



## CITY OF STONECREST, GEORGIA

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### CITY COUNCIL SPECIAL CALLED MEETING – AGENDA

3120 Stonecrest Blvd., Stonecrest, GA 30038

Monday, November 07, 2022 at 5:00 PM

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*Mayor Jazzmin Cobble*

*Council Member Tara Graves - District 1      Council Member Rob Turner - District 2*

*District 3 - Vacant      Mayor Pro Tem George Turner - District 4*

*Council Member Tammy Grimes - District 5*

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**Citizen Access:** [Stonecrest YouTube Live Channel](#)

**I. CALL TO ORDER:** George Turner, Mayor Pro-Tem

**II. ROLL CALL:** Sonya Isom, City Clerk

**III. AGENDA ITEMS**

**a. For Decision** - Resolution to Extend City Manager Vacancy - *Mayor Pro Tem George Turner*

**b. For Decision** - Procurement Resolution for Executive Search Firm for City Manager - *Mayor Pro Tem George Turner*

**c. For Decision** - Berry Dunn/Georgia Piedmont ARPA Grant consideration - *Mayor Pro Tem George Turner*

**d. For Discussion/Decision** - Renewal of GMA Benefits, Open Enrollment - *Steven McClure*

**IV. EXECUTIVE SESSION**

*(When an executive session is required, one will be called for the following issues: 1) Personnel, 2) Litigation, 3) Real Estate)*

**a.** *Personnel, Real Estate, Legal Matters and Cyber Security*

**V. ADJOURNMENT**

*Americans with Disabilities Act*

*The City of Stonecrest does not discriminate on the basis of disability in its programs, services, activities and employment practices.*

*If you need auxiliary aids and services for effective communication (such as a sign language interpreter, an assistive listening device or print material in digital format) or reasonable modification to programs, services or activities contact the ADA Coordinator, Sonya Isom, as soon as possible, preferably 2 days before the activity or event.*



## CITY COUNCIL AGENDA ITEM

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**SUBJECT: Resolution to Extend City Manager Vacancy**

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**AGENDA SECTION:** *(check all that apply)*

- PRESENTATION     PUBLIC HEARING     CONSENT AGENDA     OLD BUSINESS  
 NEW BUSINESS     OTHER, PLEASE STATE: Click or tap here to enter text.
- 

**CATEGORY:** *(check all that apply)*

- ORDINANCE     RESOLUTION     CONTRACT     POLICY     STATUS REPORT  
 OTHER, PLEASE STATE: Click or tap here to enter text.
- 

**ACTION REQUESTED:**  DECISION     DISCUSSION,     REVIEW, or     UPDATE ONLY

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**Previously Heard Date(s):** Click or tap to enter a date. & Click or tap to enter a date.

**Current Work Session:** Click or tap to enter a date.

**Current Council Meeting:** Monday, November 7, 2022

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**SUBMITTED BY:** George Turner, Mayor Pro Tem

**PRESENTER:** George Turner, Mayor Pro Tem

**PURPOSE:** Resolution to extend City Manager Vacancy

**FACTS:**

**OPTIONS:** Choose an item. Click or tap here to enter text.

**RECOMMENDED ACTION:** Click or tap here to enter text.

**ATTACHMENTS:**

- (1) Attachment 1 - Resolution
- (2) Attachment 2 - Click or tap here to enter text.
- (3) Attachment 3 - Click or tap here to enter text.
- (4) Attachment 4 - Click or tap here to enter text.
- (5) Attachment 5 - Click or tap here to enter text.

1 **STATE OF GEORGIA**  
2 **COUNTY OF DEKALB**  
3 **CITY OF STONECREST**

4 **RESOLUTION NO. \_\_\_\_\_**

5 **A RESOLUTION BY THE MAYOR AND CITY COUNCIL OF THE CITY OF**  
6 **STONECREST, GEORGIA AUTHORIZING THE EXTENSION OF THE**  
7 **APPOINTMENT OF A CITY MANAGER TO PROVIDE FOR REPEAL OF**  
8 **CONFLICTING ORDINANCES AND RESOLUTIONS; TO PROVIDE FOR AN**  
9 **EFFECTIVE DATE; AND FOR OTHER LAWFUL PURPOSES.**

10 **WHEREAS**, the City of Stonecrest (“City”) was created by Senate Bill 208, passed in  
11 the Georgia General Assembly during the 2016 Session and subsequently confirmed by  
12 referendum; and

13 **WHEREAS**, Senate Bill 208 authorized the Charter for the City of Stonecrest (the "City  
14 Charter"); and

15 **WHEREAS**, once created the City Charter was amended by Senate Bill 21 on April 1,  
16 2021; and

17 **WHEREAS**, the City experienced a vacancy in the role of City Manager on September  
18 19, 2022; and

19 **WHEREAS**, the City Charter under Section 3.02 authorizes the Mayor to nominate,  
20 within 60 days of the occurrence of a vacancy in the office of City Manager, subject to  
21 confirmation by the City Council, an individual to be the City Manager; and

22 **WHEREAS**, in the event that the mayor needs more than 60 days from the occurrence of  
23 a vacancy in the office of City Manager to nominate a permanent City Manager, the Mayor may  
24 name, within such 60-day period, an individual to serve as the Acting City Manager.

25           **WHEREAS**, the City Charter under Section 3.07 authorizes the Mayor with the approval  
26 of City Council to designate an Acting City Manager in the event of a vacancy; and

27           **WHEREAS**, the Mayor and City Manager appointed an Acting City Manager at the  
28 November 14, 2022 City Council Special Called Meeting; and

29           **WHEREAS**, pursuant to Section 3.07 of the City Charter the office of the City Manager  
30 shall not go unfilled for longer than 90 days unless a resolution is passed by the city council to  
31 extend the time to fill the position; and

32           **WHEREAS**, the time to fill the office of the City Manager will expire on December 17,  
33 2022; and

34           **WHEREAS**, the majority of the City Council desires to extend the appointment of City  
35 Manager for an additional 90-day period from December 17, 2022; and

36           **WHEREAS**, on or before March 16, 2023 the Mayor and City Council shall appoint a  
37 City Manager.

38 **NOW THEREFORE BE IT RESOLVED**, by the City Council of the City of Stonecrest,  
39 Georgia, and by the authority thereof, as follows:

40           **BE IT FURTHER RESOLVED**, That the Mayor and City Council shall be authorized  
41 to extend the appointment of the role of City Manager of the City of Stonecrest until March 16,  
42 2023.

43           **BE IT FURTHER RESOLVED**, That on or before March 16, 2023 the Mayor and City  
44 Council shall appoint a City Manager.

45           **BE IT FURTHER RESOLVED**, All resolutions, ordinances, and parts thereof in  
46 conflict herewith are hereby expressly repealed.

47 **BE IT FURTHER RESOLVED**, The City Clerk, with the concurrence of the City  
48 Attorney, is authorized to correct any scrivener’s errors found in this Resolution, including its  
49 exhibits, as enacted.

50 **BE IT FINALLY RESOLVED**, The effective date of this Resolution shall be the date  
51 of adoption, unless otherwise specified herein.

52 **SO RESOLVED** this \_\_\_\_\_ day of \_\_\_\_\_, 2022

53  
54 **CITY OF STONECREST, GEORGIA**

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58 \_\_\_\_\_  
59 **Jazzmin Cobble, Mayor**

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61 **ATTEST:**  
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64 \_\_\_\_\_  
65 **City Clerk**

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67 **APPROVED AS TO FORM:**  
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71 \_\_\_\_\_  
72 **City Attorney**

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## CITY COUNCIL AGENDA ITEM

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**SUBJECT: Procurement Resolution for Executive Search Firm for City Manager**

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**AGENDA SECTION:** *(check all that apply)*

- PRESENTATION     PUBLIC HEARING     CONSENT AGENDA     OLD BUSINESS  
 NEW BUSINESS     OTHER, PLEASE STATE: Click or tap here to enter text.
- 

**CATEGORY:** *(check all that apply)*

- ORDINANCE     RESOLUTION     CONTRACT     POLICY     STATUS REPORT  
 OTHER, PLEASE STATE: Click or tap here to enter text.
- 

**ACTION REQUESTED:**  DECISION     DISCUSSION,     REVIEW, or     UPDATE ONLY

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**Previously Heard Date(s):** Click or tap to enter a date. & Click or tap to enter a date.

**Current Work Session:** Click or tap to enter a date.

**Current Council Meeting:** Monday, November 7, 2022

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**SUBMITTED BY:** George Turner, Mayor Pro Tem

**PRESENTER:** George Turner, Mayor Pro Tem

**PURPOSE:** Procurement resolution for Executive Search Firm for City Manager

**FACTS:** Click or tap here to enter text.

**OPTIONS:** Choose an item. Click or tap here to enter text.

**RECOMMENDED ACTION:** Click or tap here to enter text.

**ATTACHMENTS:**

- (1) Attachment 1 - Click or tap here to enter text.
- (2) Attachment 2 - Click or tap here to enter text.
- (3) Attachment 3 - Click or tap here to enter text.
- (4) Attachment 4 - Click or tap here to enter text.
- (5) Attachment 5 - Click or tap here to enter text.



## CITY COUNCIL AGENDA ITEM

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**SUBJECT: Berry Dunn/Georgia Piedmont ARPA Grant Consideration**

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**AGENDA SECTION:** *(check all that apply)*

- PRESENTATION     PUBLIC HEARING     CONSENT AGENDA     OLD BUSINESS  
 NEW BUSINESS     OTHER, PLEASE STATE: Click or tap here to enter text.
- 

**CATEGORY:** *(check all that apply)*

- ORDINANCE     RESOLUTION     CONTRACT     POLICY     STATUS REPORT  
 OTHER, PLEASE STATE: Click or tap here to enter text.
- 

**ACTION REQUESTED:**  DECISION     DISCUSSION,     REVIEW, or     UPDATE ONLY

---

**Previously Heard Date(s):** Click or tap to enter a date. & Click or tap to enter a date.

**Current Work Session:** Click or tap to enter a date.

**Current Council Meeting:** Monday, November 7, 2022

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**SUBMITTED BY:** George Turner, Mayor Pro Tem

**PRESENTER:** George Turner, Mayor Pro Tem

**PURPOSE:** Directive to Berry Dunn for Georgia Piedmont ARPA Grant consideration

**FACTS:** Click or tap here to enter text.

**OPTIONS:** Choose an item. Click or tap here to enter text.

**RECOMMENDED ACTION:** Click or tap here to enter text.

**ATTACHMENTS:**

- (1) Attachment 1 - Click or tap here to enter text.
- (2) Attachment 2 - Click or tap here to enter text.
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- (4) Attachment 4 - Click or tap here to enter text.
- (5) Attachment 5 - Click or tap here to enter text.



## CITY COUNCIL AGENDA ITEM

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**SUBJECT: Employee Benefits Program**

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**AGENDA SECTION:** *(check all that apply)*

- PRESENTATION     PUBLIC HEARING     CONSENT AGENDA     OLD BUSINESS  
 NEW BUSINESS     OTHER, PLEASE STATE: [Click or tap here to enter text.](#)
- 

**CATEGORY:** *(check all that apply)*

- ORDINANCE     RESOLUTION     CONTRACT     POLICY     STATUS REPORT  
 OTHER, PLEASE STATE: **Approval of 2023 Benefit Declaration Page**
- 

**ACTION REQUESTED:**  DECISION     DISCUSSION,     REVIEW, or     UPDATE ONLY

---

**Previously Heard Date(s):** [Click or tap to enter a date.](#) & [Click or tap to enter a date.](#)

**Current Work Session:** [Click or tap to enter a date.](#)

**Current Council Meeting:** Monday, November 7, 2022

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**SUBMITTED BY:** Steven McClure, Director of Human Resources

**PRESENTER:** Steven McClure, Director of Human Resources

**PURPOSE:** The purpose of this recommended action is to allow the City of Stonecrest to add an HMO option to the 2023 Employee Benefit Program.

**FACTS:** The City of Stonecrest would like to increase our healthcare options for employees by adding an HMO option to the benefits program provided through our participation in the Georgia Municipal Employees Benefit System ("GMEBS"). In order to add this option, the Mayor and Council must approve a new Declarations Page indicating that the HMO is an approved benefit

**OPTIONS:** Approve, Deny, Defer [Click or tap here to enter text.](#)

**RECOMMENDED ACTION:** Approve

**ATTACHMENTS:**

- (1) Attachment 1 - Declarations Page
- (2) Attachment 2 - [Click or tap here to enter text.](#)



## CITY COUNCIL AGENDA ITEM

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- (3) Attachment 3 -
- (4) Attachment 4 - Click or tap here to enter text.
- (5) Attachment 5 - Click or tap here to enter text.

1/1/2023

**GMEBS LIFE & HEALTH PROGRAM  
EMPLOYER DECLARATION & APPLICATION  
EMPLOYEE HEALTH, DENTAL & VISION BENEFITS  
STONECREST**

**NOTE TO EMPLOYER:** THIS FORM DESIGNATES GMEBS HEALTH AND DENTAL BENEFITS THAT YOU REQUEST BE MADE AVAILABLE, THE POSITIONS THAT ARE ELIGIBLE FOR SUCH BENEFITS, AND THE EXTENT THE BENEFITS ARE AVAILABLE TO DEPENDENTS. TO BECOME EFFECTIVE, THIS DECLARATION MUST BE APPROVED BY YOUR GOVERNING AUTHORITY, AND BY THE GMEBS LIFE & HEALTH PROGRAM ADMINISTRATOR. UPON SUCH APPROVAL, THIS DECLARATION WILL REPLACE AND SUPERSEDE ANY PRIOR EMPLOYER DECLARATION ON FILE WITH THE GMEBS LIFE & HEALTH PROGRAM ADMINISTRATOR. IF YOU WISH TO OFFER HEALTH / DENTAL COVERAGE FOR RETIREES, YOU MUST APPROVE A SEPARATE RETIREE DECLARATION.

ELECTIONS MADE IN THIS DOCUMENT MAY OR MAY NOT RESULT IN PENALTIES IF YOU ARE AN APPLICABLE LARGE EMPLOYER ("ALE") UNDER THE AFFORDABLE CARE ACT ("ACA"). IT IS YOUR RESPONSIBILITY TO CONSULT WITH YOUR ATTORNEY ABOUT WHETHER YOU ARE AN APPLICABLE LARGE EMPLOYER AND THE CONSEQUENCES OF YOUR ELECTIONS. REGARDLESS OF YOUR SIZE, BY EXECUTING THIS DECLARATION, YOU CERTIFY THAT YOU WILL NOT IMPOSE ELIGIBILITY CONDITIONS THAT ARE NOT SET FORTH IN THIS DOCUMENT, OR IMPOSE A LONGER WAITING PERIOD THAN IS SET FORTH IN THIS DOCUMENT. EFFECTIVE JANUARY 1, 2015, IF YOU ARE AN APPLICABLE LARGE EMPLOYER, YOU MAY INCUR ACA PENALTIES IF: 1) YOU DO NOT IDENTIFY ALL "FULL TIME EMPLOYEES" AS DEFINED BY THE ACA AND OFFER THEM HEALTH COVERAGE; 2) YOU DO NOT OFFER HEALTH COVERAGE TO DEPENDENT CHILDREN; OR 3) YOU DO NOT SUBSIDIZE HEALTH COVERAGE ENOUGH TO MAKE THE COST OF EMPLOYEE-ONLY HEALTH COVERAGE AFFORDABLE (AS DEFINED BY THE ACA).

**SECTION 1. ELIGIBLE POSITIONS: TYPE OF BENEFITS REQUESTED**

**1A. Regular Employees**– The Employer requests the following benefits for all Regular Employees (as defined below).

**Regular Employees:** A Regular Employee who resides in the United States, and is employed in a salaried or hourly rated position that requires 30 Hours of Service per week or more and is expected to last at least 48 weeks. An Hour of Service is an hour for which an employee is paid, or is entitled to payment, for the performance of duties for the employer, and each hour for which an employee is paid, or entitled to payment, due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence.

Health       Dental       Vision

**1B. Elected or Appointed Members of the Governing Authority** – The Employer requests the following benefits for all active elected or appointed members of the Employer's Governing Authority. This would include the Chief Legal Officer, Associate Legal Officer and Municipal Judges unless identified as being excluded by Employer below.

Health       Dental       Vision

**Exclude from Benefits: (EMPLOYER FILL IN BOX WITH "X")**

Chief Legal Officer       Associate Legal Officer       Municipal Judges

**1C. [For ALE's only** - Participating Employers that are ALE's may determine that certain workers who do not meet the definition of a Regular Employee above are "ACA Full-Time Employees." For example, an Employer might determine that a newly hired employee in a nine-month position that requires 30 Hours of Service per week is an ACA Full-Time Employee. For coverage in calendar years 2015 and later, Participating Employers that are ALE's may offer the coverage elected in 1A to anyone it determines to be an ACA Full-Time Employee.]

**SECTION 2. EMPLOYEE ELIGIBILITY WAITING PERIOD**

Individuals who are hired or take office into an Eligible position after the Employer's effective date of group health/dental coverage are eligible to enroll for such coverage on the first day of the calendar month following or coinciding with the date that they complete the following number of days of continuous, active service in an Eligible position.

Item III. d.

0       30       45       60

Those rehired into an Eligible position are not subject to a waiting period unless rehired after 13 consecutive weeks without an Hour of Service.

[For ALE's only - The waiting period elected above applies for any newly hired workers the Employer identifies as being "ACA Full-Time Employees" pursuant to Section 1.C. If the Employer determines a worker to be an ACA Full-Time Employee based on Hours of Service during an initial measurement period, the waiting period: 1) starts at the end of the initial measurement period, and 2) must be shortened as needed for coverage to be effective no later than 13 months from the date of hire (or the first day of the following month if the worker did not start on the first day of the month.)]

Note: The Employer's waiting period must be the same for all GMEBS Life & Health Program coverages offered by the Employer (i.e., health, dental, life, short term disability, etc.) There will be no exceptions to waiting period unless Employer submits documentation waiving the stated waiting period.

**SECTION 3. EMPLOYER HEALTH PLAN ELECTION**

If the "Health" box for any Employee position in Section 1A or 1B above is checked, the boxes checked below indicate the Health Plan option(s) and deductibles requested and coverage for dependents:

	Plan Name/Deductible	Employee	Employee + Spouse	Employee + Child	Family
x	POS 90/70 - 1000	x	x	x	x
x	POS 80/60 5000	x	x	x	x
x	HMO 80	x	x	x	x

**SECTION 4. EMPLOYER DENTAL PLAN ELECTION** If the "Dental" box for any Employee position in Section 1A or 1B above is checked, the box checked below indicates whether coverage is requested for eligible dependents.

Employee Only       Employee + Dependents (spouse and children)

**SECTION 5. EMPLOYER VISION PLAN ELECTION**

If the "Vision" box for any Employee position in Section 1A or 1B above is checked, the boxes checked below indicates whether coverage is requested for eligible dependents:

	Employee	Employee + Spouse	Employee + Child	Family
x	x	x	x	x

**SECTION 6. EMPLOYER REPRESENTATIVE** – Please list by title or position the person designated by the Employer to represent the Employer in all communications with GMEBS and the Program Administrator concerning the GMEBS Life & Health Program: **Mr. Steven McClure**

The Employer may identify in writing to the Program Administrator an additional agent or authorized representative (such as an insurance broker) as being authorized to receive communications, including enrollment information for billing purposes.

**SECTION 7. EMPLOYER ADOPTION** - The Employer acknowledges that this Employer Declaration and Application will not become effective unless and until it is approved by the GMEBS Life & Health Program Administrator, and that upon such approval this Employer Declaration and Application will replace and supersede any prior Employer Declaration and Application concerning health and dental coverage for employees that is on file with the GMEBS Life & Health Program Administrator. The Employer further acknowledges that GMEBS' approval of this Employer Declaration and Application is contingent upon the Employer having adopted the GMEBS Life and Health Program Participation Agreement, as amended.

VISION PARTICIPATION AGREEMENT

Item III. d.

- By electing Vision Coverage, Employer is electing to participate in the Master Policy for Anthem Vision Coverage held by GMEBS (the Policyholder.)
- The eligibility and waiting period provisions elected above are incorporated by reference in this Vision Participation Agreement.
- Employer shall fulfill the obligations of the "group" or the "employer" set forth in the Vision Coverage Certificate.
- The Employer affirms that it will not offer any other vision coverage while offering Vision Coverage through GMEBS.
- If the Employer engages in fraudulent conduct or misrepresentations when requesting or offering Vision Coverage, Anthem has the right to rescind, cancel or terminate the Employer's participation in the Anthem Vision Coverage effective on the date of the fraudulent conduct or misrepresentation, regardless of the date of Anthem's discovery of such conduct. The Employer shall be liable to Anthem for any and all payments made or losses or damages sustained by Anthem arising as a result of such conduct.
- In the event the Employer has failed to provide to Anthem's satisfaction, any information requested by Anthem, Anthem may terminate the Employer's participation in Vision Coverage upon thirty (30) days written notice.
- If the Employer fails to timely notify the Life & Health Program Administrator of an employee or dependent's loss of eligibility, and Anthem is unable to recover claim amounts paid to an ineligible individual, the Employer shall be liable to reimburse Anthem for all unrecovered claim amounts paid.
- Employer agrees not to impede any individual enrolled in Employer's Vision Coverage from performing his or her obligations under the Certificate of Coverage, and agrees to assist such individuals in performing their obligations.

Approved by the Mayor and Council/Commission of the City of STONECREST , Georgia this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Attest:

CITY OF \_\_\_\_\_, GEORGIA

\_\_\_\_\_  
Signature of City Clerk

\_\_\_\_\_  
Signature of Mayor

\_\_\_\_\_  
Print Name of City Clerk  
(SEAL)

\_\_\_\_\_  
Print Name of Mayor

**Please do not write below this line (for GMEBS USE ONLY)**

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The terms of the foregoing Employer Declaration and Application are approved by the GMEBS Life & Health Program Administrator this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Item III. d.

Subject to the applicable terms of the GMEBS Life and Health Program Participation Agreement and the Plan(s), the effective date of the coverages (or any change in coverage) as reflected in this Employer Declaration and Application will be the date shown under "Declaration Effective Date" on the first page of this form.

GMEBS LIFE & HEALTH PROGRAM ADMINISTRATOR

By: \_\_\_\_\_