

## **MORGAN COUNTY COMMISSION** AGENDA September 17, 2019 5:00 PM 150 East Washington Street, Madison, GA

### **Pledge and Invocation**

#### **Agenda Approval**

#### **Unfinished Business**

Hospital Board Opening <u>1.</u>

#### **New Business**

- **Recreation Board Opening**
- <u>2.</u> <u>3.</u> <u>4.</u> 5. FY 2019 Year-End Budget Amendment
- Public Safety Complex Access Control Replacement/Upgrade
- Commissioner Liaison Reports
- Public Comments on Agenda Items 6.



| Department:   | Administration  | Presenter(s):  | Adam Mestres  |
|---|---|--|---|
| Meeting Date: mm/dd/yyy                                       | y 9/17/2019   | Type of Request:   | Old Business  |
| Wording for the Agenda:                                       |   |  |   |
| Morgan Medical Ce   | nter Board Opening-Last discu   | ussed at the July 2, 2019 BOC                                | Meeting   |
| Background/History/Deta                                       | ils:  |  |   |
| the board opening le<br>Sally Buffington. W<br>this position. | eft vacant by Mary Ellen Shann<br>Ve also have on file, an applica          | non. Since then, we have receintion from Wendell McNeal that | applications were received for<br>ved one other application from<br>at was previously presented for |
| The Hospital Board  | voted last month to recommen  | in Sally Buillington to fill the v                           | acant position.   |
| What action are you seek                                      | ing from the Board of Commissioner  | s?   |   |
| Motion to appoint a   | pplicant to fill vacant position  | with term ending June 30th, 20                               | 022.  |
| If this item requires fundi                                   | ng, please describe:  |  |   |
|   |   |  |   |
| Has this request been co                                      | onsidered within the past two years?  | Yes If so, whe   | n?  |
| Is Audio-Visual Equipme                                       | nt Required for this Request?*  | No Backup P  | rovided with Request? Yes   |
|   | I must be submitted to the County<br>onsibility to ensure all third-party a |  |   |
| Approved by Finance   | No  |  |   |
| Approved by Purchasing  | No  |  |   |
| Manager's Approval  | No  |  |   |
| Staff Notes:  |   |  |   |
|   |   |  | _   |
|   |   |  |   |



#### **Morgan County Advisory Board Application**

Morgan County Hospital Authority

Applicant Information:

| SAULY PHILLIPS BUFFINGTON  |
|--|
| Full Name PLANTATION, RD.  |
| Address<br>MA) ISON GA 30650<br>Mailing Address (If different)   |
| SAME   |
| Telephone-Home Telephone-Work  |
| I reside in Commission District#<br>Board interested in serving on:  |
| Hospital Authority   |
| Background Information:  |
| Occupation/Employer<br>PRINCIPLE ARTIST<br>SELF EMPLOTED - CENTIFIED INSTRUCTOR UNITED STATES EVENTING ASSOCIATION |
| Education: BFA MISSISSIPPI UNWERSTY FOR WOMEN  |
| Do you have any experience in the field you are applying? If so explain.   |
| I CURRENTLY SERVE ON THE BORTO OF TRUSTERS - MADISON FIRST UNITED METHODIS<br>CHURCH.                              |
| Contribution/Intentions:   |
| What do you feel will be your biggest contribution if appointed to this board/position?                            |
| I WILL BARING & FAIR AND EQUITABLE JUDGEMENT ON ANY MATTER BORDUGAT<br>BEFORE ME.                                  |
| Other Comments or Information:   |
|  |

This board meets the last Thursday of each month at 5:30 P.M. in the DFACS building at 2005 South Main Street, Madison, GA. In addition, there are Special Called Meetings on an as needed basis.

Policy:

I understand the obligations and commitments required by this board/position. If appointed by the Morgan County Board of Commissioners, I agree to serve and faithfully execute the obligations and commitments of said board/position for the duration of the term of appointment. In all respects, I will uphold the ordinances and policies of Morgan County and all municipalities in a professional and courteous manner and fully divulge any and all potential conflicts of interest.



### Morgan County Advisory Board Application

Morgan County Hospital Authority

#### **Applicant Information**:

| WENDELL D. MCNEAL  |  |                        |     |  |
|--|--|------------------------|-----|--|
| Full Name  |  |                        |     |  |
| Monticello Road, Ma  | dison, Georgia 30650                               |                        |     |  |
| Address  |  |                        |     |  |
| Mailing Address (If different)   |  |                        |     |  |
|  |  |                        |     |  |
| Telephone-Home   | Telephone-Work<br>I reside in Commission District# | Telephone-Mobile       |     |  |
| Board interested in serving on:  | Treside in Commission District#                    |                        |     |  |
| -  |  |                        |     |  |
| Hospital Authority   |  |                        |     |  |
| <b>Background Information</b> :  |  |                        |     |  |
|  |  |                        |     |  |
| Occupation/Employer<br>KeyCorp Financial, Inc P                          | resident (Owner/Manager)                           |                        |     |  |
|  |  |                        |     |  |
|  |  |                        |     |  |
| Education:   | Securic Technical Callers                          |                        |     |  |
| Electronics Degree-South G   | eorgia lechnical college                           |                        |     |  |
|  |  |                        |     |  |
| Do you have any experience in the field you so wher/operator of four ret | ou are applying? If so explain.                    | I have wast experience | and |  |
| edge of advertising and mark   |  |                        |     |  |
| zing financial reports, proj   |  |                        | ,   |  |
| Contribution/Intentions:   |  |                        |     |  |
|  |  | _                      |     |  |

What do you feel will be your biggest contribution if appointed to this board/position? Marketing and advertising; sound business judgment and financial analysis

Other Comments or Information: See attached letter and resume

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#### Policy:

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> I understand the obligations and commitments required by this board/position. If appointed by the Morgan County Board of Commissioners, I agree to serve and faithfully execute the obligations and commitments of said board/position for the duration of the term of appointment. In all respects, I will uphold the ordinances and policies of Morgan County and all municipalities in a professional and courteous manner and fully divulge any and all potential conflicts of interest.

.1 Mrn\_ Signature

WENDELL D. MCNEAL

May 8, 2019

Date



| Department:                   | Administration  | Presenter(s):               | Adam Mestres   |
|-------------------------------|---|-----------------------------|--|
| Meeting Date: mm/dd/yyyy      | 9/17/2019   | Type of Request:            | New Business   |
| Wording for the Agenda:       |   |                             |  |
| Recreation Board Ope          | ening   |                             |  |
| Background/History/Details    | ):<br>  |                             |  |
| 1                             | ubmitted an application for co<br>y Joey Lancaster with term en                       |                             | on Board. This would fill the  |
| What action are you seekir    | ng from the Board of Commissioners  | \$?                         |  |
| Motion to appoint app         | plicant to fill vacant position   | with term ending February 2 | 9th, 2020.   |
| If this item requires funding | , please describe:  |                             |  |
|                               |   |                             |  |
| Has this request been con     | sidered within the past two years?  | No If so, w                 | nen?   |
| Is Audio-Visual Equipmen      | t Required for this Request?*   | No Backup                   | Provided with Request? Yes   |
|                               | must be submitted to the County<br>asibility to ensure all third-party at<br>No<br>No |                             | ours prior to the meeting. It is also<br>I at least 48 hours in advance. |
|                               |   |                             |  |



### **Morgan County Board of Commissioners Recreation Board Application**

| Applicant Information:  |               |
|---|---------------|
| Thomas Edward Burden<br>Full Name Atlanta Idwy. Madison, Ga. 30650  |               |
| Full Name   |               |
| Atlanta Idwy. Madison. Ga. 30650  |               |
| Address   |               |
| Mailing Address (If different)  |               |
| Telephone-Home Telephone-Work   |               |
| Background Information:   |               |
| Occupation/Employer<br>Ga. Farm Bureau Insurance Company - Agency May.<br>37 years.   |               |
| Education: 2 yrs. College - West Ga.  |               |
| Do you have any experience in the field you are applying? If so explain.<br><u>Was in Bremen City Recreation Board in the 1980's including so<br/>the Chairman Until I moved.</u> Have Coached Various sports for o<br><u>Joy</u> | ervix<br>over |
| <u>Contribution/Intentions</u> :  | years.        |
| What do you feel will be your biggest contribution if appointed to this board/position?<br>Experience and a strong commitment to this recreation department<br>along with the people it serves (all ages and all activities)      |               |
| Other Comments or Information:<br><u>Any thing I can do to help</u> .   |               |

Term of service on this board is for five years. Meetings are held the first Thursday of January, March, May, July, September & November and they normally start at 12:00 noon.

#### Policy:

I understand the obligations and commitments required by this board/position. If appointed by the Morgan County Board of Commissioners, I agree to serve and faithfully execute the obligations and commitments of said board/position for the duration of the term of appointment. In all respects, I will uphold the ordinances and policies of Morgan County and all municipalities in a professional and courteous manner and fully divulge any and all potential conflicts of interest.

Momen E. Benden Signature

9- 5-2019 Date



| Department:                  | Finance  | Presenter(s):                 | Adam Mestres             |
|------------------------------|--|-------------------------------|--------------------------|
| Meeting Date: mm/dd/yyy      | y 9/17/2019  | Type of Request:              | New Business             |
| Wording for the Agenda:      |  |                               |                          |
| FY 2019 Year-End I           | Budget Amendment   |                               |                          |
| Background/History/Detai     | ls:  |                               |                          |
| upcoming Schneider           | Iment will serve as a transfer o<br>Project and other future capita<br>n expected sales tax base, vehi | al needs. The revenues associ |                          |
| What action are you seek     | ing from the Board of Commissioners  | 5?                            |                          |
| Motion to approve the        | ne FY 2019 Year-End Budget .   | Amendment                     |                          |
| If this item requires fundir | g, please describe:  |                               |                          |
| No                           |  |                               |                          |
| Has this request been co     | nsidered within the past two years?  | No If so, whe                 | n?                       |
| Is Audio-Visual Equipme      | nt Required for this Request?*   | No Backup P                   | rovided with Request? No |
|                              | l must be submitted to the County<br>nsibility to ensure all third-party au                            |                               |                          |
| Approved by Finance          | Yes  |                               |                          |
| Approved by Purchasing       | Not Applicable   |                               |                          |
| Manager's Approval           | Yes  |                               |                          |
| Staff Notes:                 |  |                               |                          |

## Morgan County Final Year End Budget Amendment Fiscal Year 2019

To increase original budgeted revenues and transfer funds to Capital Projects Fund to help pay for Schneider Project and future capital needs.

This will reduce amount borrowed and interest cost.

| Transfer out to capital fund    | 100-9000-61.1912 | 1,000,000.00 |
|---------------------------------|------------------|--------------|
| Motor Vehicle TAVT              | 100-1515-31.1315 | 350,000.00   |
| Local Option Sales Tax          | 100-1515-31.3100 | 265,000.00   |
| Intergovernmental Revenue - JDA | 100-1515-33.6000 | 385,000.00   |

1,000,000.00 1,000,000.00



-----

| Department:   | Sheriff's Office   | Presenter(s):              | Mark Williams                   |
|---|--|----------------------------|---------------------------------|
| leeting Date: mm/dd/yy  | yy <mark>9/17/2019</mark>  | Type of Request:           | New Business                    |
| ording for the Agenda:  |  |                            |                                 |
| PSC Access Contro   |  |                            |                                 |
| ackground/History/Del   | ails:  |                            |                                 |
| and has been in ne  | pgraded or replaced due to age and<br>ed of upgrade\repair for several ye<br>ller boards that are necessary for t  | ears. The proposed upgrade | s will include several 1 Cs,    |
| What action are you se<br>Motion to approve<br>Security for \$47,7  | eking from the Board of Commissioners?<br>the replacement/upgrade of the P<br>00.  | Public Safety Complex acce | ss control systems from Stanley |
|   |  |                            |                                 |
|   | ding please describe:  |                            |                                 |
|   | ding, please describe:   |                            |                                 |
| If this item requires fun   |  | No lf so, w                | hen?                            |
| If this item requires fun   |  |                            | hen? Provided with Request? Yes |
| If this item requires fun<br>Has this request been<br>Is Audio-Visual Equip   | considered within the past two years?  | No Backup                  | Provided with Request? Yes      |
| If this item requires fun<br>Has this request been<br>Is Audio-Visual Equip   | considered within the past two years?<br>ment Required for this Request?*<br>prial must be submitted to the County (<br>sponsibility to ensure all third-party au        | No Backup                  | Provided with Request? Yes      |
| If this item requires fun<br>Has this request been<br>Is Audio-Visual Equips<br>All audio-visual mate<br>your department's res                        | considered within the past two years?<br>ment Required for this Request?*<br>prial must be submitted to the County (<br>sponsibility to ensure all third-party au<br>Yes | No Backup                  | Provided with Request? Yes      |
| If this item requires fun<br>Has this request been<br>Is Audio-Visual Equipt<br>All audio-visual mate<br>your department's res<br>Approved by Finance | considered within the past two years?<br>ment Required for this Request?*<br>prial must be submitted to the County (<br>sponsibility to ensure all third-party au<br>Yes | No Backup                  | Provided with Request? Yes      |

#### PURCHASE ORDER REQUEST FORM MORGAN COUNTY, GEORGIA

| PO#                                 |  | Ven            | dor Quotation Requireme   | ents      | ]        |
|-------------------------------------|--|----------------|---------------------------|-----------|----------|
|                                     |  | \$2,000.00     | - \$99,999 - Three quotes | required  |          |
|                                     |  | \$1            | 00,000 & up - Sealed bid  |           |          |
|                                     |  | VENDOR #1      | VENDOR #2                 | VEND      | OR #3    |
| ACCOUNT NUMBER QTY UNIT             | DECODIDITION   | Stanley        |                           |           |          |
|                                     | DESCRIPTION<br>t/upgrade Stanley PSC Access Controls | UNIT EXTENDED  | UNIT EXTENDED             | UNIT      | EXTENDED |
|                                     | Cupgrade Stanley PSC Access Controls                 | \$47,700.00    |                           |           |          |
|                                     |  |                |                           |           |          |
|                                     | Total  | \$47,700.00    | \$0.00                    |           | \$0.00   |
| Recommended Vendor:                 | Requesting DepartmentM(                              | CSO            |                           |           | 9/4/2019 |
|                                     | Elected Official/Department Head: <u>Ke</u>          | eith Howard    |                           | Date_     | 9/4/2019 |
| For Purchases Exceedi               | ng \$7,500   | Approved       | for preparation of purcha | ase order |          |
| Date approved by Commission:        |  |                |                           |           |          |
| Any stipulations of the Commission: |  | Purchasing Off | ìcer                      | Date      |          |



STANLEY Convergent Security Solutions 8350 Sunlight Drive, Fishers, IN 46037 T (317) 572 2120 F (317) 578 4983

| To:           | Sheriff Robert Markley |           | Morgan County Jail, GA –                |
|---------------|------------------------|-----------|---|
| Organization: | Morgan County Jail     | QUOTATION | Commander, Informer,<br>Audio Recording |
| Phone:        | 706-342-1507           | #180283-1 | Computer/Server, PLC, &                 |
| Email:        | rmarkley@morganga.org  |           | ASA Replacements                        |

Dear Sheriff Markley:

August 30, 2019

Per your request, we have attached pricing to provide replacement Commander Computers, replacement Informer/Gatekeeper Server, upgrade to an Audio Recording Server, replacement PLC, and replacement ASA. We will provide five (5) new Commander computers (1 will be a spare), one (1) Informer/Gatekeeper Server, one (1) Audio Recording Server, one (1) PLC Processor, and one (1) ASA. All of these computers and servers will be tested in house with a mock-up of your PLC system to reduce faults and down time at your facility. After testing, the computers will be shipped to site, installed, and validated.

#### Commander Computers

The Commander computers will include Windows10 OS and Wonderware InTouch v10.x, which means that all of these software platforms are once again supported. In addition, since your existing touchscreen drivers are not supported by Windows10, four (4) new 19" LCD touchscreen monitors have been included.

#### Computers to be replaced:

- 1. CC1 Central Control, Room 1159
- 2. CC2 Central Control, Room 1159
- 3. CC3 Housing Control, Room 2048
- 4. CC4 Intake/Booking Control, Room 1257
- 5. CC5 Spare

#### Informer/Gatekeeper Server

The Informer/Gatekeeper server will be upgraded to include Windows Server 2016. Please note that the data from the old data logger may not be compatible with the new system. We will make you aware if you need to keep your old unit online to archive the old data.

#### Computers to be upgraded:

1. INF – Security Electronics, Room 1163

#### Audio Recording Server

We will provide the equipment necessary to retain the intercom audio recording functionality. Your current system records the audio conversations between each Commander Touchscreen Control Station and any intercom that they are connected to. The recording device that is existing is no longer supported and is not compatible with Windows Server 2016. Therefore, we will be providing an audio recording server to record these conversations. Please note that the old audio recordings are not compatible with the new system, therefore, this data will not be migrated.

#### Computers to be upgraded:

1. AUD - Security Electronics, Room 1163

#### PLC Processor

Due to your existing PLC processor running out of memory, and causing your Commander Control Stations to lose connection, we will provide a new PLC Processor with 2MB of memory. The existing power supply and end caps shall be reused.

#### **Secure Gateway Lite**

Due to your existing ASA device failing, we will be providing Secure Gateway Lite, which is a new ASA device. The secure gateway lite is a hardware/software firewall added between your administrative network and the security electronics system network to allow our service department access to the security system, while providing increased security against unwanted intrusion. Should you desire, the physical connection may be left "unplugged" until service is required.



The price includes the equipment listed below plus labor for engineering documentation updates, PC/Server/PLC/ASA Configuration, Software Installation, and on-site installation & validation.

Equipment and services included:

- (4) .....Commander Computers
  - Windows 10 OS
  - Wonderware Runtime License
- (1).....Spare Commander Computer
  - Windows 10 OS
- (1).....Informer Server
  - •' Server 2016 OS
    - Informer Software
    - LaserJet Printer
- (1) .....Audio Recording Server
  - Server 2016 OS
    - Audio Recording Software
- (1) .....PLC Processor with 2MB of Memory
- (1).....Secure Gateway Lite (ASA Device)
- (1 lot) ..... Labor, Engineering Documentation updates
- (1 lot) ...... Labor, PC/Server/PLC/ASA Configuration
- (1 lot) ...... Labor, Software Installation
- (1 lot) ......Labor, On-site installation & validation
- (1 lot) ..... Travel & Living Expenses
- (1 lot) ..... Freight
- (1 lot) ..... Warranty
- (1 lot) .....7% Sales Tax

Price ......\$ 47,700.00\*

\*Please note: Some peripherals, i.e. touchscreen monitors, printers, etc., may not function after the upgrade due to new OS/End of Life Driver conflicts, requiring this equipment to be upgraded for restored functionality. Therefore, additional costs may be incurred.

Stanley Convergent Security Solutions guarantees its engineering and hardware to be free from defects for a period of one year, unless otherwise specified. This warranty does not include acts of God or abuse by the owner.

Terms are per due upon receipt. We are not responsible for any work associated with hazardous materials (i.e. asbestos, lead paint, etc) that is associated with the work. This work will be the responsibility of the Owner or General Contractor.

We work under the terms of a purchase order or signed agreement only. No applicable bonding have been included in our price. However, 7% sales tax and shipping and handling is included. We are pleased to provide this quotation, and we hope it meets with your approval. We will wait to proceed with this change until we receive a Purchase Order/Signed Sales Agreement.

All paperwork to be addressed to: **Stanley Convergent Security Solutions, Inc.** Please fax the Purchase order or signed sales agreement to 317-578-4983 and send the original to our office to my attention. The price is valid for 30 days. If you have any questions, please feel free to call.

Sincerely,

Dusty Hackleman Senior Sales Engineer <u>dustin.hackleman@sbdinc.com</u> 317-572-2120 Direct Line

STANLEY Convergent Security Solutions 8350 Sunlight Drive, Fishers, IN 46037 T (317) 572 2120 F (317) 578 4983

#### **Terms and Conditions**

#### **GENERAL**

Terms are due upon receipt. SCSS works under the terms of a purchase order only. We will wait to proceed with this change until we receive a Purchase Order or Signed Sales Agreement. SCSS is not responsible for any work associated with hazardous materials (i.e. asbestos, lead paint, etc) that is associated with the work. This work will be the responsibility of the Owner or General Contractor.

All paperwork to be addressed to: **Stanley Convergent Security Solutions, Inc.** Please fax the Purchase Order or Signed Sales Agreement; W-9, and a Tax Exempt Certificate to 317-578-4983 <u>and mail</u> the originals to our main office to my attention. If you have any questions, please feel free to call.

#### WARRANTY

SCSS warrants that the engineering and equipment will be free from defects in material and workmanship for a period of twelve (12) months from the date the system is placed into operation. If during this warranty period, any of the equipment or parts are defective or malfunction, they will be repaired or replaced free of charge. Warranty repair and/or service shall be provided in accordance with the terms and conditions set forth in the Agreement between SCSS and Owner.

**DISCLAIMER OF ALL OTHER WARRANTIES**: EXCEPT FOR THE FOREGOING LIMITED EQUIPMENT WARRANTY DESCRIBED ABOVE, SCSS MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IT IS EXPRESSLY AGREED THAT UNDER NO CIRCUMSTANCES SHALL SCSS BE HELD LIABLE FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, WHETHER ARISING UNDER ALLEGED BREACH OF AGREEMENT, NEGLIGENCE, STRICT LIABILITY OR ANY OTHER LEGAL OR EQUITABLE THEORY, AND SCSS'S LIABILITY SHALL BE STRICTLY LIMITED AS STATED ABOVE.

#### ADDITIONAL CHARGES:

1. All prices quoted do not include sales tax or bonds unless specifically written on the face of the proposal.

2. Unless otherwise stated in the proposal, the price quoted is FOB shipping point. All shipments will be UPS ground, unless otherwise specified.

3. Applicable permitting fees will be billed on a pass-through basis.

4. The price quoted assumes installation will be performed during SCSS's normal working hours and using its own personnel. If Customer requests the installation or any part thereof to be performed outside ordinary business hours or, if the installation must be performed by outside contractors, or SCSS's wage rates do not apply as a result of prevailing wage requirements, or otherwise, then the installation charge will be adjusted accordingly.

5. Any changes to the system required by any government agency or Authority Having Jurisdiction will be billed to Customer, and are not the responsibility of SCSS.

#### **INSURANCE**:

SCSS will carry Liability Insurance and Workers Comp. Insurance and will provide Certificates of Insurance to Contractor, with Contractor named as Certificate Holder, prior to the execution of any work. In the event SCSS is required to indemnify Contractor, Owner or a third party, the indemnification shall be limited to the installation amount.

#### ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions attached hereto are satisfactory and are hereby accepted. SCSS is authorized to do the work as specified. Payment will be made as outlined above.

| Stanley Convergent Security Solutions, Inc. |  | Customer                 |  |
|---|--|--------------------------|--|
| Written By:<br>Title:                       | Dusty Hackleman<br>Senior Sales Engineer | _ Approved By:<br>Title: |  |
| Approved and                                | Accepted by Stanley CSS                  | Date:                    |  |
| By:   |  |                          |  |
| Title:                                      |  | _                        |  |
| Date:                                       |  |                          |  |

This proposal may be withdrawn by us if not accepted within thirty (30) days.