

**DAWSON COUNTY BOARD OF COMMISSIONERS
WORK SESSION AGENDA – THURSDAY, MAY 6, 2021
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
25 JUSTICE WAY, DAWSONVILLE, GEORGIA 30534
4:00 PM**

NEW BUSINESS

1. Presentation of an Intergovernmental Agreement Between Dawson County and the City of Dawsonville Concerning Two City-Funded Sheriff's Deputy Positions- Sheriff Jeff Johnson
2. Presentation of Application for Parade and Assembly - *Five Star NTP North Georgia Triathlon* - Planning & Development Director Jameson Kinley
3. Presentation of Application for Parade and Assembly - *Five Star NTP Bootlegger Triathlon* - Planning & Development Director Jameson Kinley
4. Presentation of Acceptance of Platted Private Roads to Public Roads in Sosebee Creek and Sosebee Pointe Residential Planned Communities- Planning & Development Director Jameson Kinley
5. Presentation of 2021-2022 Dawson County Proposed Healthcare Package- Human Resources Director Brad Gould / NFP Assistant Vice President Todd Hooper
6. Presentation of 1st Quarter 2021 Financial Report- Chief Financial Officer Vickie Neikirk
7. County Manager Report
8. County Attorney Report

****A Voting Session meeting will immediately follow the Work Session meeting.***

Those with disabilities who require certain accommodations in order to allow them to observe and/or participate in this meeting, or who have questions regarding the accessibility of the meeting, should contact the ADA Coordinator at 706-344-3666, extension 44514. The county will make reasonable accommodations for those persons.



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Sheriff's Office

Work Session: 05/06/2021

Prepared By: Sheriff Jeff Johnson

Voting Session: 05/06/2021

Presenter: Sheriff Jeff Johnson

Public Hearing: Yes _____ No _____

Agenda Item Title: Request to Approve an IGA with the City of Dawsonville

Background Information:

The City of Dawsonville approved funding (pay and benefits) to staff two deputy positions. These officers will be dedicated to serving the City of Dawsonville.

In order to perform the associated duties and responsibilities, an Intergovernmental Agreement must be in place.

Current Information:

We are asking the BOC to approve this IGA in order to proceed with staffing these additional positions.

Budget Information: Applicable: _____ Not Applicable: _____ Budgeted: Yes _____ No _____

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: _____

Date: _____

Finance Dept. Authorization: *Vickie Merkitt*

Date: *4/27/21*

County Manager Authorization: *Dan Hensley*

Date: *4/27/21*

County Attorney Authorization: _____

Date: _____

Comments/Attachments:

INTERGOVERNMENTAL AGREEMENT FOR LAW ENFORCEMENT

The City of Dawsonville (hereinafter “City”), the Sheriff of Dawson County (hereinafter “Sheriff”) and the Board of Commissioners of Dawson County (hereinafter “County”) (collectively “Parties” hereby enter into this intergovernmental agreement (the “Agreement”) in accord with OCGA §15-16-13 for the purpose of providing and maintaining law enforcement services within the City as follows:

WHEREAS, the City currently does not have a municipal police force; and

WHEREAS, the City has the power to and provides for public safety expenses within the City of Dawsonville by contract, including intergovernmental agreements;

WHEREAS, the Sheriff exercises duties and powers within the incorporated area of the City and the unincorporated area of Dawson County; and

WHEREAS, Ga. Const. Art. IX, Sec. II, Para. III(a) and OCGA §15-16-13 permit the Sheriff to perform police functions, exercise power, and to render police services for the City pursuant to an agreement; and

WHEREAS, the Constitution of the State of Georgia, Article IX, Section III, Paragraph I, subparagraph (a), provides that any county or municipality of the State of Georgia may contract for any period not exceeding 50 years with each other or with any other public agency, public corporation or public authority for the provision of services, or for the joint or separate use of facilities or equipment when such contracts deal with services, activities, or facilities which the contracting parties are authorized by law to undertake or provide; and

WHEREAS, by duly approving this Agreement and spreading same upon the minutes of each respective governing authority, the County and the City hereby declare that this Agreement serves the best interest of the citizens in each of their respective jurisdictions.

NOW THEREFORE, in consideration of the promises, covenants, and conditions set forth herein, the City, County, and the Sheriff agree as follows:

1. Law Enforcement Services. The Sheriff shall equip and assign two Deputies to provide the following law enforcement services within the City (the “Contract Services”):

(a) the same duties, powers, and arrest authority exercised in the unincorporated area of Dawson County (OCGA §15-16-10(a)(9));

(b) patrol city streets, the City Farmer’s Market, City owned or maintained property including Main Street Park and City utility facilities to enforce speed limits, traffic control devices, parking statutes, ordinances, and regulations and criminal laws;

(c) assist City Code Enforcement and Animal Control personnel by serving citations for ordinance violations and investigating without assistance from the Sheriff’s office; ordinance violations after City personnel exercise good faith efforts to enforce city ordinances;

(d) attend meetings of the City Council, Planning Commission, Historic Preservation Commission, and Downtown Development Authority;

(e) attend City sponsored special events such as Food Truck night, the Christmas special event, and similar events;

(f) provide extra patrol as needed to respond to heavy seasonal or special event traffic or if a resident is away from the residence for an extended period or to protect against reports of criminal activity;

(g) regularly patrol the City to deter crime and to promote driver and pedestrian safety;

(h) interact with residents to increase the likelihood that City residents know individual officers;

(i) investigate suspicious persons and circumstances; and

(j) perform humanitarian acts when available such as assisting stranded motorists, escorting if needed for safety, business and resident welfare checks, and similar community oriented public safety activities.

It is understood by the parties that the above referenced services shall be provided primarily through the Sheriff having two deputies assigned to have their primary responsibility be the incorporated areas of the City of Dawsonville, the shifts for which are not expected to overlap. The foregoing notwithstanding, (1) the City understands and agrees that upon reasonable need the two deputies whose primary responsibility includes the incorporated area of the City of Dawsonville may provide law enforcement services in the unincorporated area of Dawson County; and (2) the Sheriff understands and agrees that depending on the law enforcement needs at any particular time, it may be necessary to provide additional deputies for the provision of law enforcement services in the incorporated area of the City of Dawsonville..

2. Traffic Citations. All tickets or citations issued for violations of state traffic laws shall be returned to Dawson County Probate Court or Superior Court. The County shall receive all revenue from fines levied and collected for traffic violations and not distributed to the State of Georgia pursuant to applicable statutes and regulations.

3. City Ordinance Citations. The City Municipal Court shall retain jurisdiction of City code violations.

4. Compensation for Law Enforcement Services. In accordance with OCGA §15-16-13, the City shall reimburse the County for the costs incurred by the Sheriff in providing the Contract Services (the "Reimbursement Costs") which includes, but is not limited to, compensation of the two deputy sheriffs, cost of retirement benefits and health insurance for those deputies, workers' compensation and other fringe benefits, training costs, materials, supplies, and utilities. The initial amount due from the City is \$6,501.19 per Deputy per month \$13,002.38 total per month, and the amount due may fluctuate based upon the costs identified herein to calculate the amount due from the City. The Sheriff shall notify the City and the

County of changes at least thirty (30) days before the change in the amount due shall be effective. The Reimbursement cost shall be paid on the first of the month in advance for services that will be provided by the Sheriff during the month in which payment is received. By way of example, the payment due on July 1, 2021 shall be payment for services provided for during the month of July 2021.

5. Policies and Procedures. Deputies performing law enforcement services pursuant to this Agreement shall be subject to policies and procedures of the Sheriff only and not the policies and procedures of the City. The Sheriff will supervise deputies performing duties pursuant to this Agreement and shall control all equipment and vehicles utilized in the performance of law enforcement services pursuant to the terms hereof and will provide maintenance and insurance for equipment and vehicles.

6. Term. This Intergovernmental Agreement is entered pursuant to Art. IX, Sec. III, Para. I of the Georgia Constitution and shall commence on the __ day of _____, 2021 and expire on the __ day of _____, unless prior written notice of intent to terminate is given by the Sheriff, the County, or the City at least _90_ days before the date of termination.

7. Notices. Any notice provided pursuant to this Agreement shall be delivered as follows:

Dawson County Sheriff's Office
19 Tucker Avenue
Dawsonville, GA 30534

City of Dawsonville
415 Highway 53 East
Suite 100
Dawsonville, GA 30534

Dawson County Board of Commissioners
25 Justice Way
Suite 213
Dawsonville, GA 30534

8. Severability. If any part of this agreement is declared unenforceable or invalid, the remainder shall continue to be valid and enforceable.

9. Entire Agreement. If any provision of this Agreement is held to be invalid, inoperative or unenforceable for any reason, it shall be modified rather than voided, if possible, in order to achieve the intent of the parties hereto to the maximum extent possible. In any event, if any provision this Agreement is held to be invalid, inoperative or unenforceable for any reason, the other provisions of this Agreement shall be deemed valid and operative and, so far as

is reasonable and possible, effect shall be given to the intent manifested by the provision or provisions held invalid or inoperative.

10. This Agreement shall be exclusively for the benefit of the Parties and shall not provide any third parties with any remedy, claim liability, reimbursement, cause of action, or other right.

11. Nothing contained in this Agreement shall be construed to be a waiver of the Parties' sovereign immunities or of any individual's qualified, good faith, or official immunities.

12. Nothing contained in this Agreement shall be construed as creating any individual or personal liability on the part of any of the Parties or their elected or appointed officials, officers, boards, commissions, employers, representatives, consultants, servants, agents, attorneys or volunteers. No such individual shall be personally liable under this Agreement in the event of any default or breach by the Parties or for any amount which may become due by the Parties under the terms of this Agreement. The Parties agree that their sole and exclusive remedy, claim, demand, or suit shall be directed and/or asserted only against Parties and only in their official capacity and not against any elected or appointed official, officers, boards, commissions, employees, representatives, consultants, servants, agents, attorneys, or volunteers.

13. This Agreement shall be deemed to have been made, construed, and enforced in accordance with the laws of the State of Georgia and said laws shall govern the validity of this Agreement and the construction of its terms and interpretation of the rights and duties of the Parties. Any litigation arising out of or any way involving this Agreement shall be heard and decided in the Superior Court of Dawson County.

14. No consent or waiver, express or implied, by any Party to this Agreement to any breach of any covenant, condition or duty of another Party shall be construed as a consent to or waiver of any future breach of the same. No failure of a Party to exercise any power hereunder and no custom or practice of the Parties at variance with the terms hereof, shall be a waiver of a Party's right to demand exact compliance herewith.

15. No Party hereto may assign any function or obligation undertaken by such Party without the written approval of the Parties.

16. Except as expressly limited by the terms of this Agreement, all rights hereunder are in addition to and do not limit those provided at law or in equity.

17. The Parties intend that the relation between them is that of principal-independent contractor. No agent, employee, or servant of Sheriff shall be or shall be deemed to be the employee, agent, servant of City. City is interested only in the results obtained under this Agreement. The manner and means of overseeing the work are under the sole control of Sheriff. None of the benefits provided by City to its employees are available from City to Sheriff or its employees, agents, or servants.

Sheriff Deputy Costs

4.30.21

Annual Cost Per Deputy	
Salary	\$40,731.60
Fica/Medicare	\$3,115.97
Retirement Contributions	\$2,036.58
Group Insurance	\$20,273.16
Life Insurance	\$92.00
Flex Benefit Admin Fees	\$51.00
Workers' Compensation	\$350.00
Administration	\$1,583.33
Training/Equipment	\$9,780.68
	\$78,014.32

Total Annual Cost per Deputy	\$78,014.32
Cost per Deputy per Month	\$6,501.19
Cost of 2 Deputies 2 Two Months	\$26,004.77

Administration/Training & Equipment Cost Breakdown

3300 Sheriff	Admin	Training/Equip
Salary	\$2,490,637.00	
Salary-Overtime	\$90,000.00	
Group Insurance	\$515,468.00	
Fica/Medicare	\$204,609.00	
Retirement Contributions	\$62,155.00	
Workers' Compensation	\$62,000.00	
Life Insurance	\$4,463.00	
Flex Benefit Admin Fees	\$408.00	
Professional Services	\$18,500.00	
Prof Svcs-Attorney	\$9,000.00	
Technical Svcs Computer	\$15,000.00	
Disposal Service	\$1,500.00	
Vehicle R&M	\$110,000.00	\$110,000.00
Equipment Rental	\$25.00	
Telephone	\$90,000.00	
Postage	\$1,500.00	

Advertising	\$5,000.00	\$5,000.00	
Printing & Binding	\$2,000.00	\$2,000.00	
Travel	\$8,500.00	\$8,500.00	
Dues & Fees	\$3,000.00		\$3,000.00
Education & Training	\$12,000.00		\$12,000.00
Licenses	\$350.00		\$350.00
General Supplies / Materials	\$17,975.00	\$17,975.00	
Supplies - Champs	\$10,000.00		
General Supplies - Community Proj	\$5,000.00		
Training Supplies	\$25,000.00		\$25,000.00
Gasoline / Diesel / Oil	\$250,000.00		\$250,000.00
Books & Periodicals	\$1,000.00	\$1,000.00	
Small Equipment	\$20,000.00	\$20,000.00	
Uniforms	\$30,000.00		\$30,000.00
Investigations Conting	\$15,000.00		
	\$4,080,090.00	\$190,000.00	\$430,350.00

	<i>Divided by number of employees</i>	<i>Divided by number of deputies</i>
	\$1,583.33	\$9,780.68

Salary based on 2184 hours per year and assuming hourly rate of \$17.13 per hour (starting salary per the salary study)

Total No. Sheriff Employees 120

Total No. Sheriff Deputies 44



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Planning & Development

Work Session: 05/6/2021

Prepared By: Harmony Gee

Voting Session: 05/20/2021

Presenter: Jameson Kinley

Public Hearing: Yes No

Agenda Item Title: Presentation of Five Star NTP Parade & Assembly North Georgia Triathlon

Background Information:

Five Star has hosted several different events at Veterans Memorial Park since 2011 with no issues to date.

Current Information:

Five Star will host the event at Veterans Memorial Park on May 22nd from 8-11 a.m. that will follow the same route as the previously hosted Bootlegger Triathlon that is held every September. Off-duty officers will be used for traffic control. The bicycle route will exit Veterans Memorial Park and will travel Highway 9 North, turn left onto Mill Creek Spur, turn the corner at Mill Creek Spur and Mill Creek Trail and travel back to Highway 9 to Veterans Memorial Park.

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: _____

Date: _____

Finance Dept. Authorization: Vickie Neikirk

Date: 4/28/21

County Manager Authorization: David Headley

Date: 4/27/2021

County Attorney Authorization: _____

Date: _____

Comments/Attachments:

6. Expected number of participants: 125
7. Physical description of materials to be distributed: N/A
8. How do participants expect to interact with public? N/A...This will be a Bike Route
9. Route of event: (attach a detailed map of the route) See Attached

9.a. Number and type of units in parade: N/A

9.b. Size of the parade: N/A

10. Will any part of this Event take place **within** the City Limits of Dawsonville? No

If YES, do you have a permit for the event from the City? _____ Date Issued: _____ *** Attach Copy**

11. Do you anticipate any unusual problems concerning either police protection or traffic congestion as a consequence of the event? _____ Yes No No If YES, please explain in detail: _____

12. List all prior parades or public assemblies, demonstrations or rallies in a public place within Dawson County for which you obtained a permit: (Also include dates – attach separate sheet, if necessary). _____

Every year 2011-2020 September for the Bootlegger Triathlon

Details: Please outline what your event will involve: (number of people / life safety issues / vendors / cooking / tents / rides / handicap parking / egress) – *attach separate sheet if necessary.*

This is a Triathlon that will take place inside Veterans Memorial Park, except the Adult Bike Ride, which will follow the route attached.

Route or Lay Out: (attach a detailed site plan)

See Attached

What participation, if any, do you expect from **Dawson County Emergency Services**? None

What participation, if any, do you expect from the **Dawson County Sheriff Department**? Off duty officers for Traffic Control

Insurance Requirements:

In compliance with Ordinance Section VII (C), an applicant for a permit shall obtain liability insurance from an insurer licensed in the State of Georgia for the parade, public assembly, demonstration or rally in a public place, if one or more of the following criteria exists:

1. The use, participation, exhibition, or showing of live animals;
2. The use, participation, exhibition, or showing of automobiles of any size or description, motorcycles, tractors, bicycles, or similar conveyances;
3. The use of a stage, platform, bleachers, or grandstands that will be erected for the event;
4. The use of inflatable apparatus used for jumping, bouncing, or similar activities;
5. The use of roller coasters, bungee jumping, or similar activities; or
6. Vendors or concessions.

Does your parade, non-spontaneous private assembly, demonstration, or rally in a public place meet any of the criteria above? Yes No If yes, which one(s)? Bicycles

Any applicant required to provide insurance shall provide Dawson County with a copy of the Certificate of Insurance from an insurer authorized and **licensed by the State of Georgia**. Dawson County shall be added as an additional named insured for the event on the Certificate of Insurance by the carrier. The minimum policy limits shall be **\$1,000,000.00 per incident** and **\$2,000,000.00 aggregate** for the entire event. All costs for insurance and naming Dawson County as an additional named insured shall be borne solely by the applicant. Such insurance shall protect Dawson County from any and all claims for damages to property and/or bodily injury or death.

Is the Certificate of Liability Insurance attached? Yes No Not applicable to this event

Additional information/comments about liability insurance: Once permit approval is secured, we will obtain insurance

Additional information/comments about this application: _____

**APPLICANT'S SIGNATURE FOR THE PERMIT APPLICATION; RELEASE & WAIVER OF LIABILITY;
AND AGREEMENT FOR FINANCIAL RESPONSIBILITY.**

APPLICATION:

OATH: I hereby swear and affirm that the information provided with this application for parade, public assembly, demonstration, or rally is true and correct to the best of my knowledge. In addition, I agree to abide by all regulations of the ordinance and to advise all participants of the conditions of the permit.

RELEASE & WAIVER OF LIABILITY:

The permit holder shall indemnify and hold Dawson County harmless from any claim, demand, or cause of action that may arise from activities associated with the event. I acknowledge that I understand this Release, and I hereby agree for myself and on behalf of the Applicant to indemnify and hold harmless Dawson County, Georgia and its agents, officers, and employees, individually and jointly, from and against any claim for injury (including, but not limited to, personal injury and property damage), loss, inconvenience, or damage suffered or sustained by any individual, including but not limited to, business owners, patrons, participants of the parade, public assembly, demonstration, or rally, and spectators participating in and/or occurring during the event, unless the claim for injury is caused by intentional misconduct of an individual, agent, officer, or employee of Dawson County.

AGREEMENT FOR FINANCIAL RESPONSIBILITY:

The undersigned agrees to be solely responsible for cleaning affected areas littered during the activity, providing sufficient parking and storage areas for motor vehicles, providing temporary toilet facilities, and providing other similar special and extraordinary items deemed necessary for the permitted activity by Dawson County to keep the area of the event safe and sanitary. However, Dawson County shall not require individuals, organizations, or groups of persons to provide personnel for normal governmental functions such as traffic control, police protection, or other activities or expenses associated with the maintenance of public order. If additional requirements are placed upon an applicant and if such requirements are not met, then Dawson County may revoke the issued permit and/or deny any subsequent permit requested by the applicant. Dawson County shall be entitled to recover from the applicant any sum expended by Dawson County for extraordinary expenses not provided by the applicant. The additional expense may include, but not be limited to, Dawson County utilizing off-duty personnel or providing equipment or resources from other areas of the county to supplement equipment or resources already present.

Sworn to and subscribed before me
this _____ day of _____ 20____.

Applicant's Printed Name

Applicant's Signature

Notary Public, State of Georgia

My Commission Expires: _____

Note to Applicant: Once your permit is processed, Planning & Development will notify you of the meeting dates for the Board of Commissioner's work session and voting session. You are required to attend both meetings.



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
(EMERGENCY SERVICES)

EMERGENCY SERVICES: Please complete this sheet and return it to Dawson County Planning and Development. (Please attach additional sheet, if necessary.)

Name of Event: _____ Date(s) of Event: _____

Any anticipated problems with proposed route? _____

Any anticipated problems with the designated location for participants to assemble? _____

How many personnel will be required for this event? _____

Estimated cost for personnel: _____

Number and type of vehicles required: _____

Type of procedures or equipment needed for the health and safety needs of the participants and the viewing public: _____

Estimated cost for equipment: _____

Additional comments/concerns: _____

Emergency Services: APPROVED: YES NO (Please also sign off on page 8 of application.)

By: _____ Date: _____



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
Dawsonville, GA 30534
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
(SHERIFF DEPARTMENT)

SHERIFF DEPARTMENT: Please complete this sheet and return it to Dawson County Planning and Development. (Please attach additional sheet, if necessary.)

Name of Event: _____ Date(s) of Event: _____

Any anticipated problems with proposed route? _____

Any anticipated problems with the designated location for participants to assemble? _____

How many officers will be required for this event? _____

Estimated cost for officers: _____

Number of vehicles required: _____

Type of procedures and equipment needed for the health and safety needs of the participants and the viewing public: _____

Estimated cost for equipment: _____

Additional comments/concerns/recommendations: _____

Sheriff Department: APPROVED: YES NO (Please also sign off on page 8 of application.)

By: _____ Date: _____



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
Dawsonville, GA 30534
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
*(Marshal / Public Works / Environmental
Health / Parks & Recreation)*

**PLEASE PROVIDE COMMENTS AND APPROVALS BELOW (Attach additional sheet if necessary)
(Please also sign off on page 8 of the application.)**

MARSHAL: _____

APPROVED: YES NO By: _____ Date: _____

PUBLIC WORKS: _____

APPROVED: YES NO By: _____ Date: _____

ENVIRONMENTAL HEALTH: _____

APPROVED: YES NO By: _____ Date: _____

PARKS & RECREATION: _____

APPROVED: YES NO By: _____ Date: _____



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
Dawsonville, GA 30534
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
(APPROVALS)

Office Use Only:

If applicable to the event, the following departments have reviewed and approved this event:

Department	Printed Name	Signature for Approval	Date
Sheriff Dept.			
Emergency Services			
Marshal's Office			
Public Works Dept.			
Environmental Health			
Parks and Recreation			
State Park Office			
Georgia Dept. of Transportation			

Dawson County Board of Commissioners:

Work Session Date: _____

Voting Session Date: _____

Approved:

Attest:

Mike Berg, Chairman
Dawson County Board of Commissioners

Danielle Yarbrough, County Clerk

cc: (as applicable)

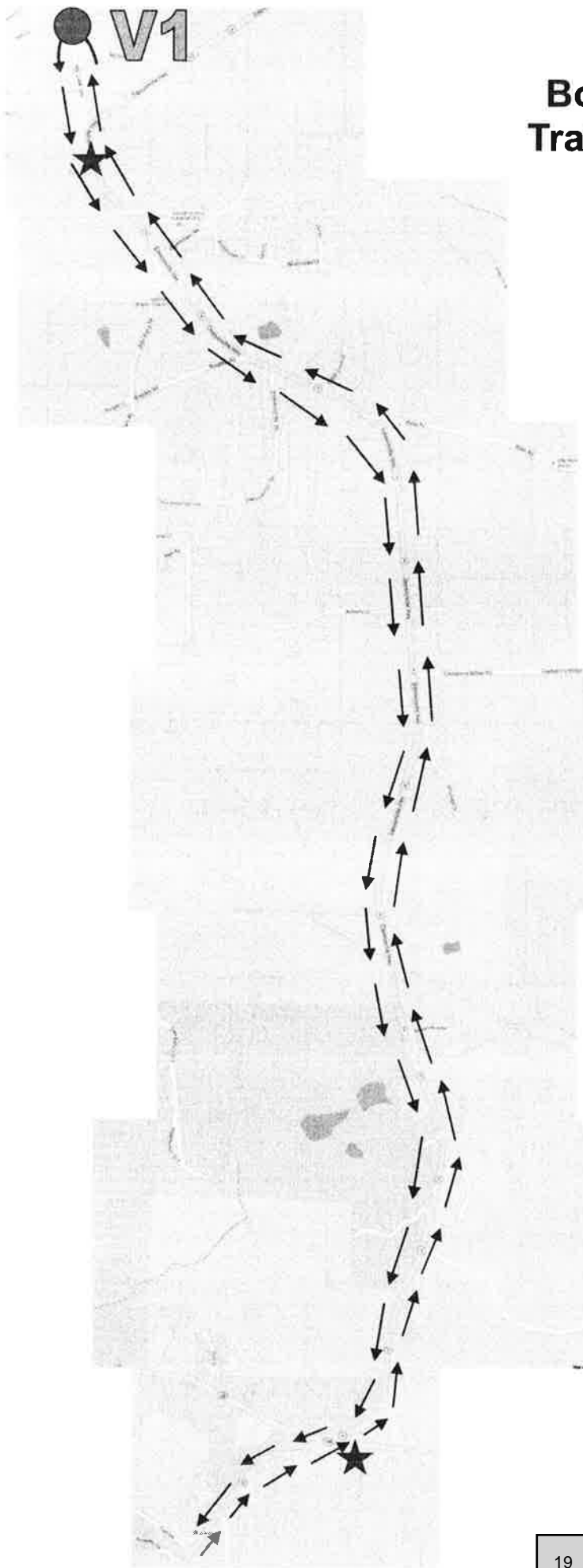
Applicant
County Attorney
Sheriff Dept.
Emergency Services

Marshal Dept.
Environmental Health
Public Works
Parks and Recreation

GA DOT (Brent Cook)
GA State Parks

PERMIT # _____

DATE ISSUED: _____



Bootlegger Super Sprint Traffic Plan for Bike Route

Route

1. Riders will Exit Veterans Park and Turn Left, traveling North on GA-9
2. Riders will turn Left on Mill Creek Spur
3. Riders will turn around at the corner of Mill Creek Spur & Mill Creek Trail
4. Riders will turn Right on GA-9
5. Riders will turn Right into Veterans Park



Sheriff Points

1. GA-9 @ park exit (Dawson County)
2. Corner of ● GA-9 & GA-136 (Dawson County)
3. Corner of GA-9 & Mill Creek Spur (Lumpkin County)

Volunteer Points

1. Turn around...Corner of Mill Creek Spur & Mill Creek Trail

Notes

1. Ride will be done as a time trial...no pack riding
2. Riders will follow rules of the road



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Planning & Development

Work Session: 05/6/2021

Prepared By: Harmony Gee

Voting Session: 05/20/2021

Presenter: Jameson Kinley

Public Hearing: Yes No

Agenda Item Title: Presentation of Five Star NTP Parade & Assembly Bootlegger Triathlon

Background Information:

Five Star has hosted the Bootlegger Triathlon since 2011 with no issues to date.

Current Information:

Five Star will host the event at Veterans Memorial Park on September 12th from 8-10 a.m. that will follow the same route as the previously hosted Bootlegger Triathlon that is held every September. Off-duty officers will be used for traffic control. The bicycle route will exit Veterans Memorial Park and will travel Highway 9 North, turn left onto Mill Creek Spur, turn the corner at Mill Creek Spur and Mill Creek Trail and travel back to Highway 9 to Veterans Memorial Park.

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: _____

Date:

Finance Dept. Authorization: Vickie Neikirk

Date: 4/28/21

County Manager Authorization: David Headley

Date: 4/27/2021

County Attorney Authorization: _____

Date: _____

Comments/Attachments:



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Planning & Development**
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(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**

Date Received: _____

Applicant answers all questions on pages 1-4; attach separate sheet(s) if necessary.

Application must be received a minimum of 30 days prior to event and must be complete and legible.

PARADE RALLY PUBLIC DEMONSTRATION PUBLIC ASSEMBLY ROAD CLOSING OTHER

1. Name of Event: Bootlegger Triathlon

2. Location of Event: Veterans Memorial Park TMP # _____

3. Date(s) of Event: Sep. 12, 2021

Time of Event: Start: 8:00 am a.m. / p.m. End: 10:00 am a.m. / p.m.

4. Provide information listed below for the **main contact person** responsible for the organization of this event:

Name: Lowell Starr	Title: Event Mng
Organization: Five Star NTP	Telephone #: [REDACTED]
Email Address: [REDACTED]	Cell Phone #: [REDACTED]
Address: 59 Hwy. 9 S City: Dawsonville State: GA Zip Code: 30534	

5. Provide information listed below for any **key personnel involved in coordinating this event**. Also, provide information listed below on each officer of the club, organization, corporation or partnership requesting this event. Attach a separate sheet if necessary.

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

Name:	Title:
Organization:	Telephone #:
Address: _____ City: _____ State: _____ Zip Code: _____	

- 6. Expected number of participants: 125
- 7. Physical description of materials to be distributed: N/A
- 8. How do participants expect to interact with public? N/A... This will be a Bike Route
- 9. Route of event: (attach a detailed map of the route) See Attached

9.a. Number and type of units in parade: N.A

9.b. Size of the parade: N/A

- 10. Will any part of this Event take place **within** the City Limits of Dawsonville? No

If YES, do you have a permit for the event from the City? _____ Date Issued: _____ * **Attach Copy**

- 11. Do you anticipate any unusual problems concerning either police protection or traffic congestion as a consequence of the event? _____ Yes No No If YES, please explain in detail: _____

- 12. List all prior parades or public assemblies, demonstrations or rallies in a public place within Dawson County for which you obtained a permit: (Also include dates – attach separate sheet, if necessary). _____

Every year 2011-2020 September for the Bootlegger Triathlon.

Details: Please outline what your event will involve: (number of people / life safety issues / vendors / cooking / tents / rides / handicap parking / egress) – *attach separate sheet if necessary.*

This is a Triathlon that will take place inside Veterans Memorial park, except the Adult Bike Ride, which will follow the route attached.

Route or Lay Out: (attach a detailed site plan)

See Attached

What participation, if any, do you expect from **Dawson County Emergency Services**? None

What participation, if any, do you expect from the **Dawson County Sheriff Department**? Off duty officers for Traffic Control

Insurance Requirements:

In compliance with Ordinance Section VII (C), an applicant for a permit shall obtain liability insurance from an insurer licensed in the State of Georgia for the parade, public assembly, demonstration or rally in a public place, if one or more of the following criteria exists:

- 1. The use, participation, exhibition, or showing of live animals;
- 2. The use, participation, exhibition, or showing of automobiles of any size or description, motorcycles, tractors, bicycles, or similar conveyances;
- 3. The use of a stage, platform, bleachers, or grandstands that will be erected for the event;
- 4. The use of inflatable apparatus used for jumping, bouncing, or similar activities;
- 5. The use of roller coasters, bungee jumping, or similar activities; or
- 6. Vendors or concessions.

Does your parade, non-spontaneous private assembly, demonstration, or rally in a public place meet any of the criteria above? Yes No If yes, which one(s)? _____

Any applicant required to provide insurance shall provide Dawson County with a copy of the Certificate of Insurance from an insurer authorized and **licensed by the State of Georgia**. Dawson County shall be added as an additional named insured for the event on the Certificate of Insurance by the carrier. The minimum policy limits shall be **\$1,000,000.00 per incident** and **\$2,000,000.00 aggregate** for the entire event. All costs for insurance and naming Dawson County as an additional named insured shall be borne solely by the applicant. Such insurance shall protect Dawson County from any and all claims for damages to property and/or bodily injury or death.

Is the Certificate of Liability Insurance attached? Yes No Not applicable to this event

Additional information/comments about liability insurance: Once permit approval is secured, we will obtain insurance

Additional information/comments about this application: _____

**APPLICANT'S SIGNATURE FOR THE PERMIT APPLICATION; RELEASE & WAIVER OF LIABILITY;
AND AGREEMENT FOR FINANCIAL RESPONSIBILITY.**

APPLICATION:

OATH: I hereby swear and affirm that the information provided with this application for parade, public assembly, demonstration, or rally is true and correct to the best of my knowledge. In addition, I agree to abide by all regulations of the ordinance and to advise all participants of the conditions of the permit.

RELEASE & WAIVER OF LIABILITY:

The permit holder shall indemnify and hold Dawson County harmless from any claim, demand, or cause of action that may arise from activities associated with the event. I acknowledge that I understand this Release, and I hereby agree for myself and on behalf of the Applicant to indemnify and hold harmless Dawson County, Georgia and its agents, officers, and employees, individually and jointly, from and against any claim for injury (including, but not limited to, personal injury and property damage), loss, inconvenience, or damage suffered or sustained by any individual, including but not limited to, business owners, patrons, participants of the parade, public assembly, demonstration, or rally, and spectators participating in and/or occurring during the event, unless the claim for injury is caused by intentional misconduct of an individual, agent, officer, or employee of Dawson County.

AGREEMENT FOR FINANCIAL RESPONSIBILITY:

The undersigned agrees to be solely responsible for cleaning affected areas littered during the activity, providing sufficient parking and storage areas for motor vehicles, providing temporary toilet facilities, and providing other similar special and extraordinary items deemed necessary for the permitted activity by Dawson County to keep the area of the event safe and sanitary. However, Dawson County shall not require individuals, organizations, or groups of persons to provide personnel for normal governmental functions such as traffic control, police protection, or other activities or expenses associated with the maintenance of public order. If additional requirements are placed upon an applicant and if such requirements are not met, then Dawson County may revoke the issued permit and/or deny any subsequent permit requested by the applicant. Dawson County shall be entitled to recover from the applicant any sum expended by Dawson County for extraordinary expenses not provided by the applicant. The additional expense may include, but not be limited to, Dawson County utilizing off-duty personnel or providing equipment or resources from other areas of the county to supplement equipment or resources already present.

Applicant's Printed Name

Sworn to and subscribed before me
this _____ day of _____ 20_____.

Applicant's Signature

Notary Public, State of Georgia

My Commission Expires: _____

Note to Applicant: Once your permit is processed, Planning & Development will notify you of the meeting dates for the Board of Commissioner's work session and voting session. You are required to attend both meetings.



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
(EMERGENCY SERVICES)

EMERGENCY SERVICES: Please complete this sheet and return it to Dawson County Planning and Development. (Please attach additional sheet, if necessary.)

Name of Event: _____ Date(s) of Event: _____

Any anticipated problems with proposed route? _____

Any anticipated problems with the designated location for participants to assemble? _____

How many personnel will be required for this event? _____

Estimated cost for personnel: _____

Number and type of vehicles required: _____

Type of procedures or equipment needed for the health and safety needs of the participants and the viewing public: _____

Estimated cost for equipment: _____

Additional comments/concerns: _____

Emergency Services: APPROVED: YES NO (Please also sign off on page 8 of application.)

By: _____ Date: _____



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
Dawsonville, GA 30534
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
(SHERIFF DEPARTMENT)

SHERIFF DEPARTMENT: Please complete this sheet and return it to Dawson County Planning and Development. (Please attach additional sheet, if necessary.)

Name of Event: _____ Date(s) of Event: _____

Any anticipated problems with proposed route? _____

Any anticipated problems with the designated location for participants to assemble? _____

How many officers will be required for this event? _____

Estimated cost for officers: _____

Number of vehicles required: _____

Type of procedures and equipment needed for the health and safety needs of the participants and the viewing public: _____

Estimated cost for equipment: _____

Additional comments/concerns/recommendations: _____

Sheriff Department: APPROVED: YES NO (Please also sign off on page 8 of application.)

By: _____ Date: _____



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
Dawsonville, GA 30534
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
*(Marshal / Public Works / Environmental
Health / Parks & Recreation)*

**PLEASE PROVIDE COMMENTS AND APPROVALS BELOW (Attach additional sheet if necessary)
(Please also sign off on page 8 of the application.)**

MARSHAL: _____

APPROVED: YES NO **By:** _____ **Date:** _____

PUBLIC WORKS: _____

APPROVED: YES NO **By:** _____ **Date:** _____

ENVIRONMENTAL HEALTH: _____

APPROVED: YES NO **By:** _____ **Date:** _____

PARKS & RECREATION: _____

APPROVED: YES NO **By:** _____ **Date:** _____



**Dawson County
Planning & Development**
25 Justice Way, Suite 2322
Dawsonville, GA 30534
(706) 344-3500

**Permit for
Parades, Public Assemblies,
Demonstrations, and Rallies
In Public Places**
(APPROVALS)

Office Use Only:

If applicable to the event, the following departments have reviewed and approved this event:

Department	Printed Name	Signature for Approval	Date
Sheriff Dept.			
Emergency Services			
Marshal's Office			
Public Works Dept.			
Environmental Health			
Parks and Recreation			
State Park Office			
Georgia Dept. of Transportation			

Dawson County Board of Commissioners:

Work Session Date: _____

Voting Session Date: _____

Approved:

Attest:

Mike Berg, Chairman
Dawson County Board of Commissioners

Danielle Yarbrough, County Clerk

cc: (as applicable)

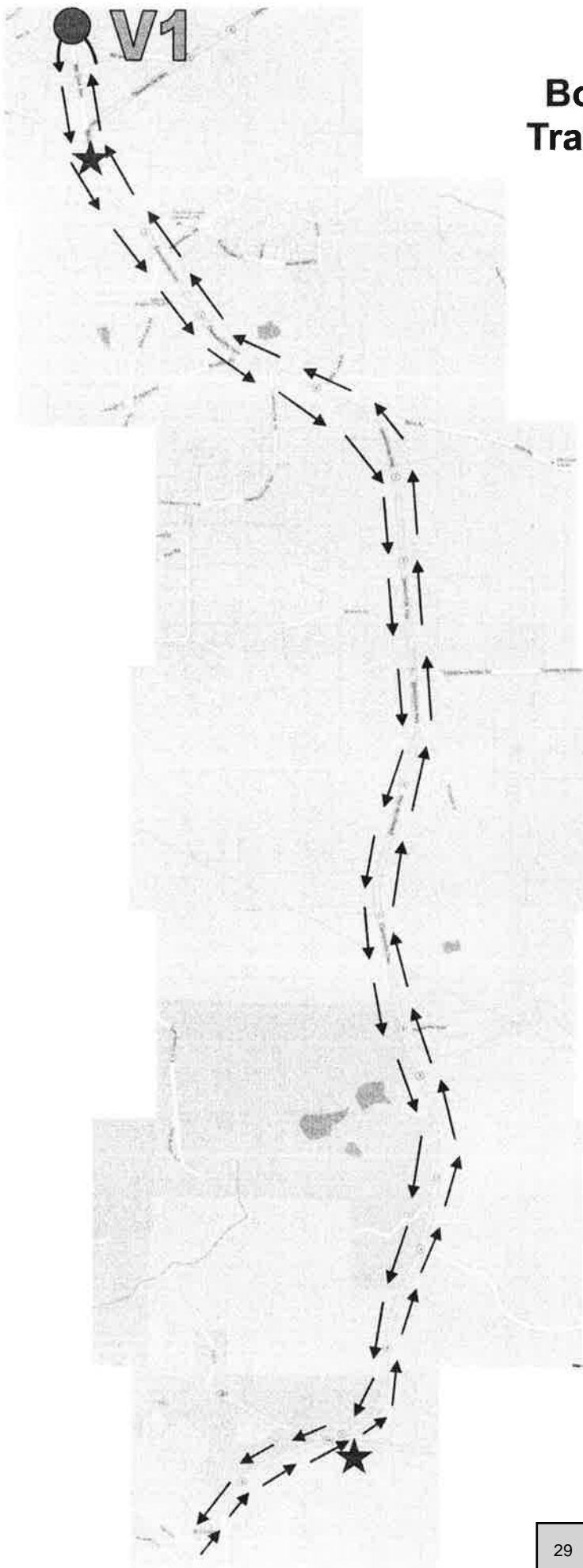
Applicant
County Attorney
Sheriff Dept.
Emergency Services

Marshal Dept.
Environmental Health
Public Works
Parks and Recreation

GA DOT (Brent Cook)
GA State Parks

PERMIT # _____

DATE ISSUED: _____



Bootlegger Super Sprint Traffic Plan for Bike Route

Route

1. Riders will Exit Veterans Park and Turn Left, traveling North on GA-9
2. Riders will turn Left on Mill Creek Spur
3. Riders will turn around at the corner of Mill Creek Spur & Mill Creek Trail
4. Riders will turn Right on GA-9
5. Riders will turn Right into Veterans Park



Sheriff Points

1. GA-9 @ park exit (Dawson County)
2. Corner of GA-9 & GA-136 (Dawson County)
3. Corner of GA-9 & Mill Creek Spur (Lumpkin County)

Volunteer Points

1. Turn around...Corner of Mill Creek Spur & Mill Creek Trail

Notes

1. Ride will be done as a time trial...no pack riding
2. Riders will follow rules of the road



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Planning & Development

Work Session: 05/6/2021

Prepared By: Harmony Gee

Voting Session: 05/20/2021

Presenter: Jameson Kinley

Public Hearing: Yes No

Agenda Item Title: Presentation of Acceptance of Platted Private Roads to Public Roads In Sosebee Creek & Sosebee Pointe Residential Planned Communities

Background Information:

Earlier this year, the Land Use Resolution language in Residential Planned Community was updated to omit language requiring roads to be private in that zoning classification. At that time both Sosebee Creek and Sosebee Pointe plats had been recorded with the Clerk of Court with language stating the roads were to be private and maintained by the homeowners.

Current Information:

Sosebee Creek and Sosebee Pointe, located at the corner of Harry Sosebee Road and Lumpkin Campground Road, wish to do a plat amendment that would remove the statement of their streets being named as privately maintained. Allowing them to submit with this language change would ultimately be the final decision as to whether these would be public or privately maintained roads.

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: _____

Date: _____

Finance Dept. Authorization: Vickie Neikirk

Date: 4/28/21

County Manager Authorization: David Headley

Date: 04/27/2021

County Attorney Authorization: _____

Date: _____

Comments/Attachments:



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Human Resources

Work Session: 05.06.2021

Prepared By: Brad Gould

Voting Session: 05.20.2021

Presenter: Brad Gould

Public Hearing: Yes _____ No X

Agenda Item Title:

Background Information:

In preparation for our annual enrollment and renewal for the healthcare insurance plan that we offer to employees our healthcare insurance broker, NFP, solicits and receives quotes from various health insurance carriers. The quotes received on its health plans and the costs associated with those plans are then reviewed and presented to the Board of Commissioners for review and approval.

Current Information:

Presentation of the 2021-2022 annual enrollment and renewal of the Dawson County proposed healthcare package. Competitive quotes received will be presented with a breakdown in changes and cost to the county and the employees.

Budget Information: Applicable: _____ Not Applicable: _____ Budgeted: Yes _____ No _____

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: Brad Gould

Date: 4/27/2021

Finance Dept. Authorization: Vickie Neikirk

Date: 4/28/21

County Manager Authorization: David Headley

Date: 4/28/2021

County Attorney Authorization: _____

Date: _____

Comments/Attachments:

See Attached for language that was removed.

Dawson County
Board of Commissioners
July 1 Health Plan Renewal
Review

May 6, 2021



Renewal Review and Recommendations

Renewal History

- 2018 Plan Year Renewal
 - 83% Loss Ratio
 - +2.9% renewal increase
 - Negotiated to 1.3%= \$44,507

- 2019 Plan Year Renewal
 - 100% Loss Ratio
 - +16.6% renewal increase
 - Negotiated to +14.6%=\$519,976
 - Recommended Fully Insured, ACCG Pool option
 - 4.3%= \$47,043
 - Saved County \$472,933 with full insured arrangement

- 2020 Plan Year Renewal
 - Loss ratio 104%
 - ACCG block loss ratio +96.8%, blended for renewal underwriting 95.8%
 - Initial renewal +35.5%, \$1,378,825
 - NFP identified errors in underwriting calculations, revised renewal +20.3%, \$788,507
 - Negotiated renewal +17.5%, \$678,977
 - Secured additional 2.5% discount with package of dental, life and voluntary life= \$97,000 savings
 - Overall renewal increase with no plan changes=\$582,000

July 1, 2021 Renewal

- Loss ratio 90%
 - ACCG block loss ratio +98.7%, blended for renewal underwriting 96.8%
 - Initial ACCG/Anthem renewal +18.5%, \$735,928
 - Negotiated renewal +7%, \$278,649
 - Cigna initial proposal +9.5%, \$375,816
 - Negotiated renewal +1.8%, \$71,182
 - Provided a rate guarantee for year 2 with respect to incurred claims experienced year 1
 - Offers a 50% dividend based on claims savings
 - Secured additional 1% discount with package of dental and vision
 - Medical equipment in HMO and POS plans covered at 100%
- NFP focused on maintaining or improving medical plan design during negotiations with carriers
 - ACCG provided considerable concessions to retain the relationship with the county
 - Cigna has provided a response that maintains plan design while minimizing the financial impact to the premiums of the county. In addition, established claims targets incentivize the county to control claims cost

Medical Renewal

	Anthem Current		Anthem Renewal		Anthem Negotiated Renewal			
	Custom HMO	POS	Custom HMO	POS	Custom HMO	POS		
Plan Name	NS OAH5 1.5K 20 3500 AE	OAP5 2500 20 7900 AE	NS OAH5 1.5K 20 A	OAP5 2500 20 7900 AE	NS OAH5 1.5K 20 A	OAP5 2500 20 7900 AE		
Provider Network	Blue OA HMO	Blue OA POS	Blue OA HMO	Blue OA POS	Blue OA HMO	Blue OA POS		
Funding	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured		
In-Network Benefits								
Office Visits (PCP/Specialist)		\$30 / \$40	\$30 / \$60	\$30 / \$40	\$30 / \$60	\$30 / \$40		
Deductible	Single	\$1,500	\$2,500	\$1,500	\$2,500	\$1,500		
	Family	\$4,500	\$7,500	\$4,500	\$7,500	\$4,500		
Coinsurance		80%	80%	80%	80%	80%		
Out of Pocket Maximum	Single	\$3,500	\$7,900	\$3,500	\$7,900	\$3,500		
	Family	\$10,500	\$15,800	\$10,500	\$15,800	\$10,500		
Hospital and Emergency								
Inpatient Hospital Copay		\$100 + ded/coins	Ded + coins	\$100 + ded/coins	Ded + coins	\$100 + ded/coins		
Outpatient Hospital Copay		\$100 + ded/coins	Ded + coins	\$100 + ded/coins	Ded + coins	\$100 + ded/coins		
Urgent Care		\$75	\$75	\$75	\$75	\$75		
Emergency Room		\$300 + 20%	\$350 + 20%	\$300 + 20%	\$350 + 20%	\$300 + 20%		
Diabetic Equipment and Supplies*		100%	Ded + coins	100%	Ded + coins	100%		
Prescription Drugs								
Rx Deductible		None	None	None	None	None		
Tier 1 (Preferred Value/Generic)		\$10	\$15	\$10	\$15	\$10		
Tier 2 (Preferred Brand)		\$30	\$35	\$30	\$35	\$30		
Tier 3 (Nonpreferred)		\$50	\$60	\$50	\$60	\$50		
Tier 4 (Preferred Specialty)		20% to \$200	25% to \$350	20% to \$200	25% to \$350	20% to \$200		
Out of Network Benefits								
Deductible		No benefit	\$7,500 / \$22,500	No benefit	\$7,500 / \$22,500	No benefit		
Out of Pocket Maximum		No benefit	\$23,700 / \$47,400	No benefit	\$23,700 / \$47,400	No benefit		
Coinsurance		No benefit	50%	No benefit	50%	No benefit		
Rates by Plan		HMO	POS	Current	Current	Renewal	Renewal	Negotiated Renewal
Employee		58	50	\$743.13	\$673.49	\$873.44	\$803.49	\$795.15
Employee + Spouse		18	23	\$1,560.58	\$1,414.32	\$1,834.23	\$1,687.33	\$1,669.82
Employee + Child(ren)		8	9	\$1,449.11	\$1,313.30	\$1,703.21	\$1,566.80	\$1,550.55
Family		31	49	\$2,266.56	\$2,054.13	\$2,664.00	\$2,450.66	\$2,425.22
Monthly Premium by Plan		115	131	\$153,049	\$178,676	\$179,885	\$213,167	\$163,762
Annual Premium by Plan				\$1,836,583	\$2,144,113	\$2,158,624	\$2,558,000	\$1,965,143
				Current	Renewal		Negotiated Renewal	
Combined Annual Plan Totals				\$3,980,696	\$4,716,624		\$4,259,345	
Combined Annual Cost Difference (\$)				-	\$735,928		\$278,649	
Combined Annual Cost Difference (%)				-	18.5%		7.0%	

Plan Change Options – Medical

	Rates require underwriting approval			
	Anthem		Packaged with Dental and Vision	
	Negotiated Renewal		Cigna Proposed	
	Custom HMO	POS	HMO	POS
Plan Name	NS OAH5 1.5K 20 A	OAP5 2500 20 7900 AE	Q9P2 OAPIN (12366449)	Q9P2 OAP (12366450)
Provider Network	Blue OA HMO	Blue OA POS	OAPIN	OAP
Funding	Fully Insured	Fully Insured	50% Dividend Elig	50% Dividend Elig
In-Network Benefits				
Office Visits (PCP/Specialist)		\$30 / \$40	\$30 / \$40	\$30 / \$60
Deductible	Single	\$1,500	\$1,500	\$2,500
	Family	\$4,500	\$4,500	\$7,500
Coinsurance		80%	80%	80%
Out of Pocket Maximum	Single	\$3,500	\$3,500	\$7,900
	Family	\$10,500	\$10,500	\$15,800
Hospital and Emergency				
Inpatient Hospital Copay		\$100 + ded/coins	Ded + coins	Ded + coins
Outpatient Hospital Copay		\$100 + ded/coins	Ded + coins	Ded + coins
Urgent Care		\$75	\$75	\$75
Emergency Room		\$300 + 20%	\$350 + 20%	\$300 + 20%
DME (including Diabetic Equipment and Supplies)		100%	Ded + coins	100%
Prescription Drugs				
Rx Deductible		None	None	None
Tier 1 (Preferred Value/Generic)		\$10	\$15	\$15
Tier 2 (Preferred Brand)		\$30	\$35	\$35
Tier 3 (Nonpreferred)		\$50	\$60	\$60
Tier 4 (Preferred Specialty)		20% to \$200	25% to \$350	25% to \$350
Out of Network Benefits				
Deductible		No benefit	\$7,500 / \$22,500	\$7,500 / \$20,000
Out of Pocket Maximum		No benefit	\$23,700 / \$47,400	\$23,700 / \$47,400
Coinsurance		No benefit	50%	60%
Rates by Plan				
	HMO	POS	Negotiated Renewal	
Employee	58	50	\$795.15	\$720.64
Employee + Spouse	18	23	\$1,669.82	\$1,513.33
Employee + Child(ren)	8	9	\$1,550.55	\$1,405.23
Family	31	49	\$2,425.22	\$2,197.92
Monthly Premium by Plan	115	131	\$163,762	\$191,183
Annual Premium by Plan			\$1,965,143	\$2,294,201
			Negotiated Renewal	
Combined Annual Plan Totals			\$4,259,345	\$4,051,878
Combined Annual Cost Difference (\$)			\$278,649	\$71,182
Combined Annual Cost Difference (%)			7.0%	1.8%

Plan Change Options – Basic Life and AD&D

	Anthem		With Line of Duty benefit	
	Current / Renewal		Standard Proposed	
Eligibility	FT Ees working 30+ hours		FT Ees working 30+ hours	
Life and AD&D Amounts				
Employees	\$50,000		\$50,000	
Spouses	\$5,000		\$5,000	
Children (15 days to age 26)*	\$2,500		\$2,500	
Guaranteed Issue				
Employees	\$50,000		Full Benefit	
Spouses	\$5,000		Full Benefit	
Children (15 days to age 26)*	\$2,500		Full Benefit	
Reduction Schedule				
Benefits Reduced to	Percentage	Age	Percentage	Age
	65%	65	65%	65
	50%	70	50%	70
Coverage Termination				
Employee	Retirement		Retirement	
Spouse	Employee retirement		Employee retirement	
Plan Provisions				
Waiver of Premium	Elig to 60, waived to 65		Elig to 60, waived to 65	
Living Benefit Rider	Included		Included	
Portability	Not included		Included	
Conversion	Included		Included	
Participation Requirement	100%		100%	
Rate Guarantee	Until 7/1/2022		3 Years	
Employee Rate per \$1,000				
	Current / Renewal		Standard	
Basic Employee Life	\$0.099	\$0.099	\$0.090	
Basic Employee AD&D	\$0.021	\$0.021	\$0.031	
Number Enrolled	301	301	0	
Volume (Employee Life)	\$14,672,500	\$14,672,500	\$14,672,500	
Total Monthly Premium	\$1,761	\$1,761	\$1,775	
Total Annual Premium	\$21,128	\$21,128	\$21,304	
Annual Difference from Current (\$)	-	\$0	\$176	
Annual Difference from Current (%)	-	0.0%	0.8%	
Dependent Rate per Unit				
Dependent Rate per Unit	\$1.590	\$1.590	\$1.590	
Number Enrolled	205	205	205	
Total Monthly Premium	\$326	\$326	\$326	
Total Annual Premium	\$3,911	\$3,911	\$3,911	
Annual Difference from Current (\$)	-	\$0	\$0	
Annual Difference from Current (%)	-	0.0%	0.0%	

Plan Change Options – Vision

	Anthem Current / Renewal		Packaged with Medical Single Option Cigna Proposed
Plan Name	B.20.20.130.130	B.20.20.130.130	C1 - Standard PPO Comprehensive Plan
Network	Blue View Vision	Blue View Vision	Cigna
In-Network Benefit			
Copays (Exams/Materials)	\$20 / \$20	\$20 / \$20	\$20 / \$20
Exam	\$20 copay	\$20 copay	\$20 copay
Eyeglass Lenses (Single/Bifocal/Trifocal)	\$20 copay	\$20 copay	\$20 copay
Frame Allowance	\$130	\$130	\$130
Frequency			
Exams	Every calendar year	Every calendar year	12 months
Lenses or Contact Lenses	Every calendar year	Every calendar year	12 months
Frames	Every 2 cal years	Every 2 cal years	12 months
Contact Lenses			
Contact Lens Fit & Follow Up (Std/Prem)	Up to \$55 / 10% off retail	Up to \$55 / 10% off retail	Deduct from allowance
Contact Lens Allowance - Elective	\$130	\$130	\$130
Contact Lenses - Medically Necessary	Covered in Full	Covered in Full	Covered in Full
Out-of-Network Reimbursement			
Exam	Up to \$30	Up to \$30	Up to \$45
Lenses (Single)	Up to \$25	Up to \$25	Up to \$32
Frames	Up to \$45	Up to \$45	Up to \$71
Elective Contact Lenses	Up to \$105	Up to \$105	Up to \$105
Necessary Contact Lenses	Up to \$210	Up to \$210	Up to \$210
ER Contribution			
	None	None	None
Participation Requirement			
	Current (67%)	Current (67%)	15%
Rate Guarantee			
	Until 2021	Until 2023	1 Year
Rates			
	Census	Current	Renewal
Single	93	\$5.12	\$5.12
Employee + Spouse	48	\$9.52	\$9.52
Employee + Child(ren)	14	\$10.02	\$10.02
Family	51	\$14.73	\$14.73
Monthly Premium		\$1,825	\$1,825
Annual Premium		\$21,896	\$23,667

Plan Change Options – Dental

	Anthem		Packaged w/Medical
	Current	Renewal	Cigna Proposed
Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Coinsurance			
Type A: Preventive Services	100%	100%	100%
Type B: Basic Services	80%	80%	80%
Type C: Major Services	50%	50%	50%
Type D: Orthodontia	50%	50%	50%
Maximums			
Annual Per Member	\$1,000	\$1,000	\$1,000
Lifetime Orthodontia	\$1,000	\$1,000	\$1,000
Procedures			
Oral Exams	Type A	Type A	Type A
Oral Exam frequency	2 in 12 months	2 in 12 months	2 per calendar year
Bitewing X-rays	Type A	Type A	Type A
Full Mouth/Panoramic X-rays	Type A	Type A	Type A
Fluoride	Type A	Type A	Type A
Sealants	Type A	Type A	Type A
Space Maintainers	Type B	Type B	Type B
Simple Extractions	Type B	Type B	Type B
Complex Extractions	Type B	Type B	Type B
Simple Periodontics	Type B	Type B	Type B
Periodontal Surgery	Type B	Type B	Type B
Simple Endodontics	Type B	Type B	Type B
Complex Endodontics	Type B	Type B	Type B
Crowns	Type C	Type C	Type C
Crown Frequency	1 in 7 Years	1 in 7 Years	1 in 5 Years
Implants	Type C	Type C	Type C
Orthodontics (Child and/or Adult)	Child only	Child only	Child only
UCR Percentage	95%	95%	95%
Employer Contribution	NA	NA	NA
Participation Requirement	Current	Current	74%
Rate Guarantee	-	Until 7/1/2023	1 Year
Estimated Enrollment			
	Census	Current	Renewal
Employee	106	\$28.01	\$28.01
Employee + Spouse	43	\$56.91	\$56.91
Employee & Child(ren)	15	\$70.21	\$70.21
Family	65	\$98.99	\$98.99
Total Monthly Premium By Plan		\$12,904	\$12,904
Total Annual Premium By Plan		\$154,844	\$152,199

Comprehensive Wellness

ACCG/Anthem and Cigna are offering wellness funds and resources to engage with your existing wellness program to promote a healthier workforce and improve claims management.

- Anthem/ACCG is offering \$18,000 wellness funds of which ACCG is contributing \$3,000
 - Anthem also offer up to \$700 per employee for wellness incentives

- Cigna is offering \$20,000 wellness funds
 - Motivate Me program
 - Omada 16-week diabetes management program, virtual health coaching

- NFP's wellness director Ebony Marbury is available to facilitate these offerings with your benefits management team and assist with health welfare programs and incentives.

Proposed Employee Pay Period Contributions Remain The Same

	Participation			Anthem Current			POS		
	HMO	POS	ER Share	EE Share	EE Per Pay Pd	ER Share	EE Share	EE Per Pay Pd	
	Employee	58	50	6,255.00	2,662.56	110.94	6,255.00	1,826.88	76.12
Employee + Spouse	18	23	13,913.28	4,813.68	200.57	13,913.28	3,058.56	127.44	
Employee + Children	8	9	12,700.92	4,688.40	195.35	12,701.04	3,058.56	127.44	
Family	31	49	20,273.04	6,925.68	288.57	20,273.16	4,376.40	182.35	
	115	131							

	Participation			Anthem POS			POS		
	HMO	POS	ER Share	EE Share	EE Per Pay Pd	ER Share	EE Share	EE Per Pay Pd	
	Employee	58	50	6,879.24	2,662.56	110.94	6,820.80	1,826.88	76.12
Employee + Spouse	18	23	15,224.16	4,813.68	200.57	15,101.40	3,058.56	127.44	
Employee + Children	8	9	13,918.20	4,688.40	195.35	13,804.20	3,058.56	127.44	
Family	31	49	22,176.96	6,925.68	288.57	21,998.64	4,376.40	182.35	
	115	131							

	Participation			Cigna POS (bundled)			POS		
	HMO	POS	ER Share	EE Share	EE Per Pay Pd	ER Share	EE Share	EE Per Pay Pd	
	Employee	58	50	6571.80	2,662.56	110.94	6,459.12	1,826.88	76.12
Employee + Spouse	18	23	14578.32	4,813.68	200.57	14,341.92	3,058.56	127.44	
Employee + Children	8	9	13318.56	4,688.40	195.35	13,099.08	3,058.56	127.44	
Family	31	49	21239.04	6,925.68	288.57	20,895.96	4,376.40	182.35	

Recommendations

Recommendations

- 1.0% discount off medical if packaged dental, life and voluntary life with Cigna
 - Dental Cigna decrease of \$2,645 annually
 - Vision Cigna increase of \$1,772 annually
 - Basic Life Standard =3 year rate guarantee, line of duty benefit, no increase
 - Voluntary Life Standard=3 year rate guarantee, portability, annual increase of one increment, no rate increase
 - Short Term Disability= Standard, 3 year rate guarantee, blended due to age bands
 - Long Term Disability=Standard, 3 year rate guarantee, blended due to age bands
- Flexcare Digital Telemedicine
 - 33% decrease, savings of \$6,912
- NFP's recommendation on medical coverage is to accept the Cigna proposal based on cost savings to the county and added benefits.





DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Finance

Work Session: x

Prepared By: Vickie Neikirk

Voting Session: __

Presenter: Vickie Neikirk

Public Hearing: Yes __ No x

Agenda Item Title: Presentation of the 1st qtr. 2021 Financial Update

Background Information:

Dawson County's fiscal year is from January-December of each year. This is the report for the 1st quarter of 2021.

Current Information:

The information is for the period of January-March 2021.

Budget Information: Applicable: __ Not Applicable: x Budgeted: Yes __ No __

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: Vickie Neikirk

Date: 4/22/21

Finance Dept. Authorization: VLN

Date: 4/22/21

County Manager Authorization: David Headley

Date: 4/27/2021

County Attorney Authorization: __

Date: __

Comments/Attachments:

[Empty box for comments/attachments]

DAWSON COUNTY GOVERNMENT



Financial Status Update
1st. Quarter 2021

Presented May 6, 2021

Dawson County General Fund-as of 3/31/21

- Main operating fund of the County Benchmark= 25%

- Original FY 2021 Budget \$30,788,031
- Current FY 2021 Budget \$31,234,970

- Revenue Total YTD \$5,896,443 18.88% of budget
- Expenditure Total YTD \$6,430,801 20.59% of budget

- Break-even (rev to exp) does not usually occur until after 3rd quarter

Prior Year Comparison-General Fund

	<u>Adopted FY 21 Budget</u>	<u>Amended FY 21 Budget</u>	<u>Actual YTD</u>	<u>% Budget</u>
REVENUES	30,788,031	31,234,970	5,896,443	18.88%
EXPENDITURES	30,788,031	31,234,970	6,430,801	20.59%

	<u>Adopted FY 20 Budget</u>	<u>Amended FY 20 Budget</u>	<u>Actual YTD</u>	<u>% Budget</u>
REVENUES	29,911,503	30,961,372	5,677,025	18.34%
EXPENDITURES	29,911,503	30,961,372	7,294,680	23.56%

General Fund Revenues as of 3/31/21

	FY 2021 Budget	FY 2021 Actual YTD	% Of Budget	Total Budget % of Revenue
<u>REVENUES:</u>				
TAXES	16,585,673	3,706,791	22.35%	53.10%
L.O.S.T.	8,000,000	1,352,978	16.91%	25.61%
LICENSES & PERMITS	1,001,350	339,789	33.93%	3.21%
CHARGES FOR SERVICES	2,277,512	362,827	15.93%	7.29%
INTERGOVERNMENTAL REVENUES	309,800	3,980	1.28%	0.99%
FINES & FORFEITURES	254,500	36,692	14.42%	0.81%
INVESTMENT INCOME	129,150	5,786	4.48%	0.41%
DONATIONS	8,161	8,160	99.99%	0.03%
MISCELLANEOUS	224,270	79,440	35.42%	0.72%
OTHER FINANCING SOURCES	2,444,554	-	0.00%	7.83%
TOTAL	31,234,970	5,896,443	18.88%	100.00%

L.O.S.T. (Local option sales tax)

MONTH	2021	2020	% Change
January	693,526.54	585,075.76	18.54%
February	659,451.20	535,151.61	23.23%
March			
April			
May			
June			
July			
August			
YTD Total	\$1,352,977.74	\$1,120,227.37	20.77%

\$ change = \$232,750.37

General Government Expenditures

GENERAL GOVERNMENT	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Board of Commissioners	189,957	30,824	16.23%
County Administration	258,512	52,315	20.24%
Elections/Registrar	299,405	75,338	25.16%
General Government	1,180,552	402,144	34.06%
Finance	617,259	165,647	26.84%
Information Technology	535,618	101,387	18.93%
Human Resources	254,121	52,630	20.71%
Tax Commissioner	435,071	102,797	23.63%
Tax Assessor	526,431	116,639	22.16%
Board of Equalization	18,807	-	0.00%
Risk Management	417,447	133,303	31.93%
Facilities	1,167,339	164,853	14.12%
Public Relations	113,374	19,260	16.99%
Total General Government	6,013,893	1,417,137	23.56%

Judicial Expenditures

JUDICIAL	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Superior Court	568,324	93,812	16.51%
Clerk of Court	633,456	141,814	22.39%
District Attorney	796,139	168,049	21.11%
Magistrate Court	459,792	91,430	19.89%
Probate Court	337,856	72,866	21.57%
Juvenile Court	274,809	16,545	6.02%
Public Defender	456,796	103,164	22.58%
Total Judicial	3,527,172	687,680	19.50%

Sheriff Expenditures

PUBLIC SAFETY-Sheriff	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Sheriff	4,002,287	899,539	22.48%
Sheriff-K-9	30,147	2,585	8.57%
Sheriff-Jail	3,033,982	639,516	21.08%
Sheriff-School Traffic Mgmt.	60,000	9,927	16.55%
Sheriff-School Resource Officers	483,991	106,830	22.07%
Sheriff- Donations	22,031	-	0.00%
Sheriff-Court Services	831,918	176,026	21.16%
Sheriff-Special Event Officers	33,495	2,470	7.37%
TOTAL SHERIFF	8,497,851	1,836,893	21.62%

Public Safety Expenditures

PUBLIC SAFETY	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Marshals	177,625	45,086	25.38%
Fire	2,453,378	360,671	14.70%
Fire Marshal & Prevention	22,260	3,655	16.42%
EMS	2,771,502	601,211	21.69%
Coroner	125,843	21,343	16.96%
EMA	127,936	28,234	22.07%
Humane Society	150,000	37,500	25.00%
Total Public Safety	5,828,544	1,097,700	18.83%

Public Works Expenditures

	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
PUBLIC WORKS			
Public Works -Admin	227,027	46,148	20.33%
Roads Department	1,747,144	337,514	19.32%
Total Public Works	1,974,171	383,662	19.43%

Health & Welfare Expenditures

HEALTH & WELFARE	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Health Department	162,000	40,500	25.00%
Good Shepherd Clinic	20,000	5,000	25.00%
CASA	9,000	2,250	25.00%
DFACS	34,300	8,575	25.00%
Avita	7,500		
No one alone (NOA)	5,000	1,250	25.00%
Indigent Welfare	7,000	-	0.00%
Senior Center	103,682	20,505	19.78%
Senior Services Donations	48,953	-	0.00%
Medicare Silver Sneakers	6,250	-	0.00%
Total Health & Welfare	403,685	78,080	19.34%

Recreation & Culture Expenditures

RECREATION & CULTURE	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Park	1,209,580	252,632	20.89%
Park Donations	34,249	3,119	9.11%
Park Women's Club	219	-	0.00%
Park Pool	38,263	2,385	6.23%
War Hill Park	33,604	4,290	12.77%
Library	425,000	106,251	25.00%
Total Recreation & Culture	1,740,915	368,677	21.18%

Housing & Development Expenditures

	FY 2021	FY 2021	%
HOUSING & DEVELOPMENT	Budget	Actual YTD	of Budget
County Extension	95,078	20,873	21.95%
Planning & Development	660,427	162,572	24.62%
Development Authority	240,000	60,000	25.00%
Total Housing & Development	995,505	243,445	24.45%

Other Financing Uses

OTHER FINANCING USES	FY 2021 Budget	FY 2021 Actual YTD	% of Budget
Transfer out to Family Connection	26,257	6,564	25.00%
Transfer out to Grants	888,726	5,336	0.60%
Transfer out to Capital	756,648	164,861	21.79%
Transfer out to Fleet	86,754	21,689	25.00%
Transfer out to E-911	456,308	114,077	25.00%
Transfer out to DCARGIS	38,541	5,000	12.97%
Total Other Financing Uses	2,253,234	317,527	14.09%

GENERAL FUND EXPENDITURES BY FUNCTION

<u>EXPENDITURES:</u>	<u>FY 2021 Budget</u>	<u>FY 2021 Actual YTD</u>	<u>% Of Budget</u>	<u>% of all YTD Expenses</u>
GENERAL GOVERNMENT	6,013,893	1,417,137	23.56%	22.04%
JUDICIAL	3,527,172	687,680	19.50%	10.69%
PUBLIC SAFETY	5,828,544	1,097,700	18.83%	17.07%
PUBLIC SAFETY-Sheriff	8,497,851	1,836,893	21.62%	28.56%
PUBLIC WORKS	1,974,171	383,662	19.43%	5.97%
HEALTH & WELFARE	403,685	78,080	19.34%	1.21%
RECREATION & CULTURE	1,740,915	368,677	21.18%	5.73%
HOUSING & DEVELOPMENT	995,505	243,445	24.45%	3.79%
OTHER FINANCING USES	2,253,234	317,527	14.09%	4.94%
TOTAL	31,234,970	6,430,801	20.59%	100.00%

Investment in Employees

GENERAL FUND BY CATEGORY	BUDGET	YTD EXPENDITURES	% of Total Exp.
SALARIES/BENEFITS	20,194,526	4,033,965	62.73%
PURCHASED CONTRACTS/SERVICES	3,585,746	859,669	13.37%
SUPPLIES	3,001,474	470,872	7.32%
CAPITAL OUTLAY	30,014	-	0.00%
INTERFUND CHARGES	289,000	119,533	1.86%
OTHER COSTS	1,536,786	317,605	4.94%
DEBT SERVICE	344,190	311,630	4.85%
OTHER FINANCING USES	2,253,234	317,527	4.94%
TOTAL	31,234,970	6,430,801	100.00%

Almost 63% of every dollar spent YTD out of General Fund has gone to employees

Significant additions to GF Budget in FY 21

- \$141,000 Emergency Sewer repair at Fire Station #2
- \$ 94,500 Comprehensive Security System upgrade
- \$ 53,918 Carryover for ACCG Risk Management funds

Fund Balance- General Fund

- Unassigned Fund Balance is estimated at approximately \$7 million
- Approximately 22% of budgeted expenditures

Other funds

<u>FUND</u>	<u>FY 2021 Budget</u>	<u>FY 2021 YTD Revenues</u>	<u>FY 2021 YTD Expenditures</u>
E-911	1,016,408	162,474	280,928
Family Connection	344,032	27,526	73,274
Grants Fund	3,010,002	472,511	642,494
Hotel/Motel	450,000	62,860	23,387
Capital Projects	1,062,267	164,934	172,499
Solid Waste Fund	711,327	77,981	114,942
Impact Fees	862,000	813,804	627,032

S.P.L.O.S.T. REVENUE (Special purpose local option sales tax)

MONTH	2021	2020	% Change
January	\$787,979.46	\$659,725.60	19.44%
February	749,380.09	607,910.38	23.27%
March			
April			
May			
June			
July			
August			
YTD Total	\$1,537,359.55	\$1,267,635.98	21.28%
\$ Change		\$269,723.57	

City of Dawsonville receives 15% of each month's receipt

S.P.L.O.S.T. VI YTD EXPENDITURES

SPLOST VI EXPENDITURES

Department	<u>FY 2021 Budget</u>	<u>FY 2021 YTD</u>	<u>Encumbered</u>
Sheriff	804,008	370,478	400,422
Fire	185,079	185,079	
Roads	7,286,067	-	1,707,734
Parks	446,462	-	37,577
Payments to City	<u>540,000</u>	<u>118,197</u>	-
Total	9,261,616	673,754	<u>2,145,733</u>

Impact Fees

- Impact fees were re-instated in 2018.
- Over \$2.8 million has been collected since that time.
- Impact fees can only be used for capital improvement related to growth in the county. Not for salaries and other regular maintenance repairs and operations.
- Departments authorized use of these funds are: Library, Parks, Fire and Roads.
- Uses of Impact fees: Fire Truck \$122,000, Park Expansion \$615,000, Library \$19,500.

Notable purchases/projects-1st. Qtr.

- Implementation of salary study changes
- New K-9 trailer for Sheriff
- Several vehicles on order for Sheriff and other departments
- Completion of Fire-station 8
- Continuation of construction of the berm at Rock Creek
- Repair of the sewer at Fire Station 2
- Creation of specifications for Comprehensive Security System upgrade
- Preparation of Audio visual upgrade in Courtrooms A B & D
- Ongoing construction of the Harry Sosebee Roundabout
- Design for Dawson Forest/Hwy 53 Roundabout and Shoal Creek Rd/SR 136 intersection

CONCLUSION

In spite of Covid-19, Dawson County appears to be on track to have a financially successful 2021.

Thank you to all the Elected officials and Department heads and their staff members for their good fiscal management and cooperation.

