DAWSON COUNTY BOARD OF COMMISSIONERS VOTING SESSION AGENDA - THURSDAY, SEPTEMBER 27, 2018 DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM 4:00 PM

NEW BUSINESS

- 1. Presentation of Request to Accept 2019 Victims of Crime Act Grant Funds- District Attorney Lee Darragh
- 2. Presentation of Request to Apply for Department of Natural Resources Land & Water Conservation Fund Grant- Parks & Recreation Director Matt Payne
- 3. Presentation of Request to Hire a Legal Assistant for County Attorney-County Attorney Lynn Frey
- 4. Presentation of Service Delivery Strategy Draft Agreement- County Attorney Lynn Frey
- 5. Presentation of FY 2019 Proposed Budget- Chairman Billy Thurmond
- 6. County Manager Report
- 7. County Attorney Report

Backup material for agenda item:

1. Presentation of Request to Accept 2019 Victims of Crime Act Grant Funds- District Attorney Lee Darragh



	Work Session: <u>9/27/2018</u>
Department: <u>District Attorney</u>	
repared By: Natalie Johnson	Voting Session: <u>10/4/2018</u>
resenter: <u>Lee Darragh</u>	Public Hearing: Yes No X
Agenda Item Title: <u>VOCA Grant Awa</u>	<u>rd</u>
Background Information:	
In 2017, the District Attorney's office salary and benefits for a Crime Victi	e was awarded the VOCA grant through PAC/CJCC which covers ms Compensation Advocate.
Current Information:	
	Not Applicable: Budgeted: Yes No x
Fund Dept. Acc 250 2200	ct No. Budget Balance Requested
Department Head Authorization: Finance Dept. Authorization: County Manager Authorization: County Attorney Authorization:	Date: 9/19/18 Date: 9/19/18
Comments/Attachments:	

CJCC Budget Detail Worksheet

Agency Name:	Prosecuting Attorneys Council of Georgia
Subgrant Number:	
Project Name:	Northeastern D A Comp Advocate
Select grant type:	VOCA

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) and to determine whether costs are allowable, reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 in your award packet and for each subsequent SAR that requires a budget change. All required information must be present in the budget narrative, regardless of format.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

Title	First and Last name	Salary Rate	% Time to	Select Pay Period	Cost	Match?
			Project	Frequency		
Comp Advocate		\$56,000.00	95%		\$53,384.00	
					\$0.00	
Match Waiver		\$18,171.00	100%		\$18,171.00	
					\$0.00	
					\$0.00	
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					\$0.00	
					\$0.00	

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost	Match?
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
•		•		PERSON	NEL TOTAL	\$71,555	

A (2). Volunteers -- If applicable, simply enter the number of hours of service volunteers will perform to meet the match requirement. Volunteers MUST be valued at \$12/hour unless approved by CJCC staff for a higher rate. Remember that VOCA awardees must meet a minimum volunteer match of 25% of the total 20% match requirement. Do not change the drop-down selection box from "In-kind" or your match will not calculate correctly.

Hours	Rate		tal value	Match
		4		

Volunteers		\$ -	In-Kind
	VOLUNTEERS TOTAL	\$0.0	0

A (3). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a pecentage of salary or wages	% Time to Project	Cost	Match?
Comp Advocate		\$56,000.00	FICA	7.65%	95%	\$4,083.94	
Comp Advocate		\$56,000.00	Insurance	20.42%	95%	\$10,901.18	
Comp Advocate		\$56,000.00		0.17%	95%	\$90.75	
Comp Advocate		\$56,000.00		0.18%	95%	\$96.09	
Comp Advocate		\$56,000.00	Retirement	7.73%	95%	\$4,126.65	
						\$0.00	
						\$0.00	
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						\$0.00	
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						\$0.00	
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						\$0.00	
-		+	-			\$0.00	
						\$0.00	
		+	-			\$0.00	
		+	-			\$0.00	
		ı			FRINGE TOTAL	\$19,298.61	

PERSONNEL GRAND TOTAL	\$90,85

B. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs. Please note that the maximum reimbursement rate is \$0.565 per mile, but if your agency's reimbursement rate is lower you must use that rate instead.

Trainings and Conferences	**All trainings and cor	nferences must be pre	e-approved by s					
Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost	Match?
							\$0.00	
							\$0.00	
							\$0.00	
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			_	\$0.00

Mileage						
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
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	·				\$0.00	
					\$0.00	
_					\$0.00	•
	·				\$0.00	
_	·	_	TRAVE	L TOTAL	\$0.00	

C. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

Equipment Item	Cost per Unit	# Items	Vendor	Cost	Match?
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
	EQUIPMENT TOTAL	\$0.00			

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	Define Unit	# Units	Vendor	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
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				-	\$0.00	
					\$0.00	
					\$0.00	
				SUPPLY TOTAL	\$0.00	

E. Printing-- List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, where an item is business cards, enter \$15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank if it is not applicable.

Item	Cost per unit	Define unit	# Units	Vendor	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
				PRINTING TOTAL	\$0.00	

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost	Match?
		_				
					\$0.00	

			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
		F. (1) Subtotal	\$0.00	

F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the estimated number of units (eg., 1 hour of therapy).

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
			F. (2)S	Subtotal	\$0.00	

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Vendor	Service Provided	Cost	Match?
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
		F. (3) Subtotal	\$0.00	

F. OTHER TOTAL	\$0

Budget Summary—When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category		Amount	
A. Personnel ar	\$90,854		
B. Travel		\$0	
C. Equipment		\$0	
D. Supplies		\$0	
E. Printing		\$0	
F. Other		\$0	
TOTA	L PROJECT COSTS	\$90,854	
	Award	\$72,683	
	Match Amount	\$18,171	
Match Breakdown	Cash	\$18,171	100%
materi bi cakuowii	In-Kind	\$0	0%
	Volunteer Match	\$0	0%

Budget Narrative			

NOTE: If a Non-Grant expense amount is entered, make sure those items for which they will be used must be incorporated into your overall budget. Indicate clearly throughout you budget narrative and detail worksheet for which items these funds will be used.

Backup material for agenda item:

2. Presentation of Request to Apply for Department of Natural Resources Land & Water Conservation Fund Grant- Parks & Recreation Director Matt Payne



Department: Park & Rec	Work Session: <u>9/27/2018</u>
Prepared By_Laurie Whalen	Voting Session: <u>10/4/2018</u>
Presenter: Matt Payne	Public Hearing: Yes No _xx_
Agenda Item Title:	
Background Information:	
The pier at War Hill Park is in need of repair. The Park depart several years; but a replacement would be more cost an accepting applications for the Land and Water Conservation communities acquire recreation lands, and develop/rehabilit	nd time efficient. The Georgia DNR is Fund Grants. This grant program helps
Current Information:	
The Park would like approval to submit a pre-application for the Basic grant requirements: Grant minimum is \$25,000; maximum is \$100,000 50% minimum match required (can include in-kind) Must be for outdoor recreation type facilities	nis grant.
Budget Information: Applicable: Not Applicable: Bu	idgeted: Yes No <u>x</u>
Fund Dept. Acct No. Budget 250 6120	Balance Requested
Recommendation/Motion	
Department Head Authorization:	Date: 9/19/18
Finance Dept. Authorization: Nuclei Merker	Date: 9/19/1 8
County Manager Authorization:	Date: 9)19
County Attorney Authorization:	Date:
Comments/Attachments:	
Projected Costs Sheet	

Warhill Park Fishing Pier Budgetary Estimate

Prepared By: Gatordock Marine Solutions

www.gatordock.com

866.730.9199

Rick Cawston

Estimate Date: April 17, 2015

System Details:

- GatorDock fixed Pier
- 10'Wx245'L Manufactured in 40' sections
- 20'Wx25'L Manufactured in 2 sections
- Based on Supports every 20' (50% pile reduction)
- 6061 Aluminum E Channel Frame
- Slip Resistant Aluminum Decking
- C Channel Header kits (every 20')

Total Pier / Platform - \$58,250 (add 15% - 20% for three year cost adjustment).

Estmaite includes – design, shop drawings, and fabrication of prefabricated sections

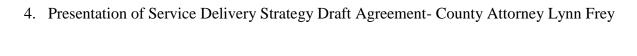
Backup material for agenda item:

3. Presentation of Request to Hire a Legal Assistant for County Attorney-County Attorney Lynn Frey



Department:	Legal			**	Work Ses	sion: <u>9/27/18</u>
Prepared By:	Lynn Frey				Voting Sess	ion: <u>10/4/18</u>
Presenter: Lyn	n Frey			Public Hea	ring: Yes	_ No <u>X</u>
Agenda Item T	itle: <u>Legal Assi</u>	stant – starting (<u>October</u>			
Background Inf	ormation:					
We have discussed the hiring of an assistant in the County Attorney office over the last 18 month and the need is not necessarily for a certified paralegal so much as for a legal assistant who caperform legal secretary functions, is familiar with specified job duties and has relevant experience Beyond that some additional skills can be acquired by a qualified candidate once hired.						ant who can
Current Informa	ation:					
This position was described and requested in the County Attorney Budget for FY 2019, and subsequent discussion has led to the conclusion that the need is sufficiently urgent at present to move ahead on the position rather than delay until January. The salary for a mid-October commencement of the job would be on the order of \$6,956.20 for five pay periods through the end of December. Eligibility for benefits would not occur until January. Annual salary for this grade 11 position, using entry level figures, is \$30,547.						sent to move encement of December.
Budget Informa	ation: Applicat	ole: X Not Appli	cable: E	Budgeted: Yes	No <u>X</u>	
Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining
100	1530		0		\$6,957	
Recommendat	ion/Motion: <u>Mo</u>	ve to authorize	recruitment and	hiring of a lega	l assistant as de	escribed,
Department He	ead Authorization	on: <u>MLF</u>			Date: <u>9/20</u>	<u>)/18</u>
Finance Dept.	Authorization: \	/ickie Neikirk			Date: 9/20	<u>)/18</u>
County Manag	er Authorization	n: <u>DH</u>			Date: <u>9/20</u>	<u>)18</u>
County Attorne	y Authorization	: MLF			Date: <u>9/20</u>	<u>)/18</u>
Comments/Atta	achments:					
This cost only includes Salary and FICA, If approved to start Oct 15, employee would not be eligib for Benefits until Jan. 1, 2019.						

Backup material fo	r agenda item
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Presentation of Service Delivery Strategy Draft Agreement- County Attorney Lynn Frey

Backup n	naterial fo	r agenda	item
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5. Presentation of FY 2019 Proposed Budget- Chairman Billy Thurmond



Department: BOC			Work Session: <u>9/27/18</u>					
Prepared By: <u>Vickie Neikirk</u>				Voting Session:				
Presenter: Chairman Billy Thurmond				Public Hearing: Yes No				
Agenda Item T	itle: Chairman's	s Proposed 201	9 Budget Prese	<u>ntation</u>				
Background In	formation:							
(December 3	31). As part of public. In mee	rs is required to the budget pro- tings after the C	cess, the Chair	man presents h	nis proposed bu	udget to the		
Current Inform	ation:							
		hearings for the after the 3 rd publ		on October 4,	11 and 18. Bud	dget may be		
Budget Information: Applicable: Not Applicable: Budgeted: Yes No								
	ation: Applicat	ole: Not	Applicable:	Budgeted:	Yes No	0		
Fund	Dept.	Acct No.	Applicable:	Budgeted: Balance	Yes No	o		
-					•			
Fund All funds		Acct No.			•			
Fund All funds Recommendat	Dept.	Acct No.			•	Remaining		
Fund All funds Recommendat Department He	Dept.	Acct No.			Requested	Remaining		
Fund All funds Recommendat Department He	Dept.	Acct No. on:			Requested Date:	Remaining		
Fund All funds Recommendat Department He Finance Dept. County Manag	Dept. tion/Motion: ead Authorization: \(\frac{1}{2} \)	Acct No. On: Vickie Neikirk n: DH			Date:	Remaining 18 0/18		
Fund All funds Recommendat Department He Finance Dept. County Manag	Dept. bion/Motion: ead Authorization: \(\frac{1}{2} \) er Authorization ey Authorization	Acct No. On: Vickie Neikirk n: DH			Date:Date: 9/20	Remaining 18 0/18		