



City of Rochester Hills
AGENDA SUMMARY
NON-FINANCIAL ITEMS

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Legislative File No: 2011-0573

TO: Mayor and City Council Members
FROM: Tara Beatty, Chief Assistant
DATE: December 7, 2011
SUBJECT: City's Shared Services Summary Report

REQUEST:

The presentation of the City's Shared Services Summary Report that is being submitted to the State of Michigan.

BACKGROUND:

As many of you are aware, the State of Michigan set aside approximately \$200 million in Statutory Revenue Sharing in an Economic Vitality Incentive Program (EVIP) pool. Each city, village, or township that received a FY 2010 statutory payment greater than \$4,500, and fulfilled certain requirements in three categories would be eligible to receive a maximum of 2/3 of its FY 2010 total statutory payment. Those three categories are Accountability and Transparency, Consolidation of Services, and Employee Compensation. For our City, each category represents approximately \$19,500.

The Consolidation of Services, due by January 1, 2012, requires the city to produce and make readily available to the public, a plan with one or more proposals to increase its existing level of cooperation, collaboration, and consolidation, either within the jurisdiction or with other jurisdictions. The plan must include a listing of any previous services consolidated and estimate of the potential savings for any new service consolidation being planned.

From leasing city offices to non-profit organizations, sharing department employees with our neighboring communities, to signing various Inter-Local Agreements with our neighbors, joint partnerships and shared services have been a best practice of Rochester Hills for 28 years. This document fulfills this requirement by capturing our shared services into a single communication that demonstrates our strong success. Submittal and acceptance will result in meeting the Economic Vitality Incentive Program (EVIP) requirements and the subsequent \$19,500 payment.

RECOMMENDATION:

No action by City Council is being requested.

| APPROVALS: | SIGNATURE | DATE |
|----------------------|-----------|------|
| Department Review | | |
| Department Director | | |
| Mayor | | |
| City Council Liaison | | |