

**AGENDA**  
**HOUGHTON COUNTY BOARD OF COMMISSIONERS**  
**REGULAR MEETING**  
**July 9, 2019 - 5:00 PM**

- A. Call to Order
- B. Pledge of Allegiance
- C. Roll Call
- D. Approval of Minutes
- E. Approval of Agenda/Additions
- F. Public Hearing – Houghton County Revolving Loan Fund
  - 1. Open Hearing
  - 2. Discussion and comments
  - 3. Close hearing
- G. Public Comments
- H. Approval of Bills
- I. Correspondence
- J. Reports
  - 1. Standing committee
  - 2. Special Committee
  - 3. County Officers
- K. New Business
  - 1. UPAAA Resolution
  - 2. Appropriations
    - a. MAC Dues - \$5,343.64
    - b. Copper Country Mental Health - \$41,123.73
    - c.
  - 3. Travel Requests
    - a. Ginger Sulisz - 97<sup>th</sup> District Court
    - b. Nickole Jollimore – 97<sup>th</sup>
    - c.
  - 4.
  - 5.
- L. Public Comments
- M. Announcements
- N. Adjournment

**RESOLUTION**

**U.P. AREA AGENCY ON AGING  
2020-2022 MULTI-YEAR PLAN FOR SERVICES TO THE ELDERLY**

**WHEREAS** UPCAP, which serves as the U.P. Area Agency on Aging, is required to develop a Multi-Year (FY 2020-2022) Area Plan that provides development and funding for programs to serve older adults in the Upper Peninsula; and

**WHEREAS**, during the Multi-Year Area Plan development process, UPCAP conducted needs surveys, four public forums, two public hearings, and received input from service providers, older adults, county officials, human services organizations, and other interested parties; and

**WHEREAS**, each U.P. county is represented by a county official on the UPCAP Board of Directors; and

**WHEREAS**, the UPCAP Board of Directors has unanimously approved the proposed Multi-Year Area Plan; and

**WHEREAS**, the AAA Multi-Year Plan also requires review by individual county boards.

**THEREFORE, BE IT RESOLVED** that the \_\_\_\_\_ County Board of Commissioners has received and hereby supports the U.P. Area Agency on Aging 2020-2022 Multi-Year Plan.

**BE IT FURTHER RESOLVED** that this resolution be submitted to UPCAP and placed on file.

Authorized Signatory \_\_\_\_\_

(Name/Title of County Official)