DAWSON COUNTY BOARD OF COMMISSIONERS WORK SESSION AGENDA - THURSDAY, MAY 25, 2017 DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM 4:00 PM

NEW BUSINESS

- Presentation of 2017-2018 Insurance Benefits Renewal Jason Brady and David Asgari, Northwestern Benefit Corporation
- 2. Presentation and Consideration of Treatment Services' Supplemental Subgrant Award from the Criminal Justice Coordinating Council for Technology Funds - Debbie Mott, Director of Treatment Services
- 3. Presentation of 2017 Asset Surplus Update Shannon Harben, Fleet Services Director
- <u>4.</u> Presentation of Impact Fee Program Implementation Jason Streetman, Director of Planning & Development
- 5. Board Appointment:
 - Dawson County Library
 - o Tom Harter- *Reappointment* (Term: June 2017 through May 2021)
- 6. County Manager Report
- 7. County Attorney Report

Backup material for agenda item:

1. Presentation of 2017-2018 Insurance Benefits Renewal - Jason Brady and David Asgari, Northwestern Benefit Corporation



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: <u>F</u>	<u>luman Resource</u>	<u>es</u>		V	Vork Session: 05	<u>5/25/2017</u>
Prepared By:	Danielle Yarbrou	<u>ugh</u>		Vo	oting Session: <u>06</u>	6/01/2017
Presenter: Jas	son Brady and D	avid Asgari, No	orthwestern Ber	nefit Corp. Pub	lic Hearing: Ye	s No <u>X</u>
Agenda Item ⁻	Γitle: <u>2017-2018</u>	Employee Hea	Ith Insurance R	<u>enewal</u>		
Background Ir	nformation:					
	ree health insun Benefit Corp.		•	June 30. Sta	aff has been w	vorking with
Current Inform	nation:					
Northwester	n Benefit Corp. ł	nas come up wi	th 3 options for	the Board's cor	nsideration.	
Budget Inform	ation: Applicab	ole: X Not Appl	licable:	Budgeted: Yes	<u>X</u> No	-
Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining
Recommenda	tion/Motion:					
Department H	ead Authorizatio	on: <u>Danielle Yar</u>	brough		Date: <u>05/1</u>	18/2017
Finance Dept.	Authorization: \	/ickie Neikirk			Date: <u>05/1</u>	18/2017
County Manag	ger Authorizatior	n: David Headle	<u> </u>		Date: <u>5/18</u>	<u>3/2017</u>
County Attorn	ey Authorization	:			Date:	
Comments/Att	tachments: Pow	er Point Presen	tation			
						İ

2017-2018 Employee Health Insurance Renewal

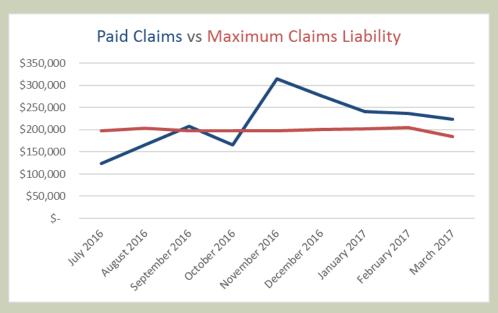
JASON BRADY, PARTNER
DAVID ASGARI, BENEFITS CONSULTANT





Summary

Dawson County is in their third year self funded with Blue Cross Blue Shield of Georgia (BCBS). Dawson County's loss ratio (claims vs maximum claim liability) for the most recent 9 months is 109.5%. Claims vs MCL for July 2016 through March 2017:



There were six claimants in excess of \$50,000 for the current contract period (July 2016 – March 2017):

- Pancreatic Cancer (Employee) \$178,358
- Heart Disease (Employee) \$88,742
- Crohn's Disease (Child) \$72,475
- Cystic Fibrosis (Child) \$60,705
- Heart Disease (Spouse) \$54,326
- Vertebrae Disorder (Spouse) \$52,893

Summary

- Annual medical trend: 12.3%
- Credibility factors: 75% current year experience, 25% prior year experience
- Initial renewal: +5% admin fees/aggregate stop loss; +19% specific stop loss; +26.4% MCL
- Revised renewal: +5% admin fees/aggregate stop loss; +19% specific stop loss: +19.9% MCL
 - Savings of \$156,291

The 2016-2017 annual medical *expected* premium was \$2,808,375; *actual* was approximately \$3,250,000.

The BCBSGA dental program is in a rate guarantee through 6/30/18.

The BCBSGA vision program is in a rate guarantee through 6/30/19.

Voluntary STD through Mutual of Omaha is in a rate guarantee through 6/30/18.

Life/AD&D, voluntary life/AD&D, and voluntary LTD through Mutual of Omaha are in a rate guarantee through 6/30/19.

July 1, 2017 Renewal – Option 1: No Plan Changes Maximum and Expected Costs

	Current Plan Designs - BC/BS of GA									
	HMO - 203 covered employees	POS - 13 cove	red employees	HDHP POS - 1	covered employee					
Benefits	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network					
Deductible										
Individual	\$1,000	\$1,500	\$3,000	\$2,600	\$5,200					
Family	\$3,000	\$4,500	\$9,000	\$5,200	\$10,400					
Coinsurance	80%	80%	60%	100%	70%					
Out-of-Pocket Maximum										
Individual	\$2,000	\$3,000	\$6,000	\$3,600	\$7,200					
Family	\$6,000	\$9,000	\$18,000	\$7,200	\$14,400					
Office Visit										
Physician Copay	\$30	\$35	40% After Deductible	Deductible	30% After Deductible					
Specialist Copay	\$40	\$45	40% After Deductible	Deductible	30% After Deductible					
Referral for Specialist Required	No	No	No	No	No					
Urgent Care	\$75 Copay	\$75 Copay	40% After Deductible	Deductible	30% After Deductible					
Emergency Room (Copay Waived if Admitted)	\$200 Copay	\$200 Copay	\$200 Copay	Deductible	Deductible					
Inpatient Services	\$100 Copay + 20% After Deductible	20% After Deductible	40% After Deductible	Deductible	30% After Deductible					
Outpatient Services	\$100 Copay + 20% After Deductible	20% After Deductible	40% After Deductible	Deductible	30% After Deductible					
Prescription Drugs	In-Network Rx	In-Network & O	ut-of-Network Rx	In-Network & 0	Out-of-Network Rx					
Tier 1	\$10 Copay	\$10 (Copay	\$10 Copay A	After Deductible					
Tier 2	\$35 Copay	\$35 (Copay	\$35 Copay A	After Deductible					
Tier 3	\$60 Copay	\$60	Copay	\$60 Copay A	After Deductible					
	Current			Renewal						
Total Annual Maximum Costs (Fixed + Claims)	\$2,920,310			\$3,697,111						
% Change				26.6%						
\$ Change				\$776,801						
Total Annual Expected Costs (Fixed + Claims)	\$2,808,375			\$3,551,813						
% Change				26.5%						
\$ Change		7		\$743,438						

July 1, 2017 Renewal – Option 1: Employee vs Employer Costs *Maximum Cost*

			Maintain EE/ER %								Кеер Е	E Costs	Same	
		2016 EE					2017 EE				2017 EE			
		Portion		ER Portion			Portion		ER Portion		Portion		ER Portion	
	Lives	(Monthly)	%	(Monthly)	%		(Monthly)	%	(Monthly)	%	(Monthly)	%	(Monthly)	%
Medical HMO														
Employee Only	67	\$98.28	15%	\$568.17	85%		\$120.24	15%	\$695.13	85%	\$98.28	12%	\$717.09	88%
Employee + 1	53	\$164.87	15%	\$953.12	85%		\$203.91	15%	\$1,178.81	85%	\$164.87	12%	\$1,217.85	88%
Family	83	\$236.12	15%	\$1,365.02	85%		\$293.43	15%	\$1,696.36	85%	\$236.12	12%	\$1,753.67	88%
Total Monthly	203	\$34,921	15%	\$201,879	85%		\$43,218	15%	\$249,848	85%	\$34,921	12%	\$258,146	88%
Medical POS														
Employee Only	8	\$130.66	19%	\$540.37	81%		\$154.35	19%	\$638.37	81%	\$130.66	25%	\$662.06	84%
Employee + 1	2	\$261.34	23%	\$865.80	77%		\$310.10	23%	\$1,027.32	77%	\$261.34	25%	\$1,076.08	80%
Family	3	\$400.88	25%	\$1,214.29	75%		\$476.60	25%	\$1,443.64	75%	\$400.88	25%	\$1,519.36	79%
Total Monthly	13	\$2,771	22%	\$9,697	78%		\$3,285	22%	\$11,492	78%	\$2,771	19%	\$12,007	81%
Medical HDHP														
Employee Only	1	\$91.48	15%	\$528.83	85%	ĺ	\$107.87	15%	\$623.59	84%	\$91.48	13%	\$639.98	87%
Employee + 1	0	\$133.74	13%	\$886.59	87%		\$175.60	13%	\$1,015.13	85%	\$133.74	11%	\$1,056.99	89%
Family	0	\$203.38	14%	\$1,246.12	86%		\$255.44	14%	\$1,476.73	85%	\$203.38	12%	\$1,528.79	88%
Total Monthly	1	\$91	15%	\$529	85%		\$108	15%	\$624	85%	\$91	13%	\$640	87%
Total Monthly		\$37,783		\$212,106			\$46,611		\$261,964		\$37,783		\$270,792	
Total Annual		\$453,394		\$2,545,269			\$559,332		\$3,143,572		\$453,394		\$3,249,510	
Variance							\$105 <u>.</u> 938		\$598,303		\$0		\$704,241	
% of Total Cost		15.1%		84.9%			15 . 8		84.9%		12.2%		87.8%	

July 1, 2017 Renewal – Option 2: Revised Renewal Maximum and Expected Costs

			signs - BC/BS of GA		
	HMO - OAH5 1.5K/80 A (Non Standard)	POS - OAP5 1.5K/8	30 A (Non Standard)	HDHP POS - 2.6K,	/100 A (Non Standard)
Benefits	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible					
Individual	\$1,000	\$1,500	\$3,000	\$2,600	\$5,200
Family	\$3,000	\$4,500	\$9,000	\$5,200	\$10,400
Coinsurance	80%	80%	60%	100%	70%
Out-of-Pocket Maximum					
Individual	\$2,000	\$3,000	\$6,000	\$3,600	\$7,200
Family	\$6,000	\$9,000	\$18,000	\$7,200	\$14,400
Office Visit					
Physician Copay	\$30	\$35	40% After Deductible	Deductible	30% After Deductible
Specialist Copay	\$40	\$45	40% After Deductible	Deductible	30% After Deductible
Referral for Specialist Required	No	No	No	No	No
Urgent Care	\$75 Copay	\$75 Copay	40% After Deductible	Deductible	30% After Deductible
Emergency Room (Copay Waived if Admitted)	\$200 Copay	\$200 Copay	\$200 Copay	Deductible	Deductible
Inpatient Services	\$100 Copay + 20% After Deductible	20% After Deductible	40% After Deductible	Deductible	30% After Deductible
Outpatient Services	\$100 Copay + 20% After Deductible	20% After Deductible	40% After Deductible	Deductible	30% After Deductible
Prescription Drugs	In-Network Rx	In-Network & O	ut-of-Network Rx	In-Network &	Out-of-Network Rx
Tier 1	\$10 Copay	\$10	Copay	\$10 Copay	After Deductible
Tier 2	\$35 Copay	\$35	Copay	\$35 Copay	After Deductible
Tier 3	\$60 Copay	\$60	Copay	\$60 Copay	After Deductible
	Current			Renewal	
Total Annual Maximum Costs (Fixed + Claims)	\$2,920,310			\$3,540,824	
% Change				21.2%	
\$ Change				\$620,514	
Total Annual Expected Costs (Fixed + Claims)	\$2,808,375			\$3,402,967	
% Change				21.2%	
\$ Change		9		\$594,592	

July 1, 2017 Renewal – Option 2: Revised Renewal Maximum Cost

						Maintain EE/ER %				Кеер Е	E Costs	Same	
		2016 EE				2017 EE				2017 EE			
		Portion		ER Portion		Portion		ER Portion		Portion		ER Portion	
	Lives	(Monthly)	%	(Monthly)	%	(Monthly)	%	(Monthly)	%	(Monthly)	%	(Monthly)	%
Medical HMO													
Employee Only	67	\$98.28	15%	\$568.17	85%	\$115.96	15%	\$670.35	85%	\$98.28	12%	\$688.03	88%
Employee + 1	53	\$164.87	15%	\$953.12	85%	\$195.34	15%	\$1,129.26	85%	\$164.87	12%	\$1,159.73	88%
Family	83	\$236.12	15%	\$1,365.02	85%	\$280.28	15%	\$1,620.29	85%	\$236.12	12%	\$1,664.45	88%
Total Monthly	203	\$34,921	15%	\$201,879	85%	\$41,385	15%	\$239,249	85%	\$34,921	12%	\$245,713	88%
Medical POS													
Employee Only	8	\$130.66	19%	\$540.37	81%	\$148.92	19%	\$615.90	81%	\$130.66	25%	\$634.16	83%
Employee + 1	2	\$261.34	23%	\$865.80	77%	\$297.16	23%	\$984.46	77%	\$261.34	25%	\$1,020.28	80%
Family	3	\$400.88	25%	\$1,214.29	75%	\$455.34	25%	\$1,379.25	75%	\$400.88	25%	\$1,433.71	78%
Total Monthly	13	\$2,771	22%	\$9,697	78%	\$3,152	22%	\$11,034	78%	\$2,771	20%	\$11,415	80%
Medical HDHP													
Employee Only	1	\$91.48	15%	\$528.83	85%	\$104.22	15%	\$602.48	84%	\$91.48	13%	\$615.22	87%
Employee + 1	0	\$133.74	13%	\$886.59	87%	\$171.86	13%	\$993.51	85%	\$133.74	11%	\$1,031.63	89%
Family	0	\$203.38	14%	\$1,246.12	86%	\$244.23	14%	\$1,411.92	85%	\$203.38	12%	\$1,452.77	88%
Total Monthly	1	\$91	15%	\$529	85%	\$104	15%	\$602	85%	\$91	13%	\$615	87%
Total Monthly		\$37,783		\$212,106		\$44,641		\$250,885		\$37,783		\$257,743	
Total Annual		\$453,394		\$2,545,269		\$535,689		\$3,010,624		\$453,394		\$3,092,920	
Variance						\$82.205		\$465,355		\$0		\$547,651	
% of Total Cost		15.1%		84.9%		1 10		84.9%		12.8%		87.2%	

July 1, 2017 Renewal – Option 3: Revised Renewal and ER Copay *Maximum and Expected Costs*

	1110 202		Designs - BC/BS of GA covered employees HDHP POS - 1 covered employee					
	HMO - 203 covered employees		red employees		· · ·			
Benefits	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network			
Deductible								
Individual	\$1,000	\$1,500	\$3,000	\$2,600	\$5,200			
Family	\$3,000	\$4,500	\$9,000	\$5,200	\$10,400			
Coinsurance	80%	80%	60%	100%	70%			
Out-of-Pocket Maximum								
Individual	\$2,000	\$3,000	\$6,000	\$3,600	\$7,200			
Family	\$6,000	\$9,000	\$18,000	\$7,200	\$14,400			
Office Visit								
Physician Copay	\$30	\$35	40% After Deductible	Deductible	30% After Deductible			
Specialist Copay	\$40	\$45	40% After Deductible	Deductible	30% After Deductible			
Referral for Specialist Required	No	No	No	No	No			
Urgent Care	\$75 Copay	\$75 Copay	40% After Deductible	Deductible	30% After Deductible			
Emergency Room (Copay Waived if Admitted)	\$300 Copay	\$300 Copay	\$300 Copay	Deductible	Deductible			
Inpatient Services	\$100 Copay + 20% After Deductible	20% After Deductible	40% After Deductible	Deductible	30% After Deductible			
Outpatient Services	\$100 Copay + 20% After Deductible	20% After Deductible	40% After Deductible	Deductible	30% After Deductible			
Prescription Drugs	In-Network Rx	In-Network & O	ut-of-Network Rx	In-Network & O	ut-of-Network Rx			
Tier 1	\$10 Copay	\$10 (Copay	\$10 Copay A	fter Deductible			
Tier 2	\$35 Copay	\$35 (Copay	\$35 Copay A	fter Deductible			
Tier 3	\$60 Copay	\$60	Сорау	\$60 Copay A	fter Deductible			
	Current			Renewal				
Total Annual Maximum Costs (Fixed + Claims)	\$2,920,310			\$3,520,598				
% Change				20.6%				
\$ Change		\$600,288						
Total Annual Expected Costs (Fixed + Claims)	\$2,808,375			\$3,382,741				
% Change		11		20.5%				
\$ Change				\$574,366				

July 1, 2017 Renewal – Option 3: Revised Renewal and ER Copay *Maximum Cost*

					Maintain EE/ER %						Keep E	E Costs	Same	
		2016 EE					2017 EE				2017 EE			
		Portion		ER Portion			Portion		ER Portion		Portion		ER Portion	
	Lives	(Monthly)	%	(Monthly)	%		(Monthly)	%	(Monthly)	%	(Monthly)	%	(Monthly)	%
Medical HMO														
Employee Only	67	\$98.28	15%	\$568.17	85%		\$115.40	15%	\$667.14	85%	\$98.28	13%	\$684.26	87%
Employee + 1	53	\$164.87	15%	\$953.12	85%		\$194.23	15%	\$1,122.84	85%	\$164.87	13%	\$1,152.20	87%
Family	83	\$236.12	15%	\$1,365.02	85%		\$278.57	15%	\$1,610.43	85%	\$236.12	12%	\$1,652.88	88%
Total Monthly	203	\$34,921	15%	\$201,879	85%		\$41,147	15%	\$237,875	85%	\$34,921	13%	\$244,101	87%
Medical POS														
Employee Only	8	\$130.66	19%	\$540.37	81%		\$148.22	19%	\$612.98	81%	\$130.66	25%	\$630.54	83%
Employee + 1	2	\$261.34	23%	\$865.80	77%		\$295.48	23%	\$978.90	77%	\$261.34	25%	\$1,013.03	79%
Family	3	\$400.88	25%	\$1,214.29	75%		\$452.58	25%	\$1,370.90	75%	\$400.88	25%	\$1,422.60	78%
Total Monthly	13	\$2,771	22%	\$9,697	78%		\$3,134	22%	\$10,974	78%	\$2,771	20%	\$11,338	80%
Medical HDHP														
Employee Only	1	\$91.48	15%	\$528.83	85%		\$104.22	15%	\$602.48	84%	\$91.48	13%	\$615.22	87%
Employee + 1	0	\$133.74	13%	\$886.59	87%		\$171.86	13%	\$993.51	85%	\$133.74	11%	\$1,031.63	89%
Family	0	\$203.38	14%	\$1,246.12	86%		\$244.23	14%	\$1,411.92	85%	\$203.38	12%	\$1,452.77	88%
Total Monthly	1	\$91	15%	\$529	85%		\$104	15%	\$602	85%	\$91	13%	\$615	87%
Total Monthly		\$37,783		\$212,106			\$44,386		\$249,452		\$37,783		\$256,055	
Total Annual		\$453,394		\$2,545,269			\$532,630		\$2,993,419		\$453,394		\$3,072,655	
Variance							\$79 236		\$448,150		\$0		\$527,386	
% of Total Cost		15.1%		84.9%			: 12		84.9%		12.9%		87.1%	

Spousal Options

- While the Affordable Care Act mandates Applicable Large Employers offer health coverage to employees and dependents, it does not require spouses to be included.
- Option 1 Exclude spousal coverage completely
 - Lower claim exposure
 - Positive impact to Cadillac Tax calculation
 - Negative impact to employee retention and recruitment
- Option 2 Spousal Carve-out
 - Exclude spouses who have access to insurance through their own employer
- Option 3 Spousal Surcharge
 - Charge a higher premium if the spouse elected not to enroll in their employer's plan but enrolls in yours

Spousal Options

Caveats

- Verification of access to other coverage
- How often do you require confirmation
- Enforcement
 - **×** Affidavit
 - Disciplinary steps
- Employee reaction

Current statistics

- 8% of employers nationally have a spousal carve-out
- 7% of employers nationally have a spousal surcharge

Recommendations

Recommend OPTION 3 medical plan renewal:

- 20.6 % medical increase resulting in +\$600,288
 - Maintain \$85K specific stop loss
 - Maintain 105% aggregate claims corridor
 - Minimal plan changes
 - Increase Emergency Room copays from \$200 to \$300
- Premium cost increase to employees on medical
 - 15% EE and 85%ER medical premium breakdown
- Add spousal surcharge of \$50 per paycheck

Backup material for agenda item:

2. Presentation and Consideration of Treatment Services' Supplemental Subgrant Award from the Criminal Justice Coordinating Council for Technology Funds - Debbie Mott, Director of Treatment Services



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: <u>T</u>	reatment Service	<u>ces</u>		Wo	ork Session: <u>Ma</u>	ay 25, 2017						
Prepared By:	epared By: Debbie Mott Voting Session: June 1, 201											
Presenter: <u>De</u>	resenter: <u>Debbie Mott</u> Public Hearing: Yes \(\square\$ No \(\square\$											
			nt Services' sup unds for Dawso			m the Criminal						
Background Ir	nformation:											
Legislature growth of a we've received	and by Governoccountability coved State mone	or Deal to provourts in Georgia ey for the last	ing Committee vide courts with a to reduce the ten years. For Program/Menta	critical funding prison popula FY2017, we w	necessary to tion. For Treat	support the ment Court,						
The Accountability Court Funding Committee had additional monies they decided to give the accountability court programs to purchase technology. Treatment Services was awarded \$2,063 to purchase computers, monitors, scanners, printers, iPads, and laptops. There is no match required. The subgrant award document states the subgrant shall become effective on the beginning date of the grant period (April 15, 2017 – June 30, 2017), provided that a properly executed original is returned to CJCC by May 19, 2017. The Funding Committee understands the subgrant award must be accepted and approved by the BOC and has given us until the end of the month to get the documents executed so purchases can be made before June 30, 2017.												
Budget Inform	ation: Applica	ble: □ Not Ap	oplicable:	Budge	ted: Yes □	No 🗆						
Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining						
Recommenda	tion/Motion: <u>Ap</u> r	oroval of Reque	<u>est</u>									
Department H	ead Authorizatio	on: <u>Debbie Mott</u>	<u> </u>		Date: <u>5/12</u>	<u>2/17</u>						
Finance Dept. Authorization: Vickie Neikirk Date: 5/18/201												
County Manaç	ger Authorization		Date: <u>5/18</u>	<u>3/2017</u>								
County Attorney Authorization: Date:												
Comments/Att	achments:											

OFFICE OF THE GOVERNOR CRIMINAL JUSTICE COORDINATING COUNCIL SUPPLEMENTAL SUBGRANT AWARD Accountability Court Grant

SUBGRANTEE: Dawson County BOC

ORIGINAL State FUNDS:

\$85,012

Technology State FUNDS:

\$2,063

IMPLEMENTING AGENCY: Dawson County Help Court

PROJECT NAME:

Accountability Court

TOTAL State AWARD:

\$87,075

SUBGRANT NUMBER:

J17-8-058

GRANT PERIOD: 04/01/17-06/30/17

This award is made under the Accountability Courts State of Georgia grant program. The purpose of the Accountability Court Grants program is to make grants to local courts and judicial circuits to establish specialty courts or dockets to address offenders arrested for drug charges or mental health issues. This grant program is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by May 19, 2017

AGENCY APPROVAL

SUBGRANTEE APPROVAL

Jay Neal, Director

Criminal Justice Coordinating

Council

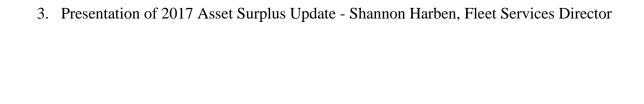
Date Executed: 04/15/17

Signature of Authorized Official

Typed Name & Title of Authorized Official

Employer Tax Identification Number (EIN)

Backup	material	for	agenda	item





DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: F	Fleet Maintenand	ce		Work Session: <u>5/25/17</u>					
Prepared By:	Shannon Harbe	n			Voting Session	on: <u>6/1/17</u>			
Presenter: Sha	annon Harben			Public Hea	ring: Yes	_ No <u>X</u>			
Agenda Item -	Title: 2017 Asse	t Surplus Updat	<u>e</u>						
Background Ir	nformation:								
	ets of Dawson C to sell. On Apr assets.	•							
Current Inform	nation:								
sales.	pdate the Board					the surplus			
Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining			
					•				
Recommenda	tion/Motion: <u>NO</u>								
Department H	ead Authorization	on: <u>Shannon Ha</u>	arben		Date: <u>5/12</u>	<u>2/17</u>			
Finance Dept.	Authorization: \(\)	/ickie Neikirk			Date: <u>5/18</u>	<u>3/2017</u>			
County Manag	ger Authorization	Date: <u>5/18</u>	<u>3/2017</u>						
County Attorn	ev Authorization	ı .			Date:				
Comments/Att	-,	· <u> </u>							
Comments/Att	tachments:	.·							

2017 Surplus Disposal Update



21

Surplus Assets

- There were a total of 28 assets approved for surplus disposal.
- The items included passenger cars, trucks/SUVs, ambulances, tractors, and some miscellaneous equipment.
- There have been currently 20 items listed and sold on GOV Deals auction site.
- Buyers were as close as Lumpkin County and as far away Colorado.
- 1 Item was sold for scrap metal due to being damaged badly from a wreck.
- The remaining 7 assets have not been sold as of yet due to title corrections, still in service until new replacement vehicle arrives, or equipment needing removal.

Surplus Disposal Proceeds

- Current surplus asset proceeds gross total is \$68,409.12.
- GOV Deals applies a 7.5% auction fee to Dawson County. The total GOV Deals fees charged for current sales are \$5,130.68.
- The proceed amount Dawson County will receive after GOV Deals fees are removed is \$63,278.44.

Questions??

Backup material for agenda item:

4. Presentation of Impact Fee Program Implementation - Jason Streetman, Director of Planning & Development



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: <u>F</u>	lanning & Deve	lopment			Work Ses	sion: <u>05/25/17</u>						
Prepared By:	Ginny Tarver		Voting Sess	sion: <u>06/01/17</u>								
Presenter: <u>Jas</u>	on Streetman	Publi	c Hearing: Yes	s⊠ No □								
Agenda Item 7	itle: Impact Fee											
Background Ir	Background Information:											
In 2002, Dawson County contracted with Ross & Associates to create the Methodology Report for implementing impact fees. In 2006, an update to that policy was conducted by Ross & Associates. In 2009, another update was provided to the Board of Commissioners and adopted. On 5/21/2009, the Board of Commissioners approved rolling back the Impact Fees for a period of one year. Those fees were collected through building permits and COs. Since that time, impact fees have not been imposed.												
Current Inform	ation:											
In order to implement the impact fee program and approve the proposal from Ross & Associates to update the 2009 Methodology Report, one of following options will need to be taken by the Board of Commissioners: (1) authorize staff to move forward with updating 2017 Methodology Report, (2) look at other funding options and remove impact fees altogether, or (3) do nothing at this time and continue with a moratorium.												
	ation: Applical				ted: Yes □	No ⊠						
Fund 785	Dept.	Acct No.	Budget	Balance	Requested	Remaining \$122,441						
Recommenda	tion/Motion: <u>Sta</u> Ipdating 2017 M			of Commissione	ers move to auth							
Department H	ead Authorizatio	on:			Date:							
Finance Dept.	Authorization: \		Date: <u>5/19</u>	9/2017								
County Manag	ger Authorization		Date: <u>5/19</u>	<u>9/2017</u>								
County Attorno	ey Authorization	ı:			Date:							
Comments/Att	achments:											