

## LOWNDES COUNTY BOARD OF COMMISSIONERS PROPOSED AGENDA

WORK SESSION, MONDAY, APRIL 21, 2025, 8:30 A.M. REGULAR SESSION, TUESDAY, APRIL 22, 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 April 7, 2025 & Regular Session April 8, 2025 Recommended Action: Approve Documents:
- 5. Appointment
  - Department of Behavioral Health and Developmental Disabilities (DBHDD)
     Recommended Action: Board's Pleasure
     Documents:
- 6. For Consideration
  - a. Acceptance of the VAWA Continuation Grant Award for 2025 Recommended Action: Option 1 Documents:
  - b. FY2026 Juvenile Justice Incentive Grant Application Recommended Action: Board's Pleasure Documents:
  - c. Emergency Purchase Naylor Tower Top Amp Replacement Recommended Action: Board's Pleasure Documents:

## 7. Bid

a. 2025 Local Maintenance and Improvement Grant (LMIG) Resurfacing Bids (Project #: ENG 2025-01)

Recommended Action: Approve Documents:

- 8. Reports County Manager
- 9. Citizens Wishing To Be Heard Please State Your Name and Address
- 10. Adjournment

## LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

| Disabilities (DBHDD)            | Work                       |
|---------------------------------|----------------------------|
| DATE OF MEETING: April 22, 2025 | Session/Regular<br>Session |
| BUDGET IMPACT:                  |                            |
| FUNDING SOURCE:                 |                            |
| ( ) Annual                      |                            |
| ( ) Capital                     |                            |
| (X) N/A                         |                            |
| ( ) SPLOST                      |                            |
| ( ) TSPLOST                     |                            |

COUNTY ACTION REQUESTED ON: Appointing a member

HISTORY, FACTS AND ISSUES: The term of Ms. Kelley Saxon expired March 8, 2025. Ms. Saxon has reached the maximum amount of time that a member can serve on the board. The term of Mr. Carlton Richard will expire May 28, 2025. At this time, Mr. Richard is not seeking reappointment. Ms. Juliana Powell has expressed an interest in serving on the board.

OPTIONS: 1. Appoint a member.

2. Board's Pleasure

**RECOMMENDED ACTION: Board's Pleasure** 

**DEPARTMENT**: County Manager

**DEPARTMENT HEAD:** Paige Dukes

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:



# Georgia Department of Behavioral Health & Developmental Disabilities Kevin Tanner, Commissioner

| Mental Health, Developn<br>A   | nental Disabilit<br>dvisory Counci  | ies & Addictive Diseases<br>l |
|--|-------------------------------------|-------------------------------|
|  | ANTINFORMATI                        |                               |
| Name: Juliana Powell   |                                     |                               |
| Current address:   |                                     |                               |
| Apartment/Suite Number:  |                                     |                               |
| City: Valdosta   | State: GA                           | ZIP Code: 31401               |
| Region Number:   | Race/Ethnicity (optional):          | Gender (optional):            |
| County of Residence: Lowncles  |                                     |                               |
| Day Phone:   | E-Mail:                             |                               |
| Evening Phone:   | Fax Number: <i>N j</i>              |                               |
| Cell Phone:  | Best Way to Conta                   | ct You: Email                 |
| Please list any current or past association working in the area of behavioral health positions held (attach separate sheet, if realth of Lowncles Echols Color of Counties by Charles by Ch | or developmental dis<br>necessary): | sabilities including any      |
|  |                                     |                               |

# Georgia Department of Behavioral Health & Developmental Disabilities Kevin Tanner, Commissioner

| THE STITTON OF RESISTANCE TO COUNCIL MEMBER   |
|---|
| The purpose of this document is to certify that I am eligible for appointment to the Region 4 Regional Advisory Council.  |
| I Juliana Paull, do solemnly affirm the following:  Print Name  |
| Please list all of your employers and boards that you have been a member of in the past two years (to present)  |
| Cherry Brothers, Inc, CHSH of Lowndes & Echols, Good Good<br>Hospitality Group, Reautiful Creations by Chanel, Leadership   |
| iowndes   |
| <ul> <li>I am not the spouse, parent, child, or sibling of a council member of the Advisory<br/>Council or of any of the members or employees mentioned above on this list</li> </ul>   |
| <ul> <li>I have no motivations of private or personal interest that would make my<br/>appointment improper or appear improper</li> </ul>  |
| To my knowledge neither my spouse, parents, children, or siblings are members of the DBHDD Regional Advisory Council for which I am applying, nor are they employees or board members of any entity that contracts with or receives funds from the DBHDD, DHS, OR DPH. To address any concern on this matter, I can call DBHDD Office of Statewide Community Relations at 404-463-7161. |
| The Advisory Council(s) is created by a law passed by the General Assembly, O.C.G.A. 37-2-5 and operates under the authority of the Department of Behavioral Health and Developmental Disabilities with membership appointed by the County Governing Authorities.   |
| SIGNATURE   |
| I authorize the verification of the information provided and agree to the request of any additional information. Thave received a copy of this application.   |
| Signature of Applicant: John Jovel Date: 4/17/25  |
| IMPORTANT: Please return completed form to local Field Office.  |

## LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

| SUBJECT: FY2026 Juvenile Justice Incentive Grant Application        |                 |
|---|-----------------|
|   | Work            |
| DATE OF MEETING: April 22, 2025                                     | Session/Regular |
|   | Session         |
| BUDGET IMPACT: \$342,493.00 - All expenses will be fully reimbursed |                 |
| through the grant   |                 |
| FUNDING SOURCE:   |                 |
| (X) CJCC Funding - \$342,493.00                                     |                 |
| ( ) Capital   |                 |
| ( ) N/A   |                 |
| ( ) SPLOST  |                 |
| ( ) TSPLOST   |                 |
| COUNTY ACTION REQUESTED ON: Authorization to submit FY 2025 Ju      | venile Justice  |
| Incentive Grant Application   |                 |

HISTORY, FACTS AND ISSUES:

Since 2014, Lowndes County has received annual funding through the Criminal Justice Coordinating Council (CJCC) to support the Juvenile Court in implementing community-based services to divert youth offenders from incarceration. Functional Family Therapy (FFT) has been the primary evidence-based program delivered under this initiative and has consistently demonstrated strong outcomes.

For FY 2026, the Juvenile Court proposes to continue this successful intervention by seeking additional CJCC funding. If awarded, Evidence-Based Associates (EBA) will continue to serve as the managing entity, overseeing program implementation and ensuring compliance with all reporting and performance requirements.

Recently, stakeholders reviewed historical data and current caseloads to assess ongoing program needs. Based on this analysis, it was concluded that continuing FFT at the current service level would best meet the needs of the County's at-risk youth.

Accordingly, staff recommends submitting an application requesting \$342,493.00 through the Juvenile Justice Incentive Grant Program to serve 54 youths and their families during FY 2026 (July 1, 2025 – June 30, 2026). This fully reimbursable grant requires Lowndes County to initially cover costs and receive 100% reimbursement for all eligible expenditures.

OPTIONS: 1. Authorize the Chairman to sign application documents, including a Memorandum of Understanding with Evidence-Based Associates, and for staff to submit the completed application to the Criminal Justice Coordinating Council.

2. Board's Pleasure

RECOMMENDED ACTION: Board's Pleasure

**DEPARTMENT**: Emergency Management

**DEPARTMENT HEAD**: Ashley Tye

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:

### 1. Program

a. State the selected evidence-based program.

In its commitment to ensure the most appropriate evidence-based interventions, Lowndes County seeks to offer Functional Family Therapy (FFT) to eligible youth and families this fiscal year. The Lowndes County Juvenile Court will partner with Evidence-Based Associates to provide FFT as a top-tier, evidence-based diversionary service for medium to high-risk youth who are at risk of commitment to the custody of DJJ.

FFT was chosen as it matches the needs of the current at-risk population and has been effective in reducing delinquency in the state. Improved family functioning, flexible meeting times, and inhome sessions have resulted in very high engagement rates among families receiving FFT.

### 2. Statement of Need/Summary

- a. Provide a clear and concise statement of need, including the following:
  - i. At-risk population = 27,186
  - ii. New instances of secure detention (RYDC) = 76
  - iii. Cases resulting in commitment to DJJ = 12
  - iv. New instances of confinement in secure juvenile correctional facilities(YDC) = 3
  - v. Adjudicated Offenses = 99
  - vi. PDRA Scores = 100
- b. Brief description of the activities requiring CJCC funds.

The Lowndes County Juvenile Court is requesting funds to serve 54 youth and families in the Functional Family Therapy (FFT) program during the FY2026 grant year. FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies, and techniques that target problem behaviors such as delinquency, substance abuse and violence. It is a short-term treatment strategy that is built on a foundation of respect for individuals, families and cultures that includes effective treatment strategies that pave the way for motivating individuals and families to become more adaptive and successful in their functioning. Over thirty years of rigorous research nationally, including several randomized clinical trials that have been published in peer-reviewed journals, document the success of the FFT program with a wide array of youth and families.

FFT focuses on treating youth aged 11-18 with very serious problems such as conduct disorder, violent acting-out, and substance abuse. The FFT clinical model identifies specific treatment phases that organize the intervention in a coherent manner so that clinicians maintain focus in the context of family and individual disruption. FFT belief is that the motivation of a family is to a great extent the responsibility of the therapist, not just the family. The intervention is home-based. The frequency of contacts between the therapist and the family depends on the stage of treatment, with more frequent contacts in the beginning of the intervention. Techniques and

strategies often include evidence-based cognitive-behavioral strategies for addressing family functioning and referral problems. Phase activities are focused on modeling and prompting positive behavior, providing directives and information, developing creative programs to change behavior, all while remaining sensitive to family member abilities and interpersonal needs.

The FFT clinician serves between 8-12 youth and families at one time. Interventions range from 15-20 1-hour, intensive therapy sessions for mild cases to up to 30 sessions for more difficult families. Treatment duration is approximately 1-3 sessions per week for 3-4 months and scheduled when convenient for families. During the pandemic, telehealth has been utilized and, although the average duration of sessions decreased, frequency of sessions increased.

### 3. Target Population

- a. Provide a detailed description of the clearly defined target population to be served in the grant period, include the following:
  - i. Explain how and why the target population was selected, including any risk factors.

The target population as described above in part 2.a includes an at risk population of 27,186 youth. In accordance with the intent of the Juvenile Justice Incentive Grant Program, the Lowndes County Juvenile Court is choosing to prioritize the target population of youth determined to be medium to high-risk offenders as assessed using the Pre-Disposition Risk Assessment (PDRA). The demographics and referral behaviors of the youth served in the Functional Family Therapy program are likely to reflect similar demographics as youth in the County juvenile justice system. The majority of referrals to Lowndes County Juvenile Court are male and African American. Reducing reliance on residential placement for these priority populations is consistent with the Court's mission to safeguard both long-term public safety and youth development outcomes and provides a research-based low-cost, high benefit intervention for improving outcomes for Lowndes County youth.

ii. County or counties to be served (please only apply for counties you are able to serve).

Youth and families will be served in Lowndes County.

iii. State number of youth served and/or cohorts. This should be by program if an applicant plans to implement more than one program.

Lowndes County will partner with Evidence Based Associates and Grace Harbour, Inc to provide FFT to 54 youth and families during this grant period.

iv. List assessment instruments to be used for selected target population and how they will be used to screen youth. Applicants should include a detailed description of how the DJJ's DAI and PDRA will be utilized to

ensure consistency and uniformity in decision-making. Please include any needs assessments conducted for participants.

In accordance with the intent of this CJCC funding opportunity, only those youth assessed as medium to high risk on the Pre-Disposition Risk Assessment (PDRA) tool and their families will be eligible for referral to FFT. This evidence-based program will serve male and female youth and families referred to the Lowndes County Juvenile Court scoring 2 or higher on the Pre-Disposition Assessment Instrument.

### 4. Methods and Procedures

a. Fully describe the intake and referral process for a youth receiving services. This should go through all decision points (from charge to disposition and when a youth is referred into services).

Lowndes County DJJ will administer the Pre-Disposition Assessment Instrument (PDRA) to all youth referred to the Court for consideration of appropriate disposition. Only youth scoring medium to high risk of this validated risk assessment instrument will be eligible for consideration for referral and enrollment into the FFT program. Intake Officers are required to complete the DJJ Detention Assessment Instrument in accordance with DJJ policy. Training on proper utilization of the assessment tool is provided along with written instructions. Based on the Assessment Score, the recommendation is made to either detain the offender or release with conditions. PDRA is also conducted on each committed, probated, or superior court youth to support decision making and case planning within the Juvenile Court system. This tool is used to assess criminogenic risk factors, which is useful in determining the appropriate course of action based on the identified needs.

Once it is determined that the offending youth meets the criteria for FFT referral and it is deemed appropriate by the judge for their particular case, the Juvenile Probation Officer will complete the referral form and send it to EBA.

For eligible youth and families, a standardized referral form is completed for the identified program and submitted to the provider, Grace Harbour, for review and acceptance. If there are no concerns about case appropriateness, the FFT therapist contacts the probation officer to inform him/her of the assignment and to discuss the needs and goals of probation. The first attempt to contact the family is made within 24 hours of receiving the referral, and the goal is to schedule the first session to occur within 72 hours. Grace Harbour conducts an initial risk assessment within the first 2 visits to the home to determine the need for an immediate safety plan.

If there is a concern with case appropriateness at the time the referral is received, the FFT therapist and/or Supervisor will meet with the family to gather more information and complete the intake paperwork. If there is still a question or concern, a case staffing will occur within 24 hours with the assigned therapist, supervisor, program manager and model expert to determine next steps. The probation officer will be notified of the concern and the team will work together to come to a resolution. Any decision regarding case appropriateness must be made within 7 days of

opening a case. In the event the referral is deemed inappropriate, it will be returned to the probation office with full explanation.

b. List the criteria to determine which individuals will be offered program services.

All youth receiving services from this grant must have a delinquent adjudication, score medium to high on the PDRA, and be appropriate for the selected evidence-based program.

FFT focuses on treating families with youth aged 11-18 ranging from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse. Few youth are ineligible for FFT services other than primarily youth with severe mental or physical handicaps.

c. Describe, if any, any educational support identified for youth. This would include how the support service works within the program, how it addresses an identified gap, and how it positively affects youth outcomes. Please state if these services will be funded via the Juvenile Justice Incentive Grant.

No additional wraparound services will be funded via this grant

d. Describe, if any, mental health support identified for youth. This would include how the support service works within the program, how it addresses an identified gap, and how it positively affects youth outcomes. Please state if these services will be funded via the Juvenile Justice Incentive Grant.

No additional wraparound services will be funded via this grant

e. Describe, if available, any other additional services youth served in the Juvenile Justice Incentive Grant receive if not already listed.

No additional wraparound services will be funded via this grant

f. Please list any transportation services or assistance needed. If requesting funds to allocate for transportation services, grantees must include the vehicle cost (i.e. estimated rental cost) along with estimated cost of vehicle maintenance and projected cost for fuel as part of their budget.

No additional wraparound services will be funded via this grant

g. State which entities (e.g., service providers, contractors, county staff), if identified, will provide program services.

The implementing agency is the Lowndes County Juvenile Court. The Court is responsible for hearing cases involving juvenile offenders and to make determinations regarding the most appropriate disposition balancing issues of both public safety and individual treatment needs of the young offender. The applicant and the fiscal agent is the Lowndes County Board of Commissioners.

Lowndes County will contract with Evidence Based Associates (EBA) for the role of Managing Entity, and EBA will sub-contract with Grace Harbour, Inc. to deliver FFT services.

### See the attached MOU with EBA.

h. Confirm if policies that ensure appropriate relationships between youth and adults, including any mandated reporting requirements are in place. If awarded, grantees will be expected to show said policy during the fiscal review.

EBA's Maintaining Appropriate Professional Relationships Policy provides guidance and expectations to EBA employees and contracted service provider agency employees regarding appropriate and professional relationships between adults and clients. The primary responsibility of all persons involved with service delivery is to respect the dignity and promote the welfare of clients.

 Describe the primary roles and responsibilities for each grant-funded position and explain the plan for orientation and training of grant-funded staff. Attached a job description for each grant-funded position under the "Budget Forms - Personnel" page.



### 5. Goals, Objectives, and Evaluation

a. List the required program goals as outlined in the RFP. List any additional program goals in a clearly defined and measurable manner.

FFT will be provided with the following goals:

- 1. Reduce felony commitments to DJJ and STP admissions in Lowndes County.
- 2. Increase the use of evidence-based practices in Georgia's juvenile justice system by initiating community-based juvenile justice programs.
- 3. Reduce the recidivism rate of youth involved with Georgia's juvenile justice system.
- 4. Reduce the annual secure detention rate of Lowndes County.
- 5. Reduce the annual secure confinement rate of Lowndes County.
- 6. Demonstrate a cost-savings to Georgia citizens through provision of research-informed services to youth in the juvenile justice system.

Additionally, FFT program goals include increasing family engagement, reducing negative peer association, increasing prosocial activities, and leveraging the support of the community.

b. List the required program objectives as outlined in the RFP. List any additional program objectives in a clearly defined and measurable manner.

Required Performance Objectives for youth receiving FFT include the following:

- 1. The DAI and PDRA will be used on all youth considered for grant funding with all scores reported in JTS or the Juvenile Data Exchange (JDEX).
- 2. All participants will score medium to high on the PDRA.
- 3. At least 75% of participants will complete program requirements.
- 4. At least 55% of youth completing services will not re-offend as calculated using this recidivism definition below: A new charge (within three years of the initial post-adjudication community placement) which results in a juvenile court delinquency adjudication OR adult criminal court conviction.
- 5. Each project will report cost-savings per youth by calculating average cost to provide targeted intervention subtracted from average cost to detain youth.
  - c. Explain fully how all stated goals and objectives will be reached and evaluated.

Lowndes County Juvenile Court will continue to collaborate with Evidence Based Associates in ensuring the stated goals and objectives of the Juvenile Justice Incentive Grant Program are met and exceeded. EBA will utilize two of its proprietary management systems: EBAnalytics™ and EBAccountability™. The EBAccountability™ system complements the analytics system by providing the Court with a structured, field proven project management system, including evaluation tools, template, and procedures for actually using collected data to develop improvement plans to address poor performance and stakeholder concerns. EBA regularly provides information from this system to:

- Conduct a comprehensive evaluation of treatment and case outcomes on an agency, team and therapist level; and
- Develop written improvement plans for all agencies to address areas of concern.
  - d. Explain how you currently collect data on youth served.

EBAnalytics™ is a system of web-based dashboards, data and information management systems and performance applications that support collection, analysis and sharing of case model adherence, clinical and public safety measures. By having this system in place, EBA, Grace Harbour, Inc and the County Juvenile Court will be able to:

- Identify program strengths and weaknesses to make data-driven decisions on how to improve policies, practices and systems that promote improved treatment outcomes,
- Monitor referral, utilization, treatment time, model fidelity and case outcomes in real time and troubleshoot and remediate any identified weaknesses, and

• Enable EBA to be held accountable to the County Juvenile Court for maintaining full transparency through regular sharing of data and outcomes with all key stakeholders.

### 6. Sustainability

a. List the community partners and their description and contribution, if any, to the proposed program.

The Lowndes County Juvenile Court currently partners with several community partners to provide programs that will serve to supplement the program proposed in this application. Among the primary partners are the Department of Juvenile Justice, Behavioral Health Services, Peaceway Counseling Centers, Pathway to Hope, Southwest Keys Program, Lowndes Drug Action Council, and Choices for Life. Community partners directly associated with the FFT program include Evidence Based Associates and Grace Harbour, Inc.

For the past two decades, EBA has been actively helping states and other public systems on these transformational activities — namely, to identify, adopt, and implement high-quality (i.e., Well-Supported) EBPs for children, youth, young adults, and families at highest risk of serious system consequences such as child removal or incarceration (i.e., in the juvenile or criminal justice systems). Utilizing its scientifically grounded implementation support tools and resources, EBA guides states and large systems through stages of exploration, preparation, implementation, and sustainability that address barriers to achieving optimal program quality, clinical and programmatic fidelity, and positive outcomes. By focusing exclusively on implementation support (i.e., not engaging simultaneously in the delivery of clinical services), EBA is able to focus on the key systemic factors that drive successful and high-fidelity EBP implementation.

EBA and Grace Harbour are currently serving youth and families in Lowndes County and throughout Georgia and are prepared to start services immediately upon contract award.

b. Describe the specific activities that will take place during this upcoming grant period to ensure sustainability, including any barriers for the program and how the organization intends to address said issues.

Lowndes County and the Court will work to make sure that the programs implemented realize cost savings greater than the current detention rates making the program cost effective enough to allow the legislature to allocate funds for the continuation of the diversionary programs implemented. Based on current economic and budgetary constraints it is doubtful that these programs will continue without continuation of funding.

Lowndes County Juvenile Court staff work with countywide community providers to ensure program sustainability. Efforts to sustain the initiative will be largely driven by the collaboration between the Lowndes County Juvenile Court and local community providers that are capable

partners in providing adjunct services to FFT, including mental health, substance abuse, life skills, educational, vocational, and mentoring needs of the youth and family members.

Monthly staffing with the evidence-based program provider, use of the Detention Assessment Instrument, Pre-Dispositional Risk Assessment, submission of a Monthly Data report to The Carl Vinson Institute of Government, and Recidivism Reports have all supported the provision of evidence-based services in Lowndes County. A project timeline is presented as **Attachment A** which highlights specific activities throughout the grant period that supports program success and sustainability, to include ongoing case review and supervision, booster training, fidelity monitoring, and support from EBA and model experts.

c. List the current juvenile related funding sources (state, federal, and/or private) and amount of funding for your organization.

Lowndes County Juvenile Court currently has an annual operating budget of \$245,000 from local funding sources. Additionally, the Court received \$395,000 in Federal funding for evidence-based programs in FY2025.

d. Identify potential state, federal, and/or private funding streams for program support.

The Lowndes County Juvenile Court continues to research all funding opportunities. Support from the Criminal Justice Coordinating Council will be utilized if and when such funds become available. For FY2026, Lowndes County is requesting a total of \$342,492.84, roughly the same amount awarded by CJCC for FY2025. The court administration will diligently monitor federal grant opportunities.

Multiple other potential funding streams will continue to be explored by Lowndes County staff. Notably, many of the youth and families to be served in this program are also likely to be 'crossover youth' involved with other public systems, such as child welfare (Department of Families and Children) and the Juvenile Court.

## 7. Previous Accomplishments

- a. Provide a detailed description of any previously successful interventions or grant funding received for similar programs. Applicants who received an Incentive Grant in previous years should include their accomplishments from this program. Applicants must include a detailed summary of activities:
  - FY25 projected youth served compared to the final number/percent of youth served to date.

As of Feb 2025, total youth served in the FFT program is 35, with an expected prorated utilization of 52 youth, or 93% of target this fiscal year (FY2025).

ii. Supporting data to demonstrate whether or not the project objectives and goals were met.

Since the inception of the grant in FY2014 through last fiscal year (FY2024), the successful discharge rate for families being served via the funding provided by the incentive grant has averaged 91% for Lowndes County families receiving FFT, which exceeds the target of 75% and exceeds the state average. The current (FY 2024-2025) rate of successful discharge for Lowndes County families stands at 94% for FFT, again exceeding the target set by the grant.

Please refer to the scorecard attached in **Exhibit A** for additional outcomes seen among Lowndes County youth and families receiving FFT. Utilization fell just below the expectation while the rate of Successful Completion, Short-term Recidivism, and Placements each exceeded the target set by the grant for the reported period.

b. If problems were encountered in previous grants or objectives were not fully achieved, please provide a full description detailing both the issues and corrective action(s) taken.

Overall, the FFT services provided to youth and families in Lowndes County have been successful; however, this year, the number of referrals slowed down to the point of bringing utilization slightly below expectation. As a result, the county had to de-obligate \$26,000.00.

### Correction Plan:

This year's request is 3 youth less than what was funded last grant year to adjust to the projected number of youth to be served.

EBA and Grace Harbour will meet with DJJ to staff cases and review potential referrals. EBA has plans to meet with the new judge to discuss the FFT program.

Additionally, with most intensive community based services conducted in the home, there exists the potential for families to struggle with managing participation (i.e., the time commitment) in the program while tending to other requirements and needs within the household. Some families struggle with engaging in FFT services, as they lack an understanding of the benefits. Therefore, FFT therapists may find it difficult to maintain consistent weekly sessions which can slow down progress and limit therapeutic gains for families. Although this has not seemed to be a concern in Lowndes County, EBA and Grace Harbour have implemented a new method for tracking treatment pacing in the FFT program to ensure this does not become an issue.

EBA has added a weekly treatment pacing tracker to the county census report to keep stakeholders informed of the dates and frequency of sessions and contacts, dates of cancellations, and any concerns regarding engagement for each family. Provider response times are also tracked to ensure families are receiving services timely and as quickly as possible once referred. Efforts to reach the family to initiate services are documented and reviewed in

supervision weekly to ensure therapists are implementing effective strategies for family engagement.

Finally, FFT therapists will notify Court staff when families cancel sessions. Court staff will encourage families to respond to the therapist's texts and calls to schedule (or reschedule) sessions.



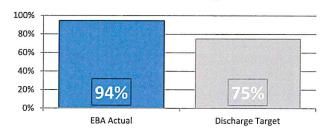
# **GEORGIA**



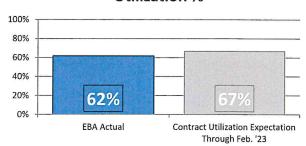
## LOWNDES CO. SCORECARD

## Georgia's Reform Efforts Lead to Improvements

## Successful Discharge %



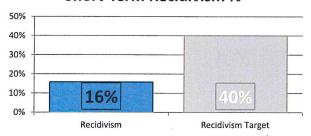
## **Utilization %**



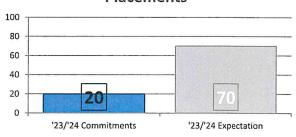
Actual Preferred to be HIGHER Than Target FY '24/'25 Thru Feb '25

### Actual Preferred to be EQUAL TO or ABOVE the Target FY '24/'25 Thru Feb '25

## Short-Term Recidivism %



### **Placements**



Actual Preferred to be LOWER Than Target

FY '24/'25 Thru Dec '24

Actual Preferred to be LOWER Than Target

FY '23/'24

## Attachment A. Program Timeline

Applicant Agency: Lowndes County Juvenile Court

| Month       | Grant Activities  |
|-------------|---|
| Jul<br>2025 | <ul> <li>Implement an evidence-based program plan for Lowndes County</li> <li>Identify any new key jurisdiction stakeholders and implement stakeholder education and training plan</li> <li>Renew contract with Grace Harbour as the preferred qualified service provider to continue serving youth and families with the FFT program</li> <li>Ensure referral eligibility criteria and process for new and ongoing services are in place</li> <li>Support staff member to assist county personnel in the administration of the Juvenile Justice Incentive Grant Program</li> </ul>   |
| Aug<br>2025 | <ul> <li>Finalize service contract with Grace Harbour with outcome, service, organizational, and accountability provisions; review comprehensive readiness assessments; and implement EBAssets™solutions to help providers establish required policies, structures, and procedures needed to implement selected programs with fidelity;</li> <li>Coordinate with model dissemination organizations to arrange for licensure of providers, training for staff supervisors, and ongoing consultation with providers to ensure fidelity to proven program models</li> <li>Provide ongoing training on selected evidence-based programs to probation and other case stakeholders and develop joint case policies and collaboration structures</li> <li>Finalize EBA administrative structures and stakeholder data-sharing agreements and implement EBAnalytics™</li> </ul> |
| Sep<br>2025 | <ul> <li>Continue established referral protocols</li> <li>Closely monitor initial cases to ensure appropriate and sufficient referrals, stakeholder buy-in, and model fidelity</li> <li>Produce and disseminate first quarter outcome report summarizing qualitative and quantitative progress towards expected outcomes</li> <li>Review the FFT TYPE report and plan for quality improvement</li> <li>Conduct recidivism analysis for completers through 8/2025</li> </ul>   |
| Oct<br>2025 | <ul> <li>Continuously monitor and support stakeholder engagement to ensure service utilization and satisfaction and implement remediation strategies as needed</li> <li>Rigorously monitor and manage provider model fidelity, utilization, service, and public safety outcomes, and implement improvement plans, peer learning and mentoring, and accountability measures as part of the EBAccountability<sup>TM</sup> oversight package.</li> </ul>   |

|               | <ul> <li>Continuously monitor and adjust initiative policies and procedures, referral<br/>criteria, stakeholder engagement and system barrier remediation strategies,<br/>outcome targets, and service management as needed to produce expected<br/>outcomes</li> </ul>  |
|---------------|--|
| Nov<br>2025   | <ul> <li>Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed</li> <li>Produce and disseminate second-quarter report, conduct semi-annual proces and outcome evaluation of progress to date; convene stakeholders; meet with FFT program provider to share findings and identify strengths and weaknesses; adjust service, referral, and systems strategies to stay on track to meet or exceed outcome target</li> </ul>  |
| Dec<br>2025   | <ul> <li>Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed</li> <li>Develop funding sustainability and program expansion plan and implement action steps</li> </ul>  |
| Jan<br>2026   | <ul> <li>Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed</li> <li>Administer file review of open and closed files to ensure contract compliance as part of EBAccountability™ package.</li> <li>Conduct on-site supervisor observation and evaluation to support the FFT program's fidelity monitoring.</li> <li>Review the FFT TYPE report and plan for quality improvement</li> <li>Conduct recidivism analysis for completers through 12/2025</li> </ul> |
| Feb<br>2026   | <ul> <li>Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed</li> <li>Produce and disseminate third quarter outcome report summarizing qualitative and quantitative progress towards expected outcomes</li> </ul>  |
| March<br>2026 | <ul> <li>Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed</li> <li>Review Placement data from Vinson and plan accordingly for referrals</li> </ul>  |
| April<br>2026 | Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed  |
| May<br>2026   | <ul> <li>Continue identified systems and service monitoring and quality assurance activities, and implement improvement strategies as needed</li> <li>Review the FFT TYPE report and plan for quality improvement</li> <li>Conduct recidivism analysis for completers through 4/2026</li> </ul>  |

## June 2026

 Conduct year-end process and outcome evaluation to determine progress towards meeting final target benchmarks, including service, diversion, and cost savings; convene stakeholders as well as meet with provider directors to share findings; identify project successes, challenges, and lessons learned; and implement an improvement plan for the next year assuming continued funding

## **Budget Narrative**

Lowndes County will continue its contractual relationship with Evidence-Based Associates to serve as the managing entity providing Functional Family Therapy (FFT) to 40 youth and families in FY2026 at a case rate of \$6,342.46/youth and family. EBA intends to again sub-contract with Grace Harbour, Inc. as direct service provider of FFT in Lowndes County.

Lowndes County's total grant request for direct services is \$342,492.84.

This request for subcontracted services includes a 5% increase over FY 2024 to 2025 because of overall inflation. Costs that have been affected are increased staff costs and associated fringe benefits, mileage, and training costs. For the subcontracted service provider, it is necessary to increase starting pay to attract therapists and to allow for retention pay to insure a stable workforce.

### Below is the case rate breakdown:

| EBA FFT Case Rate Breako                      | down              |      |
|---|-------------------|------|
|   | Case Rate         | %    |
| County  | \$6,342.46        |      |
| Subcontracted Provider Agency (Grace Harbour) | <u>\$4,566.57</u> | 72%  |
| FFT Training and Licensing                    | <u>\$317.12</u>   | 7%   |
| FFT Quality Assurance                         | <u>\$317.12</u>   | 7%   |
| Project Management                            | <u>\$507.40</u>   | 4%   |
| Travel  | <u>\$253.70</u>   | 6%   |
| Project Administrative                        | \$380.55          | 4%   |
| Total   | \$6,342.46        | 100% |

| Grace Harbour FFT Case Rate Breakdown |            |      |  |  |
|---------------------------------------|------------|------|--|--|
| Case Rate                             |            |      |  |  |
| Case Rate                             | \$4,566.57 |      |  |  |
| Direct Clinical Services              | \$3242.26  | 71%  |  |  |
| Admin & Related Expenses \$410.99     |            | 9%   |  |  |
| Therapist Travel (Mileage Reimburse)  | \$913.32   | 20%  |  |  |
| Total                                 | \$4,566.57 | 100% |  |  |

## **CJCC Budget Detail Worksheet**

| Agency Name:  | Lowndes County |
|---------------|----------------|
| Project Name: | FFT JJIP       |

<u>Purpose:</u> 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<br>Project | Select Pay<br>Period<br>Frequency | Cost   |
|-------|---------------------|-------------|----------------------|-----------------------------------|--------|
|       |                     |             |                      |                                   | \$0.00 |
|       |                     |             |                      |                                   | \$0.00 |
|       |                     |             |                      |                                   | \$0.00 |
|       |                     |             |                      |                                   | \$0.00 |
|       |                     |             |                      |                                   | \$0,00 |
|       |                     |             |                      |                                   | \$0.00 |

| Title | First and Last name | Hourly wage | Hours per<br>week on<br>project | Weeks worked | Select Pay<br>Period<br>Frequency | Cost   |
|-------|---------------------|-------------|---------------------------------|--------------|-----------------------------------|--------|
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 |              |                                   | \$0.00 |
|       |                     |             |                                 | PERSONNEL TO | TAL                               | \$0    |

A (2). 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 | Strame   |      |                           | % Time to    | Cost   |
|-------|---------------------|----------|------|---------------------------|--------------|--------|
|       |                     | or wages | type | benefit as a pecentage of | Project      |        |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           |              | \$0.00 |
|       |                     |          |      |                           | FRINGE TOTAL | \$0.00 |

PERSONNEL GRAND TOTAL \$0.00

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 \$0.565 per mile, but if your agency's reimbursement rate is lower you must use that rate instead.

| Trainings and Conferences | **All trainings and conferences must be pre-approved by submitting an agenda to your Grant Specialist. |      |      |               |               |         |        |
|---------------------------|--|------|------|---------------|---------------|---------|--------|
| Purpose of Travel         | Staff member   | ltem | Cost | # Individuals | # Nights/Days | # Trips | Cost   |
|                           |  |      |      |               |               |         | \$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     |  |
|                   | _            |                |             |               |                 |            |  |
| Vileage           |              |                |             |               |                 |            |  |
| Purpose of Travel | Staff member | Location or Co | uaraga Araa | Continue mile | Miles per grant | Total Cost |  |
| urpose of flaver  | Stan member  | Location of Co | verage Area | Cost per mile | year            |            |  |
|                   |              |                |             |               |                 | \$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 at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies."

| Equipment Item | Cost per Unit | # Items | Vendor          | Cost   |
|----------------|---------------|---------|-----------------|--------|
|                |               |         |                 | \$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.

| ltem | Cost per unit | # Units | Vendor       | Cost   |
|------|---------------|---------|--------------|--------|
|      |               |         |              | \$0.00 |
|      |               |         |              | \$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   |
|------|---------------|---------|----------------|--------|
|      |               |         |                | \$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.

| ltem | Cost per unit | # of Units | % Charged to Grant | Vendor          | Cost   |
|------|---------------|------------|--------------------|-----------------|--------|
|      | _             |            | to Grant           | Veligor         | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    |                 | \$0,00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            | 1                  | T .             | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    |                 | \$0.00 |
|      |               |            |                    | F. (1) Subtotal | \$0.00 |

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 estimated number of units (eg., 1 hour of therapy).

|                           |                            |               | Define Unit of | 1       |              |
|---------------------------|----------------------------|---------------|----------------|---------|--------------|
| Name of Consultant        | Service Provided           | Cost per unit | Service        | # Units | Cost         |
| Evidence-Based Associates | FFT Implementation Support | \$6,342.46    | Youth          | 54.00   | \$342,492.84 |
|                           |                            |               |                |         | \$0.00       |
|                           |                            |               |                |         | \$0.00       |
|                           |                            |               |                |         | \$0.00       |
|                           |                            |               |                |         | \$0.00       |
|                           |                            |               |                |         | \$0.00       |
|                           |                            |               |                |         | \$0.00       |
|                           |                            |               | F. (2)Subtotal |         | \$342,492.84 |

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.

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

| F. OTHER TOTAL | \$342,493 |
|----------------|-----------|
|                |           |

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 | \$0       |
| B. Travel               | \$0       |
| C. Equipment            | \$0       |
| D. Supplies             | \$0       |
| E. Printing             | \$0       |
| F. Other                | \$342,493 |
| TOTAL PROJECT COSTS     | \$342,493 |

## **UNALLOWED COSTS AND ACTIVITIES**

## **UNALLOWED COSTS**

Acquisition of land

Bonus or commissions

Cost incurred outside the award period

Construction costs including capital improvements

Corporate formation

Federal employees' compensation and travel

Grant preparation fee

Imputed interest charges (late fees)

Organized fundraising activities (e.g., campaigns, endowment drives, and solicitation of gifts), while age trace may not exceed the traver regulation as published by the State Accounting Office.

Current rate is \$ 555 per mile for authorized use of personal

Military-type equipment

### **UNALLOWED ACTIVITIES**

Direct services may not teach or promote religion

Supplanting funds: Federal funds must be used to supplement existing funds for direct service

Commingling of funds: Physical segregation of cash depositions are not required, however, the

Political activities including endorsement of any political candidate or party, use of machinery,

### MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is executed by and between Evidence Based Associates, LLC, a limited liability corporation authorized to do business in Georgia (hereinafter referred to as "EBA"), and the Lowndes County Board of Commissioners, a local governmental entity (hereinafter referred to as "County").

EBA is an experienced and successful partner with many governmental entities across the United States. EBA serves as a managing entity on behalf of these governmental agencies to analyze the current investment in services for youth involved in or at risk of involvement in the juvenile justice system. EBA serves as the entity for the delivery of therapeutic services to juveniles and their families, with the result of significantly reducing recidivism while optimizing governmental resources.

To this end, EBA and *the County* have agreed to work together in assembling a proposal to obtain grants for the implementation of juvenile justice system reforms. EBA brings to this effort a vast delivery of services, web-based performance tracking tools, grant writing resources, an array of evidence-based service options, valuable performance metrics, and a validated risk assessment tool that will result in a well-designed and well-implemented program, thereby significantly increasing *the County's* chances of the successful selection as a recipient of grant funds.

Based upon *the County's* ability and willingness to follow key EBA recommendations regarding program selection, service delivery procurement and contracting, and staffing, EBA will also collaborate closely with county juvenile court officials in meeting the goals of the Juvenile Justice Incentive Grant Program.

Upon receipt of grant funds, it is the intent of *the County* to move forward with EBA as a partner to implement evidence-based programs with EBA serving as the managing entity. EBA will assist with the selection and oversight of service providers, manage the training and quality assurance of the direct service providers, provide reports showing the results of the programs, and meet the goals established by the State and the County for the performance and delivery of services to the families.

Upon selection of grant recipients, EBA and *the County* will execute a contract for Managing Entity Services and immediately commence management of the Grant to meet grant deadlines and provision of services.

Executed this 17th day of March 2025.

Evidence Based Associates, LLC As its: Authorized Agent

Lowndes County Board of Commissioners As its: Chairman

## LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

| SUBJECT: Emergency Purchase - Naylor Tower Top Amp Replacement |                 |
|--|-----------------|
|  | Work            |
| DATE OF MEETING: April 22, 2025                                | Session/Regular |
|  | Session         |
| BUDGET IMPACT: \$36,776.00 Total Budget Impact                 |                 |
| FUNDING SOURCE:  |                 |
| ( ) Annual   |                 |
| (X) Capital  |                 |
| ( ) N/A  |                 |
| ( ) SPLOST   |                 |
| ( ) TSPLOST  |                 |
| COUNTY ACTION REQUESTED ON: Emergency Purchase - Naylor Towe   | r Top Amp       |
| Replacement  |                 |
|  |                 |

HISTORY, FACTS AND ISSUES: On March 15, 2025, during a thunderstorm, the tower top amp at the Naylor Public Safety Radio System (PSRS) Tower Site was struck by lightning and damaged. The tower top amp allows the tower to receive and transmit signals and is essential for communication to occur. This tower covers the majority of the southeast side of Lowndes County, Lake Park and Echols County. It is the tallest tower. The damage is impacting emergency communications.

• Installation, Labor, and Tower Climb: \$8,800.00

• Equipment: \$27,976.00

OPTIONS: 1. Board's Pleasure

2. Approve

**RECOMMENDED ACTION: Board's Pleasure** 

<u>DEPARTMENT</u>: E911 <u>DEPARTMENT HEAD</u>: Tonya Davis

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:



Quote provided to Lowndes County, GA

Attn: Tonya Davis Quote date: 03/26/2025

**Proposal:** Installation Agreement (IA) to provide a new Antenna, Tower Top Amp (TTA) and Base Unit, tower climb and labor

## Motorola to provide the following equipment:

TTA:

DS442035484 (Motorola)

442-035484(TXRX Systems)

Base Unit:

DS442035485 (Motorola)

442-035485(TXRX Systems)

Diversity

Radio System: SA (C&DU Deck)
Deck Input Connectors: N Connectors

Type of Power: 90-240VAC
Power Supply Redundancy: NO
Number of BNC Output Ports: 16
Tower Top Connectors: N Connectors

**Total for Project: \$36,776.00** 

• Installation, Labor, and Tower Climb:

\$8,800.00

• Equipment:

\$27,976.00

Please provide a PO or Notice to Proceed email and we will place the order.

Thank you, Geoff Thames Motorola Solutions, CSM 478-361-2323

<sup>\*</sup>Quote Valid for 30 days.

## LOWNDES COUNTY BOARD OF COMMISSIONERS COMMISSION AGENDA ITEM

| SUBJECT: 2025 Local Maintenance and Improvement Grant (LMIG) Resurfacing Bids (Project #: ENG 2025-01) |                                    |
|--|------------------------------------|
| DATE OF MEETING: April 22, 2025  | Work<br>Session/Regular<br>Session |
| BUDGET IMPACT: \$1,478,673.94<br>FUNDING SOURCE:   | 36331011                           |
| ( ) Annual<br>( ) Capital  |                                    |
| ( ) N/A<br>(X) SPLOST/LMIG   |                                    |
| ( ) TSPLOST  |                                    |
| COLUMN ACTION DECLISIONED ON COLUMN  |                                    |

COUNTY ACTION REQUESTED ON: 2025 Resurfacing Bids

HISTORY, FACTS AND ISSUES: The 2025 Local Maintenance and Improvement Grant (LMIG) Application was approved by the Commission on January 14, 2025. The grant was approved by the Georgia Department of Transportation, Lowndes County received the grant funds, and staff advertised the project for bids. The 2025 LMIG Resurfacing bids presented include resurfacing the roads attached in the agenda packet. Bids were opened on April 15, 2025, and staff received two bids.

Reames and Son Construction - \$1,478,673.94 The Scruggs Company - \$1,645,355.87

The LMIG Grant will pay for \$1,366,958.46. The remainder will be paid for by SPLOST VIII as part of the grant match.

OPTIONS: 1. Approve Reames and Son Construction as the low bidder and authorize the Chairman to sign the contract.

2. Redirect.

**RECOMMENDED ACTION: Approve** 

<u>DEPARTMENT</u>: Engineering

**DEPARTMENT HEAD: Chad McLeod** 

ADMINISTRATIVE COMMENTS AND RECOMMENDATIONS:

## <u>New Statenville Highway – 1.67 Miles – 26' wide – Beginning at Ulmer Avenue Ending at Inner Perimeter Road</u>

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 220lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)
- RPMs
- 9 Type 2 Arrows (Thermoplastic)
- Yellow Gore Striping (Thermoplastic)
- Indentation Rumble Strips, Ground in Place

## <u>Johnson Road SE – 1.19 Miles – 22' wide – Beginning at New Statenville Highway Ending at Hickory Grove Road</u>

- · Bituminous tack coat before each lift
- Mill 2" in depth entire width of road bed 25'each direction from end of bridge
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)
- RPMs

## <u>Hickory Grove Road N. – 2/10 Mile – 20' wide – Beginning at west of intersection CR 270 (McLeod Road) Ending at Address 4209</u>

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading See detail
- Permanent grassing (Hydro-seed)
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- RPMs

## <u>Oakdale Drive – 0.59 Miles – 21' wide – Beginning at Old Clyattville Road Ending at Madison</u> Highway

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading See detail
- Permanent grassing (Hydro-seed)
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)
- 2 Railroad crossing symbols
- RPMs (3 ea. Type 2 Blue)

## \*\*\* Hilltop Heights Subdivision \*\*\*

## <u>Johnson Hill Drive – 0.27 Miles – 23' wide – Beginning at New Statenville Highway Ending at Hill Top Drive</u>

- Bituminous tack coat before each lift
- Milling width of road bed 1.5" deep at C&G section at intersection of New Statenville Highway
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

### \*\*\* Hillside Subdivision \*\*\*

## <u>Eastview Drive – 0.12 Miles – 22' wide – Beginning at Hill Top Drive Ending at Meadowdale</u> Drive

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

## <u>Hill Top Drive – 0.20 Miles – 22' wide – Beginning at Johnson Hill Drive Ending at Johnson Road SE</u>

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

## <u>Hillway Drive – 0.20 Miles – 23' wide – Beginning at Meadowdale Drive Ending at M D Guess</u> Road

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

### \*\*\* Hillside Subdivision (cont'd) \*\*\*

## <u>Johnson Lake Drive – 0.33 Miles – 22' wide – Beginning at Hill Top Drive Ending at M D Guess</u> Road

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

## M D Guess Road – 0.14 Miles – 23' wide – Beginning at Johnson Lake Drive Ending at Meadowdale Drive

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

## <u>Meadowdale Drive – 0.31 Miles – 23' wide – Beginning at Johnson Lake Drive Ending at M D</u> Guess Road

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

## \*\*\* Pine Cove Heights Subdivision \*\*\*

## Beaver Run Road - 0.32 Miles - 22' wide - Beginning at White Water Road Ending at Quail Nest Drive

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 1 Stop Bar (24" Thermoplastic)

## <u>Quail Nest Drive – 0.09 Miles – 22' wide – Beginning at Beaver Run Road Ending at Twin Oaks</u> <u>Road</u>

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 2 Stop Bars (24" Thermoplastic)

## <u>Twin Oaks Road – 0.31 Miles – 22' wide – Beginning at White Water Road Ending at Quail</u> Nest Drive

- Bituminous tack coat before each lift
- Leveling 80lbs OGI
- Topping 165lbs 12.5 mm Superpave
- Pick up all shoulder clippings on entire road
- Shoulder grading see detail
- Permanent grassing (Hydro-seed)
- Temporary centerline stripe 4" wide once after leveling
- Temporary centerline and edge line stripe 4" wide once after topping
- Permanent centerline and edge line stripe 5" wide 15 days after topping
- 1 Stop Bar (24" Thermoplastic)