Administrative Services Committee Meeting Commission Chamber- 8/29/2017- 1:10 PM

ADMINISTRATIVE SERVICES

1. Request Commission approval to purchase one non-CDL required dump truck for the Recreation Department. (Bid Item 17-188) Attachments

2. Motion to accept as information the Housing and Community Development Department's application for the National Endowment of the Arts "Our Town FY18" Grant cycle to increase citizen and visitor awareness and knowledge of Mr. James Brown, a local historic musician, through the use of various artworks. Attachments

3. Award Eye Med (Combined Insurance) contract renewal and authorize the Mayor to execute the contract. Attachments

4. Discuss (and receive as information) amending the 2011, 2013, 2014 and 2015 Action Plans to Re-program $152,095.00, and Revise the Scope of Work in Community Development Block Grant (CDBG) funds. Attachments

5. Discuss the hiring of a City of Augusta Community/Special Events Manager. **(Requested by Commissioner Marion Williams)** Attachments

6. Discuss the Lake Olmstead Stadium. **(Requested by Commissioner Bill Fennoy)** Attachments

7. Motion to approve the minutes of the Administrative Services Committee held on August 8, 2017. Attachments

8. Discuss potential usage and ownership of the historic Penny & Savings Bank Building located on Laney-Walker Blvd. **(Requested by Commissioner Marion Williams)** Attachments

9. Presentation by Shameka Gilead regarding ban the box on job applications and not knowing about the bonding letter. Attachments

10. Update from the Administrator on the operations of the Augusta Probation Services Department. **(Requested by Commissioner Marion Williams)** Attachments

11. Adopt resolution affirming Augusta as a What Works City and establishment of Open Data Policy in support of What Works City Initiative. **(Requested by Mayor Hardie Davis, Jr.) (Referred from August 15 Commission meeting)** Attachments

Administrative Services Committee Meeting
8/29/2017 1:10 PM
2017 - Recreation Dump Truck

Department:	Central Services Department - Fleet Management Division
Presenter:	Ron Crowden
Caption:	Request Commission approval to purchase one non-CDL required dump truck for the Recreation Department. (Bid Item 17-188)
Background:	The Recreation Department currently has 2 dump trucks that require drivers with Commercial Driver's License (CDL). The Department has only one driver with a CDL and has been unsuccessful in hiring a second qualified driver. The purchase of a truck not requiring a CDL qualified driver will enhance the Department's capability for parks and facilities maintenance. The Department will turn in 994217, a 2000 International 2000, 4700 dump truck as excess. This truck has an excessive maintenance history. The vehicle evaluation is attached for review. The department has a need to haul sand, soil, mulch and landscape/wood waste for projects and park maintenance. The smaller dump truck, not requiring a CDL qualified driver will allow a variety of staff to operate the truck.
Analysis:	The Procurement Department published a competitive bid using the Demand Star electronic bid application. The results of Bid 17-188 - Dump Truck, which closed June 2, 2017, are: Fleetcare Commercial at $71,900.00; Freightliner of Augusta at $77,383.00 and Rush Truck Center at $81,848.00. The tabulation sheet is attached for review
Financial Impact:	The purchase of this truck is from 2017 Capital Outlay – Fleet, for $71,900.00 from the following account: 272-01-6440/54.22210.
Alternatives:	(1) Approve the request; (2) Do not approve the request
Recommendation:	Approve the purchase of the truck and designate excess truck as surplus and available for auction.

Funds are Available in the Following Accounts: Capital Outlay: 272-01-6440/54.22210

REVIEWED AND APPROVED BY:

Finance.
Procurement.
Law.
Administrator.
Clerk of Commission

OFFICIAL

Bid Opening Item #17-188 Dump Truck
for Augusta, Georgia - Central Services Department
Fleet Maintenance Division
Bid Due: Friday, June 2, 2017 @11:00 a.m.

Total Number Specifications Mailed Out:20
Total Number Specifications Download (Demandstar):12
Total Electronic Notifications (Demandstar): 149
Mandatory Pre-Bid/Telephone Conference: NA
Total packages submitted: 3
Total Non-Compliant: 1

VENDORS	Freightliner of Augusta 515 Skyview Drive Augusta, GA 30901	Fleetcare Commercial 1242 Nowell Drive Augusta, GA 30901	Rush Truck Center 2925 Gun Club Road Augusta, GA 30907
Attachment B	YES	YES	YES/ NO BUSINESS LIC.
Addendum 1	YES	YES	NO
E-Verify Number	593835	873249	611623
SAVE Form	YES	YES	YES
Single Axle Dump Truck:			
Year	2018	2018	2018
Make	FREIGHTLINER	HINO	INTERNATIONAL
Model	M2106	268A	4300
Bid Price	$77,383.00	$71,900.00	$81,848.76
Proposed Delivery Time	150-180 DAYS ARO	10/1/2017	90 DAYS

The following vendor has been deemed non-compliant for failing to provide a Business License number and acknowledment of Addendum #1: Rush Truck Center/2925 Gun Club Road, Augusta, GA 30907

Item # 1

AUGUSTA, GEORGIA
FINANCE DEPARTMENT-FLEET MANAGEMENT DIVISION
REPLACEMENT CRITERIA FORM

Department Name:	Department Number	Date:
Recreation Department	***101-06-1110***	***7/26/2017***
Vehicle Description:	Asset #:	
2000 International 4700 Dump Truck		994217

Assigned Use:

Assigned to Recreation Department for routine maintenance tasks in moving soil, hauling debris, *and mulch.*

Actual Age:	Current miles:	Purchase Price:
17	***93,852***	***$40,684.58***

Life Expectancy Criteria Requirements -(Policy Evaluation)

Age:	Miles or Hours	Type of Service	Reliability	Maint/Repair	Condition:
17	***9***	***2***	***3***	***5***	***3***

Evaluation Points	Policy Evaluation Results:
39	***Needs immediate consideration for replacement***

Fleet Managers Recommendation:

Vehicle will be excess to the Department if the Non-CDL truck is approved. This truck has a long maintenance history with 107 maintenance work orders of the 17 years service. Cost of repairs total $30,680.33.

Ron Crowden

Ron Crowden
Fleet Manager

Replacement Date:	Fiscal Year Replacement:
2017	***2017/2018***
Estimated Replacement Cost:	Funding Source:
$71,000.00	***272-01-6400/5422210***

RANGES

Under 18 Points	Excellent	18 to 22 Points	Good
23 to 27 Points	Qualifies for Replacement		
28 Points or more	Needs immediate consideration for replacement		

Invitation to Bid

Sealed bids will be received at this office until Friday, June 2, 2017 @ 11:00 a.m. for furnishing:

Bid Item #17-185 **Utility Cart for Augusta Central Services Department – Fleet Maintenance Division**
Bid Item #17-188 **Dump Truck for Augusta Central Services Department – Fleet Maintenance Division**

Bids will be received by Augusta, GA Commission hereinafter referred to as the OWNER at the offices of:

Geri A. Sams, Director
Augusta Procurement Department
535 Telfair Street - Room 605
Augusta, Georgia 30901

Bid documents may be viewed on the Augusta, Georgia web site under the Procurement Department **ARCbid.** Bid documents may be obtained at the office of the Augusta, GA Procurement Department, 535 Telfair Street – Room 605, Augusta, GA 30901. Documents may be examined during regular business hours at the offices of Augusta, GA Procurement Department.

All questions must be submitted in writing by fax to 706 821-2811 or by email to procbidandcontract@augustaga.gov to the office of the Procurement Department by Friday, May 19, 2017 @ 5:00 P.M. No bid will be accepted by fax, all must be received by mail or hand delivered.

No bids may be withdrawn for a period of sixty (60) days after bids have been opened, pending the execution of contract with the successful bidder.

The local bidder preference program is applicable to this project. To be approved as a local bidder and receive bid preference an eligible bidder must submit a completed and signed written application to become a local bidder at least thirty (30) days prior to the date bids are received on an eligible local project. An eligible bidder who fails to submit an application for approval as a local bidder at least thirty (30) days prior to the date bids are received on an eligible local project, and who otherwise meets the requirements for approval as a local bidder, will not be qualified for a bid preference on such eligible local project.

Invitation for bids and specifications. An invitation for bids shall be issued by the Procurement Office and shall include specifications prepared in accordance with Article 4 (Product Specifications), and all contractual terms and conditions, applicable to the procurement. **All specific requirements contained in the invitation to bid including, but not limited to, the number of copies needed, the timing of the submission, the required financial data, and any other requirements designated by the Procurement Department are considered material conditions of the bid which are not waiveable or modifiable by the Procurement Director.** All requests to waive or modify any such material condition shall be submitted through the Procurement Director to the appropriate committee of the Augusta, Georgia Commission for approval by the Augusta, Georgia Commission. Please mark BID number on the outside of the envelope.

Bidders are cautioned that acquisition of BID documents through any source other than the office of the Procurement Department is not advisable. Acquisition of BID documents from unauthorized sources placed the bidder at the risk of receiving incomplete or inaccurate information upon which to base his qualifications.

Correspondence must be submitted via mail, fax or email as follows:

Augusta Procurement Department
Attn: Geri A. Sams, Director of Procurement
535 Telfair Street, Room 605
Augusta, GA 30901
Fax: 706-821-2811 or Email: procbidandcontract@augustaga.gov

No bid will be accepted by fax, all must be received by mail or hand delivered.

GERI A. SAMS, Procurement Director

Publish:
Augusta Chronicle April 27, May 4, 11, 18, 2017
Metro Courier May 3, 2017

Augusta GEORGIA

Central Services Department

Takiyah A. Douse, Director
Ron Crowden, Fleet Manager

Fleet Management
1568-C Broad Street
Augusta GA 30904
Phone: (706) 821-2892

MEMORANDUM

TO: MS. Geri Sams, Director, Procurement Department

FROM: Ron Crowden, Fleet Manager, Central Services Department

SUBJECT: Bid Award Request – 17-188 Dump Truck

DATE: June 29, 2017

Fleet Management would like to request the award for the attach4ed compilation sheet for bid 17-188, Dump Truck, which opened June 2, 2017 be offered to Fleetcare Commercial. The vender was the lowest priced bidder and satisfactorily met the required bid specifications. The results are attached.

It should be noted that the bidders with the two lowest bids both had exceptions. In both cases the exceptions were acceptable. Please let us know when the vendor administration is completed on this award so that we may move forward in obtaining Commission approval.

If you have any questions or concerns, please contact me.

Best Personal Regards,

Ron Crowden
Fleet Manager

'17 JUN 29 PM 3:38

Item # 1

OFFICIAL

Augusta GEORGIA

Bid Opening Item #17-188 Dump Truck
for Augusta, Georgia - Central Services Department
Fleet Maintenance Division
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SAVE Form	YES	YES	YES
Single Axle Dump Truck:			
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'17 JUN 29 PM 3:38

Item # 1

User: **Mills, Phyllis** Organization: **City of Augusta, GA (Augusta Commission)** Logout

DEMANDSTAR by ONVIA

My DemandStar **Buyers** Account Info

Log Bid **[View Bids]** **Log Quote** **View Quotes** **Supplier Search** **Build Broadcast List** **Reports**

Planholders List

Member Name City of Augusta, GA (Augusta Commission)

Bid Number ITB-17-188-0-2017/nw

Bid Name Dump Truck

2 Document(s) found for this bid

12 Planholder(s) found.

Add Planholder

Supplier Name	Phone	Fax	Doc Count	Attributes	Programs	Actions
ACME AUTO LEASING LLC	2032346850	2032346858	1	1. Small Business 2. Veteran Owned		Documents
Hino Trucks	2486999300	2486999301				Documents
Mack Trucks - Main (VOLVO Group)						Documents
MG Contracting & Sons inc.	3234702122	0000000000	1			Documents
NAPA Auto Parts Of Augusta	6189803689		1			Documents
Nextran Corporation						Documents
Peach State Freightliner						Documents
Peach State Freightliner						Documents
Shay Enterprise	2539856691	2539856691	1			Documents
Wade Ford	6783853452	7704332412				Documents

Page 1 of 2 first | previous | next | last

Format for Printing No

Search << Return Export to Excel

Item # 1

User: **Mills, Phyllis** Organization: **City of Augusta, GA (Augusta Commission)** Logout

DEMANDSTAR by ONVIA

My DemandStar **Buyers** Account Info

Log Bid **[View Bids]** **Log Quote** **View Quotes** **Supplier Search** **Build Broadcast List** **Reports**

Planholders List

Member Name City of Augusta, GA (Augusta Commission)

Bid Number ITB-17-188-0-2017/nw

Bid Name Dump Truck

2 Document(s) found for this bid

12 Planholder(s) found.

Add Planholder

Supplier Name	Phone	Fax	Doc Count	Attributes	Programs	Actions
Wade Ford						Documents
Warren, Inc.	8137525126	8137549545	1			Documents

Page 2 of 2 first | previous | next | last

Format for Printing No

Search << Return Export to Excel

Item # 1

Bidders List

Bid Item # _____ **Cost $** _____

#	Company Name	Complete Mailing Address	Date	Spec. #	Initials	Mailed By
1	Attn: Bruce Donden Christopher Trucks Inc. PO Box 8677 Greenville, SC 29604		5.3.17	17-188		Courier
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Item # 1

PMACOLM CUNNINGHAM CHEVROLET
ATTN: FLEET MANAGER
2031 GORDON HIGHWAY
AUGUSTA, GA 30909

FIVE STAR C/DODGE/JEEP
ATTN: CLARK LAMBERT
3068 RIVERSIDE DRIVE
MACON, GA 31210

SANDERS INTERNATIONAL TRUCKS
5121 BURTONS FERRY HIGHWAY
ALLENDALE, SC 29810

CAROLINA INTL' TRUCKS, INC
1619 BLUFF ROAD
PO BOX 7548
COLUMBIA, SC 29201

ADVANTAGE TRUCK CENTER
ATTN: BRUCE STADLER
3880 JEFF ADAMS DRIVE
CHARLOTTE, NC 28206

LEGACY FORD MERCURY, INC.
ATTN: BENNIE WALDROP
413 INDUSTRIAL BLVD
P.O. BOX 248
MCDONOUGH, GA 30253

FAIRWAY FORD OF AUGUSTA
ATTN: LARRY WILLIAMS
4333 WASHINGTON ROAD
EVANS, GA 30809

ALLAN VIGIL FORD
ATTN: BOB BURTNER
6790 MT. ZION BLVD.
P.O. BOX 100001
MORROW, GA 30260

RANEW'S TRUCK & EQUIPT CO.
1308 HIGHWAY 41 NORTH
MILNER, GA 30257

FREIGHTLINER OF AUGUSTA
515 SKYVIEW DRIVE
AUGUSTA, GEORGIA 30901

COMMERCIAL FLEET TRUCKS
1242 NOWELL DRIVE
AUGUSTA, GA 30901

WADE FORD GOVERNMENT SALES
ATTN: ROGER MOORE
3860 SOUTH COBB DRIVE
SMYRNA, GA 30080

LOVE CHEVROLET
1255 KNOX ABBOTT DRIVE
CAYCE-WEST COLUMBIA, SC

GERALD JONES FORD
ATTN: FLEET SALES
3480 WRIGHTSBORO ROAD
AUGUSTA, GA 30919

PEACH STATE TRUCK SALES
P. O. BOX 808
ATLANTA, GA 30091

Malcom Cunningham Chevrolet
2031 Gordon Highway
Augusta, GA

GREENVILLE STERLING TRK CNTR
1501 WHITE HORSE R. & I85 EX44
GREENVILLE, SC 29065

Rush Truck Center
2925 Gun Club Road
Augusta, GA 30907

Love Chevrolet
1255 Knox Abbott Drive
Cayce-West Columbia, SC

Nalley Chevrolet
2555 Steward Avenue SW
Atlanta, GA 30315

Freightliner of Augusta
515 Skyview Drive
Augusta, Georgia 30901

TAKIYAH DOUSE
CENTAL SERVICES

BID ITEM 17-188
DUMP TRUCK
FOR AUGUSTA CENTRAL SERVICES
DEPT- FLEET MANAGEMENT DIVISION
BID DUE: FRI. 6/2/17 @ 11:00 A.M.

BID ITEM 17-188
DUMP TRUCK
FOR AUGUSTA CENTRAL SERVICES
DEPT- FLEET MANAGEMENT DIVISION
MAILED: FRI. 4/27/17

RON CROWDEN
FLEET MANAGEMENT

KELLIE IRVING
COMPLIANCE

RUSSELL SANDERS
FLEET MANANGEMENT

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Application of the National Endowment of the Arts "Our Town FY18" Grant

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Department: Housing and Community Development

Presenter: Mr. Hawthorne E. Welcher, Jr.

Caption: Motion to accept as information the Housing and Community Development Department's application for the National Endowment of the Arts "Our Town FY18" Grant cycle to increase citizen and visitor awareness and knowledge of Mr. James Brown, a local historic musician, through the use of various artworks.

Background: Beginning in 2009, the Housing and Community Development Department was tasked with redeveloping two local National Historic Districts that have seen years of disinvestment and degradation. Since the beginning of redevelopment, there has been steady redevelopment/restoration progress (acquisition, demolition, rehabilitation, new construction, pocket parks, green space, etc.), most notably on Pine Street, 11th Street, Holley Street, Wrightsboro Road, and Twiggs Street respectfully. Based on the continued success of these growing developmental nodes, new homeowners/tenants continue to invest and developers/contractors/others continue to seek partnerships and investment opportunities alike. At this time, we feel that the community would benefit from an infusion of artistic works to increase the awareness of various musicians of notoriety. The first musician of note will be Mr. James Brown. James Brown Blvd. is one of the main thoroughfares that leads from the Historic Districts to the downtown/Savannah River area. As such, the James Brown Journey will be anchored on James Brown Blvd, between Walton Way and Twiggs Street. Artistic works will signify the entrance to the James Brown Journey at Walton Way. There will be five (5) stops along the Journey culminating with a statue of James Brown in the middle of the roundabout that is being installed at James Brown Blvd and Twiggs Street. In addition, a park will be created that will promote healthy movement as a tribute to Mr. Brown's legacy and performance style. The James Brown Journey can either be walked (1.5 miles from beginning to end) or experienced as a park and see, allowing those that are unable to walk the entire stretch to drive and park at the stops. While this is a great start to increasing awareness by

adding artwork and interactive points of interest for the residents of the Laney Walker and Bethlehem neighborhoods, this is only the beginning. The James Brown Journey is one portion of "The Traces" initiative that is currently being studied and compiled for the Housing and Community Development Department. Though the neighborhoods have seen disinvestment in the past, we want to help preserve and share the great historic facts of the area while promoting healthy movement and community involvement.

Analysis: Through the collaborative efforts of the Housing and Community Development Department, Recreation Department, The Arts Council, and the Downtown Development Authority, we believe that we have a very solid opportunity for this grant (due: September 11th). If awarded, this grant would allow us to bring in an additional $200,000 to add artistic works to an area that has seen so much disinvestment over the years and is now seeing revitalization.

Financial Impact: The grant requires a dollar for dollar match. With the investment of Bond Financing/Tourism Fees, SPLOST 7 funds designated for Dyess Park Improvements through the Recreation Department, and Federal funds used in the area, we can meet and exceed the dollar for dollar match requirement without adding any additional strain on the current Housing and Community Development Department's budget.

Alternatives: N/A

Recommendation: Accept as Information Only

Funds are Available in the Following Accounts: Community Development Block Grant funds that are already received from the U.S. Department of Housing and Urban Development. Bond Financing/Tourism Fees that have already been approved by the Augusta Commission. SPLOST 7 funds (Dyess Park Improvements- Rec Department)

REVIEWED AND APPROVED BY:

Finance.
Law.
Administrator.
Clerk of Commission

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Approve Renewal of EyeMed Vendor Contract

Department:	Human Resources
Presenter:	Michael Loeser
Caption:	Award Eye Med (Combined Insurance) contract renewal and authorize the Mayor to execute the contract.
Background:	We have entered into a contract with Combined Insurance Company of America on January 1st 2010 with automatic renewals each January.
Analysis:	Eye Med (Combined Insurance) has been our vision carrier since 2010. There has not been any issues with them and they have not increased premiums during that time. Utilization is up this year 7.5 percent from 2016, to 4,078 members. Estimated 2017 member savings based on 1st quarter results is $506, 404. Helps Augusta's local economy; an average of 39.9 percent of services utilized independent retail outlets while 61 percent utilized nationwide outlet's local retail.
Financial Impact:	Our employees through payroll deductions pay premiums. Premiums have not increased since the original contract January 1, 2010.
Alternatives:	1. Consider other Vision Insurance Service Providers 2. Do not provide Vision Insurance.
Recommendation:	Approve Eye Med (Combined Insurance) to continue as our vision benefits provider for 2017.
Funds are Available in the Following Accounts:	N/A

REVIEWED AND APPROVED BY:

Finance.
Law.
Administrator.
Clerk of Commission

COMBINED
INSURANCE

Combined Insurance Company of America
5050 Broadway, Chicago, Illinois 60640
Administrator's Office: 4000 Luxottica Place; Mason, OH 45040

GROUP VISION INSURANCE POLICY

POLICYHOLDER:	**Augusta, GA; Augusta, GA - Retirees**
STATE OF ISSUE:	**Georgia**
POLICY EFFECTIVE DATE:	**January 1, 2010**
POLICY ANNIVERSARY DATE:	**January 1, 2011 and each January 1st thereafter**

Combined Insurance Company of America agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Combined Insurance Company of America at Chicago, Illinois on the Policy Effective Date.

Signed for Combined Insurance Company of America.

Doug R. Wendt
Chairman and
Chief Executive Officer

David A. Goodley
Secretary

THIS IS A LIMITED BENEFIT POLICY
Please read the Policy carefully.

Item # 3

PREMIUMS

Premiums are payable in advance by the Policyholder. The first premium is due on the effective date of the Policy. Subsequent premiums are due on the first day of each month thereafter.

The required premium due on each premium due date is the sum of the premiums for all Insureds and their Dependents covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective;
2. if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred;
3. if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred; or
4. if the number of eligible employees increases or decreases by more than 10%, premium will be adjusted at the end of the calendar month in which the increase or decrease occurred, unless otherwise mutually agreed.

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of the current month plus three months.

Premium Rate Change. The Company has the right to change the premium rate on or after the fourth Policy Anniversary Date. The Company will provide written notice at least 60 days before the date of change.

Grace Period. A grace period of 31 days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

Return of Premium. The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.

TERMINATION OF POLICY

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. on any date on or after the fourth Policy Anniversary Date. Written notice must be provided to the other party at least 31 days prior to termination;
2. the date the number or percentage of persons covered under the Policy does not meet the minimum participation requirement of 10;
3. the date the required premium has not been paid, except as provided in the Grace Period provision; or
4. the date 100% of the eligible employees are not covered when a contribution is not required by the employee.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Item # 3

CERTIFICATES

The Company will furnish a Certificate for each Insured to the Policyholder which will set forth the essential features of the insurance coverage.

ADDITIONAL INSUREDS

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

INCORPORATION PROVISION

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.

Item # 3

COMBINED
INSURANCE

Combined Insurance Company of America
5050 Broadway, Chicago, Illinois 60640
Administrator's Office: 4000 Luxottica Place; Mason, OH 45040

GROUP VISION INSURANCE CERTIFICATE

POLICYHOLDER: **Augusta, GA; Augusta, GA - Retirees**

POLICY ANNIVERSARY DATE: **January 1, 2011 and each January 1st thereafter**

Combined Insurance Company of America represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person. We may change the premium for the insurance provided under the Policy by giving the Policyholder a written notice at least 60 days prior to any change.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group name, group number and Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Combined Insurance Company of America at Chicago, Illinois on the Policy Effective Date.

THIS PLAN CONTAINS A PREFERRED PROVIDER COMPONENT. THIS MEANS BENEFITS ARE GENERALLY LOWER WHEN A NON-PREFERRED PROVIDER IS USED. CAREFULLY REVIEW YOUR SCHEDULE TO DETERMINE THE AMOUNT PAYABLE WHEN YOU USE A PREFERRED PROVIDER OR A NON-PREFERRED PROVIDER. WHEN YOU OR ANY COVERED DEPENDENT REQUIRE EMERGENCY CARE OR TREATMENT AND CANNOT REASONABLY REACH A NETWORK PROVIDER, BENEFITS WILL BE PAID AT THE PREFERRED PROVIDER LEVEL.

Signed for Combined Insurance Company of America.

Chairman and
Chief Executive Officer

Secretary

THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

Item # 3

TABLE OF CONTENTS

Item # 3

DEFINITIONS

Please note certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Benefit Frequency means the period of time in which a benefit is payable.

The Benefit Frequency begins on the later of the Insured Person's effective date or last date services were provided to the Insured Person. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

Co-payment means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for covered Vision Examination and Vision Materials per Benefit Frequency.

Comprehensive Eye Examination means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cyclopegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

Dependent means any of the following persons whose coverage under the Policy is in force and has not ended:

1. the Insured's lawful spouse;
2. each unmarried child from birth or adoption to age 19 who is primarily dependent upon the Insured for support and maintenance; or
3. each unmarried child at least 19 years of age to 25 years of age who is primarily dependent upon the Insured for support and maintenance and who is a full-time student; or
4. each unmarried child at least19 years of age who is primarily dependent upon the Insured for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is an Insured Person under the Policy on his or her 19th birthday; and who has been continuously so incapacitated since his or her 19th birthday.

Child includes stepchild, legally adopted child, child legally placed in the Insured's home for adoption and child under the Insured's legal guardianship. A full-time student is one who is enrolled at least the minimum number of hours of class a week the school considers as full-time status.

Insured means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder's application, and whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. Insured Person will also include the Insured's Dependents, if enrolled.

Medically Necessary Contact Lenses means:

1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
3. Anisometropia of 3D in spherical equivalent or more; or
4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.

Non-Preferred Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.

Policy means the Policy issued to the Policyholder.

Policyholder means the Employer named as the Policyholder in the face page of the Policy.

PPO Service Area means the geographical area where the PPO is located.

Preferred Provider means a Provider who has signed a Preferred Provider Agreement with the PPO.

Item # 3

Preferred Provider Agreement means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.

Preferred Provider Organization ("PPO") means a network of Providers and retail chain stores within the PPO Service Area that has signed a Preferred Provider Agreement.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

Vision Examination means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

Vision Materials means those materials shown in the Schedule of Benefits.

EFFECTIVE DATES

Effective Date of Insured's Insurance. The Insured's insurance will be effective as follows:

1. if the Policyholder does not require the Insured to contribute towards the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible;
2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible, provided;
   a. the Insured has given the Company the Insured's enrollment form (if required) on, prior to, or within 30 days of the date the Insured became eligible; and
   b. the Insured has agreed to pay the required premium contributions; and
3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured's coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured's effective date.

Effective Date of Dependents' Insurance. Coverage for Dependents becomes effective on the later of:

1. the date Dependent coverage is first included in the Insured's coverage; or
2. the premium due date on or after the date the person first qualifies as the Insured's Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

If the Insured and the Insured's spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

Newborn Children. A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth for 31 days or greater, if elected. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period.

Adopted Children. If a Dependent child is placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of placement of final decree of adoption, whichever occurs first, for 31 days or greater, if elected. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

Comprehensive Eye Examination. An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

Non-Preferred Provider Benefits. The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

Preferred Provider Benefits. The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

Vision Materials. If a Vision Examination results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided one time in each Benefit Frequency.
- *Frame(s)* provided one time in each Benefit Frequency.
- *Contact Lenses* provided one time in each Benefit Frequency in lieu of lenses.

LIMITATIONS

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. medical and/or surgical treatment of the eye, eyes or supporting structures;
3. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5. plano (non-prescription) lenses;
6. non-prescription sunglasses;
7. two pair of glasses in lieu of bifocals;
8. services or materials provided by any other group benefit plan providing vision care;
9. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; and:
10. lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
3. the date the Insured is no longer eligible for insurance; or
4. the date the Insured's employment with the Policyholder ends. The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
   a. does so without individual selection between Insureds; and
   b. continues to pay any premium contribution for those individuals.

For Dependents. A Dependent's insurance will cease on the earlier of:

1. on the date the Insured's coverage ends;
2. the date on which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
3. the end of the last period for which any required premium contribution has been made.

Item # 3

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

CLAIMS

Notice of Claim. Written notice of claim must be given to the Company within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

Claim Forms. The Company will furnish claim forms to the Insured Person within 10 days after notice of claim is received. If the Company does not provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims - Any benefits payable under the Policy for Non-Preferred Provider services will be paid immediately upon receipt of due written proof of loss. Should the Company fail to pay the benefits payable under the Policy, upon receipt of due written proof of loss, after that the Company will have 15 working days to mail the Insured Person a letter or notice which states the reasons the Company may have for failing to pay the claim, either in whole or in part. The letter will also give the Insured Person a written itemization of any documents or other information the Company needs to process the claim or any part of it which is not being paid. When all of the listed documents or other information the Company needs to process the claim have been received, the Company will then have 15 working days to process and either pay the claim or deny it, in whole or in part. The Company will give the Insured Person the reasons the Company may have for denying such claim or any part of it.

If the Company fails to comply with the requirements set forth above, the Company will pay interest to the Insured Person equal to 18 percent per annum on the benefits due under the terms of the Policy.

Right of Recovery. If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person resides, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased, and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform to the laws of that state.

Entire Contract. The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying any premium. The Policy and the Certificate may be amended at any time by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as the books and records relate to this insurance. The Company may authorize someone else to perform this audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

Item # 3

SCHEDULE OF BENEFITS

Policyholder: Augusta, GA; Augusta, GA - Retirees

An Insured Persons has the right to obtain vision care from the Provider of his or her choice. Benefits are payable as shown in the following Schedule of Benefits:

Benefit	In-Network	Out-of-Network	Benefit Frequency
VISION EXAMINATION			
Comprehensive Eye Examination	$10 Co-payment	up to $25	12 months
and			
Contact Lenses Fit and Follow-Up			12 months
Standard	$0 Co-payment, Paid in full	up to $40	
Premium	$0 Co-payment, up to $40 allowance	up to $40	
VISION MATERIALS			
Frames	$0 Co-payment, up to $100 retail allowance	up to $50	12 months
Standard Plastic Lenses			12 months
Single Vision	$5 Co-payment	up to $20	
Bifocal	$5 Co-payment	up to $35	
Trifocal	$5 Co-payment	up to $60	
Lens Options			
Standard Plastic Scratch Coating	$0 Co-payment	up to $11	
Contact Lenses ***(only one option available per Benefit Frequency)***			12 months
Conventional	$5 Co-payment, up to $100 allowance	up to $65	
Disposable	$5 Co-payment, up to $100 allowance	up to $65	
Medically Necessary	$0 Co-payment, Paid in full	up to $200	

Item # 3

SCHEDULE OF BENEFITS

Policyholder: Augusta, GA

An Insured Persons has the right to obtain vision care from the Provider of his or her choice. Benefits are payable as shown in the following Schedule of Benefits:

Benefit	In-Network	Out-of-Network	Benefit Frequency
VISION EXAMINATION			
Comprehensive Eye Examination	$10 Co-payment	up to $25	12 months
and			
Contact Lenses Fit and Follow-Up			12 months
Standard	$0 Co-payment, Paid in full	up to $40	
Premium	$0 Co-payment, up to $40 allowance	up to $40	
VISION MATERIALS			
Frames	$0 Co-payment, up to $200 retail allowance	up to $100	12 months
Standard Plastic Lenses			12 months
Single Vision	$5 Co-payment	up to $20	
Bifocal	$5 Co-payment	up to $35	
Trifocal	$5 Co-payment	up to $60	
Lenticular	$5 Co-payment	up to $60	
Lens Options			
Standard Plastic Scratch Coating	$0 Co-payment	up to $11	
Contact Lenses ***(only one option available per Benefit Frequency)***			12 months
Conventional	$5 Co-payment, up to $200 allowance	up to $140	
Disposable	$5 Co-payment, up to $200 allowance	up to $140	
Medically Necessary	$0 Co-payment, Paid in full	up to $200	

Item # 3

EyeMed VISION CARE

Augusta, GA
EyeMed Select Plan A, Fixed Fee
Voluntary
Option 1

Version 4

EyeMed Vision Care in conjunction with Combined Insurance Company of America

Vision Care Services	Member Cost	Out-of-Network
Exam with Dilation as Necessary	$10 Copay	$25
Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit and Follow-Up:	$0 Copay, Paid-in-full fit and two follow-up visits	$40
Premium Contact Lens Fit and Follow-Up:	$0 Copay, 10% off retail price, then apply $40 allowance	$40
Frames: Any available frame at provider location	$0 Copay; $200 Allowance, 20% off balance over $200	$100
Standard Plastic Lenses		
Single Vision	$5 Copay	$20
Bifocal	$5 Copay	$35
Trifocal	$5 Copay	$60
Lenticular	$5 Copay	$60
Standard Progressive Lens**	$70	$35
Premium Progressive Lens**	$70, 80% of Charge less $120 Allowance	$35
Lens Options:		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$0	$11
Standard Polycarbonate - Adults	$40	N/A
Standard Polycarbonate - Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	$5 Copay; $200 allowance, 15% off balance over $200	$140
Disposable	$5 Copay; $200 allowance, plus balance over $200	$140
Medically Necessary	$0 Copay, Paid-in-Full	$200
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	$9.10	
Subscriber + 1	$18.23	
Subscriber + Family	$25.05	

All plans are based on a 36-month contract term and 36-month rate guarantee

** Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens

Additional Discounts:
Member receives a 20% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses.
Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.
The contact lens benefit allowance is not applicable to this service.
Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.
Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid for groups domiciled in the State of GA.
Fees quoted will be valid until the 1/1/2010 plan implementation date. Date quoted: 3/31/2010.
Rates assume 100% employee contribution for employees and dependents.
Insured Plans are underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York.

Plan Exclusions:
1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
3) Any eye or vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
8) Services or materials provided by any other group benefit plan providing vision care;
9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order.
10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If Augusta, GA has chosen this benefit design, attach this document to the group application and sign here:

Signature

05/03/10
Date

Item # 3

TC10

Application

Jul. 2. 2009 3:50PM No. 0359 P. 2

EyeMed
VISION CARE

NAT

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640
ADMINISTRATIVE OFFICE: 4000 LUXOTTICA PLACE, MASON, OHIO 45040

Application for Vision Care Benefits

I. EMPLOYER INFORMATION

Employer Name: Augusta, GA Tax ID #: 58-0469845

DBA Name (if other than above): ____

Business Address: 520 Green St., Ste 601 City: Augusta State: GA Zip: 30911

Mailing Address (if other than above): ____ City: ____ State: ____ Zip: ____

Correspondent: Robby Burns Title: ____

Phone Number: 706-821-2874 Fax Number: 706-821-2867

E-mail Address: rburns@augustaga.gov

Type of Business: ☐ Proprietorship ☐ Corporation ☐ Partnership ☒ Other (Specify): municipality

Service Area: ☐ National ☒ State Specific (list): ____

(If any subsidiary or affiliated companies are to be insured or any Employees are working at a location other than the address above, please explain:

____

Will this plan replace any existing coverage? ☐ Yes ☒ No

If "Yes," indicate name and address of existing insurer:

Name: ____ Address: ____

City: ____ State: ____ Zip: ____

Effective date of existing coverage: ____

If "Yes," are any Employees on COBRA continuation? ☐ Yes ☐ No How many? ____

Termination date of existing coverage (if applicable): ____

II. PLAN SELECTION

Please refer to the attached proposal page.
Vision services are arranged by EyeMed Vision Care from contracted network providers.

III. PREMIUMS

Contribution towards premium ☐ Yes ☒ No

VN MA63007 0306

07/02/2009 3:52PM (GMT-04:00)

Employer's Premium Contribution for: Employees: 0% Dependents: 0%

Employee's Premium Contribution for: Employees: 100% Dependents: 100%

Are Employee and Dependent premiums being paid through a Section 125 Plan? ☐ Yes ☐ No

Are Employee and Dependent premiums being collected by payroll deduction? ☒ Yes ☐ No

Premium received with application: $0

Number of Participants:

Total number of employees: ____

Total number of dependents: ____

Are Domestic Partners covered under this plan? ☐ Yes ☐ No

Premiums shall be payable in advance at the rates set forth in the following Schedule of Premiums, included on the attached proposal page.

IV. ELIGIBILITY INFORMATION

Number of Full-time Employees: ____ Number Applying: ____

Eligibility Reporting Contact (produces the eligibility file): ____

Address (if different from group): ____

City: ____ State: ____ Zip: ____

E-mail: rnunez@augustaga.gov Phone: 706-821-2308 Fax: ____

Eligibility Authorization Contact (Benefits Administrator or Third Party Administrator responsible for verifying vision elections for members)

Name: ____ Phone: ____

Days/Hours of Availability: ____ E-mail: ____

PROBATIONARY PERIOD

For New Employees: ☒ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ Other ____

Probationary Period is waived for present Employees: ☐ Yes ☒ No

Number of Employees who have not yet completed the probationary period: ____

V. EFFECTIVE DATE

1. This plan will become effective at 12:01 a.m. Standard Time at the employer's address herein, on the first day of Oct 1 20 12 provided that all of the following have been completed prior to this effective date:
   A. This application has been received and accepted by EyeMed (must be submitted 30 days in advance of the effective date).
   B. EyeMed has been furnished a working file of all eligible members, according to the membership layout guidelines. It is understood and agreed that EyeMed may rely on this information to provide services to individuals designated as eligible.
   C. A check for the first month's remittance is received.

2. This plan will be effective through Dec, 20 13 (~~12~~ 27 months) and the premium is based on the information provided.

VN MA63007 0306

07/02/2009 3:52PM (GMT-04:00)

The Employer hereby makes application to Combined Insurance Company of America for Vision Care Benefits. The Employer agrees to maintain and furnish any records necessary to administer the plan, and to forward premiums monthly in advance.

The Employer certifies that all the information shown on this application and any attachments are correct and complete and understands that the Insurance Company intends to rely on this information in determining whether or not the enrolling Employees may become insured. It is further understood and agreed that NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE INSURANCE COMPANY; and that no field representative of the Insurance Company has the authority to modify any conditions of application, or policies, by making any promise or representation. It is understood that the insurance as to any Employee will not become effective on the date insurance should otherwise become effective if he is not at work on such date performing all duties of his occupation and otherwise meets the requirements of the Insurance Company.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Dated at: Aug GA this 25 day of June 2009

Signed for the Employer: [signature] Title: HR Manager

VI. MEMBER ID CARDS

Group will be receiving EyeMed ID cards: ☒ Yes ☐ No

Plan Display Name: Augusta, GA - Retirees High Option

(Company Name as you want it to appear on all other correspondence).

Company Name as you want it to appear on the ID card. (Can only be 30 characters including punctuation, spacing & any code)

Augusta, GA - Retirees High Optim

All EyeMed ID cards are mailed directly to employees' home address

VII. EMPLOYER INFORMATION

- Billing Contact Name: Robby Burns Phone: 706-821-2874
- Billing Address: 520 Greene St, Ste 601

City: Augusta State: GA Zip: 30911

If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper:

- Name
- Address
- Billing Contact and Phone Number

Jul. 2. 2009 3:51PM

ATTENTON: THE DEPARTMENT OF INSURANCE REQUIRES THAT ONLY THE BROKER AND/OR GENERAL AGENT WHO SOLD THE PRODUCT AND HOLDS A VALID LIFE AND HEALTH LICENSE MAY COMPLETE THE CERTIFYING STATEMENT.

WRITING BROKER'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s).

Firm Name (print): James Reid Carter Tax ID Number: 261029991

Broker Name (print): James Reid Carter

Address: 2924 Professional Pkwy.

City: Augusta State: GA Zip: ____

Phone: 706-261-4665 Fax: 706-261-4670

Primary Contact: James Reid Carter Secondary Contact: Tonya Lord

Primary Contact Title: Agent Secondary Contact Title: Admin. Asst.

Primary Contact Email: reidcarter@mindspring.com Secondary Cotnact Email: tonyalord@mindspring.com

☒ Broker Signature: James Reid Carter

WRITING GENERAL AGENT'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s).

Firm Name (print): ____ Tax ID Number: ____

General Agent Name (print): ____

Address: ____

City: ____ State: ____ Zip: ____

Phone: ____ Fax: ____

Primary Contact: ____ Secondary Contact: ____

Primary Contact Title: ____ Secondary Contact Title: ____

Primary Contact Email: ____ Secondary Contact Email: ____

☒ General Agent's Signature: ____

VN MA63007 0306

07/02/2009 3:52PM (GMT-04:00)

Item # 3

High option added 2012

EyeMed VISION CARE®

Augusta, GA
EyeMed Select Plan A, Fixed Fee
Voluntary
Option High Plan - 2

Version 5

EyeMed Vision Care in conjunction with Combined Insurance Company of America

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	$10 Copay	$25
Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit and Follow-Up:	$0 Copay, Paid-in-full fit and two follow-up visits	$40
Premium Contact Lens Fit and Follow-Up:	$0 Copay, 10% off retail price, then apply $40 allowance	$40
Frames: Any available frame at provider location	$0 Copay; $200 Allowance, 20% off balance over $200	$100
Standard Plastic Lenses		
Single Vision	$5 Copay	$20
Bifocal	$5 Copay	$35
Trifocal	$5 Copay	$60
Lenticular	$5 Copay	$60
Standard Progressive Lens**	$70	$35
Premium Progressive Lens**	$70, 80% of Charge less $120 Allowance	$35
Lens Options:		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$0 Copay	$11
Standard Polycarbonate - Adults	$40	N/A
Standard Polycarbonate - Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off Retail Price	N/A
Photochromatic / Transitions Plastic	$25	$45
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (*Contact lens allowance includes materials only*)		
Conventional	$5 Copay; $200 allowance, 15% off balance over $200	$140
Disposable	$5 Copay; $200 allowance, plus balance over $200	$140
Medically Necessary	$0 Copay, Paid-in-Full	$200
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	$9.41	
Subscriber + 1	$18.86	
Subscriber + Family	$25.91	

All plans are based on a 24-month contract term and 24-month rate guarantee

** Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens

Additional Discounts:
Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers.
Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.
The contact lens benefit allowance is not applicable to this service.
Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.
Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.
Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group
Rates are valid for groups domiciled in the State of GA.
Fees quoted will be valid until the 1/1/2012 plan implementation date. Date quoted: 6/21/2011.
Rates assume 100% employee contribution for employees and dependents.
Insured Plans are underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York.

Plan Exclusions:
1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
8) Services or materials provided by any other group benefit plan providing vision care;
9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order.
10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If Augusta, GA has chosen this benefit design, attach this document to the group application and sign here:

Signature

08/04/2011
Date

Robbie Burns

TC10

Item # 3

Administrative Services Committee Meeting
8/29/2017 1:10 PM
CDBG Funding Re-Program

Department: Housing and Community Development

Presenter: Hawthorne Welcher, Jr.

Caption: Discuss (and receive as information) amending the 2011, 2013, 2014 and 2015 Action Plans to Re-program $152,095.00, and Revise the Scope of Work in Community Development Block Grant (CDBG) funds.

Background: Because certain funds were being forfeited and certain projects have unused funds, it has become necessary to reprogram these funds to facilitate their expenditure. We are proposing that funds be reprogrammed FROM the following projects:

1. 2011 Appraisals –	14,377.78
2. 2013 Small Business Assistance –	4,326.00
3. 2013 Project Delivery-Legal Costs/Surveys –	1,702.50
4. 2013 Homeless Transportation Program –	60,000.00
5. 2013 Coordinated Health Services –	14,037.01
6. 2014 CSRA Business League – YEL Program	200.00
7. 2014 Senior Citizens Council –	6,661.90
8. 2014 Coordinated Health Services – Clinic	5,000.50
9. 2014 HCD Relocation	28,985.34
10. 2015 Paint Program	1,765.11
11. 2015 CSRA Business League – YEL Program	3,002.71
12. 2015 Good Hope Social Services	36.15
13. 2015 Hope House, Inc.	2,000.00
14. 2015 Senior Citizens Council	10,000.00
Total amount being reprogrammed	$152,095.00

Justification: In order for the department to meet its annual HUD Regulatory Spend Down Requirement we find it necessary to reprogram funding to viable projects that will expend funding timelier. Staff is proposing the funds be reprogrammed To the following projects: For CDBG: 1. Housing and Community Development Department – $152,095.00 Funds are being transferred to support additional Housing Rehabilitation and Permanent Supportive Housing (SHP) Projects, such as: expanding Home Owner rehab projects, Reconstruction, New Construction. No final costs are currently being projected which

gives us the flexibility needed to complete these projects. According to the City's Citizen Participation Policy, this increase in allocation constitutes a substantial change to the Action Plans. Therefore, the revisions must be presented to the public for a 30-day comment period. If comments are received, they will be presented to the Commission for consideration. We are requesting authorization to proceed with the publication of a public notice in the newspapers to solicit comments on the changes. The Public Notice will be published in the Augusta Chronicle August 30, 2017 and the Metro Courier August 31, 2017. The deadline for comments will be September 29, 2017 by 5:00pm. Any comments received will be presented to Commission on Tuesday, October 3, 2017.

Analysis: The additional funds will allow the department to fund additional homeowner rehabilitations/reconstructions/new constructions/other as annually the demand for this program far exceeds the budgeted funds to assist. Also, not apart of this agenda item, but to note, HCD has also set aside $63,656.46 to be reprogrammed (when ready), through Administrator), for future Augusta, GA projects/priorities yet to be named.

Financial Impact: Funding immediately available for Augusta, GA homeowners for the following: $152,095.00 -- Homeowner Rehab/ Reconstruction/ New Construction/ Other

Alternatives: N/A

Recommendation: Accept the Housing and Community Department's (HCD) recommendations for use of the additional funds and grant HCD authorization to proceed with the publication of a Public Notice soliciting citizen comments on the proposed changes to the 2011, 2013, 2014 and 2015 Action Plan. On Tuesday, October 3, 2017, any comments received will be presented to Commission for consideration.

Funds are Available in the Following Accounts: Community Development Block Grant. Org key 221073211.

REVIEWED AND APPROVED BY:

Finance.
Law.
Administrator.
Clerk of Commission

Cover Memo

Item # 4

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Community Special Events Manager

Department:

Presenter: Commissioner Marion Williams

Caption: Discuss the hiring of a City of Augusta Community/Special Events Manager. **(Requested by Commissioner Marion Williams)**

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Lake Olmstead Stadium

Department:

Presenter: Commissioner Bill Fennoy

Caption: Discuss the Lake Olmstead Stadium. **(Requested by Commissioner Bill Fennoy)**

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

Cover Memo

Item # 6

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Minutes

Department: Clerk of Commission

Presenter:

Caption: Motion to approve the minutes of the Administrative Services Committee held on August 8, 2017.

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

Cover Memo

Item # 7

Augusta
GEORGIA

Administrative Services Committee Meeting Commission Chamber - 8/8/2017
ATTENDANCE:

Present: Hons. Hardie Davis, Jr., Mayor; M. Williams, Chairman; Jefferson, Vice Chairman; Davis and D. Williams, members.

ADMINISTRATIVE SERVICES

1. Approve proposal to allow Augusta to contract with Purchasing Power to provide a payroll deduction based loan program as a benefit to Augusta GA.'s employees utilizing a State of Georgia's Entity Contract, which was approved by the State to begin November 1, 2016 with four renewals. Also authorize the Mayor to execute the contract on behalf of Augusta.

Item Action: None

Motions

Motion Type	Motion Text	Made By	Seconded By	Motion Result
	Unanimous consent is given to delete this item from the agenda.			

2. Approve award of contract for design of renovations to 1815 Marvin Griffin Road to convert the former License and Inspection Building into a Records Retention building and offices for Mosquito Control to 2KM Architects of Augusta. The fee is 6% and is currently estimated to be $60,000 based on an anticipated construction cost of $1,000,000. ((RFQ 17-181)

Item Action: Approved

Motions

Motion Type	Motion Text	Made By	Seconded By	Motion Result
Approve	Motion to approve. Motion Passes 4-0.	Commissioner Mary Davis	Commissioner Dennis Williams	Passes

3. Award Charles Nechtem Associates Inc. as Employee Assistance Program **Item**

(EAP) provider (RFP 17-161). **Action:** Approved

Motions

Motion Type	Motion Text	Made By	Seconded By	Motion Result
Approve	Motion to approve. Motion Passes 4-0.	Commissioner Mary Davis	Commissioner Dennis Williams	Passes

4. Motion to approve the minutes of the Administrative Services Committee held on July 25, 2017. **Item Action:** Approved

Motions

Motion Type	Motion Text	Made By	Seconded By	Motion Result
Approve	Motion to approve. Motion Passes 4-0.	Commissioner Mary Davis	Commissioner Dennis Williams	Passes

5. Request Commission approve, in concept, the Municipal Campus Phase II renovations for the following purposes: Creating options for additional parking and selective demolition; adapting Municipal Building space to accommodate evolving department and commission needs; and renovating satellite buildings to consolidate operations in single locations. **Item Action:** Approved

Motions

Motion Type	Motion Text	Made By	Seconded By	Motion Result
Approve	Motion to approve. Motion Passes 4-0.	Commissioner Dennis Williams	Commissioner Mary Davis	Passes

6. For Informational Purpose: Augusta, GA retirees over the age of 65 who remain on the Blue Cross Blue Shield of Georgia HMO/POS medical plan. **Item Action:** Approved

Motions

Motion Type	Motion Text	Made By	Seconded By	Motion Result

Approve	Motion to approve receiving this item as information. Mr. M. Williams out. Motion Passes 3-0.	Commissioner Mary Davis	Commissioner Dennis Williams	Passes

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Penny Savings Bank Bldg.

Department:

Presenter: Commissioner Marion Williams

Caption: Discuss potential usage and ownership of the historic Penny & Savings Bank Building located on Laney-Walker Blvd.
(Requested by Commissioner Marion Williams)

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

Cover Memo

Item # 8

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Shameka Gilead

Department: Clerk of Commission

Presenter:

Caption: Presentation by Shameka Gilead regarding ban the box on job applications and not knowing about the bonding letter.

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

AGENDA ITEM REQUEST FORM

Commission meetings: First and third Tuesdays of each month – 2:00 p.m.
Committee meetings: Second and last Tuesdays of each month – 1:00 p.m.

Commission/Committee: (Please check one and insert meeting date)

_____	Commission	Date of Meeting _____
_____	Public Safety Committee	Date of Meeting _____
_____	Public Services Committee	Date of Meeting _____
✓	Administrative Services Committee	Date of Meeting 8/29/17
_____	Engineering Services Committee	Date of Meeting _____
_____	Finance Committee	Date of Meeting _____

Contact Information for Individual/Presenter Making the Request:

Name: ShameKA Gilead
Address: 2521 Briarwood Ave
Telephone Number: 706-461-1319
Fax Number: _____
E-Mail Address: sgilead@yahoo.com

Caption/Topic of Discussion to be placed on the Agenda:
Ban the Box on Job applications and Not Knowing about the Bonding letter.

Please send this request form to the following address:

Ms. Lena J. Bonner
Clerk of Commission
Suite 220 Municipal Building
535 Telfair Street
Augusta, GA 30901

Telephone Number: 706-821-1820
Fax Number: 706-821-1838
E-Mail Address: nmorawski@augustaga.gov

Requests may be faxed, e-mailed or delivered in person and must be received in the Clerk's Office no later than 5:00 p.m. on the Wednesday preceding the Commission meeting and 5:00 p.m. on the Tuesday preceding the Committee meeting of the following week. A five-minute time limit will be allowed for presentations.

FEDERAL BONDING FACT SHEET

What is Federal Bonding?

Federal Bonding provides limited liability coverage to employers at no cost when they hire job applicants who can't be bonded. The Travelers Insurance policy insures employers against theft, forgery or embezzlement by the bonded employee.

The Federal Bonding Program does not provide bail bonds, contract bonds, performance bonds or license bonds for self-employment. Poor workmanship or job injuries are not covered.

Who is Eligible?

Job applicants who fall into one of the following categories:

- Ex-offenders
- Recovering substance abusers (alcohol or drugs)
- TANF and SNAP recipients
- People with poor credit histories or who have declared bankruptcy
- Individuals dishonorably discharged from the military
- Anyone who cannot secure employment without bonding services
- Employed workers who need bonding to avoid termination or secure a promotion

Bonds can be issued as soon as the applicant has a job offer and a scheduled start date. Workers must be paid wages with Federal taxes automatically deducted from pay; self-employed persons cannot be covered. Full-time, part-time and temporary workers may be eligible.

Over 95% of bonds are issued for $5,000 coverage for a six-month period. Coverage can be increased or extended based on the situation. Upon expiration, employers can purchase continued bond coverage from Travelers Insurance.

It's this ***easy*** for business!

1. Find a qualified job applicant - Georgia DOL can provide screened referrals.
2. Once you set a hire date, have the applicant stop by a Georgia DOL Career Center to provide hiring information.
3. Receive the bond within 15 days - it will be effective on the hire date and last 6 months.

Did you know that...

- Federal bonding has helped over 45,000 individuals become employed?
- Over 99% of those bonded have proven to be honest employees, resulting in only a 1% default rate?
- You can learn more at the Federal Bonding Program website at www.bonds4jobs.com.

Georgia DOL Department of Labor

Federal Bonding is a no cost benefit for employers and job applicants administered by the Georgia Department of Labor. www.dol.georgia.gov

DOL-1073 (R-9/15)

Administrative Services Committee Meeting
8/29/2017 1:10 PM
Update Probation Services Dept.

Department:

Presenter: Commissioner Marion Williams

Caption: Update from the Administrator on the operations of the Augusta Probation Services Department. **(Requested by Commissioner Marion Williams)**

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

Administrative Services Committee Meeting
8/29/2017 1:10 PM
What Works City Initiative

Department: Mayor's Office

Presenter: Mayor Hardie Davis Jr.

Caption: Adopt resolution affirming Augusta as a What Works City and establishment of Open Data Policy in support of What Works City Initiative. **(Requested by Mayor Hardie Davis, Jr.) (Referred from August 15 Commission meeting)**

Background:

Analysis:

Financial Impact:

Alternatives:

Recommendation:

Funds are Available in the Following Accounts:

REVIEWED AND APPROVED BY:

Lena Bonner

From: Mayor Hardie Davis, Jr.
Sent: Thursday, August 10, 2017 9:02 AM
To: Lena Bonner
Subject: Agenda Items

Please add the following:

Delegation:

Recognize The Georgia Soul Basketball Team for winning the National Championship

Regular Agenda

Adopt resolution affirming Augusta as a What Works City and establishment of Open Data Policy in support of What Works City Initiative

Please consider the environment before printing this email.

Item # 11