

CC: BOROWSKI/STEPHAN

MICHIGAN DEPARTMENT LABOR & ECONOMIC GROWTH  
MICHIGAN COMMISSION FOR THE BLIND

RECEIVED JUN 18 2008

I. CERTIFIED EXPENDITURE AGREEMENT: CONTRIBUTED PROFESSIONAL SERVICES

This agreement between St. Clair County RESA and the Michigan Department of Labor & Economic Growth, Michigan Rehabilitation Services is effective June 11, 2008 and continues until such time as it is terminated by both parties.

The Michigan Department of Labor & Economic Growth, Michigan Commission for the Blind agree that federal funds generated by this agreement will be used to provide or administer vocational rehabilitation services in Michigan.

St. Clair County RESA agree to contribute the following staff/or resource(s). Which are not supported by federal funds, nor mandated by state or federal law. The staff person(s) named are technically supervised by the Michigan Department Labor & Economic Growth, Michigan Commission for the Blind, and must comply with all rules and regulations governing the provision of rehabilitation services.

Staff: 1) Colleen Liebler, TC/VI = \$71,644 salary + \$35,808 fringes = \$107,452  
2) Heather Maes, Contr. O&M = \$68,375 (purchased services)  
Salary 1) 100 % 2) 100 %

(Excludes fringe/indirect costs. Please Include Percentages If Less Than Full-Time and Do The Computations)  
For Colleen Liebler only:

Supplies \$ 3,527 \$ \$  
Travel \$ 3,302 \$ \$

Total Contribution \$ 182,656

[Signature] 6/23/08  
District/Site Manager, MDLEG-MCB Date

[Signature]  
Cooperating Agency Representative Date 6/12/2008  
Dir. of Spec. Ed.

II. CERTIFICATION\*

I certify that the above stated services for the time period FY2008 as itemized, were provided to the Michigan Department of Labor & Economic Growth, Michigan Commission for the Blind or adjusted as specified below:

ADJUSTMENTS:

Staff: \_\_\_\_\_  
Salary \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%  
Supplies \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Travel \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Contribution \$ \_\_\_\_\_

District/Site Manager, MDLEG-MCB Date

Cooperating Agency Representative Date

Mailed: 6/12/2008  
lcs

\*Requires Audit Worthy Documentation To Be Kept On File

Ingham

MICHIGAN DEPARTMENT LABOR & ECONOMIC GROWTH  
MICHIGAN COMMISSION FOR THE BLIND

I. CERTIFIED EXPENDITURE AGREEMENT: CONTRIBUTED PROFESSIONAL SERVICES

This agreement between Ingham Intermediate School District and the Michigan Department of Labor & Economic Growth, Michigan Commission for the Blind is effective April 2008 and continues until such time as it is terminated by both parties.

The Michigan Department of Labor & Economic Growth, Michigan Commission for the Blind agree that federal funds generated by this agreement will be used to provide or administer vocational rehabilitation services in Michigan.

Ingham Intermediate School District agree to contribute the following staff/or resource(s) (ie. VI consultants, O&M specialists, transition coordinators). Which are not supported by federal funds, nor mandated by state or federal law. The staff person(s) named are technically supervised by the Michigan Department Labor & Economic Growth, Michigan Commission for the Blind, and must comply with all rules and regulations governing the provision of rehabilitation services.

Staff: Catherine Hula Susan Langendonk Tina Smith

Salary \$49,296.00 % \$98,997.00 % \$74,341.00 %

(Excludes fringe/indirect costs. Please Include Percentages If Less Than Full-Time and Do The Computations)

Supplies \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Contribution \$ 272,634.00

Office Manager, MDLEG-MCB Date

Cooperating Agency Representative Date 5-21-08 Robert Beremle

II. CERTIFICATION\*

I certify that the above stated services for the time period \_\_\_\_\_ as itemized, were provided to the Michigan Department of Labor & Economic Growth, Michigan Commission for the Blind or adjusted as specified below:

ADJUSTMENTS:

Staff: \_\_\_\_\_

Salary \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

Supplies \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Contribution \$ \_\_\_\_\_

Office Manager, MDLEG-MCB Date

Cooperating Agency Representative Date