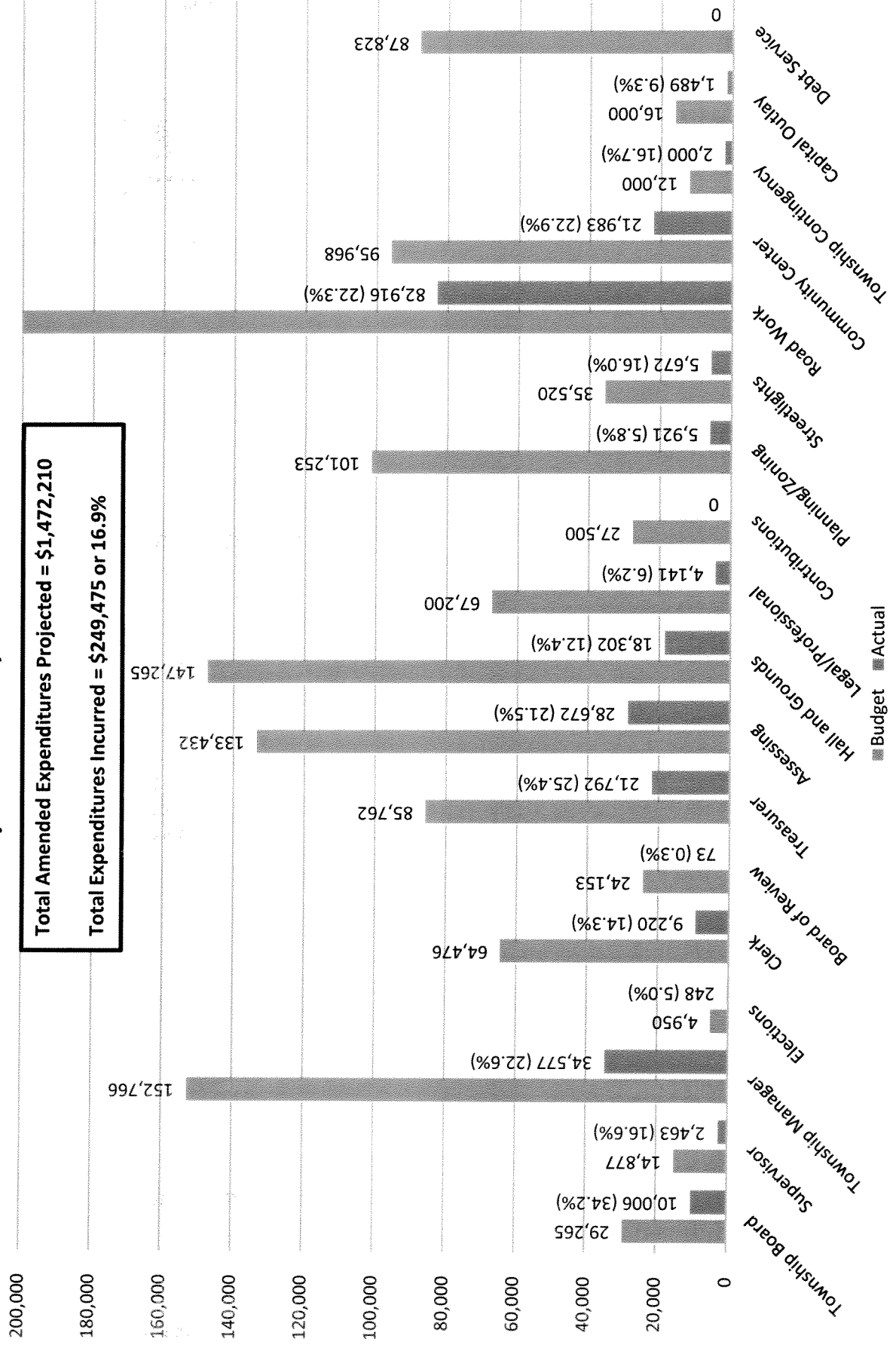


NORTHFIELD TOWNSHIP GENERAL FUND

Amended Expenditures Projected vs. Incurred September 30, 2015 YTD

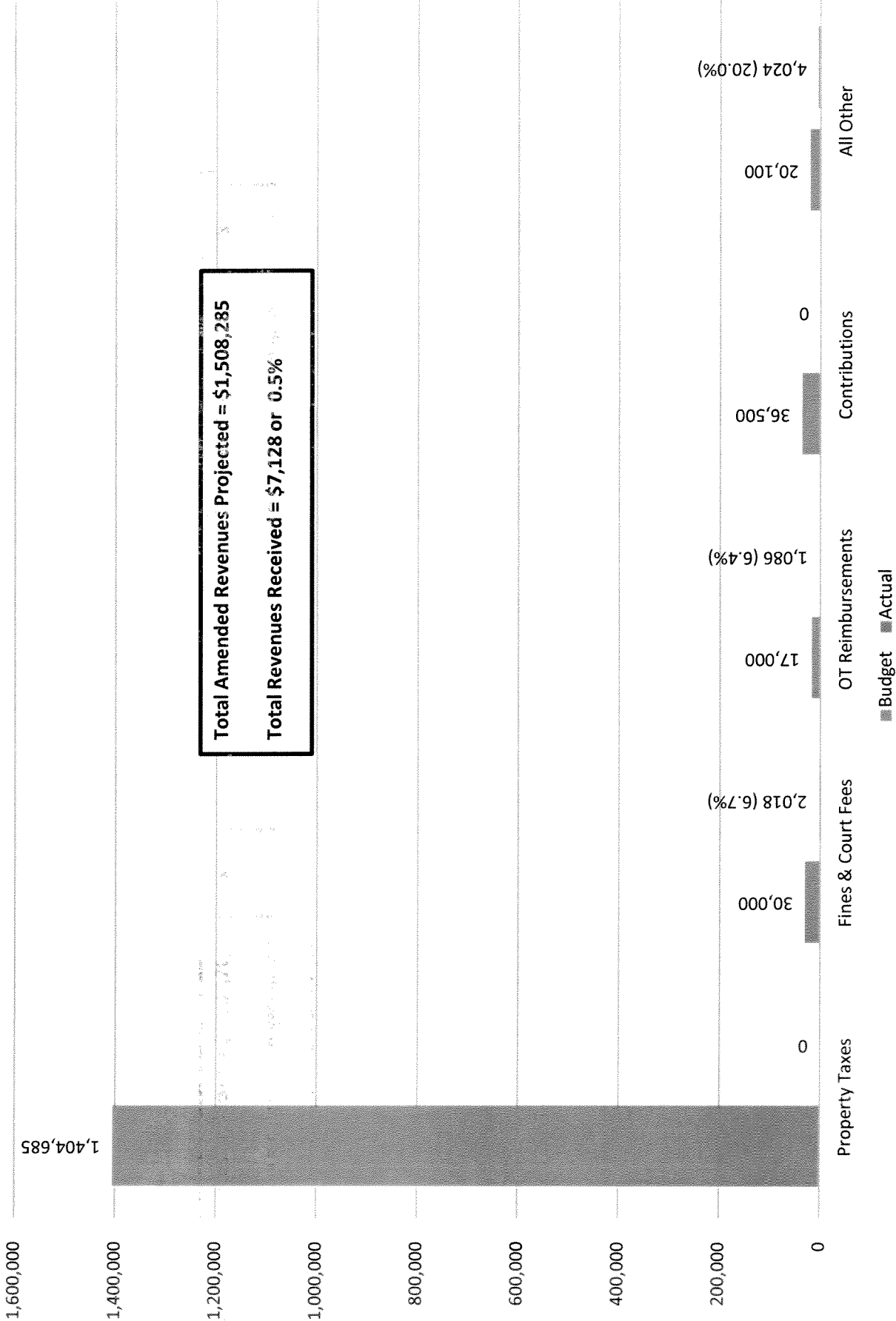
Total Amended Expenditures Projected = \$1,472,210

Total Expenditures Incurred = \$249,475 or 16.9%



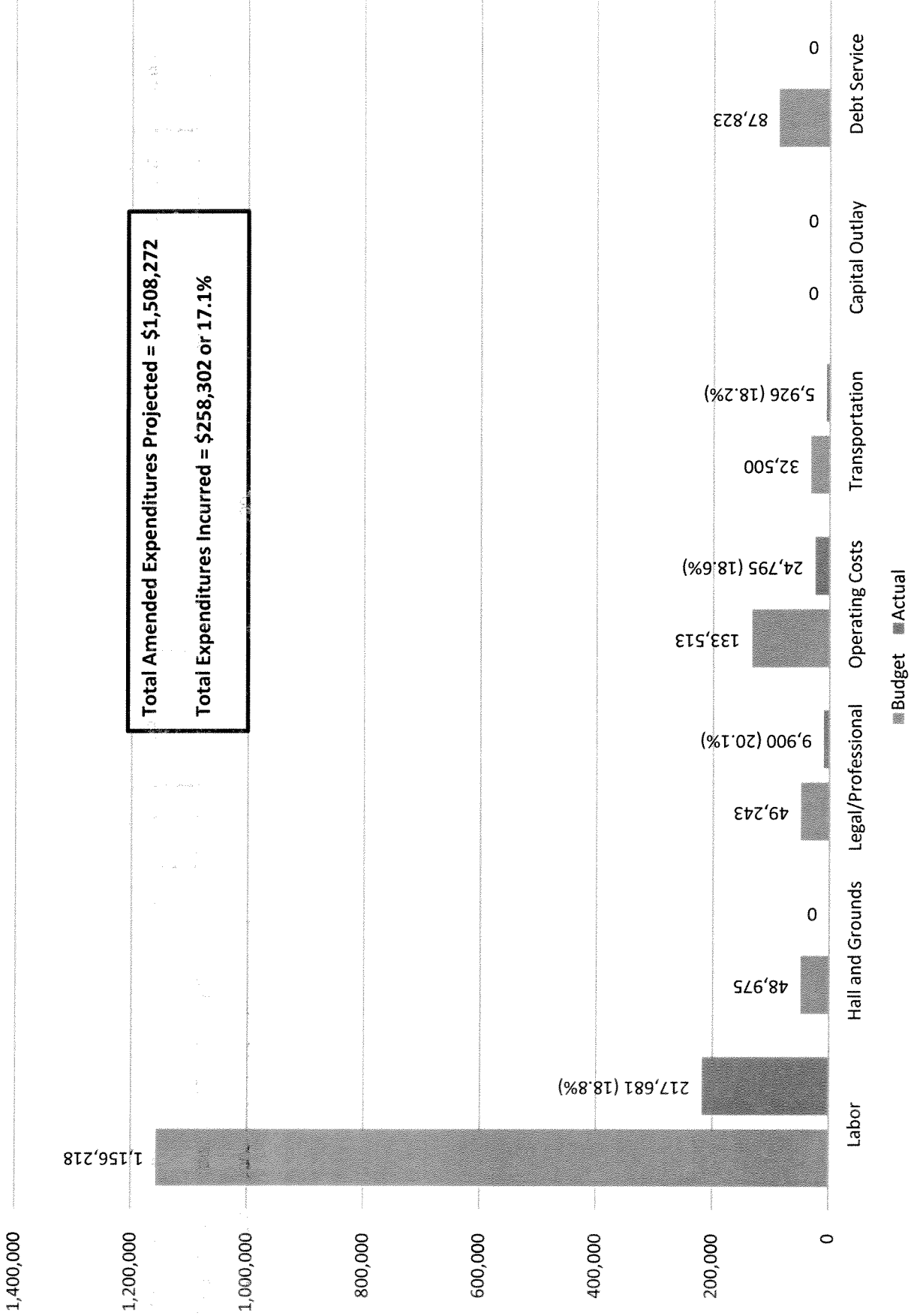
NORTHFIELD TOWNSHIP POLICE FUND

Amended Revenues Projected vs. Received September 30, 2015 YTD

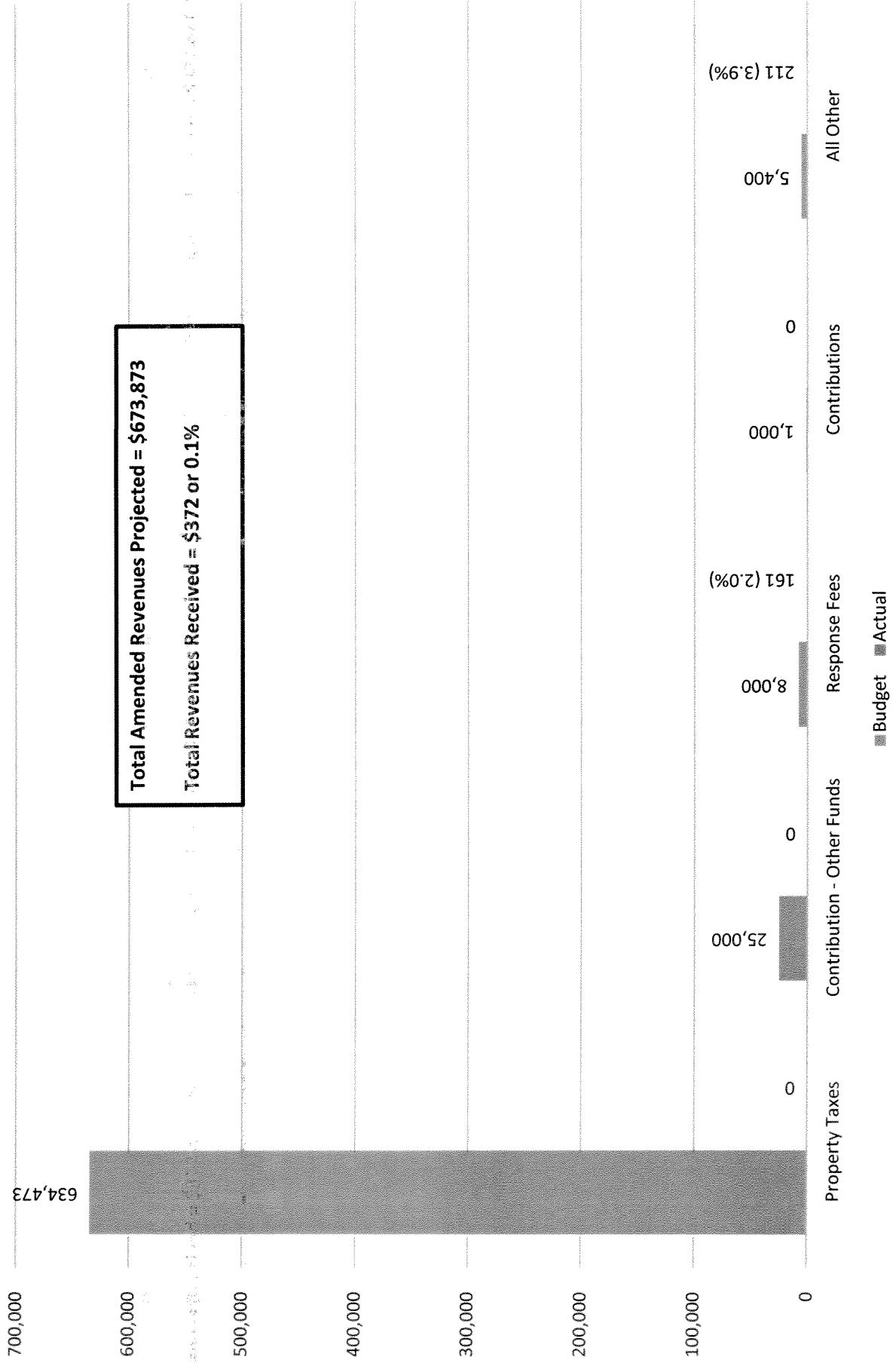


NORTHFIELD TOWNSHIP POLICE FUND

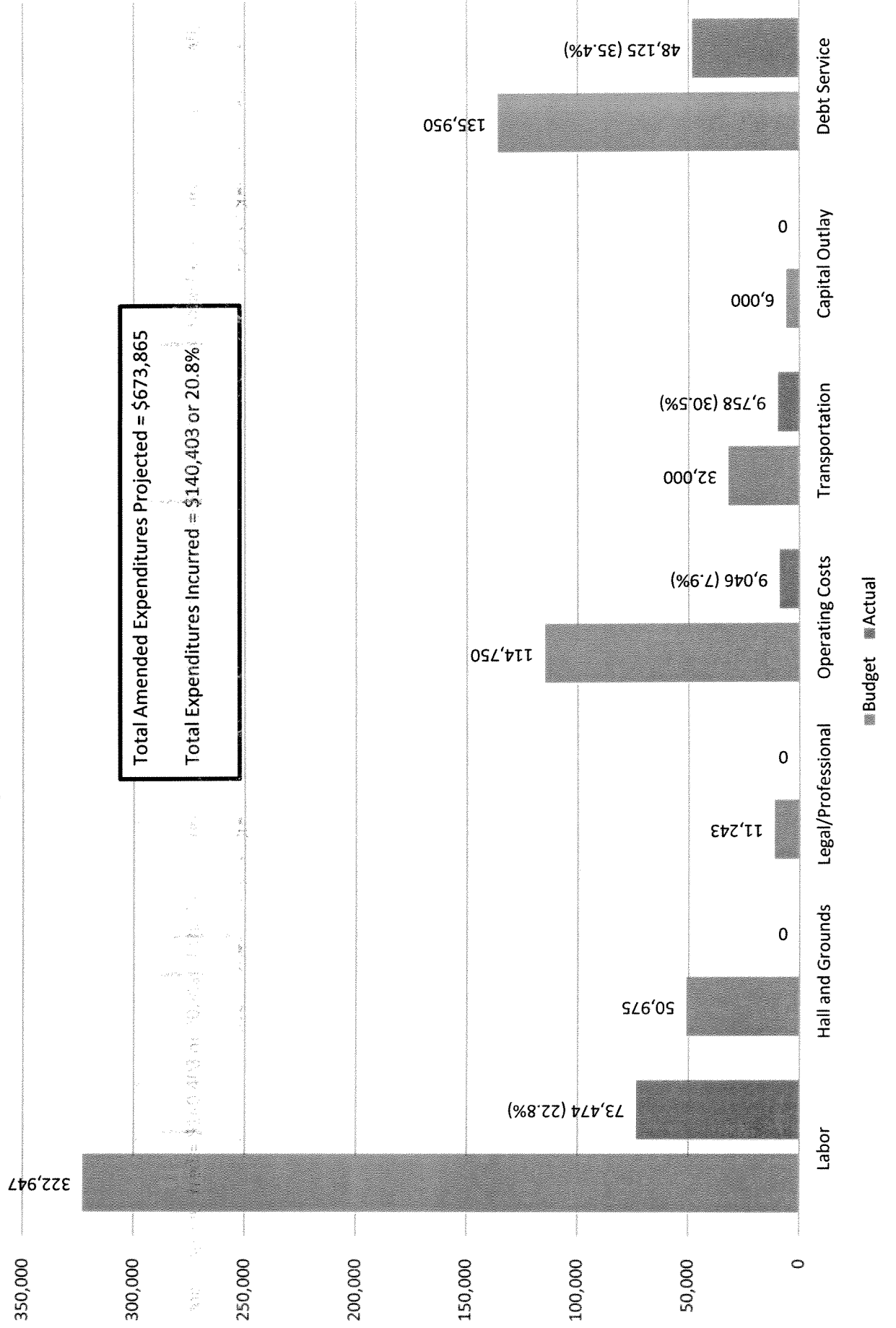
Amended Expenditures Projected vs. Incurred September 30, 2015 YTD



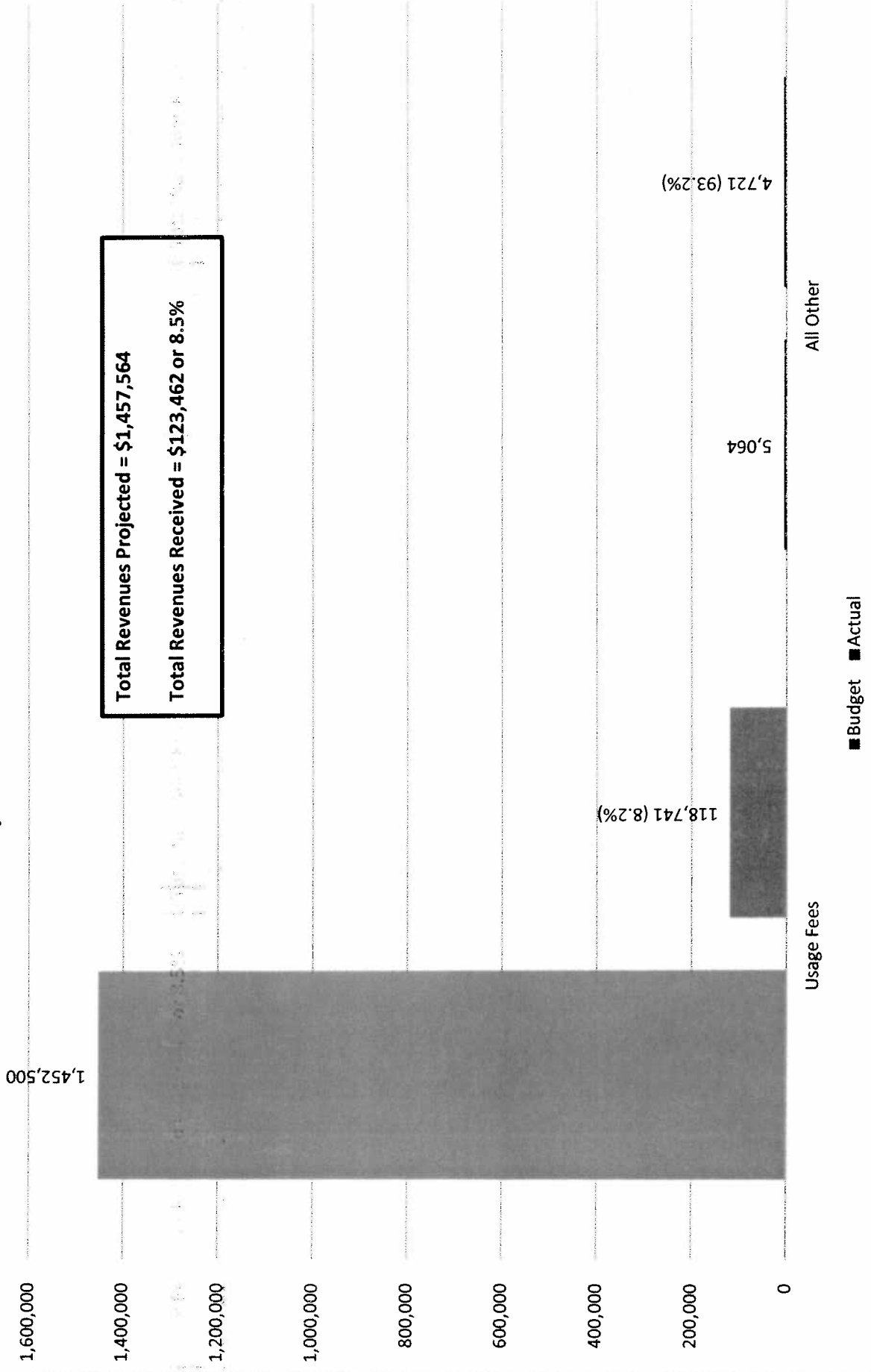
NORTHFIELD TOWNSHIP FIRE/MEDICAL RESCUE FUND Amended Revenues Projected vs. Received September 30, 2015 YTD



NORTHFIELD TOWNSHIP FIRE/MEDICAL RESCUE FUND Amended Expenditures Projected vs. Incurred September 30, 2015 YTD



NORTHFIELD TOWNSHIP **WWTP FUND** **Revenues Projected vs. Received** **September 30, 2015 YTD**

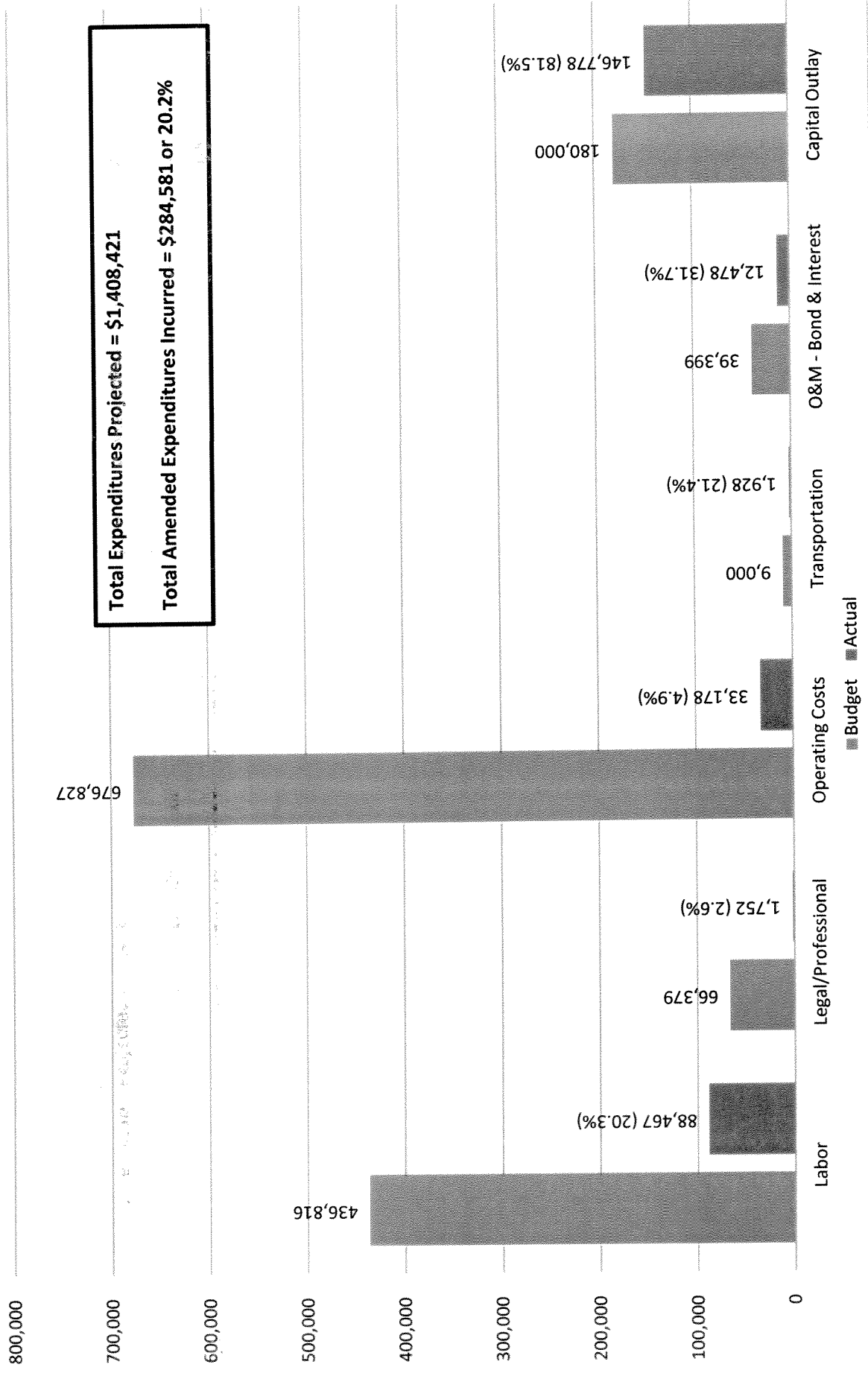


NORTHFIELD TOWNSHIP

WWTP FUND

Amended Expenditures Projected vs. Incurred

September 30, 2015 YTD



Jennifer Carlisle

From: STACY SPECHT [stacespecht@hotmail.com]
Sent: Monday, October 05, 2015 3:28 PM
To: carlislej@twp.northfield.mi.us
Cc: Marie Popp; Sam Iaquinto; Dan Flynn; William Wagner; Tom Dekeyser; znelson@ntal.org; Sue Laity; Maria Carter-Ewald
Subject: Kiwanis Christmas Tree Sales 2015

Attn.- Northfield Township Board

We, the Greater Whitmore Lake Area Kiwanis Club, are kindly inquiring about the use of 75 Barker Rd. for our annual Christmas Tree Sales. As you are aware, we have utilized this facility in the past for this sale, which has been extremely successful. Therefore, we are again asking for the use of this space from Wednesday, Nov. 25th through Friday, Dec. 18th. Our sale maybe completed prior to the Dec. 18th date, but this would be the latest that the trees would be at this location.

Thank you for your consideration and time...

Warmest regards,
Stacy Specht
Vice President
ph# 734-449-0146

NORTHFIELD HUMAN SERVICES

10 Jennings Rd.

WHITMORE LAKE, MI. 48189

Phone: 734-449-0110 Fax 734-449-0840

Northfield Township Police Station

I am writing this letter to request the up-stairs portion of the police station for our Christmas programs and Toys for Tots. We will need it starting December 1st through the end of the December.

Sunday, December 6th, from 8am-5pm, people will be dropping off unwrapped gifts.

Thursday, December 11th, from 9am till done, we will be wrapping gifts for clients.

Sunday, December 18th, from 1-5pm, we will be handing gifts out.

Thursday and Friday, December 18th and 19th 9am till done, we will be sorting and handing out gifts and cleaning after.

These are the days that will be the busiest and we will work with the stations schedule as much as possible.

If you have any questions, please feel free to contact me at Northfield Human Services, 734-449-0110 or at Andrew_northfield@yahoo.com. Thank you for everything and we are looking forward to a Merry Christmas.

A handwritten signature in black ink that reads "Andrew Bishop". The signature is fluid and cursive, with the first name "Andrew" and last name "Bishop" clearly legible.

Andrew Bishop

Northfield Human Services,

Food Pantry Coordinator

Board Room Construction

Quotes

Total Cost Estimate for Project:

Providing that some unforeseeable circumstances exist, I am estimating this project in the neighborhood of \$50,000 – \$55,000. This would include using Interstate Restoration for the wall construction and new doors, M&B for painting, Mercury Sound and Auto for AV, and EDSS for Lighting. I would still want to get additional quotes and more options on the Dias component. If this is a project that the board wishes to move forward with, I would get an additional quote for painting.

Carpet

Donald E. McNabb Co.

Installation: \$0.70 per square foot

Board Room Area (Labor and installation) - ~2529 sq ft:	\$2,724.30
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AV Area (Labor & Installation) - ~137 sq. ft.:	\$300.70
--	----------

<u>Lobby Area (Labor & Installation) - ~382 sq ft:</u>	<u>\$439.65</u>
--	-----------------

Total	\$3,464.65
-------	------------

Huron Carpet & Floor Covering, Inc.

Option 1: Main Conference area only (not including AV area or lobby)

w/ Low Cost Carpet Tiles:	\$7,133.29
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w/ Mid-range Carpet Tiles:	\$8,624.71
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Option 2: Main Conference area and AV area (not including lobby)

w/ Low Cost Carpet Tiles:	\$7,601.52
---------------------------	------------

w/ Mid-range Carpet Tiles:	\$9,168.62
----------------------------	------------

Option 1: Main Conference area, AV area, and lobby

w/ Low Cost Carpet Tiles:	\$8,282.97
---------------------------	------------

w/ Mid-range Carpet Tiles:	\$9,996.99
----------------------------	------------

Dais

West Michigan Office Interiors

Sectional Style Dais to seat up to 15 people -	\$4,578.00
--	------------

Painting

M&B Painting

Sanding, Priming, and labor for Painting -	\$4,835.00
Optional 2 nd coat of joint compound on ceiling and sanding -	\$1,780.00
<u>Cost for Paint (estimated) -</u>	<u>\$1,130.00</u>
Total	\$7,745.00

Lighting

EDSS

32 - 2x2 LED Panel Pendant Lights with Dimmers	\$8,812.00
<u>Wiring and Installation</u>	<u>\$3,289.00</u>
Total	\$11,617.00

Audio-Video

Ann Arbor Audio

A/V equipment Upgrade Only	\$3,932.00
A/V equipment Upgrade and Move to South end of Bldg.	\$8,780.25

Mercury Sound & Audio

A/V Equipment Upgrade and moving to South End of Bldg (excludes new cameras and computer)	\$4,750.98
New Cameras and Computer (to be purchased by Northfield Twp.)	\$4,000.00

Wall Construction

R&R Craftsmen LLC

Install Door for Emergency Exit, Construct Wall with Double Door for Board Room Entrance (including drywall finish work and paint)	\$36,400.00
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Interstate Restoration & Construction

Install Door for Emergency Exit, Construct Wall with Double Door for Board Room Entrance (including drywall finish work and paint)	\$19,915.47
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Install Door for Emergency Exit, Construct Wall with Double Door for Board Room Entrance (excluding drywall finish work painting and mudding ceiling)	\$9,363.17
---	------------

Donald E. McNabb Co.

31250 S. Milford Road
Milford, MI 48381
(248) 437-8146
FAX (248) 437-3620

QUOTE # 282859
07/08/15 16:23

This is a quote NOT a receipt

S FINK, HOWARD
O 8350 MAIN STREET
L
D WHITMORE LAKE, MI 48189-
(734) 449-2880

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Page 1

SLSMAN JAKE SIMMONS	QUOTE # 282859	QUOTE	CUST# 211684	STORE 1
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QNTY	DESCRIPTION	EXT PRICE
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1.00	@ 200.00 MINIMUM INSTALLATION CHARGE 137 SQ FT LABOR / a /	200.00
34.00	@ 2.50 SUPPLY COVE BASE / a / TO BE DETERMINED	85.00
4.00	@ 2.50 SUPPLY GRIPPER / a / SILVER OR GOLD SIZE: 4 FEET	10.00

THANKYOU, JAKE

NO RETURNS REFUNDS EXCHANGES ON USED OR DISCONT.
FURNITURE MOVE, RIP UP AND/OR HAUL AWAY ARE EXTRA
LABOR ESTIMATE DOES NOT INCLUDE HIDDEN PROBLEMS
AND/OR WORK. 0% FINANCING AVAIL. ASK FOR DETAILS

*****THIS QUOTE EXPIRES 08/07/15*****

SUBTOTAL 295.00
SALES TAX 5.70
TOTAL 300.70

CUSTOMER COPY

* BALANCE * 300.70

Donald E. McNabb Co.

31250 S. Milford Road
Milford, MI 48381
(248) 437-8146
FAX (248) 437-3620

QUOTE # 282858
07/08/15 16:17

This is a quote NOT a receipt

S FINK, HOWARD
O 8350 MAIN STREET
L
D WHITMORE LAKE, MI 48189-
(734) 449-2880

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Page 1

SLSMAN JAKE SIMMONS	QUOTE # 282858	QUOTE	CUST# 211684	STORE 1
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QNTY	DESCRIPTION	EXT PRICE
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382.00	@ 0.70 INSTALLATION 382 SQ FT LABOR / a /	267.40
65.00	@ 2.50 SUPPLY COVE BASE / a / TO BE DETERMINED SIZE: 4 INCH 65 FT	162.50

THANKYOU, JAKE

NO RETURNS REFUNDS EXCHANGES ON USED OR DISCONT.
FURNITURE MOVE, RIP UP AND/OR HAUL AWAY ARE EXTRA
LABOR ESTIMATE DOES NOT INCLUDE HIDDEN PROBLEMS
AND/OR WORK. 0% FINANCING AVAIL. ASK FOR DETAILS

*****THIS QUOTE EXPIRES 08/07/15*****

SUBTOTAL	429.90
SALES TAX	9.75
TOTAL	439.65

CUSTOMER COPY

* BALANCE * 439.65

Donald E. McNabb Co.

31250 S. Milford Road
Milford, MI 48381
(248) 437-8146
FAX (248) 437-3620

QUOTE # 282857
07/08/15 16:04
REVISED ORDER

This is a quote NOT a receipt

S FINK, HOWARD~
O 8350 MAIN STREET
L
D WHITMORE LAKE, MI 48189-
(734) 449-2880

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Page 1

SLSMAN JAKE SIMMONS	QUOTE # 282857	QUOTE	CUST# 211684	STORE 1
---------------------	----------------	-------	--------------	---------

QNTY	DESCRIPTION	EXT PRICE
------	-------------	-----------

2529.00	@ 0.70 INSTALLATION 2529 SQ FT LABOR / a /	1770.30
38.00	@ 2.50 SUPPLY GRIPPER / a / SILVER OR GOLD SIZE: 38 FEET	95.00
322.00	@ 2.50 SUPPLY COVE BASE / a / TO BE DETERMINED SIZE: 4 INCH 322 FT	805.00

THANKYOU, JAKE

NO RETURNS REFUNDS EXCHANGES ON USED OR DISCONT.
FURNITURE MOVE, RIP UP AND/OR HAUL AWAY ARE EXTRA
LABOR ESTIMATE DOES NOT INCLUDE HIDDEN PROBLEMS
AND/OR WORK. 0% FINANCING AVAIL. ASK FOR DETAILS

*****THIS QUOTE EXPIRES 08/07/15*****

SUBTOTAL	2670.30
SALES TAX	54.00
TOTAL	2724.30

CUSTOMER COPY

* BALANCE * 2724.30

Donald E. McNabb Co.

31250 S. Milford Road
Milford, MI 48381
(248) 437-8146
FAX (248) 437-3620

QUOTE # 282859
07/08/15 16:23

This is a quote NOT a receipt

S FINK, HOWARD
O 8350 MAIN STREET
L
D WHITMORE LAKE, MI 48189-
(734) 449-2880

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Page 1

SLSMAN JAKE SIMMONS	QUOTE # 282859	QUOTE	CUST# 211684	STORE 1
---------------------	----------------	-------	--------------	---------

QNTY	DESCRIPTION	EXT PRICE
------	-------------	-----------

1.00	@ 200.00 MINIMUM INSTALLATION CHARGE 137 SQ FT LABOR / a /	200.00
34.00	@ 2.50 SUPPLY COVE BASE / a / TO BE DETERMINED	85.00
4.00	@ 2.50 SUPPLY GRIPPER / a / SILVER OR GOLD SIZE: 4 FEET	10.00

THANKYOU, JAKE

NO RETURNS REFUNDS EXCHANGES ON USED OR DISCONT.
FURNITURE MOVE, RIP UP AND/OR HAUL AWAY ARE EXTRA
LABOR ESTIMATE DOES NOT INCLUDE HIDDEN PROBLEMS
AND/OR WORK. 0% FINANCING AVAIL. ASK FOR DETAILS

*****THIS QUOTE EXPIRES 08/07/15*****

SUBTOTAL	295.00
SALES TAX	5.70
TOTAL	300.70

CUSTOMER COPY

* BALANCE * 300.70

Donald E. McNabb Co.

31250 S. Milford Road
Milford, MI 48381
(248) 437-8146
FAX (248) 437-3620

QUOTE # 282858
07/08/15 16:17

This is a quote NOT a receipt

S FINK, HOWARD~
O 8350 MAIN STREET
L
D WHITMORE LAKE, MI 48189-
(734) 449-2880

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L
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Page 1

SLSMAN JAKE SIMMONS

QUOTE # 282858

QUOTE

CUST# 211684

STORE 1

QNTY	DESCRIPTION	EXT PRICE
------	-------------	-----------

382.00	@ 0.70 INSTALLATION 382 SQ FT LABOR / a /	267.40
65.00	@ 2.50 SUPPLY COVE BASE / a / TO BE DETERMINED SIZE: 4 INCH 65 FT	162.50

THANKYOU, JAKE

NO RETURNS REFUNDS EXCHANGES ON USED OR DISCONT.
FURNITURE MOVE, RIP UP AND/OR HAUL AWAY ARE EXTRA
LABOR ESTIMATE DOES NOT INCLUDE HIDDEN PROBLEMS
AND/OR WORK. 0% FINANCING AVAIL. ASK FOR DETAILS

*****THIS QUOTE EXPIRES 08/07/15*****

SUBTOTAL	429.90
SALES TAX	9.75
TOTAL	439.65

CUSTOMER COPY

* BALANCE * 439.65

Huron

Carpet & Floor Covering, Inc.

30467 Beck Rd.

Wixom, MI 48393

Phone (248)668-3138

Fax (248)668-3137

Customer	Northfield Twp.				Salesman	Darren
Address	8350 Main St				Date	7/7/15
City	Whitmore Lake	State	MI	Zip		
Phone	734-449-2880	Howard Fink				

Materials	Amount	Price Per	Total
Carpet Tiles -Bliss - Style TBD / Color TBD	335	\$ 15.00	\$ 5,025.00
Adhesive	3	\$ 103.00	\$ 309.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Labor	Amount	Price Per	Total
Install Carpet Tiles	335	\$ 2.75	\$ 921.25
Supply & Install Vinyl Transition - Carpet to Nothing	42	\$ 2.00	\$ 84.00
Supply & Install Vinyl Transition - Carpet to Rubber	6	\$ 2.00	\$ 12.00
Supply & Install Vinyl Cove Base	280	\$ 1.65	\$ 462.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Price May adjust DOWN depending on final product decision. This should be a worse case scenario.

Option #1 Main Conference areas stopping at window in back area and soda machine

TERMS: NET 30 DAYS A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM AND \$5.00 PER STATEMENT) WILL BE ADDED TO PAST DUE ACCOUNTS. CUSTOMER WILL ALSO BE RESPONSIBLE FOR ANY LEGAL FEES WHICH CONCUR. THERE WILL BE A 25 % RE-STOCKING FEE FOR ALL RETURNS

All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will become an extra charge over and above estimate. All agreements contingent upon accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance.

Floor prep amounts are estimates only.

There may be additional charges to be billed by man hour

Acceptance of Proposal:
The above prices, specs, and conditions are acceptable and are hereby accepted.
You are authorized to do the work as specified. Note this proposal maybe withdrawn by us if not accepted within 30 days.

Date of Acceptance:

Signature:

Material Subtotal	\$	5,334.00
Labor Subtotal	\$	1,788.25
Tax	\$	320.04
Total	\$	7,133.29
Deposit		
Balance	\$	7,133.29
C.O.D.		

Huron

Carpet & Floor Covering, Inc.

30467 Beck Rd.

Wixom, MI 48393

Phone (248)668-3138

Fax (248)668-3137

Customer	Northfield Twp.				Salesman	Darren
Address	8350 Main St				Date	7/7/15
City	Whitmore Lake	State	MI	Zip		
Phone	734-449-2880	Howard Fink				

Materials	Amount	Price Per	Total
Carpet Tiles - Mohawk - Style TBD / Color TBD	335	\$ 19.20	\$ 6,432.00
Adhesive	3	\$ 103.00	\$ 309.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Labor	Amount	Price Per	Total
Install Carpet Tiles	335	\$ 2.75	\$ 921.25
Supply & Install Vinyl Transition - Carpet to Nothing	42	\$ 2.00	\$ 84.00
Supply & Install Vinyl Transition - Carpet to Rubber	6	\$ 2.00	\$ 12.00
Supply & Install Vinyl Cove Base	280	\$ 1.65	\$ 462.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

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Option #1 Main Conference areas stopping at window in back area and soda machine

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Date of Acceptance:

Signature:

Material Subtotal	\$ 6,741.00
Labor Subtotal	\$ 1,479.25
Tax	\$ 404.46
Total	\$ 8,624.71
Deposit	
Balance	\$ 8,624.71
C.O.D.	

Huron

Carpet & Floor Covering, Inc.

30467 Beck Rd.

Wixom, MI 48393

Phone (248)668-3138

Fax (248)668-3137

Customer	Northfield Twp.				Salesman	Darren
Address	8350 Main St				Date	7/7/15
City	Whitmore Lake	State	MI	Zip		
Phone	734-449-2880	Howard Fink				

Materials	Amount	Price Per	Total
Carpet Tiles -Bliss - Style TBD / Color TBD	352	\$ 15.00	\$ 5,280.00
Adhesive	4	\$ 103.00	\$ 412.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Labor	Amount	Price Per	Total
Install Carpet Tiles	352	\$ 2.75	\$ 968.00
Supply & Install Vinyl Transition - Carpet to Nothing	30	\$ 2.00	\$ 60.00
Supply & Install Vinyl Transition - Carpet to Rubber	6	\$ 2.00	\$ 12.00
Supply & Install Vinyl Cove Base	320	\$ 1.65	\$ 528.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Price May adjust DOWN depending on final product decision. This should be a worse case scenario.

Option #2 Stopping at Soda Machine and covering all except back storage closet

TERMS: NET 30 DAYS A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM AND \$5.00 PER STATEMENT) WILL BE ADDED TO PAST DUE ACCOUNTS. CUSTOMER WILL ALSO BE RESPONSIBLE FOR ANY LEGAL FEES WHICH CONCUR. THERE WILL BE A 25 % RE-STOCKING FEE FOR ALL RETURNS

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Floor prep amounts are estimates only.

There may be additional charges to be billed by man hour

Acceptance of Proposal: The above prices, specs, and conditions are acceptable and are hereby accepted. You are authorized to do the work as specified. Note this proposal maybe withdrawn by us if not accepted within 30 days.	Material Subtotal	\$ 5,692.00
	Labor Subtotal	\$ 1,568.00
	Tax	\$ 341.52
	Total	\$ 7,601.52
	Deposit	
	Balance	\$ 7,601.52
	C.O.D.	

Date of Acceptance:

Signature:

Huron

Carpet & Floor Covering, Inc.

30467 Beck Rd.

Wixom, MI 48393

Phone (248)668-3138

Fax (248)668-3137

Customer	Northfield Twp.				Salesman	Darren
Address	8350 Main St				Date	7/7/15
City	Whitmore Lake	State	MI	Zip		
Phone	734-449-2880	Howard Fink				

Materials	Amount	Price Per	Total
Carpet Tiles - Mohawk - Style TBD / Color TBD	352	\$ 19.20	\$ 6,758.40
Adhesive	4	\$ 103.00	\$ 412.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Labor	Amount	Price Per	Total
Install Carpet Tiles	352	\$ 2.75	\$ 968.00
Supply & Install Vinyl Transition - Carpet to Nothing	30	\$ 2.00	\$ 60.00
Supply & Install Vinyl Transition - Carpet to Rubber	6	\$ 2.00	\$ 12.00
Supply & Install Vinyl Cove Base	320	\$ 1.65	\$ 528.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

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Acceptance of Proposal:
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You are authorized to do the work as specified. Note this proposal may be withdrawn by us if not accepted within 30 days.

Date of Acceptance:

Signature:

Material Subtotal	\$ 7,170.40
Labor Subtotal	\$ 1,568.00
Tax	\$ 430.22
Total	\$ 9,168.62
Deposit	
Balance	\$ 9,168.62
C.O.D.	

Huron

Carpet & Floor Covering, Inc.

30467 Beck Rd.

Wixom, MI 48393

Phone (248)668-3138

Fax (248)668-3137

Customer	Northfield Twp.				Salesman	Darren
Address	8350 Main St				Date	7/7/15
City	Whitmore Lake	State	MI	Zip		
Phone	734-449-2880	Howard Fink				

Materials	Amount	Price Per	Total
Carpet Tiles - Mohawk - Style TBD / Color TBD	385	\$ 19.20	\$ 7,392.00
Adhesive	4	\$ 103.00	\$ 412.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Labor	Amount	Price Per	Total
Install Carpet Tiles	385	\$ 2.75	\$ 1,058.75
Supply & Install Vinyl Transition - Carpet to Nothing	30	\$ 2.00	\$ 60.00
Supply & Install Vinyl Transition - Carpet to Rubber	6	\$ 2.00	\$ 12.00
Supply & Install Vinyl Cove Base	360	\$ 1.65	\$ 594.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Price May adjust DOWN depending on final product decision. This should be a worse case scenario.

Option #3 All Areas Requested

Floor prep amounts are estimates only.

There may be additional charges to be billed by man hour

TERMS: NET 30 DAYS A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM AND \$5.00 PER STATEMENT) WILL BE ADDED TO PAST DUE ACCOUNTS. CUSTOMER WILL ALSO BE RESPONSIBLE FOR ANY LEGAL FEES WHICH CONCUR. THERE WILL BE A 25 % RE-STOCKING FEE FOR ALL RETURNS
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Acceptance of Proposal: The above prices, specs, and conditions are acceptable and are hereby accepted. You are authorized to do the work as specified. Note this proposal maybe withdrawn by us if not accepted within 30 days.	Material Subtotal	\$ 7,804.00
	Labor Subtotal	\$ 1,724.75
	Tax	\$ 468.24
	Total	\$ 9,996.99
	Deposit	
	Balance	\$ 9,996.99
	C.O.D.	

Date of Acceptance:

Signature:

Huron

Carpet & Floor Covering, Inc.

30467 Beck Rd.

Wixom, MI 48393

Phone (248)668-3138

Fax (248)668-3137

Customer	Northfield Twp.				Salesman	Darren
Address	8350 Main St				Date	7/7/15
City	Whitmore Lake	State	MI	Zip		
Phone	734-449-2880	Howard Fink				

Materials	Amount	Price Per	Total
Carpet Tiles - Bliss - Style TBD / Color TBD	385	\$ 15.00	\$ 5,775.00
Adhesive	4	\$ 103.00	\$ 412.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Labor	Amount	Price Per	Total
Install Carpet Tiles	385	\$ 2.75	\$ 1,058.75
Supply & Install Vinyl Transition - Carpet to Nothing	30	\$ 2.00	\$ 60.00
Supply & Install Vinyl Transition - Carpet to Rubber	6	\$ 2.00	\$ 12.00
Supply & Install Vinyl Cove Base	360	\$ 1.65	\$ 594.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Price May adjust DOWN depending on final product decision. This should be a worse case scenario.

Option #3 All Areas Requested

Floor prep amounts are estimates only.

There may be additional charges to be billed by man hour

TERMS: NET 30 DAYS A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM AND \$5.00 PER STATEMENT) WILL BE ADDED TO PAST DUE ACCOUNTS. CUSTOMER WILL ALSO BE RESPONSIBLE FOR ANY LEGAL FEES WHICH CONCUR. THERE WILL BE A 25 % RE-STOCKING FEE FOR ALL RETURNS

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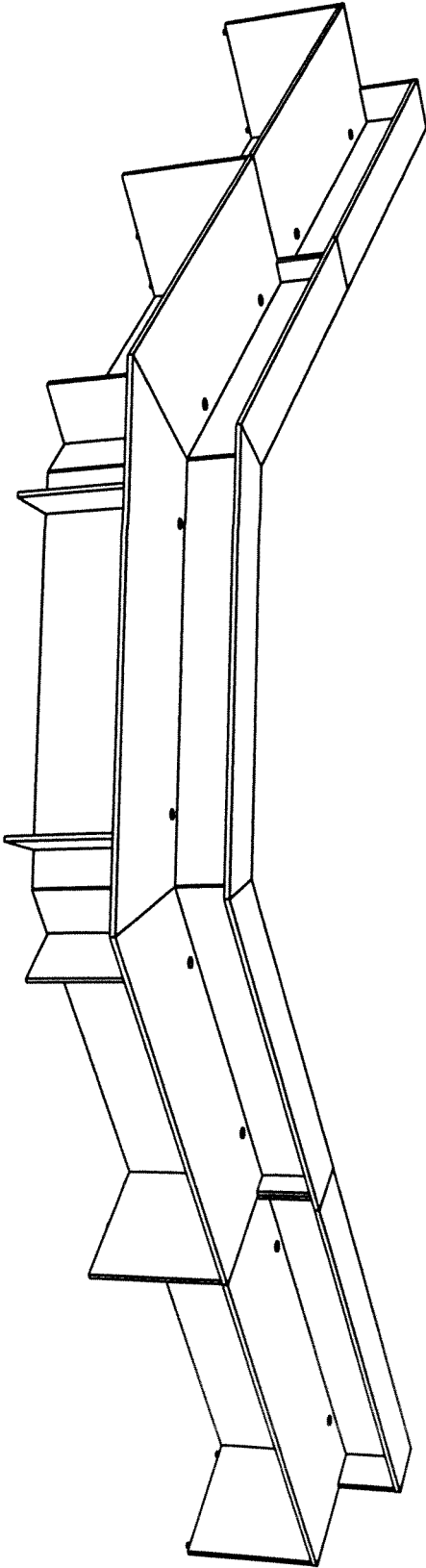
Material Subtotal	\$ 6,187.00
Labor Subtotal	\$ 1,724.75
Tax	\$ 371.22
Total	\$ 8,282.97
Deposit	
Balance	\$ 8,282.97
C.O.D.	

Date of Acceptance:

Signature:

Customer Quotation

Client: West Michigan Office Interiors
Project: 357230 - 1
Product: NO TAG
Function: Function



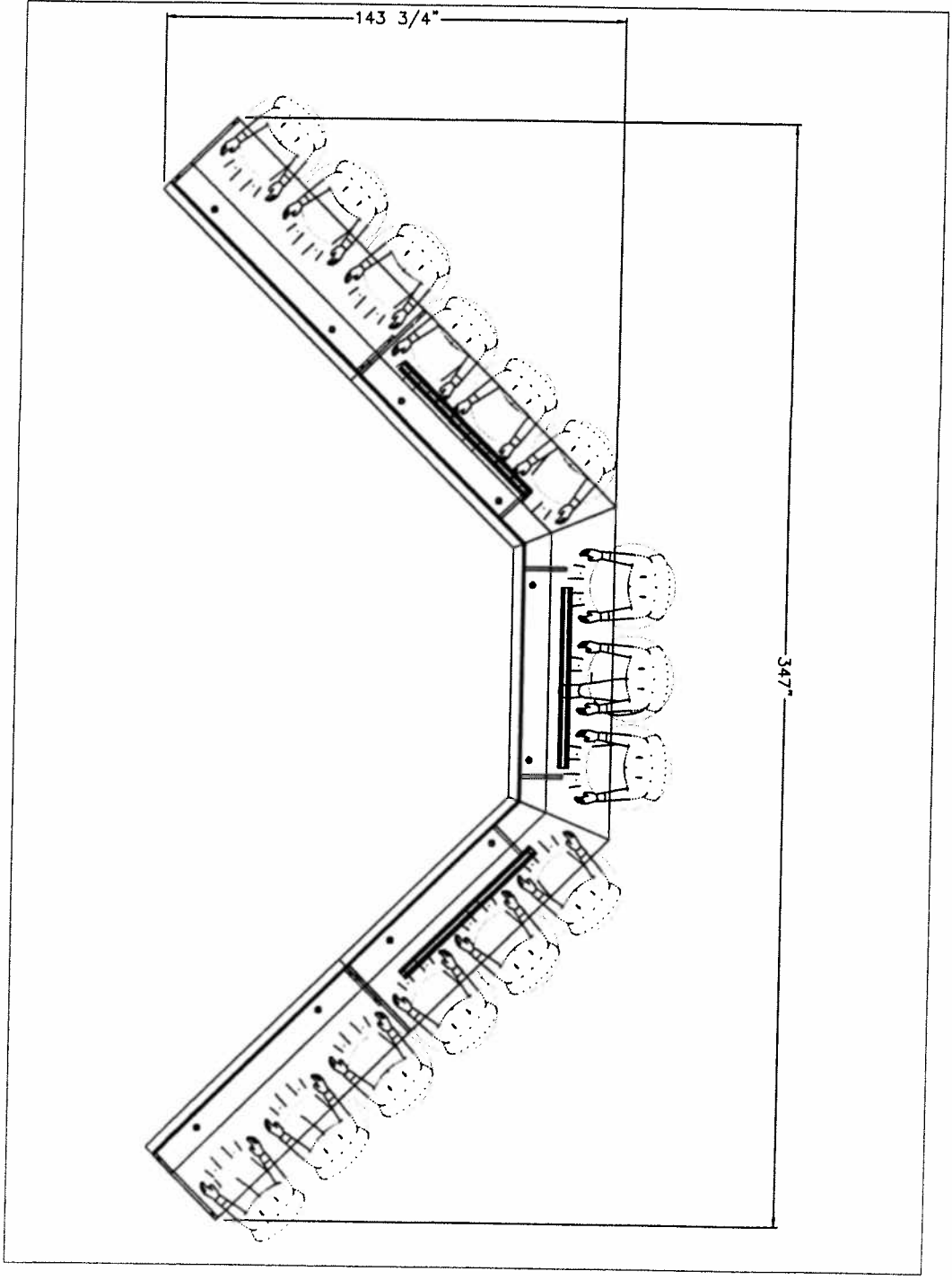
LAYOUT BY: Lise Desjardins



Three H cannot be held responsible for discrepancies or inaccuracies that arise due to faulty or incomplete information. Please review all information and notes accurately. Confidentiality Warning: This document is for the intended recipient(s) only and is not to be forwarded, printed or copied unless otherwise authorized.

Customer Quotation

aler West Michigan Office Interiors
ote 357230 - 1
j NO TAG
duct Function



LAYOUT BY: Lise Desjardins

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Customer Quotation

Client: West Michigan Office Interiors
Job #: 357230 - 1
Product: NO TAG
Product Function: Product Function

PART NUMBER	CATEGORY	DESCRIPTION	COLOR SELECTIONS	LIST	EXT LIST
CDI75817530R-R	Desk	3 section, 45° intrusion corner desk, reception modesty panel, 75" x 81" x 75" x 30" deep. Recessed leg left, recessed leg right, recessed leg left of center, left and right in center and recessed leg right of center. 1mm edge.	D: \$1,986 T: \$1,986 F:		
D8430SR-R	Desk	Desk, 84" l x 30" w. Full leg left, recessed leg right, reception modesty, 1mm edge.	D: \$641 T: \$641 F:		
D8430RS-R	Desk	Desk, 84" l x 30" w. Recessed leg left, full leg right, reception modesty, 1mm edge.	D: \$641 T: \$641 F:		
CGR40	Accessory	40mm diameter cable entry grommet	D: \$36 T: \$360 F:		
RH8414FR-SE	Hutch	Straight reception counter, 84l x 14h x 12d. Full upright and recessed upright and 1mm edge.	D: \$331 T: \$331 F:		
RH8414RF-SE	Hutch	Straight reception counter, 84l x 14h x 12d. Recessed upright and full upright and 1mm edge.	D: \$331 T: \$331 F:		
STIFFENER1444	Desk	Steel stiffener with wire management clips, 1444mm (57") length. Epoxy black matte powder coat finish. Attaches to underside of work surface.	D: \$96 T: \$288 F:		

LIST PRICE: \$4,578.00

LAYOUT BY: Lise Desjardins



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Interior • Exterior
Residential • Commercial • Industrial

Matthew R. LaDow 248.982.1923

ESTIMATE

Date

7/28/2015

Prepared for:

Northfield Township

8350 Main Street

Whitmore Lake, MI 48189

Quantity	Description	Rate	Amount
1	Sanding of previously mudded areas on ceiling.		
1	Primer coat application to top 3' of walls as discussed.		
1	Painting 1x coat latex black (flat) Sherwin Williams Superpaint applied to ceiling		
1	Painting 1x coat latex neutral (satin) Sherwin Williams Superpaint applied to walls.		
	Total for Labor:		\$4,835.00
	Optional 2nd coat of joint compound application on ceiling plus sanding.		
	Total for Labor:		\$1,780.00
	Estimated cost for paint:		
12	Gallons for walls Superpaint	\$32.00	\$384.00
23	Gallons for ceiling Superpaint	\$32.00	\$736.00
	Total for Supplies		\$1,130.00

M & B Painting, 9241 Lakewood Drive, Whitmore Lake MI 48189

Preliminary - Counts to be verified by Electrician / Contractor

Project: 01 8543 Phase II
 Name Northfield Township Bldg
 Address 8356 Main
 City, State, Zip Whitmore Lake, MI 48181



7892 W. Grand River
 Brighton, MI 48114
 (810) 227-3377 (EDSS)
 (810) 227-3399 Fax
 www.edssenergy.com

8/31/2015

Quote

PE: ER PM: GE PD: GD

Type	Qty	Description	Lamp	Manu	Cat #	Unit	Unit Ext.
Interior Lighting Quote:							
CM	40	2X2 LED SM Panel Pendant Mt	38 wat LED	NORA	NPD-E22-4K	\$ 115.00	\$ 4,600.00
CM-PK	40	Pendant Kits & Frame		NOAR	NPD	\$ 85.00	\$ 3,400.00
CM-A	4	0-10V Dimmer Low Voltage		LUTRON	MS-Z101	\$ 82.00	\$ 328.00
							\$ -
INSTALL	1	Wiring, installing fixture & Dimmers		Caldwell		\$ 3,289.00	\$ 3,289.00
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
GRAND TOTAL FOR ABOVE FIXTURES							\$ 11,617.00

Drawings Referenced:

ANN ARBOR AUDIO

12613 Grand River Rd.
Brighton, MI 48116

PHONE: (810) 220-1000

FAX: (810) 220-1010

CONTACT: John Malek, jmalek@annarbaud.com

A³

PROPOSAL

VERSION:	1
DATE:	8/5/2015
PROJECT:	15-2573
CUST ID:	698

PROJECT NAME:

TO: Northfield Township

8350 Main Street

Whitmore Lake, MI 48189

ATTN: Howard Fink

PHONE: 734-449-2880 ext.12

EMAIL: finkh@twp.northfield.mi.us

**Meeting Room AV System Upgrade
Stays in the North Room**

ITEM	QTY.	DESCRIPTION	COST	EXT COST
1	1	Replace existing Roland video switcher with a Basic Desktop 4 x 1 Composite video Mechanical switcher with stereo audio inputs & outputs; connects to existing cables already in use	175.00	175.00
2	1	Replace existing Tascam dual cassette recorder with a desktop Digital Audio recorder for MP3 files; networkable, programmable start and stop, mono compatible, SD disc (32GB card included) and/or USB output to external hard disc drive (not included), analog input from existing rack mounted mic mixer, includes easy to use transcription software that can be loaded onto any PC, USB Mouse and keyboard (included)	797.00	797.00
3	1	Replace existing Radio Shack mixer with passive balanced-unbalanced audio 10KΩ signal combiner with new audio cables to all equipment	95.00	95.00
4	1	Misc cables connectors, adaptors, cable management and cleaning supplies	80.00	80.00
5	1	UPS Ground-Freight	35.00	35.00
6	1	Labor to replace existing equipment as noted above, tune sound system for optimum speech intelligibility within the room and over the broadcast, attend (1) one Township Board meeting, (1) one Planning Commission meeting and (1) one ZBA meeting and adjust mic levels, equalization balance and compressor limiter settings; train staff on recording meetings and transferring files to another PC, coordinate with IT for networked audio	2,750.00	2,750.00
Approved Signature: _____ DATE: _____ PO# _____			TOTAL:	\$3,932.00
PAYMENT TERMS: Net 20 Days with Purchase Order			QUOTE VALID FOR 20 DAYS	
Thank you for contacting Ann Arbor Audio			Sales Tax of 6% will be added where applicable. A3 will invoice for stored materials.	

ANN ARBOR AUDIO

12613 Grand River Rd.
Brighton, MI 48116

PHONE: (810) 220-1000

FAX: (810) 220-1010

CONTACT: John Malek, jmalek@annarbaud.com

A³

PROPOSAL

VERSION:	2
DATE:	8/5/2015
PROJECT:	15-2573
CUST ID:	698

PROJECT NAME:

TO: Northfield Township

8350 Main Street

Whitmore Lake, MI 48189

ATTN: Howard Fink

PHONE: 734-449-2880 ext.12

EMAIL: finkh@twp.northfield.mi.us

**Meeting Room AV System Upgrade
Moved to the South Room**

ITEM	QTY.	DESCRIPTION	COST	EXT COST
1	1	Replace existing Roland video switcher with a Basic Desktop 4 x 1 Composite video Mechanical switcher with stereo audio inputs & outputs; connects to existing cables already in use	175.00	175.00
2	1	Replace existing Tascam dual cassette recorder with a desktop Digital Audio recorder for MP3 files; networkable, programmable start and stop, mono compatible, SD disc (32GB card included) and/or USB output to external hard disc drive (not included), analog input from existing rack mounted mic mixer, includes easy to use transcription software that can be loaded onto any PC, USB Mouse and keyboard (included)	797.00	797.00
3	1	Replace existing Radio Shack mixer with passive balanced-unbalanced audio 10K Ω signal combiner with new audio cables to all equipment	95.00	95.00
4	1	Add New digital audio mixer at AV seat position and install existing digital mic mixer under table-top, install new mic cables under-table to same location as the existing mic cable bundle and connect old mixer	1,576.25	1,576.25
5	1	Replace eight existing ceiling loudspeakers with five (5) new 5-1/4" woofer with 3/4" tweeter 2-way surface mount enclosure, 70V transformer	735.00	735.00
5	1	Misc cables connectors, adaptors, cable management and cleaning supplies	405.00	405.00
6	1	UPS Ground-Freight	122.00	122.00
7	1	Labor to relocate cameras, rack and equipment inside and or replace existing equipment as noted above, tune sound system for optimum speech intelligibility within the room and over the broadcast, attend (1) one Township Board meeting, (1) one Planning Commission meeting and (1) one ZBA meeting and adjust mic levels, equalization balance and compressor limiter settings; train staff on recording meetings and transferring files to another PC, coordinate with IT for networked audio.	4,875.00	4,875.00
Approved Signature: _____ DATE: _____ PO# _____				

TOTAL: \$8,780.25

PAYMENT TERMS: Net 20 Days with Purchase Order

QUOTE VALID FOR 20 DAYS

Thank you for contacting Ann Arbor Audio

Sales Tax of 6% will be added where applicable.
A3 will invoice for stored materials.

MERCURY

SOUND AND LIGHTING

ESTIMATE

47560 Avante Dr., Wixom, MI 48393

Office: (734) 507.1177

Fax: (734) 943.6010

info@mercurysl.com

www.mercurysl.com



Date

08/31/15

Client Profile

Howard Fink

Northfield Township

finkh@twp.northfield.mi.us

(734) 449-2880

Estimate No.

41364

Project

Qty	Item	Description	Cost	Total
1	BMD-SWATEMTVSTU	ATEM Television Studio	945.25	945.25T
1	BMD-BDLKSDI4K	Blackmagic DeckLink SDI 4K	280.25	280.25T
1	BMD-CONVMASA	BlackMagic Mini Converter - SDI to Analog	185.25	185.25T
	BMD-CONVMCAUDS	BlackMagic Mini Converter - Audio to SDI	185.25	185.25T
1	VS-PTC-50	Marshall Electronics Mini RS-485 Controller Joystick	149.99	149.99T
	S2340M	23" Widescreen Flat Panel Monitor (Multiview Screen)	184.99	184.99T
	Cable Budget	Applicable cabling and connectors for this equipment.	480.00	480.00T
36	Labor Charges	Labor Charges - 2 Techs @ 3 Days	65.00	2,340.00
		- Includes moving and reconnecting old rack and speakers		
		- Setup and configuration of BlackMagic Television Studio and Software		
		- Installation and wiring of new cameras		
		Tax Exempt Organization	0.00	0.00
Total:				\$4,750.98

I accept all charges shown above and will pay the full amount to Mercury Sound & Lighting.

* 50% is due for all orders.

* Balance due upon installation/delivery.

Signature _____

R and R Craftsmen LLC

15658 Devonshire

Pinckney, Mi. 48169

737-320-3928 / 517-795-3819

Date: August 5, 2015

Invoice #: RR08052015

Submitted to: Director Bill Wagner
Northfield Township

Address: 8350 Main Street
Whitmore Lake, MI 48189

Phone: (734) 449-2880

Proposal

**We propose to enter into a contract for the work as described by Director Wagner.
Any additional work will be on a time and material basis.**

Cover and protect

- Walls
- Floors
- Windows
- Sprinkler heads
- Duct work (not to be painted)

Demo

- Cut in for 36" 90 minute swing out door

Framing

- Frame for a 36" fire rated door (swing out into hallway)
- Frame 14' wall from north wall to west wall (at 45 degree angle)
- Frame for double 36" fire rated doors (swing out)
- Frame from floor to ceiling to secure doors and wall
- Frame walls with steel studs
- Frame door with wood framing backer

Drywall

- Drywall new wall with 5/8" drywall (up to 7' or 24" below sprinkler supply)
- Mud, tape and sand (make ready for primer paint)
- Sand ceiling
- Repair drywall as needed
- Prep for primer and paint

Paint

- Prep all sprinkler pipes with mineral spirits (to remove oils) and prep for paint
- Paint ceiling flat black
- Except for duct work, all ceiling components to be painted flat black
- New wall to be primed and painted to match existing

Doors

- Match (as close as possible) all new doors to existing doors
- All doors include panic hardware, lockable handles and closures
- Exit signs (match as close as possible) to existing signs

Material and labor total:

\$32,400.00 (Thirty two thousand four hundred dollars)

Interstate Interstate Restoration & Construction

22310 Telegraph Road
Southfield, Mi 48034

Client: Northfield Township - Howard Fink
Property: Township Hall 2nd Floor remodel
Northfield Twp, MI

Home: (734) 449-2880

Operator: KBORTELS

Estimator: Kurt Bortels
Position: Project Director
Company: Interstate Restoration, Construction & Services
Business: 22310 Telegraph Rd
Southfield, MI 48033

Business: (248) 752-5847
E-mail: kbortels@Interstaterestoration.com

Type of Estimate: <NONE>

Date Entered: 7/23/2015

Date Assigned:

Price List: MIAA8X_JUL15
Labor Efficiency: Restoration/Service/Remodel
Estimate: KWB_NRTHFLDTWP-2NDFL

Interstate Restoration & Construction Job #

Dear Northfield Township - Howard Fink

Attached is the estimate for repairs to your building. The Total of the estimate is \$ **19,915.47**.

This scope of repairs has been formulated based upon non-destructive observation only. Only those items listed are included in this estimate. All items are subject to verification and approval prior to commencement of work. It is the intent of this scope to be as thorough as possible. However, upon demolition of the affected areas we reserve the right to make a reevaluation of the damage. We have inspected your property located at the above captioned address. Based upon field inspections and blue prints provided by the owner, along with zoning variances, we have estimated the following scope of damage. Repair or replacement of damaged items is as existed with consideration for building code upgrades or additional requirements, if necessary (unless otherwise noted). -Sincerely,

Kurt Bortels

Project Director

Interstate Restoration & Construction Services.

Interstate Interstate Restoration & Construction

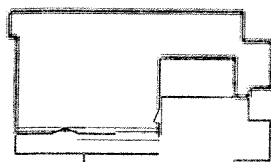
22310 Telegraph Road
Southfield, Mi 48034

KWB_NRTHFLDTWP-2NDFL

Main Level

Meeting Room

Height: 8'



1,760.67 SF Walls	1,663.02 SF Ceiling
3,423.69 SF Walls & Ceiling	1,663.02 SF Floor
184.78 SY Flooring	218.33 LF Floor Perimeter
228.83 LF Ceil. Perimeter	

Door

6' 11" X 6' 8"

Opens into HALLWAY

Door

3' 7" X 6' 8"

Opens into ENTRY_FOYER

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
1. Texture drywall - smooth / skim coat	1,663.02 SF	0.00	0.80	8.98	267.88	1,607.28
Current ceilings are fire taped only and require finish coats of mud base, sanding and preparation for final painting.						
2. Seal/prime then paint the walls and ceiling (2 coats)	3,423.69 SF	0.00	0.78	30.81	540.26	3,241.55
3. Painter - per hour	12.00 HR	0.00	60.83	0.00	146.00	875.96
Seal and paint all conduit, hvac ducts and misc at ceiling						
4. Interior Wood Grain Fire Rated door, 8' - solid alder - paneled - pre-hung	1.00 EA	0.00	673.97	36.56	142.12	852.65
5. Wood grain Fire Rated double doors - Exterior - stain grade jamb & casing	2.00 EA	0.00	1,449.98	144.26	608.86	3,653.08
6. Panic hardware - rim series (bar and latch, no rods)	3.00 EA	0.00	500.53	74.24	315.16	1,890.99
7. Door closer - Heavy duty - Commercial grade	3.00 EA	0.00	248.04	40.50	156.92	941.54
Totals: Meeting Room				335.35	2,177.20	13,063.05

Hallway

Height: 8'



614.01 SF Walls	196.38 SF Ceiling
810.39 SF Walls & Ceiling	196.38 SF Floor
21.82 SY Flooring	75.60 LF Floor Perimeter
82.51 LF Ceil. Perimeter	

Missing Wall

5' 1" X 8'

Opens into ENTRY_FOYER

Door

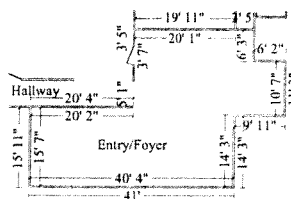
6' 11" X 6' 8"

Opens into MEETING_ROOM

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
KWB_NRTHFLDTWP-2NDFL					7/24/2015	Page: 2

Interstate Interstate Restoration & Construction22310 Telegraph Road
Southfield, Mi 48034**CONTINUED - Hallway**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
8. Metal studding, 3 5/8" wide, 16" OC, 25 gauge 2 new walls to be built approx 10-11 ft high, support post at intersection and all prep work for drywall/finishing	262.20 SF	0.00	1.57	9.75	84.30	505.70
9. 5/8" drywall - hung, taped, floated, ready for paint Drywall line items is for both sides of new walls complete.	524.40 SF	0.00	1.61	16.05	172.08	1,032.41
10. Drywall Installer / Finisher - per hour Prep labor to open existing walls, clean joints and install backing for new drywall to existing wall.	4.50 HR	0.00	55.00	0.00	49.50	297.00
11. Texture drywall - smooth / skim coat Current ceilings are fire taped only and require finish coats of mud base, sanding and preparation for final painting.	196.38 SF	0.00	0.80	1.06	31.64	189.80
12. Seal/prime then paint the walls and ceiling (2 coats)	810.39 SF	0.00	0.78	7.29	127.88	767.27
13. Painter - per hour Seal and paint all conduit, hvac ducts and misc at ceiling	2.00 HR	0.00	60.83	0.00	24.34	146.00
Totals: Hallway				34.15	489.74	2,938.18

**Entry/Foyer****Height: 8'**

1,232.78 SF Walls	1,066.97 SF Ceiling
2,299.75 SF Walls & Ceiling	1,066.97 SF Floor
118.55 SY Flooring	153.50 LF Floor Perimeter
157.08 LF Ceil. Perimeter	

Missing Wall**5' 1" X 8'****Opens into HALLWAY****Door****3' 7" X 6' 8"****Opens into MEETING_ROOM**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
14. Texture drywall - smooth / skim coat Current ceilings are fire taped only and require finish coats of mud base, sanding and preparation for final painting.	1,066.97 SF	0.00	0.80	5.76	171.88	1,031.22
15. Seal/prime then paint the walls and ceiling (2 coats)	2,299.75 SF	0.00	0.78	20.70	362.90	2,177.41
16. Painter - per hour Seal and paint all conduit, hvac ducts and misc at ceiling	8.00 HR	0.00	60.83	0.00	97.32	583.96
Totals: Entry/Foyer				26.46	632.10	3,792.59

Total: Main Level

395.96 3,299.04 19,793.82

Interstate Interstate Restoration & Construction

22310 Telegraph Road
Southfield, Mi 48034

Labor Minimums Applied

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
17. Finish carpentry labor minimum	1.00 EA	0.00	101.37	0.00	20.28	121.65
Totals: Labor Minimums Applied				0.00	20.28	121.65
Line Item Totals: KWB_NRTHFLDTWP-2NDFL				395.96	3,319.32	19,915.47

Grand Total Areas:

4,093.31 SF Walls	3,134.18 SF Ceiling	7,227.49 SF Walls and Ceiling
3,134.18 SF Floor	348.24 SY Flooring	508.16 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	529.16 LF Ceil. Perimeter
3,134.18 Floor Area	3,266.83 Total Area	4,093.31 Interior Wall Area
2,385.40 Exterior Wall Area	265.04 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	

Interstate Interstate Restoration & Construction

22310 Telegraph Road
Southfield, Mi 48034

Summary

Line Item Total	16,200.19
Material Sales Tax	395.96
Subtotal	16,596.15
Overhead	1,659.66
Profit	1,659.66
Replacement Cost Value	\$19,915.47
Net Claim	\$19,915.47

Kurt Bortels
Project Director



Memo

To: Northfield Township Board

From: Howard Fink

Date: 10/8/2015

Re: Downtown Planning Group

Dear Township Board,

Barb Griffith and I are proposing a 15 member downtown planning board. This will be a volunteer run effort led by myself and Barb Griffith. We both are in agreement that this should not be led by consultants, so that we can keep costs low and create a plan that is community driven, and that seemed to be the consensus of the board at the last meeting. We will invite residents and interested parties to submit a letter of interest and Barb and I will compile the group. New individuals who are not already represented on existing boards will be given priority, as this will help to encourage new blood. If you are in agreement with this format, we request the board officially form the group via motion.

Respectfully Submitted,

Howard Fink, Township Manager

Barb Griffith, DDA President and Local Business Owner

NORTHFIELD TOWNSHIP

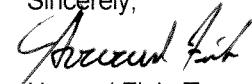
Memo

To: Northfield Township Board
From: Howard Fink
Date: 10/8/2015
Re: Whitmore Lake SAD Resolution

Dear Township Board,

Attached is a resolution that the Board needs to adopt to set the time and date of the public hearing on the Whitmore Lake SAD assessment roll. This is a procedural resolution. I recommend adoption.

Sincerely,



Howard Fink, Township Manager

SPECIAL ASSESSMENT RESOLUTION NO. 3

Township of Northfield
County of Washtenaw, State of Michigan

Minutes of a regular meeting of the Township Board of the Township of Northfield, County of Washtenaw, State of Michigan, held in the Township on October 13, 2015, at 7:00 p.m., Eastern Daylight Time.

PRESENT: Members _____

ABSENT: Members _____

The following preamble and resolution were offered by Member _____
and supported by Member _____:

WHEREAS, by resolution, the Township Board of the Township of Northfield, County of Washtenaw, State of Michigan (the "Township"), determined to acquire and construct the public improvements described in Exhibit A attached hereto and made a part hereof and assess part of the cost thereof to the property benefitted by said improvements, all in accordance with Act 188, Public Acts of Michigan, 1954, as amended; and

WHEREAS, the Supervisor has prepared and reported to the Township Board a special assessment roll assessing the cost of said improvements to the property benefitted thereby, with the Supervisor's certificate attached thereto; and

WHEREAS, the Township Board desires to set the date for a public hearing to review the special assessment roll and hear objections thereto.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Said special assessment roll shall be filed with the office of the Township Clerk and shall be available for public examination during regular working hours on regular working days.

2. The Township Board shall meet at 7:00 p.m. on Tuesday, November 10, 2015, in the Township Hall at which time and place the Township Board shall review said special assessment roll and hear any objections thereto.

3. The Township Clerk shall cause notice of such hearing and the filing of the assessment roll to be published *twice* in the print edition of *AnnArbor.com*, a newspaper of general circulation in the Township, prior to the date of the hearing, which first such publication shall be at least ten (10) days before the hearing, and shall cause notice of such hearing to be mailed by first class mail to all record owners of or persons in interest in property in the special assessment district, as shown on the last township tax assessment record of the Township, at least ten (10) full days before the date of said hearing.

4. Said notice shall be in substantially the form attached hereto as Exhibit B.

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

AYES: Members _____

NAYS: Members _____

RESOLUTION DECLARED ADOPTED.

Angela Westover
Township Clerk

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the Township Board of the Township of Northfield, County of Washtenaw, State of Michigan, at a special meeting held on October 13, 2015, and that said meeting was conducted and public notice of said meeting was given pursuant to and in full compliance with the Open Meetings Act, being Act 267, Public Acts of Michigan, 1976, and that the minutes of said meeting were kept and will be or have been made available as required by said Act.

Angela Westover
Township Clerk

EXHIBIT A

Public Improvements

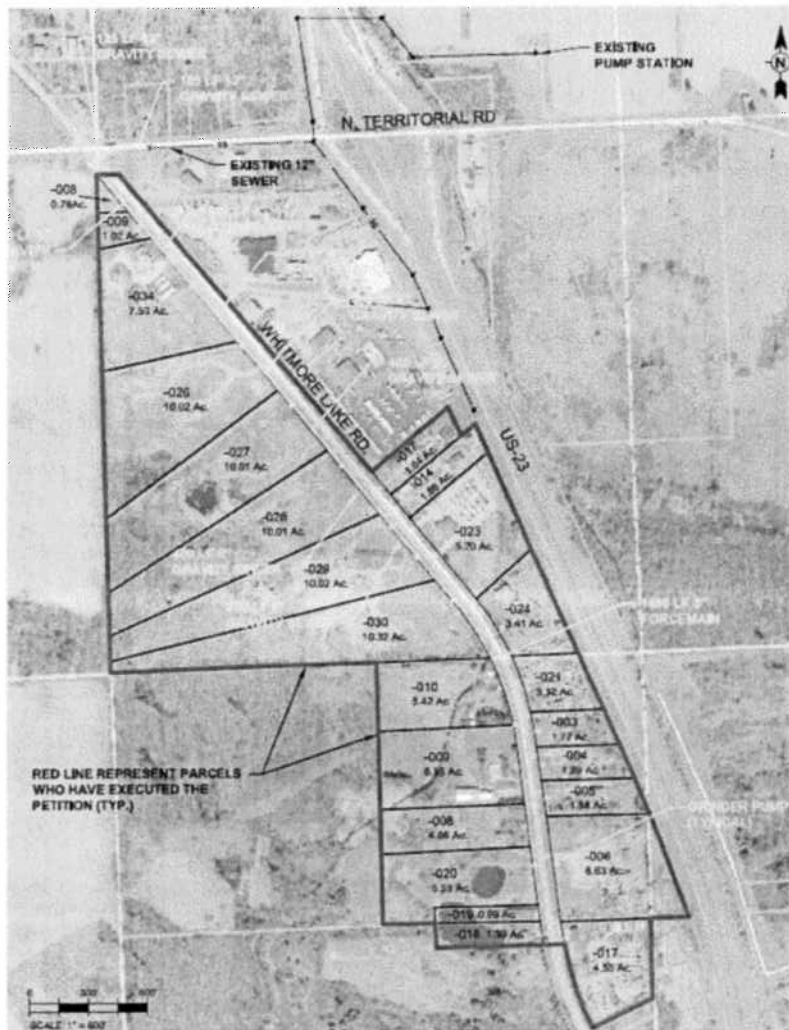
The establishment, acquisition, construction, installation and equipping of a sanitary sewer system, consisting generally of gravity sewer collection lines, together with all necessary grinders, pumps, infrastructure, interests in land and appurtenances and attachments thereto.

EXHIBIT B

PUBLIC HEARING NOTICE

NOTICE OF REVIEW OF SPECIAL ASSESSMENT ROLL FOR SANITARY SEWER SYSTEM IMPROVEMENTS IN THE TOWNSHIP OF NORTHFIELD

TO ALL RECORD OWNERS OF OR PERSONS IN
INTEREST IN PROPERTY DESCRIBED
AS FOLLOWS:



TAKE NOTICE that a special assessment roll has been prepared and is on file in the office of the Township Clerk for public examination. Said special assessment roll has been prepared for the purpose of assessing the cost of the following described improvements to the above property benefitted therefrom: the establishment, acquisition, construction, installation and equipping of a sanitary sewer system, consisting generally of gravity sewer collection lines, together with all

necessary grinders, pumps, infrastructure, interests in land and appurtenances and attachments thereto.

TAKE FURTHER NOTICE that the Township Board will meet on Tuesday, the 10th day of November, 2015, at 7:00 p.m., prevailing Eastern Time, on the second floor of the Northfield Township Public Safety Building, 8350 Main Street, Whitmore Lake, Michigan, for the purpose of reviewing said special assessment roll and hearing any objections thereto.

TAKE FURTHER NOTICE that appearance and protest at this hearing is required in order to appeal the amount of the special assessment to the State Tax Tribunal if an appeal should be desired. A property owner or party in interest, or his or her agent, may appear in person at the hearing to protest the special assessment or may file his or her appearance by letter delivered to the Township Clerk at or prior to the meeting to be held on November 10, 2015 and his or her personal appearance shall not be required. The property owner or any person having an interest in the property subject to the proposed special assessments may file a written appeal of the special assessment with the State Tax Tribunal within thirty-five (35) days after confirmation of the special assessment roll if that special assessment was protested at this hearing.

Angela Westover
Township Clerk

25232632.1\065459-00015

NORTHFIELD TOWNSHIP

Memo

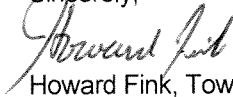
To: Northfield Township Board
From: Howard Fink
Date: 10/8/2015
Re: Snow Plow Bids

Dear Township Board,

Snow Plow Bids are in. As you can see, Scenic Landscaping is the low bid followed by J and M Landscaping. I have contacted the references for Scenic Landscaping. If the references come back strong, I will be recommending Scenic Landscaping for the upcoming year. Please note that J and M did not provide a three year lump sum bid offer.

Given predictions of a mild winter and that Scenic Landscaping is a new company; I would recommend a one year contract on a per push basis.

Sincerely,



Howard Fink, Township Manager

Snow Plow Bids 2015

Plowing & Salting

Company Name		8350 Main			9101 Main			Curtis Lot			75 Barker			Fire Station 2			Path		
		1yr	2yr	3yr	1yr	2yr	3yr	1yr	2yr	3yr	1yr	2yr	3yr	1yr	2yr	3yr	1yr	2yr	3yr
Brien's Services, Inc.	Plowing per push	\$235	\$260	\$265	\$85	\$90	\$95	\$55	\$60	\$65	\$110	\$115	\$120	\$115	\$120	\$125	\$85	\$90	\$95
	Salting* per app	\$235	\$245	\$250	\$85	\$90	\$95	\$45	\$55	\$55	\$95	\$100	\$105	\$115	\$120	\$125	\$55	\$60	\$65
	TOTALS	\$470	\$505	\$515	\$170	\$180	\$190	\$100	\$115	\$120	\$205	\$215	\$225	\$230	\$240	\$250	\$140	\$150	\$160
Superior Lawn Care & Snow Removal, LLC	Plowing per push	\$185	\$175.75	\$166.96	\$65	\$61.75	\$58.66	\$55	\$52.25	\$49.64	\$95	\$90.25	\$85.74	\$125	\$118.75	\$112.81	\$295	\$280.25	\$266.24
	Salting* per app	\$195	\$185.25	\$175.99	\$65	\$61.75	\$58.66	\$45	\$42.75	\$40.61	\$85	\$80.75	\$76.71	\$95	\$90.25	\$85.74	\$245	\$232.75	\$221.11
	TOTALS	\$380	\$361.00	\$342.95	\$130	\$123.50	\$117.32	\$100	\$95.00	\$90.25	\$180	\$171.00	\$162.45	\$220	\$209.00	\$198.55	\$540	\$513.00	\$487.35
Savannah Group	Plowing per push	\$1,200	\$1,300	\$1,400	\$150	\$175	\$225	\$150	--	--	\$350	--	--	\$175	\$225	\$250	\$150	--	--
	Salting* per app	\$1,400	--	--	\$225	\$250	\$200	\$225	--	--	\$425	--	--	\$225	\$275	\$300	\$225	--	--
	TOTALS	\$2,600	\$1,300	\$1,400	\$375	\$425	\$425	\$375	--	--	\$775	--	--	\$400	\$500	\$550	\$375	--	--
Unique Maintenance	Plowing per push	\$95	\$90	\$85	\$75	\$70	\$65	\$40	\$35	\$30	\$80	\$75	\$70	\$70	\$65	\$60	\$180	\$170	\$160
	Salting* per app	\$100	\$95	\$90	\$75	\$70	\$65	\$40	\$35	\$30	\$90	\$85	\$80	\$75	\$70	\$65	\$100	\$90	\$80
	TOTALS	\$195	\$185	\$175	\$150	\$140	\$130	\$80	\$70	\$60	\$170	\$160	\$150	\$145	\$135	\$125	\$280	\$260	\$240
Scenic Landscaping	Plowing per push	\$125	\$125	\$125	\$30	\$30	\$30	\$30	\$30	\$30	\$65	\$65	\$65	\$60	\$60	\$60	\$150	\$150	\$150
	Salting* per app	\$150	\$150	\$150	\$40	\$40	\$40	\$40	\$40	\$40	\$75	\$75	\$75	\$60	\$60	\$60	\$150	\$150	\$150
	TOTALS	\$275	\$275	\$275	\$70	\$70	\$70	\$70	\$70	\$70	\$140	\$140	\$140	\$120	\$120	\$120	\$300	\$300	\$300
J & M Landscaping	Plowing per push	\$150	--	--	\$35	--	--	included with Com Ctr			\$50	--	--	\$60	--	--	\$150	--	--
	Salting* per app	\$275	--	--	\$50	--	--	included with Com Ctr			\$75	--	--	\$85	--	--	\$150	--	--
	TOTALS	\$425	--	--	\$85	--	--	--	--	--	\$125	--	--	\$145	--	--	\$300	--	--

Snow Plow Bids 2015

Sidewalk Shovelling & Salting

Company Name		Public Safety Building			Community Center		
		1 yr	2 yr	3 yr	1 yr	2 yr	3 yr
Brien's Services, Inc.	Per Shovel	\$55	\$60	\$65	\$35	\$40	\$45
	Salting per app	\$55	\$60	\$65	\$25	\$30	\$35
	TOTALS	\$110	\$120	\$130	\$60	\$70	\$80

Superior Lawn Care & Snow Removal, LLC	Per Shovel	\$115	\$109.25	\$103.79	\$45	\$42.75	\$40.61
	Salting per app	\$45	\$42.75	\$40.61	\$30	\$28.50	\$27.07
	TOTALS	\$160	\$152.00	\$144.40	\$75	\$71.25	\$67.68

Savannah Group	Per Shovel	\$100	--	--	\$100	--	--
	Salting per app	\$150	--	--	\$150	--	--
	TOTALS	\$250	--	--	\$250	--	--

Unique Maintenance	Per Shovel	\$95	\$90	\$85	\$60	\$55	\$50
	Salting per app	\$100	\$95	\$90	\$60	\$55	\$50
	TOTALS	\$195	\$185	\$175	\$120	\$110	\$100

Scenic Landscaping	Per Shovel	\$80	\$80	\$80	\$30	\$30	\$30
	Salting per app	\$100	\$100	\$100	\$30	\$30	\$30
	TOTALS	\$180	\$180	\$180	\$60	\$60	\$60

J & M Landscaping	Per Shovel	\$75	--	--	\$25	--	--
	Salting per app	\$75	--	--	\$25	--	--
	TOTALS	\$150	--	--	\$50	--	--

Per Occurence Totals

1yr	\$1,485
2yr	\$1,595
3yr	\$1,670

1yr	\$1,785
2yr	\$1,695.75
3yr	\$1,610.95

1yr	\$5,400
2yr	--
3 yr	--

1yr	\$1,335
2yr	\$1,245
3yr	\$1,155

1yr	\$1,215
2yr	\$1,215
3yr	\$1,215

1yr	\$1,280
2yr	--
3yr	--

Per Season Pricing		
1yr	2yr	3yr
\$27,540	\$29,403	\$30,915

10% saved 10% saved 10% saved

\$38,850	\$36,907.46	\$35,006.75
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5% saved 5% saved

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\$30,613	--	--
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4% saved

\$21,000*	\$21,000	\$21,000
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* based on 14 plowings and 23 saltings

\$20,050	--	--
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5% saved

RESOLUTION NO. 15-531
A RESOLUTION OF THE NORTHFIELD TOWNSHIP BOARD OF TRUSTEES TO
OPT OUT OF THE RESTRICTIONS MANDATED BY PUBLIC ACT 152 OF 2011
ON PUBLIC EMPLOYER'S PAYMENTS FOR MEDICAL BENEFITS PLANS

WHEREAS, on September 28, 2011, Governor Rick Snyder signed Senate Bill 7 into law, which created Public Act 152 of 2011; and

WHEREAS, Public Act 152 of 2011 provides for certain limitations on the amount that public employers may contribute toward the annual cost of medical benefit plans that cover their employees as follows:

- for plans beginning on or after January 1, 2015, restricts public employers from paying an aggregate annual amount (hard cap) of no more than \$16,342.66 per family, \$12,531.75 per couple and \$5,992.30 for individuals for employee plans; and
- allows that a governing body may choose to implement a 20% employee copayment for the total cost of the plan instead of the hard cap; and
- allows that by a two-thirds majority vote, the governing body may opt out of the hard cap and 20% copayment required by the Act and not incur any penalties; and

WHEREAS, Public Act 152 of 2011 provides for penalties of withholding Economic Vitality Incentive Program (EVIP) Funds issued by the State for public employers who fail to follow the law; and

WHEREAS, the Township of Northfield Board of Trustees approved providing medical benefit plans to Township employees at a cost that exceeds the hard cap, and does not require a 20% employee copayment; and

NOW, THEREFORE, BE IT RESOLVED BY THE NORTHFIELD TOWNSHIP BOARD OF TRUSTEES, that pursuant to the provisions of PA 152 of 2011, Section 8(1), the Township of Northfield exercises its right to opt out of the requirements of the Act for the plan year beginning December 1, 2015 by two-thirds majority vote of this Board in support of this resolution.

ROLL CALL VOTE:

AYE: _____

NAY: _____

ABSENT: _____

PASSED AND Resolved by the Northfield Township Board of Trustees, Northfield Township, Michigan, on this _____ day of _____, 2015.

Marilyn Engstrom, Supervisor

ATTEST:

Angela Westover, Clerk

NORTHFIELD TOWNSHIP

Memo

To: Northfield Township Board
From: Howard Fink
Date: 10/8/2015
Re: Health Insurance

Dear Township Board,

Last year, the Township Board graciously allocated an additional \$35,000 – \$40,000 of funds to subsidize health Insurance for Township Employees. I am requesting that the policy be made again this year. We will be keeping both plans identical as last year, as this is the best value offered and is acceptable by both the police collective bargaining units and administration.

While we are not changing any health insurance options this year, we did look at a number of possibilities. First, we investigated self funding both Dental and Vision. The reason we looked at this option is that Dental is rather predictive and if the self funding costs were significantly lower, we would possibly take the risk. The self funding numbers came back lower, but not significantly enough to take on the additional risk of the self funding option.

We quoted multiple plans, including HMO options. While the HMO options were slightly cheaper, they were not enough to justify losing the freedom of choice. We also looked at gap plans, and these did not provide enough general medicine benefits to justify the additional cost.

Unfortunately, I believe our best approach is to continue the high deductible H S A Plans and fund the H S A accounts as much as we can. For this year, I am recommending that the board authorize approximately \$12,000 over the budgeted amounts. It is difficult for us to budget precisely, as there are slightly different costs depending on the plan chosen. In your packets are breakdowns of the health insurance plans that will be offered to employees. I am proposing that the H S A be funded at the following amounts:

	Family	Couple	Single
Silver	\$4150	\$2750	\$1400
Bronze	\$6350	\$4775	\$3200

The above amounts are roughly \$200 - \$300 less than the H S A accounts were funded last year.

Sincerely,


Howard Fink, Township Manager



Blue Cross
Blue Shield
of Michigan

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

Client: Northfield Township 7011521/1

Simply Blue HSA PPO Silver \$2000SM Medical Coverage with Prescription Drugs Benefits-at-a-Glance - w/EA

Effective for groups on their plan year

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, copay and/or 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.

Preauthorization for Select Services – Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved 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. 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.

Preauthorization 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 preauthorization of the drugs. If preauthorization 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 disease as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

In-network

Out-of-network *

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.

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.	<ul style="list-style-type: none"> 50% of approved amount for bariatric surgery 20% of approved amount for most other covered services 	<ul style="list-style-type: none"> 50% of approved amount for bariatric surgery 40% of approved amount for most other covered services
Annual out-of-pocket maximums – applies to deductibles and coinsurance amounts for all covered services – including prescription drug cost-sharing amounts	\$4,500 for a one-person contract or \$9,000 for a family contract (2 or more members) each calendar year	\$9,000 for a one-person contract or \$18,000 for a family contract (2 or more members) each calendar year
Lifetime dollar maximum	None	

* Services from a provider for which there is no Michigan PPO network and services from a 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. Cost-sharing may differ when you obtain covered services outside of Michigan. 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.

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In-network

Out-of-network *

Preventive care services

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
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 for females	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 child care visits	100% (no deductible or copay/coinsurance) • 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.
Routine screening colonoscopy	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

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In-network

Out-of-network *

Physician office services

Office visits – must be medically necessary	80% after in-network deductible	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
Urgent care visits – must be medically necessary	80% after in-network deductible	60% after out-of-network deductible

Emergency medical care

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

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

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

Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	80% after in-network deductible	60% after out-of-network deductible
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

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: • 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: • 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 preauthorization – consult with your doctor	80% after in-network deductible	80% after in-network deductible

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In-network

Out-of-network *

Surgical services

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 for males Note: For voluntary sterilizations for females, see "Preventive care services."	80% after in-network deductible	60% after out-of-network deductible
Elective abortions	80% after in-network deductible	60% after out-of-network deductible
Gender reassignment surgery	Not covered	Not covered
Bariatric surgery	50% after in-network deductible Limited to a lifetime maximum of one bariatric procedure per member	50% after out-of-network deductible

Human organ transplants

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 Note: BCBSM covers clinical trials in compliance with PPACA.	80% after in-network deductible	60% after out-of-network deductible
Kidney, cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Mental health care and substance abuse treatment

Inpatient mental health care and inpatient substance treatment	80% after in-network deductible	60% after out-of-network deductible Unlimited days
Residential psychiatric treatment facility: • covered mental health services must be performed in a residential psychiatric treatment facility • treatment must be preauthorized • subject to medical criteria	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	80% after in-network deductible	80% after in-network deductible, in participating facilities only
• Physician's office	80% after in-network deductible	60% after out-of-network deductible
Outpatient substance abuse 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)

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In-network

Out-of-network *

Autism spectrum disorders, diagnoses and treatment

Applied behavioral analysis (ABA) treatment – when rendered by an approved board-certified behavioral analyst – is covered through age 18, subject to preauthorization Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment.	80% after in-network deductible	80% after in-network deductible
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible Physical, speech and occupational therapy with an autism diagnosis is unlimited
Other covered services, including mental health services, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible

Other covered services

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 30-visit maximum per member per calendar year (visits are combined with outpatient physical and occupational therapy)
Outpatient physical and occupational therapy – provided for rehabilitation/habilitation	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 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for all outpatient visits for physical therapy, occupational therapy, chiropractic services, and osteopathic manipulative therapy.
Outpatient speech therapy	80% after in-network deductible	60% after out-of-network deductible Limited to a 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.	80% after in-network deductible	80% after in-network deductible
Prosthetic and orthotic appliances	80% after in-network deductible	80% after in-network deductible
Private duty nursing care	Not covered	Not covered

* Services from a provider for which there is no Michigan PPO network and services from a 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. Cost-sharing may differ when you obtain covered services outside of Michigan. 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.



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Simply Blue PPO HSASM – Prescription Drug Coverage Benefits-at-a-Glance

Specialty Pharmaceutical Drugs – The mail order pharmacy for **specialty drugs** is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many in-network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Express Scripts. (Express Scripts is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. If you have any 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” whether or not the drug is obtained from a **90-Day Retail Network provider** or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the initial quantity of select specialty drugs. Your copay/coinsurance will be reduced by one-half for this initial fill (15 days) once applicable deductibles have been met.

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 after 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 20% member liability for covered drugs obtained from an out-of-network pharmacy will not contribute to your annual out-of-pocket maximum.

		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
Tier 1 – Generic drugs	1 to 30-day period	You pay \$15 copay	You pay \$15 copay	You pay \$15 copay	You pay \$15 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$30 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$35 copay	No coverage	No coverage
	84 to 90-day period	You pay \$35 copay	You pay \$35 copay	No coverage	No coverage
Tier 2 – Preferred brand-name drugs	1 to 30-day period	You pay \$50 copay	You pay \$50 copay	You pay \$50 copay	You pay \$50 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$100 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$140 copay	No coverage	No coverage
	84 to 90-day period	You pay \$140 copay	You pay \$140 copay	No coverage	No coverage

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



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Member's responsibility (copays and coinsurance amounts), *continued*

		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
Tier 3 – Nonpreferred brand-name drugs	1 to 30-day period	You pay \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	You pay \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	You pay \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	You pay \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$140 or 50% of the approved amount (whichever is greater), but no more than \$200	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$200 or 50% of the approved amount (whichever is greater), but no more than \$290	No coverage	No coverage
	84 to 90-day period	You pay \$200 or 50% of the approved amount (whichever is greater), but no more than \$290	You pay \$200 or 50% of the approved amount (whichever is greater), but no more than \$290	No coverage	No coverage
Tier 4 – Generic and preferred brand-name specialty drugs	1 to 30-day period	You pay 20% of approved amount, but no more than \$200	You pay 20% of approved amount, but no more than \$200	You pay 20% of approved amount, but no more than \$200	You pay 20% of approved amount, but no more than \$200 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	No coverage	No coverage	No coverage
	61 to 83-day period	No coverage	No coverage	No coverage	No coverage
	84 to 90-day period	No coverage	No coverage	No coverage	No coverage
Tier 5 – Nonpreferred brand-name specialty drugs	1 to 30-day period	You pay 25% of approved amount, but no more than \$300	You pay 25% of approved amount, but no more than \$300	You pay 25% of approved amount, but no more than \$300	You pay 25% of approved amount, but no more than \$300 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	No coverage	No coverage	No coverage
	61 to 83-day period	No coverage	No coverage	No coverage	No coverage
	84 to 90-day period	No coverage	No coverage	No coverage	No coverage

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Covered services

	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
FDA-approved generic and select brand name prescription preventive drugs, supplements and vitamins (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 (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
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 for the insulin or other covered injectable legend drug 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.



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Features of your prescription drug plan

BCBSM Custom Select 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">▪ Tier 1 (generic) – Tier 1 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.▪ Tier 2 (preferred brand) – Tier 2 includes brand-name drugs from the Custom Select Drug List. Preferred brand name drugs are also safe and effective, but require a higher copay/coinsurance.▪ Tier 3 (nonpreferred brand) – Tier 3 contains brand-name drugs not included in Tier 2. These drugs may not have a proven record for safety or as high of a clinical value as Tier 1 or Tier 2 drugs. Members pay the highest copay/coinsurance for these drugs.▪ Tier 4 (generic and preferred brand-name specialty) – Tier 4 includes covered specialty drugs listed as generic drugs (Tier 1) or preferred brand-name drugs (Tier 2) from the Custom Select Drug List. These drugs have a proven record for safety and effectiveness, and offer the best value to our members. They have the lowest specialty drug copay/coinsurance.▪ Tier 5 (nonpreferred brand-name specialty) – Tier 5 includes covered specialty drugs listed as nonpreferred brand name (Tier 3). These drugs may not have a proven record for safety or their clinical value may not be as high as the specialty drugs in Tier 4. They have the highest specialty drug copay/coinsurance.
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. 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 at bcbsm.com/pharmacy.</p>
Drug interchange and generic copay waiver	<p>BCBSM's drug interchange and generic copay waiver programs encourage physicians to prescribe a less-costly generic equivalent.</p> <p>If your physician rewrites your prescription for the recommended generic drug, you will only have to pay a generic copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
Quantity limits	<p>To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.</p>
Exclusions	<p>The following drugs are not covered:</p> <ul style="list-style-type: none">• Over-the-counter drugs and drugs with comparable OTC counterparts (e.g., antihistamines, cough/cold and acne treatment) unless deemed an Essential Health Benefit or not considered a covered service• State-controlled drugs• Brand-name drugs that have a generic equivalent available• Drugs to treat erectile dysfunction and weight loss• Prenatal vitamins (prescribed and over-the-counter)• Brand-name drugs used to treat heartburn• Compounded drugs, with some exceptions• Cosmetic drugs



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Blue Vision (Pediatric Only)SM Benefits-at-a-Glance

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to members up to age 19. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

	In-network	Out-of-network
Member's responsibility (copays)		
Eye exam	None	None
Prescription glasses (lenses and/or frames)	None	None
Medically necessary contact lenses	None	None
Eye exam		
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100% of approved amount	Reimbursement up to \$34 (member responsible for any difference)
	One eye exam per calendar year	
Lenses and frames		
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	100% of approved amount	Reimbursement up to approved amount based on lens type (member responsible for any difference)
	One pair of lenses, with or without frames, per calendar year	
Standard frames from a "select" collection	100% of approved amount	Reimbursement up to \$38.25 (member responsible for any difference)
	One frame per calendar year	
Contact lenses		
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	100% of approved amount	Reimbursement up to \$210 (member responsible for any difference)
	Covered – annual supply	
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary) If prescription contact lenses do not meet criteria for medically necessary, members may elect one of the following quantities of lenses as covered in full: <ul style="list-style-type: none">• Standard (one pair annually) – 1 contact lens per eye (total of 2 lenses)• Monthly (six-month supply) – 6 contact lenses per eye (total of 12 lenses)• Bi-weekly (six-month supply) – 12 contact lenses per eye (total of 24 lenses)• Dailies (two-month supply) – 60 contact lenses per eye (total of 120 lenses)	100% of approved amount	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
	Covered according to quantities outlined in your certificate, per calendar year	



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Blue DentalSM PPO Plus 100/80/50 SG – Non-voluntary \$25/\$75 deductible; \$1,000 annual maximum 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. 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.

Note: Pediatric members are members who are age 18 or younger on the plan's effective date. They remain pediatric members through the end of the calendar year in which they turn 19.

Network access information

With Blue Dental PPO Plus, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.¹

Blue Dental PPO network – Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations² nationwide. PPO dentists agree to accept our approved amount as full payment for covered services – members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit mibluedentist.com or call 1-888-826-8152.

¹Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.

²A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Blue Par SelectSM arrangement – Most non-PPO dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services – members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit mibluedentist.com.

Note: Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)

Deductible <ul style="list-style-type: none"> Applies to Class II and Class III services only 	\$25 per member limited to a maximum of \$75 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services Class II services Class III services Class IV services 	None (covered at 100%) 20% 50% Not covered
Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services Lifetime maximum for Class IV services 	\$1,000 per non-pediatric member per calendar year. The annual benefit maximum does not apply to pediatric members. Not applicable
Out-of-pocket maximum <ul style="list-style-type: none"> The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, or non-covered services. 	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. Note: This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).



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Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services

Most diagnostic and preventive services:	
• Routine oral examinations/evaluations – twice per calendar year	100% of approved amount
• Routine prophylaxes (cleanings) – three times per calendar year for pediatric members; two times per calendar year for all other members	100% of approved amount
• Fluoride treatments – twice per calendar year for pediatric members only	100% of approved amount
• Topical fluoride varnish for moderate- to high-risk caries patients – four times per calendar year for members age 3 and younger only and two times per calendar year for members age 4 to 14 only in combination with fluoride treatments For example, two fluoride treatments <u>or</u> two topical fluoride varnishes <u>or</u> one fluoride treatment and one topical fluoride varnish are payable in a calendar year for high-risk members between the ages of 4 and 14. However, two fluoride treatments <u>and</u> two topical fluoride varnishes are not payable for these members.	100% of approved amount
• Dental sealants – once per tooth per 36 months for first and second permanent molars for pediatric members only	100% of approved amount
Bitewing X-rays – one set (up to four films) per calendar year	100% of approved amount
Oral brush biopsy sample collection – twice per calendar year	100% of approved amount

Class II services

Other diagnostic and preventive services:	
• Diagnostic tests and laboratory examinations	80% of approved amount after deductible
• Space maintainers – once per quadrant per lifetime for missing posterior primary teeth for pediatric members only (recementation of a space maintainer is payable three times per quadrant per lifetime)	80% of approved amount after deductible
Panoramic or full-mouth X-rays – once per 60 months	80% of approved amount after deductible
Emergency palliative treatment	80% of approved amount after deductible
Minor restorative services:	
• Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	80% of approved amount after deductible
• Recementation or repair of posts, crowns, veneers, inlays and onlays – three times per tooth per calendar year	80% of approved amount after deductible
Extractions and surgical removal of non-impacted teeth	80% of approved amount after deductible
Non-surgical endodontic services:	
• Root canal treatments – once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime)	80% of approved amount after deductible
• Therapeutic pulpotomies or pulpal debridement	80% of approved amount after deductible
• Vital pulpotomies on primary teeth	80% of approved amount after deductible
• Apexification	80% of approved amount after deductible



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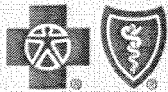
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Class II services, *continued*

Non-surgical periodontic services:	
• Periodontal maintenance – three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible
• Periodontal scaling and root planing – once per quadrant per 24 months for pediatric members; once per quadrant per 36 months for all other members	80% of approved amount after deductible
• Localized delivery of antimicrobial agents – one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only	80% of approved amount after deductible
• Limited occlusal adjustments – up to five times per 60 months for non-pediatric members only	80% of approved amount after deductible
• Occlusal biteguards (and relines and repairs to occlusal biteguards) – once per 60 months for non-pediatric members only	80% of approved amount after deductible
Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances:	
• Relines or rebases of partial dentures or complete dentures – once per 36 months per arch	80% of approved amount after deductible
• Tissue conditioning – once per 36 months per arch	80% of approved amount after deductible
Adjunctive general services:	
• General anesthesia or IV sedation	80% of approved amount after deductible
• Office visits for observation (during regularly scheduled hours) for non-pediatric members only	80% of approved amount after deductible
• Office visits after regularly scheduled hours	80% of approved amount after deductible
• House and hospital calls for non-pediatric members only	80% of approved amount after deductible
• Antibiotic injections for non-pediatric members only	80% of approved amount after deductible

Class III services

Major restorative services:	
• Onlays, crowns and veneers – once per permanent tooth per 60 months for members age 12 and older only	50% of approved amount after deductible
• Substructures, including cores and posts	50% of approved amount after deductible
Oral surgery services other than extractions of non-impacted teeth:	
• Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible
• Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible
• Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible
• Excision of hyperplastic tissue per arch	50% of approved amount after deductible
• Soft tissue biopsies for pediatric members only	50% of approved amount after deductible
• Frenulectomies	50% of approved amount after deductible
Surgical endodontic services:	
• Apical surgeries on permanent teeth	50% of approved amount after deductible
Surgical periodontic services:	
• Gingivectomies and gingivoplasties	50% of approved amount after deductible
• Osseous surgeries for non-pediatric members only	50% of approved amount after deductible
• Gingival flap procedures	50% of approved amount after deductible
• Soft tissue grafts	50% of approved amount after deductible
• Bone replacement grafts for non-pediatric members only	50% of approved amount after deductible
Prosthetic services:	
• Complete dentures – once per 84 months	50% of approved amount after deductible
• Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics – once per 84 months for members age 16 and older only	50% of approved amount after deductible
• Recementation and repairs of bridges	50% of approved amount after deductible
• Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible
• Endosteal implants and implant-related services – once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only	50% of approved amount after deductible



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Blue VisionSM Adults-only SG with VSP Choice Network 12/12/12 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. 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.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to covered members (subscribers, spouses and dependent children) age 19 and older. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

	In-network	Out-of-network
Member's responsibility (copays)		
Eye exam	\$5 copay	\$5 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Medically necessary contact lenses	\$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Eye exam		
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$5 copay	Reimbursement up to \$34 less \$5 copay (member responsible for any difference)
One eye exam every 12 months (calendar year basis)		
Lenses and frames		
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	\$10 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$10 copay (member responsible for any difference)
One pair of lenses, with or without frames, every 12 months (calendar year basis)		
Standard frames Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to both frames and lenses)	Reimbursement up to \$38.25 less \$10 copay (member responsible for any difference)
One frame every 12 months (calendar year basis)		
Contact lenses		
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$10 copay	Reimbursement up to \$210 less \$10 copay (member responsible for any difference)
One pair of contact lenses every 12 months (calendar year basis)		
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
Contact lenses are covered up to allowance every 12 months (calendar year basis)		

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Client: Northfield Township 7011521/2

Simply Blue HSA PPO Bronze \$4000SM Medical Coverage with Prescription Drugs Benefits-at-a-Glance - w/EA

Effective for groups on their plan year

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, copay and /or 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.

Preauthorization for Select Services – Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved 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. 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.

Preauthorization 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 preauthorization of the drugs. If preauthorization 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 disease as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

In-network

Out-of-network *

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.

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.	\$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)	\$8,000 for a one-person contract or \$16,000 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.	<ul style="list-style-type: none"> 50% of approved amount for bariatric surgery 20% of approved amount for most other covered services 	<ul style="list-style-type: none"> 50% of approved amount for bariatric surgery 40% of approved amount for most other covered services
Annual out-of-pocket maximums – applies to deductibles and coinsurance amounts for all covered services – including prescription drug cost-sharing amounts	\$6,350 for a one-person contract or \$12,700 for a family contract (2 or more members) each calendar year	\$12,700 for a one-person contract or \$25,400 for a family contract (2 or more members) each calendar year
Lifetime dollar maximum	None	

* Services from a provider for which there is no Michigan PPO network and services from a 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. Cost-sharing may differ when you obtain covered services outside of Michigan. 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.



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In-network

Out-of-network *

Preventive care services

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
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 for females	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 child care visits	100% (no deductible or copay/coinsurance) • 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.	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.
	One per member per calendar year	
Routine screening colonoscopy	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.	60% after out-of-network deductible
	One routine colonoscopy per member per calendar year	

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Simply Blue HSA PPO Bronze \$4000, Rev Date 15 Q3 V1



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In-network

Out-of-network *

Physician office services

Office visits – must be medically necessary	80% after in-network deductible	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
Urgent care visits – must be medically necessary	80% after in-network deductible	60% after out-of-network deductible

Emergency medical care

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

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

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

Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	80% after in-network deductible	60% after out-of-network deductible
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

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: • 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: • 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 preauthorization – consult with your doctor	80% after in-network deductible	80% after in-network deductible

* Services from a provider for which there is no Michigan PPO network and services from a 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. Cost-sharing may differ when you obtain covered services outside of Michigan. 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.

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In-network

Out-of-network *

Surgical services

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 for males Note: For voluntary sterilizations for females, see "Preventive care services."	80% after in-network deductible	60% after out-of-network deductible
Elective abortions	80% after in-network deductible	60% after out-of-network deductible
Gender reassignment surgery	Not covered	Not covered
Bariatric surgery	50% after in-network deductible Limited to a lifetime maximum of one bariatric procedure per member	50% after out-of-network deductible

Human organ transplants

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 Note: BCBSM covers clinical trials in compliance with PPACA.	80% after in-network deductible	60% after out-of-network deductible
Kidney, cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Mental health care and substance abuse treatment

Inpatient mental health care and inpatient substance treatment	80% after in-network deductible	60% after out-of-network deductible
	Unlimited days	
Residential psychiatric treatment facility: • covered mental health services must be performed in a residential psychiatric treatment facility • treatment must be preauthorized • subject to medical criteria	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	80% after in-network deductible	80% after in-network deductible, in participating facilities only
• Physician's office	80% after in-network deductible	60% after out-of-network deductible
Outpatient substance abuse 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)

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In-network

Out-of-network *

Autism spectrum disorders, diagnoses and treatment

Applied behavioral analysis (ABA) treatment – when rendered by an approved board-certified behavioral analyst – is covered through age 18, subject to preauthorization Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCBSM approved autism evaluation center (AAEC) prior to seeking ABA treatment.	80% after in-network deductible	80% after in-network deductible
Outpatient physical therapy, speech therapy, occupational therapy, nutritional counseling for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible Physical, speech and occupational therapy with an autism diagnosis is unlimited
Other covered services, including mental health services, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible

Other covered services

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 30-visit maximum per member per calendar year (visits are combined with outpatient physical and occupational therapy)
Outpatient physical and occupational therapy – provided for rehabilitation/habilitation	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 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for all outpatient visits for physical therapy, occupational therapy, chiropractic services, and osteopathic manipulative therapy.
Outpatient speech therapy	80% after in-network deductible	60% after out-of-network deductible Limited to a 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.	80% after in-network deductible	80% after in-network deductible
Prosthetic and orthotic appliances	80% after in-network deductible	80% after in-network deductible
Private duty nursing care	Not covered	Not covered

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Blue Preferred[®] Rx SG Prescription Drug Coverage Benefits-at-a-Glance

Specialty Pharmaceutical Drugs – The mail order pharmacy for **specialty drugs** is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis and cancer. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many in-network retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Express Scripts. (Express Scripts is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com/pharmacy. If you have any 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" whether or not the drug is obtained from a **90-Day Retail Network provider** or mail-order provider. We may make exceptions if a member requires more than a 30-day supply. BCBSM reserves the right to limit the initial quantity of select specialty drugs. Your copay/coinsurance will be reduced by one-half for this initial fill (15 days) once applicable deductibles have been met.

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 after 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 20% member liability for covered drugs obtained from an out-of-network pharmacy will not contribute to your annual out-of-pocket maximum.

		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
Tier 1 – Generic drugs	1 to 30-day period	You pay \$20 copay	You pay \$20 copay	You pay \$20 copay	You pay \$20 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$40 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$50 copay	No coverage	No coverage
	84 to 90-day period	You pay \$50 copay	You pay \$50 copay	No coverage	No coverage
Tier 2 – Preferred brand-name drugs	1 to 30-day period	You pay \$60 copay	You pay \$60 copay	You pay \$60 copay	You pay \$60 copay plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$120 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$170 copay	No coverage	No coverage
	84 to 90-day period	You pay \$170 copay	You pay \$170 copay	No coverage	No coverage

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



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Member's responsibility (copays and coinsurance amounts), *continued*

		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
Tier 3 – Nonpreferred brand-name drugs	1 to 30-day period	You pay \$80 or 50% of the approved amount (whichever is greater), but no more than \$100	You pay \$80 or 50% of the approved amount (whichever is greater), but no more than \$100	You pay \$80 or 50% of the approved amount (whichever is greater), but no more than \$100	You pay \$80 or 50% of the approved amount (whichever is greater), but no more than \$100 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$160 or 50% of the approved amount (whichever is greater), but no more than \$200	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$230 or 50% of the approved amount (whichever is greater), but no more than \$290	No coverage	No coverage
	84 to 90-day period	You pay \$230 or 50% of the approved amount (whichever is greater), but no more than \$290	You pay \$230 or 50% of the approved amount (whichever is greater), but no more than \$290	No coverage	No coverage
Tier 4 – Generic and preferred brand-name specialty drugs	1 to 30-day period	You pay 20% of approved amount, but no more than \$200	You pay 20% of approved amount, but no more than \$200	You pay 20% of approved amount, but no more than \$200	You pay 20% of approved amount, but no more than \$200 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	No coverage	No coverage	No coverage
	61 to 83-day period	No coverage	No coverage	No coverage	No coverage
	84 to 90-day period	No coverage	No coverage	No coverage	No coverage
Tier 5 – Nonpreferred brand-name specialty drugs	1 to 30-day period	You pay 25% of approved amount, but no more than \$300	You pay 25% of approved amount, but no more than \$300	You pay 25% of approved amount, but no more than \$300	You pay 25% of approved amount, but no more than \$300 plus an additional 20% of BCBSM approved amount for the drug
	31 to 60-day period	No coverage	No coverage	No coverage	No coverage
	61 to 83-day period	No coverage	No coverage	No coverage	No coverage
	84 to 90-day period	No coverage	No coverage	No coverage	No coverage



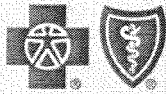
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Covered services

	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
FDA-approved generic and select brand name prescription preventive drugs, supplements and vitamins (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 (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
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 for the insulin or other covered injectable legend drug 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.



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Features of your prescription drug plan

BCBSM Custom Select 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">▪ Tier 1 (generic) – Tier 1 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.▪ Tier 2 (preferred brand) – Tier 2 includes brand-name drugs from the Custom Select Drug List. Preferred brand name drugs are also safe and effective, but require a higher copay/coinsurance.▪ Tier 3 (nonpreferred brand) – Tier 3 contains brand-name drugs not included in Tier 2. These drugs may not have a proven record for safety or as high of a clinical value as Tier 1 or Tier 2 drugs. Members pay the highest copay/coinsurance for these drugs.▪ Tier 4 (generic and preferred brand-name specialty) – Tier 4 includes covered specialty drugs listed as generic drugs (Tier 1) or preferred brand-name drugs (Tier 2) from the Custom Select Drug List. These drugs have a proven record for safety and effectiveness, and offer the best value to our members. They have the lowest specialty drug copay/coinsurance.▪ Tier 5 (nonpreferred brand-name specialty) – Tier 5 includes covered specialty drugs listed as nonpreferred brand name (Tier 3). These drugs may not have a proven record for safety or their clinical value may not be as high as the specialty drugs in Tier 4. They have the highest specialty drug copay/coinsurance.
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. 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 at bcbsm.com/pharmacy.</p>
Drug interchange and generic copay waiver	<p>BCBSM's drug interchange and generic copay waiver programs encourage physicians to prescribe a less-costly generic equivalent.</p> <p>If your physician rewrites your prescription for the recommended generic drug, you will only have to pay a generic copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
Quantity limits	<p>To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.</p>
Exclusions	<p>The following drugs are not covered:</p> <ul style="list-style-type: none">• Over-the-counter drugs and drugs with comparable OTC counterparts (e.g., antihistamines, cough/cold and acne treatment) unless deemed an Essential Health Benefit or not considered a covered service• State-controlled drugs• Brand-name drugs that have a generic equivalent available• Drugs to treat erectile dysfunction and weight loss• Prenatal vitamins (prescribed and over-the-counter)• Brand-name drugs used to treat heartburn• Compounded drugs, with some exceptions• Cosmetic drugs



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Blue Vision (Pediatric Only)SM Benefits-at-a-Glance

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to members up to age 19. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

	In-network	Out-of-network
Member's responsibility (copays)		
Eye exam	None	None
Prescription glasses (lenses and/or frames)	None	None
Medically necessary contact lenses	None	None
Eye exam		
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100% of approved amount	Reimbursement up to \$34 (member responsible for any difference)
	One eye exam per calendar year	
Lenses and frames		
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	100% of approved amount	Reimbursement up to approved amount based on lens type (member responsible for any difference)
	One pair of lenses, with or without frames, per calendar year	
Standard frames from a "select" collection	100% of approved amount	Reimbursement up to \$38.25 (member responsible for any difference)
	One frame per calendar year	
Contact lenses		
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	100% of approved amount	Reimbursement up to \$210 (member responsible for any difference)
	Covered – annual supply	
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary) If prescription contact lenses do not meet criteria for medically necessary, members may elect one of the following quantities of lenses as covered in full: <ul style="list-style-type: none">• Standard (one pair annually) – 1 contact lens per eye (total of 2 lenses)• Monthly (six-month supply) – 6 contact lenses per eye (total of 12 lenses)• Bi-weekly (six-month supply) – 12 contact lenses per eye (total of 24 lenses)• Dailies (two-month supply) – 60 contact lenses per eye (total of 120 lenses)	100% of approved amount	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
	Covered according to quantities outlined in your certificate, per calendar year	



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Blue DentalSM PPO Plus 100/80/50 SG – Non-voluntary \$25/\$75 deductible; \$1,000 annual maximum 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. 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.

Note: Pediatric members are members who are age 18 or younger on the plan's effective date. They remain pediatric members through the end of the calendar year in which they turn 19.

Network access information

With Blue Dental PPO Plus, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.¹

Blue Dental PPO network – Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations² nationwide. PPO dentists agree to accept our approved amount as full payment for covered services – members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit mibluedentist.com or call 1-888-826-8152.

¹Blue Dental uses the Dental Network of America (DNOA) Preferred Network for its dental plans.

²A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Blue Par SelectSM arrangement – Most non-PPO dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services – members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit mibluedentist.com.

Note: Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)

Deductible <ul style="list-style-type: none">Applies to Class II and Class III services only	\$25 per member limited to a maximum of \$75 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none">Class I services	None (covered at 100%)
<ul style="list-style-type: none">Class II services	20%
<ul style="list-style-type: none">Class III services	50%
<ul style="list-style-type: none">Class IV services	Not covered
Dollar maximums <ul style="list-style-type: none">Annual maximum for Class I, II and III services	\$1,000 per non-pediatric member per calendar year. The annual benefit maximum does not apply to pediatric members.
<ul style="list-style-type: none">Lifetime maximum for Class IV services	Not applicable
Out-of-pocket maximum <ul style="list-style-type: none">The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, or non-covered services.	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. Note: This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).



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Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services

Most diagnostic and preventive services:	
• Routine oral examinations/evaluations – twice per calendar year	100% of approved amount
• Routine prophylaxes (cleanings) – three times per calendar year for pediatric members; two times per calendar year for all other members	100% of approved amount
• Fluoride treatments – twice per calendar year for pediatric members only	100% of approved amount
• Topical fluoride varnish for moderate- to high-risk caries patients – four times per calendar year for members age 3 and younger only and two times per calendar year for members age 4 to 14 only in combination with fluoride treatments For example, two fluoride treatments <u>or</u> two topical fluoride varnishes <u>or</u> one fluoride treatment and one topical fluoride varnish are payable in a calendar year for high-risk members between the ages of 4 and 14. However, two fluoride treatments <u>and</u> two topical fluoride varnishes are not payable for these members.	100% of approved amount
• Dental sealants – once per tooth per 36 months for first and second permanent molars for pediatric members only	100% of approved amount
Bitewing X-rays – one set (up to four films) per calendar year	100% of approved amount
Oral brush biopsy sample collection – twice per calendar year	100% of approved amount

Class II services

Other diagnostic and preventive services:	
• Diagnostic tests and laboratory examinations	80% of approved amount after deductible
• Space maintainers – once per quadrant per lifetime for missing posterior primary teeth for pediatric members only (recementation of a space maintainer is payable three times per quadrant per lifetime)	80% of approved amount after deductible
Panoramic or full-mouth X-rays – once per 60 months	80% of approved amount after deductible
Emergency palliative treatment	80% of approved amount after deductible
Minor restorative services:	
• Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	80% of approved amount after deductible
• Recementation or repair of posts, crowns, veneers, inlays and onlays – three times per tooth per calendar year	80% of approved amount after deductible
Extractions and surgical removal of non-impacted teeth	80% of approved amount after deductible
Non-surgical endodontic services:	
• Root canal treatments – once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime)	80% of approved amount after deductible
• Therapeutic pulpotomies or pulpal debridement	80% of approved amount after deductible
• Vital pulpotomies on primary teeth	80% of approved amount after deductible
• Apexification	80% of approved amount after deductible



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Class II services, *continued*

Non-surgical periodontic services:	
• Periodontal maintenance – three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible
• Periodontal scaling and root planing – once per quadrant per 24 months for pediatric members; once per quadrant per 36 months for all other members	80% of approved amount after deductible
• Localized delivery of antimicrobial agents – one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only	80% of approved amount after deductible
• Limited occlusal adjustments – up to five times per 60 months for non-pediatric members only	80% of approved amount after deductible
• Occlusal biteguards (and relines and repairs to occlusal biteguards) – once per 60 months for non-pediatric members only	80% of approved amount after deductible
Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances:	
• Relines or rebases of partial dentures or complete dentures – once per 36 months per arch	80% of approved amount after deductible
• Tissue conditioning – once per 36 months per arch	80% of approved amount after deductible
Adjunctive general services:	
• General anesthesia or IV sedation	80% of approved amount after deductible
• Office visits for observation (during regularly scheduled hours) for non-pediatric members only	80% of approved amount after deductible
• Office visits after regularly scheduled hours	80% of approved amount after deductible
• House and hospital calls for non-pediatric members only	80% of approved amount after deductible
• Antibiotic injections for non-pediatric members only	80% of approved amount after deductible

Class III services

Major restorative services:	
• Onlays, crowns and veneers – once per permanent tooth per 60 months for members age 12 and older only	50% of approved amount after deductible
• Substructures, including cores and posts	50% of approved amount after deductible
Oral surgery services other than extractions of non-impacted teeth:	
• Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible
• Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible
• Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible
• Excision of hyperplastic tissue per arch	50% of approved amount after deductible
• Soft tissue biopsies for pediatric members only	50% of approved amount after deductible
• Frenulectomies	50% of approved amount after deductible
Surgical endodontic services:	
• Apical surgeries on permanent teeth	50% of approved amount after deductible
Surgical periodontic services:	
• Gingivectomies and gingivoplasties	50% of approved amount after deductible
• Osseous surgeries for non-pediatric members only	50% of approved amount after deductible
• Gingival flap procedures	50% of approved amount after deductible
• Soft tissue grafts	50% of approved amount after deductible
• Bone replacement grafts for non-pediatric members only	50% of approved amount after deductible
Prosthetic services:	
• Complete dentures – once per 84 months	50% of approved amount after deductible
• Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics – once per 84 months for members age 16 and older only	50% of approved amount after deductible
• Recementation and repairs of bridges	50% of approved amount after deductible
• Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible
• Endosteal implants and implant-related services – once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only	50% of approved amount after deductible



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Blue VisionSM Adults-only SG with VSP Choice Network 12/12/12 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. 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.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to covered members (subscribers, spouses and dependent children) age 19 and older. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

	In-network	Out-of-network
Member's responsibility (copays)		
Eye exam	\$5 copay	\$5 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Medically necessary contact lenses	\$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Eye exam		
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$5 copay	Reimbursement up to \$34 less \$5 copay (member responsible for any difference)
One eye exam every 12 months (calendar year basis)		
Lenses and frames		
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	\$10 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$10 copay (member responsible for any difference)
One pair of lenses, with or without frames, every 12 months (calendar year basis)		
Standard frames Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to both frames and lenses)	Reimbursement up to \$38.25 less \$10 copay (member responsible for any difference)
One frame every 12 months (calendar year basis)		
Contact lenses		
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$10 copay	Reimbursement up to \$210 less \$10 copay (member responsible for any difference)
One pair of contact lenses every 12 months (calendar year basis)		
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
Contact lenses are covered up to allowance every 12 months (calendar year basis)		

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Age Band	BCN HSA HMO GOLD \$1300 VA	BCN HSA HMO GOLD \$2000 VA	BCN HSA HMO SILVER \$2000 VA	BCN HSA HMO BRONZE \$3000 VA	BCN HSA HMO BRONZE \$4000 VA	Simply Blue HSA PPO Gold \$1300	Simply Blue HSA PPO Gold \$1750	Simply Blue HSA PPO Gold \$2000	Simply Blue HSA PPO Silver \$2000	Simply Blue HSA PPO Bronze \$3000	Simply Blue HSA PPO Bronze \$4000	SG BDPPPO Plus 100/80/50	Blue Vision 12-12-12 \$5/\$10
0 - 18	\$194.36	\$168.10	\$168.10	\$147.55	\$140.51	\$202.32	\$194.93	\$173.21	\$173.21	\$147.83	\$142.30	\$29.98	\$0.00
19	\$194.36	\$168.10	\$168.10	\$147.55	\$140.51	\$202.32	\$194.93	\$173.21	\$173.21	\$147.83	\$142.30	\$23.17	\$4.09
20	\$194.36	\$168.10	\$168.10	\$147.55	\$140.51	\$202.32	\$194.93	\$173.21	\$173.21	\$147.83	\$142.30	\$23.17	\$4.09
21	\$306.08	\$264.72	\$264.72	\$232.36	\$221.28	\$318.62	\$306.97	\$272.77	\$272.77	\$232.80	\$224.10	\$23.17	\$4.09
22	\$306.08	\$264.72	\$264.72	\$232.36	\$221.28	\$318.62	\$306.97	\$272.77	\$272.77	\$232.80	\$224.10	\$23.37	\$4.09
23	\$306.08	\$264.72	\$264.72	\$232.36	\$221.28	\$318.62	\$306.97	\$272.77	\$272.77	\$232.80	\$224.10	\$23.61	\$4.09
24	\$306.08	\$264.72	\$264.72	\$232.36	\$221.28	\$318.62	\$306.97	\$272.77	\$272.77	\$232.80	\$224.10	\$23.86	\$4.09
25	\$307.30	\$265.78	\$265.78	\$233.29	\$222.17	\$319.89	\$308.20	\$273.86	\$273.86	\$233.73	\$225.00	\$24.14	\$4.11
26	\$313.43	\$271.07	\$271.07	\$237.94	\$226.59	\$326.27	\$314.34	\$279.32	\$279.32	\$238.39	\$229.48	\$24.42	\$4.19
27	\$320.77	\$277.43	\$277.43	\$243.51	\$231.90	\$333.91	\$321.70	\$285.86	\$285.86	\$243.97	\$234.86	\$24.70	\$4.28
28	\$332.71	\$287.75	\$287.75	\$252.58	\$240.53	\$346.34	\$333.68	\$296.50	\$296.50	\$253.05	\$243.60	\$25.02	\$4.45
29	\$342.50	\$296.22	\$296.22	\$260.01	\$247.61	\$356.54	\$343.50	\$305.23	\$305.23	\$260.50	\$250.77	\$25.35	\$4.58
30	\$347.40	\$300.46	\$300.46	\$263.73	\$251.15	\$361.63	\$348.41	\$309.59	\$309.59	\$264.23	\$254.35	\$25.69	\$4.64
31	\$354.75	\$306.81	\$306.81	\$269.31	\$256.46	\$369.28	\$355.78	\$316.14	\$316.14	\$269.82	\$259.73	\$26.04	\$4.74
32	\$362.09	\$313.16	\$313.16	\$274.88	\$261.77	\$376.93	\$363.15	\$322.69	\$322.69	\$275.40	\$265.11	\$26.41	\$4.84
33	\$366.68	\$317.13	\$317.13	\$278.37	\$265.09	\$381.71	\$367.75	\$326.78	\$326.78	\$278.89	\$268.47	\$26.81	\$4.90
34	\$371.58	\$321.37	\$321.37	\$282.09	\$270.40	\$389.35	\$375.12	\$331.14	\$331.14	\$282.62	\$272.06	\$27.20	\$4.97
35	\$374.03	\$323.49	\$323.49	\$283.94	\$272.17	\$391.90	\$377.57	\$333.32	\$333.32	\$284.48	\$273.85	\$27.62	\$5.00
36	\$376.48	\$325.61	\$325.61	\$285.80	\$273.94	\$394.45	\$380.33	\$335.51	\$335.51	\$286.34	\$275.64	\$28.06	\$5.03
37	\$376.93	\$327.72	\$327.72	\$287.66	\$273.94	\$394.45	\$380.33	\$337.69	\$337.69	\$288.21	\$277.44	\$28.49	\$5.06
38	\$381.38	\$329.84	\$329.84	\$289.52	\$275.71	\$397.00	\$382.48	\$339.87	\$339.87	\$290.07	\$279.23	\$28.97	\$5.09
39	\$386.27	\$334.08	\$334.08	\$293.24	\$279.26	\$402.10	\$387.40	\$344.24	\$344.24	\$293.79	\$282.81	\$29.45	\$5.16
40	\$391.17	\$338.31	\$338.31	\$296.96	\$282.80	\$407.20	\$392.31	\$348.60	\$348.60	\$297.52	\$286.40	\$29.94	\$5.22
41	\$398.52	\$344.67	\$344.67	\$302.53	\$288.11	\$414.84	\$399.67	\$355.15	\$355.15	\$303.11	\$291.78	\$30.45	\$5.33
42	\$405.56	\$350.75	\$350.75	\$307.88	\$293.20	\$422.17	\$406.74	\$361.42	\$361.42	\$308.46	\$296.93	\$30.98	\$5.42
43	\$415.35	\$359.23	\$359.23	\$315.31	\$300.28	\$432.37	\$416.56	\$370.15	\$370.15	\$315.91	\$304.10	\$31.51	\$5.55
44	\$427.59	\$369.81	\$369.81	\$324.61	\$309.13	\$445.11	\$428.84	\$381.06	\$381.06	\$325.22	\$313.07	\$32.06	\$5.72
45	\$441.98	\$382.26	\$382.26	\$335.53	\$319.53	\$460.09	\$443.26	\$393.88	\$393.88	\$336.16	\$323.60	\$32.65	\$5.91
46	\$459.12	\$397.08	\$397.08	\$348.54	\$331.92	\$477.93	\$460.46	\$409.16	\$409.16	\$349.20	\$336.15	\$33.22	\$6.13
47	\$478.40	\$413.76	\$413.76	\$363.18	\$345.86	\$498.00	\$479.79	\$426.34	\$426.34	\$363.87	\$350.27	\$33.82	\$6.39
48	\$500.44	\$432.82	\$432.82	\$379.91	\$361.79	\$520.94	\$501.90	\$445.98	\$445.98	\$380.63	\$366.40	\$34.46	\$6.69
49	\$522.17	\$451.61	\$451.61	\$396.41	\$377.50	\$543.57	\$523.69	\$465.35	\$465.35	\$397.16	\$382.31	\$35.08	\$6.97
50	\$546.66	\$472.79	\$472.79	\$414.99	\$395.21	\$569.06	\$548.25	\$487.17	\$487.17	\$415.78	\$400.24	\$35.72	\$7.30
51	\$570.84	\$493.70	\$493.70	\$433.35	\$412.69	\$594.23	\$572.50	\$508.72	\$508.72	\$434.17	\$417.95	\$36.40	\$7.63
52	\$597.47	\$516.73	\$516.73	\$453.57	\$431.94	\$621.95	\$599.21	\$532.45	\$532.45	\$454.43	\$437.44	\$37.07	\$7.99
53	\$624.40	\$540.03	\$540.03	\$474.01	\$451.41	\$649.98	\$626.22	\$556.45	\$556.45	\$474.91	\$457.16	\$37.77	\$8.34
54	\$653.48	\$565.18	\$565.18	\$496.09	\$472.43	\$680.25	\$655.38	\$582.36	\$582.36	\$497.03	\$478.45	\$38.48	\$8.73
55	\$682.56	\$590.33	\$590.33	\$518.16	\$493.45	\$710.52	\$684.54	\$608.28	\$608.28	\$519.14	\$499.74	\$39.20	\$9.12
56	\$714.08	\$617.59	\$617.59	\$542.10	\$516.25	\$743.34	\$716.16	\$636.37	\$636.37	\$543.12	\$522.83	\$39.95	\$9.54
57	\$745.92	\$645.12	\$645.12	\$566.26	\$539.26	\$776.48	\$748.09	\$664.74	\$664.74	\$567.33	\$546.13	\$40.70	\$9.97
58	\$779.89	\$674.51	\$674.51	\$592.05	\$563.82	\$811.84	\$782.16	\$695.02	\$695.02	\$593.17	\$571.01	\$41.47	\$10.42
59	\$796.73	\$689.07	\$689.07	\$604.83	\$575.99	\$829.37	\$799.04	\$710.02	\$710.02	\$605.98	\$583.33	\$42.26	\$10.64
60	\$830.70	\$718.45	\$718.45	\$630.63	\$600.55	\$864.73	\$833.12	\$740.30	\$740.30	\$631.82	\$608.21	\$43.06	\$11.10
61	\$860.08	\$743.86	\$743.86	\$652.93	\$621.80	\$895.32	\$862.59	\$766.48	\$766.48	\$654.17	\$629.72	\$43.88	\$11.49
62	\$879.37	\$760.54	\$760.54	\$667.57	\$635.74	\$915.40	\$881.92	\$783.67	\$783.67	\$668.83	\$643.84	\$44.71	\$11.75
63	\$903.55	\$781.45	\$781.45	\$685.93	\$653.22	\$940.57	\$906.18	\$805.22	\$805.22	\$687.23	\$661.54	\$45.57	\$12.07
64	\$918.24	\$794.16	\$794.16	\$697.08	\$663.84	\$955.86	\$920.91	\$818.31	\$818.31	\$698.40	\$672.30	\$46.43	\$12.27
65+	\$918.24	\$794.16	\$794.16	\$697.08	\$663.84	\$955.86	\$920.91	\$818.31	\$818.31	\$698.40	\$672.30	\$46.63	\$12.27
COMP	\$452.02	\$452.02	\$452.02	\$452.02	\$452.02	\$661.94	\$661.94	\$661.94	\$661.94	\$661.94	\$661.94	\$46.43	\$12.27

[illegible]

		BCN HAS HMO GOLD \$1300 VA	BCN HAS HMO GOLD \$2000 VA	BCN HAS HMO SILVER \$2000 VA	BCN HAS HMO BRONZE \$3000 VA	BCN HAS HMO BRONZE \$4000 VA	Simply Blue HSA PPO Gold \$1300	Simply Blue HSA PPO Gold \$1750	Simply Blue HSA PPO Gold \$2000	Simply Blue HSA PPO Silver \$2000	Simply Blue HSA PPO Bronze \$3000	Simply Blue HSA PPO Bronze \$4000	SG BDPPPO Plus 100/80/50	Blue Vision 12-12-12 \$5/\$10	
DEDUCTIBLE (individual/family):		\$1300/ \$2600	\$2000/ \$4000	\$2000/ \$4000	\$3000/ \$6000	\$4000/ \$8000	\$1300/ \$2600 on	\$1750/ \$3500 on	\$2000/ \$4000 on	\$2000/ \$4000 on	\$3000/ \$6000 on	\$4000/ \$8000 on	\$25/\$75	\$5/\$10 based on service	
COPAY:		None	None	None	None	None	Prescriptions	Prescriptions	Prescriptions	Prescriptions	Prescriptions	Prescriptions			
COINSURANCE:		20% & 50%	20% & 50%	20% & 50%	30% & 50%	20% & 50%	20% & 50%	50%	20% & 50%	20% & 50%	30% & 50%	20% & 50%	20% & 50% \$1000/adult \$350/child		
OUT OF POCKET MAX (individual/family):		\$2300/ \$4600	\$5400/ \$10800	\$5400/ \$10800	\$6350/ \$12700	\$6350/ \$12700	\$2300/ \$4600	\$6350/ \$12700	\$4500/ \$9000	\$4500/ \$9000	\$6350/ \$12700	\$6350/ \$12700			
Family	Age														
Jason Schuereb															
		\$ 1,163.71	\$ 1,006.47	\$ 1,006.47	\$ 883.44	\$ 841.30	\$ 1,211.38	\$ 1,167.11	\$ 1,037.07	\$ 1,037.07	\$ 885.11	\$ 852.02	\$ 110.90	\$ 14.45	
Timothy R Greene															
		\$ 1,525.50	\$ 1,319.38	\$ 1,319.38	\$ 1,158.09	\$ 1,102.85	\$ 1,587.99	\$ 1,529.95	\$ 1,359.49	\$ 1,359.49	\$ 1,160.28	\$ 1,116.90	\$ 157.05	\$ 12.60	
David Powell															
		\$ 944.87	\$ 817.20	\$ 817.20	\$ 717.29	\$ 683.08	\$ 983.57	\$ 947.62	\$ 842.04	\$ 842.04	\$ 718.65	\$ 691.79	\$ 85.66	\$ 10.03	
Scott A Schultz															
		\$ 1,194.93	\$ 1,033.47	\$ 1,033.47	\$ 907.14	\$ 863.87	\$ 1,243.89	\$ 1,198.41	\$ 1,064.90	\$ 1,064.90	\$ 908.86	\$ 874.88	\$ 98.88	\$ 13.36	
Jason Roberts															
		\$ 1,185.45	\$ 1,025.26	\$ 1,025.26	\$ 899.94	\$ 857.02	\$ 1,234.01	\$ 1,188.91	\$ 1,056.44	\$ 1,056.44	\$ 901.64	\$ 867.93	\$ 120.88	\$ 10.64	
Jeffrey Davidson															
		\$ 942.42	\$ 815.08	\$ 815.08	\$ 715.43	\$ 681.31	\$ 981.02	\$ 945.17	\$ 839.85	\$ 839.85	\$ 716.79	\$ 690.00	\$ 85.22	\$ 10.00	
Total Yearly Medical and RX		\$ 83,482.56	\$ 72,202.32	\$ 72,202.32	\$ 63,375.96	\$ 60,353.16	\$ 86,902.32	\$ 83,726.04	\$ 74,397.48	\$ 74,397.48	\$ 63,495.96	\$ 61,122.24	\$ 7,903.08		
2014 Hard Cap															
Single	\$5,992.30	\$0.00	\$0.00	\$0.00											
Couple	\$12,531.75	\$0.00	\$0.00	\$0.00											
Family	\$16,342.66	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96			
Total Hard Cap		\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96			
Difference		\$14,573.40	\$25,853.64	\$25,853.64	\$34,680.00	\$37,702.80	\$11,153.64	\$14,329.92	\$23,658.48	\$23,658.48	\$34,560.00	\$36,933.72			
Required Employee H S A Contribution		\$0.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$6,000.00	\$0.00	\$0.00	\$0.00			
Difference to be allocated		\$14,573.40	\$25,853.64	\$19,853.64	\$34,680.00	\$37,702.80	\$11,153.64	\$12,829.92	\$17,658.48	\$23,658.48	\$34,560.00	\$36,933.72			
Single	0														
Couple	0														
Family	6														
		\$ 2,428.90	\$ 4,308.94	\$ 3,308.94	\$ 5,780.00	\$ 6,283.80	\$ 1,858.94	\$ 2,138.32	\$ 2,943.08	\$ 3,943.08	\$ 5,760.00	\$ 6,155.62			

		BCN HAS HMO GOLD \$1300 VA	BCN HAS HMO GOLD \$2000 VA	BCN HAS HMO SILVER \$2000 VA	BCN HAS HMO BRONZE \$3000 VA	BCN HAS HMO BRONZE \$4000 VA	Simply Blue HSA PPO Gold \$1300	Simply Blue HSA PPO Gold \$1750	Simply Blue HSA PPO Gold \$2000	Simply Blue HSA PPO Silver \$2000	Simply Blue HSA PPO Bronze \$3000	Simply Blue HSA PPO Bronze \$4000	SG BDPPO Plus 100/80/50	Blue Vision 12-12-12 \$5/\$10
DEDUCTIBLE (individual/family):		\$1300/ \$2600	\$2000/ \$4000	\$2000/ \$4000	\$3000/ \$6000	\$4000/ \$8000	\$1300/ \$2600 on Prescriptions	\$1750/ \$3500 on Prescriptions	\$2000/ \$4000 on Prescriptions	\$2000/ \$4000 on Prescriptions	\$3000/ \$6000 on Prescriptions	\$4000/ \$8000 on Prescriptions	\$25/\$75	\$5/\$10 based on service
COPAY:		None	None	None	None	None								
COINSURANCE:		20% & 50%	20% & 50%	20% & 50%	30% & 50%	20% & 50%	20% & 50%	50%	20% & 50%	20% & 50%	30% & 50%	20% & 50%	20% & 50% \$1000/adult \$350/child	
OUT OF POCKET MAX (individual/family):		\$2300/ \$4600	\$5400/ \$10800	\$5400/ \$10800	\$6350/ \$12700	\$6350/ \$12700	\$2300/ \$4600	\$6350/ \$12700	\$4500/ \$9000	\$4500/ \$9000	\$6350/ \$12700	\$6350/ \$12700		
Family		Age												
Brian Macdonald														
		\$1,161.27	\$1,004.35	\$1,004.35	\$881.58	\$839.53	\$1,208.84	\$1,164.65	\$1,034.89	\$1,034.89	\$883.25	\$850.23	\$118.87	\$10.31
Average		(\$429.29)	(\$212.54)	(\$303.45)	(\$42.74)	\$15.41	(\$523.99)	(\$485.63)	(\$374.31)	(\$283.40)	(\$73.67)	(\$28.01)	\$0.00	\$0.00
Jonathan White														
		\$1,229.22	\$1,063.13	\$1,063.13	\$933.16	\$888.66	\$1,279.57	\$1,232.79	\$1,095.45	\$1,095.45	\$934.93	\$899.98	\$123.06	\$11.24
Average		(\$429.29)	(\$212.54)	(\$303.45)	(\$42.74)	\$15.41	(\$523.99)	(\$485.63)	(\$374.31)	(\$283.40)	(\$73.67)	(\$28.01)	\$0.00	\$0.00
William E Wagner														
		\$1,926.16	\$1,665.88	\$1,665.88	\$1,462.25	\$1,392.51	\$2,005.08	\$1,931.77	\$1,716.55	\$1,716.55	\$1,465.02	\$1,410.25	\$148.91	\$23.14
Average		(\$429.29)	(\$212.54)	(\$303.45)	(\$42.74)	\$15.41	(\$523.99)	(\$485.63)	(\$374.31)	(\$283.40)	(\$73.67)	(\$28.01)	\$0.00	\$0.00
Michael Spirl														
		\$1,341.39	\$1,161.86	\$1,161.86	\$1,019.83	\$971.18	\$1,398.41	\$1,347.60	\$1,197.19	\$1,197.19	\$1,021.77	\$983.57	\$147.40	\$10.15
Average		(\$429.29)	(\$212.54)	(\$303.45)	(\$42.74)	\$15.41	(\$523.99)	(\$485.63)	(\$374.31)	(\$283.40)	(\$73.67)	(\$28.01)	\$0.00	\$0.00
Mary Bird														
		\$ 1,558.25	\$ 1,347.69	\$ 1,347.69	\$ 1,182.95	\$ 1,126.54	\$ 1,622.09	\$ 1,562.79	\$ 1,388.67	\$ 1,388.67	\$ 1,185.19	\$ 1,140.89	\$ 99.69	\$ 20.83
Average		(\$429.29)	(\$212.54)	(\$303.45)	(\$42.74)	\$15.41	(\$523.99)	(\$485.63)	(\$374.31)	(\$283.40)	(\$73.67)	(\$28.01)	\$0.00	\$0.00
Couple														
William D Willis														
		\$1,231.91	\$1,126.53	\$1,126.53	\$1,044.07	\$1,015.84	\$1,473.78	\$1,444.10	\$1,356.96	\$1,356.96	\$1,255.11	\$1,232.95	\$87.90	\$22.69
Average		(\$286.19)	(\$141.69)	(\$202.30)	(\$28.49)	\$10.27	(\$349.32)	(\$323.75)	(\$249.54)	(\$188.94)	(\$49.12)	(\$18.67)	\$0.00	\$0.00
Susan Hamilton														
		\$1,782.92	\$1,541.99	\$1,541.99	\$1,353.50	\$1,288.96	\$1,855.97	\$1,788.10	\$1,588.89	\$1,588.89	\$1,356.06	\$1,305.38	\$90.28	\$23.82
Average		(\$286.19)	(\$141.69)	(\$202.30)	(\$28.49)	\$10.27	(\$349.32)	(\$323.75)	(\$249.54)	(\$188.94)	(\$49.12)	(\$18.67)	\$0.00	\$0.00
Timothy D Hardesty														
		\$1,399.40	\$1,210.30	\$1,210.30	\$1,062.35	\$1,011.69	\$1,456.73	\$1,403.47	\$1,247.10	\$1,247.10	\$1,064.36	\$1,024.58	\$79.18	\$18.70
Average		(\$286.19)	(\$141.69)	(\$202.30)	(\$28.49)	\$10.27	(\$349.32)	(\$323.75)	(\$249.54)	(\$188.94)	(\$49.12)	(\$18.67)	\$0.00	\$0.00
Single														
Tami Averill														
Average		(\$143.10)	(\$70.85)	(\$101.15)	(\$14.25)	\$5.14	(\$174.66)	(\$161.88)	(\$124.77)	(\$94.47)	(\$24.56)	(\$9.34)	\$0.00	\$0.00
Total Yearly Medical and RX		\$146,735.88	\$127,661.52	\$127,661.52	\$112,719.12	\$107,602.20	\$155,069.04	\$149,693.76	\$133,897.80	\$133,897.80	\$115,441.44	\$111,423.24		

		BCN HAS HMO GOLD \$1300 VA	BCN HAS HMO GOLD \$2000 VA	BCN HAS HMO SILVER \$2000 VA	BCN HAS HMO BRONZE \$3000 VA	BCN HAS HMO BRONZE \$4000 VA	Simply Blue HSA PPO Gold \$1300	Simply Blue HSA PPO Gold \$1750	Simply Blue HSA PPO Gold \$2000	Simply Blue HSA PPO Silver \$2000	Simply Blue HSA PPO Bronze \$3000	Simply Blue HSA PPO Bronze \$4000	SG BDPPPO Plus 100/80/50	Blue Vision 12-12-12 \$5/\$10	
DEDUCTIBLE (individual/family):		\$1300/ \$2600	\$2000/ \$4000	\$2000/ \$4000	\$3000/ \$6000	\$4000/ \$8000	\$1300/ \$2600 on	\$1750/ \$3500 on	\$2000/ \$4000 on	\$2000/ \$4000 on	\$3000/ \$6000 on	\$4000/ \$8000 on	\$25/\$75	\$5/\$10 based on service	
COPAY:		None	None	None	None	None	Prescriptions	Prescriptions	Prescriptions	Prescriptions	Prescriptions	Prescriptions			
COINSURANCE:		20% & 50%	20% & 50%	20% & 50%	30% & 50%	20% & 50%	20% & 50%	50%	20% & 50%	20% & 50%	30% & 50%	20% & 50%	20% & 50% \$1000/adult \$350/child		
OUT OF POCKET MAX (individual/family):		\$2300/ \$4600	\$5400/ \$10800	\$5400/ \$10800	\$6350/ \$12700	\$6350/ \$12700	\$2300/ \$4600	\$6350/ \$12700	\$4500/ \$9000	\$4500/ \$9000	\$6350/ \$12700	\$6350/ \$12700			
Family	Age														
Jason Schuereb															
		\$ 1,163.71	\$ 1,006.47	\$ 1,006.47	\$ 883.44	\$ 841.30	\$ 1,211.38	\$ 1,167.11	\$ 1,037.07	\$ 1,037.07	\$ 885.11	\$ 852.02	\$ 110.90	\$ 14.45	
Timothy R Greene															
		\$ 1,525.50	\$ 1,319.38	\$ 1,319.38	\$ 1,158.09	\$ 1,102.85	\$ 1,587.99	\$ 1,529.95	\$ 1,359.49	\$ 1,359.49	\$ 1,160.28	\$ 1,116.90	\$ 157.05	\$ 12.60	
David Powell															
		\$ 944.87	\$ 817.20	\$ 817.20	\$ 717.29	\$ 683.08	\$ 983.57	\$ 947.62	\$ 842.04	\$ 842.04	\$ 718.65	\$ 691.79	\$ 85.66	\$ 10.03	
Scott A Schultz															
		\$ 1,194.93	\$ 1,033.47	\$ 1,033.47	\$ 907.14	\$ 863.87	\$ 1,243.89	\$ 1,198.41	\$ 1,064.90	\$ 1,064.90	\$ 908.86	\$ 874.88	\$ 98.88	\$ 13.36	
Jason Roberts															
		\$ 1,185.45	\$ 1,025.26	\$ 1,025.26	\$ 899.94	\$ 857.02	\$ 1,234.01	\$ 1,188.91	\$ 1,056.44	\$ 1,056.44	\$ 901.64	\$ 867.93	\$ 120.88	\$ 10.64	
Jeffrey Davidson															
		\$ 942.42	\$ 815.08	\$ 815.08	\$ 715.43	\$ 681.31	\$ 981.02	\$ 945.17	\$ 839.85	\$ 839.85	\$ 716.79	\$ 690.00	\$ 85.22	\$ 10.00	
Total Yearly Medical and RX		\$ 83,482.56	\$ 72,202.32	\$ 72,202.32	\$ 63,375.96	\$ 60,353.16	\$ 86,902.32	\$ 83,726.04	\$ 74,397.48	\$ 74,397.48	\$ 63,495.96	\$ 61,122.24	\$ 7,903.08		
2014 Hard Cap															
Single	\$5,992.30	\$0.00	\$0.00	\$0.00											
Couple	\$12,531.75	\$0.00	\$0.00	\$0.00											
Family	\$16,342.66	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96			
Total Hard Cap		\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96	\$98,055.96			
Difference		\$14,573.40	\$25,853.64	\$25,853.64	\$34,680.00	\$37,702.80	\$11,153.64	\$14,329.92	\$23,658.48	\$23,658.48	\$34,560.00	\$36,933.72			
Required Employee H S A Contribution		\$0.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$6,000.00	\$0.00	\$0.00	\$0.00			
Difference to be allocated		\$14,573.40	\$25,853.64	\$19,853.64	\$34,680.00	\$37,702.80	\$11,153.64	\$12,829.92	\$17,658.48	\$23,658.48	\$34,560.00	\$36,933.72			
Single	0														
Couple	0														
Family	6														
		\$ 2,428.90	\$ 4,308.94	\$ 3,308.94	\$ 5,780.00	\$ 6,283.80	\$ 1,858.94	\$ 2,138.32	\$ 2,943.08	\$ 3,943.08	\$ 5,760.00	\$ 6,155.62			

NORTHFIELD TOWNSHIP												
Health Insurance												
Dec, 2015 - June, 2016												
					Budget Left For	Monthly	7	0.065	Insurance	Amt. Left	HSA	Over/Under
	Budget	Actual	Difference	Nov, '15	New Premiums	Premium	Total	Sales	Buyout	For HSA	Distribution	Budget
		Thru Oct, '15			and HSA Dist.	Including	Premium	Tax	Payments	Distribution		
						D & O	Thru 6/30/16					
<u>GENERAL FUND</u>												
Treasurer	7,305.00	3,376.16	3,928.84	844.04	3,084.80	0.00	0.00	0.00	0.00	3,084.80	0.00	3,084.80
Clerk	0.00	0.00	0.00	0.00	0.00	530.19	3,711.33	241.24	0.00	(3,952.57)	1,400.00	(5,352.57)
Assessing	18,860.00	5,705.84	13,154.16	1,426.46	11,727.70	1,509.19	10,564.33	686.68	0.00	476.69	4,150.00	(3,673.31)
Comm. Ctr	6,950.00	2,302.08	4,647.92	555.52	4,092.40	577.51	4,042.57	262.77	0.00	(212.94)	1,400.00	(1,612.94)
TTL General Fund	33,115.00	11,384.08	21,730.92	2,826.02	18,904.90		18,318.23	1,190.68	0.00	(604.01)	6,950.00	(7,554.01)
<u>POLICE FUND</u>	162,555.00	32,085.19	130,469.81	7,848.11	122,621.70	7,526.18	52,683.26	3,424.41	12,000.00	54,514.03	40,850.00	13,664.03
<u>FIRE FUND</u>	23,000.00	6,839.56	16,160.44	1,678.16	14,482.28	1,888.60	13,220.20	859.31	0.00	402.77	4,150.00	(3,747.23)
<u>WWTP FUND</u>	100,600.00	23,859.12	76,740.88	5,944.78	70,796.10	5,843.33	40,903.31	2,658.72	0.00	27,234.07	25,000.00	2,234.07
TTL All Funds	319,270.00	74,167.95	245,102.05	18,297.07	226,804.98		125,125.00	8,133.13	12,000.00	81,546.86	76,950.00	4,596.86