



## **AGENDA**

### **McDUFFIE COUNTY BOARD OF COMMISSIONERS**

**October 3, 2022 at 6:30 PM**

**Government Center Meeting Room**

### **COMMISSIONERS' WORK SESSION**

#### **WELCOME & CALL TO ORDER**

**Chairman Newton**

#### **INVOCATION & PLEDGE OF ALLEGIANCE**

#### **DISCUSSION ITEMS**

- 1. Discussion Concerning Bohler Road.**
- 2. Discussion Concerning Revolving Loan Fund for GSK Metal Works.**
- 3. Discussion Concerning FY23 EOA Meals Subcontract.**
- 4. Discussion Concerning LOST Certification.**
- 5. Discussion Concerning Boys and Girls Club.**
- 6. Discussion Concerning Animal Services.**
- 7. Discussion Concerning Letter of Support for Augusta Regional Airport.**
- 8. Discussion Concerning Lighting Agreement for Government Complex.**
- 9. Discussion Concerning Concurrence with County Attorney Regarding Markatleo Street, Lokey Street and Brown Street.**
- 10. Discussion Concerning FY23 Proposed Budget.**

#### **ADJOURNMENT**

**RESOLUTION 22-13**  
**RESOLUTION OF THE BOARD OF COMMISSIONERS**  
**OF MCDUFFIE COUNTY, GEORGIA**  
**CONCERNING A DETERMINATION TO ABANDON THOSE**  
**PORTIONS OF BOHLER ROAD NO LONGER UTILIZED**  
**BY THE GENERAL PUBLIC**

**WHEREAS**, it has been proposed that the Board of Commissioners make a determination that removing from the County road system those portions of the right-of-way known as Bohler Road ("Road") no longer utilized by the general public shown and depicted as Tracts "B" and "C" on that plat attached hereto as Exhibit "A," ("Property"), is in the public's best interest.

**NOW, THEREFORE**, be it resolved by the Board of Commissioners of McDuffie County and it is hereby resolved by the authority of same as follows:

1. That a public hearing be held on this issue and that a notice of such public hearing be published in the *McDuffie Progress*, which is the newspaper in which Sheriff's advertisements for McDuffie County are published, once a week for a period of two weeks prior to the date of the holding of such public hearing.
2. That following the holding of such public hearing, the County Manager shall report on this issue to the Board of Commissioners at its next meeting following the holding of such public hearing.
3. That the Clerk of the Board of Commissioners of McDuffie County promptly mail by certified mail, return receipt requested, to all of the property owners whose land fronts on said access road as shown on the tax records of McDuffie County, a copy of the notice of the public hearing.
4. This resolution shall become effective immediately upon its adoption.

**THIS RESOLUTION** adopted by the Board of Commissioners of McDuffie County.

Adopted October 5, 2022.

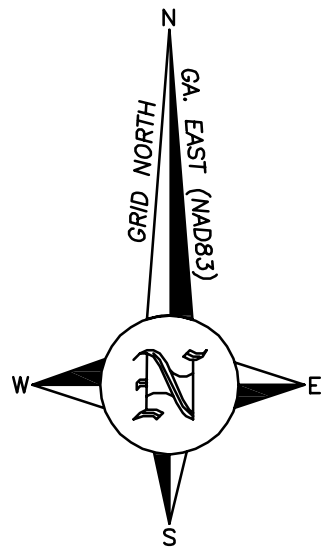
**BOARD OF COMMISSIONERS OF**  
**MCDUFFIE COUNTY, GEORGIA**

[SEAL]

By: \_\_\_\_\_  
Its Chairman

Attest: \_\_\_\_\_  
Its Clerk

CLERK OF SUPERIOR COURT

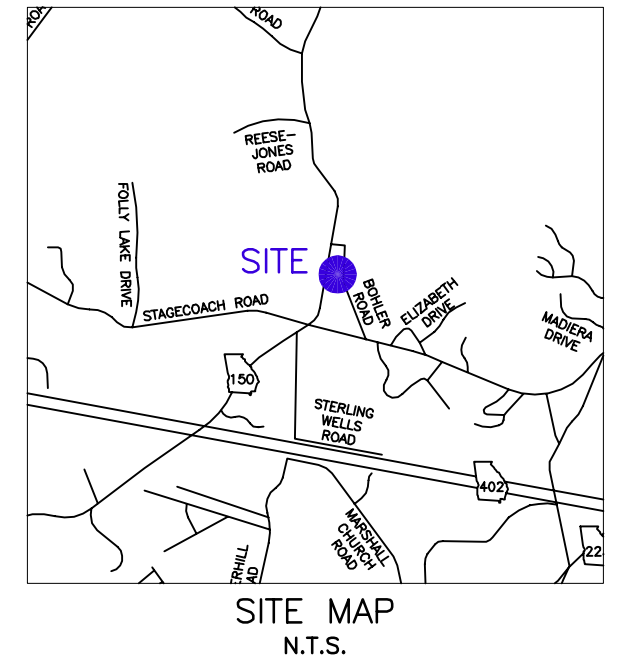
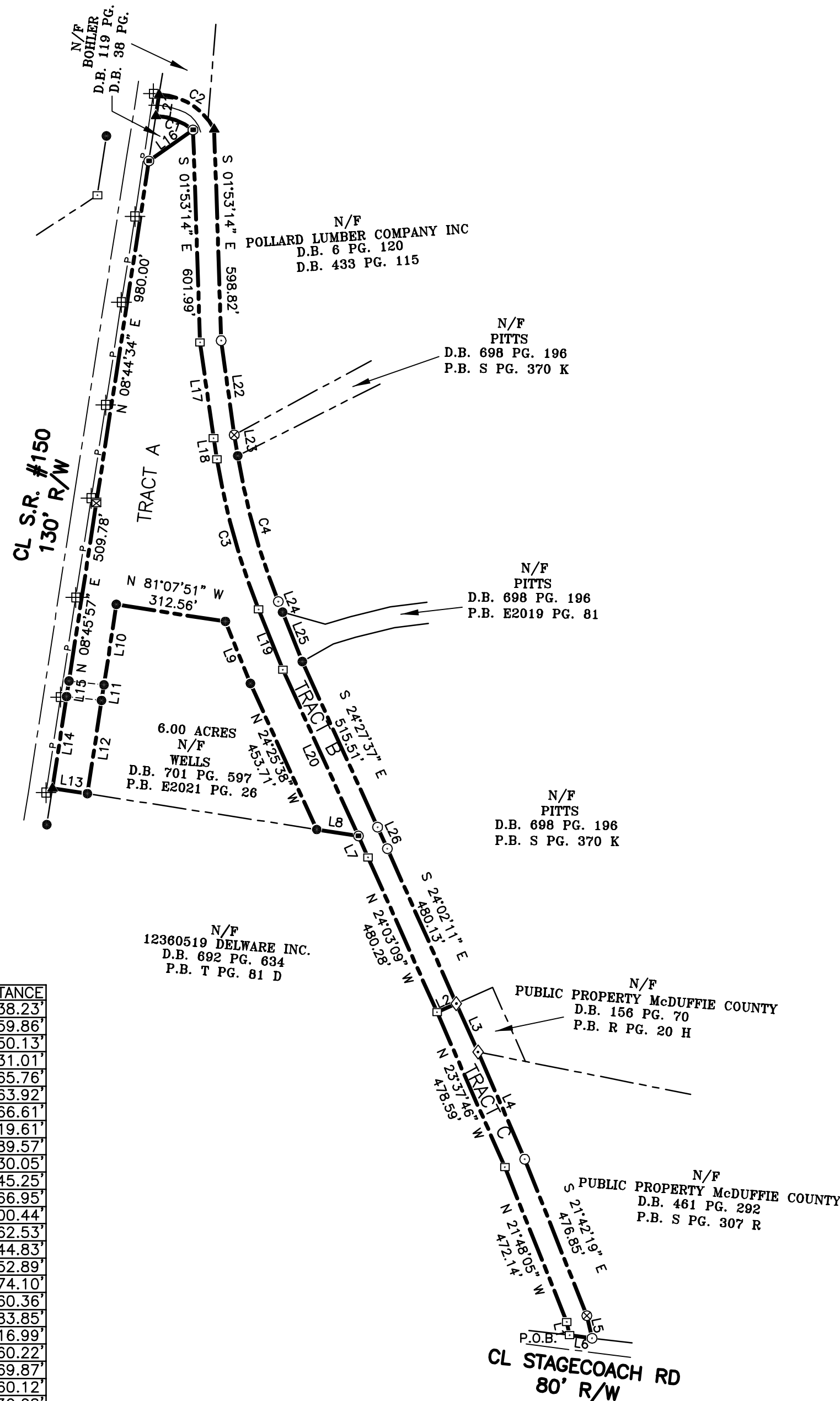


CURVE	CHORD BEARING	CHORD	ARC	RADIUS
C1	N 69°05'10" W	112.61'	114.37'	187.72'
C2	S 57°55'55" E	184.09'	192.94'	182.64'
C3	S 15°30'01" E	441.45'	442.36'	1990.67'
C4	S 15°35'04" E	428.27'	429.10'	1983.99'

#### SYMBOLS LEGEND

- P— OVERHEAD POWER LINE
- ⊕ POWER POLE
- P.O.B. POINT OF BEGINNING
- CALCULATED POINT
- ▲ ½" REBAR SET
- ½" REBAR FOUND
- ⊙ ⅝" REBAR FOUND
- ½" PIPE FOUND
- ⊗ ¾" PIPE FOUND
- ◇ 1" PIPE FOUND
- ⊠ CONCRETE R/W MONUMENT

LINE	BEARING	DISTANCE
L1	N 12°37'44" W	38.23'
L2	N 65°47'56" E	59.86'
L3	S 24°07'32" E	150.13'
L4	S 23°31'33" E	331.01'
L5	S 12°37'03" E	65.76'
L6	N 81°51'37" W	63.92'
L7	N 24°09'24" W	66.61'
L8	N 81°10'41" W	119.61'
L9	N 21°55'59" W	189.57'
L10	S 08°43'39" W	230.05'
L11	S 08°59'17" W	45.25'
L12	S 08°35'51" W	266.95'
L13	N 81°08'51" W	100.44'
L14	N 08°43'52" E	262.53'
L15	N 08°42'32" E	44.83'
L16	N 54°47'49" E	152.89'
L17	S 08°01'57" E	274.10'
L18	S 09°19'54" E	60.36'
L19	S 21°52'45" E	183.85'
L20	S 24°26'56" E	516.99'
L21	N 08°44'34" E	60.22'
L22	S 07°56'40" E	269.87'
L23	S 09°06'55" E	60.12'
L24	S 21°27'58" E	32.28'
L25	S 21°55'50" E	150.37'
L26	S 24°06'26" E	67.22'



COUNTY APPROVAL  
THE McDUFFIE COUNTY PLANNING COMMISSION HAS  
APPROVED THIS MAP, PLAT, OR PLAN FOR FILING  
AS PER HB 76 (2017) FORMERLY HB 1004.  
PLANNING/ZONING ADMINISTRATOR CHASE BEGGS

**APPROVED** *Chase N. Beggs*  
By Chase N. Beggs at 10:42 am, Aug 03, 2022

NOTE: Tracts B and C are portions of  
the Right-of-Way for Bohler Road. Tract  
C is to be retained as access for the  
TMWSC's water tower. Tract A and B  
are to be combined. This plat is not  
intended to create a stand-alone lot.

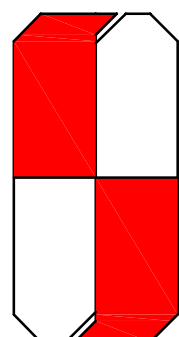
#### REFERENCES

- DEED BOOK 461, PAGE 292.
- PLAT BOOK S, PAGE 307 R.



#### \*\*GENERAL NOTES\*\*

- ALL UTILITIES ARE NOT SHOWN ON THIS SURVEY.
- ALL FENCES ARE NOT SHOWN ON THIS SURVEY.
- THIS SURVEY IS SUBJECT TO ALL EASEMENTS, RIGHTS-OF-WAY, AND PROTECTIVE COVENANTS OF RECORD.
- THIS SURVEY IS NOT BASED ON A TITLE ABSTRACT.
- FLOOD ZONE INFORMATION IS NOT SHOWN ON THIS SURVEY.
- THIS SURVEY WAS PREPARED IN CONFORMITY WITH THE TECHNICAL STANDARDS FOR PROPERTY SURVEYS IN GEORGIA AS SET FORTH IN CHAPTER 180-7 OF THE RULES OF THE GEORGIA BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS AND AS SET FORTH IN THE GEORGIA PLAT ACT O.C.G.A. 15-6-67 AND HB 76 (2017) FORMERLY HB 1004 BY SURVEYOR JOHN A. MCGILL #1753.



**JOHN A. MCGILL, P.C.**  
Land Surveying  
NPDES Monitoring

McGill And Associates, Est. 1972  
934 Shields Pond Road  
Thomson, Ga. 30824  
Phone: (706) 595-5612  
Fax: (706) 595-7448  
Email: [office@johnamcgillpc.com](mailto:office@johnamcgillpc.com)

THE FIELD DATA UPON  
WHICH THIS PLAT IS  
BASED HAS A CLOSURE  
PRECISION OF ONE  
FOOT IN 10,000  
FEET AND AN ANGULAR  
ERROR OF 2 SECONDS  
PER ANGLE POINT, AND  
WAS ADJUSTED USING  
CARLSON BRx7 ANGLES  
TURNED BY A CARLSON  
BRx7 AND DISTANCES  
MEASURED WITH A CARLSON  
BRx7.

**PLAT FOR:**  
**McDUFFIE COUNTY**  
**BOARD OF COMMISSIONERS**  
TRACT A 11.08 ACRES  
TRACT B 3.80 ACRES  
TRACT C 1.40 ACRES  
134 G.M.D.  
McDUFFIE COUNTY, GEORGIA

SURVEY DATE	JUNE 22, 2022
MAP CLOSURE	1/372,326
DRAWN BY	M.J.M.
JOB NO.	2022-2290
C.O.A. No.	LSF000082
SHEET NO.	1 OF 1
REVISIONS	



7/26/22

Loan Request  
GSK Metal Works, LLC  
General Info

This new fabrication facility is located in the City owned complex of buildings down past the Government Center on Railroad Street. Its is known as the National Homes site or the Thomson Metals site.

The company started as a custom fabricator for Kuhlke Construction in Augusta. Two of the Kuhlke principals, Billy Shelton and Mark Kitchens, saw the need and had the expertise to start this “support” fab shop for their construction business. Time period was mid-2018 and they occupied a couple of smaller buildings on the back of the site.

Today, GSK is a stand-alone fabricator, solely owned by Shelton and Kitchens, and are completely separate from any relationship with Kuhlke. They currently produce a line of utility trailers that are sold throughout the South by a network of distributors. In addition, a small but growing piece of the business is custom rehabilitation work on classic cars. This work is done completely separate from the trailer production facility. In 2018 they started with 5 employees and are currently at a headcount of 24.

Regarding the loan request:

- They asked the Dev Authority to consider a loan of \$150,000. Approximately 2/3 will be used to pay off high interest debt incurred as they started up. The rest will be used to expand their product offerings, first with dump trailers and eventually producing a line of enclosed trailers. **6 jobs will be added.**
- On 8-24-2022, the IDA board approved the additional funds requested (\$150,000), structured in this manner.
  - \$50,000 from our RLF account. This is tied to job creation and promotes the adding of 6 employees.
  - After IDA approval, this portion (\$50,000) of the loan request was approved by the DCA in Atlanta on 9-14-2022 (attached). The final approval must be done by the County Commission.
  - The additional \$100,000 would come from IDA local operating reserves and only needs IDA approval (done on 8-24-222).
  - The terms are 1% below prime, adjusted annually, 7-year term. Currently prime is 5.5%.



## DCA RLF Loan Compliance Review Form

Local Government: McDuffie

Date: 8-25-22

Project/Business Name: GSK Metal Works

Project/Business Address: 407 Railroad Street, Thomson, GA 30824

Total Project Cost: \$ 75,000.00 Project Activity: Expansion of product lines in fabrication facility

### Project Funding Mix

Funding Source	Dollars	Percentage	Use/ Activity
RLF	\$ 50,000.00	66.67%	product line expansion
Bank		0.00%	
Owner	\$ 25,000.00	33.33%	
Other		0.00%	
<b>Total</b>	<b>\$ 75,000.00</b>		

### RLF Loan Details

RLF Loan Amount	Interest Rate	Loan Term	Use of Funds
\$ 50,000.00	4.50 %	84 months	product line expansion

Total Jobs Created: 6 Low/Mod Jobs Created: 6 RLF Dollars/Job Ratio: \$ 8,333.33

Collateral: Equipment, inventory, accounts receivable and Personal Guaranty by all owners (2)

Anticipated Public Hearing Date: 9-20-22

### Loan Review Committee Members:

Name: <u>Steve Dwyer</u>	Title: <u>Chair</u>
Name: <u>Chuck Irminger</u>	Title: <u>Vice Chair</u>
Name: <u>Marcellus Barr</u>	Title: <u>IDA Board Member</u>
Name: <u>Jamie Alfrend</u>	Title: <u>IDA Board Member</u>
Name: <u>Ron Shipman</u>	Title: <u>IDA Board Member</u>
Name: <u>Gloria Thompson</u>	Title: <u>IDA Board Member</u>
Name: <u>Kevin Hyman</u>	Title: <u>IDA Board Member</u>

☒ Check box to indicate loan meets Local RLF Policies & Procedures

Date RLF Policies & Procedures were approved: 6-1994

### Local Government CEO

Name: Charles G Newton, IV

Signature: 

Date: 8-25-22

DCA Approval Date: September 14th 2022

By: 



**FY2023**

**CSRA Economic Opportunity Authority, Inc.  
Community Services Department**



**Interim Executive Director**  
Mary P. Harrison

**SUBCONTRACT AGREEMENT**

**OVERVIEW:**

This Agreement is entered into as of September 30, 2022, by and between CSRA Economic Opportunity Authority, Inc., a Georgia nonprofit corporation with principal offices at 1261 Greene Street, Augusta, GA 30901 (“CAA”), and **McDuffie Co. Board of Commissioners/ Thomson-McDuffie Senior Center** (“Subrecipient”), with principal offices at 304 Greenway Drive, Thomson, Georgia 30824. In support of senior nutrition and wellness, the Subrecipient will provide meals for CSBG eligible senior citizens who reside in McDuffie County, and the CAA will reimburse costs for meals for CSBG eligible participants enrolled in and receiving meals through the program.

**TERM:**

This Agreement shall govern the performance of the parties for the period September 30, 2022 (the “Effective Date”) through September 29, 2023, unless earlier terminated by either party in accordance with the terms of this Agreement.

**SCOPE OF SERVICES AND BUDGET; PRIOR APPROVAL FOR CHANGES**

- 1) Scope of Services and Budget. Subrecipient shall, in a satisfactory manner as determined by CSRA EOA, Inc., perform all activities described in the scope of services as approved by CSRA EOA, Inc. and attached hereto as Exhibit A, as may be amended from time to time (the “Approved Services”) in accordance with the program budget as approved by CSRA EOA, Inc. and attached hereto as Exhibit B, as may be amended from time to time (the “Approved Budget”).
- 2) Prior Approval for Changes. Subrecipient may not transfer allocated funds among cost categories within a budgeted program account without the prior written approval of CSRA EOA, Inc.; nor shall Subrecipient make any changes, directly or indirectly, in program design or in the Approved Services or in the Approved Budget without the prior written approval of CSRA EOA, Inc.

**COMPENSATION:**

- 1) Payment of Funds. CSRA EOA, Inc. agrees to reimburse Subrecipient for costs actually incurred and paid by Subrecipient in accordance with the Approved Budget attached hereto as Exhibit B and for the performance of the Approved Services under this

Agreement in an amount not to exceed **\$21,000.00** (the “Total Agreement Funds”). The amount of Total Agreement Funds, however, is subject to adjustment by CSRA EOA, Inc. if a substantial change is made in the Approved Services that affects this Agreement or if this Agreement is terminated prior to the expiration of the Agreement. Program funds shall not be expended prior to the Effective Date, or following the earlier of the expiration or termination of this Agreement. Costs incurred shall only be as necessary and allowable to carry out the purposes and activities of the Approved Services and may not exceed the maximum limits set in the Approved Budget. Expenses charged against the Total Agreement Funds shall be incurred in accordance with [Title X], the Uniform Guidance, the Prime Award/Community Services Block Grant (CSBG).

2) Invoices.

On or before the tenth (10th) day of each month and in any event no later than fifteen (15) days after the earlier of the expiration or termination of this Agreement, Subrecipient shall submit invoices, [in a form supplied by CSRA EOA, Inc.], for the most recent month ended, to CSRA EOA, Inc., setting forth actual expenditures of Subrecipient in accordance with this Agreement. Within ten (10) working days from the date it receives such invoice, CSRA EOA, Inc. may disapprove the requested compensation. If the compensation is so disapproved, CSRA EOA, Inc. shall notify Subrecipient as to the disapproval. If payment is approved, no notice will be given.

3) Contingency.

The payment of funds to Subrecipient under the terms of this Agreement shall be contingent on the receipt of such funds by CSRA EOA, Inc. from applicable state and federal funding sources and shall be subject to Subrecipient’s continued eligibility to receive funds under the applicable provisions of state and federal laws and the Notice of Prime Award. If the amount of funds that CSRA EOA, Inc. receives from state and federal funding sources is reduced, CSRA EOA, Inc. reserves the right to reduce the amount of funds awarded under, or to terminate, this Agreement. CSRA EOA, Inc. also reserves the right to deny payment for Subrecipient’s expenditures for Approved Services where invoices and/or other reports are not submitted by the deadlines specified.

## **FINANCIAL ACCOUNTABILITY AND GRANT ADMINISTRATION.**

- 1) Financial Management. Subrecipient shall maintain a financial management system and financial records and shall administer funds received pursuant to this Agreement in accordance with all applicable federal and state requirements
- 2) Limitations on Expenditures. Subrecipient shall not be reimbursed or otherwise compensated for any expenditures incurred or services provided prior to the Effective Date, or following the earlier of the expiration or termination of this Agreement. CSRA EOA, Inc. shall only reimburse Subrecipient for documented expenditures incurred during the Agreement Term that are: (i) reasonable and necessary to carry out the CSRA EOA, Inc. planned programs, activities and services; (ii) documented by contracts or other evidence of liability consistent with established CSRA EOA, Inc. and Subrecipient procedures; and (iii) incurred in accordance with all applicable requirements for the expenditure of funds payable under this Agreement.

- 3) Improper Payments. Any item of expenditure by Subrecipient under the terms of this Agreement which is found by auditors, investigators, and other authorized representatives of CSRA EOA, Inc., Georgia DHS, HHS, the U.S. Government Accountability Office or the Comptroller General of the United States to be improper, unallowable, in violation of federal or state law or the terms of the CSBG Award or this Agreement, or involving any fraudulent, deceptive, or misleading representations or activities of Subrecipient, shall become Subrecipient's liability, to be paid by Subrecipient from funds other than those provided by CSRA EOA, Inc. under this Agreement or any other agreements between CSRA EOA, Inc. and Subrecipient. This provision shall survive the expiration or termination of this Agreement.
- 4) Audited Financial Statements. In any fiscal year in which Subrecipient expends \$750,000 or more in federal awards during such fiscal year, including awards received as a subrecipient, Subrecipient must comply with the federal audit requirements contained in the Uniform Guidance, [45 CFR Part 75], including the preparation of an audit by an independent Certified Public Accountant in accordance with the Single Audit Act Amendments of 1996, 31 U.S.C. 7501-7507, and with Generally Accepted Accounting Principles. If Subrecipient expends less than \$750,000 in federal awards in any fiscal year, it is exempt from federal audit requirements, but its records must be available for review by CSRA EOA, Inc. and appropriate officials of Georgia DHS, HHS, the U.S. Government Accountability Office and the Comptroller General of the United States, and it must still have a financial audit performed for that year by an independent Certified Public Accountant.
- 5) Financial and Other Reports. Subrecipient shall submit to CSRA EOA, Inc. such reports and back-up data as may be required by HHS, State of Georgia HDS, or CSRA EOA, Inc., including without limitation such reports which enable CSRA EOA, Inc. to submit its own monthly financial and programmatic reports, and quarterly outcomes reports to Georgia DHS and the annual financial and programmatic reports to HHS and the reports required in accordance with the following schedule:

<b>Report</b>	<b>Deadline</b>
Monthly Programmatic and Narrative Report	10 <sup>th</sup> day of the month
Financial Reimbursement Report	10 <sup>th</sup> day of the month
Outcomes/ROMA Report	October 10, 2023
Annual Report	October 15, 2023

- 6) Closeout. Final payment request(s) under this Agreement must be received by CSRA EOA, Inc. no later than fifteen (15) days from the earlier of the expiration date or termination date of this Agreement. No payment request will be accepted by CSRA EOA, Inc. after this date without authorization from CSRA EOA, Inc. In consideration of the execution of this Agreement by CSRA EOA, Inc., Subrecipient agrees that acceptance of final payment from CSRA EOA, Inc. will constitute an agreement by Subrecipient to release and forever discharge CSRA EOA, Inc., its agents, employees, representatives, affiliates, successors and assigns from any and all claims, demands, damages, liabilities, actions, causes of action or suits of any nature whatsoever, which

Subrecipient has at the time of acceptance of final payment or may thereafter have, arising out of or in any way relating to any and all injuries and damages of any kind as a result of or in any way relating to this Agreement. Subrecipient's obligations to CSRA EOA, Inc. under this Agreement shall not terminate until all closeout requirements are completed to the satisfaction of CSRA EOA, Inc. Such requirements shall include, without limitation, submitting final reports to CSRA EOA, Inc. and providing any closeout-related information requested by CSRA EOA, Inc. by the deadlines specified by CSRA EOA, Inc. This provision shall survive the expiration or termination of this Agreement.

#### **COOPERATION IN MONITORING AND EVALUATION.**

- 1) CSRA EOA, Inc. Responsibilities. CSRA EOA, Inc. shall monitor, evaluate and provide guidance and direction to Subrecipient in the conduct of Approved Services performed under this Agreement. CSRA EOA, Inc. has the responsibility to determine whether Subrecipient has spent funds in accordance with applicable laws, regulations, including the federal audit requirements and agreements and shall monitor the activities of Subrecipient to ensure that Subrecipient has met such requirements. CSRA EOA, Inc. may require Subrecipient to take corrective action if deficiencies are found. Items that will be monitored at least once during the program year include: (1) client records, (2) client sign in sheets, (3) county payment to vendor for cost of meals reimbursed by CSRA EOA, Inc., and (5) ServSafe Certification.
- 2) Subrecipient Responsibilities.
  - a. Subrecipient shall permit CSRA EOA, Inc. to carry out monitoring and evaluation activities, including any performance measurement system required by applicable law, regulation, funding sources guidelines or by the terms and conditions of the applicable CSBG Award, and Subrecipient agrees to ensure, to the greatest extent possible, the cooperation of its agents, employees and board members in such monitoring and evaluation efforts. This provision shall survive the expiration or termination of this Agreement.
  - b. Subrecipient shall cooperate fully with any reviews or audits of the activities under this Agreement by authorized representatives of CSRA EOA, Inc., Georgia DHS, HHS, the U.S. Government Accountability Office or the Comptroller General of the United States and Subrecipient agrees to ensure to the extent possible the cooperation of its agents, employees and board members in any such reviews and audits. This provision shall survive the expiration or termination of this Agreement.

#### **RECORD RETENTION AND ACCESS.**

Subrecipient shall maintain all records, books, papers and other documents related to its performance of Approved Services under this Agreement (including without limitation personnel, property, financial and medical records) for a period of three (3) years following the date that CSRA EOA, Inc. makes the last payment to Subrecipient under this Agreement, or such longer period as is necessary for the resolution of any litigation, claim, negotiation, audit or other inquiry involving this Agreement. Subrecipient shall make all records, books, papers and other documents that relate to this Agreement available at all reasonable times for inspection, review and audit by the authorized representatives of CSRA EOA, Inc., Georgia DHS, HHS, the U.S. Government Accountability Office and the Comptroller General of the United States.



### **INDEPENDENT CONTRACTOR RELATIONSHIP.**

The relationship of Subrecipient to CSRA EOA, Inc. is that of an independent contractor and not of an employee/employer. It is expressly understood that any individual performing services under this Agreement on behalf of Subrecipient shall not be deemed to be an employee or independent contractor of CSRA EOA, Inc., and such individual shall not be entitled to tax withholding, workers' compensation, unemployment compensation or any employee benefits, statutory or otherwise, from CSRA EOA, Inc. Subrecipient agrees that it is solely responsible for the reporting and payment of income, social security and other employment taxes due to the proper taxing authorities with respect to such personnel. Subrecipient agrees to indemnify, defend and hold harmless CSRA EOA, Inc. and its directors, officers, employees and agents from and against any and all costs, losses, damages, liabilities, expenses, demands and judgments, including court costs and attorney's fees, relating to the reporting and payment of income, social security and other employment taxes and the provision of employee benefits (including but not limited to workers' compensation, unemployment insurance and health insurance coverage or assessable payments required under the Patient Protection and Affordable Care Act, P.L.111-148) with respect to such individual performing services under this Agreement on behalf of Subrecipient. This provision shall survive the expiration or termination of this Agreement.

### **COMPLIANCE WITH GRANT AGREEMENT AND APPLICABLE LAWS.**

- 1) Compliance with CSBG Award. Subrecipient shall perform all activities funded by this Agreement in accordance with: (i) the Approved Services attached hereto as Exhibit A, including any amendments thereto; (ii) the Approved Budget attached hereto as Exhibit B, including any amendments thereto; (iii) the Subaward Data attached hereto as Exhibit C; and (iv) the applicable contract provisions for non-federal entity contracts under federal awards required under Appendix II to the Uniform Guidance and attached hereto as Exhibit D (the "Required Contract Provisions") (each of (i) – (v) above is hereby incorporated by reference into this Agreement). In addition, Subrecipient shall cooperate fully with CSRA EOA, Inc. in its efforts to comply with the requirements of the CSBG Award, including any amendments thereto.
- 2) Compliance with Applicable Laws. Subrecipient shall perform all activities funded by this Agreement in accordance with all applicable federal, state and local laws.
- 3) Suspension and Debarment. Subrecipient represents that neither it nor any of its principals has been debarred, suspended or determined ineligible to participate in federal assistance awards or contracts as defined in regulations implementing Office of Management and Budget Guidelines on Government-wide Debarment and Suspension (Non-procurement) in Executive Order 12549. Subrecipient further agrees that it will notify CSRA EOA, Inc. immediately if it or any of its principals is placed on the list of parties excluded from federal procurement or non-procurement programs available at [www.sam.gov](http://www.sam.gov).
- 4) DUNS Number. Subrecipient agrees and acknowledges that CSRA EOA, Inc. may not grant the Subaward and Subrecipient may not receive the Subaward unless Subrecipient has provided its Data Universal Numbering System ("DUNS") number to CSRA EOA, Inc.
- 5) Restrictions on Lobbying. Subrecipient shall comply with the restrictions on lobbying set forth in [45 C.F.R. Part 93].

- 6) Federal Funding Accountability and Transparency Act of 2006. Subrecipient agrees to provide CSRA EOA, Inc. with all information requested by CSRA EOA, Inc. to enable CSRA EOA, Inc. to comply with the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282, as amended by section 6202 of P.L. 110-252).
- 7) Regulations on Nondiscrimination. Subrecipient shall comply with the [HHS] regulations on nondiscrimination in [HHS] programs or activities receiving federal financial assistance at [45 C.F.R. Parts 80, 84, 86 and 91].
- 8) Drug-Free Workplace. Subrecipient shall comply with the requirements of the Drug-Free Workplace Act of 1988, 42 U.S.C. § 701 et seq. and 2 C.F.R. 182, and the applicable [HHS] regulations set forth in [45 C.F.R. Part 82], which require all programs and activities receiving federal assistance to maintain a drug-free workplace.
- 9) Equal Treatment for Faith-Based Organizations. Subrecipient shall comply with the [HHS] regulations regarding the equal treatment of religious organizations in [HHS] programs, [45 C.F.R. Part 87].
- 10) Pro-Children Act of 1994. In accordance with 20 U.S.C. 6081 et seq., Subrecipient certifies that Subrecipient, its employees, agents, contractors, and subcontractors will not permit smoking in any portion of an indoor facility owned or leased or contracted for by Subrecipient and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18.
- 11) Policies on Limited English Proficient Persons. Subrecipient must have written policies that are consistent with the [HHS Office for Civil Rights policy document, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (August 4, 2003)].
- 12) Licenses, Certifications, Permits, Accreditation. Subrecipient shall procure and keep current any license, certification, permit or accreditation required by federal, state or local law and shall submit to CSRA EOA, Inc. proof of any licensure, certification, permit or accreditation upon request.

#### **EMPLOYMENT LAWS AND POLICIES.**

Non-Discrimination in Employment. Subrecipient shall not discriminate against any qualified employee or applicant for employment because of [race, color, creed, national origin, ancestry, age, sex, sexual orientation, religion, genetic information, or disability]. Subrecipient shall comply with all applicable provisions of federal, state and local laws prohibiting discrimination in employment.

#### **CONFIDENTIALITY; PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION**

Subrecipient agrees to abide by all State and Federal laws, rules and regulations, and DHS policy and procedures respecting confidentiality of an individual's records. The Subrecipient will not disclose any confidential or protected information obtained in any way from CSRA EOA, Inc.



without the express written authorization from CSRA EOA, Inc. The parties hereto acknowledge that some material and information that may come into their possession or knowledge in connection with this Contract, or the performance hereof, may consist of confidential and private information, the disclosure of which to or use by third parties may be damaging. The parties therefore agree to hold such material and information in strictest confidence, not to make use thereof other than as is necessary for performance of this Contract, and not to release or disclose any information to any other party except as may be required by law. Each party hereby expressly agrees to immediately remove any such party's employees or subcontractors from performing any work in connection with this Contract upon the other party giving notice that such employee or Subrecipient has failed to meet the confidentiality obligations or standards of this Contract.

**INDEMNIFICATION.** Subrecipient shall defend and hold CSRA EOA, Inc., its employees, officers, directors, agents and representatives harmless from any and all costs, losses, damages, liabilities, expenses, demands, and judgments, including court costs and attorney's fees, which they may suffer arising from any act or omission or neglect of Subrecipient, its employees, officers, directors, agents or representatives, or anyone else for whose acts Subrecipient may be responsible, in the performance of Subrecipient's obligations under this Agreement. This provision shall survive the expiration or termination of this Agreement.

**INSURANCE.** Subrecipient shall, at all times throughout the Agreement Term, carry insurance in such form and in such amounts as CSRA EOA, Inc. may from time to time reasonably require against other insurable hazards and casualties that are commonly insured against in the performance of similar services as are to be provided under this Agreement. At a minimum, Subrecipient shall maintain during the Agreement Term at least the following types and limits of insurance coverage:

- a. Workers' compensation in amounts no less than required by law;
- b. Employer's Liability Insurance;
- c. Commercial general liability insurance, including personal injury, contractual liability and property damage;
- d. Abuse and molestation insurance;
- e. Professional liability insurance; and
- f. Umbrella liability insurance.

All policies (other than workers' compensation and employer's liability insurance) providing such coverage shall name CSRA EOA, Inc. as an additional insured with respect to Subrecipient's performance of services under this Agreement. Subrecipient shall provide CSRA EOA, Inc. with certificates of insurance evidencing such coverage within thirty (30) days after execution of this Agreement, which certificates shall provide that CSRA EOA, Inc. shall receive thirty (30) days' advance written notice of any pending cancellation or non-renewal of any of the coverages required by CSRA EOA, Inc. pursuant to this Agreement. Insurance coverages that expire before the expiration of the Agreement Term shall be promptly renewed by Subrecipient so that there is no gap in coverage and certificates of insurance evidencing such renewal coverage shall be provided to CSRA EOA, Inc. (by a copy provided to CSRA EOA, Inc.

pursuant to the notice provisions set forth in Section 16(f)) immediately upon renewal. Subrecipient's failure to maintain insurance in the form and/or amounts required by CSRA EOA, Inc. pursuant to this Agreement shall be deemed a material breach of this Agreement and CSRA EOA, Inc. shall have the right thereupon to terminate this Agreement immediately in addition to any other remedy provided herein.

### **TERMINATION.**

- a. By CSRA EOA, Inc. CSRA EOA, Inc. may, by giving written notice to Subrecipient, terminate this Agreement in whole or in part for cause, which shall include, without limitation: (i) failure for any reason of Subrecipient to fulfill timely and properly any of its obligations under this Agreement, including failure to comply with any provision of Section 8 of this Agreement; (ii) Subrecipient's default, breach or any intervening casualty which poses an immediate threat to life, health or safety; (iii) Subrecipient's breach of its representations, warranties and certifications contained in this Agreement; (iv) the suspension or debarment or determination that Subrecipient or any of its principals are ineligible to participate in federal assistance awards or contracts; (v) Subrecipient's failure to maintain the insurance coverage in the form and/or amounts required by CSRA EOA, Inc. pursuant to this Agreement; (vi) the submission by Subrecipient to [HHS] or CSRA EOA, Inc. of reports that are incorrect or incomplete in any material respect; (vii) ineffective or improper use by Subrecipient of funds received under this Agreement; (viii) suspension, termination, in whole or in part of, or absence or reduction of appropriations for, grants or reimbursements to CSRA EOA, Inc. under [Title X]; (ix) the necessity for termination and/or amendment of this Agreement so as to make any terms of this Agreement consistent with federal, state or local laws; (vi) fraudulent activities on the part of Subrecipient; and (x) the filing of bankruptcy, receivership or dissolution by or with respect to Subrecipient. CSRA EOA, Inc. may also terminate this Agreement in whole or in part without cause upon thirty (30) days' written notice to Subrecipient.
- b. By Subrecipient. If Subrecipient is unable or unwilling to comply with any additional conditions or requirements which may arise as a result of changes in or additions to any federal, state or local laws after the commencement of the Agreement Term, including without limitation those applied by [HHS] in their grants and reimbursements to CSRA EOA, Inc., and which thereby become applicable to Subrecipient during the Agreement Term, Subrecipient shall terminate this Agreement by giving written notice to CSRA EOA, Inc.. The effective date of such notice of termination shall be no earlier than thirty (30) days from the date of the notice.
- c. Transfer of Performance upon Termination. Upon giving or receiving notice of termination, CSRA EOA, Inc. may require Subrecipient to ensure that adequate arrangements have been made for the transfer of performance of the Approved Services to another entity or to CSRA EOA, Inc., including the reasonable payments of any costs involved in such transfer out of compensation otherwise due Subrecipient under this Agreement.

- d. Liability for Default. Whether or not this Agreement is terminated, Subrecipient shall be liable to CSRA EOA, Inc. for damages sustained by CSRA EOA, Inc. by virtue of any breach of this Agreement by Subrecipient and CSRA EOA, Inc. shall be liable to Subrecipient for damages sustained by Subrecipient by virtue of any breach of this Agreement by CSRA EOA, Inc. This shall include, without limitation, liability of Subrecipient for the disallowance by Georgia DHS of the reimbursement of charges submitted by CSRA EOA, Inc. for services provided by Subrecipient under this Agreement where the disallowance is in any way attributable to Subrecipient, including the provision or maintenance by Subrecipient of inadequate or erroneous records or billing documentation of services provided. If any such reimbursement of charges is disallowed as a result of an audit by Georgia DHS of Subrecipient or CSRA EOA, Inc., the amount disallowed must be paid by Subrecipient to CSRA EOA, Inc. from funds other than those provided by CSRA EOA, Inc. under this Agreement.

### **GENERAL PROVISIONS.**

1. Governing Law. This Agreement shall be governed by the laws of the State of Georgia, without giving effect to the conflicts of laws provisions thereof.
2. Integration. This Agreement supersedes all oral agreements, negotiations and representations between the parties pertaining to the subject matter of this Agreement.
3. Severability. If any provision of this Agreement is found to be invalid, the remaining provisions shall remain in full force and effect.
4. Waiver of Breach. The waiver by either party of any breach of any provision of this Agreement shall not be deemed a waiver of any subsequent breach by the other party of the same or of different provisions.
5. Binding Effect; Assignment. Except as otherwise provided in this Agreement, every covenant, term, and provision of this Agreement shall be binding upon and inure to the benefit of the parties and their respective and permitted successors, transferees and assigns. Subrecipient shall not assign, subcontract or transfer any of its rights, responsibilities or obligations under this Agreement without CSRA EOA, Inc.'s prior written consent, which CSRA EOA, Inc. may withhold in its sole discretion. Should Subrecipient assign, subcontract or transfer any of its rights, responsibilities or obligations hereunder with such consent from CSRA EOA, Inc., Subrecipient and the party to which it proposes to assign or subcontract its responsibilities or services hereunder must enter into a written agreement that is consistent with this Agreement and the various requirements specified hereunder (including but not limited to [Title X] program requirements) and that is approved by CSRA EOA, Inc. prior to its execution.
6. Notices. Notices required by this Agreement shall be made in writing and delivered via U.S. mail (postage prepaid), commercial courier, or personal delivery or sent by electronic mail or other electronic means (provided that receipt is confirmed). Any notice delivered or sent as described above shall be effective on the date received. All notices and other written

communications under this Agreement shall be addressed to the individuals in the capacities indicated below, unless otherwise modified by subsequent written notice.

<u>If to CSRA EOA, Inc.:</u>	<u>If to Subrecipient:</u>
Sharon DuBose	Angela Markley; Linda Lynch
Planner/Evaluator	Program Coordinator; Director
CSRA Economic Opportunity Authority, Inc.	McDuffie Co. BOC/Thomson-McDuffie Sr. Ctr.
1261 Greene Street	304 Greenway Street
Augusta, GA 30901	Thomson, GA 30824
706-722-0493	706-595-7502
<a href="mailto:sedubose@csraeo.org">sedubose@csraeo.org</a>	<a href="mailto:Angela.markley@thomson-mcduffie.net">Angela.markley@thomson-mcduffie.net</a> <a href="mailto:llynch@thomson-mcduffie.net">llynch@thomson-mcduffie.net</a>

7. Amendment. Any amendment to this Agreement, including to the Approved Services and the Approved Budget, shall be reduced to writing, signed by an authorized representative of each party, and attached to this Agreement.
8. Counterpart Execution; Facsimile Execution. This Agreement may be executed in any number of counterparts with the same effect as if all of the parties had signed the same document. Such executions may be transmitted to the other parties by facsimile or other electronic transmission and such facsimile or other electronic execution shall have the full force and effect of an original signature. All fully executed counterparts, whether original executions or facsimile executions, electronic executions or a combination of the foregoing, shall be construed together and shall constitute one and the same agreement.
9. Certification Regarding Lobbying. The Certification Regarding Lobbying must be signed and submitted with this Subcontract Agreement.

IN WITNESS WHEREOF, each of the parties certifies that it has read and accepts the provisions of the Agreement and has executed this Agreement by its duly authorized officer as of the day and year first written above.

CSRA Economic Opportunity Authority, Inc.

McDuffie County Board of Commissioners

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

Name: Mary P. Harrison

Title: Interim Executive Director

Phone: 706.722.0493

Email: [mharrison@csraeo.org](mailto:mharrison@csraeo.org)

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

Name: Charles G. Newton

Title: Commission Chair

Phone: 706.595.7502

## **Certification Regarding Lobbying**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements.**

The undersigned, on behalf of [Subrecipient], certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**[NAME OF SUBRECIPIENT]**

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **Exhibit A**

### **SCOPE OF SERVICES, LOGIC MODEL, REPORTING & COSTUMER SURVEY**

#### **CSBG Domains:**

- 1. Health & Social/ Behavioral Development – (Meals)**
- 2. Multiple Domains – CSBG Eligibility Determination, Enrollment, Referrals, & Follow-Up.**

#### **Required Activities:**

- 1) Determine households' CSBG eligibility using up-to-date documents, complete and maintain participant records in EasyTrak and in hard copy format. (See documents, Exhibit E)
- 2) Maintain participant records adequate to demonstrate that the grant funds were used for the agreed upon purpose.
- 3) Maintain program records that include meals provided, sign-in sheets/attendance records, and financial records demonstrating project income and expenditures as they relate to funds contracted through this Agreement. These items may be monitored by CSRA EOA, Inc. and/or the State CSBG Office.
- 4) Provide clients with access to online "Client Satisfaction Survey" or make hard copy available so clients may complete at any time, but at least once during the program year.
- 5) Give CSRA EOA, Inc. and Georgia DHS reasonable access to the Subrecipient's files and records for the purpose of audits, verifications, and investigations as it deems necessary concerning the subcontract, during the award period, and for at least seven years after termination of the subcontract.
- 6) Submit a monthly report and reimbursement request by the 10<sup>th</sup> of the month following the month of service, using the report format described in Exhibit E. If reports/requests for reimbursement are incomplete, they will be returned to Subrecipient within 30 days of receipt and reimbursement will be delayed.
- 7) Recognize the CSRA EOA, Inc. as a partner in all publicity materials related to funded portions of the program, project, service or activity.
- 8) Participate in a minimum of one CSRA EOA, Inc. facilitated resource event annually.
- 9) Participate in CSRA EOA, Inc. Needs Assessment Survey.
- 10) Participate in CSRA EOA, Inc. provided technical assistance training, database training, and program training.

#### **Provision of Services**

**Purpose:** Thomson-McDuffie Senior Center's mission is to provide a safe and friendly environment for Senior Citizens with a goal to provide healthy and nutritious meals to Senior citizens, while encouraging them to stay active and productive. Through this CSBG funded project, applications will be completed by Thomson-McDuffie Senior Center staff to determine CSBG eligibility of low-income (up to 125% Federal Poverty Level for FY 2023\*) senior



citizens and persons with disabilities participating in the congregate and/or home delivered meals program, providing meals for at least twenty (38) participants will be enrolled as CSBG funded participants. Thomson-McDuffie Senior Center will provide programmatic, narrative, and financial (reimbursement) reports on the project and will provide materials to be included in the annual report (pictures, agendas, calendars). Participants will be provided the opportunity to complete client satisfaction surveys throughout the year.

\*125% of FPL is the rate for FY 2023 unless changed through mandate from Congress or through an option from the Federal Government and a Mandate from the State of Georgia. It is important to note that the FPL for 2022 is used only until the FPL for 2023 is made available in January/February of 2023.

### **CSBG Program Activity Units of Measure to Report & Reimbursement Request.**

#### **1) Monthly Reports**

- a. Financial Report and Reimbursement Request. Financial Report Should include:
  - i. Agency Name
  - ii. Name of Person Completing Report
  - iii. Dates covered in the report/Report Period
  - iv. Services Provided: (Senior Nutrition and Wellness)
  - v. Total amount requested for reimbursement
  - vi. Signature & Date (see attached Sample form in Exhibit E)
- b. Narrative Report. A brief narrative report (up to one page) on organization letterhead and signed, should be submitted monthly with the programmatic report and financial report/reimbursement request. The narrative report should address the following:
  - i. Organization Name
  - ii. Dates covered in the report/Report Period
  - iii. Name of Person Completing Report
  - iv. Provide a brief summary of the overall progress of your project, activities or services toward achieving the goals, objectives, outputs, and outcomes targeted for your project.
  - v. Have there been any barriers or factors that have affected (positively or negatively) the project and/or the participants?
  - vi. At least one time during the project year, share a success story.
- c. Programmatic Report. Applications, Enrollments, Services, and Outcomes will be entered by Subrecipient in EasyTrak and the Programmatic Report will be printed from EasyTrak.
- d. Use the Logic Model that follows on the next page to assist you in completing the programmatic and narrative reports and as part of your annual report, providing progress for services, inputs, outputs and outcomes.

- 2) **Outcomes & Annual Report.** Outcomes Report. Outcomes information will be entered in EasyTrak and will be printed from EasyTrak. Information to be included in annual report (success story from narrative report, pictures, calendars, etc.). This is not a formal report, but a provision of materials that provide evidence of activities funded through CSBG funds in this Agreement.



## **REPORT FORMS (SAMPLE)**

**Submit a cover letter on letterhead with the amount requested and official signature for payment.**

**Submit the following section either with the hard copy report mailed, or via email.**

Reimbursement Request and Report for CSBG Services Subcontract Agreement.

Agency Name: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_

Dates covered in the report/Report Period: \_\_\_\_\_

Services Provided: Senior Nutrition and Wellness (See Narrative and Programmatic Report)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Documents must be attached with reimbursement request monthly to be reimbursed.  
Documentation of cost of meals must be included with the initial reimbursement and if prices change on meals costs.**

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### **CSRA EOA, Inc. Staff to Complete:**

Fiscal Code(s): \_\_\_\_\_ Approved: Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 
- 1) Provide a brief summary of the overall progress of your project, activities or services toward achieving the goals, objectives, outputs, and outcomes targeted for your project.
  
  - 2) Have there been any barriers or factors that have affected (positively or negatively) the project and/or the participants? Please explain.
  
  - 3) Success Story. (At least one time during the project year, share a success story.)

## WORK PLAN/LOGIC MODEL

Agency Name: Thomson-McDuffie County Senior Center Project Name: Wellness, Health & Nutrition

Identified Problem, Need, Situation: Clients at risk for decline in independence & health. Clients need healthy & nutritious meals.

Service(s) or Activity(ies)  Identify the # of clients to be served (or the # of units of service offered).  Identify the time frame for the project.	Inputs	Outputs	Short Term Outcomes (30 days – 6 months) & Indicator(s)  Projected # and % of clients to achieve each outcome	Intermediate Outcome(s) & Indicator(s) (6-month to 1 year)  Projected # and % of clients to achieve each outcome	Frequency of Data Collection and Reporting Measurement Tool(s), Data Source and Collection Procedures
We will serve approximately 40 clients. The time frame will be October 1, 2022 to September 30, 2023	-Prepare Meals for Congregate & Home delivered meals -Deliver Meals to Senior Center for Congregate Clients & Home delivered meals	Eligible Seniors in our community will know they can receive assistance with congregate & homebound meals	We will serve approximately 35 clients. The Clients will maintain current health status & maintain independence in their homes.	We will serve approximately 40 clients. The Clients will have no decline in health status and maintain independence in their homes.	-Assist Clients in bringing in required paperwork to complete application/enrollment -Maintain participant records to verify that the grant funds were used appropriately for agreed purpose -Submit monthly reimbursement report with each months meal log

**Client/Participant Customer Satisfaction Survey Link with QR Code**

Please complete the Client/Participant Customer Satisfaction Survey by going to:

<https://www.surveymonkey.com/r/TXHMG77>

Or use your QR Reader on the code below:



## Customer Satisfaction Survey

### Senior Nutrition Programs

1. How often do you usually come to the Senior Center?

<input type="checkbox"/> Every day	<input type="checkbox"/> 1-3 days per month
<input type="checkbox"/> 3-4 days a week	<input type="checkbox"/> Less than once a month
<input type="checkbox"/> 1-2 days a week	<input type="checkbox"/> Home Delivered Meals only
  
2. Do you feel you have a voice in the activities and/or services offered in your Senior Center?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Somewhat	<input type="checkbox"/> Unsure
  
3. Have you eaten food at or provided by this center in the past 3 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
<input type="checkbox"/> No	
  
4. If no, please tell us why. Check all that apply.

<input type="checkbox"/> Time lunch is served	<input type="checkbox"/> I prefer to eat at home
<input type="checkbox"/> Caregiver responsibilities	<input type="checkbox"/> I don't eat lunch
<input type="checkbox"/> I eat lunch at another center	<input type="checkbox"/> Homebound (home delivered meals only)
<input type="checkbox"/> Dietary reasons (need Kosher, health issues, etc.)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> I don't like what is served	
  
5. If you do eat meals provided by this center, how satisfied are you with the meals?

<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Very Dissatisfied
<input type="checkbox"/> Somewhat Satisfied	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Somewhat Dissatisfied	
  
6. If you are not satisfied with the meals, please share with us why you are not satisfied.

7. Which activities do you come to this Senior Center to participate in and how satisfied are you with your activities?

	I do participate in the activity	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Recreational Activities (e.g. bingo, field trips, parties, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Activities (e.g. speakers on general topics like fraud or credit, music, art, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Related Classes (e.g. exercise classes, nutrition classes, chronic disease self management classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Related Screenings (flu shots, blood pressure screenings, diabetes screenings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help you have received with benefits and entitlements (questions about Energy Assistance, Medicaid, Food Stamps, Medicare, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socializing with Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Exhibit B**

**BUDGET**

**CSBG Budget: \$21,000.00**

Reimbursement of \$2.95 per meal per day for CSBG Eligible participants. Target to serve 35-45 CSBG Eligible Participants. Up to \$21,000 can be used for meals, but if less than \$21,000 is needed for meals, the balance (up to \$1,000) can be used for project supplies that will benefit CSBG clients (arts and crafts materials, admission costs for special events, food for outings, bingo prizes such as lotion, household/personal products).

**Documentation of cost of payment for meals and program supplies must be included for reimbursement of meal costs.**

Line Item	Total Budget	CSBG Request	CSBG Awarded
Salary			
Fringe			
Indirect			
Workers Comp			
Local Travel			
Out of town travel			
Rent			
Utilities			
Office Supplies			
Project Supplies			1,000*
Payment on behalf of client			
Equipment			
Building Maintenance			
Pest Control			
Insurance			
Meals	21,000	21,000	20,000*
<b>TOTALS</b>	<b>21,000</b>	<b>21,000</b>	<b>21,000</b>

## **Exhibit C**

### **SUBAWARD – Measures of Service and Outcomes**

**Activity:** IS-01 CSBG Eligibility Determination & Enrollment. Includes outreach, intake, eligibility determination and enrollment in to congregate or home delivered meals program.

**Units:** 35 (35-40)

**Outcome Targeted:** N/A

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**Activity:** IS-01A Notary Services

**Units:** 35 (35-40)

**Outcome Targeted:** N/A

---

**Activity:** FNP-00 Food & Nutrition Program Enrollment

**Units:** 35 (35-40)

**Outcome Targeted:** N/A

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**Activity:** **Senior – 07B Congregate** Meals and/or Senior 07D Home Delivered Meals. Includes provision of meals (congregate or home delivered) and the number of meals each CSBG enrolled participant received each month.

**Units:** 7,000 meals for FY 2023

**Outcomes Targeted:**

1.5.06: The number of seniors (65+) who maintain an independent living situation.

1.5.07: The number of individuals with disabilities who maintain an independent living situation. (Target only senior citizens with disabilities)

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**Activity:** IS-02 Follow-Up (end of program year or at withdrawal from program to determine if they met the targeted outcome listed with meals activity)

**Units:** 35 (35-40)

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## **Exhibit D**

### **Required Contract Provisions**

#### **(Appendix II to Part 75 – Contract Provisions for Non-Federal Entity Contracts Under Federal Awards)**

- A. All contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.
- B. Equal Employment Opportunity. Except as otherwise provided under 41 CFR part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, as amended by Executive Order 11375, and implementing regulations at 41 CFR part 60.
- C. Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- D. Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR part 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

## **Exhibit E**

**Documents to be used in the application process, enrollment, maintaining a case record, and reporting are included in this exhibit and include:**

- 1) Participant File Order Form (keep in front of record)
- 2) Eligibility Determination Information
- 3) CSBG Offline EasyTrak Application
  - a. Request of Verification Form (if needed)
- 4) Affidavit
- 5) Georgia DHR Declaration of -0- Income (to use if needed)
- 6) Income Calculator Sheet ( includes calculation of income instructions)
- 7) Mandatory Mainstream Referral (to use if needed)
- 8) Applicants Rights, Obligations and Fair Hearing Process
- 9) Georgia DHR Authorization for Release of Information
- 10) Photograph/Video/Media Release Form
- 11) Form for Authorized Representative (to use if needed)
- 12) CSBG Manual Section 1000 - 1100 Client Eligibility

**Senior Nutrition & Wellness File Order Form (Subcontractors)**

**Applicant/Client Name:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_

**Section 1:**

\_\_\_\_\_ CSBG Application for Assistance (Hard copy and/or EasyTrak printout)

\_\_\_\_\_ Picture ID(s)

\_\_\_\_\_ Social Security Card(s)

\_\_\_\_\_ Citizenship Affidavit

\_\_\_\_\_ Proof of Income for current year

\_\_\_\_\_ Income Calculation Sheet

\_\_\_\_\_ Client Rights, Obligations & Fair Hearing

\_\_\_\_\_ Authorization for Release of Information

\_\_\_\_\_ Picture Release

**Section 2:**

\_\_\_\_\_ Case Notes (Print from EasyTrak)

\_\_\_\_\_ Summary of Services (Print from EasyTrak) – print at least 2x per year and when record is called for monitoring

\_\_\_\_\_ ROMA Scales Assessment (Print from EasyTrak)

\_\_\_\_\_ Mandatory Mainstream Referral & other referrals

\_\_\_\_\_ Correspondence

---

Please record the following:

Household Income for Current Year: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

Participant Age: \_\_\_\_\_

Participates in (check one of the below):

Congregate Meals \_\_\_\_\_ Homebound (home delivered meals) \_\_\_\_\_

## **CSBG Program Participant Eligibility Determination**

### **Basic eligibility for CSBG for FY 2023 requires the following:**

- Qualified households will be at or below 125% FPL (Federal Poverty Level). **The FPL is included on the signature page of the Offline EasyTrak Application form.**
- Proof of income **for the previous 30 days is required** for all household members 18 years of age and older.
- Households applying for assistance must reside in the geographic area serviced by the provider (and must reside in the CSRA counties served by CSRA EOA, Inc.)
- We are required to collect a signed, notarized Citizenship Affidavit for Heads of Households/Primary Applicants.
- State issued photo ID is required for household members 18 years of age and older.
- Social Security Card is required for all household members.
- We are required by the State of Georgia to refer all eligible households to all mainstream resources for which they may qualify, unless they are already receiving those resources (i.e. SNAP/Food Stamps, Child Support, etc.)
- The File Order Form for Senior Nutrition and Wellness should be included in every CSBG Program participant record, along with the CSBG application packet completed by Work and Applicant.
- The Authorized Representative form is only needed if a person is not able to provide documents and sign forms for him/herself as a result of diminished capacity or disability (i.e. blindness).

### **Instructions for Off-Line EasyTrak Application**

The Off-Line Application form will be used by the worker to enter data into the EasyTrak system.

- Offline EasyTrak Application (Family Member). One should be completed for each member of the household. All data fields must be completed in full. If an answer is “unknown”, please mark the appropriate box.
- Offline EasyTrak Application (Household). One should be completed for each household. All data fields must be completed in full. If an answer is “unknown”, please mark the appropriate box.
- Applicant’s Signature Page. This form should be completed on each household. The information on citizenship/legal alien status should be completed for each household member.
- Fair Hearing Statement. This statement must be explained to the applicant and signed.
- Authorized Representative. This statement should be completed if the household has an authorized representative.

## Record Document Forms & CSBG Manual Section 1100

- 1) CSBG Offline EasyTrak Application
- 2) Affidavit
- 3) Georgia DHR Declaration of -0- Income
- 4) Income Calculator Sheet
- 5) Calculation of Income Instructions
- 6) Mandatory Mainstream Referral
- 7) Applicants Rights, Obligations and Fair Hearing Process
- 8) Georgia DHR Authorization for Release of Information
- 9) Photograph/Video/Media Release Form
- 10) Form for Authorized Representative
- 11) CSBG Manual Section 1100 Client Eligibility

## **Instructions for Off-Line EasyTrak Application**

The Easy Trak Off-Line Application is to be used only when the Easy Trak On-Line Application is not available because of system problems or being at a remote site without access to the On-Line system.

The Off-Line Application will be used by the worker to enter data into the Easy Trak system when it is available to the worker.

### **Offline Easytrak Application (Family Member)**

One should be completed for each member of the household. All data fields must be completed in full. If an answer is "unknown" please mark the appropriate box.

### **Offline Easytrak Application (Household)**

One should be completed for each household. All data fields must be completed in full. If an answer is "unknown" please mark the appropriate box.

### **Applicant's Signature Page**

This form should be completed on each household. The information on citizenship/legal alien status should be completed for each household member.

### **Fair Hearing Statement**

This statement must be explained to the applicant and signed.

### **Authorized Representative**

This statement should be completed if the household has an authorized representative.

### Offline EasyTrak Application (Household)

<b>Home Address</b>			<b>Mailing Address</b>		
Address _____			Address _____		
City _____		State _____	City _____		State _____
County _____		<input type="checkbox"/> City Limits	<b>Phone Numbers</b>		
			Home: _____ Work: _____ VMB/Pager _____		

<b>Family Type</b> <input type="checkbox"/> Unknown <input type="checkbox"/> (Female) 1 Parent <input type="checkbox"/> (Male) 1 Parent <input type="checkbox"/> 2 Parent <input type="checkbox"/> Single <input type="checkbox"/> 2 Adults No Child <input type="checkbox"/> Other	<b>Transportation Type</b> <input type="checkbox"/> Own <input type="checkbox"/> Public <input type="checkbox"/> Others <input type="checkbox"/> Walk <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Transportation Access</b> <input type="checkbox"/> Available All Times <input type="checkbox"/> Most Needed Times <input type="checkbox"/> Limited/Inconvenient <input type="checkbox"/> Unreliable <input type="checkbox"/> Unavailable <input type="checkbox"/> Unknown	<b>Housing Status</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relatives <input type="checkbox"/> Public/Transitional <input type="checkbox"/> Temporary <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown	<b>Housing Type</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Rental (Single Family) <input type="checkbox"/> Rental Unit (2-4 Unit Bldg.) <input type="checkbox"/> Rental Unit (5+ Unit Bldg.) <input type="checkbox"/> Rental Mobile Home <input type="checkbox"/> Own Mobile Home <input type="checkbox"/> Own Home <input type="checkbox"/> Shelter/Room/Dorm <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<b>Primary Fuel</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Liquid Propane <input type="checkbox"/> Coal <input type="checkbox"/> Fuel/Oil <input type="checkbox"/> Solar <input type="checkbox"/> Wood/Other
<b>Primary Language:</b> _____					
<b>Childcare Access</b> <input type="checkbox"/> Available All Times <input type="checkbox"/> Most Needed Times <input type="checkbox"/> Limited/Inconvenient <input type="checkbox"/> Unaffordable <input type="checkbox"/> Unavailable <input type="checkbox"/> None Needed		<b>Food Access</b> <input type="checkbox"/> Self Provided <input type="checkbox"/> Supplemented <input type="checkbox"/> Regular Emergency Food <input type="checkbox"/> No Facilities <input type="checkbox"/> No Access			
<b>Family Relations</b> <input type="checkbox"/> No Positive Relations <input type="checkbox"/> Weak Relations <input type="checkbox"/> Seeking Improvement <input type="checkbox"/> Positive Relations <input type="checkbox"/> Unknown		<b>Community Involvement</b> <input type="checkbox"/> Negative Interactions <input type="checkbox"/> Socially Isolated <input type="checkbox"/> Desire For Involvement <input type="checkbox"/> Some Involvement <input type="checkbox"/> Positive Involvement			
<input type="checkbox"/> Zero Income Verified					

<b>Avg. Expenses</b>	
Shelter: \$ _____	<input type="checkbox"/> Subsidized
Utility: \$ _____	<input type="checkbox"/> Subsidized
Health (Medical): \$ _____	<input type="checkbox"/> Subsidized
Transportation: \$ _____	<input type="checkbox"/> Subsidized
Child Care: \$ _____	<input type="checkbox"/> Subsidized
Food & Nutrition: \$ _____	<input type="checkbox"/> Subsidized
Insurance: \$ _____	
Other Expenses: \$ _____	



# Offline EasyTrak Application (Family Member)

Offline EasyTrak Application (Family Member)					<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
<b>Soc.Sec.#</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>DOB</b>		
<b>Relation</b> <input type="checkbox"/> Head <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child <input type="checkbox"/> Foster Adult <input type="checkbox"/> Child <input type="checkbox"/> Live in Aide <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Related <input type="checkbox"/> Not Related <input type="checkbox"/> Girlfriend <input type="checkbox"/> Boyfriend <input type="checkbox"/> Other	<b>Race</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/ Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific <input type="checkbox"/> Multi-Racial/ Bi-Racial <input type="checkbox"/> Other	<b>Education</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non-grad <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12+ Some Post 2nd <input type="checkbox"/> College Grad <input type="checkbox"/> Graduate School <input type="checkbox"/> Unknown	<b>Marital</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Other	<b>Status Demographics</b> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Health Ins. <input type="checkbox"/> Medicare Ins. <input type="checkbox"/> Medicaid Ins. <input type="checkbox"/> Handicap <input type="checkbox"/> Disabled <input type="checkbox"/> -Physically <input type="checkbox"/> -Developmentally <input type="checkbox"/> -Mentally		
		<b>Future Education</b> <input type="checkbox"/> Enrolled <input type="checkbox"/> Planning <input type="checkbox"/> None	<b>Veteran</b> <input type="checkbox"/> No <input type="checkbox"/> Iraqi Freedom <input type="checkbox"/> Desert Storm <input type="checkbox"/> Vietnam <input type="checkbox"/> Other	<b>Confidential Demographics</b> <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Battered Spouse <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Drug Dependant		
		<input type="checkbox"/> No Basic Reading, Writing, Math Skills	<input type="checkbox"/> Troubled Youth <input type="checkbox"/> Alcohol Dependant <input type="checkbox"/> Homeless			
<b>Work Status</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Full-time (minimum wage) <input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed, Temp. Medical Disability						
<input type="checkbox"/> Unemployed, Perm. Medical Disability <input type="checkbox"/> Unemployed, Seeking employment <input type="checkbox"/> Unemployed, Seeking entitlements <input type="checkbox"/> Self-Employed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Labor Force (Daily Work)						
<input type="checkbox"/> Non-Labor Force (Child/Elderly/Disabled) <input type="checkbox"/> Student (Full Time 18+) <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmer <input type="checkbox"/> Seasonal Farmer						
<b>Employment Skill Status</b> <input type="checkbox"/> No Marketable Skills <input type="checkbox"/> Limited Skills (Employment Barrier) <input type="checkbox"/> Moderate Marketable Skills <input type="checkbox"/> In Demand Skill Set (Advancement) <input type="checkbox"/> Unknown		<b>Income Sources</b> Income Type: _____ Recurring Income (Future):\$ _____ Period _____ Prior Months' Income (Variable): Jan:\$ _____ May:\$ _____ Sep:\$ _____ Feb:\$ _____ Jun:\$ _____ Oct:\$ _____ Mar:\$ _____ Jul:\$ _____ Nov:\$ _____ Apr:\$ _____ Aug:\$ _____ Dec:\$ _____				
		Verified By: _____ Date: _____ Employer: _____ Phone: _____ Start Date: _____ End Date: _____				
<b>Assets (optional data):</b> \$ _____		<input type="checkbox"/> Health Benefits <input type="checkbox"/> Financial Benefits <input type="checkbox"/> Life Insurance				

# Offline EasyTrak Application (Family Member)

**Gender**

☐ Male  
☐ Female  
☐ Unknown

Soc.Sec.#	First Name	MI	Last Name	DOB
<b>Relation</b>	<b>Race</b>	<b>Education</b>	<b>Marital</b>	<b>Status Demographics</b>
<input type="checkbox"/> Head <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child <input type="checkbox"/> Foster Adult <input type="checkbox"/> Child <input type="checkbox"/> Live in Aide <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Related <input type="checkbox"/> Not Related <input type="checkbox"/> Girlfriend <input type="checkbox"/> Boyfriend <input type="checkbox"/> Other	<input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/ Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific <input type="checkbox"/> Multi-Racial/ Bi-Racial <input type="checkbox"/> Other	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non-grad <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12+ Some Post 2nd <input type="checkbox"/> College Grad <input type="checkbox"/> Graduate School <input type="checkbox"/> Unknown  <b>Future Education</b> <input type="checkbox"/> Enrolled <input type="checkbox"/> Planning <input type="checkbox"/> None  <input type="checkbox"/> No Basic Reading, Writing, Math Skills	<input type="checkbox"/> Unknown <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Other  <b>Veteran</b> <input type="checkbox"/> No <input type="checkbox"/> Iraqi Freedom <input type="checkbox"/> Desert Storm <input type="checkbox"/> Vietnam <input type="checkbox"/> Other	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Health Ins. <input type="checkbox"/> Medicare Ins. <input type="checkbox"/> Medicaid Ins. <input type="checkbox"/> Handicap <input type="checkbox"/> Disabled <input type="checkbox"/> -Physically <input type="checkbox"/> -Developmentally <input type="checkbox"/> -Mentally  <input type="checkbox"/> Disp. Homemaker <input type="checkbox"/> Head Start Parent <input type="checkbox"/> Registered Voter <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Drivers License <input type="checkbox"/> Deceased  <b>Confidential Demographics</b> <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Battered Spouse <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Drug Dependat <input type="checkbox"/> Troubled Youth <input type="checkbox"/> Alcohol Dependat <input type="checkbox"/> Homeless
<b>Work Status</b>				
<input type="checkbox"/> Unknown <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Full-time (minimum wage) <input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed, Temp. Medical Disability <input type="checkbox"/> Unemployed, Perm. Medical Disability <input type="checkbox"/> Unemployed, Seeking employment <input type="checkbox"/> Unemployed, Seeking entitlements <input type="checkbox"/> Self-Employed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Labor Force (Daily Work) <input type="checkbox"/> Non-Labor Force (Child/Elderly/Disabled) <input type="checkbox"/> Student (Full Time 18+) <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmer <input type="checkbox"/> Seasonal Farmer				
<b>Employment Skill Status</b>		<b>Income Sources</b>		
<input type="checkbox"/> No Marketable Skills <input type="checkbox"/> Limited Skills (Employment Barrier) <input type="checkbox"/> Moderate Marketable Skills <input type="checkbox"/> In Demand Skill Set (Advancement) <input type="checkbox"/> Unknown		Income Type: _____ Recurring Income (Future):\$ _____ Period _____ Prior Months' Income (Variable): Jan:\$ _____ May:\$ _____ Sep:\$ _____ Feb:\$ _____ Jun:\$ _____ Oct:\$ _____ Mar:\$ _____ Jul:\$ _____ Nov:\$ _____ Apr:\$ _____ Aug:\$ _____ Dec:\$ _____ Verified By: _____ Date: _____ Employer: _____ Phone: _____ Start Date: _____ End Date: _____		
<b>Assets (optional data):</b>	\$ _____	<input type="checkbox"/> Health Benefits <input type="checkbox"/> Financial Benefits <input type="checkbox"/> Life Insurance		

# COVID-19 Data Survey

Please complete this survey in regards to how you have been impacted by the COVID-19 Pandemic due to illness (possible or determined positive for COVID-19) or due the economic impact of the COVID-19 Pandemic. Thank you.

**(Check all that apply)**

## Testing

Unable to get tested (COVID-19) ☐

Tested Positive (COVID-19) ☐

## Economic Impact

Loss of Income ☐

Increased medical expenses (COVID-19) ☐

Loss of employment ☐

I have not been directly impacted (lost income, been ill, had increased medical costs) due to COVID-19 ☐

Offline EasyTrak Application (Signature Page)

FY 2022 Federal Poverty Guidelines

*For all states ( except Alaska and Hawaii) and for the District of Columbia*

Household Size	100 % of poverty (annual income)	125% of poverty (annual income)	150% of poverty (annual income)	200% of poverty (annual income)
1	\$13,590	\$16,988	\$20,385	\$27,180
2	\$18,310	\$22,888	\$27,465	\$36,620
3	\$23,030	\$28,788	\$34,545	\$46,060
4	\$27,750	\$34,688	\$41,625	\$55,500
5	\$32,470	\$40,588	\$48,705	\$64,940
6	\$37,190	\$46,488	\$55,785	\$74,380
7	\$41,910	\$52,388	\$62,865	\$83,820
8	\$46,630	\$58,288	\$69,945	\$93,260
+	\$4,720	\$5,900	\$7,080	\$9,440
*for each additional person, add the amount shown	*for each additional person, add the amount shown	*for each additional person, add the amount shown	*for each additional person, add the amount shown	*for each additional person, add the amount shown

SELF DECLARATION OF NEED

I declare that to the best of my knowledge I am the only member of the household represented in the application that has applied for assistance in the program. I certify that my household meets the income guidelines of this program, and that all information concerning my income and the number of people living in my home has been disclosed during the interview. I authorize CSRA ECONOMIC OPPORTUNITY AUTHORITY, INC. to share and obtain relevant information with community partners concerning my application in order to secure additional assistance for my household. Further, I certify that all information that has been spoken or presented to CSRA ECONOMIC OPPORTUNITY AUTHORITY, INC. in order to receive assistance of any type is true and correctly represented on this application, realizing that misrepresentation is illegal. I understand that any violation of the above mentioned items will result in denial/termination of assistance and may result in fines or imprisonment.

I have been informed that I have a right to a Fair Hearing if I feel I have not been fairly treated in the determination of my eligibility for services. Further, I understand that a Fair Hearing may be requesting in writing within 10 days to CSRA ECONOMIC OPPORTUNITY AUTHORITY, INC. | 1261 GREENE ST. | AUGUSTA, GA 30901.

In Accordance with Federal Law, CSRA ECONOMIC OPPORTUNITY AUTHORITY, INC. is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability.

Applicant: \_\_\_\_\_ x Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Worker: \_\_\_\_\_ x Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligibility Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship verified by: \_\_\_\_\_



## CSRA Economic Opportunity Authority, Inc.

### A Community Action Agency

1261 GREENE STREET  
P.O. BOX 10104  
AUGUSTA, GEORGIA 30903-2704  
TELEPHONE 706-722-0493  
FAX 706-722-8565  
[www.csraeo.org](http://www.csraeo.org)

*"An Equal Opportunity Employer"*



**Interim Executive Director**  
Mary P. Harrison

## REQUEST FOR VERIFICATION

Your household must provide the following information to this office in order to be considered for the requested services.

- ☐ **Social Security numbers for individuals who are members of your household who are applying for assistance.**

Name	Relationship to Applicant	Date of Birth	Sex	Race	Social Security Number	Pregnant? Yes/No Due Date?
	SELF	/ /			- -	
	Spouse	/ /			- -	
		/ /			- -	
		/ /			- -	
		/ /			- -	
		/ /			- -	

- ☐ **Check stub(s), statement from employer(s)**

- ☐ **Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The requested information must be submitted by the close of business on this date: \_\_\_\_\_ to \_\_\_\_\_ at the following address: \_\_\_\_\_.

All the information, which I have provided, is true and complete as far as I know. I understand I must report changes to this information within 10 days of any change, which occurs.

\_\_\_\_\_  
**Signature of Applicant/Authorized Representative**

\_\_\_\_\_  
**Date**

Relationship to Applicant: \_\_\_\_\_

***Mission: Leveraging resources, Empowering peOple, and Advocating to alleviate poverty in the CSRA.***

**SERVING 13 CSRA COUNTIES:** Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes; also serving Bulloch County (Head Start only).

*Updated 4/21/2022*

### O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a Community Services Block Grant Program benefit, as referenced in O.C.G.A. § 50-36-1, from CSRA Economic Opportunity Authority, Inc., the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1)\_\_\_\_\_ I am a United States Citizen.
- 2)\_\_\_\_\_ I am a legal permanent resident of the United States.
- 3)\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
\*Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_

# Georgia Department of Human Resources

## DECLARATION OF -0- INCOME

I, \_\_\_\_\_, have been unemployed since \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Mo Day Year

And do not have any source of income at this time.

The last place that I worked was:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

I am \_\_\_\_\_ a) not eligible for unemployment benefits. (State Reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am \_\_\_\_\_ b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My household expenses (food, utilities, rent, etc.) are currently being paid by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (Work)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
City, State & Zip Code

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature

Verified on: \_\_\_\_\_ By : \_\_\_\_\_  
Date Signature



# Income Calculator Sheet

**\*Always use GROSS Income never NET Income**

<p><b>Once a month:</b></p> <p>Enter into Easytrak as monthly income</p> <p style="text-align: center;"><u>Show your work here:</u></p> <p>Child support _____</p> <p>SSDI/ SSA/SSI _____</p> <p>Pension _____</p>	<p><b>Twice a month:</b></p> <p>Add both check stubs together to get monthly income and enter into EasyTrak as monthly income.</p> <p style="text-align: center;"><u>Show your work here:</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>DATE</u></th> <th style="width: 50%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>Total for monthly income</u> </td> </tr> </tbody> </table>	<u>DATE</u>	<u>Amount</u>					<u>Total for monthly income</u>																					
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<p><b>Bi-Weekly:</b></p> <p>Add stubs together, divide by two, then multiply by 2.1666 to get monthly income and enter into EasyTrak as monthly income.</p> <p style="text-align: center;"><u>Show your work here:</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>Date</u></th> <th style="width: 50%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>/2</u> </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>X 2.1666</u> </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>X 12</u> </td> </tr> </tbody> </table>	<u>Date</u>	<u>Amount</u>					<u>/2</u>		<u>X 2.1666</u>		<u>X 12</u>		<p><b>Once a Week:</b></p> <p>Add all check stubs together, divide by four, then multiply by 4.3333 to get monthly income and enter into EasyTrak as monthly income.</p> <p style="text-align: center;"><u>Show your work here:</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>Date</u></th> <th style="width: 50%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>/4</u> </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>X 4.3333</u> </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;"> <u>X 12</u> </td> </tr> </tbody> </table>	<u>Date</u>	<u>Amount</u>									<u>/4</u>		<u>X 4.3333</u>		<u>X 12</u>	
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***\*Each source of income must be calculated and entered into EasyTrak separately.***



## **CSRA Economic Opportunity Authority, Inc.**

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### **Mandatory Mainstream Referral**

It is the standard procedure of CSRA EOA, Inc to help connect its clients to mainstream resources for which they might be eligible. A review of your file indicates you may be eligible to receive services such as Food Stamps, Child Support, WIC, TANF, Child Care Assistance, and/or Medicaid. As receipt of such benefits could offset out-of-pocket expenses and potentially improve your financial situation, we encourage you to visit <https://gateway.ga.gov>. Georgia Gateway is a quick and easy way for people in Georgia to get answers to questions about health and human services. If you need assistance accessing Georgia Gateway, you can call 1-877-423-4746, or you may contact me at the information below:

EOA Staff Member (Print): \_\_\_\_\_

Staff Office Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

---

My signature below verifies that I understand the purpose of this referral and have received a copy of this referral for my reference.

---

Family Signature

---

Date

***Mission: Leveraging resources, Empowering peOple, and Advocating to alleviate poverty in the CSRA.***

**SERVING 13 CSRA COUNTIES:** Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes; also serving Bulloch County (Head Start only).

*Updated 4/21/2022*



## **CSRA Economic Opportunity Authority, Inc.**

### **A Community Action Agency**

1261 GREENE STREET  
P.O. BOX 10104  
AUGUSTA, GEORGIA 30903-2704  
TELEPHONE 706-722-0493  
FAX 706-722-8565  
[www.csraeo.org](http://www.csraeo.org)

***"An Equal Opportunity Employer"***



**Interim Executive Director**  
Mary P. Harrison

## **Applicant's Rights, Obligations, and Fair Hearing Process**

During the face to face interview with the applicant/client or authorized representative the following requirements, rights, and obligations must be provided and explained;

1. The requested service, purpose, expectations of client and agency;
2. Categories of persons who are eligible for service;
3. Basis for eligibility;
4. Eligibility period;
5. Changes in client's economic circumstances;
6. Accuracy and correctness of eligibility reporting requirements;
7. Completion of eligibility information within thirty days;
8. Changes in economic circumstances reported within two weeks;
9. Redetermination of eligibility;
10. Confidentiality of information; and
11. Fair Hearing Process.

Every applicant/client has the right to request a fair hearing if they feel they have not been fairly treated in the determination of eligibility for services by the agency.

A notification of ineligibility/termination will be provided to the applicant/client by the agency. Ten calendar days after notification is the period in which a request for fair hearing may be made by the applicant/client.

### **1. Applicant/Client's responsibilities are as follows:**

- a. Request a fair hearing in writing to the CSRA EOA, Inc.
- b. Submit the request within the ten calendar day's notification period.

***Mission: Leveraging resources, Empowering peOple, and Advocating to alleviate poverty in the CSRA.***

- c. Attend the designated hearing.
- d. Secure representation by legal counsel, a friend or other spokesperson if so desired.

2. Agency (CSRA EOA, Inc.) responsibilities are as follows:

- a. Assist the applicant/client in preparing a request for fair hearing, and forward to the Department Director.
- b. Adhere to agency procedures for addressing fair hearings in a uniform manner.
- c. Most applicant/client appeals should be resolved at the local level. In rare instances, when the applicant/client feels the issue is not resolved, the applicant/client may appeal to the Department of Human Services.

GEORGIA DIVISION OF FAMILY AND  
CHILDREN SERVICES  
TWO PEACHTREE STREET, N.W.  
ATLANTA, GA 30303

The agency will inform the applicant/client of their right to appeal and assist them in preparation of their request.

I have read and understand my rights, obligations, and the fair hearing process as an applicant/client for the Community Services Block Grant Program.

\_\_\_\_\_  
Client/Applicant Signature

\_\_\_\_\_  
Date



Georgia Department  
of Human Services

Name of Individual/Consumer/Patient/Applicant

Date of Birth

IF AVAILABLE:

ID Number Used by  
Requesting Agency

ID Number Used by  
Releasing Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize:

CSRA Economic Opportunity Authority, Inc.

(Name of Person or Agency Requesting Information)

1261 Greene Street, Augusta, GA 30901

(Address)

to obtain from:

(Name of Person or Agency Holding the Information)

(Address)

the following type(s) of information from my records (and any specific portion thereof):

Demographic, income, housing and/or employment status

for the purpose of:

Eligibility determination, program compliance, case management

*I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)*

☐ ninety (90) days unless I specify an earlier expiration date here:

☒ one (1) year.

(Date)

☐ the period necessary to complete all transactions on matters related to services provided to me.

*I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.*

(Date)

(Signature of Individual/Consumer/Patient/Applicant)

(Signature of Witness) (Title or relationship to Individual)

(Signature of Parent or other legally Authorized Representative, where applicable) (Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Date this authorization is revoked by Individual)

(Signature of Individual or legally authorized Representative)



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### PHOTOGRAPH/VIDEO/MEDIA RELEASE FORM

I hereby grant the CSRA Economic Opportunity Authority, Incorporated (CSRA EOA, Inc.) the irrevocable right and permission to use photographs and/or video recordings of me on the CSRA EOA, Inc. website, social media sites, and other websites and in reports, publications, promotional flyers, educational materials, and presentations, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the CSRA EOA, Inc.

I hereby release, acquit, and forever discharge the CSRA EOA, Inc, its current and former Board of Directors, and employees from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

\_\_\_\_\_  
*Signature of individual Photographed/Recorded*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Individual Photographed/Recorded*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

**If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:** I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child above.

\_\_\_\_\_  
*Signature of Parent/Guardian of Individual Photographed/Recorded*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

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**FORM FOR AUTHORIZED REPRESENTATIVE**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(print your name here) (print representative name here)

to represent me in acquiring services from CSRA Economic Opportunity Authority, Inc./  
\_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

**Representative's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

**Your Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_



The State Department must ensure consistent, fair and equitable treatment to all applicants. All eligible entities must comply with prescribed procedures to protect the rights of applicants. Financial eligibility is determined by household income. The cost of any services provided to ineligible persons, as determined by the State Department, shall be reimbursed by the agency.

## 1001 TYPES OF INCOME

All income received from any source by the household is considered in determining eligibility. Income received is considered to be earned, unearned or disregarded.

**Earned** is income received from wages, salaries, commissions, or in exchange for services rendered.

**Unearned** is income received from any source other than those listed above.

**Disregarded** is income not counted in the eligibility determination process, as listed under Income Disregards in section 1005.

### 1001.1 Income Determination

Eligibility based on income is determined by resolving the following series of questions:

- What is the income limit for the household?
- What is the gross monthly household income?
- What is the source of the income?
- Is the income available to the household to meet its needs?
- Is the income included or excluded?
- How often is the income received?

### 1001.12 Income Limits

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services (HHS) to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by the Community Services Block Grant program and a number of other Federal programs. The Department of Health and Human Services issues an annual update of the HHS Poverty Guidelines during January of each year to account for last calendar year's increase in prices as measured by the Consumer Price Index.

The State Department shall enforce all guidelines prescribed by HHS, as updated through the CSBG program year. Updates to the CSBG poverty guideline shall be issued annually in memorandum by the Project Administrator. The Agency shall follow the method of income determination outlined in the memorandum in determining client eligibility, and shall maintain documentation of such determination in appropriate client files. **It is the responsibility of the eligible entity to ensure income limits are updated in EasyTrak annually.**

#### **1001.121 Re-certification of Income**

All clients must be re-certified for program income eligibility at least once during the program year; however it is recommended that re-certification be done every ninety (90) days. For programs that re-certify every 90 days, there may be instances where a client's current income will increase and exceed the income limit for the household while enrolled in the program. Clients who are enrolled in a short- or long-term program (non-emergency assistance) should not be excluded from continuing the program due to increased income during the program.

#### **1001.13 Income of Household Members Under Age 18**

Income of household members under 18 years of age is not considered when determining eligibility for CSBG.

### **1002 INCOME CONSIDERATIONS**

All income received by household members over the age of eighteen (18) and non-citizens (ineligible aliens) are to be considered and included in household income calculations.

#### **1002.1 Non-citizen (Ineligible Alien) Income**

Income of a non-citizen of the household member is applied to the income limit(s) for the household size. The income is to be included as household income, however the non-citizen should not be counted in the household count. [For example, if there are four (4) members of the household and one (1) is undocumented with a combined income of \$20,000, only three (3) household members should be considered with a total income of \$20,000.]

#### **1002.2 Joint Income**

- Income is included if the individual has accessibility to the home and has the legal authority to reside within the home.
- If a household member receives income jointly with another person or a group of persons, the portion that belongs to the household member is determined as follows:

- If there is an agreement between the parties that specifies how they will divide the income, this agreement is used to determine the amount of income to consider.
- If there is no agreement, a pro rata share of the income is counted to the member whose income is being considered.

#### **1002.21 Definition of a Household Member**

Income is included if the individual has accessibility to the home and has the legal authority to reside within the home.

#### **1002.3 Bankruptcy**

Bankruptcy is a condition whereas a debtor, either voluntarily or invoked by a creditor, is judged legally insolvent, and the debtor's remaining debt(s) is administered and distributed to his/her creditors.

Income directed to pay creditors in a bankruptcy should not be deducted from gross income in the budget, unless the income is otherwise exempt by policy.

#### **1002.4 Garnishments**

Garnishment is a condition whereas a debtor has wages/monies withheld by an employer/entity to pay a debt owed to a third party.

Income directed to pay creditors via garnishment should not be deducted from gross income in the budget, unless the income is otherwise exempt by policy.

### **1003 VERIFICATION OF INCOME**

The customer should provide verification from the payment source. If the customer cannot obtain the verification, the agency may request it directly from the payment source. Verification can be obtained from a collateral source, a person who has knowledge of the income, if verification cannot be provided by the payment source. Income is calculated on gross wages, less any income disregards. Certain types of income should be disregarded as income when calculating the eligibility of potential clients. These income inclusions and exclusions are listed as follows:

Type of Income	Details and How to Verify	Include	Exclude
<b>Adoption Assistance</b>	Unearned payment received for the adoption of certain children, verify from adoption agency or award letter	<b>X</b>	
<b>Advance Payment</b>	Unearned payment received for future expenses or EARNED prepayment of salary or wages. Verify by check stub or letter	<b>X</b>	
<b>Agent Orange Payment</b>	Unearned payment made to Vietnam Veterans exposed to Agent Orange or to their survivors. Verify by award letter or statement from Veterans Administration.	<b>X</b>	
<b>Alimony</b>	Unearned court ordered payment from former spouse. Use copy of Court Order or check.	<b>X</b>	
<b>Annuity</b>	Unearned payment received from an investment plan. Use annual or quarterly statements from source.	<b>X</b>	
<b>Blood</b>	Earned money received from sale of blood. Verify payment rate from buying institution.	<b>X</b>	
<b>Boarder</b>	Rent paid by a roomer. All rent over the first \$70.00 per month is considered as earned income. Person not included in determining household size.	<b>X</b>	
<b>Bonus</b>	Earned treat as salary or wage	<b>X</b>	
<b>Capital Gains</b>	Earned or unearned profits for sale of capital assets such as real estate, stocks. A capital gain is realized when the asset sold has increased in value from the original purchase price.	<b>X</b>	
<b>Child Support</b>	Unearned income received from an absent parent for the support of their child(ren). Verify by court order, probation office, directly from absent parent, Office of Child Support Enforcement	<b>X</b>	
<b>Commission</b>	Earned payment in exchange for services. Count and verify as wages	<b>X</b>	
<b>Contribution/Cash gift</b>	Unearned money given to household member. Verify by statement from contributor or statement from client	<b>X</b>	
<b>Disability Payment</b>	Unearned payment from an insurance company paid to employee due to illness or disability.	<b>X</b>	
<b>Dividend</b>	Unearned share of company profits. Use financial statements from company	<b>X</b>	
<b>Donation</b>	Unearned.	<b>X</b>	
<b>Farm Income</b>	Gross receipts minus operating expenses from the operation of a farm by a person on his/her own account, as an owner, renter or sharecropper. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel and similar items. Operating expenses include the cost of feed, fertilizer, seed, and other farming supplies, cash wages paid to farmhands, depreciation charges, rent, interest on farm taxes (not state or federal income taxes), and similar expenses. The value of fuel, food or other farm products used for family living is not included as part of net income.	<b>X</b>	
<b>Interest</b>	Unearned money received from investments. Use financial statement from paying institution. The first \$25.00 in interest is disregarded.	<b>X</b>	
<b>Irregular income</b>	Unearned or Earned money that is received on an unpredictable or infrequent basis. Compute quarterly income, divide by 12 weeks to determine weekly average, multiply by 4.3333	<b>X</b>	

Type of Income	Details and How to Verify	Include	Exclude
<b>Job Corps</b>	Earned income includes Living Allowance, Readjustment allowance. Unearned income includes Allotments sent to a dependent child.	<b>X</b>	
<b>Lottery Winnings</b>	Unearned sum of money paid as a prize in a game of chance. Budget in the month of receipt.	<b>X</b>	
<b>Military Allotment</b>	Unearned payment paid to spouse or dependent child of military personnel.	<b>X</b>	
<b>National Guard and Reserve Pay</b>	Earned Income. Verify with check stub or military documents.	<b>X</b>	
<b>Pension</b>	Unearned payment received regularly as a retirement benefit	<b>X</b>	
<b>Rental Income</b>	Earned income received on property owned by a household member and rented to others. Use lease or rental agreement to verify.	<b>X</b>	
<b>Roomer</b>	Earned payments received for room only. Do not include roomer in household size. Include amount over \$30 monthly as income.	<b>X</b>	
<b>Severance Pay</b>	Earned payment received from an employer upon termination of employment	<b>X</b>	
<b>Sick Pay</b>	Earned income paid from payroll to employee when out of work because of illness. Use check stubs Unearned when paid by insurance company or other source. Use check stubs or financial statement from institution.	<b>X</b>	
<b>Social Security Benefits (RSDI)</b>	Unearned Retirement, Survivors, Disability Insurance received from the Social Security Administration. Use award letter for gross amount of check	<b>X</b>	
<b>Strike Benefits</b>	Unearned income received by individuals on strike. Use check stubs, statement from union or financial institution	<b>X</b>	
<b>Supplemental Security Income (SSI)</b>	Unearned Benefits paid by the Social Security Administration for Aged, Blind or Disabled person. Use award letter as verification or copy of check.	<b>X</b>	
<b>Temporary Assistance for Needy Families (TANF)</b>	Unearned cash payment.	<b>X</b>	
<b>Tips</b>	Earned income. Use tax documents, self-declaration or employer's statement	<b>X</b>	
<b>Training Allowance</b>	Earned payments received from vocational/rehabilitation programs not intended for reimbursement.	<b>X</b>	
<b>Unemployment Compensation</b>	Unearned benefits received from the Department of Labor by unemployed persons. Use copy of check or award statement to verify.	<b>X</b>	
<b>Vacation Pay</b>	Earned. Employer incentive shown as wages.	<b>X</b>	
<b>Veterans Benefits</b>	Unearned benefits received from VA for disability, survivor benefits, and education.	<b>X</b>	
<b>Wages/salary</b>	Earned income, received for work or services.	<b>X</b>	
<b>Workers Compensation</b>	Unearned benefits received periodically from private or public insurance companies for injuries incurred at work. (The cost of this insurance must have been paid by the employer and not the individual).	<b>X</b>	

Type of Income	Details and How to Verify	Include	Exclude
<b>Property Sale</b>	Money received from the sale of property such as a house or car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment)		<b>X</b>
<b>Bank Withdrawals</b>	Withdrawal from bank deposits		<b>X</b>
<b>Borrowed Funds</b>	Money borrowed		<b>X</b>
<b>Income Tax Credits/Returns</b>	Tax refunds		<b>X</b>
<b>Inheritances</b>	Lump sum inheritances or insurance payments		<b>X</b>
<b>SNAP Benefits</b>	The value of the benefit from Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps		<b>X</b>
<b>Donated Food</b>	The value of USDA donated foods (surplus commodities)		<b>X</b>
<b>Uniform Location Assistance</b>	The value of funds received for real property acquired from displacement in connection with federally funded projects. See Uniform Act of 1970.		<b>X</b>
<b>Minor Income</b>	Earnings of a child in the household under 18 years of age		<b>X</b>
<b>Restricted Funds</b>	Loans and grants, such as obtained and used under conditions that preclude their use for current living costs		<b>X</b>
<b>Education Income</b>	Any grant or loan to any undergraduate student for educational purposes (includes HOPE scholarships, PELL Grants, National Defense Student Loans, and Guaranteed Student Loans)		<b>X</b>
<b>Value of Produce</b>	Home produce used for household consumption		<b>X</b>
<b>Other Care Payments</b>	TANF Foster Care or Nursing Home Vendor Payments made to a provider on behalf of an adult or child		<b>X</b>
<b>Payments to Institution</b>	Payments made to an institution by a relative of a recipient or other person for the cost of institutionalization of that recipient		<b>X</b>
<b>VISTA</b>	Payments to VISTA volunteers regardless of age		<b>X</b>
<b>Job Training Partnership Act</b>	Earnings received by any youth (up to 21 years of age) through the JTPA Program		<b>X</b>
<b>Older Americans Act</b>	Benefits received from elderly volunteers and nutritional programs operated under the Older Americans Act		<b>X</b>
<b>LIHEAP Funds</b>	Assistance provided by Community Action Agencies to prevent fuel cut-offs or to promote energy efficiency under the Emergency Energy Conservation Services Act		<b>X</b>
<b>Foster Care/Adoption Supplement</b>	Foster Care payments, Adoption Supplement Payments		<b>X</b>

Type of Income	Details and How to Verify	Include	Exclude
<b>Roomers/Boarders</b>	Income from roomers under \$30.00 per month and boarders under \$70.00 per month		<b>X</b>
<b>Savings/Bonds</b>	Earnings and interest on savings or bonds amounting to \$25.00 or less per month		<b>X</b>
<b>Disability Care</b>	Any wages, allowances or reimbursement for transportation and attendant care costs when received by an eligible disabled individual employed in a project under the Rehabilitation Act of 1973		<b>X</b>
<b>Trust Funds</b>	Funds held in trust for any individual in the satisfaction of a judgment of the Indian Claims Commission		<b>X</b>
<b>Alaska Native Settlement Act</b>	Payments made pursuant to the Alaska Native Claims Settlement Act		<b>X</b>
<b>Job Provided Meals</b>	Meals furnished on the job by the employer		<b>X</b>
<b>Casual Earnings</b>	\$5.00 or less from casual earnings when work opportunities are unpredictable		<b>X</b>
<b>Health Premiums</b>	Premiums (amount spent on premiums paid by Social Security received by Medicare)		<b>X</b>
<b>HUD Utility Allowances</b>	Utility Allowances as furnished through the HUD housing program		<b>X</b>
<b>Emergency Disaster Relief</b>	Disaster Relief payments		<b>X</b>
<b>Guardianship Subsidy</b>	Relative Care Subsidy and Subsidized Guardianship program income received for the support for children previously in DFCS custody		<b>X</b>



## 1003 CALCULATION OF INCOME

Income should be calculated as follows:

<b><u>Frequency</u></b>	<b><u>Conversion</u></b>
<b>Weekly</b>	Multiply by 4.3333
<b>Bi-weekly</b>	Multiply by 2.1666
<b>Semi-monthly</b>	Multiply by 2
<b>Quarterly</b>	Divide by 3
<b>Semi-Annually</b>	Divide by 6
<b>Unemployment Income</b>	Multiply by number of benefit weeks, then divide by 12
<b>Irregular</b>	Determine 12 month total, then divide by 12
<b>Self-Employment</b>	Tax Statements, Deduct the cost of doing business, then divide by 12

**1101 CLIENT ELIGIBILITY**

Complete, accurate and timely eligibility determination, application processing, payment of services, and referral for service is crucial for the CSBG Program. Eligible entities must complete an application for all persons who request assistance through the Community Services Block Grant Program. Approval for services is based on funds available.

All households have the right to apply for services and must be given the opportunity to make an application. Eligibility is determined for a household or a family unit. Eligibility, once established is effective for twelve (12) months, unless circumstances change which makes the person ineligible. Persons with Limited English Proficiency must have equal access to all benefits and services.

**1101.1 Basic Eligibility Criteria**

The applicant must meet the basic eligibility criterion below:

- Households must be at or below 125% of the Federal Poverty Guidelines
- Household applicant must be a US citizen or a legally admitted alien with a social security card (see Citizenship).
- Households applying for assistance must reside in the geographic area serviced by the service provider

**1101.2 Household Composition**

The applicant must be a member of the household and must provide information on all individuals living in the household. The information must include:

- Name
- Relationship to the head of household
- Age/Date of Birth
- Social Security Number
- Income

**1101.21 Household Members to Include**

In addition to the applicant and adults over the age of eighteen (18), be sure to include the following:

- Dependents such as children, adopted children, grandchildren under 18
- Disabled sibling(s) or parent(s)
- A spouse that utilizes the home as a place of permanent residency
- Siblings over age 18 must be included

- Roomers should not be included in the household count however their income should be included in household income calculations

## **1101.22                      Separate Households**

If several households live together at the same address but maintain separate cooking and eating facilities or arrangements then they can be considered as separate households and each is eligible to apply for CSBG services.

The agency will accept the head of household's written statement regarding members of the household and their status as a separate household with a corroborating signature of the other head of household.

A Separate Household may also include:

- A teenage parent under age eighteen (18) living on their own
- A teenage parent who is living as a separate household in another household with other unrelated adults.

## **1101.3                      Social Security Information**

A social security number must be provided for every member of the household. Examples of documents that may be used to verify Social security numbers are:

- Social security card
- Social security or SSI award letter (must show name, date of birth, and social security number)
- Screening on SUCCESS to see if a valid SSN is in system
- Other service record if SSN has been verified (e.g., Energy Assistance Application)

If a new baby does not have a SSN, the household has to verify that an application has been made for a SSN. **A copy of the document used to show social security information must be kept in each applicant client's file for every member of the household.** A household may not be able to provide verification of a SSN in cases of a fire or natural disaster. In these instances, the household's statement is acceptable.

## **1102    CITIZENSHIP**

If the applicant client cannot / does not verify citizenship/legal alien status for all members of the household, intake workers should process the application counting all income from the ineligible applicant. Do not include applicant in household count. Undocumented parents are ineligible for program consideration, but they may apply on behalf of documented minor children. The parent's income will be counted in the eligibility determination but the undocumented parent(s) will not be included in the household count.

## **1102.1            Citizenship Status Eligible for Program Consideration**

United States Citizens:

- born in one of the 50 states,
- the District of Columbia,
- Puerto Rico,
- Guam,
- the US Virgin Islands, or,
- fulfilled all requirements and completed the process of naturalization

Immigrant (Legal) Aliens:

- admitted to the US for lawful permanent residence,
- Cuban/Haitian Entrants,
- asylees,
- parolees,
- persons granted amnesty
- conditional entrants

Non-Immigrant Aliens:

- admitted to the US for lawful temporary residence
- admitted for temporary employment
- tourists
- foreign students and diplomats

## **1102.2            Citizenship Status Ineligible for Program Consideration**

Undocumented Aliens:

- not in the US lawfully
- residing in the US without INS documentation
- in violation of the terms of a non-immigrant visa

## **1102.3            Non-English Speaking Households**

The eligible entity must ensure that all lawfully admitted aliens with Limited English proficiency have access to the program by providing one or more of the following:

- provide outreach information in languages specific to those persons
- hire or have access to bilingual staff
- contract interpreter services
- utilize community volunteers/ethnic organizations
- utilize the Language Line



## CERTIFICATE OF DISTRIBUTION

TO: State Revenue Commissioner

Pursuant to an Act of the Georgia General Assembly, effective January 1, 1980, relating to Local Sales & Use Taxes, the governing authorities for the qualifying municipalities and the county located within the special district coterminous with the boundaries of McDuffie County hereby certify that the proceeds of the combination city/county local sales and use tax generated in such district shall be distributed by the State Revenue Commissioner as follows:

City of Thomson shall receive 32 %  
City of Dearing shall receive 1.25 %  
County of McDuffie shall receive 66.75 %

This certificate shall continue in effect until such time as a new certificate shall be executed as provided in said Act.

By executing this schedule, the county and cities, acting through their respective officers, represent that all municipalities lying wholly or partly in the tax jurisdiction have been given an opportunity to show that they are 'qualified municipalities,' as that term is used in the Act, and that all municipalities listed herein as recipients are 'qualified' and so may receive distribution from the proceeds of the tax.

Executed on behalf of the governing authorities of the qualifying municipalities representing not less than a majority of the aggregate population of all qualifying municipalities located within the special district and the governing authority of the county, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

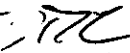
\_\_\_\_\_  
MAYOR OF THE CITY OF THOMSON

\_\_\_\_\_  
MAYOR OF THE CITY OF DEARING

\_\_\_\_\_  
CHAIRMAN BOARD OF COMMISSIONERS OF MCDUFFIE COUNTY

## STAFF REPORT

**COMMISSIONERS' WORK SESSION:** October 3, 2022  
**COMMISSIONERS' MEETING:** October 5, 2022

**DATE:** September 28, 2022  
**TO:** Board of Commissioners  
**FROM:** David R. Crawley, County Manager   
**ISSUE:** Discussion Concerning Exterior Cameras at the Boys and Girls Club.

**BACKGROUND:** Vandalism to the exterior of the Boys and Girls Club facility continues to be an issue. Multiple exterior windows need to be replaced. We are currently working to add additional exterior lighting. Security cameras have also been recommended. Three options are presented below for consideration:

Option	Number of Cameras	Cost
1	2 Interior 4 Exterior	\$17,956.79
2	2 Interior 4 Exterior	\$23,322.79
3	2 Interior 8 Exterior	\$26,685.94

**FACTS AND FINDINGS:**

1. The proposed system would be the same system we operate at our current facilities.
2. Option 3 eliminates any blind spots to the system.

**ALTERNATIVES:**

1. The Board agrees to move forward with the purchase of the camera system.
2. The Board does not agree to move forward with the purchase of the camera system.

**FUNDING:** Funding provided through multiple sources.

**POLICY ANALYSIS:** None.

**RECOMMENDATION:** Staff recommends the Board adopt Alternative # 1 with Option 3.

**ATTACHMENTS:** Proposal Options.



**ACCORD**  
TECHNOLOGIES

## Boys and Girls Club Cameras

Quote # CM-001829 Version 1

Thomson-McDuffie  
Government

Chris Minton





## Fortinet

Description		Price	Qty	Ext. Price
<b>Firewall</b>				
FG-61F-BDL-950-12	Hardware plus 1YR FortiCare Premium and FortiGuard Unified Threat Protection (UTP)	\$1,234.00	1	\$1,234.00
RM-FR-T15	RACKMOUNT.IT FortiRack Rackmount Kit - For Firewall - 1U Rack Height x 19" Rack Width - Rack-mountable - Signal White	\$150.00	1	\$150.00
<b>Switch</b>				
FS-124E-POE	L2+ managed POE switch with 24GE +4SFP, 12 port POE with max 185W limit and smart fan temperature control	\$694.00	1	\$694.00
<b>Cameras</b>				
FCM-CD55	5 Megapixel Fixed Dome IP Camera, 20m IR LED, 2.7 - 13mm motorized lens, 1x 10/100 port with 802.3af PoE, Audio, HDR, Wifi, BLE, Vandal proof, Indoor/Outdoor Use, Rated IP67	\$405.00	2	\$810.00
FCM-FB50	5 Megapixel Bullet IP Camera, 30m IR LED, 2.8 - 12mm motorized lens, 1x 10/100 port with 802.3af PoE, Audio, Vandal proof, Indoor/Outdoor Use, Rated IP66	\$441.00	4	\$1,764.00
FCM-FB5-JBX-4	JUNCTION BOX KIT for FCM-FB50 or -FD50. (set of 4)	\$251.00	1	\$251.00
<b>NVR</b>				
FRC-400F	Network Video Recorder - 3x GE RJ45 ports, 1x4TB (4x8TB max) storage, 64ch	\$2,942.00	1	\$2,942.00
FC-10-FK4HF-247-02-12	1YR FortiCare Premium Support	\$856.00	1	\$856.00
Subtotal:				<b>\$8,701.00</b>

## Option - Hardware w/ 5YR FortiCare

\* Optional

Description		Price	Qty	Ext. Price
<b>Firewall</b>				
FG-61F-BDL-950-60	Hardware plus 5YR FortiCare Premium and FortiGuard Unified Threat Protection (UTP)	\$3,177.00	1	\$3,177.00
RM-FR-T15	RACKMOUNT.IT FortiRack Rackmount Kit - For Firewall - 1U Rack Height x 19" Rack Width - Rack-mountable - Signal White	\$150.00	1	\$150.00
<b>NVR</b>				

## Option - Hardware w/ 5YR FortiCare

\* Optional

Description	Price	Qty	Ext. Price
FRC-400F Network Video Recorder - 3x GE RJ45 ports, 1x4TB (4x8TB max) storage, 64ch	\$2,942.00	1	\$2,942.00
FC-10-FK4HF- 5YR FortiCare Premium Support 247-02-60	\$4,279.00	1	\$4,279.00

\* Optional Subtotal: **\$10,548.00**

## UPS Battery Backup

Description	Price	Qty	Ext. Price
EP1000R= UPS Battery Backup	\$630.00	1	\$630.00
EP1000R Orion Power SystemsEdge Pro 1000VA/600watts		1	
OPS-SNMP4 SNMP Network Management Card		1	
Shipping Shipping		1	
Subtotal:			<b>\$630.00</b>

## Cabling

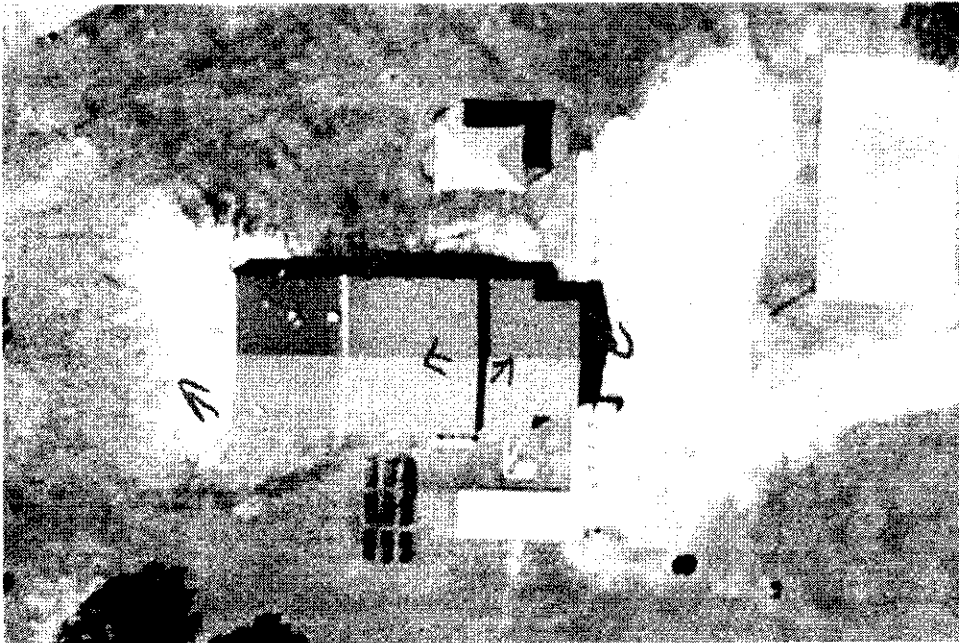
Description	Price	Qty	Ext. Price
MATERIAL Cabling material for cameras	\$2,697.88	1	\$2,697.88
LABOR Cabling labor for cameras	\$2,927.91	1	\$2,927.91
Subtotal:			<b>\$5,625.79</b>

## Engineering Services

Description	Price	Qty	Ext. Price
ENGINEERING Engineering Services	\$3,000.00	1	\$3,000.00
Subtotal:			<b>\$3,000.00</b>

## Statement of Work

Install 2 FCM-CD55 cameras & cabling inside the building  
Install 4 FCM-FB50 cameras w/ back boxes & cabling outside the building



Install wall-mount cabinet

R01	
R02	Firewall
R03	24-port patch panel
R04	Switch
R05	FRC-400F FortiRecorder
R06	
R07	
R08	
R09	Rack-Mount Shelf
R10	2U UPS Battery Backup
R11	
R12	

Install & configure firewall

Install & configure switch

Install & configure FortiRecorder

Install UPS battery backup



## Boys and Girls Club Cameras



Prepared by:  
**1 Accord Technologies**  
Chris Minton  
(478) 456-1480  
Fax (678) 433-9169  
chris.minton@1accord.com

Prepared for:  
**Thomson-McDuffie Government**  
210 Railroad Street  
IT Department  
Thomson, GA 30824  
Robert Spurlin

Quote information:  
**Quote #: CM-001829**  
Version: 1  
Delivery Date: 08/29/2022  
Expiration Date: 09/07/2022

robert.spurlin@thomson-mcduffie.gov

### Quote Summary

Description	Amount
Fortinet	\$8,701.00
UPS Battery Backup	\$630.00
Cabling	\$5,625.79
Engineering Services	\$3,000.00
Total:	<b>\$17,956.79</b>

### \*Optional Expenses

Description	One-Time
Option - Hardware w/ 5YR FortiCare	\$10,548.00
Optional Subtotal:	<b>\$10,548.00</b>

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

1 Accord Technologies

Thomson-McDuffie Government

Signature: Chris Minton  
Name: Chris Minton  
Title: \_\_\_\_\_  
Date: 08/29/2022

Signature: \_\_\_\_\_  
Name: Robert Spurlin  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



**ACCORD**  
TECHNOLOGIES

## Boys and Girls Club Cameras

Quote # CM-001829 Version 2

Thomson-McDuffie  
Government

Chris Minton



## Fortinet

Description		Price	Qty	Ext. Price
<b>Firewall</b>				
FG-61F-BDL-950-60	Hardware plus 5YR FortiCare Premium and FortiGuard Unified Threat Protection (UTP)	\$3,177.00	1	\$3,177.00
RM-FR-T15	RACKMOUNT.IT FortiRack Rackmount Kit - For Firewall - 1U Rack Height x 19" Rack Width - Rack-mountable - Signal White	\$150.00	1	\$150.00
<b>Section Subtotal</b>				<b>\$3,327.00</b>
<b>Switch</b>				
FS-124E-POE	L2+ managed POE switch with 24GE +4SFP, 12 port POE with max 185W limit and smart fan temperature control	\$694.00	1	\$694.00
<b>Cameras</b>				
FCM-CD55	5 Megapixel Fixed Dome IP Camera, 20m IR LED, 2.7 - 13mm motorized lens, 1x 10/100 port with 802.3af PoE, Audio, HDR, Wifi, BLE, Vandal proof, Indoor/Outdoor Use, Rated IP67	\$405.00	2	\$810.00
FCM-FB50	5 Megapixel Bullet IP Camera, 30m IR LED, 2.8 - 12mm motorized lens, 1x 10/100 port with 802.3af PoE, Audio, Vandal proof, Indoor/Outdoor Use, Rated IP66	\$441.00	4	\$1,764.00
FCM-FB5-JBX-4	JUNCTION BOX KIT for FCM-FB50 or -FD50. (set of 4)	\$251.00	1	\$251.00
<b>Section Subtotal</b>				<b>\$3,519.00</b>
<b>NVR</b>				
FRC-400F	Network Video Recorder - 3x GE RJ45 ports, 1x4TB (4x8TB max) storage, 64ch	\$2,942.00	1	\$2,942.00
FC-10-FK4HF-247-02-60	5YR FortiCare Premium Support	\$4,279.00	1	\$4,279.00
<b>Section Subtotal</b>				<b>\$7,221.00</b>
Subtotal:				<b>\$14,067.00</b>

## Option - Hardware w/ 1YR FortiCare

\* Optional

Description		Price	Qty	Ext. Price
<b>Firewall</b>				



## Option - Hardware w/ 1YR FortiCare

\* Optional

Description		Price	Qty	Ext. Price
FG-61F-BDL-950-12	Hardware plus 1YR FortiCare Premium and FortiGuard Unified Threat Protection (UTP)	\$1,234.00	1	\$1,234.00
RM-FR-T15	RACKMOUNT.IT FortiRack Rackmount Kit - For Firewall - 1U Rack Height x 19" Rack Width - Rack-mountable - Signal White	\$150.00	1	\$150.00
<b>Section Subtotal</b>				<b>\$0.00</b>
<b>NVR</b>				
FRC-400F	Network Video Recorder - 3x GE RJ45 ports, 1x4TB (4x8TB max) storage, 64ch	\$2,942.00	1	\$2,942.00
FC-10-FK4HF-247-02-12	1YR FortiCare Premium Support	\$856.00	1	\$856.00
<b>Section Subtotal</b>				<b>\$0.00</b>
* Optional Subtotal:				<b>\$5,182.00</b>

## UPS Battery Backup

Description		Price	Qty	Ext. Price
EP1000R=	UPS Battery Backup	\$630.00	1	\$630.00
EP1000R	Orion Power SystemsEdge Pro 1000VA/600watts		1	
OPS-SNMP4	SNMP Network Management Card		1	
Shipping	Shipping		1	
Subtotal:				<b>\$630.00</b>

## Cabling

Description		Price	Qty	Ext. Price
MATERIAL	Cabling material for cameras	\$2,697.88	1	\$2,697.88
LABOR	Cabling labor for cameras	\$2,927.91	1	\$2,927.91
Subtotal:				<b>\$5,625.79</b>

## Engineering Services

Description		Price	Qty	Ext. Price
ENGINEERING	Engineering Services	\$3,000.00	1	\$3,000.00

## Engineering Services

Description	Price	Qty	Ext. Price
		Subtotal:	<b>\$3,000.00</b>

## Statement of Work

Install 2 FCM-CD55 cameras & cabling inside the building

Install 4 FCM-FB50 cameras w/ back boxes & cabling outside the building



Install wall-mount cabinet



R01	
R02	Firewall
R03	24-port patch panel
R04	Switch
R05	FRC-400F FortiRecorder
R06	
R07	
R08	
R09	Rack-Mount Shelf
R10	2U UPS Battery Backup
R11	
R12	

Install & configure firewall  
Install & configure switch  
Install & configure FortiRecorder  
Install UPS battery backup



## Boys and Girls Club Cameras



### 1 Accord Technologies

Chris Minton  
(478) 456-1480  
Fax (678) 433-9169  
chris.minton@1accord.com

### Thomson-McDuffie Government

210 Railroad Street  
IT Department  
Thomson, GA 30824  
Robert Spurlin

### Quote #: CM-001829

Version: 2  
Delivery Date: 08/29/2022  
Expiration Date: 09/07/2022

robert.spurlin@thomson-mcduffie.gov

## Quote Summary

Description	Amount
Fortinet	\$14,067.00
UPS Battery Backup	\$630.00
Cabling	\$5,625.79
Engineering Services	\$3,000.00
Total:	<b>\$23,322.79</b>

## \*Optional Expenses

Description	One-Time
Option - Hardware w/ 1YR FortiCare	\$5,182.00
Optional Subtotal:	<b>\$5,182.00</b>

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

## 1 Accord Technologies

## Thomson-McDuffie Government

Signature:

Name:

Chris Minton

Title:

Date:

08/29/2022

Signature:

Name:

Robert Spurlin

Title:

Date:



**ACCORD**  
TECHNOLOGIES

## Boys and Girls Club Cameras

Quote # CM-001829 Version 3

Thomson-McDuffie  
Government

Chris Minton



## Fortinet

Description		Price	Qty	Ext. Price
Firewall				
FG-61F-BDL-950-60	Hardware plus 5YR FortiCare Premium and FortiGuard Unified Threat Protection (UTP)	\$3,177.00	1	\$3,177.00
RM-FR-T15	RACKMOUNT.IT FortiRack Rackmount Kit - For Firewall - 1U Rack Height x 19" Rack Width - Rack-mountable - Signal White	\$150.00	1	\$150.00
Section Subtotal				\$3,327.00
Switch				
FS-124E-POE	L2+ managed POE switch with 24GE +4SFP, 12 port POE with max 185W limit and smart fan temperature control	\$694.00	1	\$694.00
Cameras				
FCM-CD55	5 Megapixel Fixed Dome IP Camera, 20m IR LED, 2.7 - 13mm motorized lens, 1x 10/100 port with 802.3af PoE, Audio, HDR, Wifi, BLE, Vandal proof, Indoor/Outdoor Use, Rated IP67	\$405.00	2	\$810.00
FCM-FB50	5 Megapixel Bullet IP Camera, 30m IR LED, 2.8 - 12mm motorized lens, 1x 10/100 port with 802.3af PoE, Audio, Vandal proof, Indoor/Outdoor Use, Rated IP66	\$441.00	8	\$3,528.00
FCM-FB5-JBX-4	JUNCTION BOX KIT for FCM-FB50 or -FD50. (set of 4)	\$251.00	2	\$502.00
Section Subtotal				\$5,534.00
NVR				
FRC-400F	Network Video Recorder - 3x GE RJ45 ports, 1x4TB (4x8TB max) storage, 64ch	\$2,942.00	1	\$2,942.00
FC-10-FK4HF-247-02-60	5YR FortiCare Premium Support	\$4,279.00	1	\$4,279.00
Section Subtotal				\$7,221.00
			Subtotal:	\$16,082.00

## Option - Hardware w/ 1YR FortiCare

\* Optional

Description	Price	Qty	Ext. Price
<b>Firewall</b>			



## Option - Hardware w/ 1YR FortiCare

\* Optional

Description		Price	Qty	Ext. Price
FG-61F-BDL-950-12	Hardware plus 1YR FortiCare Premium and FortiGuard Unified Threat Protection (UTP)	\$1,234.00	1	\$1,234.00
RM-FR-T15	RACKMOUNT.IT FortiRack Rackmount Kit - For Firewall - 1U Rack Height x 19" Rack Width - Rack-mountable - Signal White	\$150.00	1	\$150.00
Section Subtotal				\$0.00
NVR				
FRC-400F	Network Video Recorder - 3x GE RJ45 ports, 1x4TB (4x8TB max) storage, 64ch	\$2,942.00	1	\$2,942.00
FC-10-FK4HF-247-02-12	1YR FortiCare Premium Support	\$856.00	1	\$856.00
Section Subtotal				\$0.00
* Optional Subtotal:				\$5,182.00

## UPS Battery Backup

Description		Price	Qty	Ext. Price
EP1000R=	UPS Battery Backup	\$630.00	1	\$630.00
EP1000R	Orion Power SystemsEdge Pro 1000VA/600watts		1	
OPS-SNMP4	SNMP Network Management Card		1	
Shipping	Shipping		1	
Subtotal:				\$630.00

## Cabling

Description		Price	Qty	Ext. Price
MATERIAL	Cabling material for cameras	\$2,777.89	1	\$2,777.89
LABOR	Cabling labor for cameras	\$4,196.05	1	\$4,196.05
Subtotal:				\$6,973.94

## Engineering Services

Description		Price	Qty	Ext. Price
ENGINEERING	Engineering Services	\$3,000.00	1	\$3,000.00



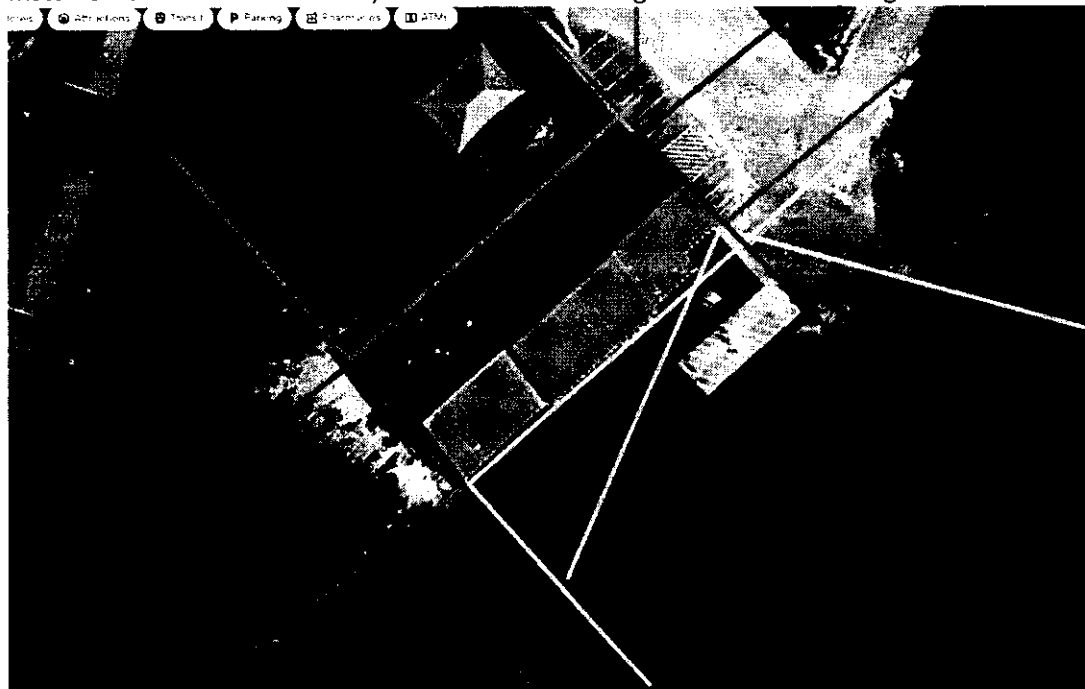
## Engineering Services

Description	Price	Qty	Ext. Price
Subtotal:	\$3,000.00		

## Statement of Work

Install 2 FCM-CD55 cameras & cabling inside the building

Install 8 FCM-FB50 cameras w/ back boxes & cabling outside the building



Install wall-mount cabinet

R01	
R02	Firewall
R03	24-port patch panel
R04	Switch
R05	FRC-400F FortiRecorder
R06	
R07	
R08	
R09	Rack-Mount Shelf
R10	2U UPS Battery Backup
R11	
R12	

Install & configure firewall  
 Install & configure switch  
 Install & configure FortiRecorder  
 Install UPS battery backup



## Boys and Girls Club Cameras



Prepared by:  
**1 Accord Technologies**  
Chris Minton  
(478) 456-1480  
Fax (678) 433-9169  
chris.minton@1accord.com

Prepared for:  
**Thomson-McDuffie Government**  
210 Railroad Street  
IT Department  
Thomson, GA 30824  
Robert Spurlin

Quote Information:  
**Quote #: CM-001829**  
Version: 3  
Delivery Date: 08/30/2022  
Expiration Date: 09/07/2022

robert.spurlin@thomson-mcduffie.gov

## Quote Summary

Description	Amount
Fortinet	\$16,082.00
UPS Battery Backup	\$630.00
Cabling	\$6,973.94
Engineering Services	\$3,000.00
Total:	<b>\$26,685.94</b>

## \*Optional Expenses

Description	One-Time
Option - Hardware w/ 1YR FortiCare	\$5,182.00
Optional Subtotal:	<b>\$5,182.00</b>

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

<b>1 Accord Technologies</b>	<b>Thomson-McDuffie Government</b>
Signature: <u>Chris Minton</u>	Signature: _____
Name: <u>Chris Minton</u>	Name: <u>Robert Spurlin</u>
Title: _____	Title: _____
Date: <u>08/30/2022</u>	Date: _____



## ***McDuffie County Animal Services re-opening plan***

### **First phase – Leadership**

Estimated time – 4-6 weeks

- Complete renovation work.
- Establish mission for animal services, ie., what do county leaders want from the department?
- Establish contract with new supervising veterinarian
- Hire new full-time director at least one month prior to shelter opening (currently in proposed budget)
  - Allow new director to hire part-time staff
  - Work with new director to create plan services/protocols for shelter
    - Visit/connect with other shelters (Columbia County, Dublin, etc.)
      - Services offered
      - Intake processes
      - Tracking processes
      - Volunteer procedures
  - Meet with rescues
  - Establish best practices
  - Begin volunteer recruitment/screening

### **Second phase – Implementation**

Estimated time – 4 weeks

- Hire shelter technician
- Volunteer training
- Shelter clean-up/organization

### **Third phase – Opening**

Target date – December 1

- Open House/Grand Opening
- Connect with local businesses and other organizations

### **Overall Goals/projects**

- Less euthanization
  - Goal: Less than 10% to qualify as a no-kill shelter
- More adoptions
  - Open house/events at shelter
  - Expanded hours
  - Events at stores
    - Tractor Supply
  - Community events
  - Utility bill inserts

- Web page
  - Photos of animals
  - Policies
  - Shelter needs
  - Volunteer opportunities
- Social media
- More partners
  - Third-party rescues
  - Business
- Increased use of volunteers
- Community education
  - Care of animals
  - Disease prevention
  - Vaccine, spay/neuter events
- Improved processes
  - Better/duplicate documentation
    - Provide ability to “fact check” paperwork
    - Monthly report to commission
    - Weekly report to supervisor
  - Photo ID system for animals
  - Loop closure for adoptions
    - Vaccinate/spay-neuter animals prior to adoption
      - Spay/neuter appointments
      - Vaccinations, vet appt, etc.
    - Partner with vet to offer vaccination/ spay services with discount for adoption
  - Limited/diversified access for rescues
    - Limit number of rescues per month
    - If threshold hit, provide rescue registration proof

#### **Staffing notes:**

##### **New vet – Draft agreement**

- Clearly delineate services/fees
- Set expectations
- Out clause
- Review plan

September 29, 2022

As Chairman of the McDuffie County Board of Commissioners, I wholeheartedly support the Augusta Regional Airport's efforts to add more development opportunities at the airport. While such development would certainly provide additional career opportunities for residents of the Augusta area, it will also help spur economic growth and improve the overall quality of life for the region.

At the same time, I would like to offer the support of the Thomson-McDuffie Regional Airport (HQU) for any private aircraft overflow needs AGS may have. Our designated regional airport has a 5,500-foot runway, adequate hangar space, an Instrument Landing System and is only 30 minutes from your airport along Interstate 20.

If we can ever be of assistance, please feel free to call me.

Sincerely,

Charles G. Newton, IV  
Chairman

# Lighting Services Agreement



Customer Legal Name MCDUFFIE CO BD OF COMM DBA GOVERNMENT COMPLEX  
Service Address 210 RAILROAD ST THOMSON GA 30824 County McDuffie - GA  
Mailing Address 337 MAIN ST ATTN: FINANCE DEPT THOMSON GA 30824  
Email dcrawley@thomson-mcduffie.net Tel # 912-657-4175 Alt Tel # \_\_\_\_\_  
Tax ID# 0000 Business Description \_\_\_\_\_

Existing Customer Yes ☒ No ☐ If Yes (and if possible), does customer want the Service added to an existing account? Yes ☒ No ☐ If Yes, which Account Number? 09785-61036

Selected Components				
Action	Qty	Wattage	Type	Description
INS	38	70	LED	Post Top

Service Cost (\$)	Regulated Cost (\$)*	Monthly Cost (\$)*
\$570.00	\$0.00	\$570.00

Term (Months)	1
---------------	---

\* The actual Regulated Cost will be calculated using the tariffs approved by Georgia Public Service Commission at the time of billing. The estimate is based on Summer Rates in effect at the time of this proposal. Excludes applicable sales tax.

## Project Notes:

Customer agrees to this Lighting Services Agreement with Georgia Power Company under the attached terms and conditions and authorizes all actions noted on this agreement.

Customer also agrees to allow removal of existing lights. Yes ☐ N/A ☐

Type	Customer	Tariff	Content
NESC	Gov	Metered	

Pre-Payment (\$)
\$0.00

Customer recognizes that the individual signing this Agreement on its behalf has authority to do so.

Customer Authorization	Georgia Power Authorization
Signature:	Signature:
Print Name:	Print Name: Robert Sapp
Print Title:	Print Title: Account Exec
Date:	Date:



## TERMS and CONDITIONS (*Lighting – Governmental Service*)

1. **Agreement Scope.** This Lighting Services Agreement ("Agreement") establishes the terms and conditions under which Georgia Power Company ("GPC") will provide lighting and related service (collectively, the "Service") to the customer identified on Page 1 ("Customer") at the Service Address shown on Page 1 (the "Premises"). GPC may install, update, modify, or replace any GPC-owned pole, base, wiring, conduit, fixture, control, equipment, device, or related item at the Premises (collectively, "GPC Assets") for any reason related to the Service or to use of GPC Assets.
2. **Term and Termination.** The initial Agreement term is stated on Page 1, calculated from the date of the first bill. After the initial term, this Agreement automatically renews on a month-to-month basis until terminated by either party by providing written notice of intent to terminate to the other party (in accordance with the notice provisions of the *Miscellaneous* section below) at least 30 days before the desired termination date. The initial term and any renewal term or terms are collectively the "Term."
3. **Intent and Title.** This Agreement governs GPC's provision of the Service to Customer and is not a sale, lease, or licensing of goods, equipment, property, or assets of any kind. GPC retains the sole and exclusive right, title, and interest in and to all GPC Assets. Customer acknowledges that GPC Assets, although attached to real property, always will remain the exclusive personal property of GPC and that GPC may remove GPC Assets upon Agreement termination. **GPC makes no representation or warranty regarding treatment of this transaction by the Internal Revenue Service or the status of this transaction under any federal or state tax law. Customer enters into this Agreement in sole reliance upon its own advisors.**
4. **Payment.** GPC will invoice Customer monthly for the Monthly Cost as described on Page 1. The Service Cost portion of the Monthly Cost will renew at the amount shown on Page 1, but the Regulated Cost portion will be determined by the applicable Georgia Public Service Commission-approved tariff at the time of billing. Customer agrees to pay the total amount billed in full by the invoice due date. If a balance is outstanding past the due date, Customer acknowledges that GPC may require Customer to pay a deposit of up to two times the Estimated Monthly Charge in order to continue Service. If applicable, Customer must provide a copy of its Georgia sales tax exemption certificate. Customer must pay costs associated with any Customer-initiated change to the Service after the date of this Agreement.
5. **Premises Activity.** Customer hereby grants to GPC and its contractors, agents, and representatives the right and license to enter the Premises at any time to perform any activity related to the Service or to GPC's use of the GPC Assets, including the right to access the Premises with vehicles, GPC Assets, or other tools or equipment, and to survey, dig, or excavate, in order to: (i) install and connect GPC Assets, provide Service, or provide or install any other service; (ii) inspect, maintain, test, replace, repair, disconnect, or remove GPC Assets; (iii) install additional equipment or devices on GPC Assets; or (iv) conduct any other activity reasonably related to the Service or GPC Assets (collectively, "GPC Activity"). Customer represents or warrants that it has the right to permit GPC to provide the Service and to perform the GPC Activity upon the Premises and, if applicable, has obtained express written authority and required permission from all Premises owners, and any other person or entity with rights in the Premises, to enter into this Agreement and to authorize the GPC Activity and the Service.
6. **Installation and Underground Work.** Customer recognizes that the Service requires installation of GPC Assets. Customer warrants or covenants that: (i) the Premises' final grade will vary no more than six inches from the grade existing at the time of installation; and (ii) if applicable and required for proper installation, Premises property lines will be clearly marked before installation.
  - A. **Customer Work.** If GPC, upon Customer's request, allows Customer, itself or through a third party, to perform any activity related to installation of GPC Assets (including trenching), Customer warrants or covenants that the work will meet GPC's installation specifications (which GPC will provide to Customer and which are incorporated by this reference). Customer must provide GPC at least 10 days' prior written notice of its schedule for the work, so that GPC can schedule GPC's installation work promptly thereafter. Customer will be responsible for any additional costs arising from non-compliance with GPC's specifications, Customer's failure to complete Customer's work by the agreed completion date, or failure to provide GPC timely notice of any schedule change.
  - B. **Underground Facility/Obstruction Not Subject to Dig Law.** Because GPC Activity may require excavation not subject to the Georgia Utility Facility Protection Act (O.C.G.A. §§25-9-1 – 25-9-13) ("Dig Law"), Customer must mark any private utility or facility (e.g., gas/water/sewer line; irrigation facility; fiber/data/communication line) or other underground obstruction at the Premises that is not subject to the Dig Law. If GPC causes or incurs damage due to Customer's failure to mark a private facility or obstruction before GPC commences GPC Activity, Customer is responsible for all damages and any loss or damage resulting from any such delay.
  - C. **Unforeseen Condition.** The estimated charges shown on Page 1 include no allowance for subsurface rock, wetland, underground stream, buried waste, unsuitable soil, underground obstruction, archeological artifact, burial ground, threatened or endangered species, hazardous substance, or similar condition ("Unforeseen Condition"). If GPC encounters an Unforeseen Condition in connection with any GPC Activity, GPC, in its sole discretion, may stop all GPC Activity until Customer either remedies the condition or agrees to reimburse all GPC costs arising from the condition. Customer is responsible for all costs of modification or change to GPC Assets requested by Customer or dictated by an Unforeseen Condition or circumstance outside GPC's control.
7. **GPC Asset Protection and Damage.** Throughout the Term, in the event of any work or digging near GPC Assets, Customer (or any person or entity working on Customer's behalf) must: (i) provide notices and locate requests to the Georgia Utilities Protection Center ("UPC") and other utility owners or operators as required by the then-current Dig Law; (ii) coordinate with the UPC and any utility facility owner/operator as required by the Dig Law; and (iii) comply with the High-voltage Safety Act (O.C.G.A. §§46-3-30 -- 46-3-40). As between Customer and GPC, Customer is responsible for any damage arising from failure to comply with applicable law or for damage to GPC Assets caused by anyone other than GPC or a GPC contractor, agent, or representative.
8. **Pole Attachments.** Nothing in this Agreement conveys to Customer any right to attach or affix anything to any GPC Asset. Customer agrees that it will not, and will not permit others to, rearrange, disconnect, remove, relocate, repair, alter, tamper with, or otherwise interfere with any GPC Asset. If Customer desires to attach or affix anything to GPC Assets, Customer must first obtain GPC's written consent. Customer may call GPC Lighting and Smart Services business unit at 1-888-660-5890 to request consent.
9. **Interruption of Service.** Customer understands that Service is provided on an "as is" and "as available" basis and may be interrupted. If there is a Service interruption, Customer must notify GPC. Following the interruption, GPC will restore Service, at no cost to Customer. Customer may notify GPC by either calling 1-888-660-5890 or by reporting online at: <https://www.georgiapower.com/community/outages-and-stormcenter/power-outage-overview/street-light-outage.html>.
10. **Disclaimer: Damages.** GPC makes no covenant, warranty, or representation of any kind (including warranty of fitness for a particular purpose, merchantability, or non-infringement) regarding Service, GPC Assets, or any GPC Activity. Customer acknowledges that, due to the unique characteristics of the Premises, Customer's needs, or selection of GPC Assets, the Service may not follow IESNA guidelines. Customer waives any right to consequential, special, indirect, treble, exemplary, incidental, punitive, loss of business reputation, interruption of Service or loss of use (including loss of revenue, profits, or capital costs) damages in connection with the loss or interruption of Service, GPC Assets, or this Agreement, or arising from damage, hindrance, or delay involving the Service, GPC Assets, or this Agreement, whether or not reasonable, foreseeable, contemplated, or avoidable. To the extent GPC is liable under this Agreement, and to the extent allowed by applicable law, GPC's liability is expressly limited to: (i) with respect to the Service purchased by Customer, the annual amount paid by Customer for the Service; or (ii) with respect to any other liability, to proven direct damages in an amount not to exceed \$100.00. Customer is solely responsible for safety of the Premises; Customer agrees that GPC has no obligation to ensure safety of the Premises and that GPC has no liability for any personal injury, real or personal property damage or loss, or negative impact to Customer or any third party that occurs at the Premises.
11. **Risk Allocation.** Each party will be responsible for its own acts and the results of its acts, except as otherwise described in this Agreement.
12. **Georgia Security, Immigration, and Compliance Act.** Customer is a "public employer" as defined by O.C.G.A. § 13-10-91 and this is a contract for physical performance of services in Georgia. Compliance with O.C.G.A. § 13-10-91 is a condition of this Agreement and is mandatory. GPC will provide to Customer a contractor's affidavit for installation services as required by O.C.G.A. § 13-10-91. If GPC employs any subcontractor in connection with installation under this Agreement, GPC also will secure from each subcontractor an affidavit attesting to compliance with O.C.G.A. § 13-10-91.
13. **Default.** Customer is in default if Customer: (i) does not pay the entire amount owed to GPC within 45 days after the due date; (ii) terminates this Agreement without proper notice and prior to the end of the then-current Term; or (iii) breaches any material term, warranty, covenant, or representation of this Agreement. GPC's waiver of a past or concurrent default will not waive any other default. If a default occurs, GPC may: (a) immediately terminate this Agreement; (b) remove any GPC Asset from the Premises; or (c) seek any available remedy provided by law, including the right to collect any past due amount, or any amount due for the Service during the remaining Term.
14. **Miscellaneous.** This Agreement contains the parties' entire agreement relating to the Service, GPC Assets, and GPC Activity and replaces any prior agreement, written or oral. Subject to applicable law, GPC may modify the terms of this Agreement by providing 30 days' prior written notice of such modification to Customer. If Customer uses the Service or makes any payment for the Service on or after the modification effective date, Customer accepts the modification. GPC's address for notice is 1790 Montreal Circle, Tucker, GA 30084-6801; Customer's address for notice is stated on Page 1. Either party may update administrative or contact information (e.g., address, phone, website) at any time by written notice to the other. Customer will not assign, in whole or in part, this Agreement or any right or obligation it has under this Agreement; any such assignment without GPC's prior written consent will be void and of no effect. In this Agreement: (i) "include(ing)" means "include, but are not limited to" or "including, without limitation"; (ii) "or" means "either or both" ("A or B" means "A or B or both A and B"); (iii) "e.g." means "for example, including, without limitation"; and (iv) "written" or "in writing" includes email communication. Georgia law governs this Agreement. If a court rules an Agreement provision unenforceable to any extent, the rest of that provision and all other provisions remain effective.



## Austin Milburn

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**From:** Davis A. Dunaway [REDACTED]  
**Sent:** Monday, October 3, 2022 12:56 PM  
**To:** Austin Milburn  
**Subject:** RE: 1970 Minutes

**CAUTION:** This email originated from outside of the Thomson-McDuffie.Gov email system. Please exercise caution before clicking links, opening attachments, replying, or providing information to the sender.

Here it is:

McDuffie County was contacted by John Wills representing Kings Town Estates LLC, the owner of approximately 23 acres located off Wrens Highway, regarding a right of way deed from 1970. The property in question lies partially in the City on the east side of Wrens Highway. A previous owner, Leonard N. Lokey, Inc., executed this deed purporting to convey to McDuffie County and requesting that McDuffie County improve three roads on the property – Markatleo Street, Lokey Street, and Brown Circle. The deed contained a reversionary clause stating that if the right-of-way contained in the deed is abandoned as a highway location, the property shall revert to the property from which it was granted. It is my understanding that the current owner desires to build an apartment complex on the property where these roads were located according to a plat prepared in 1969.

Under Georgia law, for the conveyance to be effective there must be an acceptance. I have confirmed that the three roads in question were never improved, are not part of the County road digest, they are not currently in use (and do not appear to have ever been in use or maintained), and from a review of the minutes of the Commissioner's meetings in 1970, no official acceptance is documented in the minutes. Georgia law has previously recognized that where 15-20 years have elapsed without any acts of acceptance a presumption arises that the dedication has been declined. Here, it has been over 50 years with no acts of acceptance occurring, so a presumption exists that the County declined the dedication.

Based on the evidence available, it is my opinion that no acceptance of the conveyance occurred, so the title to the property has reverted to the current owner of the original property from which the roadways were proposed. Unless the commissioners have some reason disagree, I would suggest that they vote to inform the current owner that the roads were not accepted by the County.

Thanks,  
Dave

[Hull Barrett, PC](#)

**Davis A. Dunaway, Attorney**

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