



MCSSA LEGISLATIVE CONFERENCE

April 9 & 10, 2024

The Double Tree by Hilton

111 N. Grand Ave, Lansing, MI 48933

TENTATIVE AGENDA

Tuesday, April 9, 2024 - After breakfast, events will be held in the Capitol Heritage Hall. 323 W. Ottawa St, Lansing.

7:45-8:45 am	CONFERENCE REGISTRATION & CONTINENTAL BREAKFAST - Capitol Room 1, Double Tree by Hilton
8:45-9:15 am	TRAVEL TO HERITAGE HALL IN THE CAPITOL - Shuttle Available
9:15-9:30 am	WELCOME TO HERITAGE HALL - Dr. Grenae Dudley, MCSSA President
9:30-10:30 am	DISCUSSION OF LEGISLATIVE PRIORITIES - Sharon Campbell - Legislative Committee Chair & Danielle Sirianni - Executive Director
10:30-11:00 am	PREPARATION FOR AND TRAVEL TIME FOR LEGISLATIVE MEETINGS
11:00-2:00 pm	LEGISLATIVE VISITS/ATTEND SESSIONS - (Box lunches will be served in Heritage Hall 12:00 – 1:00 pm)
2:00-2:45 pm	LEGISLATIVE DEBRIEFING - Refreshments will be available.
2:45-3:15 pm	MCSSA BUSINESS MEETING - Refreshments will be available.
3:15-3:30 pm	TRAVEL BACK TO THE DOUBLE TREE by HILTON- Shuttle Available
3:30-4:30 pm	DISTRICT MEETINGS - Capital Room 1, Double Tree by Hilton
4:30–6:30 PM	LEGISLATIVE RECEPTION/ CASH BAR- Capital Room 1, Double Tree by Hilton Hearty hors d'oeuvres will be served.

Wednesday, April 10, 2024 - All events at the Double Tree by Hilton in Capitol Room 1

7:30-8:30 am	CONFERENCE REGISTRATION & HOT BREAKFAST
8:30-10:30 am	LEGISLATIVE UPDATE & 2024 PROPOSED BUDGET INIATIVES – Speakers TBA
10:30-10:45 am	STRETCH BREAK – Stretch, refresh & rejuvenate.
10:45-11:45 am	MDHHS UPDATE – Dwayne Haywood, Senior Deputy Director of Economic Stability Administration; Demetrius Starling, Senior Deputy Director of Children’s Services Administration
11:45-12:00 pm	CONFERENCE WRAP-UP

NO LUNCH SERVED WEDNESDAY

2024 Legislative Conference Information

Please be sure to complete all necessary registration forms and return them to MCSSA/MCSCET no later than **March 22, 2024**. If you return your completed registration form by **February 29, 2024**, you will be eligible to win a \$50.00 gift card (must be present at conference to win). No conference refunds will be given after **March 22, 2024**.

HOTEL RESERVATIONS:

To make a room reservation online, please visit www.hilton.com. Select your dates, go under SPECIAL RATES, and enter code "MLC" to receive discounted room rate. Pick the room you prefer and complete booking your room. Special room rates are valid for April 8th and 9th.

To make a room reservation by phone call 1-833-904-2206, and reservations can assist with securing rooms. It is important that each of your guests identify themselves as part of **MICHIGAN COUNTY SOCIAL SERVICE ASSOCIATION** and give reservations staff the code "MLC" to receive the discounted group rate.

Reservations made after **March 25, 2024**, will be accepted on a space availability basis only and room rate not guaranteed.

To secure tax-exempt status with the hotel, payments must be made by a county check, or a county/state credit card. The tax-exempt certificates provided in this mailing must be completed and accompany your payment upon arrival/check-in. Tax exempt only applies to current board members/MDHHS staff.

Please inform the hotel of any special accommodation you may need.

PARKING:

Guests using the Double Tree by Hilton parking service will be charged a rate of \$15 per day/night in addition to the lodging.

***Valet parking is \$28 for 24 hours. Valet services are available from 6:00 am until 11:59 pm.**

CONFERENCE REGISTRATION:

Included in the registration packet is the conference tentative schedule. Please complete the registration form and either email it or mail it, along with your check payable to: "MCSCET" mail to:

MCSCET
115 W Allegan St., Ste. 200
Lansing, MI 48933

Register by **February 29, 2024**, for the **early bird drawing**, but no later than **March 22, 2024**.

PLEASE LET US KNOW ASAP IF YOU WILL BE ATTENDING THE CONFERENCE SO WE CAN SCHEDULE LEGISLATOR VISITS

The registration form also provides the opportunity for you to contribute to the Scholarship Fund. The scholarships from this fund are available to children, stepchildren, grandchildren, step-grandchildren, nieces, nephews, step-nieces, and step-nephews of all members, life members, affiliate members, and staff. The student must be enrolled in a human services curriculum, in their junior year of college or above, and enrolled in a Michigan college or university.

LEGISLATIVE PRIORITIES:

This year we again have the privilege to meet in Heritage Hall located in the Capitol on Tuesday. This is where information about the legislative priorities will be shared from **9:30-10:30 am**. It is important that all MCSSA conference attendees come to this session as it provides an explanation of the priorities you will share with your legislators when you personally meet with them.

If you have any questions regarding the conference, please call the association office at (517) 371-5303 or e-mail your questions to mcssa@mcssa.com.

FOR ALL BOARD MEMBERS AND COUNTY DIRECTORS:

If you are seeking reimbursement from the State of Michigan, YOU MUST use a personal check or personal credit card. However, if your county is paying your conference fees, payment must be made with a county check or account. All checks must be addressed and sent to:

MCSSCET
115 W Allegan St, Suite 200
Lansing, MI 48933.

To pay by credit card, please call the MCSSA office at 517-371-5303 and we will process your payment. There is a non-refundable \$10 bank processing fee to pay by credit card.

We look forward to seeing all of you in APRIL!

Conference Meals: TBA

TUESDAY BREAKFAST: Continental

TUESDAY LUNCH: Box lunches & refreshments

TUESDAY RECEPTION: Hearty hors d'oeuvres, refreshments, & cash bar

WEDNESDAY BREAKFAST: Hot breakfast

**2024 MCSSA/MCSSCET LEGISLATIVE CONFERENCE
REGISTRATION
APRIL 9 & 10, 2024**

REGISTRATIONS & PAYMENT MUST BE RECEIVED by MARCH 22, 2024

County(ies) being represented: _____
Name: _____
Position: _____
Phone #: _____
Email Address: _____
Mailing Address: _____
Guest's Name: _____
Events guest will be attending: _____
Special Meal Accommodations/Allergies: _____
Shuttle service requested: _____
Type of membership (check one): Board member ___ MDHHS ___ Life member ___

Cancellations must be made prior to March 22, 2024. There will be NO refunds AFTER this date.

Please make checks payable to:
MCSSCET
115 W. Allegan, Ste. 200
Lansing, MI 48933
Federal ID No.: 38-2703537

***To request meal accommodations for allergies, please use the "special meal accommodations" line above. ***

Registration fees:

- The fee is: \$250 for members; \$275 for non-members; \$0 for Active Life Members* not serving on a county board; \$200 for spouse/guest of Active Life Member. The full conference registration fee includes all sessions, business meeting, meals on Tuesday and Wednesday, the Legislative reception, and all refreshments.
- Tuesday, April 9th only: \$190 (includes breakfast, lunch, Legislative reception, refreshments): members/\$215 non-members.
- Wednesday, April 10th only \$75 members/\$100 non-members.
- Legislative Reception only: \$50.

*Active Life Members is defined as: An individual participating in committee work in the last 3 years, life members are those that are not part of the MDHHS County Board or a staff member.

Early bird registration due by February 29, 2024, all registrations received by this date will be entered into an "early bird drawing". Winner will be announced at the conference.

The last day to register or request a refund is March 22, 2024.

Full conference registrations:

Member	# _____ x \$250	
Non-Member	# _____ x \$275	
Spouse/Guest of Active Life Member	# _____ x \$200	
Active Life Member	# _____ x \$0	= \$ _____

One-day registrations:

Tuesday, April 9th

Member	# _____ x \$190	
Non-Member	# _____ x \$215	= \$ _____

Wednesday, April 10th

Member	# _____ x \$75	
Non-Member	# _____ x \$100	= \$ _____

Legislative Reception:	# _____ x \$50	= \$ _____
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Scholarship Fund Donation:		= \$ _____
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Credit Card Fee - (non-refundable)	<u> = \$10 </u>	= \$ _____
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Total Amount Due MCSSCET:		= \$ _____
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ATTENTION:

The sooner you register, the better the chances are of being able to meet with your Legislators.

Mail registration & checks to:

MCSSCET
115 W. Allegan Street
Suite 200
Lansing, MI 48933

Or

Email registration to:
MCSSA@MCSSA.COM

TRAVEL VOUCHER FOR NON-STATE EMPLOYEE

Michigan Department of Health and Human Services

DATE: June 20, 2023

TO: BSC Directors
County Directors
District Manager

FROM: Dwayne A. Haywood
Director, Economic Stability Administration (ESA)

SUBJECT: Travel Reimbursement for MCSSA Travel

County Directors

- Please use SIGMA Travel and Expense
- Use Accounting Template 491XX9181; Unit 1N Object 4001
- Please use comment section and reference "MCSSA Travel"

Non-State County Employees

- Payee must be registered in SIGMA to receive payment. If they need to register, they can go to the following website:
 - <https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>
- Please use the attached MDHHS-5628 form to submit a request for reimbursement. There are instructions for each of the fillable on the second page of the attachment.
- Use Accounting Template 491XX9181; Unit 1N Object 4001
- The State reimburses \$.655 per mile – this is the premium rate approved for private vehicles. Enter your number of miles in Travel information and the rate. The form will calculate your reimbursement.
- When completing the form, please do not change any of the prepopulated areas other than the mileage rate.
- Please use comment section and reference "MCSSA Travel"
- When complete, please sign and return to your local MDHHS County Director.

Please contact Dwayne Haywood (Haywoodd2@michigan.gov) with questions.

TRAVEL VOUCHER FOR NON-STATE EMPLOYEE
Michigan Department of Health and Human Services

DOCUMENT INFORMATION (For MDHHS Accounting Use Only)

Code	Unit	ID	Pre-Audit By	Entered By	Approved
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DOCUMENT INFORMATION

Case Name

HEADER INFORMATION

Document Description

Extended Description (if applicable)

VENDOR INFORMATION

Vendor/Customer/Grantee	Vendor/Customer/Grantee Legal Name	Address
Vendor/Customer/Grantee Address Line 1	Vendor/Customer/Grantee Address Line 2	
City	State	Zip Code
<input type="checkbox"/> Single Payment Yes <input type="checkbox"/> Vendor Type Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Relative		

ACCOUNTING INFORMATION

Invoice Number				For MDHHS Accounting	
BFY	Accounting Template	Line Amount	Unit	DOBJ	Total
1.		0.00			\$0.00
2.		0.00			\$0.00
3.		0.00			\$0.00
4		0.00			\$0.00
					\$0.00

TRAVEL INFORMATION

Start Date of Travel						End Date of Travel					
Date	Destinations	Depart Time	Return Time	Number of Miles	Mileage Rate	Mileage Account	Lodging	Non-Taxable	Taxable	Other	Daily Total
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
				0.0		0.00	0.00	0.00	0.00	0.00	0.00
Column Total				0.0		0.00	0.00	0.00	0.00	0.00	0.00

PROGRAM INFORMATION

Check all that apply

<input type="checkbox"/> ES	<input type="checkbox"/> MYOI-Chaffee	<input type="checkbox"/> SFSC Fam Supp	<input type="checkbox"/> CCF	<input type="checkbox"/> MA Trans
<input type="checkbox"/> FR	<input type="checkbox"/> MYOI JCYOI	<input type="checkbox"/> SFSC Plac Prev	<input type="checkbox"/> SWF	<input type="checkbox"/> Donated Funds
<input type="checkbox"/> YIT	<input type="checkbox"/> SFSC Adopt	<input type="checkbox"/> SFSC Reun	<input type="checkbox"/> DSS (bulk	<input type="checkbox"/> Volunteer Services
<input type="checkbox"/> SWBC	<input type="checkbox"/> Other		<input type="checkbox"/> IV-E	

Print Name of Preparer	Signature of Preparer	Date
Print Authorized/Approval Name of MDHHS Employee	Signature of Authorized/Approval Name of MDHHS	Date
Print Authorized/Approval Name of MDHHS Employee	Signature of Authorized/Approval Name of MDHHS	Date

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that

INSTRUCTIONS FOR COMPLETION OF MDHHS-5628

Michigan Department of Health and Human Services

Incomplete or improperly completed forms may be returned to the preparer for completion. For questions on completing this form please refer to the instructions below, email MDHHS-Travel@michigan.gov.

Document Information (For MDHHS Accounting Use Only) - To be completed by the MDHHS Accounting staff.

Code: SIGMA document code (GAX, PRC, etc.).

Unit: Payment section unit code.

ID: Document ID number (i.e., 170000000056).

Pre-Audit By: Individual auditing the document prior to entry into SIGMA.

Entered By: Individual entering the document into SIGMA.

Approved By: Individual approving the payment in SIGMA.

Document Information - To be completed by the preparer (if applicable).

Case Name: Case name from the appropriate system (i.e., Bridges).

Header Information - To be completed by the preparer.

Document Description: Reason for the payment request.

Extended Description (if applicable): Additional information needed for the payment request.

Vendor Information - To be completed by the preparer.

Vendor/Customer/Grantee Number: Number from SIGMA VCUST table.

Vendor/Customer/Grantee Legal Name: Name from SIGMA VCUST table.

Address Code: Number associated with the address where the payment is to be sent. This is found on the VCUST table.

Vendor/Customer/Grantee Address Line 1: Address where the payment is to be sent. This is found on the VCUST table.

Vendor/Customer/Grantee Address Line 2: Additional information regarding the address. This is found on the VCUST table (if applicable).

City: City where the payment is to be sent. This is found on the VCUST table.

State: State where the payment is to be sent. This is found on the VCUST table.

Zip Code: Zip Code where the payment is to be sent. This is found on the VCUST table.

Single Payment (Y/N): If this payment needs to be paid alone to the vendor. This payment will not be consolidated with other payments disbursed on the same day to the vendor.

Vendor Type (Y/N): Place a check mark in the type of vendor that is getting the payment.

Accounting Information - To be completed by the preparer.

Accounting Template: Chart of account element used to identify the expenditure.

Line Amount: Amount needed for that chart of account element.

Unit: Identifies the unit charged for the expenditure.

Dept. Object: For MDHHS Accounting use only. Leave blank. .

Travel Information - To be completed by the preparer.

Start Date of Travel: First date of travel.

End Date of Travel: Last date of travel.

Date: Exact date of travel.

Destinations: List all travel destinations include begin and end stops. Must include street address, city, state. Include verifiable map print showing destinations.

Depart Time: Time when leaving beginning destination.

Return Time: Time when returning to beginning destination.

Number of Miles: Number of miles traveled.

Mileage Rate: Rate of reimbursement. Must coincide with State of Michigan Travel policy.

Mileage Amount: Number of miles * Mileage rate. Will calculate automatically.

Lodging: Amount for any lodging. Must coincide with State of Michigan Travel policy.

Non-Taxable: Meals if travel includes overnight stay. Must provide itemized receipt.

Taxable: Meals if travel is same day. Must provide itemized receipt.

Other: Any other charges supported by a receipt. (i.e., Parking, bridge fare, toll). If a parking meter was used note with PM.

Daily Total: Mileage amount+Lodging+Non-Taxable+Taxable+Other. Will calculate automatically.

Program Information (Check All that Apply) - To be completed by the preparer.

Name of Preparer: Individual preparing the document.

Authorized/Approval Name of MDHHS Employee: Authorized name/signature of employee authorizing payment. Must coincide with program policy and/or PAL policy. The amount being approved for payment is the amount located in the Accounting Information Section.

Authorized/Approval Name of MDHHS Employee: Second Authorized name/signature of employee authorizing payment. Must coincide with program policy and/or PAL policy. The amount being approved for payment is the amount located in the Accounting Information Section.

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE

 Check one of the following:

- A. One-Time Purchase
Order or Invoice Number: _____
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate
Expiration Date (maximum of four years): _____

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

DoubleTree by Hilton Lansing 111 N Grand Ave, Lansing, MI 48933

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.
2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: _____
2. For Resale at Retail. Enter Sales Tax License Number: _____
3. Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

The following exemptions DO NOT require the purchaser to provide a number:

4. Agricultural Production. Enter percentage: _____%
5. Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6. Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7. For Resale at Wholesale.
8. Industrial Processing. Enter percentage: _____%
9. Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11. Rolling Stock purchased by an Interstate Motor Carrier.
12. Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name		Type of Business (see codes on page 2)
Business Address		City, State, ZIP Code
Business Telephone Number (include area code)		Name (Print or Type)
Signature	Title	Date Signed

Instructions for completing *Michigan Sales and Use Tax Certificate of Exemption (Form 3372)*

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. All fields must be completed; however, if provided to the purchaser in electronic format, a signature is not required. All claims are subject to audit. The purchaser must ensure eligibility of the exemption claimed; a purchaser who improperly claims an exemption is liable for tax, penalty, and interest, with limited exceptions.

Sellers: Michigan does not issue “tax exempt numbers” and a seller is not permitted to rely on a number in lieu of a valid exemption claim. Sellers are required to maintain proper records of exempt sales, including exemption forms or the same information in another format. Records may be kept electronically. If the exemption certificate is received in electronic format, a signature is not required. A seller who does not comply with these requirements may be liable for tax, penalty, and interest. See Revenue Administrative Bulletin 2016-14 for more information. All claims are subject to audit.

SECTION 1:

- A) Choose “One-Time Purchase” and include the invoice number this certificate covers.
- B) Choose “Blanket Certificate” if there is a “recurring business relationship.” This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser. Parties do not need to renew this blanket exemption claim as long as the recurring business relationship exists.
- C) Choose “Blanket Certificate” and enter the expiration date (maximum four years) when there may be a period of more than 12 months between sales transactions. This option is best when purchaser and seller anticipate more than one exempt transaction before the expiration date but do not have or may not maintain a recurring business relationship.

SECTION 2:

Place a check in the box for “All items purchased” or choose “Limited to” and list the items that are covered by the exemption claim.

SECTION 3:

Check the box that applies and, if applicable, provide the required information. The exemptions listed are the most common. If the exemption you are claiming is not listed, check “Other” and enter the qualifying exemption.

SECTION 4:

Purchaser must complete Section 4. A signature is only required if a paper form is used; in that case, the purchaser should sign and provide their title (for example, Purchasing Manager, President, Owner). For Type of Business, enter the number from the following list that best describes the purchaser’s business.

01	Accommodations	10	Utilities
02	Agricultural	11	Wholesale
03	Construction	12	Advertising, newspaper
04	Manufacturing	13	Non-Profit Hospital
05	Government	14	Non-Profit Educational
06	Rental or leasing	15	Non-Profit 501(c)(3), 501(c)(4), or 501(c)(19)
07	Retail	16	Other (enter code and write in business type)
08	Church		
09	Transportation		