



LOWNDES COUNTY BOARD OF COMMISSIONERS
PROPOSED AGENDA
WORK SESSION, MONDAY, FEBRUARY 24, 2025, 8:30 A.M.
REGULAR SESSION, TUESDAY, FEBRUARY 25, 2025, 5:30 P.M.
327 N. Ashley Street - 2nd Floor

- 1. Call To Order**
- 2. Invocation**
- 3. Pledge Of Allegiance To The Flag**
- 4. Minutes For Approval**
 - a. Work Session and Public Hearing - February 10, 2025 & Regular Session and Public Hearing - February 11, 2025
Recommended Action: Approve
Documents:
- 5. For Consideration**
 - a. Lowndes County Accountability Court Grant Approval
Recommended Action: Approve
Documents:
- 6. Bid**
 - a. Bid for One Truck for Magistrate Court
Recommended Action: Board's Pleasure
Documents:
- 7. Reports - County Manager**
- 8. Citizens Wishing To Be Heard - Please State Your Name and Address**
- 9. Adjournment**

LOWNDES COUNTY BOARD OF COMMISSIONERS
COMMISSION AGENDA ITEM

SUBJECT: Lowndes County Accountability Court Grant Approval

DATE OF MEETING: February 25, 2025

BUDGET IMPACT: \$7,500.00

FUNDING SOURCE:

- Annual
- Capital
- N/A

Work
Session/Regular
Session

COUNTY ACTION REQUESTED ON: Acceptance of FEDERAL Grant Award for LCAC

HISTORY, FACTS AND ISSUES: On behalf of the Lowndes County Accountability Court (LCAC) team, and Judge Gregory A. Voyles, I would like to thank the Board for all the support you have given us over the years.

LCAC has received a federal grant in the amount of \$7,500.00. This funding will be used to implement a PEER program for LCAC (detailed in attached handout). There is no cash match requirement for this grant.

LCAC is asking the County to act as fiduciary agent and pass-through entity as this is a reimbursement grant.

OPTIONS: 1. Approval of grant - as requested above.
2. Board's Pleasure

RECOMMENDED ACTION: Approve

DEPARTMENT: Accountability Court

DEPARTMENT HEAD: Jennifer Fabbri

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:



Southern Circuit
Accountability Courts
Colquitt, Lowndes & Thomas Counties

PEER PROGRAM

WHAT IS IT?

PEER STANDS FOR "PEOPLE ENTERING EARLY RECOVERY" AND THE PURPOSE OF THIS PROGRAM IS TO TRAIN, ENDORSE AND EMPLOY ACCOUNTABILITY COURT GRADUATES SO THEY MAY BECOME AN INTEGRAL COMPONENT OF THE EXISTING LCAC TEAM AND ASSIST WITH THE DAILY FUNCTIONS OF THE PROGRAM.

PEERS ASSIST BY HELPING TO EDUCATE THE COMMUNITY ABOUT ACCOUNTABILITY COURTS. PEERS PROVIDE A PERSPECTIVE MOST TEAM MEMBERS COULD NEVER SHARE. PEERS ARE REAL-LIFE EXAMPLES THAT SHOW ACCOUNTABILITY COURTS WORK. THEY ARE PEOPLE WHO CAN TELL THEIR STORY AND SHARE HOW FAR THEY HAVE COME. THIS SPEAKS MUCH LOUDER THAN A NUMBER ON A SHEET OF PAPER.

BUDGET DETAILS

- **COMPLETELY FUNDED THROUGH A FEDERAL GRANT**
- **AMOUNT \$7500**
- **NO CASH MATCH**
- **WILL BE USED TO EMPLOY ONE (1) PROGRAM GRADUATE TO WORK WITH THE LCAC PROGRAM**
- **TERM 3-1-25 THROUGH 6-30-25**

BACKGROUND

THE PEER PROGRAM WAS STARTED IN FY22 IN COLQUITT COUNTY GEORGIA AND WAS THE BRAIN-CHILD OF CASE MANAGER, HEATHER KING. THROUGH A SERIES OF STATE GRANTS THE PROGRAM HAS BEEN EXPANDED TO INCLUDE THOMAS COUNTY (FY24-25) AND NOW WITH THIS NEW FEDERAL GRANT, WE HAVE THE CHANCE TO BRING THIS EXCITING PROJECT TO LOWNDES COUNTY.

CJCC Budget Detail Worksheet

Agency Name:	YNDES COUNTY BOARD OF COMMISSION
Subgrant Number:	J25-8-033
Project Name:	YNDES COUNTY ACCOUNTABILITY COU
Select grant type:	OTHER - No Match

Purpose: This Budget Detail Worksheet is used to verify all Subgrant Expenditure Requests (SERs) and to determine whether costs are allowable, reasonable and justified. Please fill it out completely with the Subgrant Adjustment Request (SAR) #1 in your award packet and for each subsequent SAR that requires a budget change. All required information must be present in the budget narrative, regardless of format.

NOTE - If you need extra lines in the spreadsheet under one of the categories: 1) Highlight an entire row or block of lines within the same category 2) Keeping your mouse over the highlighted row or block, right click and select the copy option by left clicking 3) Next, right click with your mouse again on the highlighted row or block and chose the option "insert copied cells" by left clicking. If you selected only a block and not the entire row, a new tile will open up and select the option "Shift cells down" and click OK. Use of this technique will ensure that you don't change the formulas inserted in the spreadsheet.

A (1). Personnel-- List each position by title and name of employee, if available. In order to calculate the budget enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

Title	First and Last name	Salary Rate	% Time to Project	Select Pay Period Frequency	Cost	Match?
PEER 1	TO BE HIRED	\$1,250.00	50%	Monthly	\$7,500.00	N/A
						N/A
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	

Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Select Pay Period Frequency	Cost	Match?
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
PERSONNEL TOTAL						\$7,500	

A (2). Volunteers -- If applicable, simply enter the number of hours of service volunteers will perform. Volunteers must be valued at \$15/hour unless approved by CJCC staff for a higher rate. Do not change the drop-down selection box from "In-kind" or your match will not calculate correctly.

Volunteers	Hours	Rate	Total value	Match
			\$ -	In-Kind
VOLUNTEERS TOTAL			\$0.00	

A (3). Fringe-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Select fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost	Match?
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
FRINGE TOTAL						\$0.00	
PERSONNEL GRAND TOTAL						\$7,500	

B. Travel-- Funds must be budgeted in compliance with State of Georgia Statewide Travel Regulations. Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). **If selecting "airfare" enter 1 in the nights/days field and use the round-trip costs. Please note that the maximum reimbursement rate is**

Trainings and Conferences		**All trainings and conferences must be pre-approved by submitting an agenda to your Specialist or Auditor.						
Purpose of Travel	staff memb	Item	Cost	# Individuals	# Nights/Days	# Trips	Cost	Match?
							\$0.00	

							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00

Mileage							
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost	Match?	
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
TRAVEL TOTAL							\$0.00

C. Equipment-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Please note that all items must be greater than or equal to \$10,000 per unit to be classified as equipment. Otherwise please list items in "Supplies".

Equipment Item	Cost per Unit	# Items	Vendor	Cost	Match?
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
EQUIPMENT TOTAL					\$0.00

D. Supplies-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation. For example, where an item is office supplies, enter \$100 for cost per unit; "month" for define unit; 12 for # units, and Office Palooza for Vendor. Leave "define unit" blank if not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
SUPPLY TOTAL					\$0.00

E. Printing-- List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation. For example, where an item is business cards, enter \$15 for cost per unit; "box" for define unit; 2 for # units, and Print Mania for Vendor. Leave "define unit" blank if it is not applicable.

Item	Cost per unit	# Units	Vendor	Cost	Match?
					\$0.00
					\$0.00
					\$0.00
					\$0.00
PRINTING TOTAL					\$0.00

F. (1) Other Costs-- List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost	Match?
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00

F. (1) Subtotal	\$0.00
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F. (2) Consultant Fee: Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly or daily rate (8 hours) multiplied by the

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
F. (2)Subtotal					\$0.00	

F. (3) Contracts: Provide a description of the product or service to be procured by contract and a cost estimate. Applicants are strongly encouraged to use a competitive procurement process in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost	Match?
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
F. (2)Subtotal					\$0.00	

F. (4) Indirect Cost: If your agency has a negotiated rate, a copy of the Indirect Cost Rate Agreement must be submitted with your contract budget. Applicants may elect to use an amount up to the ten percent (15%) de Minimis rate of their Modified Total Direct Costs (MTDC) base. MTDC includes the cost of salaries, wages and fringe benefits of personnel that work directly on the project, and other operational costs such as supplies, printing, and travel that are directly related to the project. To use the de Minimus indirect cost rate complete the MTDC Calculator in the next tab. When you have completed this calculator, the total indirect cost will transfer to the

Indirect Cost	\$0
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F. OTHER TOTAL	\$0
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G. Match Waiver: If your agency would like to request a match waiver, you should submit a letter, on your agency's letterhead, to the Georgia Criminal Justice Coordinating Council (CJCC). The letter should outline the reasons why your agency will have trouble meeting the full match requirement and should indicate the

G. Match Waiver Amount:

Budget Summary--When you have completed this budget worksheet, the totals for each category will transfer to the spaces below. The total costs and total project costs will be computed via Excel formula. Indicate the amount of grant funds requested and the amount of non-grant funds that will support the project.

Budget Category	Amount		
A. Personnel and Fringe	\$7,500		
B. Travel	\$0		
C. Equipment	\$0		
D. Supplies	\$0		
E. Printing	\$0		
F. Other	\$0		
TOTAL PROJECT COSTS	\$7,500		
Award	\$7,500		
Match Amount	\$0		
ch Breakd	Cash	\$0	0%
	In-Kind	\$0	0%

Budget Narrative

The budget amount of \$7,500.00 would be distributed as follows: 1 PEER would receive \$7,500.00 paid out over the course of 6 months (1-1-25 through 6-30-25). PEER would receive a monthly paycheck in the amount of \$1,250.00 (for a minimum of 20 hrs/week work). \$1,250.00 x 6 months = \$7,500.00.

NOTE: If a Non-Grant expense amount is entered, make sure those items for which they will be used must be incorporated into your overall budget. Indicate clearly throughout you budget narrative and detail worksheet for which items these funds will be used.

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

SUBGRANT AWARD

SUBGRANTEE: Lowndes County

IMPLEMENTING

AGENCY: Lowndes County

PROJECT NAME: Drug Court

SUBGRANT NUMBER: B75-8-013

FEDERAL FUNDS: \$ 7,500

MATCHING FUNDS: \$ 0

TOTAL FUNDS: \$ 7,500

GRANT PERIOD: 01/01/25-06/30/25

This Award is hereby made in the amount and for the period shown above for a Subgrant under the Bipartisan Safer Communities Supplemental Appropriations Act, 2022 (Pub. L. No. 117-159 Stat. 1313, 1339); 28.U.S.C. 530C. The award is made in accordance with the plan set forth in the application of the Subgrantee and subject to any attached special conditions.

The Subgrantee has agreed through the executed copy of certified assurances to be subject to all applicable rules, regulations, and conditions of the Bipartisan Safer Communities Supplemental Appropriations Act, 2022. This Subgrant shall become effective on the beginning date of the grant period, provided that within forty-five (45) days of the award execution date (below) the properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Date Executed: 01/01/25

Signature of Authorized Official Date

Bill Slaughter, Lowndes Co BOC Chair

Typed Name & Title of Authorized Official

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	14198	1	01/01/25	9		**	B75-8-013
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	14SC7				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Drug Court	624.41	\$ 7,500

Ms. Mia Smith, Program Director, Criminal Justice Unit
Criminal Justice Coordinating Council
104 Marietta Street, Suite 440
Atlanta, GA 30303-2743

RE: Subgrant # B75-8-013 - **Designation of Signing Authority**

Dear Ms. Smith:

Please let this letter serve as formal notice that Stephanie Black, Finance Director for Lowndes County, does hereby have authorization to sign any and all documents with regards to Subgrant # B75-8-013, on behalf of myself and the Lowndes County Board of Commissioners.

Thank you.

Yours Truly,

Bill Slaughter, Chairman
Lowndes County Board of
Commissioners

cc: Jennifer S. Fabbri, Coordinator
Stephanie Black, Finance Director

LOWNDES COUNTY BOARD OF COMMISSIONERS
COMMISSION AGENDA ITEM

SUBJECT: Bid for One Truck for Magistrate Court

DATE OF MEETING: February 25, 2025

BUDGET IMPACT: \$39,852.00

FUNDING SOURCE:

- Annual
- Capital
- N/A
- SPLOST
- TSPLOST

Work
Session/Regular
Session

COUNTY ACTION REQUESTED ON: Bid for One Truck for Magistrate Court

HISTORY, FACTS AND ISSUES: Lowndes County solicited bids for one new truck for Magistrate Court. This vehicle will replace an older vehicle. Lowndes County received two bids that met specifications.

Stivers Ford	2025 Ford F150	Union City, GA	\$39,852.00
Cass Burch	2025 Ram 1500	Quitman, GA	\$41,687.00

OPTIONS: 1. Award the bid to Stivers Ford.
2. Board's Pleasure

RECOMMENDED ACTION: Board's Pleasure

DEPARTMENT: Finance

DEPARTMENT HEAD: Stephanie Black

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS: