CITY OF KINGSLAND, GEORGIA

CITY COUNCIL

AGENDA ● JULY 27, 2020

Regular Meeting | **City Council Chamber** | **6:00 PM**

107 South Lee Street - City Hall, Kingsland, GA 31548

I. CALL TO ORDER AND WELCOME GUESTS

II. INVOCATION AND PLEDGE TO THE FLAG

III. ROLL CALL

Charles Grayson Day Jr.	Mayor
Alex Blount	Mayor Pro Tem
James W Galloway	Councilman
Michael J McClain	Councilman
LaMar Stokes	Councilman

IV. CONSENT DOCKET

A. Approve the Council Minutes of the last regular Council Meeting

1. City Council - Regular Meeting - Jul 13, 2020 6:00 AM -

B. Approve the Agenda as Presented

C. Approve the Payments of Accounts Payable as Due and Funds Available

V. PRESENTATION

1. Discussion and Presentation on MOU for Providing Onsite Medical Service -

Memorandum of Understanding establishing a cooperative partnership between the Camden County Board of Commissioners and the City of Kingsland for providing onsite clinical medical services by Camden County to employees of the City of Kingsland for the period of July 1, 2020 through June 30, 2021 in the amount of $62,638.32. This is an increase of $11,471.71 or 22.4% from prior year's amount of $51,166.61. Increase is attributed to increases in the overall clinic budget and an increase in Kingsland's usage from 10.5% to 12%. Budget increases are in: salaries (+$25,651), contract services-practitioners (+$5,200), software maintenance (+$1,410), cell phones (+$480), minor operating expenses (+$1,500), and computer supplies (+$1,100).

Mike Spiers and Cindy Popa are available to answer any questions.

VI. GRANTING AUDIENCE TO THE PUBLIC

VII. OLD BUSINESS

VIII. NEW BUSINESS

1. Approval Of: Tax Specialist of Georgia-Southeast, LLC (TSG) Agreement -

To authorize and engage TSG to conduct a review of the City's records pertaining to any and all Wastewater and Drinking Water Treatment projects for the purpose of determining if any Georgia Sales Tax was paid by any and all general contractors or their sub-contractors on purchases which qualify for Sales Tax exemption. Upon findings, TSG will file all necessary documentation required , contact, and/or meet with representatives of Georgia Department of Revenue for the sales tax refund claim. TSG will bear all costs incurred in the process in exchange for 25% of the total proceeds recovered from all findings. City is under no financial obligation to pay any sum to TSG if the City does not collect any proceeds.

2. Bid Award: One 2017 Ford Explorer at $13,500 for Kingsland Police Department -

Due to this item being purchased through surplus property auction from the State of Georgia, no other bids were attained. *Mayor and Council were polled on this item.*

IX. MAYOR AND COUNCIL ANNOUNCEMENT

X. ADJOURNED

COUNTY OF CAMDEN

MEMORANDUM OF UNDERSTANDING ESTABLISHING A COOPERATIVE PARTNERSHIP BETWEEN THE CAMDEN COUNTY BOARD OF COMMISSIONERS AND THE CITY OF KINGSLAND, GEORGIA FOR PROVIDING ONSITE CLINICAL MEDICAL SERVICES BY CAMDEN COUNTY TO EMPLOYEES OF THE CITY OF KINGSLAND

This Memorandum of Understanding (herein after the "MOU") between the Camden County Board of Commissioners (herein after the "CCBC") and the City of Kingsland, Georgia (herein after the "CITY"); entered into this the ____ day of _____, 2020 for providing of clinical medical services by Camden County for the employees of the City of Kingsland for the period starting July 1, 2020 and continuing through June 30, 2021 as defined and as agreed to as set forth herein:

1.

WHEREAS the CCBC and the CITY are lawful governments as envisioned by Georgia Law.

2.

WHEREAS the CCBC is a self-insured body for the purposes of providing health insurance benefits to CCBC's employees; and the CITY has purchased a health insurance policy for the purposes of providing health insurance benefits to CITY's employees.

3.

WHEREAS both CCBC and CITY desires to manage their employer provided health insurance costs in the most economical manner.

4.

WHEREAS CCBC has an established onsite medical clinic to provide a wellness program for employees in an attempt to reduce health insurance costs for CCBC. The clinic is at 701 Charles Gilman Jr. Avenue, Suite B, Kingsland, Georgia.

5.

WHEREAS CCBC has contracted with a local Georgia licensed physician, a nurse practitioner, and a Director of Health and Wellness/RN to oversee and provide medical services for CCBC's employees at the afore-stated clinic in an effort to reduce costs associated with the self-insured program.

6.

WHEREAS CCBC and CITY have entered into discussions that have led to the CITY and CCBC entering into this MOU which creates a cooperative partnership so as to allow CITY's employees to utilize the afore-stated clinic whereby the physician, nurse practitioner, and the registered nurses will provide an onsite medical clinical treatment program to CITY's employees while performing the onsite medical clinical treatment program for CCBC.

7.

NOW THEREFORE BE IT RESOLVED the CCBC and CITY hereby enters into this MOU which establishes a cooperative partnership between the parties hereto for the providing of onsite medical clinical services, to include pre-employment screenings and applicable firefighter physicals as part of the measured usage, to the employees of the City of Kingsland, pursuant to the following terms.

a.

This MOU shall be effective upon the final approval by the CCBC (Camden County Board of Commissioners) and CITY (the Council for the City of Kingsland, Georgia) and entered upon the lawful minutes of each political body.

b.

Operational dates of this MOU shall be effective on July 1, 2020, upon final approval by CCBC and CITY, and shall continue until either party provides proper notification for termination. Either CCBC or the CITY may terminate this MOU at any time by informing the other party in writing 30 days prior to the termination of the agreement which shall be delivered to the County Administrator for CCBC or the City Manger for the CITY.

c.

CCBC shall establish the medical clinics hours of operation as stated herein below; and shall have sole authority for the retaining of the afore-said professional medical services for this MOU and the clinic; the location and hours of operations shall be:

i. Staff will be available during set operational hours.

d.

In the forming of this cooperative partnership the CCBC and the CITY shall each be responsible for the total clinic operations cost on a pro-rata basis pursuant to the following formula.

CCBC has determined the estimated budgeted operating cost for CCBC's Fiscal Year 2020-2021 to be $521,986. This budgeted amount is to cover any and all expenses associated with the onsite clinic (physician, physician's assistant, registered nursing staff, malpractice liability insurance premiums, non-medical staff, medical supplies, medications, and the utility and maintenance costs to operate the clinic).

It has further been determined that the CITY utilized the onsite medical clinic for CCBC's Fiscal year 2019-2020 for a pro-rated use percentage of 12% of the total operating costs for the afore-stated fiscal budget year.

It is hereby agreed and consented to by the parties hereto that the CITY shall pay to CCBC 10.5% of the afore-stated $521,986 budget, conditioned on the CITY use of the clinical services not exceeding the projected 12% use of the clinic for 2020-2021 Fiscal Budget Year.

CITY shall pay to CCBC the total annual amount of $62,638.32 for medical services provided by the CCBC's onsite clinic to the CITY. Said annual amount shall be paid in 12 monthly installments of $5,219.86. CITY shall pay CCBC for the monthly installment payment by the 10th day of each month for the services performed in the previous month starting with July 1, 2020.

The aforesaid formula for payment of clinical services provided to the CITY shall be reviewed by CCBC on a quarterly basis in an effort to keep the CITY informed of the percentage of clinical services provided and costs so associated with the provided services in comparison to the funding so allocated for the onsite clinic operations. Upon review of the quarterly reports, the CITY shall be notified by the CCBC of the actual costs and utilization as well as any differential in pay.

The quarterly reviews are for the periods of July 1, 2020 to September 30, 2020; October 1, 2020 to December 31, 2020; January 1, 2021 to March 31, 2021; and April 1, 2021 to June 30, 2021. The completed quarterly review shall be presented by the CCBC to CITY on or before the 20th day of the month following the quarter just completed.

e.

CITY will be notified by CCBC in a timely manner of a change in clinic's hour of operation so that the CITY's employees may schedule their time to meet with the health care providers. Representatives of the CCBC's Human Resources Department and the CITY's Human Resources Department shall meet as needed to work out clinic schedules as necessary.

f.

This MOU does not establish an employer/employee relationship between CITY's employees and CCBC.

g.

CITY agrees to hold harmless and indemnify CCBC from any damages, liability, actions, claims, or demands that may arise within the scope of this MOU in regards to CITY's agents, servants, employees, invitees, or licenses arising out of this MOU during the term of this MOU.

h.

The services as defined herein shall only be provided to those CITY employees, and their dependents, that are currently enrolled in the CITY's employer provided health insurance program. City shall provide to CCBC a list of currently enrolled employees in CITY's employer provided health insurance program as may be amended from time to time.

Hereby agreed to by the parties hereto on the date as approved:

This 16 day of June 2020

James H. Starline, Chairman
Camden County Board of Commissioners

ATTEST:
Kathryn Bishop, County Clerk

This _____ day of _____2020

Dr. C. Grayson Day, Mayor

ATTEST: _____
Linda M. O'Shaughnessy,
City Clerk

City of Kingsland Financial Comparison by Year

Savings	FY14	FY15	FY16	FY17	FY18	FY19	FY20	Grand Totals
Plan Savings	$4,785.43	$25,149.69	$49,089.66	$46,082.87	$60,617.24	$84,747.49	$100,113.15	$370,585.53
Occupational Health Savings	$0.00	$1,479.50	$0.00	$0.00	$0.00	$1,266.68	$35,851.98	$38,598.16
Employee Savings	$1,112.00	$6,129.70	$10,383.12	$10,092.26	$17,869.94	$20,629.52	$20,083.94	$86,300.48
Total Savings	$5,897.43	$32,758.89	$59,472.78	$56,175.13	$78,487.18	$106,643.69	$156,049.07	**$495,484.17**
Clinic Costs								
Kingsland reimbursement	$3,236.28	$23,232.75	$41,303.87	$42,720.28	$47,386.87	$49,011.72	$51,366.56	$258,258.33
Total Costs	$3,236.28	$23,232.75	$41,303.87	$42,720.28	$47,386.87	$49,011.72	$51,366.56	**$206,891.77**
Net Savings	**$2,661.15**	**$9,526.14**	**$18,168.91**	**$13,454.85**	**$31,100.31**	**$57,631.97**	**$104,682.51**	**$288,592.40**
Plan Savings by Encounter Type								
PCP injury / illness Encounters	-	$9,718.38	$28,303.05	$31,429.59	$28,968.38	$38,809.86	$43,615.73	$180,844.99
Chronic Disease Management Encounters	-	$8,991.05	$11,176.24	$5,039.42	$11,089.71	$22,430.50	$24,703.22	$83,430.14
Specialist Encounters	-	$815.88	$2,856.10	$0.00	$0.00	$0.00	$0.00	$3,671.98
Occupational Medicine Encounters	-	$1,479.50	$0.00	$0.00	$0.00	$1,266.68	$35,851.98	$38,598.16
Other (tests, procedures, inj, meds, etc)	-	$5,624.38	$6,754.27	$9,613.85	$20,559.15	$23,507.13	$31,794.20	$97,852.98
Total Plan Savings	-	$26,629.19	$49,089.66	$46,082.86	$60,617.24	$86,014.17	$135,965.13	**$404,398.25**
Encounters by Type of Provider								
Nurse Encounters	17	116	103	76	155	184	256	907
Provider Encounters	25	114	229	229	244	257	263	1361
Provider Consults	0	45	132	85	27	86	152	527
Total # of Encounters	42	275	464	390	426	527	671	**2795**
Encounter by Status								
Employee Encounters	42	266	356	268	344	386	488	2150
Dependent Encounters	0	9	108	122	82	58	34	413
Total # of Encounters	42	275	464	390	426	444	522	**2563**
Unique Employee Encounters No repeat visits								
Employees						91	129	
Dependents						20	14	
Total Unique Patient Visits						111	143	

City of Kingsland FY20 Cost Avoidance

Savings	July	August	September	October	November	December	January	February	March	April	May	June	Grand Totals Savings
Plan Savings	$7,748.90	$7,588.52	$16,424.90	$9,684.27	$8,671.03	$7,297.44	$9,566.70	$11,318.15	$5,571.54	$3,428.92	$3,387.89	$9,424.89	$100,113.15
Occupational Health Savings	$1,529.83	$1,562.06	$4,682.76	$4,509.59	$2,467.76	$4,758.49	$7,522.98	$1,012.36	$2,429.50	$0.00	$3,846.70	$1,529.95	$35,851.98
Employee Savings	$1,681.53	$1,767.67	$2,000.00	$1,964.00	$1,305.00	$1,335.00	$1,750.00	$2,573.21	$1,245.00	$1,411.67	$955.00	$2,095.86	$20,083.94
Total Savings	**$10,960.26**	**$10,918.25**	**$23,107.66**	**$16,157.86**	**$12,443.79**	**$13,390.93**	**$18,839.68**	**$14,903.72**	**$9,246.04**	**$4,840.59**	**$8,189.59**	**$13,050.70**	**$156,049.07**

Costs	July	August	September	October	November	December	January	February	March	April	May	June	Costs
City of Kingsland reimbursement	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,263.88	$4,363.88	$4,363.88	$51,366.56
Total Costs	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,263.88**	**$4,363.88**	**$4,363.88**	**$51,366.56**

Net Savings	**$6,696.38**	**$6,654.37**	**$18,843.78**	**$11,893.98**	**$8,179.91**	**$9,127.05**	**$14,575.80**	**$10,639.84**	**$4,982.16**	**$576.71**	**$3,825.71**	**$8,686.82**	**$104,682.51**

Plan Savings by Encounter Type	July	August	September	October	November	December	January	February	March	April	May	June	Savings by Encounter
PCP injury / illness Encounters	$2,972.33	$3,788.38	$5,067.17	$5,175.64	$3,653.05	$3,056.85	$3,930.85	$5,556.55	$2,858.11	$2,638.15	$1,738.52	$3,180.13	$43,615.73
Chronic Disease Management Encounters	$2,759.60	$1,728.25	$2,420.62	$1,922.18	$2,041.94	$2,182.13	$2,918.20	$2,242.56	$774.12	$320.79	$1,052.91	$4,339.92	$24,703.22
Occupational Medicine Encounters	$1,529.83	$1,562.06	$4,682.76	$4,509.59	$2,467.76	$4,758.49	$7,522.98	$1,012.36	$2,429.50	$0.00	$3,846.70	$1,529.95	$35,851.98
Other (tests, procedures, inj, meds, etc)	$2,016.97	$2,071.89	$8,937.11	$2,586.45	$2,976.04	$2,058.46	$2,717.65	$3,519.04	$1,939.31	$469.98	$596.46	$1,904.84	$31,794.20
Total Plan Savings	**$9,278.73**	**$9,150.58**	**$21,107.66**	**$14,193.86**	**$11,138.79**	**$12,055.93**	**$17,089.68**	**$12,330.51**	**$8,001.04**	**$3,428.92**	**$7,234.59**	**$10,954.84**	**$135,965.13**

Encounters by Type of Provider	July	August	September	October	November	December	January	February	March	April	May	June	Encounters by Provider
Nurse Encounters	18	16	54	23	23	13	18	22	15	15	20	19	256
Provider Encounters	23	24	28	28	18	25	30	27	15	8	11	26	263
Provider Consults	13	7	21	20	19	12	6	18	6	14	10	6	152
Total # of Encounters	**54**	**47**	**103**	**71**	**60**	**50**	**54**	**67**	**36**	**37**	**41**	**51**	**671**

Encounter by Status	July	August	September	October	November	December	January	February	March	April	May	June	Encounters by Status
Employee Encounters	40	37	81	48	40	37	48	42	25	19	30	41	488
Dependent Encounters	1	3	0	3	2	2	2	7	5	4	1	4	34
Total # of Encounters	**41**	**40**	**81**	**51**	**42**	**39**	**50**	**49**	**30**	**23**	**31**	**45**	**522**

Patient Status	July	August	September	October	November	December	January	February	March	April	May	June	Patient Status
New Patients	1	6	15	9	4	10	9	4	5	0	6	2	71
Existing Patients	40	34	66	42	38	29	41	45	25	23	25	43	451
Total Patients	**41**	**40**	**81**	**51**	**42**	**39**	**50**	**49**	**30**	**23**	**31**	**45**	**522**

Prescriptions Dispensed	July	August	September	October	November	December	January	February	March	April	May	June	Prescriptions
30 days supply	12	15	19	15	11	16	22	12	12	2	11	13	160
90 days supply	12	13	12	17	8	9	9	16	15	4	0	16	131
Total prescriptions Dispensed	**24**	**28**	**31**	**32**	**19**	**25**	**31**	**28**	**27**	**6**	**11**	**29**	**291**

Unique Patient Visits (no repeats)	July	August	September	October	November	December	January	February	March	April	May	June	Unique Patients no repeats
Employees	25	43	76	88	92	105	114	118	121	121	128	129	Not a running total
Dependents	1	3	3	5	7	8	8	11	13	14	14	14	\
Total Unique patient Visits	**26**	**46**	**79**	**93**	**99**	**113**	**122**	**129**	**134**	**135**	**142**	**143**	**Not a running total**

MainPoint Health and Wellness
FY20 Quarterly Utilization Report

		Camden County	City of St Marys	PSA	City of Kingsland	Totals
1st Quarter	**July**					
	Nurse Encounters	126	26	12	18	182
	Provider Encounters	121	29	10	23	183
	Provider Consults	49	21	6	13	89
	Total	*296*	*76*	*28*	*54*	*454*
	August					
	Nurse Encounters	87	14	9	16	126
	Provider Encounters	92	31	9	24	156
	Provider Consults	35	8	4	7	54
	Total	*214*	*53*	*22*	*47*	*336*
	September					
	Nurse Encounters	150	56	7	54	267
	Provider Encounters	90	21	7	28	146
	Provider Consults	43	26	7	21	97
	Total	*283*	*103*	*21*	*103*	*510*
	Totals	**793**	**232**	**71**	**204**	**1300**
	Percentage of Total Clinic Utilization	**61.00%**	**17.85%**	**5.46%**	**15.69%**	**100.00%**
2nd Quarter	**October**					
	Nurse Encounters	76	39	17	23	155
	Provider Encounters	98	27	9	28	162
	Provider Consults	32	29	9	20	90
	Total	*206*	*95*	*35*	*71*	*407*
	November					
	Nurse Encounters	94	21	12	23	150
	Provider Encounters	73	23	5	18	119
	Provider Consults	38	20	8	19	85
	Total	*205*	*64*	*25*	*60*	*354*
	December					
	Nurse Encounters	93	32	7	13	145
	Provider Encounters	108	22	13	25	168
	Provider Consults	40	24	6	12	82
	Total	*241*	*78*	*26*	*50*	*395*
	Totals	**652**	**237**	**86**	**181**	1156
	Percentage of Total Clinic Utilization	**56.40%**	**20.50%**	**7.44%**	**15.66%**	**100.00%**
3rd Quarter	**January**					
	Nurse Encounters	103	26	7	18	154
	Provider Encounters	105	38	4	30	177
	Provider Consults	41	17	6	6	70
	Total	*249*	*81*	*17*	*54*	*401*
	February					
	Nurse Encounters	101	26	5	22	154
	Provider Encounters	115	26	6	27	174
	Provider Consults	55	21	3	18	97
	Total	*271*	*73*	*14*	*67*	*425*
	March					
	Nurse Encounters	77	40	12	15	144
	Provider Encounters	103	21	6	15	145
	Provider Consults	48	25	11	6	90
	Total	*228*	*86*	*29*	*36*	*379*
	Totals	748	240	60	157	1205
	Percentage of Total Clinic Utilization	**62.07%**	**19.92%**	**4.98%**	**13.03%**	**100.00%**
4th Quarter	**April**					
	Nurse Encounters	73	25	6	15	119
	Provider Encounters	50	13	2	8	73
	Provider Consults	53	19	5	14	91
	Total	*176*	*57*	*13*	*37*	*283*
	May					
	Nurse Encounters	92	22	15	20	149
	Provider Encounters	72	12	4	11	99
	Provider Consults	40	2	10	10	62
	Total	*204*	*36*	*29*	*41*	*310*
	June					
	Nurse Encounters	113	32	25	19	189
	Provider Encounters	89	53	10	26	178
	Provider Consults	52	18	7	6	83
	Total	*254*	*103*	*42*	*51*	*450*
	Totals	634	196	84	129	1043
	Percentage of Total Clinic Utilization	**60.79%**	**18.79%**	**8.05%**	**12.37%**	**100.00%**
Grand Totals	**Total Encounters**	**2827**	**905**	**301**	**671**	**4704**
	Overall Percentage of Total Clinic Utilization	**60.10%**	**19.24%**	**6.40%**	**14.26%**	**100.00%**
		$ 139,916.37	$ 44,791.05	$ 14,897.36	$ 33,209.72	per encounter for 1/2 year $ 49.49

Totals by Provider	Nurse	Provider	Provider Consult	Gra To
1st Quarter	575	485	240	
2nd Quarter	450	449	257	
3rd Quarter	452	496	257	
4th Quarter	457	350	236	
Totals	1934	1780	990	

Totals	2391	2130	1226

City of Kingsland Clinic Utilization Comparison by Year	FY 2014	FY 2015	FY 2016	FY2017	FY2018	FY2019	FY2020
1st Quarter							
July							
Nurse Encounters	0	4	9	7	6	18	18
Provider Encounters	0	13	10	22	18	25	23
Provider Consults	0	5	6	5	3	0	13
August							
Nurse Encounters	0	5	14	5	5	11	16
Provider Encounters	0	9	19	9	24	26	24
Provider Consults	0	5	13	9	4	5	7
September							
Nurse Encounters	0	6	9	3	11	5	54
Provider Encounters	0	9	27	23	10	19	28
Provider Consults	0	3	6	8	4	1	21
2nd Quarter							
October							
Nurse Encounters	0	36	29	25	35	33	23
Provider Encounters	0	8	22	19	21	8	28
Provider Consults	0	2	16	3	3	4	20
November							
Nurse Encounters	0	1	5	5	13	4	23
Provider Encounters	0	7	20	22	27	27	18
Provider Consults	0	0	4	10	3	2	19
December							
Nurse Encounters	0	9	11	4	16	15	13
Provider Encounters	0	7	14	30	23	18	25
Provider Consults	0	4	10	7	4	9	12
3rd Quarter							
January	**FY14**	**FY15**	**FY16**	**FY17**	**FY18**	**FY19**	**FY20**
Nurse Encounters	0	4	4	7	12	15	18
Provider Encounters	0	11	21	26	34	23	30
Provider Consults	0	3	8	7	5	10	6
February							
Nurse Encounters	0	3	8	6	12	14	22
Provider Encounters	0	11	25	20	13	28	27
Provider Consults	0	1	24	8	0	8	18
March		physicals					
Nurse Encounters	0	8	3	3	11	17	15
Provider Encounters	0	9	28	29	23	24	15
Provider Consults	0	2	15	12	1	10	6
4th Quarter							
April		physicals					
Nurse Encounters	0	18	4	4	13	16	15
Provider Encounters	0	8	17	5	26	15	8
Provider Consults	0	7	6	2	0	13	14
May							
Nurse Encounters	6	9	5	5	9	16	20
Provider Encounters	12	13	15	13	11	21	11
Provider Consults	0	5	11	8	0	11	10
June							
Nurse Encounters	11	13	2	2	12	20	19
Provider Encounters	13	9	11	11	14	23	26
Provider Consults	0	8	13	6	0	13	6
Totals	**42**	**275**	**464**	**390**	**426**	**527**	**671**

Grand Totals	**2795**

Aggregate Clinic Utilization Comparison by Year (All Entities)	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
1st Quarter										
July										
Nurse Encounters				101	151	132	91	93	223	**177**
Provider Encounters				111	131	115	143	165	178	**159**
Provider Consults				0	69	73	79	44	0	**87**
				212	***351***	***320***	***313***	***302***	***401***	**423**
August										
Nurse Encounters				130	104	163	101	92	110	**124**
Provider Encounters				136	142	151	204	193	195	**156**
Provider Consults				0	57	67	96	34	29	**52**
				266	***303***	***381***	***401***	***319***	***334***	**332**
September										
Nurse Encounters				109	117	148	84	77	72	**265**
Provider Encounters				117	104	169	180	89	158	**146**
Provider Consults				0	46	63	72	26	28	**96**
				226	***267***	***380***	***336***	***192***	***258***	**507**
2nd Quarter										
October										
Nurse Encounters				235	354	262	257	284	253	**155**
Provider Encounters				171	123	194	161	180	158	**162**
Provider Consults				0	66	82	84	42	67	**90**
				406	***543***	***538***	***502***	***506***	***478***	**407**
November										
Nurse Encounters				94	171	125	108	133	93	**150**
Provider Encounters				158	79	172	174	191	184	**119**
Provider Consults				0	47	75	78	47	31	**85**
				252	***297***	***372***	***360***	***371***	***308***	**354**
December										
Nurse Encounters				46	160	113	51	101	133	**145**
Provider Encounters				196	227	187	174	126	135	**168**
Provider Consults				0	40	98	47	39	64	**82**
				242	***427***	***398***	***272***	***266***	***332***	**395**
3rd Quarter										
January										
Nurse Encounters				72	121	96	84	150	147	**154**
Provider Encounters				180	168	174	188	223	181	**177**
Provider Consults				0	33	90	69	38	82	**70**
				252	***322***	***360***	***341***	***411***	***410***	**401**
February										
Nurse Encounters				52	149	123	83	123	118	**154**
Provider Encounters				164	143	188	182	169	160	**174**
Provider Consults				0	55	162	52	24	59	**97**
				216	***347***	***473***	***317***	***316***	***337***	**425**
March										
Nurse Encounters				61	149	125	90	136	256	**144**
Provider Encounters				154	161	208	204	223	142	**145**
Provider Consults				0	41	108	65	12	79	**90**
				215	***351***	***441***	***359***	***371***	***477***	**379**
4th Quarter										
April										
Nurse Encounters				106	180	118	81	179	213	**119**
Provider Encounters				146	129	184	87	172	200	**73**
Provider Consults				0	51	107	54	3	64	**91**
				252	***360***	***409***	***222***	***354***	***477***	**283**
May										
Nurse Encounters				70	165	143	86	193	301	**149**
Provider Encounters				180	122	192	91	159	176	**99**
Provider Consults				0	63	112	63	4	80	**62**
				250	***350***	***447***	***240***	***356***	***557***	**310**
June										
Nurse Encounters				125	204	152	138	171	205	**189**
Provider Encounters				189	133	191	152	135	157	**178**
Provider Consults				0	80	101	36	0	85	**83**
				314	***417***	***444***	***326***	***306***	***447***	**450**
Totals	**448**	**1478**	**2590**	**3103**	**4335**	**4963**	**3989**	**4070**	**4816**	**4666**

* Totals include all occupational medicine encounters as well as contracted services encounters (physicals)

Grand Total 34458

Tax Specialists of Georgia-Southeast, LLC

Sales & Use Tax Refund Engagement Agreement

In consideration of the mutual covenants contained herein, City of Kingsland (hereinafter referred to as, "Client") authorizes and engages **Tax Specialists of Georgia-Southeast, LLC** (hereinafter "TSG"**)** as follows:

SERVICES TO BE PERFORMED:

1. TSG shall conduct a review of **Client's** records pertaining to any and all **Wastewater, Drinking-Water-Treatment, Solar Energy, or Landfill** projects as designated by **Client.** These projects shall be identified and made an addendum to this Engagement Agreement. The specific purpose of this review shall be the determination of the amount, if any, of Georgia Sales Tax paid by any and all general contractors or by their sub-contractors and/or by **Client** on purchases which qualify for Sales Tax exemption under Georgia's statutes (such items and those when totaled are hereinafter called the "Refundable Amount"). Because of Georgia's 3-Year Statute of Limitations, no project which has been completed prior to 3 years prior to the date of this agreement shall be included in the review.
2. The records to be reviewed shall include:
    a. Client's Records: Documents pertaining to the project(s) to be reviewed, including project documentation such as a detailed description of the project, contact information for the contractor(s), and the periodic payment (Draw) documents from the contractor (s), including any and all Vendor invoices (to the contractor) which may be attached to the draw document. Client shall provide a minimal amount of its staff provide access to the project documents.
    b. Contractor's records: The details of the review will be determined by a review of the invoices from each vendor to each contractor of the purchases of tangible personal property purchased by the contractor in the performance of the contract(s) to be reviewed. Tax Specialists of Georgia will make every effort to gain access to these records, but may request assistance from **Client.**
    c. Taxes paid on each vendor invoice as well as taxes self-assessed by each contractor and paid directly to the State of Georgia.
3. TSG will file all of the necessary documentation required by the Georgia Department of Revenue in the Sales Tax Refund process, including the M7 application and the Claim for Refund, as well as the supporting documentation for each.
4. TSG will contact and/or meet with representatives of the Georgia Department of Revenue in any and all ways to assist in the prompt completion of the processing of the refund request(s).

CONFIDENTIALITY

5. Both parties hereby acknowledge that all data and/or information provided by **Client** or by project contractors to TSG shall be held in a confidential manner and not divulged except as may be required in the performance of this Agreement, in making claims to the taxing authorities or vendors or in obtaining other data as needed to conduct its review. This confidentiality shall not exceed that allowed by the Georgia Open Records Act. Should any person or entity make any claim for records under that Act on either party to this Agreement, that party shall - within one business day - notify the other party to allow that party to assert that such records are not covered by the Georgia Open Records Act.

COSTS IN CONDUCTING REVIEW

6. TSG shall bear all costs incurred in reviewing Client's records, in acquiring documentation, in preparing any required refund documents and the costs, if any, in appealing before the appropriate taxing agency. Should **Client** wish to appeal the denial of any part of the Claim for Refund to any judicial system (Superior Court, Tax Tribunal), the costs of such appeal shall be borne by **Client.**

Tax Specialists of Georgia-Southeast, LLC

Sales & Use Tax Refund Engagement Agreement

COMPENSATION TO TAX SPECIALISTS OF GEORGIA

7. In the event TSG does not discover any Refundable Amount as defined herein or if TSG believes that there is such a sum, but such position is denied by the Georgia Department of Revenue, **Client** is under no financial obligation to pay any sum to TSG.
8. In the event that (a) TSG discovers a Refundable Amount and (b) the Georgia Department of Revenue issues payment to **Clien**t, **Client** will notify TSG of the amount and the fact of payment, **immediately upon receipt and before deposit** of said sum**.** Whereupon, TSG will advise **Client** of TSG's best estimate of what has been denied in the refund claim and the extent to which such denial is justified or unlikely to be reversed on further appeal, whether interest appears to be properly added where owed, and the possible costs or delays of further appeal. Then, **Client** shall decide if the acceptance of the payment by deposit (which may waive further claims) is justified solely in **Client's** discretion.
9. **Client** shall pay TSG within ten (10) days of **Client's** receipt and acceptance of the tax refund, t**wenty-five percent (25%)** of the total proceeds recovered from all filings made by Tax Specialists.

RESPONSIBILITIES OF CLIENT

10. **Client** shall be responsible:
    a. for providing access to records relating to Projects.
    b. for paying the sums as calculated under this Agreement.
    c. for any and all consequences to Client for its failure to follow the laws of the State of Georgia regarding taxable sales by municipalities on services and products like, but not limited to, natural gas, cable television, broadband access, electricity, or product sales.
    d. for electrical access sufficient to allow Tax Specialists to use its portable scanning equipment to copy records.
    e. ***To confirm if your city pays other sales tax (natural gas, etc.) ELECRONICALLY ___ [initial] [if you file electronically, TSG is required to work with you to file electronically.]***

In witness whereof, Tax Specialists of Georgia-Southeast, LLC and **Client** have executed this agreement, under seal, this _____day of _____, 201__.

Tax Specialists of Georgia-Southeast, LLC	City of Kingsland
1908 Bent Pine Park	PO Box 250
Statham, GA 30666	Kingsland GA 31548-0250
Phone: (770) 883-1383	Phone: (912) 729-5613
By:_____	By:_____
Print Name: William H. Branan, III	Print Name:_____
	Title: _____

From State of Georgia
Surplus Property
200 Piedmont Avenue, S.E.
Atlanta, Ga, 30334-9010

To

Donee Contact Name	PAUL GEORGE	
Donee Contact Address	111 S Seaboard St	
Donee City Donee Zip	Kingsland	31548
Donee Contact Phone	(912) 467-9363	
Donee Contact Email	PGEORGE@KINGSLANDGEORGIA.COM	

Body Dear PAUL GEORGE

Auction House	Auction House Name	Chattanooga Auto Auction	
	Auction House Contact	None Listed	
	Auction House Address	2120 Stein Road	
	Auction House City/Zip	Chattanooga	37421
	Auction House Phone	423-499-0015	

Place the GSA Number here, this would come from the original GSA offering

Place the fixed sale price here

Vehicle	GSA # type here →	G62-0951U				
	Vehicle Year	Model Year: 2017				
	Vehicle Make	Make: FORD				
	Vehicle Model	Model: Explorer				
	VIN #	1FM5K8AR8HGB72447				
		Sale Price		DOAS $500		Total Sale
	Sale Price	$13,000.00	+	$500.00	=	$13,500.00

SF97	Donee Name	PAUL GEORGE			
	Donee Acct Name	KINGSLAND POLICE DEPARTMENT			
	Donee Address	111 S Seaboard St	Kingsland	GA	31548
	Donee Phone	(912) 467-9363			
	Donee Email	PGEORGE@KINGSLANDGEORGIA.COM			

Please send the invoice for the listed GSA Vehicle # to Surplus Property
SF97s are to be completed in the Donee's Name and Address

Ending Sincerely
State of Georgia
Surplus Property
Agent Natassja Brown
Agen Phone 404-657-8544

Attachment: G62-0951U Kingsland PD Invoice (3153 : Bid Award: One 2017 Ford Explorer)