

# GEORGIA, Murray County

## MINUTES

The Murray County Commissioner held a called public meeting Friday, July 15, 2011 at 2:00 p.m. in the hearing room of the Courthouse Annex.

Interim Commissioner Starnes called the meeting to order and welcomed those in attendance.

With a deletion of original item (d) Appointment to Hospital Authority and a new addition item(s) (d) Resolution: Congressional Redistricting and item (e) 2010 Budget Amendment for Audit Compliance to the agenda, Interim Commissioner Starnes adopted the agenda as presented.

Under new business the following item(s) were addressed and approved.

- A. Contract: GA D.O.T. FY2012 Section 5311 Public Transportation Operating Grant - \$136,551

**EXHIBIT A  
BUDGET ESTIMATE  
TRANSIT OPERATING ASSISTANCE FOR MURRAY COUNTY  
FOR PERIOD JULY 1, 2011 TO JUNE 30, 2012**

	<b>TOTAL</b>	<b>FTA SECTION 5311</b>	<b>LOCAL</b>
<b>NET OPERATING DEFICIT:</b>			
<b>ADMINISTRATIVE AND OPERATING COSTS (Note 1)</b>	<b>\$273,103.00</b>	<b>\$136,551.00</b>	<b>\$136,552.00</b>
<b>TOTAL BUDGET</b>	<b>\$273,103.00</b>	<b>\$136,551.00</b>	<b>\$136,552.00</b>

Note 1- (Administrative and Operating) 50% Federal; 50% Local  
**PROJECT NUMBER: T003886**  
**GRANT NUMBER: GA-18-4032**

- B. Contract: Administrative Solutions to provide administration of Inmate Health Plan - \$20,201.60

## **ADMINISTRATIVE SERVICES AGREEMENT**

**This agreement, effective the 1<sup>st</sup> day of July 1, 2011 is by and between Murray County Commissioner in its capacity of Sponsor and Plan Administrator of the Murray County Jail Inmate Medical Program (hereinafter called the “Plan”) and Administrative Solutions, Inc. (hereinafter called “ASI”).**

**WHEREAS, Murray County Commissioner (hereinafter called the “Sponsor or Plan Administrator”) has established the Plan providing means by which eligible inmates of the Sponsor secure benefits as set forth in the Plan; and**

**WHEREAS, the Plan Administrator is given the authority under the Plan to appoint agents and representatives to act on its behalf, and to delegate to such agents or representatives any part or all of the functions of the Plan Administrator; and**

**WHEREAS, the Plan Administrator desires to employ ASI and ASI desires to be employed by the Plan Administrator, on the terms and conditions hereinafter set forth, to perform the ministerial services and duties set forth herein; and**

**WHEREAS, the Sponsor consents to the employment of ASI, on the terms and conditions hereinafter set forth, to perform the administrative services and duties set forth herein;**

**NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:**

### **Section 1 Duties of ASI**

- 1. ASI, within the scope of its professional ability and its employment under this Agreement, shall assist the Sponsor and the Plan Administrator in the administration of the Plan as it may be requested and authorized from time to time.**
- 2. ASI, is authorized to do all things it deems necessary or convenient to carry out the terms and purposes of this Agreement, including the execution of pertinent and relative documents in the name of the Plan and/or the Sponsor.**
- 3. ASI shall have the responsibility for processing benefits under the Plan and for arranging for the payment thereof from funds available to the Plan by issuing a check upon the Plan account. ASI shall honor any assignment of benefits of a person or institution which is a proper and qualified assignee under the terms of the Plan.**

4. **Final authority in determining whether any benefit is payable under the terms of the Plan is with the Plan Administrator on behalf of the Plan or the Sponsor, as the case may be. The Plan account may or may not be payable through a trust.**
5. **The services of the entire organization and personnel of ASI are available for the performance of its duties and responsibility pursuant to this Agreement.**
6. **ASI may pay from the Plan account any or all of the expenses of operation of the Plan incurred pursuant to the performance of this Agreement. The Sponsor may elect to make certain payments directly from Sponsor's funds. ASI charges may be treated as Plan expenses.**
7. **ASI, subject to prior written application by the Sponsor, may arrange for the purchase of insurance policies to provide any of the benefits provided for in the Plan and this Agreement. ASI shall maintain this insurance in force as directed by the Sponsor, provided sufficient funds shall be made available by the Sponsor for the payment of premiums and the Sponsor shall comply with the terms of the insurance policy.**
8. **To the extent of information available to ASI and within the scope of its professional ability, ASI shall assist the Sponsor and the Plan Administrator in the preparation and filing of any report, returns and similar paper required by any local political subdivision, state or the federal government pertaining to the operation or management of the Plan.**
9. **ASI shall render to the Plan Administrator, or its appointed official, monthly reports, which shall include disbursements made by ASI from the Plan account.**
10. **ASI shall maintain a fidelity bond covering ASI and any of its employees who may collect, disburse, or otherwise handle or have possession of any funds of the Plan or who may have the authority to authorize or handle disbursements or payments on behalf of the Plan.**

## **Section II**

### **Procedure for Obtaining Plan Benefits**

1. **Application for benefits from the Plan shall be made upon the form or forms provided by ASI. The County shall fully and truthfully complete such application of benefits and shall supply such pertinent information from personal or professional sources as may be required by ASI.**

2. a. ASI shall accept any application for benefits made in the appropriate manner. After an investigation, which includes the verification of the statements contained in the application, as ASI deems appropriate, the eligibility of that participant for benefits will be made. If the facts stated in such application entitle the participant in accordance with the terms and provisions of the Plan to receive payment for benefits from the Plan, ASI shall forthwith arrange for the proper payment from the Plan. If ASI finds that the participant may be, but is not clearly entitled to benefits under the Plan, the application shall be questioned and a copy referred to the Plan Administrator.

- b. If ASI finds that the covered inmate may not be entitled to benefits under the Plan, the application shall be denied or questioned and a copy referred to the Plan Administrator. The Plan Administrator shall make the final decision as to payment or denial on all applications for benefits. Any decision made to pay any claim does not guarantee that the payment will be applied to any per claim or aggregate deductible or loss fund provided for in any stop-loss or excess insurance policy.

3. ASI's determination and any determination by the Plan Administrator upon referral and review shall be in accordance with the requirements of this Section.

- a. A participant or beneficiary of a participant (hereinafter referred to below as a "Claimant") may make a request for a Plan benefit only through the Sheriff's Department of Murray County or the Plan Administrator.
- b. If a claim is denied in whole or in part, the Claimant may request a review of the denial only through the Sheriff's Department of Murray County or the Plan Administrator.
- c. The Plan Administrator shall promptly review the claim denial upon receipt of a request for review. Upon ASI's receipt of a notice for request for review of a claim denial, it shall, promptly forward to the Plan Administrator all documents and papers in its possession relating to that claim.

4. If, after review, the Plan Administrator directs that claim payment be made to, or on behalf of a Claimant, irrespective of ASI's determination that the person is not entitled to benefits, ASI shall make payment of the claim upon receipt of written authorization from the Plan Administrator.
5. It is understood that the ultimate responsibility for determining entitlement to Plan benefits rests with the Plan Administrator. ASI and its agents and employees shall not be liable for any failure or refusal by it to pay or honor any application for benefits made. ASI and its agents

and employees shall not be liable for any failure or refusal by the Plan Administrator to pay or honor any application for benefits under the Plan made pursuant to this Agreement. Further, ASI and its agents and employees shall be indemnified and held harmless by the Plan Administrator and the Sponsor against any expense, loss, damage, or legal fees incurred by ASI or its agents or employees as a result of any claims or demands asserted against ASI or its agents or employees alone or together with others including the Plan Administrator, the Sponsor or the Plan arising out of or in connection with such failure or refusal to pay or honor an application for benefits.

### **Section III Compensation of ASI**

- 1. ASI shall be entitled to an initial fee of \$.00, and a monthly fee, payable to ASI by the Plan Administrator by the tenth day of each month equal to \$11.60 for each covered inmate in the Plan at the beginning of such month; provided, however, that this monthly fee shall be subject to change on (a) the implementation date of any changes in the Plan that would increase ASI's cost of providing its services, or (b) any date that increased expenses are incurred by ASI because of legal or regulatory changes imposed by any governmental entity. Should this monthly fee not be received by ASI by the last day of the month, ASI's obligation under this Agreement will terminate as of the first day of the month for which payment has not been received. Reinstatement will be considered, subject to a reinstatement fee of \$250.00.**
- 2. If a participant in the Plan receives services from a provider who is not part of the approved network of providers under the Plan, and ASI is able to negotiate a lower charge for the services from the non-network provider, ASI shall receive 10% of the amount of the savings to the Plan from the negotiated reduction in the charge.**

### **Section IV Sponsor and the Plan Administrator**

- 1. If requested, the Plan Administrator shall provide ASI with a complete listing of all inmates of the Sponsor who are eligible for benefits from the Plan as of the effective date of the Agreement. Thereafter, the Sponsor shall notify ASI of all changes in participation whether by reason of an addition, termination, change in classification, or by any other reason. The Plan Administrator and the Sponsor hereby agree to indemnify and hold harmless ASI and its agents and employees against all claims, damages, losses and expenses, including attorney fees, arising out of, or resulting from**

**failure of the Sponsor to provide ASI with prompt notification of inmate terminations.**

- 2. The Sponsor, upon notice from ASI shall pay to the Plan in the manner provided in this agreement, any deficiencies in the Plan which the Sponsor is obligated to pay under the terms of the Plan.**
- 3. The Plan Administrator shall assist in the enrollment of the inmates in the Plan, cooperate with ASI with regard to proper settlement of claims, and transmit any inquires pertaining to the Plan to ASI. The Plan Administrator shall maintain a supply of forms, and other necessary documents, and shall distribute or make available such documents to the Sheriff's department.**
- 4. The Plan Administrator shall provide all materials and documents, application and notice forms, as may from time to time be determined by ASI to be necessary or convenient for the operation of the Plan or to satisfy the requirements of governing laws.**
- 5. The Plan Administrator on behalf of the Plan or the Sponsor, as the case may be, shall be responsible for the payment of any premiums and premium taxes on a reinsurance policy or policies issued to the Sponsor in connection with the Plan.**
- 6. The Plan Administrator on behalf of the Plan or the Sponsor, as the case may be, shall be responsible for the payment of any expenses for Large Case Management fees, hospital audit fees, or any other fees charged by a vendor on behalf of the Plan and shall reimburse ASI for any such expense and fees paid by ASI on behalf of the Plan.**

#### **Section V**

##### **Term**

**This Agreement shall be effective from July 1, 2011, as specified above until June 30, 2012 or terminated in accordance with Section VI of this agreement.**

#### **Section VI**

##### **Termination**

- 1. This Agreement may be terminated by either the Plan Administrator or ASI by written notice of intention to terminate given to the other party, to be effective as of a date certain set forth in a written notice, which shall not be less than sixty (60) days from the date of such notice; provided, however, in the event ASI is not paid the monthly service fee, this Agreement may be terminated by ASI pursuant to the terms set forth in Section III of this Agreement.**
- 2. All obligations of ASI with respect to payment of benefits, costs, fees and premiums from the Plan will be terminated and extinguished on the**

effective date of termination irrespective of the date such obligations arose. ASI shall be entitled to receive the monthly service fee calculated in the manner specified in the Agreement or an amendment hereto through the effective date of termination; provided, however, if the Sponsor terminates this Agreement effective on or prior to the end of the fifth month from the effective dates, ASI shall be paid an amount equal to six (6) times the monthly service fee, less any monthly service fee amount paid prior to such termination.

3. Upon termination by either party, ASI within sixty (60) days after the date of termination, shall prepare and deliver a complete and final accounting with respect to those items which are supervised by it under this Agreement, and a report of the financial status of the Plan to the Plan Administrator as of the date of termination together with all books and records in its possession and control pertaining to the administration of the Plan, all claim files, and all reports and other papers pertaining thereto, and shall deliver any funds of the Plan in its possession or control to the Plan Administrator or its order.

## **VII**

### **Miscellaneous Provisions**

1. This Agreement shall be binding upon and inure to the benefit of the successors and assigns of the parties hereto.
2. Upon the failure of the Sponsor or Plan Administrator to pay any fees or expenses charged by or reimbursable to ASI within ten (10) days of written demand or payment, the Sponsor or Plan Administrator, as appropriate, shall pay interest on the amount outstanding at the rate of 15% per annum, compounded monthly from the date of original invoice, and shall reimburse ASI for any attorney's fees, court cost, or other cost of collection.
3. ASI is expressly indemnified and held harmless by the Plan Administrator, the Sponsor and/or the Plan for any Federal, state or local taxes or assessments levied on or against the Plan except for taxes or assessments resulting from any grossly negligent act or failure to act on the part of ASI.
4. Except for its gross negligence or willful misconduct, ASI and its agents and employees shall incur no liability to the Plan Administrator and/or the Sponsor (or to the employees of the Sponsor) for any act or failure to act not connected with its obligations as provided in this Agreement, nor for the financial inability of the Plan to pay claims in accordance with the terms of this Agreement and the Plan, and the Plan Administrator on behalf of the Sponsor and the Sponsor agree to hold ASI and its agents

5. **Where the context of the Agreement requires, the singular shall include the plural and the masculine gender shall include the feminine.**
6. **This Agreement may not be amended, modified or changed except by writing signed by all parties hereto; provided, however, that this Agreement may not be amended to reduce any benefits which might be paid for any claim arising prior to such amendment or to in any way prejudice such a claim.**
7. **All notices or other communications required or permitted to be made under this agreement shall be given in writing and shall either be delivered by hand or mailed first class, postage pre-paid to the parties specified in this Agreement at the address set forth below or such other address as may be specified in a notice given in accordance with the provisions of this paragraph:**

**If To ASI:** **Janie Floyd**  
**Administrative Solutions, Inc.**  
**11373 South Bridge Pkwy. #B**  
**Alpharetta, Georgia 30022**

- 8. This Agreement contains the entire Agreement between the parties hereto with respect to the subject matter hereof and supersedes all prior or contemporaneous Agreements, understandings, promises and representations, whether written or oral with respect thereto.**
- 9. Persons executing this Agreement on behalf of entities which are not natural persons thereby represent and warrant that they are authorized to execute this Agreement on behalf of the specified entities and to contractually bind those entities by such execution.**
- 10. This Agreement shall be interpreted in accordance with the laws of the State of Georgia, to the extent those laws have not been preempted by Federal Law.**

**B. Contract: HCC Life Insurance Company Stop-Loss Coverage for County Inmates - \$43,689.60**

**STOP LOSS INSURANCE  
HCC LIFE INSURANCE COMPANY  
Three Town Park Commons, 225 TownPark Drive, Suite 145  
Kennesaw, Georgia 30144 (800-447-0460)**

**APPLICATION**

1. **Full Legal Name of Applicant and Address**  
**Murray County Jail**  
**121 North 4<sup>th</sup> Avenue**  
**Chatsworth, Georgia 30705**
2. **Applicant is a (check one)**  
**X Government**
3. **Contract Period: Effective Date: 07/01/2011    Expiration Date: 06/30/2012**
4. **Full Legal Name of Affiliates, Subsidiaries and other major locations to be Included in coverage:**  
  
**Address of Affiliates or Subsidiaries:**
5. **Nature of Business of the Applicant to be Insured:**  
**Public Order and Safety, NEC**
6. **Key Contact Person at Applicant:**
7. **Enter full name of the Employee Benefit Plan(s): Murray County Jail Inmate Medical Program**  
**A signed copy of such Employee Benefit Plan(s) must be attached and will form part of this contract.**
8. **Name and Address of Plan Supervisor:**  
**Administrative Solutions, Inc. P.O. Box 2490 Alpharetta, GA 30023-249**
9. **Agent of Record: Administrative Solutions, Inc.**
10. **Estimated Initial Enrollment: Composite: 148 Total Covered United: 148**
11. **Retirees Covered    X No**
12. **The Utilization Review vendor will be: Hines and Associates**
13. **Deposit Premium (Minimum of first month's estimated premium): \$3,276.72**  
**Please review the deposit premium on the Monthly Premium Worksheet.**
14. **SPECIFIC STOP LOSS INSURANCE:            X Yes**  
**A. Covered Expenses Paid under the Employee Benefit Plan for the following Plan Benefits are covered for Specific Stop Loss Insurance (not included unless checked):    X Medical**

**B. Specific Deductible in each Contract Period per Covered Person: \$20,000**

**C. Contract Basis: 12/15**

**Covered Expenses incurred from 07/01/2011 through 06/30/2012, and  
Paid from 07/01/2011 through 09/30/2012.**

**D. Unlimited Specific Lifetime Reimbursement Maximum per Covered  
Person Specific Contract Period Reimbursement Maximum per Covered  
Person: \$250,000**

**E. Separate Individual Specific Deductible: None**

**F. Monthly Specific Premium Rates: Composite: \$22.14**

**G. Specific Percentage Reimbursable 100%**

**H. Specific Terminal Liability Option: X No**  
**Specific Terminal Liability Option premium per Covered Person per  
month:**

**15. AGGREGATE STOP LOSS INSURANCE: X No**

**A. Covered Expenses Paid under the Employee Benefit Plan  
for the following Plan Benefits are covered for Aggregate  
Stop Loss Insurance (not included unless checked):**

**B. Minimum Annual Aggregate Deductible: \$**

**C. Contract Basis:**

**D. Aggregate Contract Period Reimbursement Maximum: \$**

**E. Monthly Aggregate Factors:**

**Monthly Factors**

**Single**

**Employee**

**+Child**

**F. Aggregate Percentage Reimbursable %**

**G. Loss Limit: \$**

**H. Monthly Deductible Advance Reimbursement Option:**

**I. Aggregate Terminal Liability Option:**

**J. Aggregate Premium:**

**SPECIAL RISK LIMITATIONS are state on the Addendum to Application (is  
applicable).**

**It is understood and agreed by the Applicant that:**

1. The Applicant is financially sound, with sufficient capital and cash flow to accept the risks inherent in a "self-funded" health care plan, and
2. The Plan Supervisor retained by the Applicant will be considered the Applicant's Agent, and not the Company's Agent, and
3. All documentation requested by the Company must be received within 90 days of the Policy effective date, and is subject to approval by the Company and may require adjustment of rates, factors, and / or Special Limitations to accommodate for abnormal risks, and
4. The Stop Loss Insurance applied for herein will not become effective until accepted by the Company, and
5. Premiums are not considered paid until the premium check is received by the Company, is paid according to the rates set forth in the Application, and all items required to issue the Policy have been returned to the Company. Premiums are subject to refund should any outstanding policy requirement not met within 90 days of the Policy's effective date, and
6. This Application will be attached to a made a part of the Policy issued by the Company, and
7. The Employee Benefit Plan(s) attached shall be the basis of any Stop Loss Insurance provided by the Company and such Employee Benefit Plan(s) conforms with all applicable State and Federal statutes, and
8. Any reimbursement under the Stop Loss Insurance provided by the company shall be based on Covered Expenses Paid by the Applicant in accordance with the Employee Benefit Plan(s) attached hereto, and
9. After diligent and complete review, the representations made in this Application, the disclosures made, and all of the information provided for underwriters to evaluate the risk, are true and complete.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Policy Number: HCL17193

Endorsement Number: 1

Policyholder: Murray County Jail

Effective: 07/01/2011

You and We agree that above policy is amended as follows:

ARTICLE I, DEFINITIONS, is hereby amended as follows:

The following definitions are hereby amended to read as follows:

1. COBRA BENEFICIARY
2. COVERED FAMILY
3. SPECIFIC FAMILY DEDUCTIBLE

**COVERED PERSON:** If so indicated on the Application, an inmate covered under the Inmate Medical Program.

**EMPLOYEE BENEFIT PLAN.** The medical benefits You have agreed to provide under a plan of benefits for Covered Persons under the Inmate Medical Program. All references in the Policy to Employee Benefit Plan should be interpreted to mean the Inmate Medical Program.

The definition of PLAN BENEFITS is hereby amended by the addition of the following:

4. Incurred after the Covered Person is officially in the custody and control of the City, County or State Jail or Correctional Facility.

ARTICLE II, SPECIFIC STOP LOSS INSURANCE, is hereby amended by the addition of the following:

- G. We will not reimburse You for Plan Benefits Incurred prior to the Covered Person being officially delivered into the care, custody and control of the City, County or State Jail or Correctional Facility.

ARTICLE IV, CLAIMS UNDER THE POLICY, Paragraph A.2.b. is hereby amended to read as follows:

- b. The Covered Person's incarceration date and the original effective of his/her coverage date, and

ARTICLE V – LIMITATIONS OF COVERAGE, Paragraphs B and C are hereby removed from the Policy.

**D. Resolution: Congressional Redistricting**

**RESOLUTION**

**By the Commissioner  
Murray County, Georgia**

**WHEREAS,** due to population growth recorded in the 2010 U.S. Census, the State of Georgia's Congressional representation will increase by one (1) additional Congressional district; and

**WHEREAS,** the General Assembly of the State of Georgia will meet in a Special Session called by Governor Deal beginning on or about August 15, 2011 to redefine Congressional districts within the state in order to accommodate the additional

**Congressional district and to re-district and equalize the populations of each district in accordance with law; and**

**WHEREAS, Murray County is located within what is currently Georgia's Ninth Congressional District; and**

**WHEREAS, the boundaries of what is currently Georgia's Ninth Congressional District or a newly created Congressional District could be modified to include counties exclusively located in Northwest Georgia; and**

**WHEREAS, the counties located in Northwest Georgia share common watersheds and national forests, transportation corridors, such as Interstate I-75, and common economic interests;**

**NOW, THEREFORE, BE IT RESOLVED by Tom E. Starnes, Interim Sole Commissioner, Murray County, Georgia, on this 15<sup>th</sup> day of July 2011, that he herewith expresses the county's support for either the modification of the boundaries of Georgia's Ninth Congressional District or the creation of a new Congressional District comprised of Bartow, Catoosa, Chattooga, Date, Fannin, Floyd, Gilmer, Gordon, Murray, Pickens, Polk, Walker and Whitfield, due to the shared interests of such geographical area and that such support should be communicated to the entire Murray County delegation to the Georgia General Assembly.**

**D. Budget Amendment for Audit Compliance**

*Murray County, Georgia*

*Final Budget Amendment  
For the Year Ended December 31, 2010*

<b>FY 2010 General Fund Revenues</b>	<b>Original Budget 12/16/2009</b>	<b>Budget Amendment 7/15/2011</b>	<b>Final Budget</b>
	<b>\$</b>	<b>-</b>	<b>\$</b>
General Property Taxes	6,344,854	-	6,344,854
General Sales and Use Tax	3,557,000	-	3,557,000
Selective Sales and Use Tax	162,000	-	162,000
Business Tax	1,595,000	-	1,595,000
Penalties and Interest Delinquent Taxes	122,000	-	122,000
Non Business License and Permit	91,000	-	91,000
Federal Government in Lieu of Taxes			

	420,000	-	420,000
State Government Grants	235,000	-	235,000
General Government	9,600	-	9,600
Public Safety	347,200	-	347,200
Street and Public Improvements	10,000	-	10,000
Utilities/Enterprise	308,100	-	308,100
Other/Enterprise	290,000	-	290,000
Other Fees	45,000	-	45,000
Culture and recreation	111,000	-	111,000
Fines and Forfeitures	963,700	-	963,700
Interest Revenues	80,100	-	80,100
Contributions / Donations	10,000	-	10,000
Rent on Buildings	5,400	-	5,400
Telephone Commissions	27,000	-	27,000
Reimbursement - Damage Property	20,000	-	20,000
Other Misc. Revenue	176,190	-	176,190
Reserves/Transfer In	400,000	-	400,000
Proceeds General Fixed Assets	3,000	-	3,000
	\$		\$
<b>Total General Fund Revenues</b>	<b>15,333,144</b>	<b>-</b>	<b>15,333,144</b>

#### **FY 2010 Restricted Revenue Funds**

##### **E-911 Fund Revenues**

Charges for Services/ Transfers In	1,153,950	(443,950)	710,000
	\$	\$	\$
<b>Total</b>	<b>1,153,950</b>	<b>(443,950)</b>	<b>710,000</b>

##### **Hotel/Motel Fund Revenues**

Tax	70,000	3,000	73,000
	\$	\$	\$
<b>Total</b>	<b>70,000</b>	<b>3,000</b>	<b>73,000</b>

##### **Substance Abuse Revenue Fund (DATE)**

Fines	27,100	6,900	34,000
Reserves	-	6,000	6,000
	\$	\$	\$
<b>Total</b>	27,100	12,900	40,000

#### Law Library Revenue Fund

Fines	10,100	(4,700)	5,400
Reserves	-	5,500	5,500
	\$	\$	\$
<b>Total</b>	10,100	800	10,900

#### Confiscated Assets Revenue Fund

Forfeitures	40,000	-	40,000
	\$	\$	\$
<b>Total</b>	40,000	-	40,000

#### Multiple Grant Fund Revenues

Grant Revenues	10,000	60,000	70,000
	\$		\$
<b>Total</b>	10,000		70,000

#### Chip Grant Fund Revenues

Grant Proceeds	80,000	-	80,000
	\$	\$	\$
<b>Total</b>	80,000	-	80,000

#### System of Care Grant

Grant Proceeds	200,000	(15,000)	185,000
Transfers In	-	80,000	80,000
	\$	\$	\$
<b>Total</b>	200,000	65,000	265,000

#### Sheriff SSA Fund

Forfeitures	4,000	-	4,000
	\$	\$	\$
<b>Total</b>	4,000	-	4,000

	\$	\$	\$
<b>Total Restricted Funds Revenues</b>	1,595,150	(362,250)	1,292,900

## FY 2010 General Fund Expenses

County commissioners	\$	331,350		\$	331,350
Board of elections		147,238			147,238
General administration		3,793,468	25,000		3,818,468
Tax commissioner		381,575			381,575
Tax assessor		332,400			332,400
Risk management		903,000	5,500		908,500
General government buildings		670,710	80,000		750,710
Superior court		222,042			222,042
Clerk of the superior court		304,150			304,150
District attorney		306,950			306,950
Magistrate court		236,570			236,570
Probate court		222,275			222,275
Juvenile court		177,640			177,640
Marshall's office		49,990			49,990
Sheriff		1,494,950	(190,000)		1,304,950
Jail		1,593,800			1,593,800
Fire department		928,300			928,300
Coroner		33,596			33,596
Animal control		158,925			158,925
Emergency management agency		22,600			22,600
Administration		1,434,550	(30,000)		1,404,550
Solid waste and recycling administration		205,850			205,850
Health and medical supplements		-			-
Welfare supplements		-			-
Senior citizen's center		142,550			142,550
Transportation services		249,175	30,000		279,175
Recreation		640,000	(110,000)		530,000
Library supplement		-			-
Agricultural resources		74,105			74,105
Forest resources		2,600	4,500		7,100
Code enforcement		88,240			88,240
Building inspections		45,645			45,645
Land and use development		138,900			138,900
Transfers out		-	185,000		185,000
<b>Total General Fund Expenses</b>	<b>\$</b>	<b>15,333,144.00</b>	<b>-</b>	<b>\$</b>	<b>15,333,144.00</b>

## FY 2010 Restricted Expense Funds

### E-911 Fund Expenses

E-911 Operations	1,153,950	(443,950)	710,000
	\$	\$	\$
<b>Total</b>	1,153,950	(443,950)	710,000

#### Hotel/Motel Fund Expenses

Chamber of Commerce	70,000	3,000	73,000
	\$	\$	\$
<b>Total</b>	70,000	3,000	73,000

#### Substance Abuse Fund (DATE)

Drug Abuse Treatment/Education	27,100	12,900	40,000
	\$	\$	\$
<b>Total</b>	27,100	12,900	40,000

#### Law Library Expense Fund

Law Books	10,100	800	10,900
	\$	\$	\$
<b>Total</b>	10,100	800	10,900

#### Confiscated Assets Expense Fund

Capital Outlays	40,000	-	40,000
	\$	\$	\$
<b>Total</b>	40,000	-	40,000

#### Multiple Grant Fund Expenses

Fire Dept./EMA Grant	10,000	60,000	70,000
	\$	\$	\$
<b>Total</b>	10,000	60,000	70,000

#### Chip Grant Fund Expenses

Administration/Assistance	80,000	-	80,000
	\$	\$	\$
<b>Total</b>	80,000	-	80,000

#### System of Care Grant

Administration/Assistance	200,000	65,000	265,000
	\$	\$	\$
<b>Total</b>	200,000	65,000	265,000

#### Sheriff SSA Fund

Forfeitures	4,000	-	4,000
	\$	\$	\$
<b>Total</b>			

	4,000	-	4,000
<i>Total Restricted Funds Expenses</i>	\$ 1,595,150	\$ (302,250)	\$ 1,292,900

**Documents are located in auxiliary files:**

**ADJOURNMENT:**

**This 15<sup>th</sup> day of July, 2011**

**ATTEST:**

\_\_\_\_\_  
**Tommy Parker, Interim County Clerk    Tom Starnes, Interim Co Commissioner**

**In Attendance: Tom Starnes, Tommy Parker, Linda Fowler, Ed Painter, Mark Millican, Dinah Rowe, Bruce Reed, Harold Tankersley and Harrison Parker**