

**DAWSON COUNTY BOARD OF COMMISSIONERS
VOTING SESSION AGENDA - THURSDAY, APRIL 2, 2015
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
6:00 PM**

A. ROLL CALL

B. OPENING PRESENTATION

[Proclamation](#) and Presentation for Distinguished Service to Billy Mahaffey

C. INVOCATION

D. PLEDGE OF ALLEGIANCE

E. ANNOUNCEMENTS

F. APPROVAL OF MINUTES

[Minutes](#) of the Voting Session held on March 19, 2015

G. APPROVAL OF AGENDA

H. PUBLIC COMMENT (3 minute limit/person 15 minutes maximum)

I. ALCOHOL LICENSE

J. ZONING

K. PUBLIC HEARING

1. Illicit Discharge and Illegal Connection Ordinance (*1st of 2 hearings. Next hearing will be held on April 14, 2015*)

L. UNFINISHED BUSINESS

M. NEW BUSINESS

1. Ratification of the FY2016 Dawson County HELP Court Grant Application
2. Ratification of the FY2016 Dawson County Treatment Court Grant Application
3. Approval of the 2015 Boot Drives
4. Approval of the 2015 GEMA Homeland Security Grant

N. ADJOURNMENT

O. PUBLIC COMMENT

Backup material for agenda item:

Proclamation and Presentation for Distinguished Service to Billy Mahaffey



DAWSON COUNTY
BOARD OF COMMISSIONERS

PROCLAMATION AND PRESENTATION

FOR DISTINGUISHED SERVICE

TO

BILLY MAHAFFEY

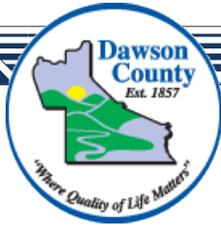
WHEREAS, on the morning of January 16, 2015 shortly after his morning walk at the Rock Creek Park, Mr. Harold Evans, had what appeared to be a massive heart attack; and

WHEREAS, Billy Mahaffey immediately began cardiopulmonary resuscitation (CPR). Cardiopulmonary resuscitation is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest; and

WHEREAS, while Billy Mahaffey cared for the patient, Emergency Services were called. An ambulance transported Mr. Evans to a nearby hospital where he was reported to be in grave condition. The hospital later reported that Mr. Evans's recovery and survival was due to Billy Mahaffey's quick response and efforts.

NOW THEREFORE BE IT PROCLAIMED, that Billy Mahaffey's extraordinary heroism and devotion to duty are in keeping with the highest traditions of public service, and reflect great credit upon himself, the Parks and Recreation Department, and Dawson County. Thank you on behalf of Dawson County and its citizens.

Attest:



Mike Berg, Chairman

Danielle Yarbrough, County Clerk

Backup material for agenda item:

Minutes of the Voting Session held on March 19, 2015

DAWSON COUNTY BOARD OF COMMISSIONERS
VOTING SESSION MINUTES – MARCH 19, 2015
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
25 JUSTICE WAY, DAWSONVILLE
6:00PM

ROLL CALL: Those present were Chairman Berg; Commissioner Fausett, District 1; Commissioner Swafford, District 2; Commissioner Hamby, District 3; Commissioner Nix, District 4; County Manager Campbell; County Attorney Homans; County Clerk Yarbrough and interested citizens of Dawson County.

OPENING PRESENTATION: Christie Haynes – President, Dawson County Chamber of Commerce

INVOCATION: Chairman Berg

PLEDGE OF ALLEGIANCE: Chairman Berg

ANNOUNCEMENTS:

Chairman Berg announced County Manager Cindy Campbell’s and Chief Financial Officer Dena Bosten’s birthdays.

APPROVAL OF MINUTES:

Motion passed unanimously to approve the minutes from the Voting Session held on February 19, 2015. Nix/Fausett

APPROVAL OF THE AGENDA:

Motion passed unanimously to approve the agenda with the following changes:

- Remove Item #7 – Approval to allow Emergency Services to participate in the “Touch-A-Truck” Benefit
- Add Item #9 – Executive Session

Swafford/Nix

PUBLIC COMMENT:

None

ALCOHOL LICENSE HEARING:

None

ZONING

None

PUBLIC HEARINGS:

2015 Land Use District Map (2nd of 2 hearings. First hearing was held on March 17, 2015 before the Planning Commission)

Chairman Berg asked if there was anyone present who wished to be heard on the matter of the proposed 2015 Land Use District Map, and hearing none, closed the hearing.

Motion passed unanimously to approve the 2015 Land Use District Map. Swafford/Hamby

UNFINISHED BUSINESS:

None

NEW BUSINESS:

Approval of Application for Parade and Assembly – 4-H Rabies Clinic

Motion passed unanimously to approve the Application for Parade and Assembly – 4-H Rabies Clinic. Nix/Hamby

Approval to move forward with public hearings on the Illicit Discharge and Illegal Connection Ordinance

Motion passed unanimously to approve to move forward with public hearings on April 2, 2015 and April 14, 2015 regarding the Illicit Discharge and Illegal Connection Ordinance. Nix/Hamby

Ratification of the FY2016 DOT 5311 Transit Grant

Motion passed unanimously to ratify the FY2016 DOT 5311 Transit Grant. Swafford/Fausett

Approval of the Agreement for Animal Care and Control

Motion passed unanimously to approve the contract as presented, including the requirement for an audit to be completed by June 30, 2015, but not to include the 10% reduction in payment if the number of dogs and cats delivered by Animal Control Officers is less than 10% of the previous year's quarterly totals. Swafford/Hamby

Approval to move forward with public hearings on the ordinance to amend the rules and regulations applicable to employees of the Dawson County Board of Commissioners known as the Dawson County Board of Commissioners Employee Handbook

Motion passed unanimously to move forward with public hearings on the ordinance to amend the rules and regulations applicable to employees of the Dawson County Board of Commissioners known as the Dawson County Board of Commissioners Employee Handbook. Swafford/Fausett

EXECUTIVE SESSION:

Motion passed unanimously to go into Executive Session for the purpose of legal. Nix/Fausett

Motion passed unanimously to come out of Executive Session. Nix/Hamby

Comfort Inn Litigation

Motion passed unanimously to proceed with litigation against the Comfort Inn. Swafford/Fausett

ADJOURNMENT:

PUBLIC COMMENT:

None

APPROVE:

ATTEST:

Mike Berg, Chairman

Danielle Yarbrough, County Clerk

DRAFT

Backup material for agenda item:

1. Illicit Discharge and Illegal Connection Ordinance

DAWSON COUNTY ILLICIT DISCHARGE AND ILLEGAL CONNECTION ORDINANCE

Introduction

It is hereby determined that:

Discharges to the Dawson County Separate Storm Sewer System that are not composed entirely of stormwater runoff contribute to increased nonpoint source pollution and degradation of receiving waters;

These non-stormwater discharges occur due to spills, dumping and improper connections to the Dawson County Separate Storm Sewer System from residential, industrial, commercial or institutional establishments.

These non-stormwater discharges not only impact waterways individually, but geographically dispersed, small volume non-stormwater discharges can have cumulative impacts on receiving waters.

The impacts of these discharges adversely affect public health and safety, drinking water supplies, recreation, fish and other aquatic life, property values and other uses of lands and waters;

These impacts can be minimized through the regulation of spills, dumping and discharges into the Dawson County Separate Storm Sewer System;

Localities in the State of Georgia are required to comply with a number of State and Federal laws, regulations and permits which require a locality to address the impacts of stormwater runoff quality and nonpoint source pollution due to improper non-stormwater discharges into the their Municipal Separate Storm Sewer Systems;

Therefore, Dawson County adopts this ordinance to prohibit such non-stormwater discharges to the Dawson County Separate Storm Sewer System. It is determined that the regulation of spills, improper dumping and discharges to the Dawson County Separate Storm Sewer System is in the public interest and will prevent threats to public health and safety, and the environment.

Section 1. General Provisions

1.1. Purpose and Intent

The purpose of this ordinance is to protect the public health, safety, environment and general welfare through the regulation of non-stormwater discharges to the Dawson County Separate Storm Sewer System to the maximum extent practicable as required by Federal law. This ordinance establishes methods for controlling the introduction of

pollutants into the Dawson County Separate Storm Sewer System in order to comply with requirements of the National Pollutant Discharge Elimination System (NPDES) permit process. The objectives of this ordinance are to:

- (1) Regulate the contribution of pollutants to the Dawson County Separate Storm Sewer System by any person;
- (2) Prohibit illicit discharges and illegal connections to the Dawson County Separate Storm Sewer System;
- (3) Prevent non-stormwater discharges, generated as a result of spills, inappropriate dumping or disposal, to the Dawson County Separate Storm Sewer System; and,
- (4) To establish legal authority to carry out all inspection, surveillance, monitoring and enforcement procedures necessary to ensure compliance with this ordinance

1.2. Applicability

The provisions of this ordinance shall apply throughout the **unincorporated** area of Dawson County.

1.3. Compatibility with Other Regulations

This ordinance is not intended to modify or repeal any other ordinance, rule, regulation, other provision of law. The requirements of this ordinance are in addition to the requirements of any other ordinance, rule, regulation, or other provision of law, and where any provision of this ordinance imposes restrictions different from those imposed by any other ordinance, rule, regulation, or other provision of law, whichever provision is more restrictive or imposes higher protective standards for human health or the environment shall control.

1.4. Responsibility for Administration

The Dawson County Stormwater Management Office shall administer, implement, and enforce the provisions of this ordinance unless otherwise noted herein.

Section 2. Definitions

Accidental Discharge: means a discharge prohibited by this ordinance which occurs by chance and without planning or thought prior to occurrence.

Clean Water Act: means the Federal Water Pollution Control Act (33 U.S.C. § 1251 et seq.), and any subsequent amendments thereto.

Construction Activity: means activities subject to the Georgia Erosion and Sedimentation Control Act or NPDES General Construction Permits. These include construction projects resulting in land disturbance. Such activities include but are not limited to clearing and grubbing, grading, excavating, and demolition.

Illicit Discharge: means any direct or indirect non-stormwater discharge to the Dawson County Separate Storm Sewer System, except as exempted in Section 3 of this ordinance.

Illegal Connection: means either of the following:

- a) Any pipe, open channel, drain or conveyance, whether on the surface or subsurface, which allows an illicit discharge to enter the storm drain system including but not limited to any conveyances which allow any non-stormwater discharge including sewage, process wastewater, and wash water to enter the storm drain system, regardless of whether such pipe, open channel, drain or conveyance has been previously allowed, permitted, or approved by an authorized enforcement agency; or
- b) Any pipe, open channel, drain or conveyance connected to the Dawson County Separate Storm Sewer System which has not been documented in plans, maps, or equivalent records and approved by an authorized enforcement agency.

Industrial Activity: means activities subject to NPDES Industrial Permits as defined in 40 CFR, Section 122.26 (b)(14).

National Pollutant Discharge Elimination System (NPDES) Storm Water Discharge Permit: means a permit issued by the Georgia EPD under authority delegated pursuant to 33 U.S. Code § 1342(b) that authorizes the discharge of pollutants to waters of the United States, whether the permit is applicable on an individual, group, or general area-wide basis.

Dawson County Separate Storm Sewer System: means any facility designed or used for collecting and/or conveying stormwater, including but not limited to any roads with drainage systems, highways, **Dawson County** streets, curbs, gutters, inlets, catch basins, piped storm drains, pumping facilities, structural stormwater controls, ditches, swales, natural and man-made or altered drainage channels, reservoirs, and other drainage structures, and which is:

- a) Owned or maintained by Dawson County;
- b) Not a combined sewer; and
- c) Not part of a publicly-owned treatment works.

Non-Stormwater Discharge: means any discharge to the storm drain system that is not composed entirely of stormwater.

Person: means, except to the extent exempted from this ordinance, any individual, partnership, firm, association, joint venture, public or private corporation, trust, estate, commission, board, public or private institution, utility, cooperative, city, county or other political subdivision of the State, any interstate body or any other legal entity.

Pollutant: means anything which causes or contributes to pollution. Pollutants may include, but are not limited to: paints, varnishes, and solvents; petroleum hydrocarbons; automotive fluids; cooking grease; detergents (biodegradable or otherwise); degreasers;

cleaning chemicals; non-hazardous liquid and solid wastes and yard wastes; refuse, rubbish, garbage, litter, or other discarded or abandoned objects and accumulations, so that same may cause or contribute to pollution; floatables; pesticides, herbicides, and fertilizers; liquid and solid wastes; sewage, fecal coliform and pathogens; dissolved and particulate metals; animal wastes; wastes and residues that result from constructing a building or structure; concrete and cement; and noxious or offensive matter of any kind.

Pollution: means the contamination or other alteration of any water’s physical, chemical or biological properties by the addition of any constituent and includes but is not limited to, a change in temperature, taste, color, turbidity, or odor of such waters, or the discharge of any liquid, gaseous, solid, radioactive, or other substance into any such waters as will or is likely to create a nuisance or render such waters harmful, detrimental or injurious to the public health, safety, welfare, or environment, or to domestic, commercial, industrial, agricultural, recreational, or other legitimate beneficial uses, or to livestock, wild animals, birds, fish or other aquatic life.

Premises: mean any building, lot, parcel of land, or portion of land whether improved or unimproved including adjacent sidewalks and parking strips.

State Waters: means any and all rivers, streams, creeks, branches, lakes, reservoirs, ponds, drainage systems, springs, wells, and other bodies of surface and subsurface water, natural or artificial, lying within or forming a part of the boundaries of the State of Georgia which are not entirely confined and retained completely upon the property of a single person.

Stormwater Runoff or **Stormwater:** means any surface flow, runoff, and drainage consisting entirely of water from any form of natural precipitation, and resulting from such precipitation.

Structural Stormwater Control: means a structural stormwater management facility or device that controls stormwater runoff and changes the characteristics of that runoff including, but not limited to, the quantity and quality, the period of release or the velocity of flow.

Section 3. Prohibitions

3.1 Prohibition of Illicit Discharges

No person shall throw, drain, or otherwise discharge, cause, or allow others under its control to throw, drain, or otherwise discharge into the Dawson County Separate Storm Sewer System any pollutants or waters containing any pollutants, other than stormwater.

The following discharges are exempt from the prohibition provision above:

- (1) Water line flushing performed by a government agency, other potable water sources, landscape irrigation or lawn watering, diverted stream flows, rising

ground water, ground water infiltration to storm drains, uncontaminated pumped ground water, foundation or footing drains (not including active groundwater dewatering systems), crawl space pumps, air conditioning condensation, non-commercial washing of vehicles, swimming pools (if dechlorinated - typically less than one PPM chlorine), springs, natural riparian habitat or wetland flows, and any other water source not containing pollutants;

- (2) Dye testing is an allowable discharge, but requires a verbal notification to the authorized enforcement agency prior to the time of the test.
- (2) Discharges or flows from fire fighting, and other discharges specified in writing by Dawson County as being necessary to protect public health and safety;
- (3) The prohibition provision above shall not apply to any non-stormwater discharge permitted under an NPDES permit or order issued to the discharger and administered under the authority of the State and the Federal Environmental Protection Agency, provided that the discharger is in full compliance with all requirements of the permit, waiver, or order and other applicable laws and regulations, and provided that written approval has been granted for any discharge to the Dawson County Separate Storm Sewer System.

3.2 Prohibition of Illegal Connections

The construction, connection, use, maintenance or continued existence of any illegal connection to the Dawson County Separate Storm Sewer System is prohibited.

- (1) This prohibition expressly includes, without limitation, illegal connections made in the past, regardless of whether the connection was permissible under law or practices applicable or prevailing at the time of connection.
- (2) A person violates this ordinance if the person connects a line conveying sewage to the Dawson County Separate Storm Sewer System, or allows such a connection to continue.
- (3) Improper connections in violation of this ordinance must be disconnected and redirected, if necessary, to an approved onsite wastewater management system or the sanitary sewer system upon approval of Etowah Water and Sewer Authority or any future applicable authority.
- (4) Any drain or conveyance that has not been documented in plans, maps or equivalent, and which may be connected to the storm sewer system, shall be located by the owner or occupant of that property upon receipt of written notice of violation from Dawson County requiring that such locating be completed. Such notice will specify a reasonable time period within which the location of the drain or conveyance is to be completed, that the drain or conveyance be identified as storm sewer, sanitary sewer or other, and that the outfall location or point of

connection to the storm sewer system, sanitary sewer system or other discharge point be identified. Results of these investigations are to be documented and provided to Dawson County.

Section 4. Industrial or Construction Activity Discharges

Any person subject to an industrial or construction activity NPDES stormwater discharge permit shall comply with all provisions of such permit. Proof of compliance with said permit may be required in a form acceptable to Dawson County prior to allowing discharges to the Dawson County Separate Storm Sewer System.

Section 5. Access and Inspection of Properties and Facilities

Dawson County shall be permitted to enter and inspect properties and facilities at reasonable times as often as may be necessary to determine compliance with this ordinance.

- (1) If a property or facility has security measures in force which require proper identification and clearance before entry into its premises, the owner or operator shall make the necessary arrangements to allow access to representatives of Dawson County.
- (2) The owner or operator shall allow Dawson County ready access to all parts of the premises for the purposes of inspection, sampling, photography, videotaping, examination and copying of any records that are required under the conditions of an NPDES permit to discharge stormwater.
- (3) Dawson County shall have the right to set up on any property or facility such devices as are necessary in the opinion of Dawson County to conduct monitoring and/or sampling of flow discharges.
- (4) Dawson County may require the owner or operator to install monitoring equipment and perform monitoring as necessary, and make the monitoring data available to Dawson County. This sampling and monitoring equipment shall be maintained at all times in a safe and proper operating condition by the owner or operator at his/her own expense. All devices used to measure flow and quality shall be calibrated to ensure their accuracy.
- (5) Any temporary or permanent obstruction to safe and easy access to the property or facility to be inspected and/or sampled shall be promptly removed by the owner or operator at the written or oral request of Dawson County and shall not be replaced. The costs of clearing such access shall be borne by the owner or operator.

- (6) Unreasonable delays in allowing Dawson County access to a facility is a violation of this ordinance.
- (7) If Dawson County has been refused access to any part of the premises from which stormwater is discharged, and Dawson County is able to demonstrate probable cause to believe that there may be a violation of this ordinance, or that there is a need to inspect and/or sample as part of a routine inspection and sampling program designed to verify compliance with this ordinance or any order issued hereunder, or to protect the overall public health, safety, environment and welfare of the community, then Dawson County may seek issuance of a search warrant from any court of competent jurisdiction.

Section 6. Notification of Accidental Discharges and Spills

- (1) Notwithstanding other requirements of law, as soon as any person responsible for a facility, activity or operation, or responsible for emergency response for a facility, activity or operation has information of any known or suspected release of pollutants or non-stormwater discharges from that facility or operation which are resulting or may result in illicit discharges or pollutants discharging into stormwater, the Dawson County Separate Storm Sewer System, State Waters, or Waters of the U.S., said person shall take all necessary steps to ensure the discovery, containment, and cleanup of such release so as to minimize the effects of the discharge.
- (2) Said person shall notify the Dawson County Stormwater Management Office in person, by phone, or facsimile no later than 24 hours of the nature, quantity and time of occurrence of the discharge. Notifications in person or by phone shall be confirmed by written notice addressed and mailed to Dawson County within three business days of the phone or in person notice. If the discharge of prohibited materials emanates from a commercial or industrial establishment, the owner or operator of such establishment shall also retain an on-site written record of the discharge and the actions taken to prevent its recurrence. Such records shall be retained for at least three years. Said person shall also take immediate steps to ensure no recurrence of the discharge or spill.
- (3) In the event of such a release of hazardous materials, emergency response agencies and/or other appropriate agencies shall be immediately notified.
- (4) Failure to provide notification of a release as provided above is a violation of this ordinance.

Section 7. Suspension of Access

7.1 Suspension due to Illicit Discharges in Emergency Situations

Dawson County may, without prior notice, suspend discharge access into the Dawson County Separate Storm Sewer System to a person when such suspension is necessary to stop an actual or threatened discharge which presents or may present imminent and substantial danger to the environment, or to the health or welfare of persons, or to the Dawson County Separate Storm Sewer System, Waters of the State, or Waters of the United States. If the violator fails to comply with a suspension order issued in an emergency, Dawson County may take such steps as deemed necessary to prevent or minimize damage to the Dawson County Separate Storm Sewer System, Waters of the State, Waters of the United States, or to minimize danger to persons.

7.2 Suspension due to the Detection of Illicit Discharge

Any person discharging to the Dawson County Separate Storm Sewer System in violation of this ordinance may have their access terminated if such termination would abate or reduce an illicit discharge. The Dawson County Stormwater Manager will notify a violator of the proposed termination of its access. The violator may petition Dawson County for a reconsideration and hearing as outlined in Section 8 of this ordinance.

7.3 Illegal Reinstatement of Access

A person commits an offense if the person reinstates Dawson County Separate Storm Sewer System access to premises terminated pursuant to this Section, without the prior approval of Dawson County.

Section 8. Requirement to Prevent, Control, and Reduce Stormwater Pollutants by the Use of BMP's

Best Management Practices for any activity, operation, or facility which may cause or contribute to pollution or contamination of storm water, the Dawson County Separate Storm Sewer System, or Waters of the State of Georgia and or Waters of the U.S. shall be observed by the owner of any property discharging into the Dawson County Separate Storm Sewer System. The owner or operator of a commercial or industrial establishment shall provide, at their own expense, reasonable protection from accidental discharge of prohibited materials or other wastes into the Dawson County Separate Storm Sewer System or watercourses through the use of these structural and non-structural BMPs. Further, any person responsible for a property or premise, which is, or may be, the source of an illicit discharge, may be required to implement, at said person's expense, additional structural and non-structural BMP's to prevent the further discharge of pollutants to the Dawson County Separate Storm Sewer System. Compliance with all terms and conditions of a valid NPDES permit authorizing the discharge of storm water associated with industrial activity, to the extent practicable, shall be deemed compliance with the provisions of this section. These BMP's shall be part of a stormwater pollution

prevention plan (SWPP) as necessary for compliance with requirements of the NPDES permit.

Section 9. Watercourse Protection

Every person owning property through which a watercourse passes, or such person's lessee, shall keep and maintain that part of the watercourse within the property free of trash, debris, and other obstacles that would pollute, contaminate, or significantly retard the flow of water through the watercourse. In addition, the owner or lessee shall maintain existing privately owned structures within or adjacent to a watercourse, so that such structures will not become a hazard to the use, function, or physical integrity of the watercourse.

Section 10. Violations, Enforcement and Penalties

10.1. Violations

It shall be unlawful for any person to violate any provision or fail to comply with any of the requirements of this Ordinance. Any person who has violated or continues to violate the provisions of this ordinance, may be subject to the enforcement actions outlined in this section or may be restrained by injunction or otherwise abated in a manner provided by law.

In the event the violation constitutes an immediate danger to public health or public safety, Dawson County is authorized to enter upon the subject private property, without giving prior notice, to take any and all measures necessary to abate the violation and/or restore the property. Dawson County is authorized to seek costs of the abatement as outlined in Section 10.5.

10.2. Notice of Violation

Whenever Dawson County finds that a violation of this ordinance has occurred, Dawson County may order compliance by written notice of violation.

- A. The notice of violation shall contain:
- (1) The name and address of the alleged violator;
 - (2) The address when available or a description of the building, structure or land upon which the violation is occurring, or has occurred;
 - (3) A statement specifying the nature of the violation;
 - (4) A description of the remedial measures necessary to restore compliance with this ordinance and a time schedule for the completion of such remedial action;

- (5) A statement of the penalty or penalties that shall or may be assessed against the person to whom the notice of violation is directed.
- B. Such notice may require without limitation:
- (1) The performance of monitoring, analyses, and reporting;
 - (2) The elimination of illicit discharges and illegal connections;
 - (3) That violating discharges, practices, or operations shall cease and desist;
 - (4) The abatement or remediation of stormwater pollution or contamination hazards and the restoration of any affected property;
 - (5) Payment of costs to cover administrative and abatement costs; and,
 - (6) The implementation of pollution prevention practices.

10.3. Appeal of Notice of Violation

Any person receiving a Notice of Violation may appeal such determination. The notice of appeal must be received by the Stormwater Manager within (10) days from the date of the Notice of Violation. Hearing on the appeal before the Dawson County Board of Commissioners shall take place on the next available hearing date following submission of the notice of appeal. The decision of the Board of Commissioners shall be final.

10.4. Enforcement Measures after Appeal

If the violation has not been corrected pursuant to the requirements set forth in the Notice of Violation, or in the event of an appeal, within (10) days of the decision of the appropriate authority upholding the decision of Dawson County, then representatives of Dawson County may enter upon the subject private property and are authorized to take any and all measures necessary to abate the violation and/or restore the property. It shall be unlawful for any person, owner, agent or person in possession of any premises to refuse to allow Dawson County or its designated contractor to enter upon the premises for the purposes set forth above.

10.5 Costs of Abatement of the Violation

Within (30) days after abatement of the violation, the owner of the property will be notified of the cost of abatement, including administrative costs. The property owner may file a written protest objecting to the assessment or to the amount of the assessment within 30 days of such notice. If the amount due is not paid within thirty (30) days after receipt of the notice, or if an appeal is taken, within thirty (30) days after a decision on said appeal, the charges shall become a special assessment against the property and shall constitute a lien on the property for the amount of the assessment.

Any person violating any of the provisions of this article shall become liable to Dawson County by reason of such violation.

10.6 Civil Penalties

In the event the alleged violator fails to take the remedial measures set forth in the notice of violation or otherwise fails to cure the violations described therein within (10) days, or such greater period as Dawson County shall deem appropriate, after Dawson County has taken one or more of the actions described above, Dawson County may impose a civil penalty not to exceed \$1,000 (depending on the severity of the violation) for each day the violation remains unremedied after receipt of the notice of violation.

10.7 Criminal Penalties

The Dawson County Stormwater Manager may request, at his discretion, the Dawson County Marshal's Office to issue a citation to the alleged violator requiring such person to appear in court to answer charges for such violation. Upon conviction, such person shall be punished by a fine not to exceed \$1,000 or imprisonment for (60) days or both. Each act of violation and each day upon which any violation shall occur shall constitute a separate offense.

10.8 Violations Deemed a Public Nuisance

In addition to the enforcement processes and penalties provided, any condition caused or permitted to exist in violation of any of the provisions of this ordinance is a threat to public health, safety, welfare, and environment and is declared and deemed a nuisance, and may be abated by injunctive or other equitable relief as provided by law.

10.9 Remedies Not Exclusive

The remedies listed in this ordinance are not exclusive of any other remedies available under any applicable Federal, State or local law and Dawson County may seek cumulative remedies.

10.10 Recovery of Fees

Dawson County may recover attorney's fees, court costs, and other expenses associated with enforcement of this ordinance, including sampling and monitoring expenses.

Section 11. Severability

If any paragraph, sub-paragraph, sentence, clause, phrase, or any portion of this ordinance shall be declared invalid or unconstitutional by any court of competent jurisdiction or if a provision of any part of this ordinance is applied to any particular situation or set of circumstances in such a manner as to be declared invalid or unconstitutional, then any such invalidity shall not be construed to affect the portions of this ordinance not so held to be invalid and the application of this ordinance to other circumstances shall not be held to be invalid. The Dawson County Board of Commissioners hereby declares the intent of Dawson County Board of Commissioners is to provide for separable and divisible parts, and the Dawson County Board of

Commissioners hereby adopts any and all parts hereof as may not be held invalid for any reason.

Section 12. Repealer

All resolutions or ordinances or parts thereof in conflict with the terms of this ordinance are hereby repealed.

This ____ day of _____, 2015.

DAWSON COUNTY

ATTEST

By: _____
Mike Berg, Chairman
Board of Commissioners

By: _____
Danielle Yarborough,
County Clerk

VOTE: Yes _____
 No _____

Dates of Public Hearings:

Dates of Advertising:

Backup material for agenda item:

1. Ratification of the FY2016 Dawson County HELP Court Grant Application



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Treatment Services

Presenter: Debbie Mott

Submitted By: Debbie Mott

Date Submitted: March 16, 2015

Item of Business/Agenda Title: FY2016 Dawson County HELP Court Grant Application

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only
(no action needed)

OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: Yes. The grant application deadline is March 27, 2015.

Purpose of Request: Approval of Treatment Services' application to the Criminal Justice Coordinating Council for FY2016 Accountability Court Funding Program grant and authorization for Chairman Berg to execute any related grant application and award documents.

Department Recommendation: Approval

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: This is a standard State grant application.

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: A 10% match is required. Of the \$14,101 needed, \$10,390 of that is budgeted in HELP Court transfers from General Fund. We request the additional \$3,711 come from contingency funds.

No

Amount Requested: \$14,101

Amount Budgeted: \$10,390

Fund Name and Account Number: 250-00-2950-XXXXXX-016

Administration Staff Authorization

Dept. Head Authorization: _____ Date: _____

Finance Dept. Authorization: DENA BOSTEN Date: 03/18/2015

County Manager Authorization: CINDY CAMPBELL Work Session Date: 03/26/2015

Comments: _____

Attachments: Grant application



DAWSON COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: FY2016 Dawson County HELP Court Grant Application

DATE: March 16, 2015

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

BUDGET INFORMATION:
ANNUAL-
CAPITAL-

COMMISSION ACTION REQUESTED ON: 3/27/2015 deadline. Requesting Ratification on 4/2/2015.

PURPOSE: Obtain grant funding to enhance services of the Dawson County HELP Program. The Funding Committee hasn't set an award amount available for distribution as it will be set by the Legislature in the 2015 session. Total grant budget is \$141,014. We are requesting \$126,913 in grant funds. The required 10% match totals \$14,101.

HISTORY: The Georgia Accountability Court Funding Committee was created in 2012 by the Georgia Legislature and by Governor Nathan Deal to provide courts with the critical funding necessary to support the growth of accountability courts in Georgia to reduce the prison population.

For the HELP Program, Treatment Services applied for accountability court funding that was once managed by the Judicial Council's Standing Committee on Drug Courts. Mental Health Courts were eligible to apply for this funding beginning in 2011. Previously, there was no match associated with these grants, and the documents once required the presiding judge's signature as authorized official. Under the CJCC, this award must be accepted and authorized by the Chairperson of the Board of Commissioners. This is the second year the Funding Committee is requiring a 10% match of funds.

FACTS AND ISSUES: The Accountability Court Funding Committee awarded the Dawson County HELP Program a total of \$93,497 for FY2015. If we are awarded the \$126,913 we are asking for in FY2016, we plan to use these funds for existing program operations such as continuing the coordinator's salary and benefits, community policing, drug screeners, drug testing kits and services, covering the treatment provider's non-billable service hours, treatment curriculum and workbooks, and the team's attendance of the annual State conference.

There is a 10% match required. Of the \$14,101 needed, \$10,390 is already budgeted in transfers from General Fund. This amount was determined based on the FY2015 grant award amount. For the remaining \$3,711, should we actually receive the full amount for which we are applying, we request the match come from grant contingency funds. The grant funding period is July 1, 2015 through June 30, 2016.

OPTIONS:

1. Accept the recommended proposal.
2. Modify the recommendation.
3. Commission directed alternative.

RECOMMENDED SAMPLE MOTION: Motion for approval of the FY2016 HELP Program Grant Application and approval for Chairman Berg to sign contract upon award.

DEPARTMENT:

Prepared by: Debbie Mott, Treatment Services Director

Director _____

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

COVER SHEET

1. Name of Accountability Court _____

2. Name of Judicial Circuit _____

3. Name of person filling out this application: _____

Your email address: _____

Your daytime phone number: _____

4. Type of Accountability Court. Check all that apply:

- | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court |
| <input type="checkbox"/> Veteran's Court (please also select either drug court or mental health court) | <input type="checkbox"/> Family Dependency Treatment Court |
| | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

5. Is this a new court or an existing court ?

FY'15 Total Budget Request

(this will autofill once you complete your budget on pages 15-21)

Request Area	Amount Requested	Matching Funds
Personnel	\$ 0	\$ 0
Contract Personnel	\$ 0	\$ 0
Drug Tests/Testing Supplies	\$ 0	\$ 0
Equipment	\$ 0	\$ 0
Supplies	\$ 0	\$ 0
Training and Travel	\$ 0	\$ 0
Other	\$ 0	\$ 0
Total Budget Request:	\$ 0	\$ 0

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

General Operating Questions

1. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____. How often do they meet? _____

2. Does your court have an independent 501(c)3? _____ If not, why not?

3. Does your court have a formal policy on staff training requirements and continuing education? _____ If yes, briefly describe the policy.

4. What training has your court attended in the past year?

5. Do you have a structured, written orientation program for new members of the team? _____

6. What is your target population? How has it changed since the inception of your program?

7. Describe your eligibility criteria.

8. How many staffings do you conduct per month? _____ What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?

9. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? _____

10. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?

- Are they P.O.S.T. certified? _____

11. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? _____

If no, why not? _____

12. How much does your program pay annual for treatment? _____

Does your court pay the full amount for treatment for your participants? _____

Please describe your participant fee schedule.

13. How much did you collect in participant fees in CY 2014? _____

14. What is the average length of your program? _____

15. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases)	Average number and hours of treatment sessions per week (or month in the later phases)	Number of court appearances per month	Number of active participants in this phase (as of 1/1/15)

Clinical Questions

16. What type of substance abuse assessments are conducted, when are they conducted, who conducts the assessments and what is the name of the assessment tool(s)?

17. What is your clinical eligibility criteria?

18. How do you determine what level of treatment is needed?

19. What type of evidence based treatment does your court use?

20. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of redivism)? _____ What is used? _____

21. How does the court ensure that the chosen tools/models are used consistently and faithfully?

22. How does the program coordinator monitor treatment? _____

23. Does your program have an individualized treatment plan for each participant? _____ How often is it reviewed? _____

24. Do you use your local CSB for treatment services? _____

If no, explain how your treatment provider is employed (program staff, contract, etc.)

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____

i Does the CSB get funding for treatment of your participants from other sources? _____

If yes, please list the other sources: _____

- ii Do you pay the CSB for: the full amount of treatment,
 additional, non billable services such as case management only
 nothing for the services for your participants

Drug Testing

25. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?

26. For what drugs do you routinely screen? _____

What drug testing company do you use (Siemens, Redwood, etc.)? _____

27. Are all of your urine screens observed? _____ Who observes the urine sample _____

Are they the same sex as the participant? _____

28. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? _____ If you mail the screens to a lab, how often are they sent? _____

29. Describe the policy for participants to dispute the results of the drug screen.

30. Are creatinine violations considered positives _____ If not, why not?

_____ Are unexcused or missed screens considered positive? _____

Performance Measures - (Implementation courts should skip to the Court Specific Question section.)

For Adult Drug Court, Adult Mental Health Court, DUI and Family Drug Court ONLY. Using LSI-R data from 1/1/14 through 12/31/14, list the number and percentage of moderate _____/_____% and high risk participants _____/_____% . *DUI Courts only: Please indicate the dates your information above covers: _____

31. List the number of drug screens administered the past year (1/1/14 – 12/31/14). _____
32. Fill out the chart below for all of the positive screens within the past year.

Cutoff Level for:	Amphetamine	
	Cocaine	
	Creatinine	
Number of No Shows		
Number refusing to admit use		
Number not producing a sample in a reasonable period of time		
Number of diluted samples		
Number of tests refused		
Other		
Total Number of Positive Drug Screens*		0

*A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.

33. Please answer the following using answers from the beginning of your program:

Program Outcome	
A. Percentage of employable (not on disability) participants employed at start of program (to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)	
B. Percentage of employable (not on disability) participants employed at graduation (to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)	
C. Percentage of participants who successfully exit the program	
D. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other)	
E. Number of drug free babies born to participants	

34. **Units of service.**

_____ Total number of court sessions in the past year.

_____ Total number of days of inpatient treatment in the past year.

_____ Number of hours of treatment scheduled within the past month.

_____ Number of scheduled treatment hours a 31 ed within the past month.

35. Number of people screened for the program in the past year (1/1/14 – 12/31/14)? _____
 Number of participants accepted in the past year (1/1/14 – 12/31/14)? _____

36. Please list:
 Total number of graduates as of 12/31/14 _____
 Number of graduates/certificates of participation awarded from 1/1/14 – 12/31/14? _____
 Total number of participants admitted since program start up? _____
 Average age of your participants (at entry into the program) _____
 Average age participants began abusing drugs? _____

37. Please provide the following information:

For CY'14 (January 1, 2014 through December 31, 2014)	
A. Daily cost of incarceration in county jails or YDC for counties served by your court. List <u>each</u> county that your court serves separately.	
B. Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	
C. Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	
D. Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program.	
E. Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program.	
F. Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program.	
G. Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.	
H. Number of participants who were terminated.	
I. Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.)	

_____ peer support
_____ case management

_____ MRT
_____ other evidence based treatment

47. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____
Please list any other additional services your program offers:

48. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

49. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

50. Performance measures - (January 1, 2014 - December 31, 2014):

_____ Percent of scheduled judicial status hearings attended by the participant

_____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

51. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard.

DUI Courts:

52. How do you determine the right type and length of treatment for each participant?

53. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____

54. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support.

55. How do you caution the participants against driving without a license?

Family Drug Courts:

56.

Please respond for CY'14 (Jan 1, 2014 – Dec 31, 2014)	
A. Number of graduates with new DFCS reports	
B. Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program	
C. Number of drug-free babies born while participant was active in program or to a graduate of the program.	
D. Number of days that participants' children have been kept out of foster care.	

57. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.).

58. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

59. Describe DFCS involvement in your court.

Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts? _____

60. Is there a structured systematic assessment provided for the children in your program? _____

61. Was your program capacity determined by formula or by service limitations? _____

62. What challenges has your program experienced in the past year and how has your team overcome them?

63. Does treatment communicate with court via email? _____

64. In order to graduate, are clients required to have a job or be in school? _____

65. In order to graduate, are clients required to have a sober housing environment? _____

66. Did the presiding Judge of the program volunteer? _____ Is the Judge's term over the program indefinite? _____

67. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? _____ If so, what were those modifications?

Juvenile Courts:

68. Are all participants required to be enrolled in school or a GED program? _____

69. What is the annual cost savings brought about by your participants not being in YDC? _____

70. What percentage of your participants' parents are mandated to attend court sessions? _____

71. What percentage of your participants' parents are mandated to participate in treatment? _____

72. Does your program offer: (check all that apply)

- gender specific counseling
- domestic relations or family counseling

- mental health treatment
- parenting classes
- anger management classes

73. Does your court receive assistance from the following? If not, please explain

- Local Churches or Faith Based Org
- Civic Groups (Elks Club, Kiwanis, Rotary, etc)

- Junior League
- Local college or school groups
- Any others? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

74. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		
DATE Fund		
Participant Fees		
Federal Grants		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Revenue From Lab		
501 c(3)		
Other Sources (please name):		
TOTAL PROGRAM BUDGET	\$ 0	

75. Please describe your courts sustainability plan.

SECTION V: NARRATIVE

Please fully describe your request. Explain why your request can not be funded using other funding sources. Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

SECTION VI: BUDGETS

Budget Detail

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds. It is not necessary to include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program. If you need additional space, please attach an additional page.

Budget Priority Form

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please be sure to use the wording you used in the budget detail section. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

Restrictions on Use of Funds

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software (including maintenance and upgrades), office supplies, construction projects, vehicles, weapons or grant administrative overhead.

BUDGET DETAIL WORKSHEET

A. Accountability Court Personnel/Salaries and Benefits. 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. Contract Personnel should be listed under "B. Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

C. Drug Tests/Testing Supplies. List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

D. 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. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "E. Supplies".

Item	Purpose	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
 TOTAL MATCHING FUNDS \$ 0

Justification:

E. Supplies. List items by type (e.g. brochures, treatment handbooks, manuals, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are NOT allowable through this grant. Drug testing supplies should be put under "C. Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0 _____
 TOTAL MATCHING FUNDS \$ 0 _____

Justification:

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so we can match up your request.

Example:

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	B	Treatment Provider	\$50,000
3.	C	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1			
2			
3			

SECTION VII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- *Certification for Accountability Court Funding – signed and dated by the accountability court judge
- *Contract between the Accountability Court and Treatment Provider (if you have one)
- *Organizational chart. Sample organizational charts can be found on www.gaaccountabilitycourts.org. You can modify the example, or submit your own. If you submit your own org chart, it must include the person’s name, title, percentage of time they devote to the accountability court, and how the position is funded.

Certification for Accountability Court Funding

I certify that the _____ (court name) provides the following. (check if accurately describes).

- 1. The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.
- 3. Eligible participants are identified early and promptly placed into the accountability program.
- 4. The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5. Abstinence is monitored by frequent alcohol and other drug testing.
- 6. A coordinated strategy governs accountability court responses to participants' compliance.
- 7. The accountability court has ongoing judicial interaction with each participant.
- 8. The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9. Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10. The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

****Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.****

By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: www.gaaccountabilitycourts.org.

Submitted by: _____
Judge

_____ Court Date

Backup material for agenda item:

2. Ratification of the FY2016 Dawson County Treatment Court Grant Application



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Treatment Services

Presenter: Debbie Mott

Submitted By: Debbie Mott

Date Submitted: March 16, 2015

Item of Business/Agenda Title: FY2016 Dawson County Treatment Court Grant Application

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only
(no action needed)

OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: Yes. The grant application deadline is March 27, 2015.

Purpose of Request: Approval of Treatment Services' application to the Criminal Justice Coordinating Council for FY2016 Accountability Court Funding Program grant and authorization for Chairman Berg to execute any related grant application and award documents.

Department Recommendation: Approval

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: This is a standard State grant application.

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: A 10% match is required. An in-kind match of \$11,907 will be made through the salary of existing personnel.

No

Amount Requested: \$11,907 (in-kind)

Amount Budgeted: \$11,907

Fund Name and Account Number: 250-00-2900-XXXXXX-000

Administration Staff Authorization

Dept. Head Authorization: _____ Date: _____

Finance Dept. Authorization: DENA BOSTEN Date: 03/18/2015

County Manager Authorization: CINDY CAMPBELL Work Session Date: 03/26/2015

Comments: _____

Attachments: Grant Application



DAWSON COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: FY2016 Dawson County Treatment Court Grant Application

DATE: March 16, 2015

RECOMMENDATION
 POLICY DISCUSSION
 STATUS REPORT
 OTHER

BUDGET INFORMATION:

ANNUAL-
CAPITAL-

COMMISSION ACTION REQUESTED ON: 3/27/2015 deadline. Requesting Ratification on 4/2/2015.

PURPOSE: Obtain grant funding to enhance services of the Dawson County Treatment Court program. The Funding Committee hasn't set an award amount available for distribution as it will be set by the Legislature in the 2015 session. Total grant budget is \$119,072. We are requesting \$107,165 in grant funds. The 10% match requirement totals \$11,907 and will be fulfilled with current staff salaries.

HISTORY: The Georgia Accountability Court Funding Committee was created in 2012 by the Georgia Legislature and by Governor Nathan Deal to provide courts with the critical funding necessary to support the growth of accountability courts in Georgia to reduce the prison population.

For Drug Court, Treatment Services applied for accountability court funding that was once managed by the Judicial Council's Standing Committee on Drug Courts. We've received State money for at least eight years. Previously, there was no match associated with these grants, and the documents once required the presiding judge's signature as authorized official. Under the CJCC, this award must be accepted and authorized by the Chairperson of the Board of Commissioners. This is the second year the Funding Committee is requiring a 10% match of funds.

FACTS AND ISSUES: The Accountability Court Funding Committee awarded the Dawson County Treatment Court a total of \$61,721 for FY2015. If we are awarded the \$107,165 we are asking for in FY2016, we plan to use these funds for existing program operations such as community policing, drug screeners, drug testing kits and services, part-time group facilitators, treatment curriculum and workbooks, and the team's attendance of the annual State conference.

There is a 10% match required, and we will satisfy the \$11,907 match with the salary of the Treatment Court Case Manager. The grant funding period is July 1, 2015 through June 30, 2016.

OPTIONS:

1. Accept the recommended proposal.
2. Modify the recommendation.
3. Commission directed alternative.

RECOMMENDED SAMPLE MOTION: Motion for approval of the FY2016 Treatment Court Grant Application and approval for Chairman Berg to sign contract upon award.

DEPARTMENT:

Prepared by: Debbie Mott, Treatment Services Director

Director _____

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

COVER SHEET

1. Name of Accountability Court _____

2. Name of Judicial Circuit _____

3. Name of person filling out this application: _____

Your email address: _____

Your daytime phone number: _____

4. Type of Accountability Court. Check all that apply:

- | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court |
| <input type="checkbox"/> Veteran's Court (please also select either drug court or mental health court) | <input type="checkbox"/> Family Dependency Treatment Court |
| | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

5. Is this a new court or an existing court ?

FY'15 Total Budget Request

(this will autofill once you complete your budget on pages 15-21)

Request Area	Amount Requested	Matching Funds
Personnel	\$ 0	\$ 0
Contract Personnel	\$ 0	\$ 0
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Equipment	\$ 0	\$ 0
Supplies	\$ 0	\$ 0
Training and Travel	\$ 0	\$ 0
Other	\$ 0	\$ 0
Total Budget Request:	\$ 0	\$ 0

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

General Operating Questions

1. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____. How often do they meet? _____

2. Does your court have an independent 501(c)3? _____ If not, why not?

3. Does your court have a formal policy on staff training requirements and continuing education? _____ If yes, briefly describe the policy.

4. What training has your court attended in the past year?

5. Do you have a structured, written orientation program for new members of the team? _____

6. What is your target population? How has it changed since the inception of your program?

7. Describe your eligibility criteria.

8. How many staffings do you conduct per month? _____ What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?

9. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? _____

10. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?

- Are they P.O.S.T. certified? _____

11. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? _____

If no, why not? _____

12. How much does your program pay annual for treatment? _____

Does your court pay the full amount for treatment for your participants? _____

Please describe your participant fee schedule.

13. How much did you collect in participant fees in CY 2014? _____

14. What is the average length of your program? _____

15. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases)	Average number and hours of treatment sessions per week (or month in the later phases)	Number of court appearances per month	Number of active participants in this phase (as of 1/1/15)

Clinical Questions

16. What type of substance abuse assessments are conducted, when are they conducted, who conducts the assessments and what is the name of the assessment tool(s)?

17. What is your clinical eligibility criteria?

18. How do you determine what level of treatment is needed?

19. What type of evidence based treatment does your court use?

20. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of redivism)? _____ What is used? _____

21. How does the court ensure that the chosen tools/models are used consistently and faithfully?

22. How does the program coordinator monitor treatment? _____

23. Does your program have an individualized treatment plan for each participant? _____ How often is it reviewed? _____

24. Do you use your local CSB for treatment services? _____

If no, explain how your treatment provider is employed (program staff, contract, etc.)

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____

i Does the CSB get funding for treatment of your participants from other sources? _____

If yes, please list the other sources: _____

- ii Do you pay the CSB for: the full amount of treatment,
 additional, non billable services such as case management only
 nothing for the services for your participants

Drug Testing

25. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?

26. For what drugs do you routinely screen? _____

What drug testing company do you use (Siemens, Redwood, etc.)? _____

27. Are all of your urine screens observed? _____ Who observes the urine sample _____

Are they the same sex as the participant? _____

28. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? _____ If you mail the screens to a lab, how often are they sent? _____

29. Describe the policy for participants to dispute the results of the drug screen.

30. Are creatinine violations considered positives _____ If not, why not?

_____ Are unexcused or missed screens considered positive? _____

Performance Measures - (Implementation courts should skip to the Court Specific Question section.)

For Adult Drug Court, Adult Mental Health Court, DUI and Family Drug Court ONLY. Using LSI-R data from 1/1/14 through 12/31/14, list the number and percentage of moderate _____/_____% and high risk participants _____/_____% . *DUI Courts only: Please indicate the dates your information above covers: _____

- 31. List the number of drug screens administered the past year (1/1/14 – 12/31/14). _____
- 32. Fill out the chart below for all of the positive screens within the past year.

Cutoff Level for:	Amphetamine	
	Cocaine	
	Creatinine	
Number of No Shows		
Number refusing to admit use		
Number not producing a sample in a reasonable period of time		
Number of diluted samples		
Number of tests refused		
Other		
Total Number of Positive Drug Screens*		0

*A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.

33. Please answer the following using answers from the beginning of your program:

Program Outcome	
A. Percentage of employable (not on disability) participants employed at start of program (to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)	
B. Percentage of employable (not on disability) participants employed at graduation (to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)	
C. Percentage of participants who successfully exit the program	
D. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other)	
E. Number of drug free babies born to participants	

- 34. **Units of service.**
- _____ Total number of court sessions in the past year.
- _____ Total number of days of inpatient treatment in the past year.
- _____ Number of hours of treatment scheduled within the past month.
- _____ Number of scheduled treatment hours a 59 ed within the past month.

35. Number of people screened for the program in the past year (1/1/14 – 12/31/14)? _____
 Number of participants accepted in the past year (1/1/14 – 12/31/14)? _____

36. Please list:
 Total number of graduates as of 12/31/14 _____
 Number of graduates/certificates of participation awarded from 1/1/14 – 12/31/14? _____
 Total number of participants admitted since program start up? _____
 Average age of your participants (at entry into the program) _____
 Average age participants began abusing drugs? _____

37. Please provide the following information:

For CY'14 (January 1, 2014 through December 31, 2014)	
A. Daily cost of incarceration in county jails or YDC for counties served by your court. List <u>each</u> county that your court serves separately.	
B. Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	
C. Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	
D. Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program.	
E. Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program.	
F. Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program.	
G. Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.	
H. Number of participants who were terminated.	
I. Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.)	

Court Specific Questions

Please answer the appropriate section of questions for your type of court. You should answer ALL of the questions in each section that you checked in question #3.

Felony Drug Courts:

38. Does your treatment provider provide the court with weekly, written reports on participant progress? _____
39. Does your program offer: (check all that apply)
 group counseling individual counseling drug testing
40. Does your program offer: (check all that apply)
 family counseling health screens
 gender specific counseling assessment and counseling for co-occurring mental health issues
 domestic violence counseling
41. Does your program offer: (check all that apply)
 employment counseling and assistance housing
 educational component mentoring
 medical and dental care alumni groups? Please list any other additional services your program offers: _____
 transportation

Mental Health Courts: (includes all levels of Courts)

42. Tell us about what organizations and agencies you partner with in your community? Are there memorandums of understanding between your court and anyone else, please elaborate.

43. Who sends referrals to your court? _____

44. What measures are in place in your program to ensure that a defendant does not spend more time in the MH program than the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process?

45. Describe your guidelines for the identification and expeditious resolution of competency concerns.

46. Explain how the following services are provided to participants, either directly (D) and/or by linking to outside providers (OP):

- | | |
|---------------------------------|-------------------------------------|
| _____ medication | _____ housing |
| _____ counseling | _____ crisis interventions services |
| _____ substance abuse treatment | |
| _____ financial benefits | |

_____ peer support
_____ case management

_____ MRT
_____ other evidence based treatment

47. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____
Please list any other additional services your program offers:

48. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

49. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

50. Performance measures - (January 1, 2014 - December 31, 2014):

_____ Percent of scheduled judicial status hearings attended by the participant

_____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

51. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard.

DUI Courts:

52. How do you determine the right type and length of treatment for each participant?

53. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____

54. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support.

55. How do you caution the participants against driving without a license?

Family Drug Courts:

56.

Please respond for CY'14 (Jan 1, 2014 – Dec 31, 2014)	
A. Number of graduates with new DFCS reports	
B. Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program	
C. Number of drug-free babies born while participant was active in program or to a graduate of the program.	
D. Number of days that participants' children have been kept out of foster care.	

57. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.).

58. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

59. Describe DFCS involvement in your court.

Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts? _____

60. Is there a structured systematic assessment provided for the children in your program? _____

61. Was your program capacity determined by formula or by service limitations? _____

62. What challenges has your program experienced in the past year and how has your team overcome them?

63. Does treatment communicate with court via email? _____

64. In order to graduate, are clients required to have a job or be in school? _____

65. In order to graduate, are clients required to have a sober housing environment? _____

66. Did the presiding Judge of the program volunteer? _____ Is the Judge's term over the program indefinite? _____

67. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? _____ If so, what were those modifications?

Juvenile Courts:

68. Are all participants required to be enrolled in school or a GED program? _____

69. What is the annual cost savings brought about by your participants not being in YDC? _____

70. What percentage of your participants' parents are mandated to attend court sessions? _____

71. What percentage of your participants' parents are mandated to participate in treatment? _____

72. Does your program offer: (check all that apply)

- gender specific counseling
- domestic relations or family counseling

- mental health treatment
- parenting classes
- anger management classes

73. Does your court receive assistance from the following? If not, please explain

- Local Churches or Faith Based Org
- Civic Groups (Elks Club, Kiwanis, Rotary, etc)

- Junior League
- Local college or school groups
- Any others? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

74. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		
DATE Fund		
Participant Fees		
Federal Grants		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Revenue From Lab		
501 c(3)		
Other Sources (please name):		
TOTAL PROGRAM BUDGET	\$ 0	

75. Please describe your courts sustainability plan.

SECTION V: NARRATIVE

Please fully describe your request. Explain why your request can not be funded using other funding sources. Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

SECTION VI: BUDGETS

Budget Detail

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds. It is not necessary to include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program. If you need additional space, please attach an additional page.

Budget Priority Form

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please be sure to use the wording you used in the budget detail section. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

Restrictions on Use of Funds

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software (including maintenance and upgrades), office supplies, construction projects, vehicles, weapons or grant administrative overhead.

BUDGET DETAIL WORKSHEET

A. Accountability Court Personnel/Salaries and Benefits. 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. Contract Personnel should be listed under "B. Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

C. Drug Tests/Testing Supplies. List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

D. 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. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "E. Supplies".

Item	Purpose	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
 TOTAL MATCHING FUNDS \$ 0

Justification:

E. Supplies. List items by type (e.g. brochures, treatment handbooks, manuals, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are NOT allowable through this grant. Drug testing supplies should be put under "C. Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0 _____
 TOTAL MATCHING FUNDS \$ 0 _____

Justification:

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so we can match up your request.

Example:

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	B	Treatment Provider	\$50,000
3.	C	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1			
2			
3			

SECTION VII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- *Certification for Accountability Court Funding – signed and dated by the accountability court judge
- *Contract between the Accountability Court and Treatment Provider (if you have one)
- *Organizational chart. Sample organizational charts can be found on www.gaaccountabilitycourts.org. You can modify the example, or submit your own. If you submit your own org chart, it must include the person’s name, title, percentage of time they devote to the accountability court, and how the position is funded.

Certification for Accountability Court Funding

I certify that the _____ (court name) provides the following. (check if accurately describes).

- 1.The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2.Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.
- 3.Eligible participants are identified early and promptly placed into the accountability program.
- 4.The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5.Abstinence is monitored by frequent alcohol and other drug testing.
- 6.A coordinated strategy governs accountability court responses to participants’ compliance.
- 7.The accountability court has ongoing judicial interaction with each participant.
- 8.The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9.Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10.The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

****Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.****

By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: www.gaaccountabilitycourts.org.

Submitted by: _____
Judge

_____ Court Date

Backup material for agenda item:

3. Approval of the 2015 Boot Drives



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Emergency Services

Presenter: Tim Satterfield

Submitted By: Billy Thurmond

Date Submitted: 03-11-2015

Item of Business/Agenda Title: 2015 Boot Drives

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only
(no action needed)

OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: May 2015 is the first scheduled boot drive

Purpose of Request: To get BOC approval to hold boot drives for Georgia Burn Foundation, Muscular Dystrophy Assoc., and Kare for Kids

Department Recommendation: Recommend BOC approval to hold boot drives on dates listed on summary.

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information:

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: Funds are collected and then distributed to the charitable organization. Budget will be

No added to respective revenue and expenditure accounts based on amount collected. FY 2014 collections totaled \$24,873.68.

Amount Requested: none

Amount Budgeted: none

Fund Name and Account Number: 206-00-3500-572000-000

Administration Staff Authorization

Dept. Head Authorization: Billy Thurmond

Date: 03-11-2015

Finance Dept. Authorization: Dena Bosten

Date: 03-17-2015

County Manager Authorization: Cindy Campbell

Work Session Date: 03/24/2015

Comments: _____



DAWSON COUNTY BOARD OF COMMISSIONERS

EXECUTIVE SUMMARY

SUBJECT: 2015 Boot Drives _____

DATE: 03-11-2015 _____

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

BUDGET INFORMATION:
ANNUAL- _____
CAPITAL- _____

COMMISSION ACTION REQUESTED ON: Approval of dates to hold boot drives _____

PURPOSE: To collect funds for the Ga. Burn Foundation, MDA and Kare for Kids

HISTORY: The department has collected funds for these organizations for the past several years.

FACTS AND ISSUES: Ga. Burn Foundation: May 21,22,23
MDA: September 3,4,5
Kare for Kids: November 27,28

OPTIONS:

RECOMMENDED SAMPLE MOTION: Recommend BOC approval to collect funds through boot drives for the three organizations

DEPARTMENT: Emergency Services

Prepared by: Billy Thurmond _____

Director Billy Thurmond _____

Backup material for agenda item:

4. Approval of the 2015 GEMA Homeland Security Grant



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Emergency Services

Presenter: Tim Satterfield

Submitted By: Billy Thurmond

Date Submitted: 03-11-2015

Item of Business/Agenda Title: 2015 GEMA Homeland Security Grant

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

- Work Session presentation only** (no action needed) OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: April 03

Purpose of Request: Continuation of the K-9 grant used for food, veterinarian expenses and training for dogs and handlers

Department Recommendation: Recommend approval to submit grant.

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

- Yes Explanation/ Additional Information:
 No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

- Yes Explanation/ Additional Information: This is a no match grant
 No

Amount Requested: 0

Amount Budgeted: 0

Fund Name and Account Number: 250-00-3929

Administration Staff Authorization

Dept. Head Authorization: Billy Thurmond Date: 03-11-2015

Finance Dept. Authorization: Dena Bosten Date: 03-17-2015

County Manager Authorization: Cindy Campbell Work Session Date: 03-26-2015

Comments: _____



DAWSON COUNTY BOARD OF COMMISSIONERS

EXECUTIVE SUMMARY

SUBJECT: 2015 GEMA Homeland Security Grant

DATE: 03-11-2015

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

BUDGET INFORMATION:

ANNUAL- _____
CAPITAL- _____

COMMISSION ACTION REQUESTED ON: Approval to apply for the GEMA Homeland Security Grant

PURPOSE: To fund equipment, veterinarian expenses, food and training for the K-9's and their handlers.

HISTORY: The department has received this grant for past few years.

FACTS AND ISSUES: This is a no match grant. The total request is for \$14,200.00.

OPTIONS:

RECOMMENDED SAMPLE MOTION: Recommend BOC approval to apply for GEMA Homeland Security Grant

DEPARTMENT: Emergency Services

Prepared by: Billy Thurmond

Director Billy Thurmond



2015 Georgia Homeland Security Grant Program Project Investment Justification Submittal for Statewide Resources

PLEASE READ FIRST

The State of Georgia has not yet received guidance from DHS on the form/content for the 2015 Grant Program application Investment Justifications (IJs). Since we do not know when guidance will be provided, we have concerns that the turnaround time for submittal of grant applications will be very short. Therefore, in order to allow the statewide resource managers to begin the planning process, GEMA/ HS is providing you this IJ form to use as a basis for collecting information on potential projects for funding in 2015. If once received, GEMA/HS determines the 2015 DHS guidance requires information not requested in this document, each applicant as necessary will be contacted to gather the additional required information.

Once your agency or department has collected the necessary information to describe a project or program that would merit DHS funding, you should fill out this form electronically and save it as a Microsoft Word file. The person completing the electronic form should type answers in the gray-colored blocks that appear on the form or check the required checkboxes. The gray-colored blocks will expand as they write in answers. Once complete, the Word file should be saved with a title that describes the program (i.e. HAZMAT/GSAR/EOD, etc.), the department or agency submitting the request and, if you are preparing more than one request, the project number (for example: “GSARFultonFire_1.doc” or “EODGBI_2.doc”).

The **deadline for submittal** of IJs for proposed projects is **April 2, 2015**, and completed applications should be emailed to **Ronnie Register** at ronnie.register@gema.ga.gov. As these forms are received, they will be reviewed by GEMA/HS and added to the statewide list of projects considered for 2015 funding.

Thank you for your participation in the 2015 grant application process. If you encounter difficulty in utilizing this form or uploading the document, please contact **Ronnie Register** at the email address above or at **(404)635-7222**.

2015 Project Description

1. GEMA/HS Area (1-8)

6

2. Title of project

K9 care, maintenance, training, and certification

3. Summarize the proposed project, including its purpose (no more than 250 words)

Training and certification expenses for handlers and K9's. Maintenance for the K9's including food, veterinary, and medications.

4. What type of project is this?

Building New Capability Sustaining Existing Capability

5. Agency (agencies) that would receive GEMA/HS funds and maintain them

Dawson County Emergency Services

6. Agency (agencies) that will carry out the project (if different than agency receiving funds)

7. Contact at agency (agencies) that will be receiving funds

Name/Agency Deputy Chief Tim Satterfield; Dawson County Emergency Services

Phone 706-344-3666; 678-776-5577

E-mail tsatterfield@dawsoncounty.org

Zip Code of Agency 30534

8. Point of contact to answer questions about proposed project (if different than agency contacts)

Name/Agency

Phone

E-mail

9. What is the local investment in this project (for example, SPLOST or other local funds)?

None

10. What is the monetary value of this local investment? If there is no local investment, explain why there is no local investment in this proposed project.

0

11. Estimate the number of people to be served by this project.

The GSAR K9 Task Force is a GEMA resource for the entire state of Georgia.

12. Estimate the number of public safety agency personnel who will benefit from this project.

5

13. Which of the 2015 National Priorities below are addressed by this project (check all that are applicable)

- Implementation of the National Preparedness System and the Whole-Community Approach to Homeland Security and Emergency Management. This Includes Integration of Persons with Disabilities and Those With Access/Functional Needs
- Cybersecurity and/or Enhancing Infrastructure Protection/Resiliency
- Improving Efforts at Long-Term Recovery Following a Large Event
- Enhancing Public and Private Partnerships

14. Check which two (2) Core Capabilities are primarily addressed by this proposed project:

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Access Control and Identity Verification | <input type="checkbox"/> Operational Coordination |
| <input type="checkbox"/> Community Resilience | <input type="checkbox"/> Physical Protective Measures |
| <input type="checkbox"/> Critical Transportation | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Public and Private Services and Resources |
| <input type="checkbox"/> Economic Recovery | <input checked="" type="checkbox"/> Public Health and Medical Services |
| <input type="checkbox"/> Environmental Response/Health and Safety | <input type="checkbox"/> Public Information and Warning |
| <input type="checkbox"/> Fatality Management Services | <input type="checkbox"/> Risk and Disaster Resilience Assessment |
| <input type="checkbox"/> Forensics and Attribution | <input type="checkbox"/> Risk Management for Protection Programs and Activities |
| <input type="checkbox"/> Health and Social Services | <input type="checkbox"/> Screening, Search, and Detection |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Situational Assessment |
| <input type="checkbox"/> Infrastructure Systems | <input type="checkbox"/> Supply Chain Integrity and Security |
| <input type="checkbox"/> Intelligence and Information Sharing | <input type="checkbox"/> Threat and Hazard Identification |
| <input type="checkbox"/> Interdiction and Disruption | |
| <input type="checkbox"/> Long-term Vulnerability Reduction | |
| <input type="checkbox"/> Mass Care Services | |
| <input checked="" type="checkbox"/> Mass Search and Rescue Operations | |
| <input type="checkbox"/> Natural and Cultural Resources | |
| <input type="checkbox"/> On-scene Security and Protection | |
| <input type="checkbox"/> Operational Communications | |

15. Estimate the amount of the funding you are requesting that will be used to strengthen each Core Capability addressed by the project.

Core Capability	Amount of Proposed Funding
Mass Search and Rescue	\$9,200.00
Public Health and Medical Services	\$5,000.00
Total:	\$14,200.00

16. Estimate the amount of the funding you are requesting that will be used to strengthen each Solution Area addressed by the project.

Solution Areas (POETE)	Amount of Proposed Funding
Planning	\$5,200.00
Organization	\$2,000.00
Equipment	\$2,000.00
Training	\$2,500.00
Exercises	\$2,500.00
Total:	\$14,200.00

17. How much of the funding in the proposed project can be associated with Law Enforcement Terrorism Prevention Activities (LETPA)?

\$0

18. List the gaps in your agency's or team's most recent Strategic Plan or assessment that this investment addresses. If this is an interoperable communications project, please also indicate the relevant goals and objectives of the SCIP that it addresses. NOTE: a separate interoperability project checklist must be completed for communications-based projects. Please contact the GEMA/HS Program Manager for a copy of the checklist

N/A

19. Provide up to four major milestones and their associated completion dates that will be required to complete the project

- a. To have all handlers and K9's trained and certified within 6 months.
- b. For all K9's and handlers to be able to deploy in 6 months.
- c. For all K9's to be healthy and ready to search daily.
- d. To have all handlers to be training in the health and care of themselves, their K9, and the citizens

20. List two outcomes that would indicate this project had been successful

- a. All handlers and K9's meet their certifications
- b. Find live victims at a mass bsearch and rescue event

21. What capabilities will be increased and, if possible, quantify that increase?

Better trained handlers and healthier K9's. More certified K9's which can help more agencies through-out the state of Georgia.

22. If this is a sustaining project, how much capability will be lost if it is not funded?

The capability of searching a large area within a shorter time which saves more lives.

23. Total Project Budget Request

\$14,200.00

Provide a budget in the table below breaking out the various elements of the proposed project

a. Equipment

Equipment Description (list items)	Quantity	Unit Cost	Total Cost
Training and certification of K9's and handlers	5	\$1,000.00	\$5,000.00
Food for K9's	60	\$70.00	\$4,200.00
Veterinary Expenses	5	\$1,000.00	\$5,000.00
TOTAL EQUIPMENT COSTS			\$\$14,200.00

b. Travel

Travel Costs (list items)	Quantity	Unit Cost	Cost
TOTAL TRAVEL COSTS			\$

c. Subcontractors

Subcontractor Name	Work Required	Cost
TOTAL SUBCONTRACTOR COSTS		\$

d. Other Costs

Other Costs including Training, Exercises, Materials and Supplies (list items)	Quantity	Unit Cost	Cost
TOTAL OTHER COSTS			\$

24. Projects that are not classroom training and are not simply (portable) equipment purchases will require an Environmental and Historic Preservation (EHP) Review to be done before work begins. For example, if your proposed project involves modifying buildings, drilling holes, pouring slabs, digging or moving soil, building or modifying towers, adding security fences or other physical changes to the environment, have the costs for this EHP review process been included in your estimate above?

Yes No

If you wish to review the EHP screening form or program requirements, they can be found at: <http://www.fema.gov/environmental-planning-and-historic-preservation-program>

25. Can the project be broken into phases if partially funded?

Yes
 No

If yes, please detail how this can be done.

All foods and Veterinary expenses are not needed at one time.

26. Identify other federal or state grants, if any, which will be used to supplement Homeland Security Grant Program investments in strengthening this capability. Also indicate the dollar value of these grants.

none

27. Describe how the organization/jurisdiction responsible for this proposed project would sustain it after Homeland Security Grant Program ends.

All equipment and supply are inventory, inspected and maintain weekly

28. Other comments