



CITY OF JONESBORO
Work Session
170 SOUTH MAIN STREET
October 3, 2016 – 6:00 PM

NOTE: As set forth in the Americans with Disabilities Act of 1990, the City of Jonesboro will assist citizens with special needs given proper notice to participate in any open meetings of the City of Jonesboro. Please contact the City Clerk's Office via telephone (770-478-3800) or email at rclark@jonesboroga.com should you need assistance.

Agenda

I. CALL TO ORDER

II. ADOPTION OF AGENDA

III. WORK SESSION

1. Council to consider Conditional Use Permit Application #16CU-007 to allow a Professional & Technical Services Training Facility at property located at 184 North Avenue, Suite 106. (YCDI Institute)
2. Discussion regarding zoning appeal as filed by Patricia Thompson of Touched by An Angel Beauty Salon, LLC, for business located at 151 N. Main Street.
3. Discussion regarding approval of Application #16ALC-003, a request for a Retail Package Dealer license to sell beer and wine beverages for property located at 8139 Tara Boulevard as submitted by Georgia CVS Pharmacy, LLC.
4. Discussion regarding Resolution #2016-15 approving the additional position of Park Ranger.
5. Discussion regarding Resolution #2016-16 authorizing the City Administrator to enter into agreement with the Georgia Municipal Employees Benefit Program for Health Insurance for Fiscal Year 2017.
6. Discussion regarding Resolution #2016-17, authorizing the application to the Department of Community Affairs for the creation of an Enterprise Zone.
7. Discussion regarding Resolution 2016-18, establishing the Beautification Committee for the City of Jonesboro and authorizing the appointment of members to said committee.
8. Discussion regarding Ordinance #2016-10, amending Chapter 2, Administration, Article I, In General, Sections 2-1 through 2-30, to designate an Open Records Officer.

9. Discussion regarding Ordinance #2016-11, to amend the Charter of the City of Jonesboro, Article II, Government Structure, Section 2.11 to provide for City Council Terms and Qualifications.
10. Discussion regarding Business Service Order Agreements with Comcast to provide service at the Jonesboro Police Department, City Hall, Public Works Department & the Jonesboro Firehouse Museum.
11. Discussion regarding approval of Budget Amendment #16-05.
12. Discussion regarding Food Service Agreement with Lewis Wilkins d/b/a/ "Little of this, Little That" located at 7929 to provide food on behalf of the inmate worker from the Clayton County Sheriff's Department.

IV. EXECUTIVE SESSION

For the purpose of discussing personnel related matters and pending or potential litigation.

V. ADJOURNMENT



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.1

WORK SESSION – 1

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Council to consider Conditional Use Permit Application #16CU-007 to allow a Professional & Technical Services Training Facility at property located at 184 North Avenue, Suite 106. (YCDI Institute)

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Yes

Community Planning, Neighborhood and Business Revitalization

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

As you may recall, last month Mayor & Council approved issuance of the below Conditional Use Permit; however, the applicant advised of the wrong suite number. This action item simply clarifies the suite number and reissues the Conditional Use Permit.

The applicant, John Mitchell, is requesting a Conditional Use Permit to allow his tenant, Nathaniel Jordan to house a professional & technical services training facility at 184 North Avenue, Suite 106 called YCDI Institute. YCDI has three phases. Phase one is addressing the digital divide which gives youth the opportunity to come in and experience technology that they ordinarily wouldn't have the opportunity to experience. Clients will come in and use computers, and other technology. In addition, they do school homework, projects, experience internet safety first hand, and more. YCDI is also a technology hub that will allow individuals to come in and see the latest educational technology that they can demo before purchasing for their learning environment. YCDI is a non-profit organization with 501c3 status

HISTORY:

1. According to our business license records, this location has served as an office for the following: Adams, Mitchell Realty & ATS Staffing, previously.
2. According to the City's 2025 Future Land Use Map identifies the property as "Office/Business". "Office/Business" includes more intensive office-oriented developments such as "office parks" and "business parks" that are directly accessible to the interstate highway system.
3. This particular office suite/complex houses several different offices around the subject site.

FACTS & ISSUES:

1. Article VI of the Zoning Ordinance outlines the procedure for bringing a Conditional Use Permit application to the Mayor and Council.
2. The Conditional Use requires one acre with 150 feet of road frontage.
3. The Conditional Use also requires that site be located along a collector road or greater.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title
Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

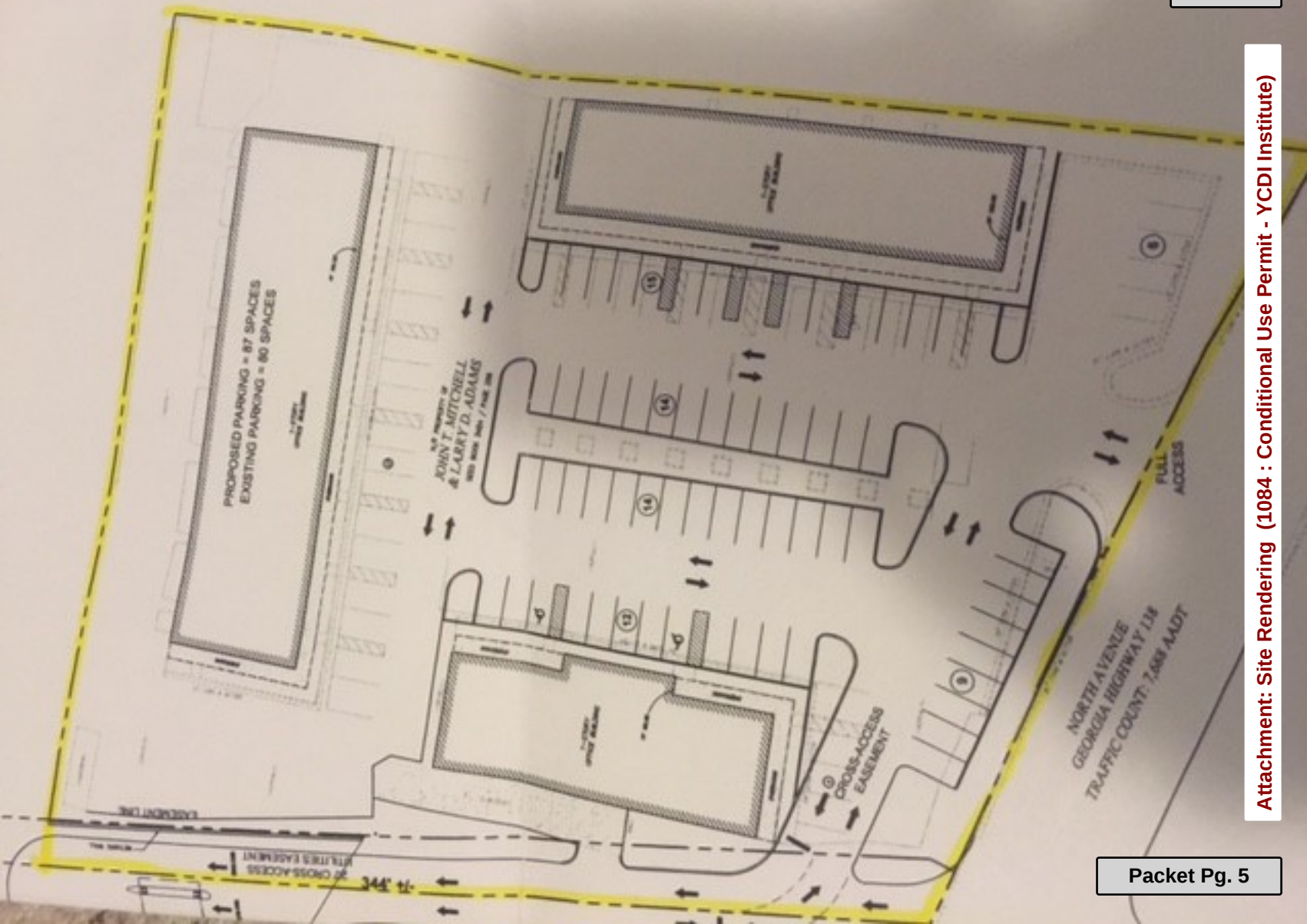
\$700 Conditional Use Permit Application Fee

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Site Rendering
- Condition Use Application - 184 North Avenue

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval





CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

CONDITIONAL USE PERMIT APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

APPLICATION FEE: \$700.00 (Non-Refundable).

Date of Application: 7-20-16

Property Owner Authorization

I (We) John T. Mitchell the

owner(s) of the following property located at: 184 N. Ave, STE 105

Jonesboro, GA 30236

Tax Parcel Number: 13239B-00052 Size of Property: _____

Located in Zoning District CR do hereby request permission for a

conditional use for the above described property under the Zoning Ordinance zoned for

the following purposes:

Business Office - LIKE 75% OF MY OTHER
TENANTS

Property Owner Information

Name: John T. Mitchell
 Mailing Address: 186 N. Ave Ste 104
 City: Jonesboro State: GA Zip: 30236
 Phone: (Day) 678-794-3700 (Evening) 678-794-3700

Applicant's Information

(If Different from Owner's Information)

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (Day) _____ (Evening) _____

Jonesboro Property Information

Existing Uses and Structures: RETAIL + BUSINESS + TOURING
 Property address: 184 North Ave
 Surrounding Uses and Structures: (See Official Zoning Map): _____
 Surrounding Zoning:
 North: _____ South: _____ East: _____ West: _____
 Details of Proposed Use: BUSINESS OFFICE FOR CONSULTING FIRM
 Public Utilities: ALL
 Access, Traffic and Parking: Adequate
 Special Physical Characteristics: _____

The City may require submission of additional information as may be useful in understanding the proposed use and development of the property.

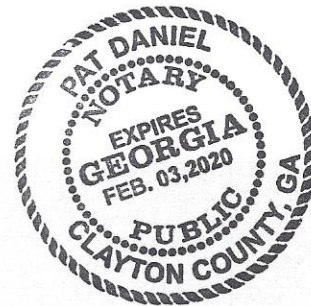
I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL ATTACHED INFORMATION IS TRUE AND CORRECT:

Date: 6-20-16

Signed: *Pat Daniel*

Notary: Pat Daniel

SEAL



FOR OFFICE USE ONLY:

Date Received: 6/20/2016 Received By: R Clark

Fee Amount Enclosed: \$ 700.00

Public Notice Sign Posted (Date) 08/24

Legal Ad Submitted (Date) _____

Legal Ad Published (Date) 08/24 & 08/31

Date Approved: ____/____/20____

Date Denied ____/____/20____

Permit Issued ____/____/20____

Comment:



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.2

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COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Discussion regarding zoning appeal as filed by Patricia Thompson of Touched by An Angel Beauty Salon, LLC, for business located at 151 N. Main Street.

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

Article XI of the Zoning Code (Appeals and Variances)

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Community Planning, Neighborhood and Business Revitalization

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

History:

The applicant is seeking to purchase the property 151 N Main Street. The subject property contains approximately 5551.00 square footage. According to our Occupational Tax records, the property has been vacant for 3 years and was formally the house of Hargrave, Freeman & Leto. Upon application to the Zoning Administrator to utilize this property for a Beauty School, the applicant was denied as the use was not permitted in the specified zoning district. (See table below).

NAICS Code	USES	R-2	R-4	R-C	R-A	RM	H-1	H-2	O&I	MX	C-1	C-2	M-1	Code Section
6115	Technical and Trade Schools	N	N	N	N	N	N	C	C	C	N	C	C	Sec. 86-197

H-1 historic district.

Purpose of district. The purpose of the H-1 historic district is to provide for retail and residential uses that benefit from close proximity to each other and that will generate pedestrian activity in the city's traditional downtown core. Development and redevelopment in this district is intended to preserve and enhance the historic character of the area while promoting the goals of the Livable Centers Initiative Study.

The use is permitted in a H-2 District. Based upon our Code, an applicant can appeal my decision under Article XI of the Zoning Code (Appeals and variances). This would not be considered a variance because 86-344(6) provides that "[n]o variance may permit a use of land, buildings or structures not permitted by right in the district involved." Since his appeal would be of a use of land that is nonpermitted, a variance would not be allowed. The applicant is required to go through an appeal hearing before mayor & council as set forth in Article XI, Section 86-344:

Sec. 86-344. - Procedures.

Applications for a public hearing and decision on variances and administrative appeals shall be filed with the city clerk on forms provided by the city a minimum of 30 days prior to the hearing at which such applications will be heard. Each application shall contain such information as the city clerk may require sufficient to enable mayor and council to

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

render a decision. No submitted application may be amended following public notice of the application; however, and council may allow such application to be amended during the public hearing.

An appeal to mayor and council may be brought by any person having a substantial interest in any decision of the code enforcement officer or by any officer, department, board or agency of the city affected by any decision of the code enforcement officer pursuant to enforcement of this chapter. Such appeal shall be filed within ten business days following notice of the decision being appealed by filing a written notice of appeal with the code enforcement officer and specifying the grounds, thereof. The code enforcement officer shall forthwith transmit to the secretary of the mayor and council all the documents related to the decision being appealed.

About Touched By An Angel Beauty School

Touched by an Angel is a beauty school in which students learn the fundamentals of being a stylist.

Staff Recommendation's:

- Should Mayor/Council approve the item, the applicant be made to adhere to site plan standards for the H-1 Historic District.
- Applicant update the signage to be approved by the Historic Preservation Commission.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Affidavit of Publishing - 151 N. Main Street
- 151 N. Main Street - Birds Eye View
- 151 North Main Street Touched By An Angel Beauty & Barber School
- Affidavit of Publishing - 151 N. Main Street

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Discussion

Clayton News

148 Courthouse Street
Jonesboro, Georgia 30236

Phone (770) 478-5753
Fax (770) 339-5869

PUBLISHER'S AFFIDAVIT

STATE OF GEORGIA
COUNTY OF CLAYTON

Personally appeared before the undersigned, a notary public within and for said county and state, Robert D. McCray, Vice President of SCNI, which publishes the Clayton News, published at Jonesboro, County of Clayton, State of Georgia, and being the official organ for the publication of legal advertisements for said county, who being duly sworn, states on oath that the report of

Ad No.: **443732**

Name and File No.: **ZONING APPEAL FOR 15 N MAIN**

a true copy of which is hereto attached, was published in said newspaper on the following date(s):

09/24/16 Sat
09/28/16 Wed

LEGAL NOTICE

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on October 10, 2016 in the chambers of the Jonesboro Municipal Court facility, 170 South Main Street, Jonesboro, GA, to consider a zoning appeal for property located at 151 North Main Street, Jonesboro, Georgia 30236.
Applicant – Patricia Thompson.
Ricky L. Clark, Jr., CMC
Zoning Administrator
928-443732, 9/24/28

Robert D. McCray

Robert D. McCray, SCNI Vice President of Sales and Marketing

Tina Pethel

By Tina Pethel
SCNI Controller

Sworn and subscribed before me 09/28/16

Kathy B. Stephens



Notary Public

My commission expires June 23, 2018

Attachment: Affidavit of Publishing - 151 N. Main Street (1082 : Zoning Appeal - Touched by an Angel Beauty School)



151 N Main St



CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

ZONING VERIFICATION REQUEST

Important Notice:

BEFORE leasing, purchasing, or otherwise committing to a property you are STRONGLY ADVISED to confirm that the zoning and physical layout of the building and site are appropriate for the business use intended and will comply with the City's Zoning Ordinance. This includes having a clear understanding of any code restrictions, limitations or architectural guidelines that may impact your operation and any building and site modifications that may be necessary to open your business. This document does not authorize a business to conduct business without an Occupational Tax Certificate. This could result in closure and/or ticketing.

Applicant's Information

Name of Applicant: Patricia Thompson
 Name of Business: Touched by an Angel Beauty & Barber School
 Property's Address: 151 North Main Street Jonesboro GA 30236
 Email Address: pthompson1124@yahoo.com
 Phone: (Day): 678-549-3355 (Evening): _____

Property Information

Current Use of Property: Beauty School
 Proposed Use of Property (Please provide in great detail the intended use of the property):
Train Student How to do hair

Patricia R Thompson
 Applicant's Signature

Oct 15, 2016
 Date

FOR OFFICE USE ONLY:

Current Zoning: H-1

NAICS Code: [6115]

Required Zoning: H-2; O-1; MX; C2, M1

Conditional Use Needed? Yes or No

☐ APPROVED

DEINED ☒

Comments:

[Signature]
 Zoning Official Signature

09/15/16
 Date

Attachment: 151 North Main Street Touched By An Angel Beauty & Barber School (1082 : Zoning Appeal - Touched by an Angel Beauty School)

Clayton News

148 Courthouse Street
Jonesboro, Georgia 30236

Phone (770) 478-5753
Fax (770) 339-5869

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Tina Pethel

By Tina Pethel
SCNI Controller

Sworn and subscribed before me 09/28/16

Kathy B. Stephens



Notary Public

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CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.3

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COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding approval of Application #16ALC-003, a request for a Retail Package Dealer license to sell beer and wine beverages for property located at 8139 Tara Boulevard as submitted by Georgia CVS Pharmacy, LLC.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

City Ordinance - Chapter 6. Alcoholic Beverages

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes Economic Development

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

PURPOSE:

To request Mayor and Council's consideration for a request for a Retail Package Dealer license to sell beer and wine beverages for property located at 8139 Tara Boulevard by the Georgia CVS Pharmacy, LLC.

HISTORY:

1. Currently, the subject process is under construction to house a brand new CVS facility.
2. The site will be redeveloped to allow for the development of a CVS Full Service Store.

FACTS & ISSUES:

1. The alcoholic beverage license application was submitted by Georgia CVS Pharmacy LLC.
2. City Administrator reviewed the application packet. All requirements, per Chapter 6 - Alcoholic Beverages, were met.
3. The Clayton County Sheriff's Department has conducted a computerized criminal history records check for the applicant and the results were found to be clear of any arrest within the State of Georgia (excludes a National record search).
4. There were no deficiencies found in the application. Based on all findings, the application was found to be sufficient and ready for Mayor and Council's consideration.

The annual license fee will be \$2,000.00

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

Application Cost – \$2585.00

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Georgia CVS Pharmacy - Alcohol Final
- Georgia CVS - Boundary Survey
- CITYOFJONE-89-443849-1

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval



CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

ALCOHOL BEVERAGE PACKAGE DEALER APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

LICENSE FEE: \$2000 RETAIL PACKAGE DEALER OF BEER/WINE, **\$500** PROCESSING FEE, **\$50.00** FINGERPRINTING, AND **\$35.00** PER BACKGROUND CHECK. ALL FEES ARE NON REFUNDABLE.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

Legal Business Name: Georgia CVS Pharmacy, L.L.C.

Physical Business Address: 8139 Tara Blvd, Jonesboro, GA 30236

Mailing Address: One CVS Dr, Licensing Dept/MC1160

City: Woonsocket State: RI Zip: 02895

Please check all that apply to the type of business you intend to operate:

- ☐ Hotel/Motel/Bed & Breakfast
- ☐ Private Club
- ☐ Restaurant
- ☒ Retail Consumption Dealer - Retail Pharmacy

Licensee/License Representative Name: Dmitry Chernyshov

Relationship of Applicant to Business: Store Manager

Other names used by applicant, including maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.: N/A

Phone: (Day) 770-477-6848 (Evening) (770) 477-6848

Home Address: 322 Pinestream Cir.

City: McDonough State: GA Zip: 30253

Is the above address your legal and bona fide domicile? Yes If yes, for how long? 7 yrs

Are you a United States citizen? NO

If yes, are you a citizen by birth or a naturalized citizen? _____

If no, please state your native country, date and port of entry. If applicable, also state the date, place, and court of your naturalization: Russia 3-7-1989

Owner of the building and/or land in which the proposed business is to be located (you may skip this section if you are an owner/applicant): _____

Name: Blackstone property Management, LLC

Mailing Address: 425 Huehl Rd, Building Three

City: Northbrook State: IL Zip: 60062

Phone: (Day) 847-509-6610 (Evening) 847-509-6610

Has the applicant entered into an agreement or contracted with either the owner or owners, lessors and sublessors, for either the building or the land or both, which provide payment of rent on a percentage or profit share basis? NO

If so, explain the nature of the agreement, including the name(s) and contact information of all parties: N/A

What is the distance from the proposed premises to the nearest school 1584 yards, church _____, public library _____, publicly operated alcohol treatment center _____, other retail dealer _____? see Attached survey

Note: A certified survey will be required at the applicant's expense.

Are there other uses or businesses within the same property? No If so, please describe, and provide contact information for the shared users of the property:

Do you, alone or with others, hold (or have held) any other license for the sale of alcoholic beverages? yes If so, please state the type of license, name in which the license was issued, the dates held, and the full address of the licensed premises for each license:

Please see attached list of stores

Do you currently own any property on which an alcoholic beverage licensed establishment is located? Yes If so, please provide the property address and business name for each property:

Please see attached list of stores. Some properties are owned and some are leased.

Have you ever had any financial interest in a liquor business which was denied a liquor license or had its license revoked or suspended for any reason? No If so, please give details:

Has any place of business, engaged in the sale of alcoholic beverages, with which you have been associated, ever been cited or charged, at any time, with any violation of Georgia, Federal, or Municipal law or any rule, regulation, or ordinance concerning the sale of such

products? NO If so, please provide full details, including the date(s), alleged charge(s), citation issuing authority, and any legal action or result: _____

Has any business, with which you were affiliated as owner, manager, employee, stockholder, officer, director, partner, or any other capacity, or have any of your associates, partners, or employees ever been charged with violating any law or ordinance related to narcotics, prostitution, or gambling? No If so, please explain in detail: _____

Applicants cannot have been convicted of, nor entered a plea of nolo contendere to, any felony or misdemeanor relating to the sale or use of alcoholic beverages or illegal drugs within five (5) years prior to the date of this application. Applicants must read and understand the City of Jonesboro ordinance regarding the rules and regulations of the sale of alcoholic beverages. The licensee and/or the license representative must be a resident of the State of Georgia and an acting manager of the business. If the Licensee and/or License Representative have not been a resident of the State of Georgia for at least five years, then they must have a background investigation conducted by a law enforcement agency in their previous state(s) of residence. The background investigation report must include all arrests and convictions for misdemeanors, felonies and local ordinances. This report must be sent directly from the investigating agency to the City of Jonesboro, Chief of Police, 170 South Main Street, Jonesboro, Georgia 30236.

The Licensee and/or License Representative must also be fingerprinted or have on file at the Jonesboro Police Department.

Date last fingerprint taken: _____ File Verified by: _____

Is any person who owns an interest in this license an employee, or elected official, of the City of Jonesboro? If so, please explain whom and how the person(s) is affiliated with the City and this potential licensee: No

Attachment: Georgia CVS Pharmacy - Alcohol Final (1081 : CVS - Beer/Wine License)

Before signing this application, please check to make sure all answers and explanations are stated fully and correctly. The following statement is to be executed under oath and is subject to the penalties of false swearing. Be sure that it includes all attached sheets submitted herewith.

STATE OF GEORGIA, CLAYTON COUNTY, CITY OF JONESBORO

I, Dmitry Samuel Chernyshov, do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Jonesboro's City limits involved in the sale of alcohol and the proper conduct of its management. I understand that a violation of any applicable law, no matter how minor, may result in the permanent revocation of my liquor license.

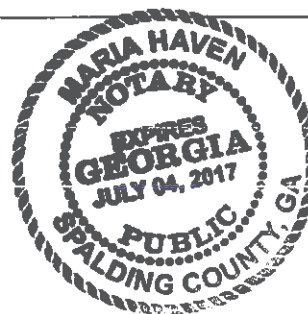
Full legal name: Dmitry Samuel Chernyshov
 Date of Birth: 06/06/1982 Social Security Number: 254-699344
 Drivers License Number: 057745733 Issuing State: GA
 Applicant Signature: [Signature] Date: 08/02/2016

I hereby certify that Dmitry Chernyshov signed his or her name to the foregoing application stating to me that he or she knew and understood all statements and answers made therein, and other oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This 9th Day of September, 2016

[place notary seal here]

Notary Public Signature: [Signature]





CITY OF JONESBORO
124 North Avenue, Jonesboro, GA 30236
CITY HALL: (770) 478-3800
FAX: (770) 478-3775

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, from the City of Jonesboro, 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.

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:

GA DL

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 in Jonesboro, Georgia.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
9th DAY OF September, 2016

[Signature]
Notary Public
My Commission Expires:
7/4/17



Signature of Applicant:

Date

[Signature] 9/2/16

Printed Name of Applicant:

Dmitry Samuel Chernyshev

* 029-495-464

Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition



Clayton News

148 Courthouse Street
Jonesboro, Georgia 30236

Phone (770) 478-5753
Fax (770) 339-5869

PUBLISHER'S AFFIDAVIT

STATE OF GEORGIA
COUNTY OF CLAYTON

Personally appeared before the undersigned, a notary public within and for said county and state, Robert D. McCray, Vice President of SCNI, which publishes the Clayton News, published at Jonesboro, County of Clayton, State of Georgia, and being the official organ for the publication of legal advertisements for said county, who being duly sworn, states on oath that the report of

Ad No.: **443849**

Name and File No.: **CVS PHARMACY/ALCOHOL**

a true copy of which is hereto attached, was published in said newspaper on the following date(s):

09/24/16 Sat
09/28/16 Wed

LEGAL NOTICE

An application has been submitted to the City of Jonesboro Mayor and Council for a Retail Package Dealer license to sell beer/wine at 8139 Tara Boulevard. The legal business name is Georgia CVS Pharmacy, L.L.C. dba CVS. Dmitry Chernyshov has requested to be the License Representative. The application will be granted or denied by Mayor and City Council at 6:00p.m. on the 10th day of October, 2016. The required Public Hearing will also be held at that time.
Ricky L. Clark Jr.
City Administrator
904-443849, 9/24/28

Robert D. McCray

Robert D. McCray, SCNI Vice President of Sales and Marketing

Tina Pethel

By Tina Pethel
SCNI Controller

Sworn and subscribed before me 09/28/16

Kathy B. Stephens



Notary Public

My commission expires June 23, 2018

Attachment: CITYOFJONE-89-443849-1 (1081 : CVS - Beer/Wine License)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.4

- 4

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Discussion regarding Resolution #2016-15 approving the additional position of Park Ranger.

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

City of Jonesboro Pay Classification & Pay Plan (Resolution #2015-18Pc)

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Yes Safety, Health and Wellbeing

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Pursuant to the City of Jonesboro Pay Classification & Pay Plan (Resolution #2015-18pc), "new positions shall be established upon recommendation of the Mayor and approval of the City Council, after which the City Clerk is responsible for either allocating the new position into the appropriate existing class, or revising the Plan to establish a new class to which the position may be allocated."

The Jonesboro City Council at their regular scheduled meeting on September 12, 2016, entered into executive session for the purpose of discussing personnel related matters. At this time, majority consensus was voiced to hire an additional park ranger (from 2 -3) at the same rate of pay.

At this time, the City Administrator is not recommending any additional budget amendments for this position as we feel the current budget will suffice due to various personnel changes within the Police Department.

In accordance with the City of Jonesboro Personnel Policy, the position of Park Ranger will be advertised and interviews will be conducted. The City of Jonesboro is an equal opportunity employer.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Salary - \$14.50 per hour (no more than 28 hours per week)
- No benefits

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

•

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

WHEREAS, pursuant to the City of Jonesboro Pay Classification & Pay Plan (Resolution #2015-18pc), the City Council approves the schedule of authorized positions for all permanent positions in every City department; and

WHEREAS, the Chief of Police has presented a request to increase the amount of Park Rangers utilized to patrol municipal park functions; and

WHEREAS, the City of Jonesboro Mayor & Council, through majority consensus, on September 12, 2016 to approve an additional part-time position of Park Ranger; and

WHEREAS, duties and responsibilities for positions within the Departments throughout the City change and evolve over time and to ensure that necessary services can be provided effectively and efficiently within the City of Jonesboro, respective City leaders request that the new positions be established and added to the exiting Pay Plan; and

NOW, THEREFORE, BE IT RESOLVED that the City of Jonesboro Mayor & Council approves the addition of one Park Ranger position to the schedule of authorized positions for the Jonesboro Police Department effective immediately.

PASSED, ADOPTED, SIGNED, APPROVED, AND EFFECTIVE this 10th day of October, 2016.

CITY OF JONESBORO, GEORGIA

Joy Day, MAYOR

ATTEST:

(THE SEAL OF THE CITY OF
JONESBORO, GEORGIA)

Ricky L. Clark, Jr., CITY ADMINISTRATOR



CITY OF JONESBORO, GEORGIA COUNCIL

Agenda Item Summary

Agenda Item #

3.5

- 5

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Discussion regarding Resolution #2016-16 authorizing the City Administrator to enter into agreement with the Georgia Municipal Employees Benefit Program for Health Insurance for Fiscal Year 2017.

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

Annual Healthcare Plan Adoption

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Each year, the actuary reviews the premium levels of the Georgia Municipal Employees Benefit System (GMEBS) Life & Health Insurance Fund to determine if rates are sufficient to support claims and medical cost trends. As a result of the review, a 10% increase was provided to the City for the 2017 Plan year. In addition to the 10% increase in healthcare, dental rates increased by \$1.00 for employee coverage and \$2.00 for family coverage, effective 2017.

The rate structure is as follows:

HMO (90%) – Open Acc

	Employee Only	Employee + Family	Employee + Spouse	Employee + Children
Current Rates	\$641.00	\$1,920.00	\$1,281.00	\$1,217.00
New Rates	\$705.00	\$2,112.00	\$1,409.00	\$1,339.00

POS 80/60 500

Current Rates	\$577.00	\$1,730.00	\$1,153.00	\$1,095.00
New Rates	\$624.00	\$1,870.00	\$1,247.00	\$1,184.00

To date, the City has always offered the two plan structures listed above. Historically, all employees have been enrolled in the HMO 90%, which is the highest plan GMA offers. Due to the unforeseen increase and rising costs of insurance, Staff is recommending that the City only pay 100% of the POS 80/60 500 Plan. Employees wishing to stay enrolled in the HMO 90% would be assessed an Employee Premium to make up the difference. Below is the structure in which the employee premiums would be assessed, biweekly:

	90 HMO	80/60	Difference	90 HMO (premium)	80/60 (premium)
Employee Only	\$ 705.00	\$ 624.00	\$ 81.00	\$ 37.38	\$ 0
Employee + Family	\$1,408.50	\$1,247.00	\$161.50	\$361.85	\$287.54
Employee + Spouse	\$1,056.00	\$ 935.50	\$120.50	\$199.15	\$143.77
Employee + Children	\$1,022.00	\$ 904.00	\$118.00	\$118.00	\$129.23

The City Administrator (Plan Administrator), Mayor & the Finance Officer have met to evaluate and consider health coverage plans, provisions and premiums in an effort to make available reasonable plans at the lowest possible cost. The City will continue to utilize

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

- Option 1 – (Retaining 100% employees in HMO 90%)
 - Current Cost - \$33,959 per month New Cost - \$37,353.50 per month
- Option 2 – (80/60 Plan)
 - Total Per month - \$32,153.50

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Insurance Benefit Structure Breakdown
- 2017_sbc_-_pos_80-60_500
- 2017_sbc-_hmo_90_open_access
- sbc_uniform_glossary
- Current Benefits Calculation w percentage increase

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

WHEREAS, as part of its employee benefit package, the City offers health benefits and insurance coverage with costs that are shared by both the employer and employee; and

WHEREAS, the City Administrator, Mayor & the Finance Officer have met to evaluate and consider health coverage plans, provisions, and premiums in an effort to make available reasonable plans at the lowest possible cost; and

WHEREAS, for the plan year January 1, 2017 through December 31, 2016, the City, with concurrence of the Plan Administrator, has chosen to offer health benefits through the Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance utilizing Blue Cross Blue Shield and dental insurance through Delta Dental; and

WHEREAS, funds will be appropriated within the Adopted Fiscal Year 2017 Budget to fund the health benefits coverage;

WHEREAS, the rising costs of insurance nationwide have resulted in the need to access additional employee premiums utilizing the schedule as follows on a bi-weekly pay cycle:

90 HMO Employee Premium		80/60 Employee Premium	
Employee Only	\$ 37.38		\$ 0
Employee & Family	\$ 361.85		\$ 287.54
Employee Spouse	\$ 120.50		\$ 143.77
Employee & Children	\$ 183.69		\$ 129.23

NOW, THEREFORE, BE IT RESOLVED by the City Council of The City of Jonesboro, Georgia, that the above recitals are true and correct.

BE IT FURTHER RESOLVED, that the City Council of the City of Jonesboro does hereby authorize the City Administrator (Plan Administrator) to take such actions as necessary and proper to effectuate and consummate the agreements with health insurance and employee benefit companies for the period January 1, 2017 through December 31, 2017.

PASSED, ADOPTED, SIGNED, APPROVED, and **EFFECTIVE** this 10th day of October, 2016.

THE CITY OF JONESBORO, GEORGIA

By: _____

Joy Brantley Day, Mayor

(SEAL)

Attest:

2017 Health Insurance Benefit Structure

Provision	Current	2017	Current	2017
	HMO 90	HMO 90	PPO/POS 80/60 500	PPO/POS 80/60 500
Individual Deductible Options	No Deductible	No Deductible	\$500	\$500
Family Deductible	No Deductible	No Deductible	\$1,500	\$1,500
Individual Out-of-Pocket Maximum	\$1,000	\$1,000	\$2,500	\$2,500
Family Out-of-Pocket Maximum	\$2,000	\$2,000	\$5,000	\$5,000
Coinsurance	90%	90%	80%	80%
Primary Care Office Visit	\$20	\$20	\$30 (\$25)	30 (30)
Specialist Office Visit	\$25	\$30	\$35	\$40
Emergency Room	\$150	\$150	\$150	\$150
Individual Rx Out-of-Pocket Maximum	\$4,450	\$4,450	\$3,100	\$1,600
Family Rx Out-of-Pocket Maximum	\$8,900	\$8,900	\$6,200	\$3,200
Generic (Retail/Mail Order)	\$15/\$30	\$10/\$20	\$15/\$10 (\$15/\$30)	\$10/\$20
Formulary Brand (Retail/Mail Order)	\$30/\$50	\$35/\$70	\$30/\$30 (\$30/\$50)	\$35/\$70
Non-Formulary Brand (Retail/Mail Order)	\$50/\$80	\$60/\$120	\$50/\$50 (\$50/\$80)	\$60/\$120
Out of Network Deductible	Not Covered			
Out of Network Out of Pocket	Not Covered			
Out of Network Deductible				
Single			\$1,000	\$1,000
Family			\$3,000	\$3,000
Out of Network Out of Pocket				
Medical Individual			\$5,000	\$5,000
Medical Family			\$10,000	\$10,000
RX Individual			\$6,200	\$3,200
RX Family			\$12,400	\$6,400

	90 HMO	80/60	Difference	90 HMO Employee Pay	80/60 Employee Pay
Employee Only	\$705	\$624	\$81.00	\$37.38	\$0
Employee & Family	\$1,408.50	\$1,247.00	\$161.50	\$361.85	\$287.54
Employee Spouse	\$1,056.00	\$935.50	\$120.50	\$199.15	\$143.77
Employee & Children	\$1,022.00	\$904.00	\$118.00	\$183.69	\$129.23

Georgia Municipal Employees Benefit System: POS 80/60 – \$500 Deductible Plan

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual / Family | Plan Type: POS

3.5.b



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.gmanet.com/lhforms or by calling 678-651-1039.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<u>In-Network:</u> \$500 individual / \$1,500 family <u>Out-of-Network:</u> \$1,000 individual / \$3,000 family Deductible doesn't apply to in-network preventive care, out-of-network preventive care through age 5, or hospice care.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	<u>Yes. In-Network (individual/family):</u> Medical \$2,500/\$5,000 Rx \$1,600/\$3,200 <u>Out-of-Network (individual/family):</u> Medical \$5,000/\$10,000 Rx \$3,200/\$6,400	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges by out-of-network providers, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network</u> of providers?	Yes. See www.BCBSGA.com or call 1-855-397-9267 for a list of in-network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes. This plan does not cover services determined not to be medically necessary	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-855-397-9267 or visit us at www.BCBSGA.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.gmanet.com/lhforms or call 678-651-1039 to request a copy.

Georgia Municipal Employees Benefit System: POS 80/60 – \$500 Deductible Plan

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual / Family | Plan Type: POS



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 co-pay/visit	40% coinsurance after deductible	Co-pay and coinsurance apply to physician charges, x-ray, lab billed through office visit.
	Specialist visit	\$40 co-pay/visit	40% coinsurance after deductible	Co-pay and coinsurance apply to physician charges, x-ray, lab billed through office visit.
	Other practitioner office visit	Chiropractic \$40 co-pay/visit; all other svcs 20% coins. after deductible	Chiropractic 40% coinsurance after deductible	30 visits per calendar year combined in-network and out-of-network.
	Preventive care/screening/immunization	No charge	40% coinsurance after deductible	Must be properly coded as preventive care
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance after deductible	40% coinsurance after deductible	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	40% coinsurance after deductible	None

Georgia Municipal Employees Benefit System: POS 80/60 – \$500 Deductible Plan

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual / Family | Plan Type: POS

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition	Generic drugs	\$10 co-pay per prescription retail \$20 co-pay per prescription mail order	\$10 co-pay per prescription retail \$20 co-pay per prescription mail order	Covers up to a 30-day retail supply or up to a 90 day mail order supply; Claim form must be filed for out-of-network.
If you need drugs to treat your illness or condition (continued) More information about <u>prescription drug coverage</u> is available at www.Aetna.com or call 1-888-792-3862	Formulary brand drugs	\$35 co-pay per prescription retail or \$70 co-pay per prescription mail order	\$35 co-pay per prescription retail or \$70 co-pay per prescription mail order	Covers up to a 30-day retail supply or up to a 90-day mail order supply; Claim form must be filed for out-of-network.
	Non-formulary brand drugs	\$60 co-pay per prescription retail or \$120 co-pay per prescription mail order	\$60 co-pay per prescription retail or \$120 co-pay per prescription mail order	Covers up to a 30-day retail supply or up to a 90-day mail order supply; Claim form must be filed for out-of-network.
	Specialty drugs	Same as above for generic drugs, formulary brand drugs and non-formulary brand drugs as applicable	Same as above for generic drugs, formulary brand drugs and non-formulary brand drugs as applicable	Covers up to a 30-day retail supply or 30-day Aetna Specialty Program mail-order. Claim form must be filed for out-of-network
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	40% coinsurance after deductible	Pre-Authorization may be required for certain outpatient procedures.
	Physician/surgeon fees	20% coinsurance after deductible	40% coinsurance after deductible	Pre-Authorization may be required for certain outpatient procedures.
If you need immediate medical attention	Emergency room services	\$150 co-pay/visit	\$150 co-pay/visit	Co-pay is waived if admitted

Georgia Municipal Employees Benefit System: POS 80/60 – \$500 Deductible Plan

Coverage Period: 01/01/2017 – 12/31/2017
Summary of Benefits and Coverage: What this Plan Covers & What it Costs
Coverage for: Individual / Family | Plan Type: POS

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need immediate medical attention (continued)	Emergency medical transportation	20% coinsurance after deductible	20% coinsurance after deductible	None
	Urgent care	\$60 co-pay/visit	\$60 co-pay/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance after deductible	40% coinsurance after deductible	Pre-Admission Certification required for all inpatient admissions except maternity.
	Physician/surgeon fee	20% coinsurance after deductible	40% coinsurance after deductible	Pre-Admission Certification required for all inpatient admissions except maternity.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 co-pay office based services; other services 20% coinsurance after deductible	40% coinsurance after deductible	Educational services are not covered, see exclusions in Plan documents
	Mental/Behavioral health inpatient services	20% coinsurance after deductible	40% coinsurance after deductible	Pre-Admission Certification required for all inpatient admissions.
	Substance use disorder outpatient services	\$30 co-pay office based services; other services 20% coinsurance after deductible	40% coinsurance after deductible	None
	Substance use disorder inpatient services	20% coinsurance after deductible	40% coinsurance after deductible	Pre-Admission Certification required for all inpatient admissions.
If you are pregnant	Prenatal and postnatal care	No charge	40% coinsurance after deductible	None
	Delivery and all inpatient services	20% coinsurance after deductible	40% coinsurance after deductible	None

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% coinsurance after deductible	40% coinsurance after deductible	120-visit calendar year maximum
If you need help recovering or have other special health needs (continued)	Rehabilitation services	20% coinsurance after deductible	40% coinsurance after deductible	No coverage for physical or occupational therapy due to developmental delay.
	Habilitation services	20% coinsurance after deductible	40% coinsurance after deductible	No coverage for physical or occupational therapy due to developmental delay.
	Skilled nursing care	20% coinsurance after deductible	40% coinsurance after deductible	90 day calendar year maximum.
	Durable medical equipment	20% coinsurance after deductible	40% coinsurance after deductible	Pre-certification may be required based on clinical policy guidelines.
	Hospice service	\$0	\$0	Certification by physician is required. Not subject to deductible.
If your child needs dental or eye care	Eye exam	Not covered	Not covered	No coverage for Eye exam
	Glasses	Not covered	Not covered	No coverage for Glasses
	Dental check-up	Not covered	Not covered	No coverage for Dental check-up

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care
- Hearing aids
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S. subject to precertification and other requirements. Please call 1-855-397-9267

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.. For more information on your rights to continue coverage, see the plan documents at www.gmanet.com/lhforms or contact the plan at 678-651-1039.

For more information on your rights to continue coverage, contact the plan at 678-651-1039. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: 1-855-397-9267 (medical) or 1-888-792-3862 (pharmacy).

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-397-9267 (medical) or 1-888-792-3862 (pharmacy).

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard? The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health plan does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is
not a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays:** \$5,700
- **Patient pays:** \$1,840

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$500
Copays	\$20
Coinsurance	\$1,170
Limits or exclusions	\$150
Total	\$1,840

Managing type 2 diabetes
(routine maintenance of
a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays:** \$4,070
- **Patient pays:** \$1,330

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$140
Copays	\$1,110
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$1,330

Questions and answers about the Coverage Examples:**What are some of the assumptions behind the Coverage Examples?**

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-855-397-9267 or visit us at www.BCBSGA.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.gmanet.com/lhforms or call 678-651-1039 to request a copy.

Georgia Municipal Employees Benefit System: Open Access HMO 90% Plan

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual / Family | Plan Type: HMC



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.gmanet.com/lhforms or by calling 678-651-1039.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. Shown below for (individual/family): Medical \$1,000/\$2,000 Rx \$4,450/\$8,900	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, charges by out-of-network providers, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. See www.BCBSGA.com or call 1-855-397-9267 for a list of in-network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes. This plan does not cover services determined not to be medically necessary.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-855-397-9267 or visit us at www.BCBSGA.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.gmanet.com/lhforms or call 678-651-1039 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 co-pay/visit	Not covered	Co-pay applies to physician charges, x-ray, lab billed through office visit.
	Specialist visit	\$30 co-pay/visit	Not covered	Co-pay applies to physician charges, x-ray, lab billed through office visit.
	Other practitioner office visit	Chiropractic \$30 co-pay/visit; 10% coinsurance for all other services	Not covered	30 visits per calendar year in-network
	Preventive care/screening/immunization	No charge	Not covered	Must be properly coded as preventive care
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	Not covered	None
	Imaging (CT/PET scans, MRIs)	10% coinsurance	Not covered	None
If you need drugs to treat your illness or condition	Generic drugs	\$10 co-pay per prescription retail \$20 co-pay per prescription mail order	Not covered	Covers up to a 30-day retail supply; Covers up to 90-day mail order supply; Claim form must be filed for out-of-network

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition (continued) More information about prescription drug coverage is available at www.Aetna.com or call 1-888-792-3862	Formulary brand drugs	\$35 co-pay per 30-day prescription retail or \$70 co-pay per prescription mail order	Not covered	Covers up to a 30-day retail supply; Covers up to 90-day mail order supply; Claim form must be filed for out-of-network
	Non-formulary brand drugs	\$60 co-pay per 30-day prescription retail or \$120 co-pay per prescription mail order	Not covered	Covers up to a 30-day retail supply; Covers up to 90-day mail order supply; Claim form must be filed for out-of-network
	Specialty drugs	Same as above for generic drugs, formulary brand drugs and non-formulary brand drugs as applicable	Not covered	Covers up to a 30-day Aetna Specialty Pharmacy mail-order; Claim form must be filed for out-of-network
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	Not covered	Pre-Authorization may be required for certain outpatient procedures.
	Physician/surgeon fees	10% coinsurance	Not covered	Pre-Authorization may be required for certain outpatient procedures.
If you need immediate medical attention	Emergency room services	\$150 co-pay/visit	Covered as in-network	Co-pay is waived if admitted
	Emergency medical transportation	10% coinsurance	Covered as in-network	None
	Urgent care	\$60 co-pay/visit	Covered as in-network	None

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	Not covered	Pre-Admission Certification required for all inpatient admissions except maternity.
	Physician/surgeon fee	10% coinsurance	Not covered	Pre-Admission Certification required for all inpatient admissions except maternity.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 co-pay office based services; other services 10% coinsurance after deductible	Not covered	Educational services are not covered, see Exclusions in Plan documents.
	Mental/Behavioral health inpatient services	10% coinsurance	Not covered	Pre-Admission Certification required for all inpatient
	Substance use disorder outpatient services	\$20 co-pay office based services; other services 10% coinsurance after deductible	Not covered	None
	Substance use disorder inpatient services	10% coinsurance	Not covered	Pre-Admission Certification required for all inpatient
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	None
	Delivery and all inpatient services	10% coinsurance	Not covered	None
If you need help recovering or have other special health needs	Home health care	10% coinsurance	Not covered	120-day visit limit calendar year maximum

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs (continued)	Rehabilitation services	10% coinsurance	Not covered	No coverage for therapy due to developmental delay. 20 visit c/y max for speech, physical, occupational. 40 visit c/y max for respiratory.
	Habilitation services	10% coinsurance	Not covered	Same as above.
	Skilled nursing care	10% coinsurance	Not covered	90-day calendar year maximum.
	Durable medical equipment	10% coinsurance	Not covered	Pre-certification may be required as noted on clinical policy guidelines.
	Hospice service	No charge	Not covered	Certification by physician is required. Not subject to deductible.
If your child needs dental or eye care	Eye exam	Not covered	Not covered	No coverage for Eye exam
	Glasses	Not covered	Not covered	No coverage for Glasses
	Dental check-up	Not covered	Not covered	No coverage for Dental check-up

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, see the plan documents at www.gmanet.com/lhforms or contact the plan at 678-651-1039.

For more information on your rights to continue coverage, contact the plan at 678-651-1039. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: 1-855-397-9267 (medical) or 1-888-792-3862 (pharmacy)

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-397-9267 (medical) or 1-888-792-3862 (pharmacy)

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health plan does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is
not a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays:** \$6,730
- **Patient pays:** \$ 810

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$20
Coinsurance	\$640
Limits or exclusions	\$150
Total	\$810

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays:** \$4,300
- **Patient pays:** \$1,100

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,010
Coinsurance	\$10
Limits or exclusions	\$80
Total	\$1,100

Georgia Municipal Employees Benefit System: Open Access HMO 90% Plan

Coverage Period: 01/01/2017 – 12/31/2017

Coverage Examples

Coverage for: Individual / Family | Plan Type: HMC

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-855-397-9267 or visit us at www.BCBSGA.com.

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Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

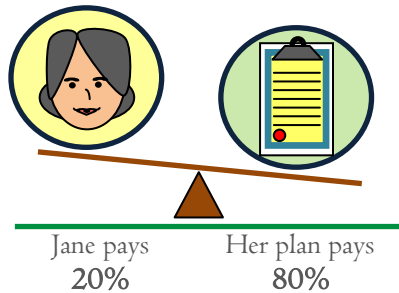
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** (See page 4 for a detailed example.)

if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



Complications of Pregnancy

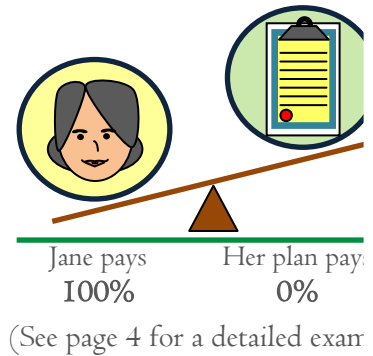
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

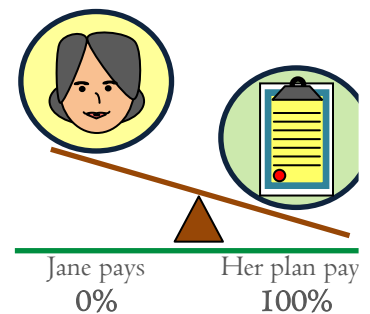
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



(See page 4 for a detailed example)

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

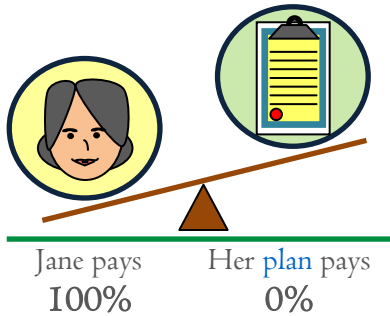
Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st

Beginning of Coverage
Period

December 31st
End of Coverage Period



Jane hasn't reached her \$1,500 deductible yet

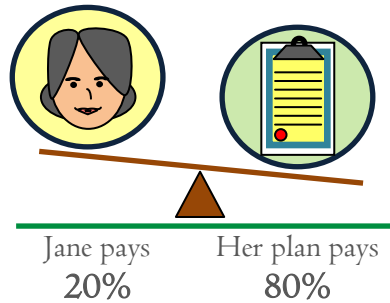
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more
costs



Jane reaches her \$1,500 deductible, co-insurance begins

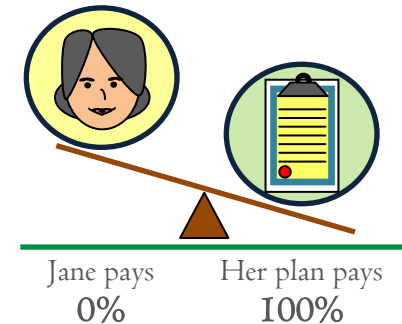
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more
costs



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.6

- 6

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Resolution #2016-17, authorizing the application to the Department of Community Affairs for the creation of an Enterprise Zone.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Economic Development Incentives

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes Economic Development

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

As part of our strategic plan, Mayor & Council directed the City Administrator to development incentive plans that encourage positive economic growth. To that end, staff wishes to introduce one portion of that incentive toolkit – the Enterprise Zone.

All seven cities have been meeting with the Clayton County Office of Economic Development Department to create a Clayton County Enterprise Zone. The Creation of the Clayton County Enterprise Zone is a valuable tool in supporting commercial development in the County. Incentives such as an Enterprise Zone program can increase opportunities for additional development throughout the County, particularly retail. The retail vacancy rate for Clayton is one of the highest in the Atlanta metro with approximately 1.7 million square feet vacant. The aforementioned vacant retail space costs us more than \$300 million in lost retail sales annually, a significant amount of lost property taxes due to vacancy, and the non-realization of more than 3,000 retail sector job which leads to loss wages and salaries. We cannot afford to continue to lose jobs and retail sales to neighboring counties. The Enterprise Zone is a key tool in reducing or eliminating the losses we are experiencing.

Along with retail development, hotel and office development in the County has not kept up with our surrounding communities. Counties such as Cobb, Fulton, and DeKalb have leveraged the use of the Enterprise Zone as tool to jump start major commercial projects in their respective counties. Projects such as the Porsche Office Headquarters in Hapeville were initiated by the use of the Enterprise Zone Program. The City of Atlanta and Fulton County have widely used the program to attract hotel and office developers to Enterprise Zone qualified areas. DeKalb County is currently using the Enterprise Zone program for major retail, office, and lodging development around the County. Cobb County has extensively used the Enterprise Zone since the County adopted the program last decade. The time is now for Clayton to seize the momentum in the metropolitan real estate market by creating and implementing an Enterprise Zone program.

The designation of the proposed Clayton County Enterprise Zone follows the statutory criteria established by the state of Georgia for its creation. The criteria includes the assessment of unemployment rates, poverty levels, lack of development, and general distress using census and business activity data gathered from US census bureau and ESRI. For the areas that met the qualifications under the statute, a minimum three out of five factors for establishing an Enterprise Zone

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

Program were present. Based on the data gathered and the intent of the program, Jonesboro is well-suited establishment of an Enterprise Zone.

The creation of the Enterprise Zone is the first step in establishing this crucial program. It suggested that we apply the utilization of this economic development tool will be on commercial real estate projects since that is our greatest need and will provide the best return metrics for the public sector in form of additional jobs and taxes. The feasibility of each incentive awarded will be evaluated on a project-by-project basis. Furthermore, each project will be assessed for its potential for public benefits (e.g. job creation, property taxes to all municipal stakeholders) to insure that the project is not a detriment to the public sector. Additionally, each project that is located in an incorporated area of the County will be required to have a resolution of support from the local government defining the project and the incentive prior to being submitted to the County. The goal is to select impactful projects that can generate a positive economic impact to all public sector stakeholders.

Program Layout:

To ensure transparency and proper use of the program, all applications for Enterprise Zone incentives will be approved by Mayor & Council.

The Jonesboro City Council may, on a case-by-case basis, grant the following incentives in the area, including tax incentives, to qualifying businesses in accordance with the definition of businesses outlined in the Act, which are not applicable throughout the city.

- a) The Council may exempt qualifying businesses as outlined in this program from municipal ad valorem property taxes, excluding taxes imposed by school districts, that would otherwise be levied on the qualifying business and service enterprises in accordance with the following schedule:
 - One hundred percent of the property taxes shall be exempt for the first five years;
 - Eighty percent of the property taxes shall be exempt for the next two years;
 - Sixty percent of the property taxes shall be exempt for the next year;
 - Forty percent of the property taxes shall be exempt for the next year; and
 - Twenty percent of the property taxes shall be exempt for the last year;
- b) Other incentives that may be granted will be negotiated by the Council on a case-by-case basis and could include exemption from any or all of the following:
 - Occupation taxes;
 - Building Permit Fees;
 - Sign Permit Fees;
 - Business License Administrative Fee;
 - Rezoning Fees;
 - Engineering Fees;
 - Other local fees authorized by the Jonesboro City Council, as may be applicable
- c) The Jonesboro City Council may make determinations of eligibility for each business enterprise or service enterprise based on the quality and quantity of such additional economic stimulus as may be created within Jonesboro, Georgia. Criteria for consideration may include but not be limited to the following:
 - The number of jobs to be created above the state threshold of five jobs.
 - Capital investment or reinvestment by the business equal to or greater than the amount of ad valorem tax abated over the first five years of the tax incentive;
 - Locating in a vacant or historic building ;
 - Demolishing an obsolete, abandoned and/or deteriorating pre-existing structure;

- Enhancing the area by incorporating elements such as significant landscaping, area compatible facade maintenance and exclusion and removal of billboards on premises;
- Assembling multiple tracts of land for one project;
- Creating jobs for residents of the Enterprise Zone and surrounding area; and
- The proposed land use is in keeping with the harmony of the area.

The City Council has the power to administer, require, and enforce compliance with the provisions of the ordinance and such administrative rules or regulations adopted hereinafter by way of resolution including but not limited to reports and data information from businesses within the enterprise zone to verify compliance with this Resolution and state law.

By approval of this Resolution, it does not constitute the incorporation of an Enterprise Zone within the City of Jonesboro. This resolution simply outlines the framework of the program, establishes the process in which applications will be submitted, approved and/or denied and grants approval to the Chief Elected Official ("Mayor") to submit a letter of support on behalf of the city.

Given the uncertainty of the County approving the Countywide Enterprise Zone, staff fully intends to submit the application to DCA should ratification not occur on the County level.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Local property tax exemption -- 36-88-8(a)(1)
 Local abatement or reduction in occupation taxes, regulatory fees, building inspection fees, and other fees that would otherwise be imposed on qualifying business -- OCGA §36-88-9(a)
 Possible County tax abatement.

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- RES 2016-17- Enterprise Zone
- Enterprise Zone Map
- Jonesboro Statistics
- Enterprise Zone Application

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

**STATE OF GEORGIA
CITY OF JONESBORO**

RESOLUTION #2016-16

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF JONESBORO, GEORGIA, AUTHORIZING THE APPLICATION TO THE DEPARTMENT OF COMMUNITY AFFAIRS FOR THE CREATION OF AN ENTERPRISE ZONE; TO REPEAL CONFLICTING RESOLUTIONS; TO PROVIDE FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

WHEREAS, the City of Jonesboro, Georgia, desires to create the proper economic and social environment, to induce the investment of private resources in productive business enterprises, service enterprises, and encourage residential rehabilitation and new residential construction located in an area meeting criteria established under and set forth in Title 36, Chapter 88 et seq. and subsequently amended, known as the Enterprise Zone Employment Act of 1997 for the State of Georgia as set forth in Georgia Statutes Annotated; and

NOW THEREFORE, THE CITY COUNCIL OF THE CITY OF JONESBORO, GEORGIA HEREBY RESOLVES:

SECTION I

In the geographic area known as the Jonesboro Enterprise Zone as herein described in Exhibit A being hereafter referred to as the “Nominated Area”, a copy of which is attached hereto and hereby incorporated by reference, in compliance with OCGA 36-88-6 and as subsequently amended, the following finding of fact are made:

a.) Pervasive Poverty:

The Nominated Area suffers from pervasive poverty that is widespread throughout the nominated area and is evidenced and established by the following criteria:

The proposed Enterprise Zone is located in portions of Census Tract 0406.12. This Block Group has at least 15% or greater poverty according to the U.S. Census. The Nominated Area therefore meets Enterprise Zone criteria for pervasive poverty.

b) General Distress:

The Nominated Area suffers from general distress and adverse conditions as evidenced from the data collected. The economic conditions of the past 7 years have driven many businesses from the Nominated Area and a considerable portion of the buildings in the Nominated Area are vacant, underutilized, or dilapidated. The abandonment and underutilization of these commercial and industrial properties suppresses property values and detracts from the City's productivity and economic vitality.

These blighted conditions pose an on-going threat of further disinvestment, perpetuating a diminished tax base. The creation of the Enterprise Zone within this area will help to incentivize appropriate enterprise to revitalize these areas. As a result of these findings, the Nominated Area meets Enterprise Zone criteria for general distress

c) General Blight:

The majority of the Nominated Area is included in the City of Jonesboro Urban Redevelopment Plan adopted on June 8, 2016. Exhibit B is the Urban Redevelopment Area map from the City of Jonesboro Urban Redevelopment Plan. The Nominated Area is overlaid on the Urban Redevelopment Area and the Nominated Area shows block groups with poverty rates less than 14 percent, between 15 percent and 29 percent, and greater than 29 percent poverty. The Nominated Area therefore meets Enterprise Zone criteria for general blight.

Section II

Based upon the findings of fact set forth in Section I of this resolution in addition to ample additional evidence, the Jonesboro City Council finds the Nominated Area meets the qualifications of the Enterprise Zone Act.

Section III

In order to alleviate the above conditions the Jonesboro City Council hereby designates the Nominated Area described in Exhibit A, attached hereto and incorporated by reference herein, as an Enterprise Zone to be known as the “Jonesboro Enterprise Zone Development Area.”

Section IV

The Jonesboro City Council shall be the authorized agency to act in all matters pertaining to the enterprise zones and reserves the power to grant the incentives listed below to qualifying businesses or qualifying service enterprises in accordance with the authorization granted to local governments in the administration of the enterprise zone in the Enterprise Zone Act. The City shall not be bound by any agency, governmental entity or other authority to grant incentives. Approval shall be at the sole discretion of Mayor & Council.

Section V

The Jonesboro City Council may, on a case-by-case basis, grant the following incentives in the area, including tax incentives, to qualifying businesses in accordance with the definition of businesses outlined in the Act, which are not applicable throughout the city:

- a) The Council may exempt qualifying businesses as outlined in this program from municipal ad valorem property taxes, excluding taxes imposed by school districts, that would otherwise be levied on the qualifying business and service enterprises in accordance with the following schedule:
 - 1) One hundred percent of the property taxes shall be exempt for the first five years;
 - 2) Eighty percent of the property taxes shall be exempt for the next two years;
 - 3) Sixty percent of the property taxes shall be exempt for the next year;
 - 4) Forty percent of the property taxes shall be exempt for the next year; and
 - 5) Twenty percent of the property taxes shall be exempt for the last year;
- b) Other incentives that may be granted will be negotiated by the Council on a case-by-case basis and could include exemption from any or all of the following:
 - 1) Occupation taxes;
 - 2) Building Permit Fees;
 - 3) Sign Permit Fees;
 - 4) Business License Administrative Fee;
 - 5) Rezoning Fees;
 - 6) Engineering Fees;
 - 7) Other local fees authorized by the Jonesboro City Council, as may be applicable
- c) The Jonesboro City Council may make determinations of eligibility for each business enterprise or service enterprise based on the quality and quantity of such additional economic stimulus as may be created within Jonesboro, Georgia. Criteria for consideration may include but not be limited to the following:
 - 1) The number of jobs to be created above the state threshold of five jobs.
 - 2) Capital investment or reinvestment by the business equal to or greater than the amount of ad valorem tax abated over the first five years of the tax incentive;
 - 3) Locating in a vacant or historic building ;
 - 4) Demolishing an obsolete, abandoned and/or deteriorating pre-existing structure;
 - 5) Enhancing the area by incorporating elements such as significant landscaping, area compatible facade materials and exclusion and removal of billboards on premises;
 - 6) Assembling multiple tracts of land for one project;
 - 7) Creating jobs for residents of the Enterprise Zone and surrounding area; and
 - 8) The proposed land use is in keeping with the harmony of the area.

Section VI

The Jonesboro City Council further directs and designates its City Administrator or designee as liaison for communication with the Georgia Department of Community Affairs; the Georgia Department of Industry, Trade, and Tourism; the business community; and all others to oversee enterprise zone activities and administration, and communication with qualified businesses, qualified service enterprises and qualifying residential developments as outlined in this resolution.

Section VII

The City Council has the power to administer, require, and enforce compliance with the provisions of the ordinance and such administrative rules or regulations adopted hereinafter by way of resolution including but not limited to reports and data information from businesses within the enterprise zone to verify compliance with this Resolution and state law.

Section VIII

A qualifying business enterprise or service enterprise shall enter into a contractual agreement with the City setting forth the incentives offered to such entity and including the guidelines for the recapture, revocation, or reimbursement of the incentives should the terms of the contract be violated by the target business.

Section IX

The City Council authorizes the Chief Elected Official to submit a letter in support of the creation of such Enterprise Districts within the corporate boundaries of the City of Jonesboro to Clayton County. Further, we understand that this Resolution does not constitute automatic participation in the Enterprise Zone and that final approval will be granted and/or denied once the application has been submitted to the Department of Community Affairs.

NOW, THEREFORE, BE IT RESOLVED by the City Council of The City of Jonesboro, Georgia, that the above recitals are true and correct.

PASSED, ADOPTED, SIGNED, APPROVED, and **EFFECTIVE** this 10th day of October, 2016.

THE CITY OF JONESBORO, GEORGIA

By: _____
Joy Brantley Day, Mayor

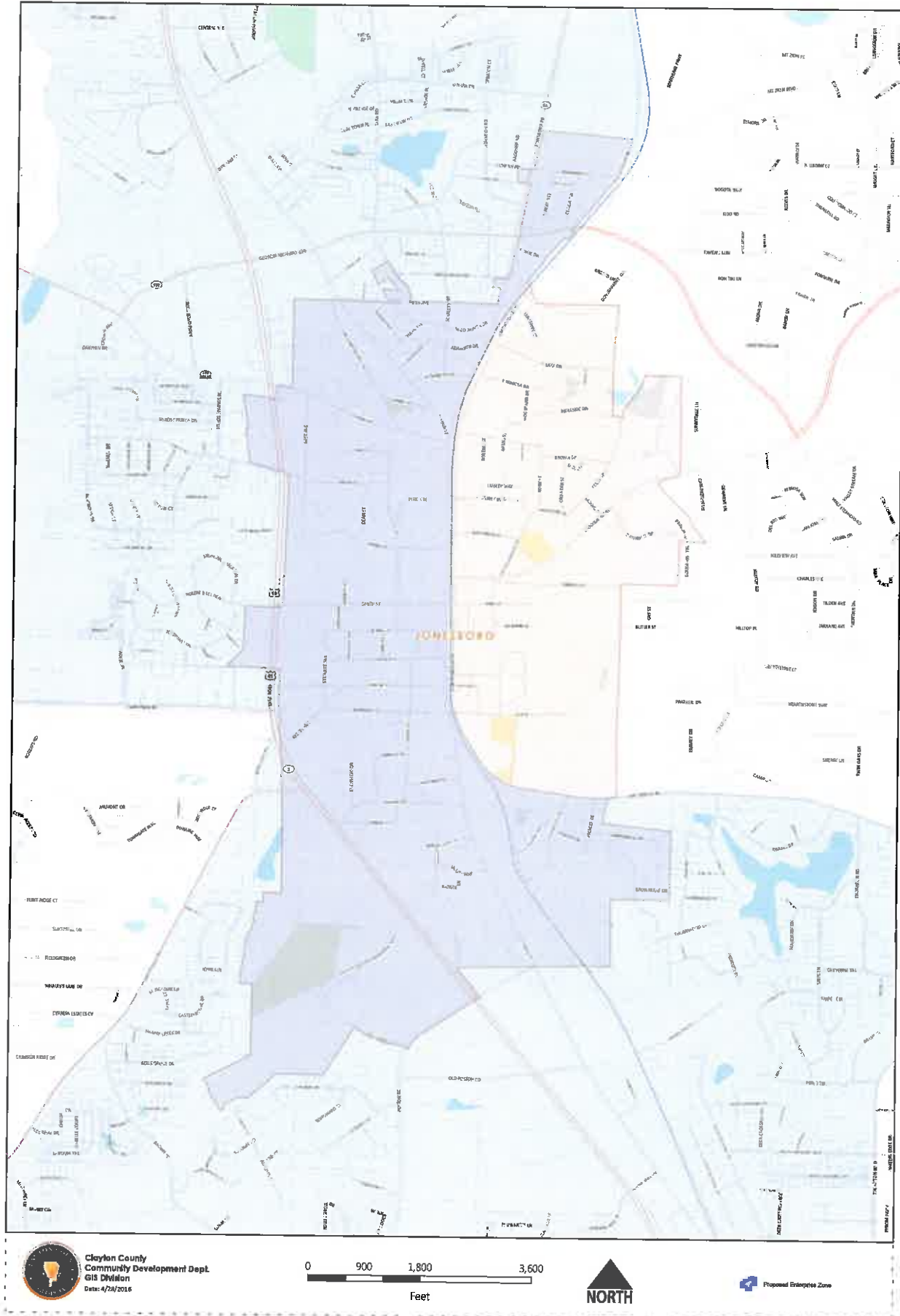
(SEAL)

Attest:

Ricky L. Clark, Jr., City Administrator

Attachment: RES 2016-17- Enterprise Zone (1083 : Enterprise Zone - Adoption)

Proposed Enterprise Zone JONESBORO



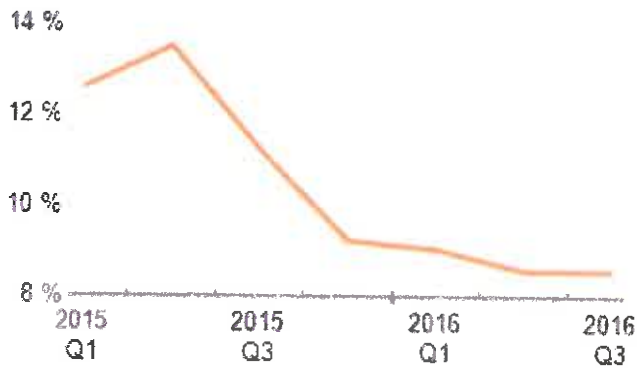
Attachment: Enterprise Zone Map (1083 : Enterprise Zone - Adoption)

Jonesboro Zip Retail 9/1/16

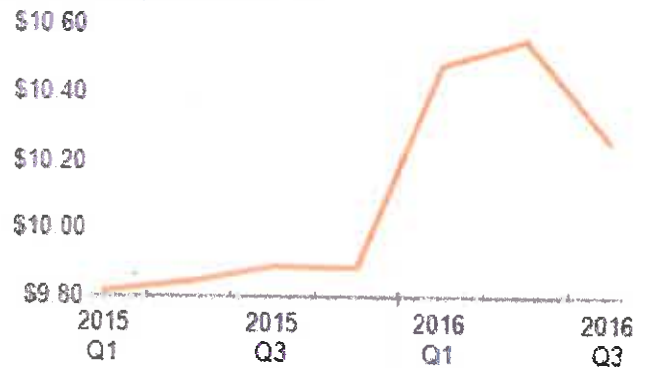
Availability	Survey	5-Year Avg	Inventory	Survey	5-Year Avg
NNN Rent Per SF	\$10.26	\$9.61	Existing Buildings	265	267
Vacancy Rate	8.6%	14.1%	Existing SF	2,055,898	2,103,545
Vacant SF	176,948	296,438	12 Mo. Const. Starts	0	0
Availability Rate	10.7%	17.1%	Under Construction	0	0
Available SF	220,512	359,717	12 Mo. Deliveries	0	0
Sublet SF	0	0			
Months on Market	42.7	25.1			

Demand	Survey	5-Year Avg	Sales	Past Year	5-Year Avg
12 Mo. Absorption SF	57,593	11,094	Sale Price Per SF	\$69	\$61
12 Mo. Leasing SF	56,829	63,881	Asking Price Per SF	\$72	\$56
			Sales Volume (Mil.)	\$1.8	\$6.6
			Cap Rate	-	8.4%

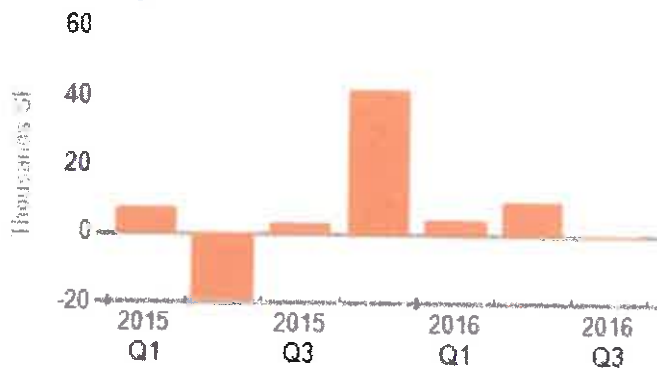
Vacancy Rate



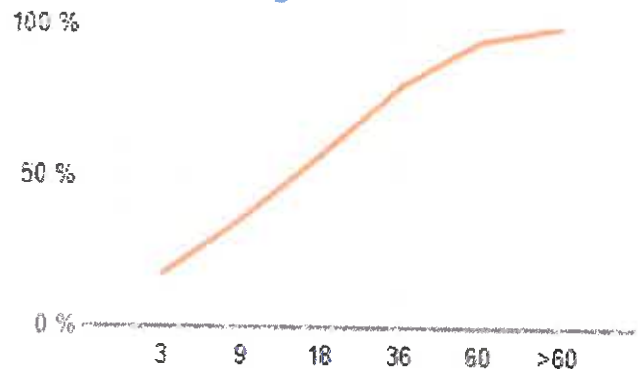
NNN Asking Rent Per SF



Net Absorption



Probability of Leasing in Months



Jonesboro Zip Office 9/1/16

Availability	Survey	5-Year Avg	Inventory	Survey	5-Year Avg
Gross Rent Per SF	\$11.05	\$12.06	Existing Buildings	149	147
Vacancy Rate	3.8%	8.1%	Existing SF	677,493	667,893
Vacant SF	25,822	54,184	12 Mo. Const. Starts	0	0
Availability Rate	4.7%	9.0%	Under Construction	0	600
Available SF	32,142	59,831	12 Mo. Deliveries	0	1,333
Sublet SF	0	120			
Months on Market	15.0	15.4			

Demand	Survey	5-Year Avg	Sales	Past Year	5-Year Avg
12 Mo. Absorption SF	25,887	5,443	Sale Price Per SF	\$54	\$69
12 Mo. Leasing SF	30,237	15,807	Asking Price Per SF	\$55	\$69
			Sales Volume (Mil.)	\$0.6	\$1.1
			Cap Rate	-	10.0%

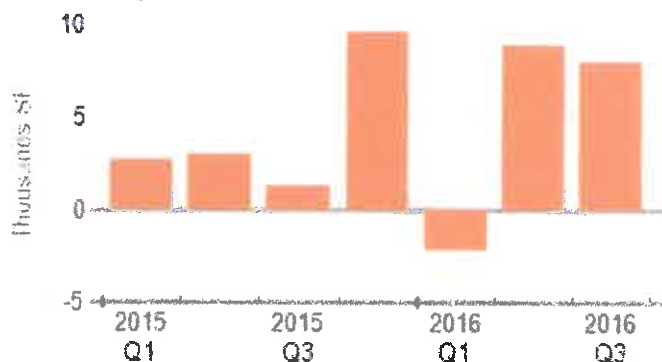
Vacancy Rate



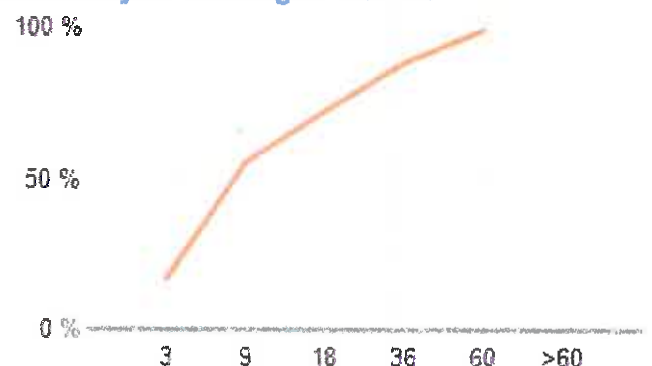
Gross Asking Rent Per SF



Net Absorption



Probability of Leasing in Months

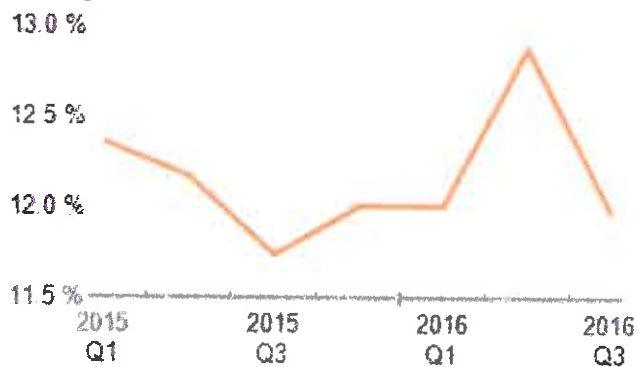


Jonesboro Zip Ind/Flex 9/1/16

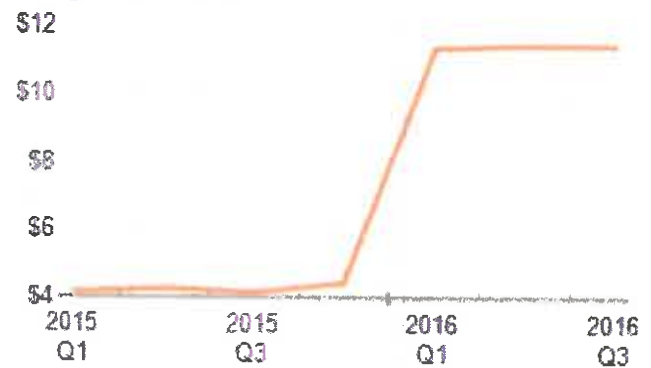
Availability	Survey	5-Year Avg	Inventory	Survey	5-Year Avg
Rent Per SF	\$11.48	\$5.67	Existing Buildings	132	132
Vacancy Rate	12.0%	12.9%	Existing SF	3,559,333	3,558,864
Vacant SF	426,537	457,170	12 Mo. Const. Starts	0	0
Availability Rate	12.1%	14.5%	Under Construction	0	0
Available SF	429,837	517,251	12 Mo. Deliveries	0	0
Sublet SF	0	0			
Months on Market	20.7	25.0			

Demand	Survey	5-Year Avg	Sales	Past Year	5-Year Avg
12 Mo. Absorption SF	6,916	3,359	Sale Price Per SF	\$52	\$49
12 Mo. Leasing SF	47,825	42,326	Asking Price Per SF	\$46	\$30
			Sales Volume (Mil.)	\$1.8	\$1.0
			Cap Rate	5.5%	5.5%

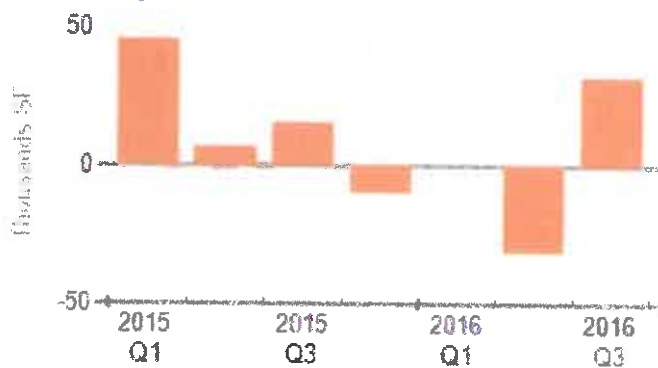
Vacancy Rate



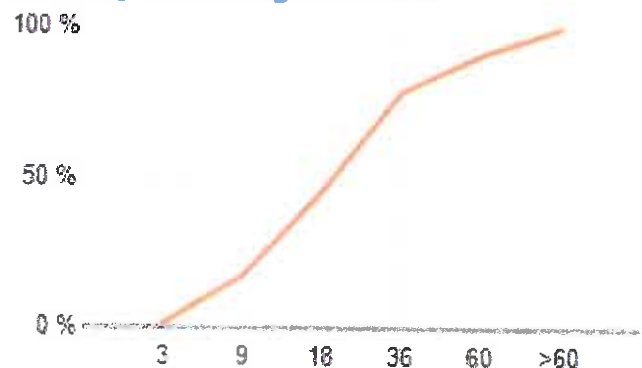
Asking Rent Per SF



Net Absorption



Probability of Leasing in Months





CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

ENTERPRISE ZONE APPLICATION

GENERAL INFORMATION

Project Name:		
Project Physical Address:		Parcel I.D.#:
City:	State:	Zip:
Proposed Type of Business/Service Enterprise: ☐ Manufacturing ☐ Warehouse/Distribution ☐ Processing ☐ Telecommunications ☐ Tourism ☐ Research & Development ☐ Finance ☐ Insurance ☐ Real Estate ☐ Retail ☐ Other (NAICS Code): _____		
Benefit Type: ☐ Capital Investment/Reinvestment ☐ Locate in a vacant or historic building ☐ Demolish an obsolete/abandoned/ deteriorating structure ☐ Enhance Area (landscape/facade improvements, or remove billboards) ☐ Assemblage of multiple tracts		
Applicant Organization/Agency:		
Federal Tax ID Number:		NAICS Code:
Type of Organization: ☐ S-Corporation ☐ C-Corporation ☐ LLC ☐ other: _____		
Public Corporation: ☐ Yes: incorporated or formed (year): _____ ☐ No		
Primary Product or Service:		

CONTACT INFORMATION

Primary Business Representative:		
Title:	Phone:	
Fax:	Email:	
Mailing Address:		
City:	State:	Zip:
Local Contact Person:		
Title:	Phone:	
Fax:	Email:	
Mailing Address:		
City:	State:	Zip:

Attachment: Enterprise Zone Application (1083 : Enterprise Zone - Adoption)

PROJECT DESCRIPTION

Provide a description of the company's plans, including projected capital investment of the business in the zone for a 10-year project designation period (expansion, consolidation, relocation, etc.

PROJECT CAPITAL INVESTMENT

(To be made in the Enterprise Zone over a 10-year period)

Land:	\$
Buildings:	\$
Manufacturing Machinery:	\$
Other Machinery and Equipment:	\$
Other:	\$
Total:	\$

BUSINESS DESCRIPTION

Provide an introduction, history, and description of the qualified business, its products, services, total sales, number of employees, locations (international, national, and in Georgia), description of primary materials purchased, product transportation, etc.

LOCAL SIGNIFICANCE

Explain specifically how the project will benefit City of Jonesboro residents and attach any additional information

JOB CREATION

(Projected for 10-year Tax Abatement Period)

The business making the investment and paying taxes must also create the jobs and be the project designee. In order to be eligible for incentives, eligible businesses must:

- * Increase employment by five or more new full-time jobs;*
- * Maintain the jobs for the duration of the tax exemption period;*
- * Whenever possible, at least 10% of the new employees filling the jobs that satisfy the job creation requirement should be low or moderate income individuals.*

Note: *Leased, contract, temporary, and construction employees do not qualify as new employees.*

Number of New Full-Time Jobs to be Created (5 Minimum):

Number of Low/Moderate Income People Hired (10%):

A Low/Moderate Income Individual is Defined in (A-H), In Which Category(ies) Your New Employees Qualify? (Select all that apply):

- ☐ (A) Unemployed or unemployed for three of the six months prior to the date of hire;
- ☐ (B) Homeless;
- ☐ (C) A resident of public housing;
- ☐ (D) Receiving temporary assistance for needy families or who has received temporary assistance for needy families at any time during the 18 months previous to the date of hire;
- ☐ (E) A participant in the Workforce Investment Act or who has participated in the Workforce Investment Act at any time during the 18 months previous to the date of hire;
- ☐ (F) A participant in a job opportunity where basic skills are required or who has participated in such a job opportunity at any time during the 18 months previous to the date of hire;
- ☐ (G) Receiving supplemental social security income; or
- ☐ (H) Receiving food stamps.

Number of Local Residents Hired:

Estimated Amount of Payroll for YR _____: \$

NEW JOBS BREAKDOWN (4 YR PERIOD EXAMPLE)

Job Title	Annual Salary or Hourly Rate	Total 2016	Total 2017	Total 2018	Total 2019
1					
2					
3					
4					
5					
6					
7					
8					
Annual Grand Total					

Attachment: Enterprise Zone Application (1083 : Enterprise Zone - Adoption)

FINANCING PLAN

Describe or attach the project financing plan. Submit supporting documentation if applicable (i.e. bank commitment letters, balance sheets, and profit and loss statements).

ADDITIONAL INCENTIVES REQUESTED

Other incentives that may be granted will be negotiated on a case-by-case basis by the City Council and could include exemption from any or all of the following:

- | | | |
|--|---|---|
| ☐ Building Permit fees | ☐ Sign Permit fees | ☐ Business License Administration fees |
| ☐ Occupation taxes | ☐ Rezoning fees | ☐ Engineering fees |
| ☐ Other local fees: _____ | | |

PROJECT TIMELINE

Construction Start Date:

Construction Completion Date:

Operation Start Date:

Date Begin Hiring New Employees:

Date Purchase of Machinery/Equipment:

Date Other Improvements like Landscaping or Façade Material will be Incorporated:

Tax Abatement Start Date (NLT Completion). Attach Plat with Identified Phases (if applicable):

Attachment: Enterprise Zone Application (1083 : Enterprise Zone - Adoption)

CERTIFICATION

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief.

Signature of Authorized Official

Date

Print Name of Authorized Official

Title

APPLICATION CHECKLIST

	Complete	Incomplete	If Complete, Initial and Attach
Completed Application	☐	☐	
Financial Supporting documentation (if applicable), for example bank commitment letters, appraisal report, profit & loss statement.	☐	☐	
Three years of financials must include income statements/balance sheets.	☐	☐	
Copy of the Jonesboro Business License or application and Evidence of property access, i.e., copy of warranty deed or executed lease agreement.	☐	☐	
Site Plan Drawing. Include Proposed Landscaping Areas, if needed.	☐	☐	
Project Timeline	☐	☐	

Submit this application and all required information using one of the following:

City of Jonesboro
Attn: Ricky L. Clark, Jr., City Administrator
124 North Avenue
Jonesboro, GA 30236
rclark@jonesboroga.com

FOR OFFICIAL USE ONLY

	Reviewed by	Recommend Approval	Recommend Denial
City Administrator			
Inspections and Code Enforcement			
Engineering Department			
City Council			
Downtown Development Authority			
Tax Assessors Office			

Attachment: Enterprise Zone Application (1083 : Enterprise Zone - Adoption)

	CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary	Agenda Item # 3.7 - 7
		COUNCIL MEETING DATE October 3, 2016
Requesting Agency (Initiator) Office of the City Administrator	Sponsor(s)	
Requested Action <i>(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)</i> Discussion regarding Resolution 2016-18, establishing the Beautification Committee for the City of Jonesboro and authorizing the appointment of members to said committee.		
Requirement for Board Action <i>(Cite specific Council policy, statute or code requirement)</i>		
Is this Item Goal Related? <i>(If yes, describe how this action meets the specific Board Focus Area or Goal)</i> Yes Beautification		
Summary & Background <i>(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)</i> At the City of Jonesboro Strategic Retreat, Mayor & Council was presented the Beautification Plan established by the City Administrator. Subsequent to that, a vote was taken to approve the Plan. The attached resolution simply creates an ad-hoc board to help administer the plan. The City of Jonesboro Beautification Plan is a comprehensive plan intended to guide the beautification of public and private properties in the city limits of Jonesboro, Georgia. The plan includes an analysis of the city's beautification needs and recommendations on fulfilling those needs.		
Fiscal Impact <i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>		
Exhibits Attached <i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i> Beautification Committee Appointments		
Staff Recommendation <i>(Type Name, Title, Agency and Phone)</i> Approval		

FOLLOW-UP APPROVAL ACTION (City Clerk)		
Typed Name and Title Ricky Clark, City Administrator	Date October, 3, 2016	
Signature	City Clerk's Office	

WHEREAS, the City of Jonesboro, Georgia, acknowledges that in order to preserve the historic nature of the City of Jonesboro, to encourage all Jonesboro residents and property owners in the landscaping of their properties, to emphasize the desirability of maintaining and improving the planted and landscaped areas of the City, to promote and encourage care and maintenance of the entire area of Jonesboro so as to preserve and to continue the City's intent of being a desirable place to live, to emphasize the value to all Jonesboro residents and property owners of a continuing campaign to maintain all property in this City in excellent condition and state of repair, and to promote the general beautification of the City, the Beautification Committee of the City of Jonesboro is hereby established. and

NOW THEREFORE, THE CITY COUNCIL OF THE CITY OF JONESBORO, GEORGIA HEREBY RESOLVES:

SECTION I (Bylaws)

Article I

Name of Committee: The name of this organization shall be titled the "Beautification Committee for the City of Jonesboro."

Article II – Authority, Purpose, Powers and Duties

The Beautification Committee is a subcommittee of the City Council of the City of Jonesboro and is authorized by resolution. It shall be noncommercial & nonpartisan.

The purpose of the Beautification Committee is to assist the City Council in the preservation and maintenance of the overall appearance of the City of Jonesboro. To implement this purpose, an informal program with a relaxed atmosphere will be provided:

Section 1: To conduct public meetings concerning issues and matters related to the appearance of the City of Jonesboro.

Section 2: To receive, review and/or make recommendations to the City Council on matters pertaining to the overall appearance of the City of Jonesboro.

Article III – Membership

Section 1: By the aforesaid authority, there are appointed as members of the Beautification Committee of the City of Jonesboro, the following named persons, each of whom is a taxpayer residing in the City or is an owner or operator of a business located within Clayton County and not more than one of whom is a member of the Governing Body, not less than four of who either have or represent interest in the overall appearance of the City of Jonesboro, and the Code Enforcement Officer.

Name	Initial Term of Office
Sam Fleet	1 year
Bobby Gardner	1 year
Kathy Swint	2 years

Jawana Scruggs-Taylor

2 years

3.7

City Council Rep.

Ex Officio

Derry Walker

1 year

Precious Douse

2 year

Section 2: On an Advisory Level, the City Administrator and/or Mayor shall serve as liaison to the City Council and shall provide reports, recommendations, and information to the Beautification Committee, as necessary.

Section 3: Members of the Beautification Committee shall receive no compensation for the performance of their duties.

Article IV – Officers

Section 1: The committee shall annually elect from its members a Chair, Vice-Chair, and a Secretary.

Section 2: Duties of Officers

A. Chair

The Chair shall preside at all meetings of the Beautification Committee. The Chair may also:

Call special meetings. Special meetings may be called by the Chair with a minimum of forty-eight (48) hours notice of said meetings. Appoint members to subcommittees when necessary or as directed by the Beautification Committee.

B. Vice-Chair

In the absence of the Chair, or in the event of his/her inability to act, the Vice-Chair shall exercise all powers and duties of the Chair.

C. Secretary

The secretary of the Committee shall have the following responsibilities:

Prepare and records the minutes for all meetings of the Beautification Committee.

Record an report attendance at all meetings.

In general, perform all other duties incidental to the Office of the Secretary.

Article V – Meetings

Section 1: The regular meeting date of the Beautification Committee shall be the fourth Monday in each month, beginning at 5:30 p.m.

Section 2: Special meetings may be called by the Chair or by any two (2) members of the Committee (through the Secretary) and upon forty-eight (48) hours' notice to all members.

Section 3: A total of four voting members shall constitute a quorum. Recommendations and decisions must be made by a majority vote of those present and voting.

Section 4: The absence of a quorum, those members present may conduct a workshop, records attendance and furnish minutes in lieu of a regular or special meeting.

Article VI – Rules of Procedure

The Beautification Committee shall conduct all meetings and activities in accordance to parliamentary law as stated in the most recent edition of Roberts Rules of Order and in accordance to the most recent Georgia Open Meetings Law.

NOW, THEREFORE, BE IT RESOLVED by the City Council of The City of Jonesboro, Georgia, that this resolution shall be effective immediately upon its adoption and after such approval the Jonesboro Beautification Committee shall be deemed to be fully created and activated.

PASSED, ADOPTED, SIGNED, APPROVED, and **EFFECTIVE** this 10th day of October, 2016.

THE CITY OF JONESBORO, GEORGIA

By:_____

Joy Brantley Day, Mayor

(SEAL)

Attest:

Ricky L. Clark, Jr., City Administrator



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.8

WORK SESSION – 8

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Ordinance #2016-10, amending Chapter 2, Administration, Article I, In General, Sections 2-1 through 2-30, to designate an Open Records Officer.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Georgia's Open Records Act, O.C.G.A. § 50-18-70

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

No Innovative Leadership

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

On April 17, 2012 Gov. Nathan Deal signed HB 397 into law. The law is a comprehensive re-write of Georgia's Open Meetings and Open Records Acts. The new law does the following:

- Clarifies and streamlines how government officials must respond to a request
- Lowers the cost of records from 25 cents to 10 cents a page
- Updates language regarding trade secrets and electronic documents to ensure transparency is not compromised by technological advances

In addition, the bill also specifies that all request go to a records custodian. The records custodian must be designated in writing by the agency, the legal organ must be notified, and the custodian must be posted on the agency's website if it has one & the agency must provide notice of this designation to a person requesting records.

Ordinance #2016-10 appoints the City Administrator as the records officer with respect to all Open Records Act requests submitted to the City. As previously required, the three-day response period starts when the custodian gets the request.

The City of Jonesboro is an agency covered by Georgia's Open Records Law. Under this law, all public records shall be open for personal inspection, and copying, except those which by order of a court or by law are specifically exempted from disclosure. The adoption of Ordinance #2016-10 is a simple "house-keeping" measure to ensure compliance with state law.

"Any person or entity knowingly and willfully violating the provisions of this article by failing or refusing to provide access to records not subject to exemption from this article, or by knowingly and willingly failing or refusing to provide access to such records within the time limits set forth in this article, or by knowingly and willingly frustrating or attempting to frustrate the access to records by intentionally making records difficult to obtain or review shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not to exceed \$1,000.00 for the first violation."

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

N/A

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

3.8

- PUBLIC NOTICE - Designation of Open Records Officer

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval

AN ORDINANCE AMENDING CHAPTER 2, ADMINISTRATION, ARTICLE I., IN GENERAL, SECTIONS 2-1 THROUGH 2-30, RESERVED, OF THE CODE OF ORDINANCES OF JONESBORO, TO UPDATE THE CITY’S OPEN RECORDS MANAGEMENT PRACTICES; TO DESIGNATE AN OPEN RECORDS OFFICER; TO PROVIDE FOR SEVERABILITY; TO REPEAL CONFLICTING ORDINANCES; TO PROVIDE AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

WHEREAS, the governing authority of the City of Jonesboro (“City”) is the Mayor and Council thereof;

WHEREAS, the Georgia’s Open Records Act, O.C.G.A. § 50-18-70, et seq., was amended in the 2012 Session of the General Assembly to enact new procedures for local governments to utilize in making public records available for inspection;

WHEREAS, the City desires to amend its Code of Ordinances to designate the City Administrator as the City’s open records officer; and

WHEREAS, the health, safety, and welfare of the citizens of Jonesboro, Georgia, will be positively impacted by the adoption of this Ordinance.

BE IT AND IT IS HEREBY ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF JONESBORO, GEORGIA, and by the authority thereof:

Section 1: The City’s Code of Ordinances is hereby amended by deleting in its entirety Sections 2-1 through 2-30, Reserved, of Chapter 2, Administration, Article I., In General, and inserting the following text in lieu thereof, to read and be codified as follows:

Chapter 2 - ADMINISTRATION

ARTICLE I. - IN GENERAL

Sec. 2-1. - Records Management.

- (a) Purpose. The purpose of this section is to establish effective and efficient management techniques for the creation, utilization, maintenance, retention, preservation, and disposal of records made or received

- (b) Records Defined. For purposes of this section, the term "records" means all documents, papers, letters, maps, books, tapes, photographs, computer based or generated information, data, data fields, or similar material which is prepared, maintained and/or received by the City, or on the City's behalf, for governmental purposes.
- (c) Open Records Officer Designated. The City Administrator is hereby designated as the City's Open Records Officer with respect to all Open Records Act requests submitted to the City.
- (d) Requests for Records. All Open Records Act requests to the City shall be made to the City Administrator. All written requests for records shall be submitted to the City Administrator's official City provided email or fax number. Records requests may alternatively be submitted to the City Administrator electronically through the City's website; as such service may be made available by the City from time to time.
- (e) City Administrator Exclusive Open Records Officer. The City Administrator may assign one or more city employee to assist him/her with responding to record requests under this section. Under no circumstance, however, shall the assignment of such employee exempt a requester from the requirement under this section to submit all records requests to the City Administrator as set forth herein.

Section 2. The preamble of this Ordinance shall be considered to be and is hereby incorporated by reference as if fully set out herein.

Section 3. This Ordinance shall be codified in a manner consistent with the laws of the State of Georgia and the City.

Section 4. (a) It is hereby declared to be the intention of the Mayor and Council that all sections, paragraphs, sentences, clauses and phrases of this Ordinance are or were, upon their enactment, believed by the Mayor and Council to be fully valid, enforceable and constitutional.

(b) It is hereby declared to be the intention of the Mayor and Council that, to the greatest extent allowed by law, each and every section, paragraph, sentence, clause or phrase of this Ordinance is severable from every other section, paragraph, sentence, clause or phrase of this Ordinance. It is hereby further declared to be the intention of the Mayor and Council that, to the greatest extent allowed by law, no section, paragraph, sentence, clause or phrase of this Ordinance is mutually dependent upon any other section, paragraph, sentence, clause or phrase of this Ordinance.

(c) In the event that any phrase, clause, sentence, paragraph or section of this Ordinance shall, for any reason whatsoever, be declared invalid, unconstitutional or otherwise unenforceable by the valid judgment or

decree of any court of competent jurisdiction, it is the express intent of the Mayor and Council that the invalidity, unconstitutionality or unenforceability shall, to the greatest extent allowed by law, not render invalid, unconstitutional or otherwise unenforceable any of the remaining phrases, clauses, sentences, paragraphs or sections of the Ordinance and that, to the greatest extent allowed by law, all remaining phrases, clauses, sentences, paragraphs and sections of the Ordinance shall remain valid, constitutional, enforceable, and of full force and effect.

Section 5. All ordinances and parts of ordinances in conflict herewith are hereby expressly repealed.

Section 6. The effective date of this Ordinance shall be the date of adoption unless otherwise stated herein.

ORDAINED this _____ day of _____, 2016.

CITY OF JONESBORO, GEORGIA

Joy Day, Mayor

ATTEST:

Ricky Clark, City Administrator

APPROVED BY:

Steven M. Fincher, City Attorney

NOTICE OF OPEN RECORDS OFFICER DESIGNATION

Pursuant to O.C.G.A. §50-18-71(b)(1)(B)(2), the City of Jonesboro, Georgia ("Jonesboro" or "City") has designated its City Administrator as its official open records officers to whom all open records requests must be submitted. The current City Administrator is Ricky L. Clark, Jr. A notice has been posted to Jonesboro's website, at www.jonesboroga.com informing the public of the City's designation of open records officers. The ordinance designating the City's open records officers is enclosed.

Ricky L. Clark, Jr.
City Administrator

Attachment: PUBLIC NOTICE - Designation of Open Records Officer (1074 : Open Records Officer Designation)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.9

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COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Ordinance #2016-11, to amend the Charter of the City of Jonesboro, Article II, Government Structure, Section 2.11 to provide for City Council Terms and Qualifications.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

2.11, City Council Terms and Qualifications for Office

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

After review of our Charter, our qualifications to hold office in the City is extremely loose and need some revisions. Last year we had an instance where a candidate was not registered to vote, but due to the subjective language in our code, the candidate only had to be a resident for 6 months. If and when elected, the candidate would have to be a registered municipal voter. From a management perspective, staff feels that all candidates should be a registered voter at the time of qualifying to run for public office. In addition, our current Charter doesn't speak to the conviction of crimes involving moral turpitude.

To that end, Staff is proposing that are qualifications parallel with other municipalities within the State of Georgia. The new qualifications will read:

- (a) The mayor and councilmembers shall serve for terms of four (4) years or until their respective successors are elected and qualified.
- (b) No person shall be eligible for the office of mayor or councilmember unless he/she, at the time that he/she has qualified to run for office:
 - (1) has been a resident of the city for a period of one (1) year;
 - (2) has reached the age of twenty-one (21);
 - (3) is a qualified voter; and
 - (4) has not been convicted of any crime involving moral turpitude.
- (c) No person's name shall be placed on the ballot as a candidate for mayor or councilmember unless such person shall have filed a Notice of Candidacy and shall have paid the qualifying fee to the city clerk of said city."

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

N/A

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

-

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

A HOME RULE ORDINANCE TO AMEND THE CHARTER OF THE CITY OF JONESBORO, GEORGIA; TO AMEND ARTICLE II, GOVERNMENT STRUCTURE, SECTION 2.11, CITY COUNCIL TERMS AND QUALIFICATIONS FOR OFFICE; TO PROVIDE FOR CODIFICATION; TO PROVIDE FOR SEVERABILITY; TO REPEAL CONFLICTING ORDINANCES; TO PROVIDE AN ADOPTION DATE; TO PROVIDE AN EFFECTIVE DATE; AND FOR OTHER PURPOSES ALLOWED BY LAW.

WHEREAS, the governing authority of the City of Jonesboro, Georgia (the “City”) are the Mayor and Council thereof; and

WHEREAS, the City has determined that, due to various inconsistencies within the City’s charter regarding personnel issues, a comprehensive review and amendment of Articles II and III of the City’s charter is necessary; and

WHEREAS, such a revision will streamline and clarify the law and processes of the City with regard to hiring, employment and termination of employees; and

WHEREAS, a synopsis of this ordinance, along with the dates of the first and second readings has been advertised once per week for three (3) weeks within sixty (60) days preceding the adoption of this ordinance, in accordance with Section 36-35-3(b)(1) of the Official Code of Georgia;

WHEREAS, a synopsis of the ordinance, along with the dates of the first and second readings were advertised in the Clayton Daily News on September 17, 2016, September 21, 2016, and September 28, 2016;

WHEREAS, the notice of the adoption of this ordinance provided that a copy of the proposed ordinance is available for inspection at the city clerk’s office and at the Superior Court of Clayton County, in accordance with Section 36-35-3(b)(1) of the Official Code of Georgia;

WHEREAS, this ordinance has been considered at two (2) consecutive public meetings, no less than seven (7) and no more than sixty (60) days apart, in accordance with Section 36-35-3(b)(1) of the Official Code of Georgia;

WHEREAS, this ordinance was considered at public meetings held on October 3, 2016 and October 10, 2016;

WHEREAS, these amendments are necessary to further the general health and welfare of the community; and

NOW THEREFORE, BE IT AND IT IS HEREBY ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF JONESBORO, GEORGIA and by the authority thereof:

Section One. The City's Charter is hereby amended by deleting the existing Section 2.11, City Council Terms and Qualifications for Office, of Article II, Government Structure, and adding a new Section 2.11, in lieu thereof, to read and to be codified as follows:

- (a) The mayor and councilmembers shall serve for terms of four (4) years or until their respective successors are elected and qualified.
- (b) No person shall be eligible for the office of mayor or councilmember unless he/she, at the time that he/she has qualified to run for office:
 - (1) has been a resident of the city for a period of one (1) year;
 - (2) has reached the age of twenty-one (21);
 - (3) is a qualified voter; and
 - (4) has not been convicted of any crime involving moral turpitude.
- (c) No person's name shall be placed on the ballot as a candidate for mayor or councilmember unless such person shall have filed a Notice of Candidacy and shall have paid the qualifying fee to the city clerk of said city."

Section Two. (a) It is hereby declared to be the intention of the Mayor and Council that all sections, paragraphs, sentences, clauses and phrases of this Ordinance are or were, upon their enactment, believed by the Mayor and Council to be fully valid, enforceable and constitutional.

(c) In the event that any phrase, clause, sentence, paragraph or section of this Ordinance shall, for any reason whatsoever, be declared invalid, unconstitutional or otherwise unenforceable by the valid judgment or decree of any court of competent jurisdiction, it is the express intent of the Mayor and Council that such invalidity, unconstitutionality or unenforceability shall, to the greatest extent allowed by law, not render invalid, unconstitutional or otherwise unenforceable any of the remaining phrases, clauses, sentences, paragraphs or sections of this Ordinance and that, to the greatest extent allowed by law, all remaining phrases, clauses, sentences, paragraphs and sections of this Ordinance shall remain valid, constitutional, enforceable, and of full force and effect.

Section Four. The effective date of this Ordinance shall be the date of adoption unless otherwise stated

CITY OF JONESBORO, GEORGIA	ATTEST:
Mayor	City Clerk

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CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.10

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COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Business Service Order Agreements with Comcast to provide service at the Jonesboro Police Department, City Hall, Public Works Department & the Jonesboro Firehouse Museum.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Requires Council Approval

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

On July 9, 2012, a contract was executed with Cbeyond (d/b/a Birch) for the provision of telephone/internet services for the Jonesboro Police Department, City Hall & the Public Works Office. Since the time of execution of the contract, staff has found several problems/issues with Birch and has a little to no help addressing them. Due to the time restrictions on the contract, staff continued to press thorough any/all issues without incurring an early termination fee.

Last month, a letter of cancellation was sent to Birch indicative of our wishes to terminate services, immediately as a faulty phone/internet system could directly affect the safety & well-being of our residents.

Staff remitted bids to both Comcast and AT&T and only Comcast was responsive. Comcast is proposing the following:

- City Hall - High Speed Internet (D250), Wi-Fi Pro, 5 Static IPs, 9 Phone lines (including fax) - Monthly Reoccurring Charge \$364.40
- Police - High Speed Internet (D250), Wi-Fi Pro, 5 Static IPs, 10 Phone lines (including fax) - Monthly Reoccurring Charge \$389.35
- Firehouse- High Speed Internet (D75), Wi-Fi Standard, 1 Phone lines - Monthly Reoccurring Charge \$114.85
- Public Works- High Speed Internet (D75), Wi-Fi Standard, 1 Phone lines - Monthly Reoccurring Charge \$114.85

To assist with ensuring that the City received the best and most cost effective service possible, the City Administrator met with both the Chief of Police & Public Works department to ensure that all of their needs would be met should we switch over to Comcast.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Cost savings in the amount of roughly \$1,000 per month by switching over to Comcast.

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

- Comcast - Firehouse Museum
- Comcast - City Hall
- Comcast - Police Department
- Comcast - Public Works

3.10

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval



BUSINESS SERVICE ORDER AGREEMENT

3.10.a

Account Name: Firehouse Museum

ID#: 15594000

CUSTOMER INFORMATION (Service Location)

Address 1 103 W MILL ST

City JONESBORO

Address 2

State GA

Primary Contact Name Ricky Clark

ZIP Code 30236

Business Phone (770) 478-3800

County

Cell Phone

Email Address rclark@jonesboroga.com

Pager Number

Primary Fax Number

Technical Contact Name

Tech Contact On-Site? No

Technical Contact Business Phone

Technical Contact Email

Property Manager Contact Name

Property Mgr. Phone

COMCAST BUSINESS SERVICES

Selection (X)

Business Voice	X
Business Internet	X
Business TV	

Service Term (Months)

36

COMCAST BUSINESS SERVICES DETAILS

Business Voice*

VOICE SELECTIONS	Quantity	Unit Cost	Total Cost
Mobility Lines	0	\$64.95	\$0.00
4+ Mobility Lines	0	\$29.95	\$0.00
Full Feature Voice Lines	1	\$39.95	\$39.95
4+ Lines	0	\$24.95	\$0.00
Basic Lines	0	\$24.95	\$0.00
Toll Free Numbers			
Equipment Fee	1	N/A	\$14.95
VOICE OPTIONS	Selection(X)	Total Cost	
Voicemail	0	\$0.00	
Published	X	\$0.00	
Enhanced Listings			
Auto-Attendant			

* Voice offers & options not available in all markets.

Business Internet*

INTERNET SELECTIONS	Selection(X)	Total Cost
Starter		
Preferred		
Other Deluxe 75	X	\$149.95
Equipment Fee	X	\$0.00

*Business Internet speed tier selections not available in all markets.

INTERNET OPTIONS	Selection(X)	Total Cost
Web Hosting		
Static IP V4/V6		
Wi-Fi - Business Wifi Standard	X	\$0.00

* Internet selections & options not available in all markets.

Comcast Business Packages

Package Name:
PACKAGE DESCRIPTION

Business TV*

TV SELECTIONS	Selection(X)	Total Cost	
Basic			
Select			
Information & Entertainment			
Variety			
Standard			
Preferred			
Music Choice Standalone			
TV OPTIONS	Selection	Total Cost	
Sports Pack**			
Music Choice W/Comcast Business			
Canales Selecto			
Other Programming			
Other Programming			
Other Programming			
TV OUTLETS	Quantity	Unit Cost	Total Co
Additional Outlets			

mini mDTA/MDTA Type	# of Outlets	NRC	MRC

* Not available in home offices or public view establishments. TV selections & options not available in markets. Customer acknowledges and understands Customer may be responsible for additional music licensing or copyright fees for music contained in any or all of the Services, including, but not limited to Video and/or Public View Video.

** Available for Standard & Preferred TV offers only.

COMCAST BUSINESS INTERNET CONFIGURATION DETAILS			
Transfer Existing Comcast.net Email		No	
Number of Static IPs*			
		Equipment Selection	
		Business Wireless	
		Business Web Hosting	
		No	

* If 5 or more Static IPs are requested a STATIC IP JUSTIFICATION FORM is required.

COMCAST BUSINESS TV CONFIGURATION DETAILS							
Outlet Details		Location		Outlet Type		Additional Comments:	
Outlet 1 - Primary							
Outlet 2 - Additional							
Outlet 3 - Additional							
Outlet 4 - Additional							
Outlet 5 - Additional							
Outlet 6 - Additional							
Outlet 7 - Additional							
Outlet 8 - Additional							
OUTLETS 9 & UP		QUANTITY					
Digital							
HDTV							
DTA							

COMCAST BUSINESS VOICE CONFIGURATION DETAILS																													
Phone #					Type					HG1 Seq					HG2 Seq					Voicemail					Customer Equipment				
7704722570					Full Featured, Unltd LD					None					None					No					Phone System Type (Key System, PBX, Other)				
																									Phone System Manufacturer				
																									Fax Machine Manufacturer				
																									Alarm System Vendor				
																									Point of Sale Device				
																									Telco Closet Location				
																									Hunt Group Configuration Details				
																									Hunt Group Features Requested (Yes/No)				
																									No				
																									Hunt Group 1 Configuration Type				
																									Hunt Group 2 Configuration Type				
																									Hunt Group 1 Pilot Number				
																									Hunt Group 2 Pilot Number				
Toll Free #					Calling Origination Area					Associated TN																			

Directory Listing Details	
Directory Listing (Published, Non-Published, Unlisted)	Published
Directory Listing Phone Number	7704722570
Directory Listing Display Name	Firehouse Museum
DA/DL Header Text Information	Business Management
DA/DL Header Code Information	010780
Standard Industry Code Information	8742

Additional Voice Details	
Caller ID (Yes/No)	Yes
Caller ID Display Name (max 15 char.)	Firehouse Museu
International Dialing (Yes/No)	No
Call Blocking (Yes/No)	Yes
Auto-Attendant (Yes/No)	No

Attachment: Comcast - Firehouse Museum (1080 : Comcast - Proposal)

Account Name: Firehouse Museum

ID#: 15594000

CUSTOMER BILLING INFORMATION			
Billing Account Name	Firehouse Museum	City	JONESBORO
Billing Name (3rd Party Accounts)		State	GA
Address 1	103 W MILL ST	ZIP Code	30236
Address 2		Billing Contact Email	rclark@jonesboroga.com
Billing Contact Name	Ricky Clark	Billing Contact Phone	(770) 478-3800
Tax Exempt?*	Yes	Billing Fax Number	
* If yes, please provide and attach tax exemption certificate.			

AGREEMENT

1. This Comcast Business Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communications Management, LLC and its operating affiliates ("Comcast") will provide the Services to Customer. This Comcast Business Service Order Agreement consists of this document ("SOA"), the standard Comcast Business Terms and Conditions ("Terms and Conditions"), and any jointly executed amendments ("Amendments"), collectively referred to as the "Agreement". In the event of inconsistency among these documents, precedence will be as follows: (1) Amendments, (2) Terms and Conditions, and (3) this SOA. This Agreement shall commence and become a legally binding agreement upon Customer's execution of the SOA. The Agreement shall terminate as set forth in the Terms ar Conditions (<http://business.comcast.com/terms-conditions/index.aspx>). All capitalized terms not defined in this SOA shall reflect the definitior given to them in the Terms and Conditions. Use of the Services is also subject to the then current High-Speed Internet for Business Acceptable Use Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), and the then current Hig-Speed Internet for Business Privacy Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), bot of which Comcast may update from time to time.
2. Each Comcast Business Service ("Service") carries a 30 day money back guarantee. If within the first thirty days following Service activation Customer is not completely satisfied, Customer may cancel Service and Comcast will issue a refund for Service charges actually paid by Customer, custom installation, voice usage charges, and optional service fees excluded. In order to be eligible for the refund, Customer must cancel Service within thirty days of activation and return any Comcast-provided equipment in good working order. In no even shall the refund exceed \$500.00.
- If you use the service in the first 30 days, you will be refunded your subscription fees, but charged the applicable one-time fee.
3. IF CUSTOMER IS SUBSCRIBING TO COMCAST'S BUSINESS VOICE SERVICE, I ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE E911 NOTICE:

E911 NOTICE

- Comcast Business Voice service ("Voice") may have the E911 limitations specified below:
- In order for 911 calls to be properly directed to emergency services using Voice, Comcast must have the correct service address for th Voice Customer. If Voice is moved to a different location without Comcast's approval, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or Voice (including 911) may fail altogether.
 - Voice uses electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if the battt back-up in the associated multimedia terminal adapter is not installed, fails, or is exhausted after several hours.
 - Voice calls, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network/equipment/power failure, or another technical problem.
 - Comcast will need several business days to update a Customer service address in the E911 system. All change requests and question should be directed to 1-800-391-3000. USE OF VOICE AFTER DELIVERY OF THIS DOCUMENT CONSTITUTES CUSTOMER ACKNOWLEDGEMENT OF THE E911 NOTICE ABOVE.

4. To complete a Voice order, Customer must execute a Comcast Letter or Authorization ("LOA") and submit it to Comcast, or Comcast's thi party order entry integrator, as directed by Comcast.
5. New telephone numbers are subject to change prior to the install. Customers should not print their new number on stationery or cards unt after the install is complete.
6. Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Senior Vice President and the Customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer t signing below, agrees and accepts the Terms and Conditions of this Agreement.

CUSTOMER SIGNATURE	FOR COMCAST USE ONLY
By signing below, Customer agrees and accepts the Terms and Conditions of this Agreement. General Terms and Conditions can be found at http://business.comcast.com/terms-conditions/index.aspx .	Sales Representative: Sharon Wilkes
Signature:	Sales Representative Code:
Print: Ricky Clark	Sales Manager/Director Name: Paul Casola
Title:	Sales Manager/Director Approval:
Date:	Division: Central
	Lead ID: 15594000

Account Name: Firehouse Museum

ID#: 15594000

LETTER OF AGENCY

Please print or type the following All blank spaces must be completed.

Billing Name ("Company"): Firehouse Museum

Billing Address: 103 W MILL ST

City: JONESBORO State: GA Zip: 30236

If Company is switching its current phone number(s) to Comcast, please print the telephone number(s) and the name(s) of Company's current local and long distance phone service providers in the spaces below.

Area code(s) and telephone number(s) Company wants switched to Comcast (you may also insert a number range, e.g., 215-555-0000 thru 215-555-9999):

Telephone Number	Current Local Provider
7704722570	Birch

Telephone Number	Current Local Provider

Please read the following information:

The undersigned is an authorized representative of the Company. Company chooses Comcast for all its landline calling needs across town, across the country, and worldwide for the telephone number(s) listed above (if applicable). Company understands that Comcast will take the place of its current landline phone service provider(s) for local, local toll, and long distance services. Company understands that, for each of these services, it may designate only one provider per service for any one telephone number. Company also understands that the service provided by Comcast includes all distances, which means that Company may only designate one provider for all of its calling needs for any one telephone number.

The undersigned signature on this form authorizes Comcast to act as Company's agent in making the changes from Company current service provider(s), and to switch Company's telephone number(s), listed above (if applicable), to Comcast. Company understands that its current service provider(s) may charge a fee to switch its service to Comcast

Please sign here:

Authorized Representative's Signature: Ricky Clark Date:

Authorized Representative's Name (Print):

Authorized Representative's Title (Print):

Attachment: Comcast - Firehouse Museum (1080 : Comcast - Proposal)



BUSINESS SERVICE ORDER AGREEMENT

3.10.b

Account Name: City Hall of Jonesboro

ID#: 15583006

CUSTOMER INFORMATION (Service Location)	
Address 1	124 NORTH AVE
Address 2	
Primary Contact Name	Ricky Clark
Business Phone	(770) 478-3800
Cell Phone	
Pager Number	
City	JONESBORO
State	GA
ZIP Code	30236
County	
Email Address	rclark@jonesboroga.com
Primary Fax Number	
Technical Contact Name	
Technical Contact Business Phone	
Property Manager Contact Name	
Tech Contact On-Site?	No
Technical Contact Email	
Property Mgr. Phone	

COMCAST BUSINESS SERVICES	
Selection (X)	
Business Voice	X
Business Internet	X
Business TV	
Service Term (Months)	36

COMCAST BUSINESS SERVICES DETAILS

Business Voice*			
VOICE SELECTIONS	Quantity	Unit Cost	Total Cost
Mobility Lines	0	\$64.95	\$0.00
4+ Mobility Lines	0	\$29.95	\$0.00
Full Feature Voice Lines	3	\$39.95	\$119.85
4+ Lines	6	\$24.95	\$149.70
Basic Lines	0	\$24.95	\$0.00
Toll Free Numbers			
Equipment Fee	1	N/A	\$14.95
VOICE OPTIONS	Selection(X)	Total Cost	
Voicemail	0	\$0.00	
Published	X	\$0.00	
Enhanced Listings			
Auto-Attendant			

* Voice offers & options not available in all markets.

Business Internet*		
INTERNET SELECTIONS	Selection(X)	Total Cost
Starter		
Preferred		
Other Deluxe 250	X	\$349.95
Equipment Fee	X	\$0.00

*Business Internet speed tier selections not available in all markets.

INTERNET OPTIONS	Selection(X)	Total Cost
Web Hosting		
Static IP V4/V6 - 5	X	\$24.95
WiFi Pro	X	\$14.95
WiFi Pro Equipment Fee	X	\$5.00

* Internet selections & options not available in all markets.

Comcast Business Packages			
Package Name:			
PACKAGE DESCRIPTION			
Business TV*			
TV SELECTIONS	Selection(X)	Total Cost	
Basic			
Select			
Information & Entertainment			
Variety			
Standard			
Preferred			
Music Choice Standalone			
TV OPTIONS	Selection	Total Cost	
Sports Pack**			
Music Choice W/Comcast Business			
Canales Selecto			
Other Programming			
Other Programming			
Other Programming			
TV OUTLETS	Quantity	Unit Cost	Total Co
Additional Outlets			

mini mDTA/MDTA Type	# of Outlets	NRC	MRC

* Not available in home offices or public view establishments. TV selections & options not available in markets. Customer acknowledges and understands Customer may be responsible for additional music licensing or copyright fees for music contained in any or all of the Services, including, but not limited to Video and/or Public View Video.

** Available for Standard & Preferred TV offers only.

Attachment: Comcast - City Hall (1080 : Comcast - Proposal)



BUSINESS SERVICE ORDER AGREEMENT

3.10.b

Account Name: City Hall of Jonesboro

ID#: 15583006

COMCAST BUSINESS TOTAL SERVICE CHARGES

Comcast Business	Selection(X)	Quantity	Unit Cost	Total Cost
Installation Fee	X		\$0.00	\$0.00
WiFi Pro Activation Fee	X			\$49.95
Voice Activation Fee*	X		\$29.95/Line	\$119.80
Auto-Attendant Setup Fee				
Voice Jack Fee				
Toll Free Activation Fee				
Directory Listing Suppression Fee				

* Does not include Custom Installation Fees.

Total Monthly Service Charge	\$679
------------------------------	-------

Promotional Code (if applicable) Cen_L1_DPBV_D250-\$240

Discount On Internet(if applicable) 254.95

Discount On Video(if applicable)

Discount On Voice(if applicable) 60

Total Discount \$314

Total Recurring Monthly Bill:\$364.4

* Per line activation fee, up to four (4) line maximum charge.

* Applicable federal, state, and local taxes and fees may apply.

Total Installation Charges:\$169.75

In Process

Attachment: Comcast - City Hall (1080 : Comcast - Proposal)

GENERAL SPECIAL INSTRUCTIONS

Promotion Code Cen_L1_DPBV_D250-\$240_\$19FF_WVI^ - \$240 MRC Discount off Deluxe 250 Business Internet (\$349.95) for discounted rate of \$109.95. \$. MRC Discount off Full Featured Lines 1-3 for discounted rate of \$19.95 each. MRC waived for 1 optional WiFi Pro access point (\$14.95). MRC Discounts roll to rate card at end of original term. Minimum 1 Full Featured Line required. Minimum 2 Year Term required. Standard install waived. Taxes, Usage, Fees and Equipment are Extra.



BUSINESS SERVICE ORDER AGREEMENT

3.10.b

Account Name: City Hall of Jonesboro

ID#: 15583006

CUSTOMER BILLING INFORMATION

Billing Account Name	City Hall of Jonesboro	City	JONESBORO
Billing Name (3rd Party Accounts)		State	GA
Address 1	124 NORTH AVE	ZIP Code	30236
Address 2		Billing Contact Email	rclark@jonesboroga.com
Billing Contact Name	Ricky Clark	Billing Contact Phone	(770) 478-3800
Tax Exempt?*	Yes	Billing Fax Number	

* If yes, please provide and attach tax exemption certificate.

AGREEMENT

1. This Comcast Business Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communications Management, LLC and its operating affiliates ("Comcast") will provide the Services to Customer. This Comcast Business Service Order Agreement consists of this document ("SOA"), the standard Comcast Business Terms and Conditions ("Terms and Conditions"), and any jointly executed amendments ("Amendments"), collectively referred to as the "Agreement". In the event of inconsistency among these documents, precedence will be as follows: (1) Amendments, (2) Terms and Conditions, and (3) this SOA. This Agreement shall commence and become a legally binding agreement upon Customer's execution of the SOA. The Agreement shall terminate as set forth in the Terms ar Conditions (<http://business.comcast.com/terms-conditions/index.aspx>). All capitalized terms not defined in this SOA shall reflect the definitior given to them in the Terms and Conditions. Use of the Services is also subject to the then current High-Speed Internet for Business Acceptable Use Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), and the then current Hig -Speed Internet for Business Privacy Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), bot of which Comcast may update from time to time.

2. Each Comcast Business Service ("Service") carries a 30 day money back guarantee. If within the first thirty days following Service activation Customer is not completely satisfied, Customer may cancel Service and Comcast will issue a refund for Service charges actually paid by Customer, custom installation, voice usage charges, and optional service fees excluded. In order to be eligible for the refund, Customer must cancel Service within thirty days of activation and return any Comcast-provided equipment in good working order. In no even shall the refund exceed \$500.00.

If you use the service in the first 30 days, you will be refunded your subscription fees, but charged the applicable one-time fee.

3. IF CUSTOMER IS SUBSCRIBING TO COMCAST'S BUSINESS VOICE SERVICE, I ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE E911 NOTICE:

E911 NOTICE

- Comcast Business Voice service ("Voice") may have the E911 limitations specified below:
- In order for 911 calls to be properly directed to emergency services using Voice, Comcast must have the correct service address for th Voice Customer. If Voice is moved to a different location without Comcast's approval, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or Voice (including 911) may fail altogether.
 - Voice uses electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if the batt back-up in the associated multimedia terminal adapter is not installed, fails, or is exhausted after several hours.
 - Voice calls, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network/equipment/power failure, or another technical problem.
 - Comcast will need several business days to update a Customer service address in the E911 system. All change requests and question should be directed to 1-800-391-3000. USE OF VOICE AFTER DELIVERY OF THIS DOCUMENT CONSTITUTES CUSTOMER ACKNOWLEDGEMENT OF THE E911 NOTICE ABOVE.

4. To complete a Voice order, Customer must execute a Comcast Letter or Authorization ("LOA") and submit it to Comcast, or Comcast's thi party order entry integrator, as directed by Comcast.

5. New telephone numbers are subject to change prior to the install. Customers should not print their new number on stationery or cards unt after the install is complete.

6. Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Senior Vice President and the Customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer t signing below, agrees and accepts the Terms and Conditions of this Agreement.

CUSTOMER SIGNATURE	
By signing below, Customer agrees and accepts the Terms and Conditions of this Agreement. General Terms and Conditions can be found at http://business.comcast.com/terms-conditions/index.aspx .	
Signature:	
Print:	Ricky Clark
Title:	
Date:	

FOR COMCAST USE ONLY	
Sales Representative: Sharon Wilkes	
Sales Representative Code:	
Sales Manager/Director Name: Paul Casola	
Sales Manager/Director Approval:	
Division: Central	
Lead ID: 15583006	

Account Name:City Hall of Jonesboro

ID#:15583006

LETTER OF AGENCY

Please print or type the followingAll blank spaces must be completed.

Billing Name ("Company"):City Hall of Jonesboro

Billing Address:124 NORTH AVE

City:JONESBOROState:GAZip:30236

If Company is switching its current phone number(s) to Comcast, please print the telephone number(s) and the name(s) of Company's current local and long distance phone service providers in the spaces below.

Area code(s) and telephone number(s) Company wants switched to Comcast (you may also insert a number range, e.g., 215-555-0000 thru 215-555-9999):

Telephone Number	Current Local Provider
7704783800	Birch
6782163270	Birch
6782163271	Birch
7704782148	Birch
7704783005	Birch
7704783387	Birch
7704783805	Birch
6782163272	Birch
7704783775	Birch

Telephone Number	Current Local Provider

Please read the following information:

The undersigned is an authorized representative of the Company. Company chooses Comcast for all its landline calling needs across town, across the country, and worldwide for the telephone number(s) listed above (if applicable). Company understands that Comcast will take the place of its current landline phone service provider(s) for local, local toll, and long distance services. Company understands that, for each of these services, it may designate only one provider per service for any one telephone number. Company also understands that the service provided by Comcast includes all distances, which means that Company may only designate one provider for all of its calling needs for any one telephone number.

The undersigned signature on this form authorizes Comcast to act as Company's agent in making the changes from Company current service provider(s), and to switch Company's telephone number(s), listed above (if applicable), to Comcast. Company understands that its current service provider(s) may charge a fee to switch its service to Comcast

Please sign here:

Authorized Representative's Signature:Date:

Authorized Representative's Name (Print):Ricky Clark

Authorized Representative's Title (Print):

IP Justification Form

Comcast conforms to the North American IP Registry (ARIN) policies regarding IP address allocation. As part of its standard service, Comcast will assign the amount of IP addresses that our customers can justify. Use this form for initial assignments as well as augments. Written justification for any IP address blocks requested is required so that Comcast can demonstrate to ARIN that IP addresses allocated to us is being used efficiently. If you have any questions about the IP assignment policy or process, please refer to the IP Address Assignment Policy and Procedures, and RFC 2050 <http://www.ietf.org/rfc/rfc2050.txt>. Please complete the form below and submit it to your Comcast sales representative. Comcast follows the American Registry for Internet Numbers policy for the Shared Whois project . For more information please go to <https://www.arin.net/policy/nrpm.html>.

Customer Site

Location	City Hall of Jonesboro - L-5786868	1
Street	124 NORTH AVE	2a
Rm/Ste/FI	null	2b
City,State Zip	JONESBORO,GA 30236	2c
Phone #	(770) 478-3800	2d

Technical Contact

Name(First Last)	Ricky Clark	3a
Title		3b
Phone #	(770) 478-3800	3c
Email	rclark@jonesboroga.com	3d

4. Domain Name: _____
Note: If more than one domain, use first domain registered.

5. Do you have previously assigned addresses from Comcast?: ☐ Yes ☐ No

5b. If yes, what addresses were assigned?: _____

6. Number of IP addresses requested/needed within 6 months: 5
Note: If your organization already has IP space assigned, you must utilize 80% before applying for

7. Use the following Network Table to describe your IP assignments within the next six months. THIS IS REQUIRED

IP Number	IP Address (If known)	Below, provide a description of use for each IP requested
1		Server 1
2		Server 2
3		Firewall
4		Security
5		security

I verify that I am authorized to represent the organization below and that the above information is true and correct. I understand that Internet Protocol Version 4 address space is limited and that users of the Internet are responsible for conserving address space and ensuring that space is utilized efficiently.

Print Name	Ricky Clark	Title	
Organization	City Hall of Jonesboro	Phone #(day)	(770) 478-3800
Email	rclark@jonesboroga.com	Fax	

Attachment: Comcast - City Hall (1080 : Comcast - Proposal)



BUSINESS SERVICE ORDER AGREEMENT

3.10.c

Account Name: Jonesboro Police Department

ID#: 15593629

CUSTOMER INFORMATION (Service Location)

Address 1	170 SOUTH MAIN STREET	City	Jonesboro
Address 2		State	GA
Primary Contact Name	Ricky Clark	ZIP Code	30236
Business Phone	(770) 478-3800	County	
Cell Phone		Email Address	rclark@jonesboroga.com
Pager Number		Primary Fax Number	
Technical Contact Name		Tech Contact On-Site?	No
Technical Contact Business Phone		Technical Contact Email	
Property Manager Contact Name		Property Mgr. Phone	

COMCAST BUSINESS SERVICES

Selection (X)	
Business Voice	X
Business Internet	X
Business TV	

Service Term (Months)	36
-----------------------	----

COMCAST BUSINESS SERVICES DETAILS

Business Voice*

VOICE SELECTIONS	Quantity	Unit Cost	Total Cost
Mobility Lines	0	\$64.95	\$0.00
4+ Mobility Lines	0	\$29.95	\$0.00
Full Feature Voice Lines	3	\$39.95	\$119.85
4+ Lines	7	\$24.95	\$174.65
Basic Lines	0	\$24.95	\$0.00
Toll Free Numbers			
Equipment Fee	1	N/A	\$14.95
VOICE OPTIONS	Selection(X)	Total Cost	
Voicemail	0	\$0.00	
Published	X	\$0.00	
Enhanced Listings			
Auto-Attendant			

* Voice offers & options not available in all markets.

Business Internet*

INTERNET SELECTIONS	Selection(X)	Total Cost
Starter		
Preferred		
Other Deluxe 250	X	\$349.95
Equipment Fee	X	\$0.00

*Business Internet speed tier selections not available in all markets.

INTERNET OPTIONS	Selection(X)	Total Cost
Web Hosting		
Static IP V4/V6 - 5	X	\$24.95
WiFi Pro	X	\$14.95
WiFi Pro Equipment Fee	X	\$5.00

* Internet selections & options not available in all markets.

Comcast Business Packages

Package Name:			
PACKAGE DESCRIPTION			
Business TV*			
TV SELECTIONS	Selection(X)	Total Cost	
Basic			
Select			
Information & Entertainment			
Variety			
Standard			
Preferred			
Music Choice Standalone			
TV OPTIONS	Selection	Total Cost	
Sports Pack**			
Music Choice W/Comcast Business			
Canales Selecto			
Other Programming			
Other Programming			
Other Programming			
TV OUTLETS	Quantity	Unit Cost	Total Cost
Additional Outlets			

mini mDTA/MDTA Type	# of Outlets	NRC	MRC

* Not available in home offices or public view establishments. TV selections & options not available in all markets. Customer acknowledges and understands Customer may be responsible for additional music licensing or copyright fees for music contained in any or all of the Services, including, but not limited to Video and/or Public View Video.

** Available for Standard & Preferred TV offers only.

Attachment: Comcast - Police Department (1080 : Comcast - Proposal)



BUSINESS SERVICE ORDER AGREEMENT

3.10.c

Account Name: Jonesboro Police Department

ID#: 15593629

COMCAST BUSINESS TOTAL SERVICE CHARGES				
Comcast Business	Selection(X)	Quantity	Unit Cost	Total Cost
Installation Fee	X		\$0.00	\$0.00
WiFi Pro Activation Fee	X			\$49.95
Voice Activation Fee*	X		\$29.95/Line	\$119.80
Auto-Attendant Setup Fee				
Voice Jack Fee				
Toll Free Activation Fee				
Directory Listing Suppression Fee				
* Does not include Custom Installation Fees.				
Total Monthly Service Charge				\$704
Promotional Code (if applicable)				Cen_L1_DPBV_D250-\$240
Discount On Internet(if applicable)				254.95
Discount On Video(if applicable)				
Discount On Voice(if applicable)				60
Total Discount				\$314
Total Recurring Monthly Bill:*				\$389.3

* Per line activation fee, up to four (4) line maximum charge.

* Applicable federal, state, and local taxes and fees may apply.

Total Installation Charges:* \$169.75

In Process

Attachment: Comcast - Police Department (1080 : Comcast - Proposal)

GENERAL SPECIAL INSTRUCTIONS
Promotion Code Cen_L1_DPBV_D250-\$240_\$19FF_WVI^ - \$240 MRC Discount off Deluxe 250 Business Internet (\$349.95) for discounted rate of \$109.95. \$. MRC Discount off Full Featured Lines 1-3 for discounted rate of \$19.95 each. MRC waived for 1 optional WiFi Pro access point (\$14.95). MRC Discounts roll to rate card at end of original term. Minimum 1 Full Featured Line required. Minimum 2 Year Term required. Standard install waived. Taxes, Usage, Fees and Equipment are Extra.



BUSINESS SERVICE ORDER AGREEMENT

3.10.c

Account Name: Jonesboro Police Department

ID#: 15593629

CUSTOMER BILLING INFORMATION

Billing Account Name	Jonesboro Police Department	City	Jonesboro
Billing Name (3rd Party Accounts)		State	GA
Address 1	170 South Main Street	ZIP Code	30236
Address 2		Billing Contact Email	rclark@jonesboroga.com
Billing Contact Name	Ricky Clark	Billing Contact Phone	(770) 478-3800
Tax Exempt?*	Yes	Billing Fax Number	

* If yes, please provide and attach tax exemption certificate.

AGREEMENT

1. This Comcast Business Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communications Management, LLC and its operating affiliates ("Comcast") will provide the Services to Customer. This Comcast Business Service Order Agreement consists of this document ("SOA"), the standard Comcast Business Terms and Conditions ("Terms and Conditions"), and any jointly executed amendments ("Amendments"), collectively referred to as the "Agreement". In the event of inconsistency among these documents, precedence will be as follows: (1) Amendments, (2) Terms and Conditions, and (3) this SOA. This Agreement shall commence and become a legally binding agreement upon Customer's execution of the SOA. The Agreement shall terminate as set forth in the Terms ar Conditions (<http://business.comcast.com/terms-conditions/index.aspx>). All capitalized terms not defined in this SOA shall reflect the definitior given to them in the Terms and Conditions. Use of the Services is also subject to the then current High-Speed Internet for Business Acceptable Use Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), and the then current Hig-Speed Internet for Business Privacy Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), bot of which Comcast may update from time to time.

2. Each Comcast Business Service ("Service") carries a 30 day money back guarantee. If within the first thirty days following Service activation Customer is not completely satisfied, Customer may cancel Service and Comcast will issue a refund for Service charges actually paid by Customer, custom installation, voice usage charges, and optional service fees excluded. In order to be eligible for the refund, Customer must cancel Service within thirty days of activation and return any Comcast-provided equipment in good working order. In no even shall the refund exceed \$500.00.

If you use the service in the first 30 days, you will be refunded your subscription fees, but charged the applicable one-time fee.

3. IF CUSTOMER IS SUBSCRIBING TO COMCAST'S BUSINESS VOICE SERVICE, I ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE E911 NOTICE:

E911 NOTICE

- Comcast Business Voice service ("Voice") may have the E911 limitations specified below:
- In order for 911 calls to be properly directed to emergency services using Voice, Comcast must have the correct service address for th Voice Customer. If Voice is moved to a different location without Comcast's approval, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or Voice (including 911) may fail altogether.
 - Voice uses electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if the battt back-up in the associated multimedia terminal adapter is not installed, fails, or is exhausted after several hours.
 - Voice calls, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network/equipment/power failure, or another technical problem.
 - Comcast will need several business days to update a Customer service address in the E911 system. All change requests and question should be directed to 1-800-391-3000. USE OF VOICE AFTER DELIVERY OF THIS DOCUMENT CONSTITUTES CUSTOMER ACKNOWLEDGEMENT OF THE E911 NOTICE ABOVE.

4. To complete a Voice order, Customer must execute a Comcast Letter or Authorization ("LOA") and submit it to Comcast, or Comcast's thi party order entry integrator, as directed by Comcast.

5. New telephone numbers are subject to change prior to the install. Customers should not print their new number on stationery or cards unt after the install is complete.

6. Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Senior Vice President and the Customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer t signing below, agrees and accepts the Terms and Conditions of this Agreement.

CUSTOMER SIGNATURE	
By signing below, Customer agrees and accepts the Terms and Conditions of this Agreement. General Terms and Conditions can be found at http://business.comcast.com/terms-conditions/index.aspx .	
Signature:	
Print:	Ricky Clark
Title:	
Date:	

FOR COMCAST USE ONLY	
Sales Representative: Sharon Wilkes	
Sales Representative Code:	
Sales Manager/Director Name: Paul Casola	
Sales Manager/Director Approval:	
Division: Central	
Lead ID: 15593629	

Account Name: Jonesboro Police Department

ID#: 15593629

LETTER OF AGENCY

Please print or type the following All blank spaces must be completed.

Billing Name ("Company"): Jonesboro Police Department

Billing Address: 170 South Main Street

City: Jonesboro State: GA Zip: 30236

If Company is switching its current phone number(s) to Comcast, please print the telephone number(s) and the name(s) of Company's current local and long distance phone service providers in the spaces below.

Area code(s) and telephone number(s) Company wants switched to Comcast (you may also insert a number range, e.g., 215-555-0000 thru 215-555-9999):

Telephone Number	Current Local Provider
7704787407	Birch
6784791826	Birch
6784791823	Birch
7704782427	Birch
7704784366	Birch
7704786459	Birch
7704787415	Birch
7706922444	Birch
6784791825	Birch
6784791827	Birch

Telephone Number	Current Local Provider

Please read the following information:

The undersigned is an authorized representative of the Company. Company chooses Comcast for all its landline calling needs across town, across the country, and worldwide for the telephone number(s) listed above (if applicable). Company understands that Comcast will take the place of its current landline phone service provider(s) for local, local toll, and long distance services. Company understands that, for each of these services, it may designate only one provider per service for any one telephone number. Company also understands that the service provided by Comcast includes all distances, which means that Company may only designate one provider for all of its calling needs for any one telephone number.

The undersigned signature on this form authorizes Comcast to act as Company's agent in making the changes from Company current service provider(s), and to switch Company's telephone number(s), listed above (if applicable), to Comcast. Company understands that its current service provider(s) may charge a fee to switch its service to Comcast

Please sign here:

Authorized Representative's Signature: Ricky Clark Date:

Authorized Representative's Name (Print):

Authorized Representative's Title (Print):

Attachment: Comcast - Police Department (1080 : Comcast - Proposal)

IP Justification Form

Comcast conforms to the North American IP Registry (ARIN) policies regarding IP address allocation. As part of its standard service, Comcast will assign the amount of IP addresses that our customers can justify. Use this form for initial assignments as well as augments. Written justification for any IP address blocks requested is required so that Comcast can demonstrate to ARIN that IP addresses allocated to us is being used efficiently. If you have any questions about the IP assignment policy or process, please refer to the IP Address Assignment Policy and Procedures, and RFC 2050 <http://www.ietf.org/rfc/rfc2050.txt>. Please complete the form below and submit it to your Comcast sales representative. Comcast follows the American Registry for Internet Numbers policy for the Shared Whois project . For more information please go to <https://www.arin.net/policy/nrpm.html>.

Customer Site

Location	Jonesboro Police Department - L-5720495	1
Street	170 SOUTH MAIN STREET	2a
Rm/Ste/FI	null	2b
City,State Zip	Jonesboro,GA 30236	2c
Phone #	(770) 478-3800	2d

Technical Contact

Name(First Last)	Ricky Clark	3a
Title		3b
Phone #	(770) 478-3800	3c
Email	rclark@jonesboroga.com	3d

4. Domain Name: _____
Note: If more than one domain, use first domain registered.

5. Do you have previously assigned addresses from Comcast?: ☐ Yes ☐ No

5b. If yes, what addresses were assigned?: _____

6. Number of IP addresses requested/needed within 6 months: 5
Note: If your organization already has IP space assigned, you must utilize 80% before applying for

7. Use the following Network Table to describe your IP assignments within the next six months. THIS IS REQUIRED

IP Number	IP Address (If known)	Below, provide a description of use for each IP requested
1		Server 1
2		Server 2
3		Firewall
4		Security
5		Security

I verify that I am authorized to represent the organization below and that the above information is true and correct. I understand that Internet Protocol Version 4 address space is limited and that users of the Internet are responsible for conserving address space and ensuring that space is utilized efficiently.

Print Name	Ricky Clark	Title	
Organization	Jonesboro Police Department	Phone #(day)	(770) 478-3800
Email	rclark@jonesboroga.com	Fax	

Attachment: Comcast - Police Department (1080 : Comcast - Proposal)



BUSINESS SERVICE ORDER AGREEMENT

3.10.d

Account Name: Jonesboro Public Works

ID#: 15594066

CUSTOMER INFORMATION (Service Location)	
Address 1	100 GLORIA DRIVE
Address 2	OFC
Primary Contact Name	Ricky Clark
Business Phone	(770) 478-3800
Cell Phone	
Pager Number	
City	JONESBORO
State	GA
ZIP Code	30236
County	
Email Address	rclark@jonesboroga.com
Primary Fax Number	
Technical Contact Name	
Technical Contact Business Phone	
Property Manager Contact Name	
Tech Contact On-Site?	No
Technical Contact Email	
Property Mgr. Phone	

COMCAST BUSINESS SERVICES	
Selection (X)	
Business Voice	X
Business Internet	X
Business TV	

Service Term (Months)	36
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COMCAST BUSINESS SERVICES DETAILS

Business Voice*			
VOICE SELECTIONS	Quantity	Unit Cost	Total Cost
Mobility Lines	0	\$64.95	\$0.00
4+ Mobility Lines	0	\$29.95	\$0.00
Full Feature Voice Lines	1	\$39.95	\$39.95
4+ Lines	0	\$24.95	\$0.00
Basic Lines	0	\$24.95	\$0.00
Toll Free Numbers			
Equipment Fee	1	N/A	\$14.95
VOICE OPTIONS	Selection(X)	Total Cost	
Voicemail	0	\$0.00	
Published	X	\$0.00	
Enhanced Listings			
Auto-Attendant			

* Voice offers & options not available in all markets.

Business Internet*		
INTERNET SELECTIONS	Selection(X)	Total Cost
Starter		
Preferred		
Other Deluxe 75	X	\$149.95
Equipment Fee	X	\$0.00

*Business Internet speed tier selections not available in all markets.

INTERNET OPTIONS	Selection(X)	Total Cost
Web Hosting		
Static IP V4/V6		
Wi-Fi - Business Wifi Standard	X	\$0.00

* Internet selections & options not available in all markets.

Comcast Business Packages			
Package Name:			
PACKAGE DESCRIPTION			
Business TV*			
TV SELECTIONS	Selection(X)	Total Cost	
Basic			
Select			
Information & Entertainment			
Variety			
Standard			
Preferred			
Music Choice Standalone			
TV OPTIONS	Selection	Total Cost	
Sports Pack**			
Music Choice W/Comcast Business			
Canales Selecto			
Other Programming			
Other Programming			
Other Programming			
TV OUTLETS	Quantity	Unit Cost	Total Cost
Additional Outlets			

mini mDTA/MDTA Type	# of Outlets	NRC	MRC

* Not available in home offices or public view establishments. TV selections & options not available in markets. Customer acknowledges and understands Customer may be responsible for additional music licensing or copyright fees for music contained in any or all of the Services, including, but not limited to Video and/or Public View Video.

** Available for Standard & Preferred TV offers only.

Attachment: Comcast - Public Works (1080 : Comcast - Proposal)



BUSINESS SERVICE ORDER AGREEMENT

3.10.d

Account Name: Jonesboro Public Works

ID#: 15594066

COMCAST BUSINESS TOTAL SERVICE CHARGES

Comcast Business	Selection(X)	Quantity	Unit Cost	Total Cost
Installation Fee	X		\$0.00	\$0.00
Voice Activation Fee*	X		\$29.95/Line	\$29.95
Auto-Attendant Setup Fee				
Voice Jack Fee				
Toll Free Activation Fee				
Directory Listing Suppression Fee				

Total Monthly Service Charge	\$204
Promotional Code (if applicable)	Cen_L1_DPBV_D75-\$70 \$1
Discount On Internet(if applicable)	70
Discount On Video(if applicable)	
Discount On Voice(if applicable)	20

* Does not include Custom Installation Fees.

Total Discount \$90

Total Recurring Monthly Bill:\$114.8

* Per line activation fee, up to four (4) line maximum charge.

Total Installation Charges:\$29.95

* Applicable federal, state, and local taxes and fees may apply.

In Process

Attachment: Comcast - Public Works (1080 : Comcast - Proposal)

GENERAL SPECIAL INSTRUCTIONS

Promotion Code Cen_L1_DPBV_D75-\$70 \$19FF - \$70 MRC Discount off Deluxe 75 Business Internet (\$149.95) for discounted rate of \$79.95. \$20 MRC Discount off Full Featured Lines 1-3 for discounted rate of \$19.95 each. MRC waived for 1 optional WiFi Pro access point (\$14.95). MRC Discounts roll to rate card at end of original term. Minimum 1 Full Featured Line required. Minimum 2 Year Term required. Taxes, Usage, Fees and Equipment are Extra.

COMCAST BUSINESS INTERNET CONFIGURATION DETAILS

Transfer Existing Comcast.net Email	No	Equipment Selection	Business Wireless
Number of Static IPs*		Business Web Hosting	No

* If 5 or more Static IPs are requested a STATIC IP JUSTIFICATION FORM is required.

COMCAST BUSINESS TV CONFIGURATION DETAILS

Outlet Details	Location	Outlet Type	Additional Comments:	
Outlet 1 - Primary				
Outlet 2 - Additional				
Outlet 3 - Additional				
Outlet 4 - Additional				
Outlet 5 - Additional				
Outlet 6 - Additional				
Outlet 7 - Additional				
Outlet 8 - Additional				
OUTLETS 9 & UP			QUANTITY	
Digital				
HDTV				
DTA				

COMCAST BUSINESS VOICE CONFIGURATION DETAILS

Phone #	Type	HG1 Seq	HG2 Seq	Voicemail	Customer Equipment
7704722570	Full Featured, Unltd LD	None	None	No	Phone System Type (Key System, PBX, Other)
					Phone System Manufacturer
					Fax Machine Manufacturer
					Alarm System Vendor
					Point of Sale Device
					Telco Closet Location
					Hunt Group Configuration Details
					Hunt Group Features Requested (Yes/No)
					No
					Hunt Group 1 Configuration Type
					Hunt Group 2 Configuration Type
					Hunt Group 1 Pilot Number
					Hunt Group 2 Pilot Number
Toll Free #	Calling Origination Area	Associated TN			

Directory Listing Details

Directory Listing (Published, Non-Published, Unlisted)	Published
Directory Listing Phone Number	7704722570
Directory Listing Display Name	Jonesboro Public Works
DA/DL Header Text Information	Business Management
DA/DL Header Code Information	010780
Standard Industry Code Information	8742

Additional Voice Details

Caller ID (Yes/No)	Yes
Caller ID Display Name (max 15 char.)	Jonesboro Publi
International Dialing (Yes/No)	No
Call Blocking (Yes/No)	Yes
Auto-Attendant (Yes/No)	No

Account Name: Jonesboro Public Works

ID#: 15594066

CUSTOMER BILLING INFORMATION			
Billing Account Name	Jonesboro Public Works	City	JONESBORO
Billing Name (3rd Party Accounts)		State	GA
Address 1	100 GLORIA DRIVE OFC	ZIP Code	30236
Address 2		Billing Contact Email	rclark@jonesboroga.com
Billing Contact Name	Ricky Clark	Billing Contact Phone	(770) 478-3800
Tax Exempt?*	Yes	Billing Fax Number	
* If yes, please provide and attach tax exemption certificate.			

AGREEMENT

1. This Comcast Business Service Order Agreement sets forth the terms and conditions under which Comcast Cable Communications Management, LLC and its operating affiliates ("Comcast") will provide the Services to Customer. This Comcast Business Service Order Agreement consists of this document ("SOA"), the standard Comcast Business Terms and Conditions ("Terms and Conditions"), and any jointly executed amendments ("Amendments"), collectively referred to as the "Agreement". In the event of inconsistency among these documents, precedence will be as follows: (1) Amendments, (2) Terms and Conditions, and (3) this SOA. This Agreement shall commence and become a legally binding agreement upon Customer's execution of the SOA. The Agreement shall terminate as set forth in the Terms ar Conditions (<http://business.comcast.com/terms-conditions/index.aspx>). All capitalized terms not defined in this SOA shall reflect the definitior given to them in the Terms and Conditions. Use of the Services is also subject to the then current High-Speed Internet for Business Acceptable Use Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), and the then current Hig-Speed Internet for Business Privacy Policy located at <http://business.comcast.com/terms-conditions/index.aspx> (or any successor URL), bot of which Comcast may update from time to time.
2. Each Comcast Business Service ("Service") carries a 30 day money back guarantee. If within the first thirty days following Service activation Customer is not completely satisfied, Customer may cancel Service and Comcast will issue a refund for Service charges actually paid by Customer, custom installation, voice usage charges, and optional service fees excluded. In order to be eligible for the refund, Customer must cancel Service within thirty days of activation and return any Comcast-provided equipment in good working order. In no even shall the refund exceed \$500.00.
- If you use the service in the first 30 days, you will be refunded your subscription fees, but charged the applicable one-time fee.
3. IF CUSTOMER IS SUBSCRIBING TO COMCAST'S BUSINESS VOICE SERVICE, I ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE E911 NOTICE:

E911 NOTICE

- Comcast Business Voice service ("Voice") may have the E911 limitations specified below:
- In order for 911 calls to be properly directed to emergency services using Voice, Comcast must have the correct service address for th Voice Customer. If Voice is moved to a different location without Comcast's approval, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or Voice (including 911) may fail altogether.
 - Voice uses electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if the battt back-up in the associated multimedia terminal adapter is not installed, fails, or is exhausted after several hours.
 - Voice calls, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network/equipment/power failure, or another technical problem.
 - Comcast will need several business days to update a Customer service address in the E911 system. All change requests and question should be directed to 1-800-391-3000. USE OF VOICE AFTER DELIVERY OF THIS DOCUMENT CONSTITUTES CUSTOMER ACKNOWLEDGEMENT OF THE E911 NOTICE ABOVE.
4. To complete a Voice order, Customer must execute a Comcast Letter or Authorization ("LOA") and submit it to Comcast, or Comcast's thi party order entry integrator, as directed by Comcast.

5. New telephone numbers are subject to change prior to the install. Customers should not print their new number on stationery or cards unt after the install is complete.
6. Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Senior Vice President and the Customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer t signing below, agrees and accepts the Terms and Conditions of this Agreement.

CUSTOMER SIGNATURE	
By signing below, Customer agrees and accepts the Terms and Conditions of this Agreement. General Terms and Conditions can be found at http://business.comcast.com/terms-conditions/index.aspx .	
Signature:	
Print:	Ricky Clark
Title:	
Date:	

FOR COMCAST USE ONLY	
Sales Representative: Sharon Wilkes	
Sales Representative Code:	
Sales Manager/Director Name: Paul Casola	
Sales Manager/Director Approval:	
Division: Central	
Lead ID: 15594066	

Attachment: Comcast - Public Works (1080 : Comcast - Proposal)

Account Name: Jonesboro Public Works

ID#: 15594066

LETTER OF AGENCY

Please print or type the following All blank spaces must be completed.

Billing Name ("Company"): Jonesboro Public Works

Billing Address: 100 GLORIA DRIVE OFC

City: JONESBORO State: GA Zip: 30236

If Company is switching its current phone number(s) to Comcast, please print the telephone number(s) and the name(s) of Company's current local and long distance phone service providers in the spaces below.

Area code(s) and telephone number(s) Company wants switched to Comcast (you may also insert a number range, e.g., 215-555-0000 thru 215-555-9999):

Telephone Number	Current Local Provider
7704722570	Birch

Telephone Number	Current Local Provider

Please read the following information:

The undersigned is an authorized representative of the Company. Company chooses Comcast for all its landline calling needs across town, across the country, and worldwide for the telephone number(s) listed above (if applicable). Company understands that Comcast will take the place of its current landline phone service provider(s) for local, local toll, and long distance services. Company understands that, for each of these services, it may designate only one provider per service for any one telephone number. Company also understands that the service provided by Comcast includes all distances, which means that Company may only designate one provider for all of its calling needs for any one telephone number.

The undersigned signature on this form authorizes Comcast to act as Company's agent in making the changes from Company current service provider(s), and to switch Company's telephone number(s), listed above (if applicable), to Comcast. Company understands that its current service provider(s) may charge a fee to switch its service to Comcast

Please sign here:

Authorized Representative's Signature: Ricky Clark Date:

Authorized Representative's Name (Print):

Authorized Representative's Title (Print):

Attachment: Comcast - Public Works (1080 : Comcast - Proposal)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.11

- 11

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding approval of Budget Amendment #16-05.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Any Amendments to the Approved Budget, Must be Ratified by Mayor & Council.

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Upon the purchase of both the property on South Main Street & Cloud Street, Council directed Staff to move forward with the demolition of the property on Main Street. This budget amendment simply formalizes the transfer of funding from Contingency to the actual line item for demolitions. The other transfer is for the purchase of the bronze medallion for Lee Street Park.

At this time, staff has no further amendments to come before Mayor & Council.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

\$21,376.34 – Total Transfer Amount

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Budget Amendment 16-05

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

CITY OF JONESBORO

FY2016 BUDGET AMENDMENTS

 Amendment
Number

16-05

DEPARTMENT: Various DATE: 10/03/16

FUND: 100

TRANSFER FROM:

Dept.	Account Number	Account Name	Original Budget	Amended Budget	Net Change
1500	57.9000	Contingency	\$25,000.00	\$3,623.66	-\$21,376.34

TRANSFER TO:

Dept.	Account Number	Account Name	Original Budget	Amended Budget	Total Change
7450	52.2200	Demolitions	\$0.00	\$15,500.00	\$15,500.00
4100	53.1143	Signs & Banners	\$5,000.00	\$5,876.34	\$876.34
		TOTAL CHANGE			\$21,376.34

JUSTIFICATION: Upon the purchase of both the property on South Main Street & Cloud Street, Council directed Staff to move forward with the demolition of the property on Main Street. This budget amendment simply formalizes the transfer of funding from Contingency to the actual line item for demolitions. The other transfer is for the purchase of the bronze medallion for Lee Street

Department Director: Ricky L. Clark, Jr. Date:	City Administrator Recommend Approval: Yes / No Date:	Mayor's Approval Yes / No	City Council Meeting Date: Action: City Clerk:
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Attachment: Budget Amendment 16-05 (1077 : Budget Amendment - 16-05)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

3.12

- 12

COUNCIL MEETING DATE
October 3, 2016

Requesting Agency (Initiator)

Police

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Discussion regarding Food Service Agreement with Lewis Wilkins d/b/a/ "Little of this, Little That" located at 7929 to provide food on behalf of the inmate worker from the Clayton County Sheriff's Department.

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

Council Approval to Enter into Contractual Obligation

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Due to a recent Federal Lawsuit filed by inmates of the Clayton County Jail, it has been alleged that as part of federal regulations and accepted Statutory laws that inmates are to receive two (2) hot meals per day. According to the law suit filed by current inmates that was not being done. In order to eliminate the lawsuit, it is now required that all inmates be afforded a hot meal. The Sheriff's Department only serves one (1) hot meal per day. Therefore, since we utilize the inmate labor we are now required to provide the inmate worker with a hot meal. I am requesting that the City of Jonesboro enter into a food service contract with Lewis Wilkins d/b/a "Little of this, Little That" located at 7929 North Main Street Jonesboro, Georgia 30236.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Estimated cost at \$100.00 per month for four (4) months. Requires budget action for 2017 budget.

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

- Food Service Agreement - Lewis Wilkins

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

October, 3, 2016

Signature

City Clerk's Office

Food Service Agreement to Provide Meals

This agreement is entered into by the **Jonesboro Police Department** and **Lewis Wilkins** d/b/a "Little of this, Little That" located at 7929 North Main Street Jonesboro, Georgia for food service delivery to the Jonesboro Police Department on behalf of the Inmate worker from the Clayton County Sheriff's Department. The terms and conditions of the agreement as set forth as follows.

- (I) Lewis Wilkins d/b/a "Little of this, Little That", agrees to provide one (1) hot meal including drink each day Tuesday thru Friday.
- (II) The total cost for meals Tuesday thru Friday amount to \$25.00 per week or a total of \$100.00 per month.
- (III) Lewis Wilkins d/b/a "Little of this, Little That", agrees to monthly billing by invoice to City Hall and payment shall be rendered by City Hall at the end of the month.
- (IV) Lewis Wilkins d/b/a "Little of this, Little That", billing address is P.O. Box 1538 Jonesboro, Georgia 30237.

This agreement is entered into this 16th day of September, 2016 and either party reserves the right to terminate this agreement at any time.

Lewis Wilkins
d/b/a/ "Little of this, Little That"

Chief Franklin Allen
Jonesboro Police Department

Date

Date