

AGENDA
REGULAR SCHEDULED MEETING OF
THE GOVERNING AUTHORITY
OF WALKER COUNTY, GEORGIA
Walker County Courthouse Annex III, 201 S Main Street
LaFayette, Georgia 30728

Date: Thursday June 27, 2019

Time: 6:00 PM

Call to Order: Commissioner Whitfield will call the meeting to order

Invocation: Given by Commissioner Shannon Whitfield

Pledge: United States Flag

Pledge: Georgia Flag

Open of the Regular Meeting

Minutes: Approval of the minutes from the Regular Scheduled Commissioner's Meeting that was held on June 13, 2019

New Business:

- I. Office of the Governor Criminal Justice Coordinating Council Subgrant Award, Project Name: Mental Health Court, Subgrant Number: J20-8-072
- II. Office of the Governor Criminal Justice Coordinating Council Subgrant Award, Project Name: Adult Felony Drug Courts, Subgrant Number: J20-8-032
- III. Purchase Order 2019-00000988 for two trucks for the Public Works Department for \$49,000
- IV. Purchase Order 2019-00000992 for Big Tex Flatbed Trailer for Public Works Department for \$10,000

- V. Purchase Order 2019-00001032 for 2014 Ford F-150 for Animal Control for \$14,500
- VI. Purchase Order 2019-00000517 for Fire Rescue Department equipment for \$23,100

Open Discussion: The business on the Agenda being completed, Commissioner Whitfield will open the floor for general discussion. In response to requests from citizens, speakers are asked to limit their comments to 5 minutes and keep them on topics related to county business.

The next scheduled Commissioner's Meeting will be held on Thursday, July 11, 2019 at 6:00 PM.



Walker County Governmental Authority
Office of the Commissioner
101 South Duke Street, P.O. Box 445
LaFayette, GA 30728
706-638-1437

Minutes of the Regular Scheduled Commissioner's
Meeting
June 13, 2019

I. Call to order

Commissioner Whitfield called to order the Regular Scheduled Commissioner's Meeting held at Walker County Courthouse Annex III, 201 S Main Street, LaFayette, Georgia at 6:00 PM on June 13, 2019.

II. Attendees

The following persons were present: Walker County Sole Commissioner Shannon Whitfield, Finance Officer Greg McConnell, Economic and Community Development Director Robert Wardlaw, Legal & Policy Director Matt Williamson, Codes, Economic Development Director Robert Wardlaw, Public Relations Director Joe Legge, and County Clerk Rebecca Wooden. Other guests signed in at the meeting as well, please see the attached sign in sheet.

III. Open of Regular Scheduled Commissioner's Meeting

- I. Commissioner Whitfield discussed Resolution **R-013-19** to approve the issuance of the Walker County Development Authority Economic Development Taxable Refunding Revenue Bonds, Series 2019 for the purposes of refinancing previously issued revenue bonds by the Authority in order to achieve debt service savings. He explained these bonds were completed in 2015 when the financial status of Walker County wasn't good and the County had a bond rating of junk status, very expensive leverage assets which included Walker County Civic

Center, Agriculture Center, Mountain Cove Farm and the Industrial Park were all used as collateral. We have sacrificed equally and as efficiently as we could to stabilize improvements. Investment grade bond issuance is in a better position to save tax payers between 2 to 3 million dollars in interest alone plus shorten term 3 to 4 years. This would also remove the leans on our properties to assure the stability of the bonds. On a good faith and credit we can make this happen at a favorable rate. Robert Wardlaw wanted to thank Matt Williamson for an outstanding job to help make this happen and without any benefits from the bond issuance. Matt Williamson wanted to thank everyone and stated the steps taken in this action would set precedence even if he wasn't in this position. Commissioner Whitfield explained the Development Authority would have meetings & Superior Court would be involved and this is favorable for the Development Authority and Walker County.

- II. Commissioner Whitfield discussed Resolution **R-014-19** to re-appoint Lynn Murdock to the Rossville Library Board. He stated this reappointment comes with high recommendations and the letters would go out to Lynn Murdock and Lecia Eubanks stating the decisions.
- III. Commissioner Whitfield reviewed the Walker County Department Statistics for May 2019

Adjournment: The Commissioner's Meeting was adjourned at 6:29

VIII. Public Comment

{Audio Recording of Regular Scheduled Commissioner's Meeting and comments are on file in Commissioner's Office – 19-06-13}

IX. Commissioner Comments

{Audio Recording of Regular Scheduled Commissioner's Meeting comments are on file in Commissioner's Office – 19-06-13}

Minutes approved by:

Shannon K. Whitfield
Sole Commissioner
Walker County Georgia

Date

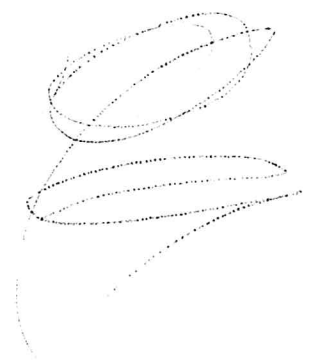
Minutes prepared by: Walker County Clerk, Rebecca Wooden

Sign In Sheet

Regular Scheduled Commissioner's Meeting

June 13, 2019

6:00 PM



Name

Address

Telephone

Dee Dodson

[Signature]

DAVIS WOODY

423-240-5249

PAWE GUY

LANDFILL

706-375-8910

Amy Robinson

Sabrina Bolu

570 688 7687

Will Ingram

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

SUBGRANT AWARD

SUBGRANTEE: Walker County Commission

IMPLEMENTING

AGENCY: Walker County

PROJECT NAME: Mental Health Court

SUBGRANT NUMBER: J20-8-072

FEDERAL FUNDS: \$ 113,761

MATCHING FUNDS: \$ 12,640

TOTAL FUNDS: \$ 126,401

GRANT PERIOD: 07/01/19-06/30/20

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

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by June 30, 2019.

AGENCY APPROVAL



Steven Hatfield, Director
Criminal Justice Coordinating Council

Date Executed: 07/01/19

SUBGRANTEE APPROVAL

Signature of Authorized Official Date

Typed Name & Title of Authorized Official

58-6000901-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/19	9		**	J20-8-072
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Mental Health Court	624.41	\$ 113,761

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

1. All project costs not exclusively related to activities of the funded accountability court must be approved with a Subgrant Adjustment Request, and only the costs of approved project-related activities will be reimbursable under the Subgrant Award.

Initials _____

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request must be accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. The project budget and summary will not be established, or officially approved, until the subgrantee receives a written approval notice from the Criminal Justice Coordinating Council. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the Criminal Justice Coordinating Council.

Initials _____

3. The subgrantee must submit subsequent Subgrant Adjustment Requests to revise the budget, project summary, and implementation plan prior to any substantial changes, but no later than 30 days prior to the end of the subgrant period.

Initials _____

4. The subgrantee agrees that no funds shall be expensed outside of the approved budget. In addition, any funds spent under this subgrant award must be expended by the grant end date and not encumbered.

Initials _____

5. The subgrantee agrees that at least 25% of the awarded funds will be spent in the first quarter, 50% in the second quarter and 75% in the third quarter. If this condition is not met, any unused remaining funds from that quarter will be retained by the Council to be managed by the CACJ Funding Committee.

Initials _____

6. Waivers for the above 25% expenditure requirement may be granted at the committee's discretion for the 1st and 2nd quarters only. If a waiver is granted, the funds held over to the next quarter must be spent in the next quarter.

Initials _____

7. This is a reimbursement grant. Requests for reimbursement must be made on a monthly basis. Subgrant Expenditure Reports are due 15 days after the end of the month.

Initials _____

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

8. The subgrantee certifies that state funds will not be used to supplant funds that would otherwise be made available for grant-funded initiatives. State funds must be used to supplement existing funds for program activities and not replace funds appropriated for the same purpose. Potential supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the subgrantee will be required to document that the reduction in non-state resources occurred for reasons other than the receipt or anticipated receipt of state funds.

Initials _____

9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit this data on a timely basis will result in the withholding of grant funds on this subgrant and/or any other sub grant administered by CJCC until compliance is achieved. If reports are not received, funds for subsequent quarters may be rescinded.

Initials _____

10. The subgrantee certifies that 1) title to all equipment and/or supplies purchased with funds under this subgrant shall vest in the agency that purchased the property; 2) equipment and/or supplies will be maintained in accordance with established local or state procedures as long as the equipment and/or supplies are used for program-related purposes; and 3) once the project concludes and/or equipment is no longer utilized for its grant funded purpose, the Criminal Justice Coordinating Council and the Council of Accountability Court Judges will be informed of the available equipment and determine its future use to assure it is utilized in furtherance of the goals and objectives of the grant program and the State of Georgia.

Initials _____

11. If your court uses a CSB/DBHDD enrolled provider for treatment AND your court receives specific contracted funds for mental health and/or addictive disease treatment court services - these funds have been awarded provisionally. Prior to use the court must meet with the CSB/DBHDD enrolled provider to determine what services that are (billable) and are not being provided. These funds should only be applied to services that are not billable by the CSB/DBHDD enrolled provider. The court should work to enter into agreement with the CSB/DBHDD enrolled provider that outlines billable and non-billable services.

Initials _____

12. All drug, veteran, mental health, family, and DUI courts must use a validated assessment tool approved by the Council of Accountability Court Judges. All courts are required to use evidence-based treatment modalities.

Initials _____

13. Subgrantees must comply with the training requirements as determined by the Council of Accountability Court Judges. All evidence-based training attendees will be required to sign and submit the Evidence-Based Training MOU upon registering for CACJ supported training sessions. The court shall implement the evidence-based treatment within 60 days of the training attendee achieving certification.

Initials _____

**CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts**

14. All evidence-based training attendees that achieve certification are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials _____

15. Subgrantees in receipt of funds to support internally provided, grant supported, evidence-based trainings must comply with the following: notify the CACJ of scheduled training sessions; enter into agreements with qualified evidence-based facilitators; submit an evidence-based MOU for each attendee to the CACJ prior to the start of training session; and provide the CACJ with documentation of each attendee achieved certification.

Initials _____

16. Non-compliance with any of the special conditions contained within this document, by the authorized official, project officials and/or employees of this grant, will result in a recommendation to the CACJ Funding Committee that the award be rescinded.

Initials _____

17. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials _____

Please be advised that failure to comply with any of the Special Conditions will result in material noncompliance with the Subgrant Agreement, thus subjecting the Subgrant Agreement to possible termination by the Criminal Justice Coordinating Council.

Authorized Official Signature

Date

Print Authorized Official Name

Title

FY'20 Budget Detail Worksheet

Court Name

Lookout Mountain Judicial Circuit Mental Health Court

Personnel	Program Coordinator	52,530.00	\$57,221.41
	Program Coordinator Benefits	4,691.41	
Contract Services	Counselor	30,000.00	\$40,400.00
	Lab Technician/ Drug Screen Collector	2,700.00	
	Lab Technician/ Drug Screen Collector	2,700.00	
	Law Enforcement / Surveillance	2,500.00	
	Law Enforcement / Surveillance	2,500.00	
Drug Testing Supplies	Confirmation Test-	4,000.00	\$4,000.00
Other Costs	Dental/ Housing/ Medications		\$1,500.00
	Supplies		
Equipment			\$0.00
Training and Travel	CACJ State Conference	4,609.60	\$6,639.60
	Court Personnel Travel - Coordinator	2,030.00	
Transportation	Public Transportation	4,000.00	\$4,000.00
Total Budget Request:			\$113,761.01

Match:

\$12,640.11

CACJ Funding Committee Notes:



BRIAN P. KEMP
GOVERNOR

JAY NEAL
EXECUTIVE DIRECTOR

May 15, 2018

The Honorable Don W. Thompson
Walker County Commission
Lookout Mountain Drug Court
P.O. Box 1544
LaFayette, GA 30728

Dear Judge Thompson,

Congratulations! I am pleased to inform you that the Council of Accountability Court Judges Funding Committee has awarded a grant to your court, effective July 1, 2019.

Enclosed, you will find the award documentation for this federal-funded grant award. Please pay particularly close attention to the special conditions, as they are the terms and conditions which govern the award. Your completed award package must be returned within forty-five (45) days of receipt to the Criminal Justice Coordinating Council at the following address:

Attn: Shameeka Hill
Criminal Justice Coordinating Council
104 Marietta Street, Suite 440
Atlanta, GA 30303

If you have any questions regarding the execution of the enclosed documents or the administration of your project, please feel free to contact Shameeka Hill, Grant and Program Specialist at (404) 654-1796 or shameeka.hill@cjcc.ga.gov. I look forward to working with you on this exciting initiative and advancing services for our state's Accountability Courts in a truly meaningful way.

Sincerely,

Laura Thompson
Criminal & Juvenile Justice Program Director



Council of Accountability Court Judges

Chief Judge Brenda S. Weaver
Executive Committee Chair
Appalachian Judicial Circuit

Taylor Jones
Executive Director

May 13, 2019

Dear Accountability Court Judges,

In support of Georgia's accountability courts, a \$4.3 million budget request, over and above last year's appropriation, was recommended as part of the Governor's Budget Report for Amended Fiscal Year 2019 and Fiscal Year 2020. During the 2019-2020 Session of Georgia's General Assembly, the Council of Accountability Court Judges (CACJ) worked to justify the need for the increase in funds for accountability courts. The final version of House Bill 31, as passed by conference committee and approved by both chambers on March 28, 2019, did not include an increase for accountability courts.

The CACJ Funding Committee has the objective of administering all grants and funds on behalf of the Council. As part of this process, the Committee reviews the spending rates of each accountability court awarded grant funds. Per the grant special conditions, courts are required to spend at least 25% of their award each quarter of the state fiscal year to avoid a de-obligation of funds. A court can submit a waiver for good cause to the Committee to explain why the spending threshold may not have been met for a quarter. This process is one that supports the overall budget to help ensure the maximization of state funds. At the end of state fiscal year 2018 and after all final sub-grant expenditure requests (SER) were processed by the Criminal Justice Coordinating Council (CJCC), the accountability courts returned just over \$2 million dollars to the State Treasury, the most we have returned in the history of the program.

CACJ thanks you for submitting a state fiscal year 2020 application for accountability court funds. The Committee reviewed applications from April 25th-26th, 2019 from existing and new implementation courts. Georgia's accountability courts continue to expand in the number of courts, as well as in the amount of participants being served, which made this year's process much more difficult. During review, each court's fiscal year 2018 de-obligation amount, state fiscal year 2019 award amount, and program census were used as part of the basis for state fiscal year 2020 award decisions. Each court, existing and new, is encouraged to maximize their grant funds each quarter. Although a limited amount of funds will be available, the CACJ plans to release a supplemental grant opportunity in September 2019.

If you have questions, please do not hesitate to contact me or Ms. Taylor Jones, CACJ Executive Director, at 404-463-1453.

Sincerely,

Kathlene F. Gosselin, Chief Judge, Northeastern Judicial Circuit
Chair, Funding Committee
Vice-Chair, Council of Accountability Court Judges

FY'20 Budget Detail Worksheet

Court Name

Lookout Mountain Drug Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals	
Personnel	Program Coordinator	52,530.00	\$117,172.73
	Program Coordinator Benefits	12,416.79	
	Program Case Manager	40,800.00	
	Program Case Manager Benefits	11,425.94	
Contract Services	Counselor	45,000.00	\$91,313.00
	Counselor	0.00	
	Counselor	0.00	
	Lab Tech/Screeners	15,600.00	
	Law Enforcement/Screeners	15,458.00	
	Law Enforcement/Screeners	15,255.00	
Drug Testing Supplies	Monitoring Equipment - Ankle Monitors		\$37,726.00
	Confirmation Test- OpAns		
	Onsite Devices- Patches		
Other Costs	Dental/Medical/ GED	1,500.00	\$1,500.00
	Supplies	0.00	
Equipment			\$0.00
Training and Travel	CACJ State Conference	4,609.60	\$7,509.00
	Court Personnel Travel	2,900.00	
Transportation	Public Transportation	6,000.00	\$6,000.00
Total Budget Request Award:			\$261,220.73

Match:

\$29,024.53

CACJ Funding Committee Notes:

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

REFERENCE NO.: 01

SUBGRANT AWARD

SUBGRANTEE: Walker County Commission

IMPLEMENTING

AGENCY: Walker County

PROJECT NAME: Adult Felony Drug Courts

SUBGRANT NUMBER: J20-8-032

FEDERAL FUNDS: \$ 261,221

MATCHING FUNDS: \$ 29,025

TOTAL FUNDS: \$ 290,246

GRANT PERIOD: 07/01/19-06/30/20

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

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by June 30, 2019.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Steven Hatfield, Director
Criminal Justice Coordinating Council

Date Executed: 07/01/19

Signature of Authorized Official Date

Typed Name & Title of Authorized Official

58-6000901-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/19	9		**	J20-8-032
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Adult Felony Drug Courts	624.41	\$ 261,221

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

1. All project costs not exclusively related to activities of the funded accountability court must be approved with a Subgrant Adjustment Request, and only the costs of approved project-related activities will be reimbursable under the Subgrant Award.

Initials _____

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request must be accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. The project budget and summary will not be established, or officially approved, until the subgrantee receives a written approval notice from the Criminal Justice Coordinating Council. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the Criminal Justice Coordinating Council.

Initials _____

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Initials _____

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5. The subgrantee agrees that at least 25% of the awarded funds will be spent in the first quarter, 50% in the second quarter and 75% in the third quarter. If this condition is not met, any unused remaining funds from that quarter will be retained by the Council to be managed by the CACJ Funding Committee.

Initials _____

6. Waivers for the above 25% expenditure requirement may be granted at the committee's discretion for the 1st and 2nd quarters only. If a waiver is granted, the funds held over to the next quarter must be spent in the next quarter.

Initials _____

7. This is a reimbursement grant. Requests for reimbursement must be made on a monthly basis. Subgrant Expenditure Reports are due 15 days after the end of the month.

Initials _____

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

8. The subgrantee certifies that state funds will not be used to supplant funds that would otherwise be made available for grant-funded initiatives. State funds must be used to supplement existing funds for program activities and not replace funds appropriated for the same purpose. Potential supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the subgrantee will be required to document that the reduction in non-state resources occurred for reasons other than the receipt or anticipated receipt of state funds.

Initials _____

9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit this data on a timely basis will result in the withholding of grant funds on this subgrant and/or any other sub grant administered by CJCC until compliance is achieved. If reports are not received, funds for subsequent quarters may be rescinded.

Initials _____

10. The subgrantee certifies that 1) title to all equipment and/or supplies purchased with funds under this subgrant shall vest in the agency that purchased the property; 2) equipment and/or supplies will be maintained in accordance with established local or state procedures as long as the equipment and/or supplies are used for program-related purposes; and 3) once the project concludes and/or equipment is no longer utilized for its grant funded purpose, the Criminal Justice Coordinating Council and the Council of Accountability Court Judges will be informed of the available equipment and determine its future use to assure it is utilized in furtherance of the goals and objectives of the grant program and the State of Georgia.

Initials _____

11. If your court uses a CSB/DBHDD enrolled provider for treatment AND your court receives specific contracted funds for mental health and/or addictive disease treatment court services - these funds have been awarded provisionally. Prior to use the court must meet with the CSB/DBHDD enrolled provider to determine what services that are (billable) and are not being provided. These funds should only be applied to services that are not billable by the CSB/DBHDD enrolled provider. The court should work to enter into agreement with the CSB/DBHDD enrolled provider that outlines billable and non-billable services.

Initials _____

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Initials _____

13. Subgrantees must comply with the training requirements as determined by the Council of Accountability Court Judges. All evidence-based training attendees will be required to sign and submit the Evidence-Based Training MOU upon registering for CACJ supported training sessions. The court shall implement the evidence-based treatment within 60 days of the training attendee achieving certification.

Initials _____

**CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts**

14. All evidence-based training attendees that achieve certification are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials _____

15. Subgrantees in receipt of funds to support internally provided, grant supported, evidence-based trainings must comply with the following: notify the CACJ of scheduled training sessions; enter into agreements with qualified evidence-based facilitators; submit an evidence-based MOU for each attendee to the CACJ prior to the start of training session; and provide the CACJ with documentation of each attendee achieved certification.

Initials _____

16. Non-compliance with any of the special conditions contained within this document, by the authorized official, project officials and/or employees of this grant, will result in a recommendation to the CACJ Funding Committee that the award be rescinded.

Initials _____

17. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials _____

Please be advised that failure to comply with any of the Special Conditions will result in material noncompliance with the Subgrant Agreement, thus subjecting the Subgrant Agreement to possible termination by the Criminal Justice Coordinating Council.

Authorized Official Signature

Date

Print Authorized Official Name

Title

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST

FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: Walker County Commission

SUBGRANT #: J20-8-032

PROJECT NAME: Lookout Mountain Drug Court

NATURE OF ADJUSTMENT:

- ___ REVISED BUDGET Go To SECTION I
- ___ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
- ___ PROJECT OFFICIALS/ADDRESSES. . . . Go To SECTION III
- ___ PROJECT PERSONNEL. Go To SECTION III
- ___ GOALS AND OBJECTIVES Go To SECTION III
- ___ OTHER. Go To SECTION III

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	\$ 290,246	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 290,246	_____	_____
Federal	\$ 261,221	_____	_____
Match	\$ 29,025	_____	_____

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>07/01/19</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>06/30/20</u>	End Date: _____	

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: Walker County Commission

SUBGRANT #: J20-8-032

PROJECT NAME: Lookout Mountain Drug Court

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY: _____

Signature of Financial Officer or Project Director _____

Title _____

Date _____

JJCC ROUTING AND APPROVALS:

	Approval	Disapproval	Reviewer Signature
Reviewed By:	_____	_____	_____
Authorized By:	_____	_____	_____

FY20 ACCOUNTABILITY COURTS AWARD PACKETS

INSTRUCTIONS FOR ACTIVATING YOUR SUBGRANT AWARD

This **Accountability Court Sub-grant Award package** consists of six (6) separate documents. These documents include:

1. Sub-grant Award
2. Special Conditions
3. Sub-grant Adjustment Request #1
4. Designation of Grant Officials Form
5. Reimbursement Selection Form
6. Vendor Management Form

Below are instructions for completing each of these documents.

Document #1: Sub-grant Award

This document constitutes the operative document obligating and reserving State funds for use by the Grantee in executing the project covered by the Sub-grant Award.

In order to execute the document, the Sub-grantee must do the following:

- enter the name of the **Authorized Official (this person must be the chairperson of the county Board of Commissioners or Mayor**
- have the **Authorized Official** sign and date this document; and
- make a copy of the Sub-grant Award for your project file and return the **signed original** to the Criminal Justice Coordinating Council (CJCC).

Document #2: Special Conditions

The Special Conditions are the “strings” attached to the Sub-grant Award. By signing these conditions, the Sub-grantee is agreeing to comply with each requirement imposed upon the Sub-grant by CJCC. In order to execute this document, the Sub-grantee must do the following:

- carefully review each condition listed on this document;
- **have the Project Director initial the space provided after each special condition;**
- indicate the name and title of the **Authorized Official** executing the document;
- have the **Authorized Official** sign and date this document; and

- make a copy of the Special Conditions for your project file and return the **signed original** to CJCC.

Document #3: Sub-grant adjustment request #1

This document is a “turnaround” document and should be utilized to establish the project budget as well as to request any changes to the project throughout the grant year. **In order to activate your sub-grant, this document must be completed.** The Sub-grant Adjustment Request document must be completed (with “**no changes**” indicated in section IV) and **signed by the Authorized Official**. All documents must be returned to CJCC in order for the Award Package to be accepted and the budget approved. Instructions for completing the adjustment request form are as follows:

- enter the date the request is being made;
- indicate the “Nature of Adjustment” then go to the particular section listed (Section I);
- review the amounts by budget category, listed under the column “Current Approved,” as these are the budget amounts currently approved for the project;
- enter any revisions (if none, then enter \$0) in the column “Revisions+/-” (negative adjustments should be denoted by either () or <>);
- add or subtract the revisions from the current approved amounts, then enter the revised amounts in the column “Revised Budget”;
- if any project officials have changed since the application, complete Section III;
- have the appropriate official sign and date the request;
- make a copy of the adjustment request for your project file; and

When CJCC receives this request, it will be reviewed and authorized for further processing. If approved, the requested revisions will be made and the Sub-grantee will be sent the next Sub-grant Adjustment Request form showing the requested revisions

***Please Note: SAR’s are not accepted during the 1st quarter. SAR’s will be processed from Oct 1- May 31**

Document #4: Designation of Grant Officials Form

Please complete the Designation of Grant Officials form as explained below.

- **PROJECT DIRECTOR NAME:** Enter the name and applicable data of the **Project Director**. This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project.
- **FINANCIAL OFFICER:** Enter the name and applicable data of the **Financial Officer**. This person must be the chief financial officer of the applicant agency such as the county auditor, city treasurer or comptroller or the Board Treasurer of the non-profit agency.
- **AUTHORIZED OFFICIAL:** Enter the name and applicable data of the **Authorized Official**. This person is the official who is authorized to apply for, accept, decline or cancel the grant for the applicant agency. **This person must be the chairperson of the county Board of Commissioners or Mayor.** All official correspondence regarding the grant award (sub-grant expenditure reports) **must** be signed by the authorized official. Once an award has been made, **the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to the Council.**

***This document acknowledges key officials within your agency related to the funded project. No two officials should be the same person.**

Document #5: Reimbursement Selection Form

This form is used to indicate the frequency of reimbursement requests and how sub-grant payments will be made.

- Check the applicable reimbursement schedule, monthly or quarterly.
- Check the applicable process for receiving reimbursement payments:
 - “Electronic Funds Transfer” box if you prefer to receive payments by direct deposit, complete the requested information, **attach a voided check to the form**, and have the **Authorized Official** sign where indicated.

OR

- Check the “Check” box if you prefer a mailed check, complete the requested information and have the **Authorized Official** sign where indicated.

Document #6: Vendor Management Bank Account Form

This form is used to indicate an addition or change of bank account information. An instruction sheet is included in this award packet.

- vendor information is your agency information.
- complete all applicable fields.
- make a copy of this form for your project file and return the original to CJCC.

***Two Additional documents are required to be submitted if applicable from your court.**

1. Personnel Action Forms/Salary Authorization Letters (for each employee paid with grant funds)
2. All Contracts/MOU'S Between Treatment Providers, Contractors and Transportation Providers (Only if the court applied for transportation funds)

Below are instructions for completing each of these documents.

Document #1: Personnel Action Forms/ Salary Authorization Letter

This form is used to identify any employee of the court that receives any compensation with grant funds (Example, Coordinators and Case Managers).

- There is a sample **Personnel Action Form** located on CJCC's website under the **Forms & Publications** tab. <http://cjcc.georgia.gov/grant-forms-publications>
- A **Personnel Action Form** will need to be filled out for **each employee** that is **paid** under the Grant Award.
- Required information on all Personnel Action Form's include:
 - Employee Name
 - Job Title
 - Salary/Pay Rate
 - Hire Date

Document #2: All Contracts/MOU's between Treatment Providers, Contractors, Transportation Providers

A contract is required between the agency and treatment providers who receive Grant funds.

- The **Contract** between treatment providers, contractors, transportation providers and the agency will detail the **service provided** for the agency
- The **Contract** between the treatment providers, contractors, transportation providers and the agency will detail the **Rate the agency will be charged** for the service provided.

DESIGNATION OF GRANT OFFICIALS - INSTRUCTIONS

On the following page, fill in the name, title, address, and phone number for the project director, the financial officer, and the authorized for the grant. No two officials can be the same person.

A. Project Director

This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project.

B. Financial Officer

This person must be the chief financial officer of the applicant agency such as the county auditor, city treasurer/controller, or the board treasurer.

C. Authorized Official

This person is the official who is authorized to apply for, accept, decline, or cancel the grant for the applicant agency. This must be the executive director of a state agency, chairperson of the county Board of Commissioners, city mayor, chairperson of the city council, or the chairman/president of the board of directors. All correspondence regarding the grant application must be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to CJCC.

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY:

PROJECT TITLE:

GRANT NUMBER:

Mr.

Ms.

PROJECT DIRECTOR NAME (Type or Print)

Title and Agency

Official Agency Mailing Address

City

Zip

Daytime Telephone Number

Fax Number

E-Mail Address

Mr.

Ms.

FINANCIAL OFFICER (Type or Print)

Title and Agency

Official Agency Mailing Address

City

Zip

Daytime Telephone Number

Fax Number

E-Mail Address

Mr.

Ms.

AUTHORIZED OFFICIAL (Type or Print)

Title and Agency

Official Agency Mailing Address

City

Zip

Daytime Telephone Number

Fax Number

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. A voided check must be attached to ensure proper routing of funds.)

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

**AGENCY CONTACT
TELEPHONE NUMBER:** _____

**AGENCY AUTHORIZED
OFFICIAL NAME AND TITLE:** _____

**AGENCY AUTHORIZED
OFFICIAL SIGNATURE:** _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

**AGENCY AUTHORIZED
OFFICIAL SIGNATURE:** _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	



VENDOR MANAGEMENT FORM (TeamWorks)

The Initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT EMAIL: _____

PYMT REMIT EMAIL _____ LOC # _____

PYMT REMIT EMAIL _____ LOC # _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # _____ BANK ACCOUNT # _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose _____
(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

(Vendor Printed Name)

(Vendor Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- New Vendor
- Classification Change _____
- Name Change**
- Bank Account Add
- E-Payable
- Add address
- Change of Address: Address # _____
- Bank Account Change
- 1099 Code _____
- FEI/TIN Change**
- Other (provide details in Section 4)
- Bank Account Delete

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

- Small Business
- GA Based Business
- Women Owned
- Minority Business Certified
- Minority Business Enterprise
- Hispanic-Latino
- African American
- Native American
- Asian American
- Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Requestor Name: BEVERLY FORTE Agency BU#: 47100 Date: _____

Signature: Beverly Forte

Email: BEVERLY.FORTE@CJCC.GA.GOV Phone: 404-654-1744 Fax #: 404-654-1711

PERSONNEL ACTION FORM

Date _____
 Effective Date _____
 Location _____

Please check correct category	
<input type="checkbox"/> Regular	<input type="checkbox"/> Grant
<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Temporary	<input type="checkbox"/> Instructor

NAME _____ Employee I.D. _____
(Last) (First) (M.I.)

ADDRESS _____
(#) (Street) (apt) (City) (State) (Zip) (County)

MAILING ADDRESS _____
 (Leave blank if same as above)

ORGANIZATION _____
(Department name) (Project)

DATE OF EMPLOYMENT _____	RE-HIRE DATE _____	DATE OF BIRTH _____	PHONE# _____
Check for change of <input type="checkbox"/> Name/Address/Zip Code <input type="checkbox"/> Telephone/Location <input type="checkbox"/> Organization			
<input type="checkbox"/> Previous _____ <input type="checkbox"/> New _____			
<input type="checkbox"/> Appointment <input type="checkbox"/> Re-hire		POSITION TITLE _____ GRADE _____	
<input type="checkbox"/> RATE CHANGE <input type="checkbox"/> FUND CHANGE <input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> PROMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> DEMOTION <input type="checkbox"/> PT/TEMP to FULL-TIME		ANNUAL & HOURLY PAY RATE _____ PREVIOUSLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ORG NO. & DEPT. NAME from _____ to _____	
		POSITION TITLE from _____ to _____	
		ANNUAL & HOURLY PAY RATE from _____ to _____	
		EXPLANATION _____	
		Releasing Dept. Signature _____ (transfers only) <small>(forward to receiving department for approval below)</small>	
<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATION <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIREMENT		POSITION TITLE _____ PENSION VESTED <input type="checkbox"/> YES <input type="checkbox"/> NO ANNUAL & HOURLY PAY RATE _____ AL DUE _____ COMP DUE _____ REASON _____ DID EMPLOYEE GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO How much notice? _____ WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain? _____	

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

EMPLOYEE# _____	PENSION DATE _____	_____
INCUMBENT _____	REVIEW DATE _____	(DEPARTMENT HEAD)
EEOC FUNCTION _____	EEOC CATEGORY _____	_____
CLASS CODE# _____	OVERTIME _____	(HUMAN RESOURCES DIRECTOR)
PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE NOTIFIED _____	_____
LEAVE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER RETIREMENT _____ FICA/MEDICARE _____	(FINANCE DIRECTOR)

SHIP TO WALKER CO COMMISSIONER'S OFFICE
101 S DUKE ST
LA FAYETTE, GA 30728

BILL TO WALKER CO COMMISSIONER'S OFFICE
PO BOX 445
LA FAYETTE, GA 30728

**REPRINT PURCHASE
ORDER
NO. 2019-00000988**

DATE 06/13/2019

VENDOR 1683 TRUCK COUNTRY LLC

CONTACT TRUCK COUNTRY LLC
253 PATTERSON AVE
FORT OGLETHORPE, GA 30742

**DELIVER BY
SHIP VIA
FREIGHT TERMS
ORIGINATOR** Whitfield, Shannon
**RESOLUTION #
PAYMENT TERMS**

QUANTITY	U/M	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	EA	Capital - Other Equipment - 2012 Chevy Silverado 2500 HD 4x4 Pickup	\$22,500.0000	\$22,500.00
1.0000	EA	Capital - Other Equipment - 2016 Dodge Ram 3500 Pickup Utility 4x4	\$26,500.0000	\$26,500.00
			TOTAL DUE	\$49,000.00

APPROVED BY _____

SPECIAL INSTRUCTIONS

Buyers Order

Buyer Name & Address	Co-Buyer Name & Address	Seller's Name & Address
WALKER COUNTY COMMISSION 455 PO BOX LAFAYETTE, GA 30728 County: WALKER		Truck Country, LLC. 253 Patterson Ave Fort Oglethorpe, GA 30742

SALE VEHICLE INFORMATION

New/Used	Make	Model	Year	Vin	Stock#	Odometer
Used	CHEVROLET	SILVERADO WT	2012	1GC4KZCG0CF101520	101520	47069

SALE ITEMIZATION

A. Cash Price of Vehicle	\$ 22,500.00
1. Accessories and After Market Items	\$.00
2. _____	\$ N/A
3. _____	\$ N/A
4. _____	\$ N/A
5. Prior Credit or Lease Balance paid by seller to: _____	\$ N/A
Total Cash Price (1 through 6)	\$ 22,500.00 (A)
B. Sales Tax	\$.00 (B)
C. Amounts Paid To Others	
1. Amount Paid to Others (Paid To: _____)	\$ N/A
2. _____	\$ N/A
3. _____	\$ N/A
4. State License Fees (Estimate)	\$ N/A
5. State Registration / Title / Transfer Fees (Estimate)	\$ N/A
Total Amount Paid To Others (1 through 5)	\$.00 (C)
D. Down Payment	
1. Value of Trade-In Year: _____ Make: _____ Model: _____ VIN: _____	\$ N/A
2. Less Prior Credit or Lease Balance _____	\$ N/A
3. Trade-In Net Amount (1 minus 2) (indicate negative)	\$ N/A
4. Cash Down Payment	\$ N/A
5. _____	\$ N/A
Total Down Payment (1 through 5)	\$.00 (D)
(If negative, disclose as zero and enter the negative amount on line A-5)	
E. Balance Due (A plus B plus C minus D)	\$ 22,500.00 (E)

AS-IS

Unless otherwise indicated on the buyer's guide attached to the side window of this vehicle

OPTIONAL SERVICE CONTRACT

You have acknowledged the purchase of a service contract written with the following company for the term below.
 Company _____
 Term ___ Mos. or ___ Miles
 Buyer _____ Co-Buyer _____

OPTIONAL GAP CONTRACT

A GAP Contract (Debt Cancellation Agreement) is not required to obtain credit and is not provided unless you agree to purchase and pay the extra cost.
 Term ___ Mos. _____
 _____ Name of Gap Contract

 Buyer Signature

Comments:

**** SELLERS WARRANTIES IN THIS SALE: THERE ARE NO IMPLIED WARRANTIES CONCERNING THE VEHICLE, INCLUDING THOSE OF MERCHANTABILITY, FITNESS FOR USE, OR OTHERWISE. SELLER MAKES NO WARRANTIES OR REPRESENTATIONS WITH RESPECT TO THE VEHICLE, INSURANCE OR SERVICE AGREEMENT.**

**** THIS IS A BINDING AGREEMENT.** As of the date below, this Agreement comprises the complete terms of agreement relating to the entire subject matters covered. This document shall not become binding until accepted by an authorized representative of the Seller.

**** ENTIRE AND ONLY AGREEMENT.** This Agreement contains the entire and only Agreement between the parties. This Agreement supersedes any prior oral or written Agreement between the parties concerning the sale of the Vehicle. Any modification or change to this Agreement must be in writing and signed by Buyer and the Seller.

**** NO COOLING OFF PERIOD.** This Agreement does not provide for a "cooling off" period. Buyer cannot cancel this Agreement simply because Buyer: Changes Buyer's mind; Decides the Vehicle costs too much; or Buyer wish Buyer had acquired a different Vehicle.

(X) _____ 6/13/2019 (X) _____ 6/13/2019
 Buyer's Signature Date Co-Buyer's Signature Date

 Seller's Signature Title Date





Buyers Order

Buyer Name & Address	Co-Buyer Name & Address	Seller's Name & Address
WALKER COUNTY COMMISSION 455 PO BOX LAFAYETTE, GA 30728 County: WALKER		Truck Country, LLC. 253 Patterson Ave Fort Oglethorpe, GA 30742

SALE VEHICLE INFORMATION

New/Used	Make	Model	Year	Vin	Stock#	Odometer
Used	RAM	3500 Tradesman	2016	3C63R3GT5GG267135	267135	139709

SALE ITEMIZATION

A. Cash Price of Vehicle	\$ 26,500.00
1. Accessories and After Market Items	\$.00
2. _____	\$ N/A
3. _____	\$ N/A
4. _____	\$ N/A
5. Prior Credit or Lease Balance paid by seller to: _____	\$ N/A
Total Cash Price (1 through 6)	\$ 26,500.00 (A)
B. Sales Tax	\$.00 (B)
C. Amounts Paid To Others	
1. Amount Paid to Others (Paid To: _____)	\$ N/A
2. _____	\$ N/A
3. _____	\$ N/A
4. State License Fees (Estimate)	\$ N/A
5. State Registration / Title / Transfer Fees (Estimate)	\$ N/A
Total Amount Paid To Others (1 through 5)	\$.00 (C)
D. Down Payment	
1. Value of Trade-In Year: _____ Make: _____ Model: _____ VIN: _____	\$ N/A
2. Less Prior Credit or Lease Balance _____	\$ N/A
3. Trade-In Net Amount (1 minus 2) (indicate negative)	\$ N/A
4. Cash Down Payment	\$ N/A
5. _____	\$ N/A
Total Down Payment (1 through 5)	\$.00 (D)
(If negative, disclose as zero and enter the negative amount on line A-5)	
E. Balance Due (A plus B plus C minus D)	\$ 26,500.00 (E)

AS-IS

Unless otherwise indicated on the buyer's guide attached to the side window of this vehicle

OPTIONAL SERVICE CONTRACT

You have acknowledged the purchase of a service contract written with the following company for the term below.
 Company _____
 Term ___ Mos. or ___ Miles
 Buyer _____ Co-Buyer _____

OPTIONAL GAP CONTRACT

A GAP Contract (Debt Cancellation Agreement) is not required to obtain credit and is not provided unless you agree to purchase and pay the extra cost.
 Term ___ Mos. _____
 _____ Name of Gap Contract

 Buyer Signature

Comments:

**** SELLERS WARRANTIES IN THIS SALE: THERE ARE NO IMPLIED WARRANTIES CONCERNING THE VEHICLE, INCLUDING THOSE OF MERCHANTABILITY, FITNESS FOR USE, OR OTHERWISE. SELLER MAKES NO WARRANTIES OR REPRESENTATIONS WITH RESPECT TO THE VEHICLE, INSURANCE OR SERVICE AGREEMENT.**

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**** ENTIRE AND ONLY AGREEMENT.** This Agreement contains the entire and only Agreement between the parties. This Agreement supersedes any prior oral or written Agreement between the parties concerning the sale of the Vehicle. Any modification or change to this Agreement must be in writing and signed by Buyer and the Seller.

**** NO COOLING OFF PERIOD.** This Agreement does not provide for a "cooling off" period. Buyer cannot cancel this Agreement simply because Buyer: Changes Buyer's mind; Decides the Vehicle costs too much; or Buyer wish Buyer had acquired a different Vehicle.

(X) _____ 6/13/2019 (X) _____ 6/13/2019
 Buyer's Signature Date Co-Buyer's Signature Date Sellers Signature Title Date





SHIP TO WALKER CO COMMISSIONER'S OFFICE
101 S DUKE ST
LA FAYETTE, GA 30728

BILL TO WALKER CO COMMISSIONER'S OFFICE
PO BOX 445
LA FAYETTE, GA 30728

REPRINT PURCHASE ORDER
NO. 2019-00000992

DATE 06/14/2019

VENDOR 1684 J PAUL CONNELL

CONTACT J PAUL CONNELL
415 COUNTRY SQUIRE LANE
CHICKAMAUGA, GA 30707

DELIVER BY
SHIP VIA
FREIGHT TERMS
ORIGINATOR Whitfield, Shannon
RESOLUTION #
PAYMENT TERMS

QUANTITY	U/M	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	EA	Capital - Other Equipment - 26,000 lbs Big Tex Flat bed trailer for Public Works	\$10,000.0000	\$10,000.00
TOTAL DUE				\$10,000.00

APPROVED BY _____

SPECIAL INSTRUCTIONS





SHIP TO WALKER CO COMMISSIONER'S OFFICE
101 S DUKE ST
LA FAYETTE, GA 30728

BILL TO WALKER CO COMMISSIONER'S OFFICE
PO BOX 445
LA FAYETTE, GA 30728

**PURCHASE ORDER
NO.** 2019-00001032

DATE 06/26/2019

VENDOR 1683 TRUCK COUNTRY LLC

CONTACT TRUCK COUNTRY LLC
253 PATTERSON AVE
FORT OGLETHORPE, GA 30742

DELIVER BY
SHIP VIA
FREIGHT TERMS
ORIGINATOR Whitfield, Shannon
RESOLUTION #
PAYMENT TERMS

QUANTITY	U/M	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	EA	Capital - Vehicles - 2014 Ford F150 XL 4X4 Pickup with Bed Cover	\$14,500.0000	\$14,500.00
			TOTAL DUE	\$14,500.00

APPROVED BY _____

SPECIAL INSTRUCTIONS

Buyers Order

Buyer Name & Address	Co-Buyer Name & Address	Seller's Name & Address
WALKER COUNTY COMMISSION 455 PO BOX LAFAYETTE, GA 30728 County: WALKER		Truck Country, LLC. 253 Patterson Ave Fort Oglethorpe, GA 30742

SALE VEHICLE INFORMATION

New/Used	Make	Model	Year	Vin	Stock#	Odometer
Used	FORD	F150 XL	2014	1FTFX1EF4EKD95417	D95417	129159

SALE ITEMIZATION

A. Cash Price of Vehicle	\$ 14,500.00
1. Accessories and After Market Items	\$.00
2. _____	\$ N/A
3. _____	\$ N/A
4. _____	\$ N/A
5. Prior Credit or Lease Balance paid by seller to: _____	\$ N/A
Total Cash Price (1 through 6)	\$ 14,500.00 (A)
B. Sales Tax	\$.00 (B)
C. Amounts Paid To Others	
1. Amount Paid to Others (Paid To: _____)	\$ N/A
2. _____	\$ N/A
3. _____	\$ N/A
4. State License Fees (Estimate)	\$ N/A
5. State Registration / Title / Transfer Fees (Estimate)	\$ N/A
Total Amount Paid To Others (1 through 5)	\$.00 (C)
D. Down Payment	
1. Value of Trade-In Year: _____ Make: _____ Model: _____ VIN: _____	\$ N/A
2. Less Prior Credit or Lease Balance _____	\$ N/A
3. Trade-In Net Amount (1 minus 2) (indicate negative)	\$ N/A
4. Cash Down Payment	\$ N/A
5. _____	\$ N/A
Total Down Payment (1 through 5)	\$.00 (D)
(If negative, disclose as zero and enter the negative amount on line A-5)	
E. Balance Due (A plus B plus C minus D)	\$ 14,500.00 (E)

AS-IS

Unless otherwise indicated on the buyer's guide attached to the side window of this vehicle

OPTIONAL SERVICE CONTRACT

You have acknowledged the purchase of a service contract written with the following company for the term below.
Company _____
Term ___ Mos. or ___ Miles
Buyer _____ Co-Buyer _____

OPTIONAL GAP CONTRACT

A GAP Contract (Debt Cancellation Agreement) is not required to obtain credit and is not provided unless you agree to purchase and pay the extra cost.
Term ___ Mos. _____
Name of Gap Contract _____
X _____
Buyer Signature

Comments:

**** SELLERS WARRANTIES IN THIS SALE: THERE ARE NO IMPLIED WARRANTIES CONCERNING THE VEHICLE, INCLUDING THOSE OF MERCHANTABILITY, FITNESS FOR USE, OR OTHERWISE. SELLER MAKES NO WARRANTIES OR REPRESENTATIONS WITH RESPECT TO THE VEHICLE, INSURANCE OR SERVICE AGREEMENT.**

**** THIS IS A BINDING AGREEMENT.** As of the date below, this Agreement comprises the complete terms of agreement relating to the entire subject matters covered. This document shall not become binding until accepted by an authorized representative of the Seller.

**** ENTIRE AND ONLY AGREEMENT.** This Agreement contains the entire and only Agreement between the parties. This Agreement supersedes any prior oral or written Agreement between the parties concerning the sale of the Vehicle. Any modification or change to this Agreement must be in writing and signed by Buyer and the Seller.

**** NO COOLING OFF PERIOD.** This Agreement does not provide for a "cooling off" period. Buyer cannot cancel this Agreement simply because Buyer: Changes Buyer's mind; Decides the Vehicle costs too much; or Buyer wish Buyer had acquired a different Vehicle.

(X) Sharon K. Whitfield 6/20/2019 (X) _____ 6/20/2019
Buyer's Signature Date Co-Buyer's Signature Date Seller's Signature Title Date





SHIP TO WALKER COUNTY FIRE & RESCUE
107 ALEX DRIVE
CHICKAMAUGA, GA 30707

BILL TO WALKER COUNTY FIRE & RESCUE
107 ALEX DRIVE
CHICKAMAUGA, GA 30707

PURCHASE ORDER
NO. 2019-00000517

DATE 06/26/2019

VENDOR 55603 TENNESSEE FIRE EQUIPMENT & SAFETY

CONTACT TENNESSEE FIRE EQUIPMENT & SAFETY
5944 SHALLOWFORD ROAD, STE B
CHATTANOOGA, TN 37421

DELIVER BY
SHIP VIA
FREIGHT TERMS
ORIGINATOR Crystal Woods
RESOLUTION #
PAYMENT TERMS

QUANTITY	U/M	DESCRIPTION	UNIT COST	TOTAL COST
110.0000	EA	Capital - Other Equipment - 3/4" hose with coupling (2018 Revenue)	\$210.0000	\$23,100.00
			TOTAL DUE	\$23,100.00

APPROVED BY _____

SPECIAL INSTRUCTIONS

**TENNESSEE FIRE EQUIPMENT
& SAFETY SUPPLIES**
5944 SHALLOWFORD RD STE B
CHATTANOOGA, TN 37421

QUOTATION

Quote Number: 6276
Quote Date: Feb 8, 2019
Page: 1

Voice: 423-265-9100
Fax: 423-265-0083

Quoted To:
WALKER CO. FIRE & RESCUE P.O. BOX 130 CHICKAMAUGA, GA 30707 USA

Customer ID	Good Thru	Payment Terms	Sales Rep
WALKER CO. FR	3/10/19	Net 30 Days	0010

Quantity	Item	Description	Unit Price	Amount
110.00		DP17-1000-O(C)-50-ARN COMBAT READY 1- 3/4" X 50' W/ AL COUPLING REVISED/UPDATED FROM QUOTE #6096	210.00	23,100.00
Subtotal				23,100.00
Sales Tax				
TOTAL				23,100.00