

MINUTES

Monday, February 11, 2008
12:00 Noon

Manistee County Blacker Airport
Conference Room

Members Present: Fred Renner, Chairperson; Ervin Kowalski, Vice-Chairperson; Ed Haik; and Charles Brooks

Members Absent: Dale Picardat; Glenn Lottie

Others Present: William House, Airport Manager; George Saylor, Airport Legal Counsel; Steve VanDePerre, Aric Woughter, Pete Nugent & Dan Korzeniewski, Boy Scouts of America; Russell Pomeroy, Airport Authority Treasurer; and Rachel Nelson, Airport Authority Secretary

Fred Renner, Chairperson, called the meeting to order at 12:04 P.M. Roll was taken by the Secretary.

The Chairman confirmed that each member had received a copy and had an opportunity to review the Minutes from the regular meeting of the Airport Authority held on Monday, January 14, 2008.

There was a motion by Mr. Brooks, supported by Mr. Kowalski to approve the Airport Authority regular meeting Minutes of Monday, January 14, 2008, as presented. Motion carried by unanimous vote.

The Authority next reviewed the January 2008 Accounts Payable Report (APPENDIX A). The Wilson Ward CPA Firm payment is the annual audit cost. The Piper McCredie Agency, Inc. payment is one of three installments for the insurance. The Thompson Tree & Stump Removal payment is for trimming a tree on Robert Adamczak's property that was intrusive (Mr. House had permission from Mr. Adamczak.). The Galaxy Electric, Inc. payment is for repairs to the gate. The remaining payments are the regular reoccurring ones.

There was a motion by Mr. Kowalski, supported by Mr. Haik to approve the January 2008, Accounts Payable Report and authorize payment of the outstanding invoices totaling \$38,250.93.

A roll call vote was taken:

Yeas: 4 (Renner; Kowalski; Haik; Brooks)

Nays: 0

Absent: 2 (Picardat; Lottie)

Motion carried.

The Authority next reviewed the January 2008 Financial Statement (APPENDIX B) which includes a Balance Sheet, a Statement of Revenue and Expenses, and a running account of the Public Improvement Fund.

There was a motion by Mr. Kowalski, supported by Mr. Brooks to approve the January 2008 Financial Statement. Motion carried by unanimous vote.

The group representing the Boy Scouts of America River Trails District, handed out information about their Spring Camporee, their insurance, and the Aviation Merit Badge Workbook (APPENDIX C). They would like to use the Airport property for the Spring Camporee, which will have an aviation theme, with a goal of attaining the Aviation Merit Badge. This would occur on Saturday, May 3, 2008, from approximately 8:30 A.M.

to 5:00 P.M. They have already obtained permission to camp on DNR property near the Airport facility. There would be educational stations, with everything outdoors except the TSA. Several flying clubs have agreed to fly in to the Airport. There would be approximately 100 boys and chaperones, with the boys mainly ranging in age from 12 to 18. It was mentioned that their insurance policy would cover any incidences that may occur. Mr. House stated that he didn't see any problem with the program as long as they were not giving airplane rides, and that they stayed outside the fence, except when they walked around an aircraft in small, controlled groups. Mr. House also noted that he will not have any staff available to help them, other than opening the gate for the groups coming inside the fence, and that he will be out of town that weekend. Mr. VanDePerre requested a map of the Airport area, and also mentioned that they would be contacting the media for this event.

There was a motion by Mr. Haik, supported by Mr. Kowalski to allow the Boy Scouts of American River Trails District to hold their Spring Camporee on May 3, 2008, at the Manistee County Blacker Airport in order to earn their Aviation Merit Badges.

A roll call vote was taken:

Yeas: 4 (Renner; Kowalski; Haik; Brooks)

Nays: 0

Absent: 2 (Picardat; Lottie)

Motion carried.

The Authority next reviewed a letter that had been received from the Little River Band of Ottawa Indians (APPENDIX D). Mr. House and Mr. Renner have met with Kendra Thompson, who was the architect for the new Airport Terminal building. Ms. Thompson actually owns the architectural drawings because of the copyright. However, she stated that she would ask for the Authority's permission before allowing the architectural drawings to be used by someone else. Mr. Kowalski noted that a letter should be sent to the Little River Band of Ottawa Indians explaining that the Airport Authority does not have the ability to grant them the permission that they are requesting. Mr. House will compose and send a letter.

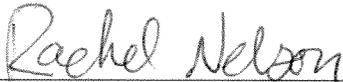
Bids are out again, and are due at the end of the month, for a carrier to replace Mid-West. Mid-West cannot leave without a replacement unless they claim bankruptcy or have an FAA violation.

Mr. Renner noted that he did sign Mr. House's contract, and that Mr. Pomeroy has an original.

Sheets were handed out showing airplane passenger numbers for 2008 as well as the previous six years (APPENDIX E), and the Orchard Beach Aviation rent information (APPENDIX F).

With there being no further business to come before the Authority, the meeting was adjourned at approximately 12:58 P.M.

Respectfully submitted,



Rachel Nelson, Airport Authority Secretary

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to view Calendar of Events, County Board Agendas and Minutes, Committee meeting minutes
(under Board of Commissioners), etc.

[rn h:\minutes\airport authority 021108]

MANISTEE COUNTY BLACKER AIRPORT

JANUARY 2008 ACCOUNTS PAYABLE

CHECK #	VENDOR NAME	AMOUNT
	WILLIAM HOUSE	\$ 3,000.00
	CONSUMERS ENERGY	\$ 3,382.65
	A T & T	\$ 17.50
	MICHCON (DTE ENERGY)	\$ 664.62
	GOCKERMAN, WILSON, SAYLOR	\$ -
	THOMPSON TREE & STUMP REMOVAL	\$ 500.00
	WEATHER SERVICES INTERNATIONAL	\$ -
	WILSON WARD CPA FIRM	\$ 1,450.00
	PIPER McCREDIE AGENCY, INC	\$ 7,201.00
	ACE HARDWARE	\$ 36.88
	G.T. PACKAGING & JANITORIAL	\$ 246.80
	MAAE	\$ 70.00
	AUTO VALUE	\$ 2.52
	MANISTEE COUNTY ROAD COMMISSION	\$ 78.12
	GALAXY ELECTRIC, INC.	\$ 310.83
	BLARNEY CASTLE	\$ 1,591.23
	JACKPINE	\$ 40.62
	MANISTEE COUNTY	\$ 75.66
	TOTAL	\$ 18,668.43
	ADVERTISING INVOICES	
	MS CREATIVE SERVICES	\$ -
	TOTAL	\$ -
	ORCHARD BEACH AVIATION	\$ 19,582.50
	REGULAR HOURS 279 @ 14.50	4,045.50
	MAINTENANCE HOURS 206 @ 14.50	2,987.00
	SUPPLIES	50.00
	PART 139 LABOR	12,500.00
	GRAND TOTAL	\$ 38,250.93
	PUBLIC IMPROVEMENT FUND	
	TOTAL PUBLIC IMPROVEMENT FUNDS	\$ -

MANISTEE COUNTY BLACKER AIRPORT

	JANUARY 2008 REVENUE & EXPENSES		BUDGET REMAINING		67%
	CURRENT MONTH	YEAR-TO DATE	ANNUAL BUDGET	BALANCE \$	%
INCOME:					
HANGER RENTAL	\$ 2,744.80	\$ 7,304.80	\$ 16,120.00	\$ 8,815.20	55%
LANDING FEES	\$ 20,590.25	\$ 82,360.75	\$ 247,082.00	\$ 164,721.25	67%
AUTO RENTAL SPACE	\$ -	\$ 1,928.68	\$ 4,200.00	\$ 2,271.32	54%
OFFICE RENT	\$ 1,125.00	\$ 4,500.00	\$ 13,500.00	\$ 9,000.00	67%
COUNTY OF MANISTEE	\$ 6,125.00	\$ 21,500.00	\$ 73,500.00	\$ 52,000.00	71%
STATE OF MICHIGAN - ADVERTISING	\$ -	\$ -	\$ -	\$ -	0%
FUEL SALES	\$ 75.66	\$ 548.58	\$ 6,500.00	\$ 5,951.42	92%
SIGN LEASE	\$ 2,000.00	\$ 2,000.00	\$ 3,400.00	\$ 1,400.00	41%
MISCELLANEOUS	\$ -	\$ 600.00	\$ 1,000.00	\$ 400.00	40%
TOTAL INCOME	\$ 32,660.71	\$ 120,742.81	\$ 365,302.00	\$ 244,559.19	67%
EXPENSES:					
PERSONNEL - MANAGEMENT	\$ 3,000.00	\$ 12,000.00	\$ 36,000.00	\$ 24,000.00	67%
PERSONNEL - OPERATIONS & MAINTENANCE	\$ 19,532.50	\$ 75,730.25	\$ 206,250.00	\$ 130,519.75	63%
DUES & MEETINGS	\$ 70.00	\$ 370.00	\$ 1,000.00	\$ 630.00	63%
SUPPLIES	\$ 374.30	\$ 828.30	\$ 2,500.00	\$ 1,671.70	67%
UTILITIES	\$ 4,047.27	\$ 11,536.73	\$ 23,000.00	\$ 11,463.27	50%
FUEL	\$ 1,591.23	\$ 5,314.22	\$ 5,200.00	\$ (114.22)	-2%
REPAIRS & MAINTENANCE	\$ 891.47	\$ 2,684.94	\$ 10,000.00	\$ 7,315.06	73%
TERMINAL IMPROVEMENTS	\$ -	\$ 1,875.59	\$ 5,000.00	\$ 3,124.41	62%
CONTRACTED SERVICES	\$ -	\$ 894.00	\$ 1,800.00	\$ 906.00	50%
LEGAL	\$ -	\$ 1,178.75	\$ 5,000.00	\$ 3,821.25	76%
AUDIT	\$ 1,450.00	\$ 1,450.00	\$ 1,500.00	\$ 50.00	3%
ADVERTISING	\$ -	\$ 117.00	\$ -	\$ (117.00)	0%
TELEPHONE	\$ 17.50	\$ 128.61	\$ 1,200.00	\$ 1,071.39	89%
INSURANCE	\$ 7,201.00	\$ 13,060.08	\$ 26,000.00	\$ 12,939.92	50%
TRAINING (FIRE FIGHTER)	\$ -	\$ -	\$ 10,000.00	\$ 10,000.00	0%
EQUIPMENT	\$ -	\$ -	\$ -	\$ -	0%
BOOKKEEPING	\$ -	\$ -	\$ 3,000.00	\$ 3,000.00	100%
NOTES PAYABLE	\$ 75.66	\$ 548.58	\$ 6,500.00	\$ 5,951.42	92%
TRANSFER OUT/FUND BALANCE	\$ -	\$ -	\$ 20,402.00	\$ 20,402.00	100%
MISCELLANEOUS	\$ -	\$ 370.00	\$ 950.00	\$ 580.00	61%
	\$ 38,250.93	\$ 128,087.05	\$ 365,302.00	\$ 237,214.95	65%
EXCESS REVENUE OVER/(UNDER) EXPENDITURES	\$ (5,590.22)	\$ (7,344.24)			
BALANCE ON HAND - AIRPORT FUND					
BEGINNING BALANCE 01/01/08	\$ 95,226.75				
JANUARY RECEIPTS	\$ 33,091.95				
DECEMBER DISBURSEMENTS	\$ (30,534.88)				
	\$ 97,783.82				

MANISTEE COUNTY BLACKER AIRPORT

JANUARY 2008 BALANCE SHEET

ASSETS	1/31/2008	12/31/2007
CASH	\$ 97,783.82	\$ 95,226.75
ACCOUNTS RECEIVABLE		
MIDWEST EXPRESS	\$ 20,590.25	\$ 20,590.25
STATE OF MICHIGAN (ADVERTISING)	\$ -	\$ -
MISC.	\$ 650.66	\$ 706.90
TOTAL ASSETS	\$ 119,024.73	\$ 116,523.90
LIABILITIES	1/31/2008	12/31/2007
ACCOUNTS PAYABLE - TRADE	\$ 38,250.93	\$ 30,534.88
ACCOUNTS PAYABLE - COUNTY	\$ -	\$ -
PREPAID HANGER RENT	\$ 500.00	\$ 125.00
TOTAL LIABILITIES	\$ 38,750.93	\$ 30,659.88
FUND BALANCE	1/31/2008	12/31/2007
FUND BALANCE	\$ 80,273.80	\$ 85,864.02
TOTAL LIABILITIES AND FUND BALANCE	\$ 119,024.73	\$ 116,523.90
TOTAL PUBLIC IMPROVEMENT FUNDS AVAILABLE	\$ 128,930.51	\$ 128,930.51
STATE OF MICHIGAN	\$ 3,375.00	\$ 3,375.00
STATE OF MICHIGAN	\$ 124,500.00	\$ 124,500.00
STATE OF MICHIGAN	\$ 2,475.00	\$ 2,475.00
STATE OF MICHIGAN	\$ 2,400.00	\$ 2,400.00
STATE OF MICHIGAN (REFUND GRANT CLOSE OUT)	\$ (36.60)	\$ (36.60)
STATE OF MICHIGAN (REFUND GRANT CLOSE OUT)	\$ (8,106.42)	\$ (8,106.42)
STATE OF MICHIGAN (SNOWBLOWER)	\$ 13,138.00	\$ 13,138.00
TULIP CITYAIR (SALE OF OLD SNOWBLOWER)	\$ (32,750.00)	\$ (32,750.00)
PUBLIC IMPROVEMENT FUND - CASH AVAILABLE		\$ 23,935.53
BEGINNING BALANCE FOR FIRE FIGHTER TRAINING		\$ 27,500.00
BLARNEY CASTLE (PROPANE)		\$ 1,421.21
ORCHARD BEACH AVIATION (FIRE FIGHTER WAGES)		\$ 5,360.00
KELLOGG COMMUNITY COLLEGE (TRAINING)		\$ 12,700.00
WESTERN FIRE & SAFETY		\$ 3,976.00
GRAND TRAVERSE MOBILE		\$ 2,031.00
WESTERN FIRE & SAFETY		\$ 564.50
ORCHARD BEACH AVIATION		\$ 427.79
BALANCE AVAILABLE AS OF OCTOBER 1, 2007		\$ 1,019.50

River Trails District Spring Camporee

May 2 - 4, 2008

Theme: *Aviation*

Scouts camping would be arriving Friday afternoon through the early evening. Additional scouts may also arrive on Saturday morning. We have procured DNR property to the South side of the airport facilities to be used for camping. All scouts will have signed permission/liability slips from parents prior to attending. Boy Scouts of America has liability insurance for special events.

Opening Ceremonies will be between 8:30 - 9:00 a.m. on Saturday. Saturday's program will consist of five educational learning stations for achieving the Aviation Merit Badge. The hand outs outline the four of the five stations that we are planning. Aviation Merit Badge works best if conducted outdoors on grounds. The fifth station would work best if in the terminal with permission and guidance for the scouts to learn about TSA. Program will end by 5 - 5:30 p.m. on Saturday.

Restrooms (porta-johns) will be supplied by the Camporee Committee. They will be placed at the camping area and also on the airport grounds, if permission is granted. Scouts are also responsible for their own meals for the weekend. A lunch break will take place about noon on Saturday.

We plan to also work with the news media, for coverage of the camporee for promotion of scouting and excellent exposure for Blacker Airport.

How MANY SCOUTS

Requests from the Airport Authority to accommodate our Camporee schedule of programming.

Program Areas:

Front Parking Area – Opening ceremonies

Parking / Lawn Area – to accommodate two educational stations

Hangar Area (outside) – to accommodate two educational stations

Can we have access to TSA inspection area for one station?

How many aircraft permitted on facilities at one time?

Possibility of purchased flights by scouts

Important restrictions we need to be aware of while completing our program agenda.

Thank you for your acknowledgement and consideration for this opportunity for the youth of our area.



ACE USA
ACE American Insurance Company
1601 Chestnut Street
Philadelphia, PA 19103

Boy Scouts of America Council Accident & Sickness Plan
Scenic Trails Council # 274

Effective Date: 10/01/07 Expiration Date: 09/30/08
Premium Amount: \$ 2,702.04 Premium Paid: \$ 1,351.02
Date Paid: 10/01/07 Balance: \$ 1,351.02

Policy Number PTP N00327402

Description of Coverage

Eligibility: All persons officially registered with the Boy Scouts of America (BSA), according to the following classifications:
Class I - All Youth; Learning for Life Explorer; Seasonal Volunteer Non-Paid Staff; and Non-Scouts, Non-Scouters and Guests, but only while attending scheduled activities for the purpose of becoming registered Leaders and Scouts.
Class II - All Adult Volunteer Leaders, including Den Aides and Chiefs who are 21 years of age or older (18 years of age or older if an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistant Webelo Den Leader).
Class III - All Learning for Life Non-Explorer Participants.
A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Period of Coverage: You will be insured on the Effective Date shown above, provided the premium payment is received by the administrator, Health Special Risk, Inc. Your coverage will end on the earlier of: 1) the Termination Date shown above; or 2) the period ends for which premium is paid.

Definitions: **Accident:** means a sudden, unexpected and unintended event. **Covered Expenses:** means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by the Policy. Coverage must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. **Injury:** or injuries, for which benefits are provided, means accidental bodily injuries sustained by the Insured which are the direct cause, independent of disease, bodily infirmity or any other cause, of the loss from a covered Accident and occur while the insurance is in force for the Insured. **Medically Necessary:** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent at the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. **Purchasing or renting:** 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at our discretion, consider the cost of the alternative to be the Covered Expense. **Sickness:** means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while coverage is in effect. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual and Customary Charges:** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. **You or Your:** means the sponsoring BSA Council insured under the Policy.

Covered Activities: The Insured will be covered while: 1) participating in an official Scouting or Learning for Life activity. Seasonal camp staff persons are also covered during their off-duty hours; and 2) traveling to and from an official Scouting or Learning for Life activity. The covered Accident or Sickness must take place: 1) on the premises of the Policyholder during normal hours of operation; or 2) on the premises of the Policyholder during other periods if attending or participating in a Covered Activity; or 3) away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site. The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity. Travel time includes the time: 1) to or from home and the premises of the Covered Activity; 2) before the appointed time; and 3) after the Covered Activity is completed.

Accidental Death and Dismemberment Benefit: If an insured's Injury results in any of the following losses within 365 days after the date of accident, We will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident.

Principal Sum: \$10,000	Time Period for Accident for:	Heart Failure	90 Days
		Quadriplegia, Paraplegia, Hemiplegia	60 Days and continuing for one year
		All Other Covered Losses	365 Days

<u>Covered Loss</u>	<u>Benefit Amount</u>
Life, Heart Failure, Hemiplegia, or Paraplegia	100% of the Principal Sum
Quadriplegia, or Two or More Members	200% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"Heart Failure" means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity. "Quadraplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Arm or Leg, and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Arm or Leg" means Severance at or above the elbow joint or knee joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Medical Expense Benefit: If the Insured requires medical or surgical treatment during the Period of Coverage, We will pay 100% of the Usual and Customary Charges incurred for Covered Expenses listed below, up to a maximum of \$15,000 per covered Accident, and \$7,500 per covered Sickness. The Insured must receive treatment within 60 days after the date of the covered Accident. Benefits are subject to a maximum benefit period of 52 weeks after the date of the covered Accident or first treatment of a covered Sickness.

We will pay benefits for the following Covered Expenses: 1) daily hospital room and board payable at the semi-private room rate; 2) ancillary hospital expenses; 3) inpatient registered nurse services; 4) medical emergency care for room & supplies; 5) outpatient surgical room and supplies; 6) Doctor's non-surgical expenses; 7) doctor's surgical expenses; 8) assistant surgeon; 9) anesthesiologist expenses; 10) outpatient laboratory tests; 11) physiotherapy; 12) outpatient x-ray; 13) diagnostic imaging; 14) outpatient registered nurse services; 15) rehabilitative braces and appliances; 16) prescription drugs; and 17) medical services and supplies.

Dental Expense Benefit (Injury Only): We will pay 100% of the Usual and Customary Charges incurred for dental services rendered to an Insured, including dental x-rays for the repair, treatment and/or replacement of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, up to a maximum of \$5,000. If, within the 52-week Benefit Period, your attending dentist certifies that dental treatment and/or replacement must be deferred beyond the Benefit Period, We will pay the estimated cost for Covered Expenses incurred for such treatment. We will pay this Benefit in addition to any other Benefit payable under the Policy.

Ambulance Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for ground transportation from the emergency site to the hospital (includes air ambulance when, in the judgment of a duly authorized medical authority or senior representative of the camp or activity, such service is required to facilitate treatment of Injuries and no other ambulance service is available). The maximum amount payable is \$6,000 per covered Accident or Sickness. Benefits are subject to a maximum benefit period of 52 weeks after the date of the covered Accident or first treatment of a covered Sickness. We will pay this Benefit in addition to any other Benefit payable under the Policy.

Disability Benefit (Applies Only to Class II): We will pay a weekly benefit of \$200 if an Insured is Totally Disabled as a direct result of, and from no other cause but, a covered Accident or Sickness. Disability Benefits will begin when: 1) the seven-day benefit waiting period is satisfied; and 2) the Insured provides satisfactory proof of Total Disability to Us. Benefit Payments will end on the first of the following dates: 1) the date the Insured dies; or 2) the date the Insured is no longer Totally Disabled; or 3) the date the Maximum Benefit Period for this benefit ends; or 4) the date the Insured fails to submit satisfactory proof of continuing Total Disability.

"Total Disability" or "Totally Disabled" means, due to an Injury from a Covered Accident or Sickness, an Insured: 1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and 2) if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

Return Transportation Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for transportation expenses if, as a result of a covered Accident or Sickness, the Insured's Doctor requires him or her to return home from a Covered Activity. The maximum amount payable is \$1,500 per covered Accident or Sickness. This benefit includes the cost of one person to accompany the Insured on the trip. If the Insured is deceased, We will pay expenses incurred for an immediate family member to accompany the body. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses, in advance.

Specified Injury Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for the treatment of a) loss of sight in both eyes; b) Dismemberment of any extremity; c) Paralysis; d) irreversible coma; e) entire loss of speech; or f) loss of hearing in both ears, up to a maximum of \$35,000.

"Dismemberment of any extremity" means complete Severance of hand, foot, arm or, leg. "Severance" means the complete separation and dismemberment of the part from the body. "Paralysis" means total loss of use of: a) both upper and lower limbs; upper and lower limbs on one side of the body; one lower limb or one upper limb; or both lower limbs or both upper limbs. "Irreversible Coma" means: a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society), and b) a diagnosis of brain death by the attending Doctor.

Primary Excess Benefit Provision: We pay the first \$300 of covered Accident Medical Expenses without regard to any other Health Care Plan benefits payable for the Insured. We will then pay expenses: 1) after the Insured satisfies any Deductible; and 2) only when they are in excess of any amounts payable by any other Health Care Plan. We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan. This benefit provision does not apply to Accidental Death and Dismemberment and Total Disability Benefits.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from: 1) intentionally self-inflicted injury; 2) suicide or attempted suicide; or 3) war or any act of war, whether declared or not.

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household; 2) Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement thereof; 3) Dental treatment or dental X-rays, except when required as the result of Injuries to sound, natural teeth; or 4) Injury paid or payable by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.

To file a Claim, please call: Health Special Risk, Inc. 1-866-726-8870 HSR Plaza 4001 N. Josey Lane Carrollton, TX 75007-1520

Health Special Risk, Inc. will provide you with instructions on how to file your claim. The Insured must notify Health Special Risk within 90 days of an Accident or loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the Policy Number.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number PTP N00327402, issued to the Boy Scouts of America. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.



BSA Intranet | Administration Group | Treasury Division
Risk Management Notebook | Flying Policy - Aviation

Risk Management Notebook Section 13: Flying Policy - Aviation

WHAT IS NON-OWNED AVIATION INSURANCE?

BSA's non-owned aviation exposure is included in the general liability insurance program. Coverage applies only to aircraft not owned by a local council or the National Council. We have *no insurance* for owned aircraft; this includes aircraft owned by the council and/or the chartered or participating organization.

WHERE DO THE POTENTIAL EXPOSURES EXIST FOR A LOCAL COUNCIL?

BSA's flying policy for Explorers was expanded in May 1994. See the Exploring Policy Guide on Aviation Exploring Web Site (www.learning-for-life.org/exploring/aviation).

Explorers may have a hands-on flying experience, but a qualified pilot must be in control of the aircraft at all times. Additionally, Boy Scout units may have orientation flights, and there will be flights in the normal course of obtaining an Aviation merit badge. Volunteers and professionals who are private pilots may, on occasion, fly on Scouting business. Transportation to and from a conference or other BSA activity is not considered part of the activity itself. For loss prevention and information purposes, each and every person or unit that will be involved in a flying activity *must complete a Flying Permit Application and obtain permission from the local council for the flying activity prior to the scheduled activity*. Parental/guardian consent forms are also required.

The Flying Permit Application and parent/guardian consent forms can be downloaded below.

WHAT DOES THE GENERAL LIABILITY POLICY COVER?

Single- or multiengine fixed-wing aircraft are covered, and there is no restriction on the number of passenger seats in the aircraft. Also included are soaring planes and helicopters.

- There is *no coverage* for aircraft owned by the local council, Scout unit, or a chartered or participating organization.
- There is *no coverage* for damage to the aircraft.
- There is *no coverage* for liability assumed under contract.
- *No coverage is provided* for unauthorized use of hot air balloons, fun flying, hang gliding, microlite and ultralight flying, experimental or home-built aircraft, parachuting/skydiving, and flying in aircraft as part of a search-and-rescue mission.

This is a non-owned aviation policy; it does not provide coverage for owners of the aircraft. It does provide liability coverage to the local council if a non-owned aircraft is involved in a Scouting-related accident and a claim is made against the council.

Do NOT sign any hold-harmless agreements that involve the use of aircraft. The local Scouting council does NOT have liability coverage for aviation liability assumed under contract.

C-6

WHAT IS THE COST?

The cost is included in your general liability insurance premium, billed quarterly.

Resources

Two separate versions of the Flying Permit Application and parent/guardian consent forms are available:

- For Scouting programs
- For Learning for Life/Exploring programs

IF YOU HAVE ANY QUESTIONS ON THE NON-OWNED AVIATION LIABILITY INSURANCE PROGRAM, PLEASE CONTACT THE RISK MANAGEMENT SERVICE, S402, AT THE NATIONAL OFFICE 972-580-2227.

[Risk Management Notebook: Menu](#)

Last Updated: 01 AUG 2006

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Aviation

Merit Badge Workbook

This workbook can help you organize your notes but you still need to read the merit badge pamphlet (book). No one can add or subtract from the Boy Scout Requirements #33215. Workbooks for all merit badges are at: <http://usscouts.org/mb/wkbks/list.asp>.

Send comments to: craig@craiglincoln.com. Requirements revised: 2007, Workbook updated: January 2008.

Scout's Name: _____ Unit: _____

Counselor's Name: _____ Counselor's Ph #: _____

1. Do the following:

a. Define "aircraft." _____

Describe some kinds and uses of aircraft today.

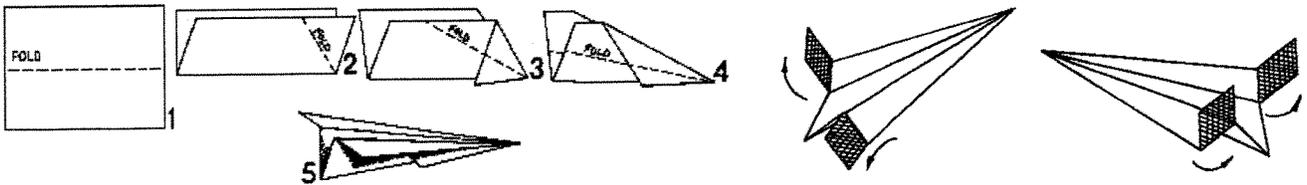
Kind:	Uses:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Explain the operation of piston, _____

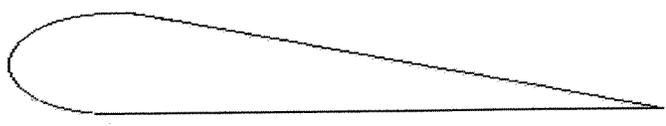
turboprop, _____

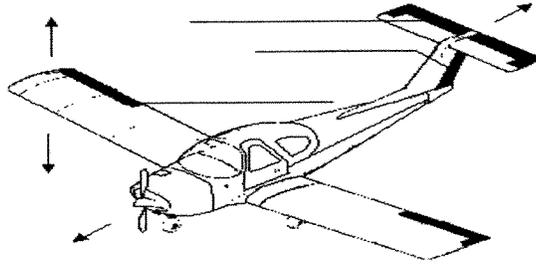
and jet engines. _____

b. Point out on a model airplane the forces that act on an airplane in flight. (Hint: To make a model airplane out of paper...)



c. Explain how an airfoil generates lift, _____





2) how the primary control surfaces (ailerons, elevators, and rudder) affect the airplane's attitude,

Ailerons: _____

Elevators: _____

Rudder: _____

and how a propeller produces thrust. _____

d. Demonstrate how the control surfaces of an airplane are used for

	Ailerons	Elevators	Rudder	Flaps
takeoff,	_____	_____	_____	_____
straight climb,	_____	_____	_____	_____
level turn,	_____	_____	_____	_____
climbing turn,	_____	_____	_____	_____
descending turn,	_____	_____	_____	_____
straight descent,	_____	_____	_____	_____
and landing.	_____	_____	_____	_____

e. Explain the following: the recreational pilot and the private pilot certificates; _____

the instrument rating. _____

2. Do TWO of the following:

a. Take a flight in an aircraft with your parent's permission.

Record the date, _____ place, _____

type of aircraft, _____ and duration of flight, _____

and report on your impressions of the flight. _____

- 3) b. Under supervision, perform a preflight inspection of a light airplane. _____
- c. Obtain and learn how to read an aeronautical chart.

Measure a true course on the chart. _____

Correct it for magnetic variation, _____

compass deviation, _____

and wind drift. _____

Arrive at a compass heading. _____

- d. Using one of many flight simulator software packages available for computers, "fly" the course and heading you established in requirement 2c or another course you have plotted. _____

- e. On a map, mark a route for an imaginary airline trip to at least three different locations.



From timetables (obtained from agents or online from a computer, with your parent's permission), decide when you will get to and leave from all connecting points.

Create an aviation flight plan _____

and itinerary for each destination.

Depart	Flight Time	Arrive	Time	Depart	Flight Time	Arrive	Time
1 _____	_____	_____	_____	4 _____	_____	_____	_____
2 _____	_____	_____	_____	5 _____	_____	_____	_____
3 _____	_____	_____	_____	6 _____	_____	_____	_____

4) f. Explain the purposes and functions of the various instruments found in a typical single-engine aircraft:

attitude indicator, _____

heading indicator, _____

altimeter, _____

airspeed indicator, _____

turn and bank indicator, _____

vertical speed indicator, _____

compass, _____

navigation (GPS _____

and VOR) _____

and communication radios, _____

tachometer, _____

oil pressure gauge, _____

and oil temperature gauge. _____

g. Create an original poster of an aircraft instrument panel. Include and identify the instruments and radios discussed in requirement 2f. _____

3. Do ONE of the following:

a. Build and fly a fuel-driven or battery powered electric model airplane. _____

Describe safety rules for building _____

and flying model airplanes. _____

Tell safety rules for use of glue, paint, dope, plastics, fuel, and battery pack. _____

b. Build a model FPG-9. Get others in your troop or patrol to make their own model, then organize a competition to test the precision of flight and landing of the models. _____

4. Do ONE of the following:

a. Visit an airport. After the visit, report on how the facilities are used, _____

 how runways are numbered, _____

 and how runways are determined to be "active." _____

b. Visit a Federal Aviation Administration facility - a control tower, terminal radar control facility, air route traffic control center, flight service station, or Flight Standards District Office. (Phone directory listings are under U.S. Government Offices, Transportation Department, and Federal Aviation Administration. Call in advance.) _____
 Report on the operation _____

and your impressions of the facility. _____

c. Visit an aviation museum or attend an air show. _____
 Report on your impressions of the museum or show. _____

5. Find out about three career opportunities in aviation. _____

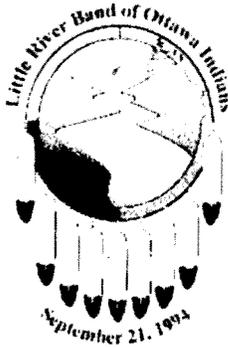
Pick one _____
 and find out the education, _____

 training, _____

 and experience required for this profession. _____

Discuss this with your counselor, and explain why this profession might interest you. _____

APPENDIX D



*Little River Band of Ottawa Indians
Office of Tribal Ogema
375 River Street
Manistee, MI 49660
231-723-8288 (Fax) 231-723-3270*

January 29, 2009

Mr. Bill House
Blacker Airport Manager
2323 Airport Road
Manistee, MI 49660

Re: Architectural Plans for Airport Terminal

Dear Mr. House;

This letter confirms my request on behalf of the Little River Band of Ottawa Indians for permission to utilize the architectural drawings and specifications for the new Blacker Airport terminal building for construction of a community center for the tribal community.

As I indicated, the Tribe is under severe time constraints in obligating grant funds for construction of a community center for the Aki tribal housing community, due to a variety of factors. It appears to us that the design of the terminal building shell would be appropriate for this facility with suitable interior redesign and a different exterior finish, and that it therefore may present a time and cost effective alternative for us. However before we proceed with fully exploring this possibility, the airport authority's permission to use the architectural materials is necessary. It would be our intention to utilize the professional services of the airport's architect, Kendra Thompson, to the extent of her availability.

Thank you for your consideration of this request. Time is of the essence for us, so if I can do anything to assist your review, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel T. Green".

Daniel T. Green
General Counsel

PASSENGERS OF MIDWEST CONNECT

ENPLANED / DEPLANED

MANISTEE COUNTY BLACKER AIRPORT

	2007	2008	2009	2010	2011
JAN.	210/164 374	234/169 403			
FEB.	198/184 382				
MARCH	224/229 453				
APRIL	183/239 422				
MAY	238/251 489				
JUNE	252/309 561				
JULY	340/348 688				
AUG.	348/305 653				
SEPT.	278/217 495				
OCT.	276/248 524				
NOV.	275/280 555				
DEC.	203/205 408				
TOTAL	3025/2979 6004				

PASSENGERS OF SKYWAY AIRLINES

ENPLANED / DEPLANED

MANISTEE COUNTY BLACKER AIRPORT

	GL 2002	GL 20/10	Skyway 2003 Sky	2004	2005	2006
JAN.	36/42 78	20/10 30	99/77 176	112/105 217	141/118 259	150/101 251
FEB.	49/45 94		87/86 173	141/130 271	183/147 330	137/133 270
MARCH	68/65 133		130/98 228	156/134 290	168/199 367	197/203 400
APRIL	83/80 163		103/110 213	140/161 301	132/152 284	191/218 409
MAY	109/139 248		125/134 259	120/128 248	162/152 314	200/217 417
JUNE	128/144 272		123/128 251	109/126 235	147/169 316	233/283 516
JULY	192/197 389		189/200 389	245/243 488	232/208 440	318/332 650
AUG.	207/210 417		183/167 350	251/209 460	223/228 451	349/358 707
SEPT.	118/93 211		124/98 222	215/202 417	171/158 329	268/267 535
OCT.	110/106 216		140/142 282	167/162 329	131/135 266	263/221 484
NOV.	70/75 145		121/108 229	170/175 345	159/148 307	210/205 415
DEC.	106/96 202		138/155 293	164/176 340	142/146 288	224/242 466
TOTAL	1276/1292 2568		1562/1503 3065	1990/1951 3941	1991/1960 3951	2740/2780 5520

ORCHARD BEACH AVIATION**January 2008****RENT**

OFFICE \$400.00*

HANGER 175.00

FUEL 75.66

TOTAL 650.66

100 504.00

JET 000.00

TOTAL 504.00

* \$75.00 from Oct., Nov., Dec. 2007