



**OPELIKA CITY COUNCIL**  
**“ REGULAR MEETING AGENDA “**  
204 South 7th Street  
**April 3, 2018**  
TIME: 7:00 PM

1. CALL TO ORDER
2. ROLL CALL
  1. Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon, Eddie Smith
3. INVOCATION
4. PLEDGE OF ALLEGIANCE
  1. Dallas Henderson, Savannah Kark (Ms. OHS) and Peter Kambeitz (Mr. OHS).
5. READING OF MINUTES
  1. Minutes from the 3-20-18 City Council Meeting.
6. UNFINISHED BUSINESS
7. REMARKS BY THE MAYOR
8. CITIZEN COMMUNICATIONS (Limit comments to five minutes or less)
9. REPORT OF DISBURSEMENTS
10. COMMITTEE REPORTS
11. GENERAL BUSINESS
  1. Dollar General Store Request Retail Beer & Wine Off-Premise License.
  2. Public Hearing for Demolition - 1507 Waverly Pkwy
12. AWARDING OF BIDS
13. RESOLUTIONS
  1. Expense Reports from Various Departments.
  2. Designate City Personal Property Surplus and Authorize Disposal
  3. Purchase-(624) Toter 96 Gal EVR II Universal/Nestable Carts-OES
  4. Authorize Demolition - 1507 Waverly Pkwy
  5. Amend Resolution No. 201-17, Excess Loss Insurance.
  6. Statement of Understanding with Cobbs, Allen & Hall, Inc.
  7. Annual Renewal, Levy Property Tax Within City Corporate Limits.
  8. Amend Resolution No. 046-18, Donation of Trees from Opelika Rotary Club.
  9. Special Appropriation to ACS - 2018 Relay for Life.
  10. Special Appropriation to KOB, 2018 Garden in the Park.

11. Special Appropriation to the Dream Day Foundation.
12. Adecca Grant Applications
13. Website Policies Approval
14. ORDINANCES
15. APPOINTMENTS
16. ADJOURN

*"In compliance with the Americans with Disabilities Act, the City of Opelika will make reasonable arrangements to ensure accessibility to this meeting. If you need special assistance to participate in this meeting, please contact the ADA Coordinator 72 hours prior to the meeting at (334)705-5130."*



**City Council**  
204 South 7Th Street  
Opelika, AL

**SCHEDULED**

**CM MINUTES (ID # 2758)**

Meeting: 04/03/18 07:00 PM  
Department: City Clerk  
Category: CM Minutes  
Prepared By: Robert Shuman  
Initiator: Robert Shuman  
Sponsors:

DOC ID: 2758

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## Minutes from the 3-20-18 City Council Meeting.



# OPELIKA CITY COUNCIL “ REGULAR MEETING MINUTES ”

204 South 7th Street

March 20, 2018

TIME: 7:00 PM

1. Call to Order

President pro-tem Patricia Jones called the council meeting to order at 7:00 pm and asked Mr. Shuman to call the roll.

2. Roll Call

All council members were present except for President Eddie Smith.

1. Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon, Eddie Smith

3. Invocation

Worship Leader Taylor Downey provided the invocation.

4. Pledge of Allegiance

Liliana and Aimee lead the Plead of Allegiance.

1. Liliana Aleman and Aimee Alcantara from Opelika Middle School.

5. Reading of Minutes

1. Minutes from the 3-6-18 City Council Meeting.

**RESULT:** APPROVED [UNANIMOUS]

**MOVER:** Dozier Smith T, Council Member

**SECONDER:** David Canon, Council Member

**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon

**ABSENT:** Eddie Smith

6. Unfinished Business

7. Remarks By the Mayor

Mayor Fuller was absent because of an economic development trip to Germany.

1. City Financial Statements for February 2018.

Joey Motley, City Administrator, asked the city council members to give him a call if they have any questions about the City's financial statements.

2. February 2018 Building Report

Joey Motley gave a summary of the City's February Building Permit report.

8. Citizen Communications

(Limit comments to five minutes or less)

Kelly Curenton said he lives in Opelika and has been here since 1972. I have 41 years of financial experience. When I saw in the news that a \$13.2 million loan from electric to telecom, it brought a question to my mind. How much did the electric system owe in 2010 when the cable system was started? Some of you may be aware there is Federal and State people reviewing your cable financing securities. Someone sent me a copy of ordinance 128-10 last week and asked me for comments. It gave all telecom fees to Regions, although Regions was only loaning \$13.5

million. It is hard to see how the warrant could be issued if the fees were already obligated to Regions. The ordinance said fiber, smart grid and buildings were telecom system. The City then told Moody's the fiber, buildings and smart grid were all electric. So the ordinance said one thing and we told Moody's another thing. The official statement issued by the City said the fiber, high speed internet and the building were all electric. That does not agree with ordinance 128-10. I never saw in the press that our warrant was downgraded in 2014. I don't understand why electric customers had their rates increased in 2015 to pay for something the ordinance says was cable. Why can't cable customers pay for their own system?

9. Report of Disbursements

10. Committee Reports

11. General Business

1. Request by Prayer Force United for a Walk on Sat. 4-21-18.

**RESULT:** **APPROVED [UNANIMOUS]**

**MOVER:** Tiffany Gibson-Pitts, Council Member

**SECONDER:** Dozier Smith T, Council Member

**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon

**ABSENT:** Eddie Smith

12. Awarding of Bids

1. Bids 048-18 2018 City Wide Resurfacing - ENG

**RESULT:** **APPROVED [UNANIMOUS]**

**MOVER:** David Canon, Council Member

**SECONDER:** Tiffany Gibson-Pitts, Council Member

**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon

**ABSENT:** Eddie Smith

13. Resolutions

1. Resolution Authorize Demolition at 414 Avenue a - Tabled.

Mr. Smith T made the motion to remove said resolution from the Table and was seconded by Ms. Pitts. The following vote was recorded:

Ayes Pitts, Smith T, Canon, Jones.

Nays none.

**RESULT:** **REMOVED FROM AGENDA [UNANIMOUS]**

**MOVER:** David Canon, Council Member

**SECONDER:** Dozier Smith T, Council Member

**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon

**ABSENT:** Eddie Smith

2. Resolution 049-18 Expense Reports from Various Departments.

- RESULT:** **APPROVED [3 TO 0]**  
**MOVER:** David Canon, Council Member  
**SECONDER:** Tiffany Gibson-Pitts, Council Member  
**AYES:** Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSTAIN:** Patricia Jones  
**ABSENT:** Eddie Smith
3. Resolution 050-18 Oline Price/ Refund  
**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** Dozier Smith T, Council Member  
**SECONDER:** Tiffany Gibson-Pitts, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith
4. Resolution 051-18 Jim Parker/Refund  
**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Canon, Council Member  
**SECONDER:** Dozier Smith T, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith
5. Resolution 052-18 USAA Ins. Co/Refund  
**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Canon, Council Member  
**SECONDER:** Tiffany Gibson-Pitts, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith
6. Resolution 053-18 Police Lieutenant and Police Sergeant Validated Selection Procedure Contract  
**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** Dozier Smith T, Council Member  
**SECONDER:** David Canon, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith
7. Resolution 054-18 OPS One to Borrow Funds from Electric Funds  
**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Canon, Council Member  
**SECONDER:** Dozier Smith T, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith
8. Resolution 055-18 Special Appropriation to Envision Opelika, Unity Stampede Event.

**RESULT:** APPROVED [UNANIMOUS]  
**MOVER:** Tiffany Gibson-Pitts, Council Member  
**SECONDER:** Dozier Smith T, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith

9. Resolution 056-18 Support for the T-100 Trainer Jet Project for Tuskegee, Alabama.

**RESULT:** APPROVED [UNANIMOUS]  
**MOVER:** Dozier Smith T, Council Member  
**SECONDER:** Tiffany Gibson-Pitts, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith

10. Resolution 057-18 Construction Inspection Agreement for Cunningham Bridge

**RESULT:** APPROVED [UNANIMOUS]  
**MOVER:** David Canon, Council Member  
**SECONDER:** Tiffany Gibson-Pitts, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith

14. Ordinances

1. Ordinance 006-18-ORD Annexation of 160.69 at Foxchase Emerald Lake - 2Nd Reading.

**RESULT:** SECOND READING AND APPROVED [UNANIMOUS]  
**MOVER:** David Canon, Council Member  
**SECONDER:** Dozier Smith T, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith

15. Appointments

1. Reappoint Patsy Parker to the Board of Education. The new term expires 4-01-23.

**RESULT:** APPROVED [UNANIMOUS]  
**MOVER:** Dozier Smith T, Council Member  
**SECONDER:** Tiffany Gibson-Pitts, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith

2. Reappoint Jeff Hilyer to the Utilities Board. The new term expires 5-04-24.

**RESULT:** APPROVED [UNANIMOUS]  
**MOVER:** David Canon, Council Member  
**SECONDER:** Dozier Smith T, Council Member  
**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon  
**ABSENT:** Eddie Smith

16. Adjourn

The City Council meeting minutes of March 20, 2018 are hereby adopted and approved this the \_\_\_\_ day of \_\_\_\_\_, 2018.

/s/

\_\_\_\_\_  
President pro-tem of City Council  
City of Opelika, Alabama

ATTEST:

/s/

\_\_\_\_\_  
R. G. "Bob" Shuman, CMC

City Clerk - Treasurer

1. Motion to adjourn.

This council meeting ended at 7:28 pm.

**RESULT: APPROVED [UNANIMOUS]**

**MOVER:** Dozier Smith T, Council Member

**SECONDER:** David Canon, Council Member

**AYES:** Patricia Jones, Tiffany Gibson-Pitts, Dozier Smith T, David Canon

**ABSENT:** Eddie Smith

Attachment: CM 4-03-18, minutes from 3-20-18 CM (2758 : Minutes from the 3-20-18 City Council Meeting.)





**City Council**  
204 South 7Th Street  
Opelika, AL

**SCHEDULED**

Meeting: 04/03/18 07:00 PM  
Department: Purchasing and Revenue  
Category: Business & Alcohol License  
Prepared By: Martha Wright

Initiator: Lillie Finley

Sponsors:

**GENERAL BUSINESS (ID # 2763)**

DOC ID: 2763

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## **Dollar General Store Request Retail Beer & Wine Off-Premise License.**



## City Council

204 South 7Th Street  
Opelika, AL

### SCHEDULED

**GENERAL BUSINESS (ID # 2672)**

Meeting: 04/03/18 07:00 PM  
Department: Building Inspection  
Category: Public Hearing  
Prepared By: David Chapman  
Initiator: Jeff Kappelman  
Sponsors:

DOC ID: 2672

## Public Hearing for Demolition - 1507 Waverly Pkwy

January 26, 2018

TO:

Larry D. Wilson  
P.O. Box 1443  
Auburn, AL 36831

GULFinance  
P.O. Box 241567  
Montgomery, AL 36124

### NOTICE OF DANGEROUS BUILDING, FINDING OF PUBLIC NUISANCE AND ORDER TO REMEDY

This notice, finding and order is given pursuant to Ordinance No. 116-15 and Section 5-226 of the *Code of Ordinances* of the City of Opelika, Alabama, informing you that an accessory building located within the City of Opelika, Alabama (the "City") is unsafe to the extent that it is a public nuisance and subject to demolition. According to the real property records of Lee County, Alabama, Larry D. Wilson is the owner of the real property described in this notice. The accessory building (two-story garage) is located on the following described real property, to-wit, which is described hereinafter as the "Subject Property":

**Street Address: 1507 Waverly Parkway, Opelika, AL 36801**

**Legal Description:** Beginning at the Southeast corner of the Northeast Quarter of the Southwest Quarter of Section 12, Township 19 North, Range 26 East, Lee County, Alabama, (said corner being the intersection of the Northerly margin of Fitzpatrick Avenue with the Old West City Limits line of the City of Opelika and now marked by a concrete monument); run thence South 80° 20' West, along the Northerly margin of Fitzpatrick Avenue, a distance of 110 feet; run thence North 00° 25' West, a distance of 117.25 feet to a point on the Southerly margin of the Opelika-Waverly paved highway, also known as U.S. Route No. 241; run thence South 81°19' East, along the Southerly margin of said highway, a distance of 109.93 feet; run thence South 00° 25' East a distance of 80.7 feet to the point of beginning.

**Parcel Identification Number:** 43-09-01-12-3-000-053.000

As the Building Official of the City of Opelika, the undersigned inspected the accessory building on the Subject Property on October 11, 2017. Based upon said inspection, the accessory building located on the Subject Property is deemed to be a “dangerous building” within the meaning of Ordinance No. 116-15 because of the following conditions and/or defects:

(Check all that apply)

- X (1) The interior walls or other vertical structure members of the building list, lean or buckle to such an extent that a plumb line passing through the center of gravity falls outside the middle third of its base.
- X (2) Exclusive of foundation, the building shows thirty-three (33) percent or more of damage or deterioration of one (1) or more supporting members or fifty (50) percent of damage or deterioration of the non-supporting enclosing or outside walls or covering.
- X (3) The building has improperly distributed loads upon the floors or roofs, or, in which the same are overloaded or which has insufficient strength to be reasonably safe for the purpose used.
- X (4) The building has been damaged by fire, wind, earthquake, flood, sinkhole, deterioration, neglect, abandonment, vandalism or other cause so as to become dangerous to life, health, property, morals, safety or general welfare of the public or the occupants.
- X (5) The building has become or is so damaged, dilapidated, decayed, unsafe, unsanitary, lacking in maintenance, vermin or rat-infested, containing filth or contamination, lacking proper ventilation, lacking sufficient illumination, or which so utterly fails to provide the amenities essential to decent living that it is unfit for human habitation, or is likely to cause sickness or disease, so as to work injury to the life, health, property, morals, safety or general welfare of the public or the occupants.
- ☐ (6) The building has light, air, heating, cooling and sanitation facilities which are inadequate to protect the life, health, property, morals, safety or general welfare of the public or the occupants.
- ☐ (7) The building has inadequate facilities for egress in case of fire or panic, or has insufficient stairways, elevators, fire escapes or other means of ingress and egress to and from said building.

- ☐ (8) The building does not provide minimum safeguards to protect or warn occupants in the event of fire.
- ☐ (9) The building contains unsafe equipment, including any boiler, heating equipment, elevator, moving stairway, electrical wiring or device, flammable liquid containers, or other equipment on the premises, or within the structure which is in such disrepair or condition that such equipment is a hazard to life, health, property, morals, safety or general welfare of the public or the occupants.
- X (10) The building is so damaged, decayed, dilapidated, structurally unsafe, or is of such faulty construction or unstable foundation that partial or complete collapse is possible.
- X (11) The building has parts thereof which are so attached that they may fall and damage property or injure the public or the occupants.
- X (12) The building, or any portion thereof, is clearly unsafe for its use or occupancy.
- X (13) The building is neglected, damaged, dilapidated, unsecured, or abandoned so as to become an attractive nuisance to children who might play in or on the building, structure, part of building or structure, party wall, or foundation to their danger, has become a harbor for vagrants, criminals, or immoral persons, or enables persons to resort to the building, structure, part of building or structure, party wall, or foundation for committing a nuisance or an unlawful act.
- ☐ (14) The building has any portion remaining on a site after the demolition or destruction of the same or whenever the building, structure, part of building or structure, party wall, or foundation is abandoned so as to constitute such building, structure, part of building or structure, party wall, or foundation as an attractive nuisance or hazard to the public.
- X (15) The building is, because of its condition, unsafe, unsanitary, or dangerous to the life, health, property, morals, safety, or general welfare of the public or the occupants.

The Building Official further finds and determines that the building on the Subject Property is substantially damaged or decayed, or deteriorated from its original value or structure (not including the value of the land). The Building Official further finds and determines that the

accessory building on the Subject Property cannot be reasonably repaired so that it will no longer exist in violation of the terms of Ordinance No. 116-15 governing unsafe structures and dangerous buildings. The Building Official further finds that the building on the Subject Property is a fire hazard existing in violation of the terms of Ordinance No. 116-15, governing unsafe structures and dangerous buildings. The Building Official further finds that the accessory building on the Subject Property is unsafe to the extent that it is a public nuisance.

**NOTICE** is hereby given to remedy the unsafe or dangerous condition by demolition of the accessory building on the Subject Property within forty-five (45) days of this Notice to the Building Official's satisfaction. In the event that the owner does not comply within the time specified herein to the Building Official's satisfaction, the demolition shall be accomplished by the City and the cost thereof assessed against the Subject Property and such cost shall constitute a lien against the Subject Property.

The Building Official finds that the accessory building on the Subject Property is in such condition as to make it dangerous to the life, health, property, morals, safety or general welfare of the public or the occupants. Therefore, the undersigned Building Official orders that the building on the Subject Property shall be and remain vacant until demolished.

**Notice is hereby given that the City Council of the City of Opelika, Alabama, will hold a public hearing on Tuesday, April 3, 2018, at 7:00 p.m. in the City Council Chambers of the municipal building, 204 South 7<sup>th</sup> Street, Opelika, Lee County, Alabama, to discuss the findings of the Building Official.** At that time, the City Council will consider the adoption of a resolution ordering the demolition of the accessory building located on the Subject Property. At the public hearing, the City Council will receive any objections to the finding by the Building Official that the accessory building is unsafe to the extent of becoming a public nuisance. A written request for a public hearing is not necessary. At the public hearing, the City Council shall also receive any written objections to the findings by the Building Official. Any such written objection must be submitted to the City Clerk prior to the meeting of the City Council. All interested persons are invited to appear before the City Council in person or through his or her representative to show cause, if any, why his or her objection to the demolition of the building or structure should be sustained. No action shall be taken on the finding of the Building Official until determination is made thereon by the City Council. Upon the holding of the hearing, the City Council shall determine whether or not the accessory building is unsafe to the extent that it is a public nuisance. If it is determined by the City Council that the accessory building is unsafe to the extent that it is a public nuisance, the City Council shall order the demolition of the accessory building at the expense of the City and assess the expenses of the demolition against the land on which the accessory building stands or to which it is attached. Any person aggrieved by the decision of the City Council may, within ten (10) days thereafter, appeal to the Circuit Court of Lee County, Alabama, upon the filing with the Clerk of the Circuit Court of Lee County, Alabama, notice of appeal and bond for security of costs in the form and amount to be approved by the Circuit Court. For further particulars, see Ordinance No. 116-15 and Section 5-227 of the *Code of Ordinances*. Anyone interested in the status of these

proceedings may inquire with the Opelika City Clerk at 334-705-5110 or in person at the City Clerk's office located on the second floor of City Hall, 204 South 7<sup>th</sup> Street, Opelika, Alabama.

**You will further take note that:**

(1) It is unlawful for any person, or for any agent, servant or employee of such person, to obstruct or interfere with the Building Official in carrying out the purposes of Ordinance No. 116-15.

(2) It is unlawful for any person, or for any agent, servant or employee of such person, to mutilate, destroy, or tamper with this "Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy".

(3) It is unlawful for any person, or for any agent, servant or employee of such person, to enter, access or be upon any building that the Building Official has ordered to be vacated pursuant to this "Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy".

(4) It is unlawful for any person who has received this "Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy" to sell, transfer, mortgage, lease, encumber or otherwise dispose of the building on the Subject Property to another until such person shall first furnish the grantee, transferee, mortgagee or lessee a true copy of this "Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy" and shall furnish to the Building Official a signed and notarized statement from the grantee, transferee, mortgagee or lessee acknowledging the receipt of this "Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy" and fully accepting the responsibility without condition for making the corrections, repairs or demolitions required by this "Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy".

(5) It is unlawful for any person, owner or occupant of any building to refuse to permit entry into any building, structure or premises, or onto any property by the Building Official or his authorized representative after proper credentials are displayed at a reasonable hour for the purpose of inspection pursuant to Ordinance No. 116-15.

This office seeks and anticipates your cooperation and compliance in this matter. Positive efforts by citizens like yourself help make Opelika a better community.

If there is any other way this office can assist you in resolving this matter, please immediately call David Chapman, the Building Inspector assigned to your case at 334-705-5420.

Thank you in advance for your attention to this Notice and your prompt response.

**DATED** this the \_\_\_\_ day of January, 2018.

Sincerely,

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Jeff Kappelman  
Building Official of the City of Opelika, Alabama  
700 Fox Trail  
Opelika, AL 36801  
334-705-5420



**1507 Waverly Parkway**

Attachment: Photos of 1507 Waverly Pkwy (2672 : Public Hearing for Demolition - 1507 Waverly Pkwy)





Attachment: Photos of 1507 Waverly Pkwy (2672 : Public Hearing for Demolition - 1507 Waverly Pkwy)





## RESOLUTION NO. 058-18

Expense Reports from Various Departments.**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED**, by the City Council of the City of Opelika, Alabama, as follows:

- ) That the following employees were required by the City of Opelika to travel on City business and/or attend a training session, meeting or conference.

|       | Employee             | Department     | \$ Amount |
|-------|----------------------|----------------|-----------|
|       | -----                | -----          | -----     |
|       | Cindy Boyd           | Accounting     | 105.28    |
|       | Joey Motley          | Administration |           |
| 25.00 | T. J. White          | IT             | 182.79    |
|       | James Bush           | IT             | 60.93     |
|       | Gary Fuller          | Mayor          | 261.60    |
|       | Guy F. Gunter, III   | City Attorney  | 73.58     |
|       | Terry White          | OES            | 1,163.76  |
|       | Dozier H. Smith T    | City Council   | 413.68    |
|       | Kent Hollingsworth   | Inspection     | 49.16     |
|       | Tiffany Gibson-Pitts | City Council   | 174.76    |

- ) That attached is an expense report(s) prepared, dated and signed by the City employee or official covering the various expenses incurred on said trip and reviewed/approved by the City's accounting department and City official.
- 3) That the Opelika City Council hereby approves the attached expense reports for reimbursement to said City employee or official.

- 4) That the Mayor and/or appropriate City official is hereby directed and authorized to take the necessary steps so a check can be prepared covering the attached expense reports.
- 5) That the City Treasurer is authorized to sign said check so it can be delivered to the appropriate City employee or official.

**ADOPTED and APPROVED** this the \_\_\_\_ day of \_\_\_\_\_, 2018.

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President pro-tem of the City Council  
City of Opelika, Alabama

ATTEST:

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Robert G. Shuman, CMC  
City Clerk - City Treasurer

## EXPENSE REPORT

NAME Cindy Boyd DEPARTMENT Accounting PERIOD ENDING 3/20/2018

ITEMIZE ALL REIMBURSABLE EXPENSES IN APPROPRIATE BLANKS - ITEMIZE ANY NON-REIMBURSABLE EXPENSES ON REVERSE OF LAST COPY.

| DATE                      | DAY | CITY AND STATE     | LODGING | TRANSPORTATION    |                           |      | LOCAL TAXI,<br>TOLLS, &<br>PUBLIC<br>TRANSIT | AUTO<br>EXPENSES<br>Itemize Below | BUSINESS MEALS<br>Itemize Below |       |        | ENTERTAINMENT<br>Itemize Below | MISC EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|-----|--------------------|---------|-------------------|---------------------------|------|----------------------------------------------|-----------------------------------|---------------------------------|-------|--------|--------------------------------|--------------------------------|-------------|
|                           |     |                    |         | AIR, RAIL,<br>ETC | RENTAL CAR,<br>LIMO, ETC. |      |                                              |                                   | BREAKFAST                       | LUNCH | DINNER |                                |                                |             |
| 18-Mar                    | SUN | Ft. Lauderdale, FL |         |                   |                           |      |                                              | \$ 50.14                          |                                 |       |        |                                |                                | \$ 50.14    |
| 19-Mar                    | MON | Ft. Lauderdale, FL |         |                   |                           |      |                                              |                                   |                                 |       |        |                                |                                | \$ -        |
| 20-Mar                    | TUE | Ft. Lauderdale, FL |         |                   |                           |      |                                              | \$ 55.14                          |                                 |       |        |                                |                                | \$ 55.14    |
|                           | WED |                    |         |                   |                           |      |                                              |                                   |                                 |       |        |                                |                                | \$ -        |
|                           | THU |                    |         |                   |                           |      |                                              |                                   |                                 |       |        |                                |                                | \$ -        |
|                           | FRI |                    |         |                   |                           |      |                                              |                                   |                                 |       |        |                                |                                | \$ -        |
|                           | SAT |                    |         |                   |                           |      |                                              |                                   |                                 |       |        |                                |                                | \$ -        |
| WEEKLY CATEGORY TOTALS \$ |     |                    | \$ -    | \$ -              | \$ -                      | \$ - | \$ -                                         | \$ 105.28                         | \$ -                            | \$ -  | \$ -   | \$ -                           | \$ -                           | \$ 105.28   |

WEEKLY TOTAL OF EXPENSES ↑

| ITEMIZED ENTERTAINMENT AND BUSINESS MEALS |                                                  |              |                                      |        |                          |
|-------------------------------------------|--------------------------------------------------|--------------|--------------------------------------|--------|--------------------------|
| DATE                                      | NAME OF PERSON(S) ENTERTAINED;<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE<br>OF ENTERTAINMENT | AMOUNT | ALLOCATED<br>TO BUSINESS |
|                                           |                                                  |              | Added To P.O.                        |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |
|                                           |                                                  |              | Exp. Voucher                         |        |                          |

NUMBER OR DAYS AWAY FROM HOME

4

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

1

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

25

NATURE OR PURPOSE OF TRAVEL

GFOA Budget Seminar

METHOD OF REIMBURSEMENT

MAIL TO:

Cindy Boyd \$105.28

SIGNATURE

APPROVED BY

| ITEMIZED AUTOMOBILE EXPENSES |                                     |          |
|------------------------------|-------------------------------------|----------|
| DATE                         | MILEAGE, GAS, PARKING, REPAIRS, ETC | AMOUNT   |
| 18-Mar                       | Mileage to Airport 92 mi * .545     | \$ 50.14 |
| 20-Mar                       | Gas for rental car                  | \$ 5.00  |
| 20-Mar                       | Mileage to Airport 92 mi * .545     | \$ 50.14 |

| ITEMIZED MISCELLANEOUS EXPENSES |       |        |
|---------------------------------|-------|--------|
| DATE                            | ITEMS | AMOUNT |
|                                 |       |        |
|                                 |       |        |
|                                 |       |        |

## EXPENSE REPORT

PERIOD ENDING

NAME

DEPARTMENT

Joey Motley

Administration

| DAY                       | CITY AND STATE | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS<br>Itemize Below |       |        | ENTERTAIN-<br>MENT<br>Itemize Below | MISC.<br>EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|----------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|---------------------------------|-------|--------|-------------------------------------|------------------------------------|-------------|
|                           |                |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | BREAKFAST                       | LUNCH | DINNER |                                     |                                    |             |
| SUN                       |                |         |                  |                         |                                            |                                |                                 |       |        |                                     |                                    | 0.00        |
| MON                       |                |         |                  |                         |                                            |                                |                                 |       |        |                                     |                                    | 0.00        |
| TUE<br>3/13/18            | Washington, DC |         |                  |                         | 25.00                                      |                                |                                 |       |        |                                     |                                    | 25.00       |
| WED                       |                |         |                  |                         |                                            |                                |                                 |       |        |                                     |                                    | 0.00        |
| THU                       |                |         |                  |                         |                                            |                                |                                 |       |        |                                     |                                    | 0.00        |
| FRI                       |                |         |                  |                         |                                            |                                |                                 |       |        |                                     |                                    | 0.00        |
| SAT                       |                |         |                  |                         |                                            |                                |                                 |       |        |                                     |                                    | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                | 0.00    | 0.00             | 0.00                    | 25.00                                      | 0.00                           | 0.00                            | 0.00  | 0.00   | 0.00                                | 0.00                               | 25.00       |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED,<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

NUMBER OF DAYS AWAY FROM HOME

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

NATURE OR PURPOSE OF TRAVEL

Attend the 3rd Congressional Dinner for Mike Rogers

METHOD OF REIMBURSEMENT

☐ DEDUCT FROM  
MY ADVANCE☒ MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

Joey Motley

Mayor's office

SIGNATURE

APPROVED BY

## EXPENSE REPORT

NAME

TJ White

DEPARTMENT

IT

PERIOD ENDING

3/16/2018

| DAY                       | CITY AND STATE | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS |       |        | ENTERTAIN-<br>MENT<br>Itemize Below | MISC.<br>EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|----------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|----------------|-------|--------|-------------------------------------|------------------------------------|-------------|
|                           |                |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | Itemize Below  |       |        |                                     |                                    |             |
|                           |                |         |                  |                         |                                            |                                | BREAKFAST      | LUNCH | DINNER |                                     |                                    |             |
| SUN                       |                |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| MON                       |                |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| TUE<br>3/13               |                |         |                  |                         |                                            | 60.93                          |                |       |        |                                     |                                    | 60.93       |
| WED<br>3/14               |                |         |                  |                         |                                            | 60.93                          |                |       |        |                                     |                                    | 60.93       |
| THU<br>3/15               |                |         |                  |                         |                                            | 60.93                          |                |       |        |                                     |                                    | 60.93       |
| FRI                       |                |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| SAT                       |                |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                | 0.00    | 0.00             | 0.00                    | 0.00                                       | 182.79                         | 0.00           | 0.00  | 0.00   | 0.00                                | 0.00                               | 182.79      |

WEEKLY TOTAL EXPENSES ↑

| DATE | NAME OF PERSON(S) ENTERTAINED:<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF ENTERTAINMENT | AMOUNT | % OR \$ ALLOCATED TO BUSINESS |
|------|--------------------------------------------------|--------------|-----------------------------------|--------|-------------------------------|
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |

NUMBER OF DAYS AWAY FROM HOME

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

NATURE OR PURPOSE OF TRAVEL

Mileage for Southern Software Training in Montgomery, AL

METHOD OF REIMBURSEMENT

☐ DEDUCT FROM MY ADVANCE☒ MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
| 3/16 | Mileage (335.4 mi * 54.5)           | 182.79 |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

*[Signature]*

*[Signature]*

SIGNATURE

APPROVED BY

## EXPENSE REPORT

NAME

James Bush

DEPARTMENT

Information Technology

PERIOD ENDING

3/15/2018 thru 3/15/2018

| DAY                       | CITY AND STATE             | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS |       |        | ENTERTAINMENT<br>Itemize Below | MISC. EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|----------------------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|----------------|-------|--------|--------------------------------|---------------------------------|-------------|
|                           |                            |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | BREAKFAST      | LUNCH | DINNER |                                |                                 |             |
| SUN                       |                            |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| MON                       |                            |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| TUE                       |                            |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| WED                       |                            |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| THU                       | Opelika, AL/Montgomery, AL |         |                  |                         |                                            | 60.93                          |                |       |        |                                |                                 | 60.93       |
| FRI                       |                            |         |                  |                         |                                            |                                |                |       |        |                                |                                 |             |
| SAT                       |                            |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                            | 0.00    | 0.00             | 0.00                    | 0.00                                       | 60.93                          | 0.00           | 0.00  | 0.00   | 0.00                           | 0.00                            | 60.93       |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED.<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
| 3/15 | mileage (111 Miles)                 | 60.93  |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

NUMBER OF DAYS AWAY FROM HOME

1

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

0

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

0%

NATURE OR PURPOSE OF TRAVEL

Southern Software Training



James Bush



Information Technology

SIGNATURE

APPROVED BY



## EXPENSE REPORT

PERIOD ENDING

NAME

DEPARTMENT

Gary Fuller

| DAY                       | CITY AND STATE   | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS |       |        | ENTERTAINMENT<br>Itemize Below | MISC. EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|------------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|----------------|-------|--------|--------------------------------|---------------------------------|-------------|
|                           |                  |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | BREAKFAST      | LUNCH | DINNER |                                |                                 |             |
| SUN                       |                  |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| MON                       |                  |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| TUE<br>3/13/18            | Washington, D.C. |         | 241.60           |                         |                                            |                                |                |       |        |                                |                                 | 241.60      |
| WED                       |                  |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| THU                       |                  |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| FRI<br>3/23/18            | Germany          |         |                  |                         |                                            |                                |                |       |        |                                | 20.00                           | 20.00       |
| SAT                       |                  |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                  | 0.00    | 241.60           | 0.00                    | 0.00                                       | 0.00                           | 0.00           | 0.00  | 0.00   | 0.00                           | 20.00                           | 261.60      |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED;<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

NUMBER OF DAYS AWAY FROM HOME

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

NATURE OR PURPOSE OF TRAVEL

3/13/18 3rd Congressional Trip to Washington  
 3/26-3/25/18 Economic Development trip to  
 Germany

METHOD OF REIMBURSEMENT

☐ DEDUCT FROM  
MY ADVANCE

☒ MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

Gary Fuller

Mayor's office

SIGNATURE

APPROVED BY

## EXPENSE REPORT

NAME

DEPARTMENT

PERIOD ENDING

Name Guy F. Gunter, III

Department Legal

3/23/2018

| DAY                       | CITY AND STATE                          | LODGING | TRANSPORTATION   |                         |                                            |               | BUSINESS MEALS |       |        | ENTERTAIN-<br>MENT | MISC.<br>EXPENSES |             |
|---------------------------|-----------------------------------------|---------|------------------|-------------------------|--------------------------------------------|---------------|----------------|-------|--------|--------------------|-------------------|-------------|
|                           |                                         |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES | Itemize Below  |       |        |                    |                   |             |
| SUN                       |                                         |         |                  |                         |                                            |               | BREAKFAST      | LUNCH | DINNER | Itemize Below      | Itemize Below     | DAILY TOTAL |
|                           |                                         |         |                  |                         |                                            |               |                |       |        |                    |                   | 0.00        |
| MON                       |                                         |         |                  |                         |                                            |               |                |       |        |                    |                   | 0.00        |
| TUE                       |                                         |         |                  |                         |                                            |               |                |       |        |                    |                   | 0.00        |
| WED                       |                                         |         |                  |                         |                                            |               |                |       |        |                    |                   | 0.00        |
| THU                       |                                         |         |                  |                         |                                            |               |                |       |        |                    |                   | 0.00        |
| FRI<br>3/23               | Spring Law Conference<br>Montgomery, AL |         |                  |                         |                                            | 73.58         |                |       |        |                    |                   | 73.58       |
| SAT                       |                                         |         |                  |                         |                                            |               |                |       |        |                    |                   | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                                         | 0.00    | 0.00             | 0.00                    | 0.00                                       | 73.58         | 0.00           | 0.00  | 0.00   | 0.00               | 0.00              | 73.58       |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED:<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

NUMBER OF DAYS AWAY FROM HOME

1

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

0

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

0%

NATURE OR PURPOSE OF TRAVEL

Attend 2018 Spring Municipal Law Conference in  
Montgomery Alabama, sponsored by the Alabama  
League of Municipalities

METHOD OF REIMBURSEMENT

☐ DEDUCT FROM  
MY ADVANCE☒ MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
| 3/23 | 135 mi x 54.5                       | 73.58  |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | DESCRIPTION    | AMOUNT |
|------|----------------|--------|
| 3/23 | OK Tolls       |        |
| 3/23 | A/C & Verifone |        |
|      |                |        |
|      |                |        |
|      |                |        |
|      |                |        |

Guy F. Gunter, III

City Attorney

Opelika, AL 36801

SIGNATURE

APPROVED BY

## NAME

Terry White

## DEPARTMENT

Environmental Services

RECEIVED  
MAR 13 2013

## EXPENSE REPORT

PERIOD ENDING

3.13.18

BY:

| DAY                       | CITY AND STATE | LODGING | TRANSPORTATION |                      |                                    |                                | BUSINESS MEALS<br>Itemize Below |       |        | ENTERTAINMENT<br>Itemize Below | MISC. EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|----------------|---------|----------------|----------------------|------------------------------------|--------------------------------|---------------------------------|-------|--------|--------------------------------|---------------------------------|-------------|
|                           |                |         | AIR RAIL, ETC. | RENTAL CAR LIMO ETC. | LOCAL TAXI, TOLLS & PUBLIC TRANSIT | AUTO EXPENSES<br>Itemize Below | BREAKFAST                       | LUNCH | DINNER |                                |                                 |             |
| SUN<br>3.4.18             | Denver         | 218.77  | 108.98         |                      |                                    |                                |                                 |       | 42.15  |                                |                                 | 369.90      |
| MON<br>3.5.18             | Denver         | 218.77  |                |                      | 4.50                               |                                |                                 | 16.83 | 29.52  |                                |                                 | 269.62      |
| TUE<br>3.6.18             | Denver         | 218.77  |                |                      |                                    |                                | 18.20                           | 23.76 | 21.44  |                                |                                 | 282.17      |
| WED<br>3.7.18             |                |         | 108.98         |                      | 65.57                              | 55.80                          |                                 | 11.72 |        |                                |                                 | 242.07      |
| THU                       |                |         |                |                      |                                    |                                |                                 |       |        |                                |                                 | 0.00        |
| FRI                       |                |         |                |                      |                                    |                                |                                 |       |        |                                |                                 | 0.00        |
| SAT                       |                |         |                |                      |                                    |                                |                                 |       |        |                                |                                 | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                | 656.31  | 217.96         | 0.00                 | 70.07                              | 55.80                          | 18.20                           | 52.31 | 93.11  | 0.00                           | 0.00                            | 1,163.76    |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED;<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF ENTERTAINMENT | AMOUNT | % OR \$ ALLOCATED TO BUSINESS |
|------|--------------------------------------------------|--------------|-----------------------------------|--------|-------------------------------|
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |
|      |                                                  |              |                                   |        |                               |

NUMBER OF DAYS AWAY FROM HOME

8

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

4

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

50%

NATURE OR PURPOSE OF TRAVEL

Swanapalooza (SWANA Conference in Denver).

METHOD OF REIMBURSEMENT

☐ DEDUCT FROM MY ADVANCE

☒ MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

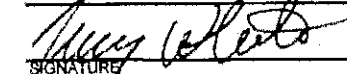
| DATE   | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|--------|-------------------------------------|--------|
| 3.4.18 | ATL Parking                         | 13.95  |
| 3.5.18 | ATL Parking                         | 19.95  |
| 3.6.18 | ATL Parking                         | 13.95  |
| 3.7.18 | ATL Parking                         | 13.95  |
| Total  |                                     | 55.80  |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

All expenses charged to personal credit card.

Any personal charges have been deducted on receipts.



SIGNATURE

APPROVED BY

Packet Pg. 27

Attachment: CM 4-03-18, expense reports (058-18 : Expense Reports from Various Departments.)

## EXPENSE REPORT

## NAME

## DEPARTMENT

## PERIOD ENDING

Name DOZIER H. SMITH T

Department CITY COUNCIL

3/13/2018

| DAY                       | CITY AND STATE  | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS |       |        | ENTERTAIN-<br>MENT<br>Itemize Below | MISC.<br>EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|-----------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|----------------|-------|--------|-------------------------------------|------------------------------------|-------------|
|                           |                 |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | Itemize Below  |       |        |                                     |                                    |             |
|                           |                 |         |                  |                         |                                            |                                | BREAKFAST      | LUNCH | DINNER |                                     |                                    |             |
| SUN                       |                 |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| MON                       |                 |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| TUE<br>3/13               | WASHINGTON D.C. | 327.29  |                  |                         | 86.39                                      |                                |                |       |        |                                     |                                    | 413.68      |
| WED                       |                 |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| THU                       |                 |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| FRI                       |                 |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| SAT                       |                 |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                 | 327.29  | 0.00             | 0.00                    | 86.39                                      | 0.00                           | 0.00           | 0.00  | 0.00   | 0.00                                | 0.00                               | 413.68      |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED;<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

NUMBER OF DAYS AWAY FROM HOME

1

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

NATURE OR PURPOSE OF TRAVEL

Legislative Dinner at National League of Cities in Washington DC

METHOD OF REIMBURSEMENT

DEDUCT FROM  
MY ADVANCE

MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

*Dozier H. Smith* 3-20-18  
SIGNATURE

APPROVED BY

## EXPENSE REPORT

## NAME

Kent Hollingsworth

## DEPARTMENT

Inspection Division

- Reimbursements

## PERIOD ENDING

3/11/18 through 3/13/18

| DAY                       | CITY AND STATE           | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS |       |        | ENTERTAIN-<br>MENT<br>Itemize Below | MISC.<br>EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|--------------------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|----------------|-------|--------|-------------------------------------|------------------------------------|-------------|
|                           |                          |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | Itemize Below  |       |        |                                     |                                    |             |
|                           |                          |         |                  |                         |                                            |                                | BREAKFAST      | LUNCH | DINNER |                                     |                                    |             |
| SUN<br>3/11               | 27200 Perdido Beach Blvd |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| MON<br>3/12               | Orange Beach, AL 36561   |         |                  |                         |                                            |                                | 17.65          | 13.86 |        |                                     |                                    | 31.51       |
| TUE<br>3/13               | Orange Beach, AL 36562   |         |                  |                         |                                            |                                | 17.65          |       |        |                                     |                                    | 17.65       |
| WED                       |                          |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| THU                       |                          |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| FRI                       |                          |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| SAT                       |                          |         |                  |                         |                                            |                                |                |       |        |                                     |                                    | 0.00        |
| WEEKLY CATEGORY TOTALS \$ |                          | 0.00    | 0.00             | 0.00                    | 0.00                                       | 0.00                           | 35.30          | 13.86 | 0.00   | 0.00                                | 0.00                               | 49.16       |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED:<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

NUMBER OF DAYS AWAY FROM HOME

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

NATURE OR PURPOSE OF TRAVEL

14hrs continued training

 METHOD OF REIMBURSEMENT  
☐ DEDUCT FROM  
MY ADVANCE

☒ MAIL TO

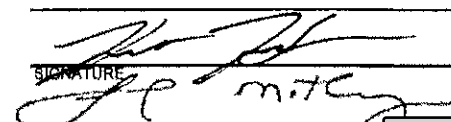
## ITEMIZED AUTOMOBILE EXPENSES

| DATE | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|------|-------------------------------------|--------|
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |
|      |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

SIGNATURE



## NAME

Tiffany Gibson-Pitts

Personal credit card

## DEPARTMENT

City Council

## EXPENSE REPORT

PERIOD ENDING

March 29, 2018

| DAY                       | CITY AND STATE | LODGING | TRANSPORTATION   |                         |                                            |                                | BUSINESS MEALS |       |        | ENTERTAINMENT<br>Itemize Below | MISC. EXPENSES<br>Itemize Below | DAILY TOTAL |
|---------------------------|----------------|---------|------------------|-------------------------|--------------------------------------------|--------------------------------|----------------|-------|--------|--------------------------------|---------------------------------|-------------|
|                           |                |         | AIR<br>RAIL, ETC | RENTAL CAR<br>LIMO ETC. | LOCAL TAXI,<br>TOLLS & PUB-<br>LIC TRANSIT | AUTO EXPENSES<br>Itemize Below | BREAKFAST      | LUNCH | DINNER |                                |                                 |             |
| SUN                       |                |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| MON                       |                |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| TUE<br>3/13               |                |         |                  |                         | 48.59                                      |                                |                |       |        |                                |                                 | 48.59       |
| WED<br>3/14               |                |         |                  |                         | 25.15                                      |                                |                |       |        |                                |                                 | 25.15       |
| THU<br>3/15               |                |         |                  |                         |                                            |                                |                |       |        |                                | 50.51                           | 50.51       |
| FRI                       |                |         |                  |                         |                                            |                                |                |       |        |                                |                                 | 0.00        |
| SAT<br>3/10               |                |         |                  |                         |                                            |                                |                |       |        |                                | 50.51                           | 50.51       |
| WEEKLY CATEGORY TOTALS \$ |                | 0.00    | 0.00             | 0.00                    | 73.74                                      | 0.00                           | 0.00           | 0.00  | 0.00   | 0.00                           | 101.02                          | 174.76      |

WEEKLY TOTAL EXPENSES

| DATE | NAME OF PERSON(S) ENTERTAINED,<br>COMPANY, TITLE | TIME & PLACE | NATURE & PURPOSE OF<br>ENTERTAINMENT | AMOUNT | % OR \$<br>ALLOCATED TO<br>BUSINESS |
|------|--------------------------------------------------|--------------|--------------------------------------|--------|-------------------------------------|
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |
|      |                                                  |              |                                      |        |                                     |

NUMBER OF DAYS AWAY FROM HOME

NUMBER OF DAYS AWAY ON PERSONAL AFFAIRS

% OF TOTAL DAYS AWAY FOR PERSONAL AFFAIRS

NATURE OR PURPOSE OF TRAVEL

National League of Cities Conference

METHOD OF REIMBURSEMENT

☐ DEDUCT FROM  
MY ADVANCE☐ MAIL TO

## ITEMIZED AUTOMOBILE EXPENSES

| DATE    | MILEAGE, GAS, PARKING REPAIRS, ETC. | AMOUNT |
|---------|-------------------------------------|--------|
| 3/10    | 92.68-To Atlanta, GA                | 50.51  |
| 3/15/18 | 92.68-To Opelika, AL                | 50.51  |
|         |                                     |        |
|         |                                     |        |
|         |                                     |        |

## ITEMIZED MISCELLANEOUS EXPENSES

| DATE | ITEMS | AMOUNT |
|------|-------|--------|
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |
|      |       |        |

SIGNATURE

APPROVED BY



## RESOLUTION NO. 059-18

Designate City Personal Property Surplus and Authorize Disposal**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the City of Opelika, Alabama, has certain items of personal property which are no longer needed for public or municipal purposes; and

**WHEREAS**, Section 11-43-56 of the Alabama Code of 1975 authorizes the Municipal Governing body to dispose of unneeded personal property;

**NOW, THEREFORE, BE IT RESOLVED** by the City of Opelika, Alabama as follows:

**SECTION 1.** That the following personal property owned by the City of Opelika, Alabama, is no longer needed for public or municipal purposes:

| No. | Qty. | Unit | Item Description                       | Fixed Asset # |
|-----|------|------|----------------------------------------|---------------|
| 1.  | 1    | Ea.  | 1988 Ford F350 Dump 1FDKF37H7JNB48439  | 87000234      |
| 2.  | 1    | Ea.  | 1990 Ford F600 Dump 1FDNK62POLVA32799  | 87000539      |
| 3.  | 1    | Ea.  | 2006 Chevrolet Tahoe 1GNEC13Z76R149742 | 87002753      |
| 4.  | 1    | Ea.  | 2006 Chevrolet Tahoe 1GNEC13ZX6R142087 | 87002427      |
| 5.  | 1    | Ea.  | Remington 308 Caliber Rifle C6752201   | N/A           |
| 6.  | 1    | Ea.  | Remington 308 Caliber Rifle C6732686   | N/A           |

**SECTION 2.** That the Mayor is hereby authorized and directed to dispose of the personal property owned by the City of Opelika, Alabama, described in Section 1 above. If any such property has marketable value, the Mayor shall receive bids or quotations for such property and shall sell the same to the highest bidder. If the property has no marketable value, the Mayor may dispose of such property in the most economical and feasible manner available to him.

**APPROVED AND ADOPTED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
President, Pro-tem  
of the City Council of  
the City of Opelika, Alabama

ATTEST:

\_\_\_\_\_  
Robert G. Shuman, CMC  
City Clerk - Treasurer

## RESOLUTION NO. 060-18

Purchase-(624) Toter 96 Gal EVR II Universal/Nestable Carts-OES**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, Opelika Environmental Services desires to purchase six hundred twenty-four (624) Toter 96 Gallon EVR II Universal/Nestable Carts utilizing the NJPA Coop Contract; and

**WHEREAS**, Wastequip is the Contract Vendor for the six hundred twenty-four (624) Toter 96 Gallon EVR II Universal/Nestable Carts; and

**WHEREAS**, funding will come from the appropriate account;

**NOW, THEREFORE, BE IT RESOLVED** by the City of Opelika, Alabama as follows:

1. That the purchase be awarded to Wastequip utilizing the NJPA Coop Contract.
2. That the Purchasing-Revenue Manager is hereby authorized to issue a purchase order to Wastequip in the amount of \$33,687.69.
3. The Controller is authorized to adjust the budget as necessary for this purchase.
4. That the Mayor is hereby authorized to sign all documents pertaining to this purchase.

**APPROVED AND ADOPTED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

---

President, Pro-tem  
of the City Council of  
the City of Opelika, Alabama

ATTEST:

---

Robert G. Shuman, CMC  
City Clerk - Treasurer



**NJPA AWARDED  
CONTRACT**

841 Veatcham Rd. Statesville, NC 28677

PHONE 800-424-0422 FAX 704-878-0734

WQ-10070957

**Sell To:**

Contact Name David Turner  
Bill To Name City of Opelika  
Bill To 700 Fox Trail  
Opelika, AL 36801  
USA  
Email dturner@opelika-al.gov  
Phone (334) 705-5156

Ship To Name City of Opelika  
Ship To 700 Fox Trail  
Opelika AL 36801  
USA  
Customer Job NJPA Contract No. 060612-WQ1  
Reference

**Quote Information**

Salesperson Pascual Ramos  
Salesperson Email [pramos@wastequip.com](mailto:pramos@wastequip.com)  
Salesperson Phone (629) 702-0074

Created Date 3/21/2018  
Expiration Date 4/20/2018  
Quote Number WQ-10070957  
Please Reference Quote Number on all  
Purchase Orders

| Model          | Product Description                                          | Selected Option                                                                                                                                                                                                                                                                                                                                                 | Description           | Quantity | Sales Price | Total Price |
|----------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------|-------------|-------------|
| 79296          | Model 79296 - Toter 96 Gallon EVR II Universal/Nestable Cart | ---Body Color - (968) Greenstone<br>---Lid Color - (200) Black<br>---Body Hot Stamp on Both Sides (Existing) in White<br>---Wheels - 10in Sunburst<br>---Toter Serial Number Hot Stamped on Front of Cart Body in White<br>---2/3 Assembled with Lid (down), Stop Bar and Axle Factory Installed<br>---Warranty - 12 Yrs Cart Body, All other components 10 Yrs | Body S5904            | 624.00   | \$50.50     | \$31,512.00 |
| Payment Terms  |                                                              | Net 30 Days                                                                                                                                                                                                                                                                                                                                                     | Subtotal              |          | \$31,512.00 |             |
| Shipping Terms |                                                              | FOB Origin                                                                                                                                                                                                                                                                                                                                                      | Shipping and Handling |          | \$2,175.69  |             |
|                |                                                              |                                                                                                                                                                                                                                                                                                                                                                 | Tax                   |          | \$0.00      |             |
|                |                                                              |                                                                                                                                                                                                                                                                                                                                                                 | Grand Total           |          | \$33,687.69 |             |

**Additional Information**

**Additional Terms** Pricing is based on your anticipated Order prior to its expiration, including product specifications, quantities and accepted delivery within 45 days of Order acceptance by Toter. Any differences to your Order may result in different pricing, freight or other costs. Due to volatility in petrochemical, steel and related product material markets, actual prices and freight are subject to change and will be confirmed prior to acceptance of an Order. Unless otherwise stated, materials and container sizes indicated on sales literature, invoices, price lists, quotations and delivery tickets are nominal sizes and representations - actual volume. Products and materials are subject to manufacturing and commercial variation and Wastequip's practices, and may vary from nominal sizes and materials. All prices are in US dollars; this Quote may not include all applicable taxes, brokerage fees or duties. If customer is not tax exempt, final tax calculations are subject to change.

**Special Contract** NJPA-Pricing & Product offerings are based on the NJPA Co-Operative Contract with Wastequip LLC (#041217, eff.

Attachment: 4-3-18 - (624) TOTER 96 GAL EVR II CARTS - NJPA PURCHASE - CNCL PKT (060-18 : Purchase-(624) Toter 96 Gal EVR II



841 Meacham Rd. Statesville, NC, 28677

PHONE: 800-424-0422 FAX: 704-878-0734

WQ-10070957

Information 7/7/17), and such Contract terms & conditions are incorporated herein by reference. Pricing & Product (& related) changes may occur at any time with proper documentation, & subject to NJPA approval; therefore, offerings may change without written prior notice. Wastequip Product Limited Warranties, Disclaimers, Limitation of Liability & Remedies, & Limited Warranty Provisions apply to all purchases thereunder.

Signatures \_\_\_\_\_

Accepted By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Please Reference Quote Number on all Purchase Orders

Attachment: 4-3-18 - (624) Toter 96 Gal EVR II CARTS - NJPA PURCHASE - CNCL PKT (060-18 : Purchase-(624) Toter 96 Gal EVR II



RESOLUTION NO. (ID # 2673)

Authorize Demolition - 1507 Waverly Pkwy

RESOLUTION NO. \_\_\_\_\_

**RESOLUTION ORDERING THE DEMOLITION OF AN ACCESSORY BUILDING  
LOCATED AT 1507 WAVERLY PARKWAY, OPELIKA, ALABAMA 36801, PARCEL  
ID NO.: 43-09-01-12-3-000-053.000 IN COMPLIANCE WITH SECTIONS  
11-40-30 THROUGH 11-40-36, SECTIONS 11-53B-1 THROUGH 11-53B-16,  
INCLUSIVE, OF THE CODE OF ALABAMA, AND IN COMPLIANCE WITH  
ORDINANCE NO. 116-15.  
OF THE CITY OF OPELIKA, ALABAMA**

**WHEREAS**, the Building Official of the City of Opelika, Alabama, determined that the condition of an accessory building (two-story garage) located at 1507 Waverly Parkway, Opelika, Alabama, 36801, Parcel I.D. Number: 43-09-01-12-3-000-053.000, (hereinafter the Subject Property”) is in such condition as to make it dangerous to the life, health, property, morals, safety or general welfare of the public or the occupants; and

**WHEREAS**, Larry D. Wilson is the record owner of the above-described property as shown from a search of records of the Office of the Judge of Probate of Lee County, Alabama; and

**WHEREAS**, Larry D. Wilson is the person last assessing the subject property for state taxes; and

**WHEREAS**, GULFinance holds a judgment lien on the property as shown from a search of the records of the Office of the Judge of Probate of Lee County, Alabama.; and

**WHEREAS**, a “Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy” was sent via certified mail, properly addressed, and postage prepaid to Larry D. Wilson, P.O. Box 1443, Auburn, AL 36831 and the lienholder, East Alabama Medical Center, 2000 Pepperell Parkway, Opelika, AL 36801; and GULFinance, P.O. Box 241567, Montgomery, AL 36124; and

**WHEREAS**, contemporaneous with the filing of the “Notice of Dangerous Building, Finding of Public Nuisance and Order to Remedy”, a copy of the same was posted at or within three (3) feet of an entrance to the building on the subject property; and

**WHEREAS**, a Lis Pendens Notice was duly filed of record in the Office of the Judge of Probate of Lee County, Alabama, as required by Ordinance No. 116-15; and

**WHEREAS**, notice that the subject property is a dangerous building because it is unsafe to the extent that it is a public nuisance and is subject to demolition and that a public hearing would be held on a certain date was given to all interested parties as required by law; and

**WHEREAS**, Tuesday, April 3, 2018 at 7:00 p.m. in the City Council Chambers of the Municipal Building, 204 South 7<sup>th</sup> Street, Opelika, Lee County, Alabama, was fixed as the time and place when and where the City Council will meet to determine whether or not the accessory building located at 1507 Waverly Parkway is unsafe to the extent that it creates a public nuisance; and

**WHEREAS**, the City Council of the City of Opelika met on Tuesday, April 3, 2018, at the aforesaid time and place for the purpose of conducting said public hearing; and

**WHEREAS**, the President of the City Council of the City of Opelika presided over said public hearing and opened the floor for comments from the public and any persons interested in the real property located at 1507 Waverly Parkway, Opelika, Alabama; and

**WHEREAS**, the City Council has considered all of the evidence and other matters in relation to said alleged public nuisance.

**NOW, THEREFORE, BE IT RESOLVED**, by the City Council of the City of Opelika, as follows:

1. The City Council hereby finds and determines that the accessory building (two-story garage) located at 1507 Waverly Parkway, Opelika, Alabama, Parcel I.D. Number: 43-09-01-12-3-000-053.000, is unsafe to the extent that it creates a public nuisance to the citizens of Opelika, Alabama, and is due to be condemned and demolished in compliance with §§11-40-30 through 11-40-36 and §§11-53B-1 through 11-53B-16, inclusive of the *Code of Alabama*, and Ordinance No. 116-15 of the City of Opelika, Alabama, which Ordinance is codified at Sections 5-221 through 5-238, inclusive of the *Code of Ordinances* of the City of Opelika, Alabama. The property referred to above is more particularly described as follows:

Beginning at the Southeast corner of the Northeast Quarter of the Southwest Quarter of Section 12, Township 19 North, Range 26 East, Lee County, Alabama, (said corner being the intersection of the Northerly margin of Fitzpatrick Avenue with the Old West City Limits line of the City of Opelika and now marked by a concrete monument); run thence South 80° 20' West, along the Northerly margin of Fitzpatrick Avenue, a distance of 110 feet; run thence North 00° 25' West, a distance of 117.25 feet to a point on the Southerly margin of the Opelika-Waverly paved highway, also known as U.S. Route No. 241; run thence South 81° 19' East, along the Southerly margin of said highway, a distance of 109.93 feet; run thence South 00° 25' East a distance of 80.7 feet to the point of beginning.

Also being further described as Parcel Number 43-09-01-12-3-000-053.000, according to records maintained in the Lee County Revenue Commissioner's Office.

2. The Mayor is hereby authorized and directed to cause said accessory building to be demolished and removed after the expiration of twenty (20) days from the date of this resolution if an appeal has not been taken to the Circuit Court. The demolition may be accomplished by the municipality by the use of its own forces, or it may be provided by contract for the demolition. The municipality may sell or otherwise dispose of salvaged materials resulting from the demolition. All employees, contractors and duly authorized agents of the City are authorized to enter upon said property for said purpose.

3. Any person aggrieved by the decision of the City Council may, within ten (10) days hereafter, appeal to the Circuit Court upon filing with the Clerk of the Court notice of appeal and a bond for security of costs in the form and amount approved by the Circuit Clerk.

4. Upon the demolition and removal of said accessory building, the Building Official shall make a report to the City Council of the cost. The City Council shall thereafter adopt a resolution fixing the costs which it finds were reasonably incurred in the demolition and removal of said accessory building and assess the costs against said property. The proceeds of any monies received from the sale of salvaged materials from the accessory building shall be used or applied against the cost of the demolition and removal. The fixing of costs by the City Council shall constitute a special assessment against the lot or lots, parcel, or parcels of land upon which the accessory building was located and shall constitute a lien on the property for the amount of the assessment.

5. The City Clerk is hereby directed to mail, by certified mail, a copy of this resolution to the owner of the property as the information appears on the records of the office of the Revenue Commissioner and in the Office of the Judge of Probate of Lee County, Alabama.

**ADOPTED AND APPROVED** this the \_\_\_\_ day of \_\_\_\_\_ 2018.

---

PRESIDENT OF THE CITY COUNCIL OF THE  
CITY OF OPELIKA, ALABAMA

ATTEST:

---

CITY CLERK

Cc: Larry D. Wilson  
P.O. Box 1443  
Auburn, AL 36831

GULFinance  
P.O. Box 241567  
Montgomery, AL 36124

## RESOLUTION NO. 061-18

Amend Resolution No. 201-17, Excess Loss Insurance.**RESOLUTION NO. \_\_\_\_\_****RESOLUTION AMENDING RESOLUTION NO. 201-17**

**WHEREAS**, on September 19, 2017, the City Council adopted Resolution No. 201-17 authorizing and directing the Mayor to contract with BCS Insurance Company to procure excess loss insurance coverage; and

**WHEREAS**, paragraph 2 of Resolution No. 201-17 provides as follows:“that monthly excess loss insurance premiums and commissions are to be paid to Alliance Insurance Group, LLC, the City’s insurance broker”; and

**WHEREAS**, the City is changing insurance brokers and Alliance Insurance Group will no longer serve as the City’s broker; and

**WHEREAS**, the City Council desires to amend Resolution No. 201-17 to provide that monthly excess loss and commissions will be paid to Cobbs, Allen & Hall, Inc. (“Cobbs Allen”).

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, as follows:

1. That paragraph 2 of Resolution No. 201-17 is hereby amended to read as follows:“That monthly excess loss and insurance premiums are to be paid to Cobbs Allen, the City’s insurance broker.”

2. That the officers of the City and any person or persons designated and authorized by any officers of the City to act in the name and on behalf of the City, or any one or more of

them, are authorized to do or cause to be done or performed in the name and on behalf of the City such other acts and to execute and deliver or cause to be executed and delivered in the name and on behalf of the City such other notices, certificates, assurances or other instruments or other communications under the seal of the City or otherwise, as they or any of them deem necessary or advisable or appropriate in order to carry into effect the intent of the provisions of this Resolution.

3. That this Resolution shall take effect upon its passage and adoption by the City Council.

**ADOPTED AND APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
 PRESIDENT PRO-TEM OF THE  
 CITY COUNCIL OF THE CITY OF OPELIKA

ATTEST:

\_\_\_\_\_  
 CITY CLERK



## RESOLUTION NO. 062-18

Statement of Understanding with Cobbs, Allen & Hall, Inc.**RESOLUTION NO. \_\_\_\_\_**

**RESOLUTION APPROVING STATEMENT OF UNDERSTANDING BETWEEN  
THE CITY OF OPELIKA AND COBBS, ALLEN & HALL, INC.**

**WHEREAS**, Cobbs, Allen & Hall, Inc., (“Cobbs Allen”) is a full service, risk management firm headquartered in Birmingham, Alabama; and

**WHEREAS**, the City of Opelika, Alabama (the “City”) wishes to obtain the assistance of Cobbs Allen with strategic benefit planning, design, funding, administration and communication with respect to its employee benefit programs; and

**WHEREAS**, Cobbs Allen has experience in assisting employers with designing and servicing employee benefit plans; and

**WHEREAS**, a proposed Statement of Understanding to be entered into between the City and Cobbs Allen has been prepared and submitted to the City Council for approval, and the City Council has determined that it is now in the best interest of the City and its citizens to approve said Statement of Understanding.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, as follows:

1. That the proposed Statement of Understanding to be entered into between the City and Cobbs Allen, a copy of which is attached hereto and marked Exhibit “A”, be and the same is hereby approved, authorized, ratified and confirmed in the form substantially submitted to the

City Council with such changes thereto (by addition, deletion or substitution) as the Mayor shall approve, which approval shall be conclusively evidenced by the execution and delivery of said Statement of Understanding.

2. That the Mayor is hereby authorized and directed to execute and deliver said Statement of Understanding in the name and on behalf of the City.

3. That the officers of the City and any person or persons designated and authorized by any officers of the City to act in the name and on behalf of the City, or any one or more of them, are authorized to do or cause to be done or performed in the name and on behalf of the City such other acts and to execute and deliver or cause to be executed and delivered in the name and on behalf of the City such other notices, certificates, assurances or other instruments or other communications under the seal of the City or otherwise, as they or any of them deem necessary or advisable or appropriate in order to carry into effect the intent of the provisions of this Resolution and the attached Statement of Understanding.

4. That the Purchasing-Revenue Manager is hereby authorized and directed to issue appropriate purchase orders to Cobbs Allen for the services outlined in the Statement of Understanding.

5. That this Resolution shall take effect upon its passage and adoption by the City Council.

**ADOPTED AND APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
PRESIDENT PRO-TEM OF THE  
CITY COUNCIL OF THE CITY OF OPELIKA

ATTEST:

---

CITY CLERK

## Statement of Understanding

---

This Statement of Understanding is between the City of Opelika, hereinafter referred to as "Client" and Cobbs Allen, hereinafter referred to as "Consultant."

WHEREAS, Client wishes to obtain the assistance of Consultant with strategic benefit planning, design, funding, administration, and communication with respect to its employee benefit programs;

WHEREAS, Consultant has experience in assisting employers with designing and servicing employee benefit plans; and

WHEREAS, the parties wish to set forth their respective expectations;

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby mutually acknowledged, the parties hereby understand as follows:

### 1. **Scope of Services to be Provided by Consultant**

Consultant will provide Client with consulting for the following benefit programs listed below (Full List included in Exhibit 1):

- Strategic Planning
- Financial / Healthcare Analysis
- Renewal
- Marketing
- Open Enrollment
- Account Management Services
- Compliance Consulting
- Health and Wellness
- Human Resources Consulting
- Communication
- Milliman Platform
- Flex Management Assistance

- A. Strategic Benefit Planning.** Consultant will provide assistance in developing overall plan benchmarks and targets to ensure that the plan meets the objectives of Client and its employees.
- B. Benefit Design.** Consultant will provide recommendations to ensure that benefit designs are consistent with the strategic benchmarks and targets set forth in the strategic benefit planning process.
- C. Funding.** Consultant will advise regarding program funding alternatives, including review fee proposals, recommend budget rates, employee contribution rates, and COBRA rates.
- D. Compliance Tools & Legislative Information.** Consultant will provide informational materials on legislative developments impacting employee benefit plans, including access to online reference tools on topics such as FMLA, COBRA, HIPAA, HIPAA Privacy, and Section 125.

## 2. Term & Termination

- A. Term.** The initial term of this Statement of Understanding is for the time period commencing on April 1, 2018 and ending March 31, 2021. Thereafter, this Statement of Understanding will remain in effect until terminated as described below.
- B. Termination.** This Statement of Understanding may be terminated by either party only as follows:
- Effective upon thirty (30) days advance written notice to the other party stating that such other party is in breach of any of the provisions of this Understanding, provided such breach (if able to be cured) is not cured within fifteen (15) days after the notice is received;
  - Effective upon sixty (60) days advance written notice to the other party given with or without reason; provided such notice is given after the Initial Term;
  - By mutual written agreement of the parties; or
  - If payment has not been received within 30 days of invoice receipt.

## 3. Cost of Services

Cobbs Allen's fees are based upon time expended by specific individuals as well as the value-added resources that will be utilized by Client. The compensation arrangement begins on the commencement of the Statement of Understanding. The compensation arrangement between Cobbs Allen and Client is outlined below.

| Description of service or product                                                                                                                                                               | Fee or commission   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| All policies currently in-force (including all Life, Short-Term Disability, Long-Term Disability, Accident, Cancer, Dental, Vision, MNSA/EAP, Clinic, Rx, and Benefit Administration coverages) | Commission          |
| Stop Loss / Medical Plan Consulting                                                                                                                                                             | \$30,000 annual fee |
| Milliman Core Lite Platform                                                                                                                                                                     | Included in fee     |

### Billing Terms:

The client will be billed \$2,500 monthly (totaling \$30,000 annually) for above stated consulting services. Cobbs Allen may receive contingency payments, overrides and/or bonuses from carriers that are not expensed to the client.

Additional programs and services will be provided on a project basis for an additional fee or commission and shall be undertaken upon mutual understanding between Consultant and Client. Consultant reserves the right to pass through any mutually agreed upon reasonable costs related to the printing of any employee communication materials.

## 4. Personnel

Cobbs Allen will assign its personnel according to the needs of Client, and according to the disciplines required to complete the appointed task in a professional manner. Cobbs Allen retains the right to substitute personnel with reasonable cause. The Account Management Team consists of the following individuals:

Primary Service Team:

- Bo Hartsfield, Executive Vice President, Benefits Advisor
- Matt Cate, Employee Benefits Advisor
- Brian Butler, Senior Account Executive
- Sarah Grauel, Client Executive
- Liz Patton, Wellness and Consumerism Consultant

Katie Langley & Vanessa Lolli, Human Resources Consultants  
 Angela Wolfe & Caitlin Miley, Marketing Consultants  
 Megan Zimmerman, Compliance Consultant

## 5. Client's Responsibilities

Client will make available such reasonable information as required for Consultant to provide the services described in this Statement of Understanding. Such information will be made available as promptly as possible. Client will make timely payments of the service fees as set forth elsewhere in this Statement of Understanding.

Consultant will recommend vendors for Client that Consultant believes are suitable for client's needs. While Consultant will make recommendations to Client, Client acknowledges and agrees that Client is the sole decision maker with regard to which vendors are engaged. Client further acknowledges and agrees that Consultant has no influence, direct or indirect, on Client's decision to engage any vendor. Client agrees that Consultant is not responsible for the services provided by any vendor or any claim against Client that may arise directly or indirectly out of Client's use of a vendor or any service provided to Client by a vendor, including, but not limited to, claims arising under the Patient Protection and Affordable Care Act, the Employee Retirement Income Security Act of 1974, as amended or the United States Internal Revenue Code of 1986, as amended, regardless of whether the claim is related to the group health insurance plan sponsored by Client.

## 6. Disclaimer

As a part of the of the Compliance Consulting services provided under this Statement of Understanding, Consultant may, from time to time, supply Client with information compiled or obtained from third-party sources ("compliance information") for educational purposes and to assist Client with compliance issues. Consultant will make reasonable efforts to ensure the compliance information is complete and accurate. However, Client acknowledges and agrees that Consultant does not guarantee its completeness or accuracy.

Client understands that there is no attorney-client relationship between Client and Consultant and that none of the compliance information provided should be construed as legal advice. The Client's use or reliance upon compliance information is voluntary and should only be undertaken after an independent review by Client's own qualified legal counsel.

Neither Consultant nor its employees warrant explicitly or impliedly that the compliance information, if followed, will prevent, or serve as a defense to, any criminal, civil, regulatory, or administrative audits, investigations, penalties, claims, or liabilities. As such, Client acknowledges and agrees that neither Consultant nor its employees assume any liability for compliance information provided by Consultant. Client agrees to indemnify and hold harmless Consultant and any of its employees from any audit, investigation, penalty, claim, or liability arising directly or indirectly out of Client's use of, or reliance upon, the compliance information.

## 7. Records and Information

Cobbs Allen understands and agrees to limit its use and disclosure of protected health information as described the Business Associate Understanding attached in Exhibit 2.

## 8. Fiduciary Responsibility

Client acknowledges that: (i) Cobbs Allen shall have no discretionary authority or discretionary control respecting the management of any of the employee benefit plans; (ii) Cobbs Allen shall exercise no authority or control with respect to management or disposition of the assets of Client benefit plans; and (iii) Cobbs Allen shall perform services pursuant to this Statement of Understanding in a non-fiduciary capacity. Client agrees to notify Cobbs Allen as soon as possible of any proposed amendments to the plans' legal documents to the extent that the

amendments would affect Cobbs Allen in the performance of its obligations under this Statement of Understanding. Client agrees to submit all information in its (or their) control reasonably necessary for Cobbs Allen to perform the services covered by this Statement of Understanding.

## 9. Entire Statement of Understanding

This constitutes the entire Statement of Understanding between the parties, and any other warranties or agreements are hereby superseded.

Subsequent amendments to this Statement of Understanding shall only be in writing signed by both parties.

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| <hr/> <i>Signature – the City of Opelika</i>          | <hr/> <i>Date</i> |
| <hr/> C. Gary Fuller - Mayor<br><i>Name and Title</i> |                   |
| <hr/> <i>Signature – Cobbs Allen</i>                  | <hr/> <i>Date</i> |
| <hr/> <i>Name and Title</i>                           |                   |

## Exhibit 1

### *Services / Consulting Fees*

**The following services are included in the fee:**

#### **Strategic Planning**

- Assist in defining and prioritizing strategic health and welfare plan objectives
- Development of one, three and five-year goals
- Assist in evaluation of administration of benefit programs
- Evaluate current vendor relationships and monitor plan performance
- Assess carrier/vendor customer service levels
- Proactively develop project action timelines
- Plan design recommendations
- Quarterly review meeting by Cobbs Allen account team
- On-Site participation in critical carrier meetings each year
- Investigation of alternative funding methods and networks

#### **Financial / Healthcare Analysis**

- Review and analyze experience claims reports
- Assess current funding arrangements for appropriateness and make recommendations as needed
- Assist in developing appropriate employee contribution levels
- Evaluate current cost of benefits versus effectiveness of plan design
- Evaluate stop loss deductibles, limits and plan language
- Analyze utilization data and cost containment results of medical management
- Develop a financial analysis of actual and projected claims (medical and Rx), TPA administration fees, reinsurance premium, plan liability and funding levels
- Provide a monthly dashboard outlining plan costs, claims expenditures and any applicable large claims reimbursements
- Identify and monitor potential large claims
- Review network utilization

#### **Renewal**

- Request renewals 180 days in advance of renewal
- Analyze and negotiate renewals with vendors
- Review vendor renewal methodology, experience data and assumptions for accuracy
- Develop and present alternative plan designs and provisions with associated financial impact
- Provide renewal analysis and recommended alternatives including financial projections
- Coordinate vendor meeting participation

#### **Open Enrollment**

- Provide guidance on delivering a comprehensive communication strategy
- Assist developing / creating the production of employee communications
- Coordinate vendor sponsored communication material
- Coordinate information and communication campaign between enrollment vendor and client if applicable
- CA account team will assist employer with questions regarding benefits



**Marketing**

- Develop plan specification based on feedback from strategic planning meeting
- Jointly determine list of vendors best suited to meet plan goals and objectives
- Perform evaluation of census data, network service areas and administrative needs
- Evaluate carrier client support services
- Review vendor financial ratings
- Perform analysis and comparison of plan features and costs
- Assist in the scheduling of selected finalist site visits as needed
- Assist in conducting finalist negotiations
- Provide a report with proposed carrier and plan design
- Assist in the notification of all bidders as to the final outcome

**Account Management Services**

- Serve as employer's first point of contact for all issues involving carriers / vendors
- Monitor administrative process and assist in the resolution of issues
- Review contracts, certificates and benefit booklets to ensure fees, benefits, rates and eligibility are as agreed to during the renewal/marketing process
- Act as an employer advocate in the resolution of ongoing claims issues
- Assist with billing issues
- Coordinate changes in legal documents (contracts and policies)
- Provide implementation support for carrier / vendor changes
- Monthly service calls by Client Executive (at minimum)

**Compliance**

- Assist with compliance with all Federal Laws and Regulations
- Provide timely guidance related to Healthcare Reform (PPACA)
- Assistance with required employee communication
- Provide signature ready Form 5500's and Summary Annual Reports if applicable
- Access to Employment Law attorneys for escalated issues
- Monitoring of laws impacting Employee Benefits and Human Resources such as ERISA, COBRA, HIPAA and IRS Code
- Provide access to periodic webcasts and compliance sessions
- Provide access to self-service compliance information via Outfront 365 HR Portal
- Compliance Corner email updates with the latest in compliance and legislative issues

**Health and Wellness**

- Provide Health Management Consulting by CA internal health management team
- Assist in coordination of wellness programs and meetings
- Assist in implementation of wellness programs
- Create educational programs
- Assistance in communicating wellness initiatives
- Provide suggestions for incentive programs
- Assist with coordination of Health Risk Assessments and Biometric Screenings if needed
- Provide guidance with health fairs as needed

### Human Resources

- Provide Human Resource Consulting by Cobbs Allen internal HR management team
- Provide assistance with HR structural, administrative and organizational issues
- Development and delivery of training modules, including Harassment, Supervisor, Drug-Free Workplace, Discipline and Discharge, FMLA, FLSA and other programs as needed
- Job Description Manager – access to job description templates
- Salary Center – access to national compensation database
- Ergonomics assessment and training
- Serve as “outsourced HR helpdesk” for general HR questions
- Employment Policy – Review, revisions and development

### Communication

- Development of employee engagement strategies
- Customized communication materials to aid in educating the workforce
- Communication Formats including, but not limited to: Benefit Guides, Benefit Statements, Timely Posters/Flyers, Employee Surveys, etc.

### Milliman Self-Insured Core Lite Platform

- Renewal Projection: A pricing calculation is completed to determine the projected premium in order to set preliminary budgets prior to receiving the renewal
- Stop-Loss Analysis: Analysis assesses the risk and costs for various stop loss coverage levels
- Incurred But Not Reported Reserve Calculation: Estimates annually incurred claims and determines the amount that you should be holding in reserves to avoid IRS and DOL compliance issues

## EXHIBIT 2

### BUSINESS ASSOCIATE UNDERSTANDING

This **BUSINESS ASSOCIATE UNDERSTANDING** (the "*Understanding*"), is entered into as of the 1<sup>st</sup> day of April, 2018 (the "*Effective Date*") by and between The City of Opelika (the "*Company*"), on behalf of the City of Opelika's Group Health Plan (the "*Plan*"), and Cobbs Allen. ("*Business Associate*," and with Company, each a "*Party*" and together the "*Parties*"). This Understanding supersedes and replaces any prior Business Associate Understandings and related amendments thereto between the Parties.

#### RECITALS

**WHEREAS**, Company maintains certain health care benefit plans that provide health plan benefits to certain of Company's employees and their eligible dependents, if any;

**WHEREAS**, Business Associate performs or will perform certain services for the Plan;

**WHEREAS**, in the course of performing services for the Plan, Business Associate will have access to, create, maintain, and/or otherwise use and/or disclose Protected Health Information (as defined below); and

**WHEREAS**, the Parties desire to set forth their respective obligations with respect to Protected Health Information (as defined below) pursuant to the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time, and the regulations promulgated at 45 C.F.R. Parts 160-164 (collectively, "*HIPAA*");

**NOW THEREFORE**, Company and Business Associate understand as follows:

#### 1. Definitions

The following terms have the following meaning when used in this Understanding:

- a. **Breach** means that term as defined in 45 C.F.R. § 164.402.
- b. **Designated Record Set** means that term as defined in 45 C.F.R. § 164.501.
- c. **Electronic Protected Health Information** means Protected Health Information that is transmitted or maintained in electronic media, including, but not limited to, hard drives, disks, on the internet, or on an intranet.
- d. **HHS** means the Department of Health and Human Services.
- e. **Individual** means that term as defined in 45 C.F.R. § 160.103, and includes a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- f. **Privacy Rule** means the privacy requirements in HIPAA, as set forth in 45 C.F.R. Part 160, and Subparts A and E of 45 C.F.R. Part 164.
- g. **Protected Health Information** means that term as defined in 45 C.F.R. § 160.103, except limited to the information created, received or maintained by Business Associate from or on behalf of the Plan.

- h. **Required by Law** means that term as defined in 45 C.F.R. § 164.103.
- i. **Secretary** means the Secretary of the Department of Health and Human Services or his/her designee.
- j. **Security Incident** means that term as defined in 45 C.F.R. § 164.304.
- k. **Security Rule** means the security requirements set forth in HIPAA, as set forth in 45 C.F.R. Part 160, and Subparts A and C of 45 C.F.R. Part 164.
- l. **Subcontractor** means that term as defined in 45 C.F.R. § 160.103, except limited to any such person or entity that receives, maintains, creates or transmits Protected Health Information for Business Associate.
- m. **Transaction** means that term as defined in 45 C.F.R. § 160.103.
- n. **Unsecured Protected Health Information** means that term as defined in 45 C.F.R. § 164.402.

Any capitalized term not specifically defined herein will have the same meaning as set forth in 45 C.F.R. Parts 160 and 164, where applicable. The terms “use,” “disclose” and “discovery,” or derivations thereof, although not capitalized, shall also have the meanings set forth in HIPAA.

## 2. Obligations and Activities of Business Associate

Business Associate will:

- a. Not use or disclose Protected Health Information other than as permitted or required by this Understanding or as Required by Law.
- b. Document and use appropriate administrative, technical and physical safeguards, and comply with Subpart C of 45 C.F.R. Part 164 with respect to Electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for by this Understanding or in a services understanding entered into between the Parties.
- c. Notify Company in writing within five (5) business days of becoming aware of (i) any use or disclosure of Protected Health Information by Business Associate or any Subcontractor that is contrary to this Understanding including, without limitation, any Breach of Unsecured Protected Health Information; or (ii) any Security Incident. If there is a Breach of Unsecured Protected Health Information, Business Associate will:
  - i. Notify Company in writing of the Breach without unreasonable delay, and in no event more than five (5) business days after discovery of the Breach, and provide (i) a list of all Individuals affected by the Breach, and (ii) any other available information that the Plan are required to include in notifications to such Individuals pursuant to 45 C.F.R. § 164.404(c). In the event any such information is not available when Company is notified of the Breach, Business Associate will provide such information to Company as soon as it becomes available;
  - ii. Cooperate with Company to notify, at Business Associate’s expense: (i) Individuals whose Unsecured Protected Health Information has been, or is

reasonably believed by Business Associate to have been, accessed, acquired, used, or disclosed; (ii) the media, as required pursuant to 45 C.F.R. § 164.406; and (iii) the Secretary, as required by 45 C.F.R. § 164.408(b), if the legal requirements for media or HHS notification are triggered by the circumstances of such Breach, *provided* that Business Associate will not initiate any such notifications without Company's express written approval; and

- iii. Pay all costs involved in fulfilling the notification requirements set forth in this Section 2(c) and/or otherwise applicable to Business Associate or the Plan pursuant to 45 C.F.R. § 164.404, subpart D, whether such costs are incurred initially by Business Associate, any Subcontractor, Company or the Plan.
- d. Establish procedures for mitigating, and follow those procedures and so mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate or by any Subcontractor that is contrary to this Understanding.
- e. Ensure that any Subcontractor that creates, receives, maintains or transmits Protected Health Information on behalf of Business Associate enters into a written understanding whereby the Subcontractor agrees to the same restrictions, conditions and requirements that apply to Business Associate with respect to such information, in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and 45 C.F.R. § 164.308(b)(2).
- f. Provide, in the manner reasonably requested by the Plan and within ten (10) calendar days of receiving a request from the Plan or an Individual, access to Protected Health Information in a Designated Record Set, to the Plan or, as directed by the Plan, to an Individual, in order for the Plan to fulfill its obligations under 45 C.F.R. § 164.524 to provide access and copies of Protected Health Information to an Individual.
- g. Make any amendment(s) to Protected Health Information in a Designated Record Set as directed or agreed by the Plan pursuant to 45 C.F.R. § 164.526, within fifteen (15) calendar days of receiving a request from the Plan or an Individual, or take other measures to satisfy the Plan's obligations pursuant to 45 C.F.R. § 164.526.
- h. Maintain and make available to the Plan or, as directed by the Plan, to an Individual, within fifteen (15) calendar days of the Plan's request, the information required for the Plan to satisfy their obligations pursuant to 45 C.F.R. § 164.528 to respond to a request for an accounting of disclosures of Protected Health Information.
- i. Notify the Plan within five (5) business days of receiving, directly from an Individual, a request for (i) access to Protected Health Information pursuant to 45 C.F.R. § 164.524; (ii) amendment to Protected Health Information pursuant to 45 C.F.R. § 164.526; or (iii) an accounting of disclosures of Protected Health Information pursuant to 45 C.F.R. § 164.528.
- j. Comply with the requirements of Subpart E of 45 C.F.R. Part 164 that are applicable to the Plan, if Business Associate is to carry out one or more of the Plan's obligations under Subpart E.
- k. In the event Business Associate transmits or receives a Transaction on behalf of the Plan, Business Associate will comply with all applicable provisions of the HIPAA standards for electronic transactions and code sets (the "*EDI Standards*"). Business Associate will also

ensure that any Subcontractor that transmits or receives a Transaction on its behalf does so in accordance with the EDI Standards.

- l. Make its internal practices, books, and records available to the Secretary or the Plan for purposes of a review and assessment of Business Associate's or the Plan's compliance with HIPAA; and notify Company within five (5) business days of receiving a request for any such materials directly from HHS.
- m. Not engage in the Sale of Protected Health Information or otherwise receive direct or indirect remuneration in exchange for the Protected Health Information of an Individual, unless Business Associate or the Plan has obtained a valid authorization from the Individual, consistent with the requirements under 45 C.F.R. § 164.508.

### 3. Permitted Uses and Disclosures by Business Associate

- a. Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, the Plan, provided that such use or disclosure would not violate the Privacy Rule if done by the Plan or the minimum necessary policies and procedures of the Plan, or as otherwise expressly provided in this Section 3.
- b. Business Associate may use Protected Health Information to de-identify the Protected Health Information in accordance with 45 C.F.R. § 164.514(a) – (c); provided, however, that Business Associate may use the de-identified information only if and to the extent expressly permitted in this Section 3.
- c. Business Associate may use or disclose Protected Health Information as Required by Law.
- d. Any use or disclosure of Protected Health Information by Business Associate will be in compliance with the minimum necessary policies and procedures of the Plan, and with the minimum necessary requirements of HIPAA.
- e. Business Associate may not use or disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by the Plan, except that Business Associate may do the following:
  - i. Use Protected Health Information for the proper management and administration of Business Associate, or to carry out the legal responsibilities of Business Associate.
  - ii. Disclose Protected Health Information for the proper management and administration of Business Associate, or to carry out the legal responsibilities of Business Associate, provided that the disclosures are Required by Law, or Business Associate obtains reasonable written assurances from the person or entity receiving the information (each a "*Recipient*") that the information will remain confidential, and be used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the Recipient; and the Recipient notifies the Business Associate of any instances of which the Recipient is aware in which the confidentiality of the information has been breached.



- iii. Use Protected Health Information to provide data aggregation services as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B) that relate to the Health Care Operations of the Plan.
- f. Business Associate may use Protected Health Information to report violations of law to the appropriate federal and state authorities, consistent with 45 C.F.R. § 164.502(j)(1).
- g. Business Associate will not transfer Protected Health Information outside the United States without the prior written consent of the Company. In this context, a “transfer” outside the United States occurs if Business Associate's workforce members, agents, or Subcontractors physically located outside the United States are able to access, use, or disclose Protected Health Information.

#### 4. **Obligations of the Plan**

The Plan will:

- a. Notify Business Associate of any limitations in the Plan's Notice of Privacy Practices under 45 C.F.R. § 164.520, to the extent any such limitation may affect Business Associate's use or disclosure of Protected Health Information.
- b. Notify Business Associate of any changes in, or revocation of, the permission by an Individual to use or disclose his or her Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- c. Notify Business Associate of any restriction on the use or disclosure of Protected Health Information that the Plan has agreed to or are required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.
- d. Not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by the Plan, except for uses and disclosures of Protected Health Information by Business Associate in accordance with Section 3(e) above.

#### 5. **Term and Termination**

- a. The term of this Understanding begins on the Effective Date and ends on the date that any services understood between the parties terminates, or if earlier, the date that Company terminates this Understanding for cause pursuant to Section 5(b) below.
- b. Company may terminate this Understanding for cause effective as of any date designated by the Company in a notice to Business Associate upon a determination by Company that Business Associate has breached a material term of this Understanding. Company may, in its discretion, allow Business Associate a specified period of time to cure the breach, and upon a cure satisfactory to Company, elect not to terminate the Understanding on account of the breach.
- c. Upon termination of this Understanding for any reason, Business Associate will (and will ensure that its Subcontractors that have had access to Protected Health Information will):

- i. Retain only the Protected Health Information that is necessary for Business Associate or a Subcontractor to continue its proper management and administration or to carry out its legal responsibilities;
- ii. Return to the Plan or to the Plan's designee, or upon the Plan's prior written Understanding, destroy (and certify in writing to the Plan that it has destroyed) any remaining Protected Health Information that Business Associate or any of its Subcontractors maintain in any form;
- iii. Continue to use appropriate administrative, technical and physical safeguards, and to comply with Subpart C of 45 C.F.R. Part 164, with respect to any Electronic Protected Health Information so as to prevent use or disclosure of the Electronic Protected Health Information other than as specified in this Section 5(c) for as long as Business Associate or any Subcontractor retains the Electronic Protected Health Information;
- iv. Not use or disclose the Protected Health Information retained by Business Associate or by any Subcontractor other than for the purposes for which such Protected Health Information was retained, and subject to all the conditions and limitations set forth in Sections 2 and 3 above that applied prior to termination of the Understanding;
- v. Return to the Plan or, upon the Plan's prior written Understanding, destroy (and certify in writing to the Plan that it has destroyed) the Protected Health Information retained by Business Associate or by any Subcontractor as of the date such Protected Health Information is not needed by Business Associate or the Subcontractor for its proper management and administration or to carry out its legal responsibilities.

## 6. Miscellaneous

- a. **Regulatory References.** A reference in this Understanding to a section in the Privacy Rule, the Security Rule, or to any other regulation promulgated under HIPAA means the section as in effect or as amended.
- b. **Survival.** Sections 2, 3, 5(c) and 6 of this Understanding shall survive the termination of this Understanding.
- c. **Interpretation.** Any ambiguity in this Understanding will be resolved to permit the Plan to comply with the Privacy Rule, Security Rule and other provisions of HIPAA.
- d. **Effect.** This Understanding shall be binding upon, and shall inure to the benefit of, Company, the Plan and Business Associate, and their respective successors, assigns, administrators and other legal representatives.
- e. **No Third Party Beneficiary.** Nothing express or implied in this Understanding is intended to confer, nor shall anything herein confer, upon any person other than Company, the Plan and Business Associate, and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- f. **Independent Contractors.** Nothing contained herein shall be deemed or construed by the Parties or by any third party to create a relationship of employer and employee, principal and agent, or joint venture of the Parties, it being understood and agreed that Business Associate provides services to Company and the Plan hereunder as an



independent contractor; Business Associate retains full and complete control over its performance under this Understanding; and Company and the Plan have no authority to direct or control Business Associate's conduct or activities in connection with this Understanding.

- g. **Governing Law.** The construction, interpretation and performance of this Understanding and all transactions under this Understanding shall be governed and enforced pursuant to the laws of the State of Alabama, except as such laws are preempted by any provision of federal law, including by ERISA or HIPAA. Any action or proceeding arising out of or relating to this Understanding shall be brought and tried exclusively in a federal or state court of competent jurisdiction located in Jefferson County, Alabama and in no other court or venue.
- h. **Indemnification.** Business Associate will, during and after the term of this Understanding, hold Company, the Plan, and their respective trustees, officers, directors, employees, agents and affiliates, harmless from, and defend and indemnify each of them against, any and all claims, losses, liabilities, penalties, fines, costs, damages and expenses, including reasonable attorneys' fees and costs, incurred by, imposed upon or asserted against any of them as a result, directly or indirectly, of Business Associate's or any of its Subcontractors', directors', officers', employees' or agents' breach of this Understanding, HIPAA, the Privacy Rule, the Security Rule or the breach notification rule, 45 C.F.R. Part 160 and Subpart D of 45 C.F.R. Part 164.
- i. **Severability.** In the event any provision of this Understanding is rendered invalid or unenforceable under any new or existing law or regulation, or declared null and void by any court of competent jurisdiction, the remaining provisions of this Understanding shall remain in full force and effect if they reasonably can be given effect.
- j. **Notices.** All notices to be given pursuant to the terms of this Understanding shall be in writing and shall be deemed given five (5) business days after being sent by certified mail, return receipt requested, postage prepaid or one (1) business day after being sent by reputable overnight mail delivery to the other Party, at the address set forth below or at such other address as a Party may designate from time to time.

If to the Company, notice shall be sent to:

**The City of Opelika**  
**204 South 7<sup>th</sup> Street**  
**Opelika, AL 36803-0390**  
**Attention: Lisa McLeod**

If to the Business Associate, notice shall be sent to:

**Cobbs Allen**  
**115 Office Park Drive**  
**Birmingham, AL 35223**  
**Attention: Bo Hartsfield**

- k. **Amendment.** The Parties understand to take such action as is necessary to amend this Understanding from time to time as is necessary for the Plan to comply with the requirements of HIPAA.

- I. **Counterparts.** This Understanding may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies thereof shall be deemed to be originals.

**IN WITNESS WHEREOF**, the Parties have executed this Business Associate Understanding as of the Effective Date.

**The City of Opelika**

By: \_\_\_\_\_

Name: C. Gary Fuller

Title: Mayor

Date:

**Cobbs Allen**

By: \_\_\_\_\_

Name: William H. Hartsfield, Jr.

Title: Executive Vice President

Date:

## RESOLUTION NO. 063-18

Annual Renewal, Levy Property Tax Within City Corporate Limits.**RESOLUTION NO. \_\_\_\_\_**

ANNUAL AUTHORIZATION - LEVY OF TAX ON PROPERTY  
SITUATED WITHIN THE CORPORATE LIMITS  
OF THE CITY OF OPELIKA, ALABAMA

**BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, a Municipal corporation, as follows:

1. That, under and by virtue of the provisions of Section 11-51-42 of the Code of Alabama, 1975, and pursuant to the appropriate provisions of the Constitution of Alabama and the general laws of the State, the following taxes are levied on property situated in the City of Opelika on the value assessed for taxation and as shown on the Books of Assessment for the State of Alabama and Lee County for which taxes of the City will become due and payable on October 1<sup>st</sup>, 2017:
  - (a) One-half of one per centum (5 mills) for the General Fund of the City, pursuant to Section 216 of the Constitution of Alabama of 1901.
  - (b) One-half of one per centum (5 mills) for debt service pursuant to Amendment No. 8 of the Constitution of Alabama of 1901.
  - (c) One-half of one per centum (5 mills) for educational purposes pursuant to Amendment No. 147 of the Constitution of Alabama of 1901, most recently voted on February 13<sup>th</sup>, 2018.
  - (d) One and 10/100 per centum (11 mills) for the support and furtherance of education pursuant to Amendment No. 8 of the Constitution of Alabama of 1901, most recently voted on January 25<sup>th</sup>, 2000.

Said taxes shall be levied and collected in addition to all other taxes levied under appropriate provisions of the Constitution of Alabama and general laws of the state.

2. That the City Clerk is hereby authorized and directed on or before

June 1<sup>st</sup>, 2018 to certify and deliver to the Revenue Commission of Lee County, Alabama a copy of this Resolution.

**ADOPTED and APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
President pro-tem, City Council

City of Opelika, Alabama

ATTEST:

\_\_\_\_\_  
Robert G. Shuman, CMC

City Clerk - Treasurer

## RESOLUTION NO. 064-18

Amend Resolution No. 046-18, Donation of Trees from Opelika Rotary Club.

## RESOLUTION NO. \_\_\_\_\_

**A RESOLUTION AMENDING RESOLUTION NO. 046-18**

**WHEREAS**, on March 6, 2018, the City Council adopted Resolution No. 046-18 which authorized the planting of 100 Cleveland Select Pear Trees primarily in public places within the boundaries of Ward 1; and

**WHEREAS**, the Opelika Rotary Club generously agreed to donate the sum of \$2,000 to assist in defraying the cost of purchasing said 100 Cleveland Select Pear Trees; and

**WHEREAS**, upon further investigation, City Staff and the Opelika Rotary Club have recommended to the City Council the use of Saucer Magnolia Trees instead of Cleveland Select Pear Trees; and

**WHEREAS**, the Saucer Magnolia is a beautiful, fast-growing ornamental tree that is prized for its spring cup-like blossoms; and

**WHEREAS**, the City Council desires to amend Resolution No. 046-18 to authorize the purchase and planting of Saucer Magnolia Trees.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, as follows:

1. That Resolution No. 046-18 shall be amended by deleting all references to the words "Cleveland Select Pear Trees" and substituting therefor the words "Saucer Magnolia Trees".
2. That the special appropriation in the amount of \$2,000 to Opelika Rotary Club from the Ward 1 Reserve Fund shall be used for the purpose of defraying the cost of purchasing 100 Saucer Magnolia Trees.
3. That this Resolution shall take effect upon the passage and adoption by the City

Council.

**ADOPTED AND APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

---

PRESIDENT PRO- TEM OF THE  
CITY COUNCIL OF THE  
CITY OF OPELIKA, ALABAMA

ATTEST:

---

CITY CLERK

## RESOLUTION NO. 065-18

Special Appropriation to ACS - 2018 Relay for Life.**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the entire Opelika City Council fully supports and appreciates the various services and research that is being provided by the American Cancer Society, and

**WHEREAS**, the local chapter of the American Cancer Society is in need of contributions to assist in funding their annual “Relay for Life” event and continued research to find the cure for cancer, and

**WHEREAS**, Council President pro-tem Patsy Jones Ward 1, Councilwoman Tiffany Gibson-Pitts Ward 2, Councilman Dozier Smith T Ward 3, Council President Eddie Smith Ward 4 and Councilman David Canon Ward 5 wish to provide a special appropriation to assist in supporting the annual “Relay for Life” event provided by the local chapter of the American Cancer Society.

**NOW THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, a municipal corporation, as follows:

1. That each Council member wish to make a special appropriation as detailed below to the local chapter of the American Cancer Society to assist with the cost of their annual “Relay for Life” event and continued research for the cure for cancer:

|                |        |                         |            |
|----------------|--------|-------------------------|------------|
| Patricia Jones | Ward 1 | From reserve fund.      | \$1,000.00 |
| Tiffany Pitts  | Ward 2 | From current year acct. |            |
|                |        |                         | \$1,000.00 |
| Dozier Smith T | Ward 3 | From reserve fund.      |            |
|                |        |                         | \$1,000.00 |
| Eddie Smith    | Ward 4 | From reserve fund.      | \$1,000.00 |
| David Canon    | Ward 5 | From reserve fund.      | \$1,000.00 |

2. That the Council hereby declares and determines that said expenditures of these public funds will serve a public purpose for the City of Opelika.
3. That the Mayor and the Controller is hereby authorized and directed to move a total of \$5,000.00 from the various accounts/funds as detailed in No. 1 above to

the appropriate account(s).

4. The City Clerk-Treasurer is hereby authorized and directed to prepare the appropriate documents so a check for \$5,000.00 can be prepared and delivered to the local chapter of the American Cancer Society.

**ADOPTED and APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
President pro-tem City Council  
City of Opelika, Alabama

Attest:

\_\_\_\_\_  
Robert G. Shuman, CMC  
City Clerk - Treasurer



## RESOLUTION NO. 066-18

Special Appropriation to KOB, 2018 Garden in the Park.**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the Opelika City Council members and Mayor Gary Fuller appreciates and fully supports Keep Opelika Beautiful (KOB) and their various programs; and

**WHEREAS**, Keep Opelika Beautiful is in need of additional funding to provide their annual 2018 Garden in the Park event; and

**WHEREAS**, each City Council member would like to participate in a special appropriation from their discretionary reserve fund to sponsor the KOB - Garden in the Park event.

**NOW THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, a municipal corporation, as follows:

1. That the City Council approves a special appropriation from each City Councilman as detailed below to sponsor the 2018 KOB Garden in the Park event:

|                |        |                    |          |
|----------------|--------|--------------------|----------|
| Patsy Jones    | Ward 1 | Reserve fund       | \$500.00 |
| Tiffany Pitts  | Ward 2 | Current year acct. | \$500.00 |
| Dozier Smith T | Ward 3 | Reserve fund       | \$500.00 |
| Eddie Smith    | Ward 4 | Reserve fund       | \$500.00 |
| David Canon    | Ward 5 | Reserve fund       | \$500.00 |

2. The City Council hereby declares and determines that said appropriation of public funds to be utilized by Keep Opelika Beautiful will serve a public purpose.
3. That the Mayor and the Controller is hereby authorized and directed to transfer \$2,500.00 as detailed in no. 1 above to the appropriate account.

4. That the City Clerk-Treasurer is hereby authorized to prepare and process the appropriate document(s) so a check for \$2,500.00 payable to Keep Opelika Beautiful and earmarked for their 2018 Garden in the Park event.

**ADOPTED and APPROVED** this the \_\_\_\_ day of \_\_\_\_\_, 2018.

---

President pro-tem of the City Council  
City of Opelika, Alabama

Attest:

---

Robert G. Shuman, CMC  
City Clerk - Treasurer

## RESOLUTION NO. 067-18

Special Appropriation to the Dream Day Foundation.**RESOLUTION NO. \_\_\_\_\_**

**WHEREAS**, the Dream Day Foundation is sponsoring the First Annual Black Male Summit on Saturday April 21, 2018 at the Opelika Performing Arts Center, and

**WHEREAS**, the Black Male Summit is designed to create a platform for the middle and high School African-American males to discuss critical issues that young men face such as ethics, decision-making, wellness, employment & careers, cooperation & conflict, relationships and self-esteem, and

**WHEREAS**, the Dream Day Foundation, in partnership with the 100 Black Men of Lee County and the Boys & Girls Clubs of Greater Lee County, are ready to address these questions, and most importantly, provide the information, support and guidance that our young men deserve, and

**WHEREAS**, President Pro-tem Patricia Jones Ward 1, Councilwoman Tiffany Pitts Ward 2, Councilman Dozier Smith T Ward 3, President Eddie Smith Ward 4 and Councilman David Canon Ward 5 would like to contribute a portion of their discretionary funds to the Dream Day Foundation to help sponsor the 2018 Black Male Summit.

**NOW THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, a municipal corporation, as follows:

1. The City Council approves a special appropriation of \$4,000.00 from the City Council discretionary funds as detailed below:

|                |                           |            |
|----------------|---------------------------|------------|
| Patricia Jones | Ward 1 Reserve Fund       | \$1,500.00 |
| Tiffany Pitts  | Ward 2 Current Year Acct. | \$1,000.00 |
| Dozier Smith T | Ward 3 Reserve Fund       | \$ 500.00  |
| Eddie Smith    | Ward 4 Reserve Fund       | \$ 500.00  |
| David Canon    | Ward 5 Reserve Fund       | \$ 500.00  |

2. That the City Council hereby declares and determines that the expenditures of said public funds will serve a public purpose for the City of Opelika.
3. That Mayor Fuller and the Controller are hereby authorized and directed to transfer said funds as designated above to the appropriate account(s).

4. That the City Clerk-Treasurer is hereby authorized to prepare and process the appropriate document(s) so that a check can be prepared for \$4,000.00 payable to the Dream Day Foundation.

**ADOPTED and APPROVED** this the \_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
President Pro-tem of the City Council  
City of Opelika, Alabama

ATTEST:

\_\_\_\_\_  
Robert G. Shuman, CMC  
City Clerk - Treasurer

RESOLUTION NO. 068-18

Adecca Grant Applications

RESOLUTION NO. \_\_\_\_\_

**RESOLUTION AUTHORIZING THE SUBMITTAL OF SEVEN GRANT APPLICATIONS TO THE ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS, LAW ENFORCEMENT AND TRAFFIC SAFETY DIVISION**

**WHEREAS**, the East Central Alabama Highway Safety Office is located in City of Opelika, Alabama; and

**WHEREAS**, the City of Opelika, Alabama (the “City”) has been delegated the responsibility for administration of certain grant programs through the Alabama Department of Economic and Community Affairs, Law Enforcement and Traffic Safety Division for the following 18 counties in the East Central Region of Alabama: Lee, Macon, Elmore, Chambers, Tallapoosa, Coosa, Chilton, Randolph, Clay, Talladega, Shelby, Cleburne, Calhoun, St. Clair, Jefferson, Blount, Etowah and Cherokee; and

**WHEREAS**, the City intends to apply for grant funds (for the fiscal year beginning October 1, 2018 and ending September 30, 2019) for the following law enforcement and safety activities and in the following amounts:

- |     |                                                                     |              |
|-----|---------------------------------------------------------------------|--------------|
| (a) | Community Traffic Safety Program Administration Grant--<br>Fast Act | \$182,087.98 |
| (b) | 402 Selective Traffic Enforcement-MAP-21                            | \$330,000.00 |
| (c) | 402 Selective Traffic Enforcement-Fast Act.                         | \$330,000.00 |

- (d) Impaired Driving Hotspot Sustained Enforcement-MAP-21 \$103,500.00
- (e) Impaired Driving Hotspot Sustained Enforcement-Fast Act \$238,000.00
- (f) 2019 Click It or Ticket It Law Enforcement Campaign-Fast Act \$ 60,000.00
- (g) 2018 Drive Sober or Get Pulled Over Campaign-Fast Act \$ 46,000.00

; and

**WHEREAS**, if awarded, the City will enter into grant agreements with the Alabama Department of Economic and Community Affairs, Law Enforcement Traffic Safety Division for implementation of said grants; and

**WHEREAS**, if awarded, grant funds will be distributed to law enforcement agencies in the 18 counties in the East Central Alabama Region of the State of Alabama; and

**WHEREAS**, seven (7) grant applications have been prepared and submitted to the City Council for approval as follows:

- (a) Community Traffic Safety Program Administration Grant-Fast Act Application  
(Exhibit “A”)
- (b) 402 Selective Traffic Enforcement Grant-MAP-21 Application (Exhibit “B”)
- (c) 402 Selective Traffic Enforcement Grant-Fast Act Application (Exhibit “C”)
- (d) Impaired Driving Hotspot Sustained Enforcement Grant-MAP-21 Application  
(Exhibit “D”)
- (e) Impaired Driving Hotspot Sustained Enforcement Grant-Fast Act Application

(Exhibit “E”)

(f) 2019 Click It or Ticket It Law Enforcement Campaign Grant-Fast Act  
Application (Exhibit “F”)

(g) 2019 Drive Sober or Get Pulled Over Campaign Grant-Fast Act Application  
(Exhibit “G”)

Collectively referred to as the “Grant Applications”; and

**WHEREAS**, the City Council has determined that it is now in the best interest of the City and its citizens to approve said grant applications.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama, as follows:

1. That the City Council of the City of Opelika, Alabama, authorizes the submittal of the above grant applications to the Alabama Department of Economic and Community Affairs Law Enforcement and Traffic Safety Division

2. That the Mayor and the Controller (financial officer) are hereby authorized and empowered to execute in the name and on behalf of the City all grant documents, including, but not limited to, the grant applications, necessary to secure grant funds and to implement the above grant projects.

3. That the City agrees to act as the fiscal agent for the administration of the above-referenced grant programs.

4. That the officers of the City and any person or persons designated and authorized by any officers of the City to act in the name and on behalf of the City, or any one or more of

them, are authorized to do or cause to be done or performed in the name and on behalf of the City such other acts and to execute and deliver or cause to be executed and delivered in the name and on behalf of the City such other notices, certificates, assurances or other instruments or other communications under the seal of the City or otherwise, as they or any of them deem necessary or advisable or appropriate in order to carry into effect the intent of the provisions of this Resolution and the attached grant applications.

5. That the Mayor and Controller are hereby authorized and directed to make all appropriate accounting and budget entries necessary to carry into effect the provisions of the attached Agreement.

6. That this Resolution shall take effect upon its passage and adoption by the City Council.

**ADOPTED AND APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
 PRESIDENT PRO-TEM OF THE CITY COUNCIL  
 OF THE CITY OF OPELIKA, ALABAMA

ATTEST:

\_\_\_\_\_  
 CITY CLERK



**Alabama Department of Economic and Community Affairs**  
**Law Enforcement and Traffic Safety Division**  
 401 Adams Avenue  
 P.O. Box 5690  
 Montgomery, AL 36103-5690

Revised 6/05/2014

Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <b>1. Applicant</b><br>Name City of Opelika<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3. Authorizing Official</b><br>Name Mr. Gary Fuller<br>Title Mayor<br>Address 204 South Seventh Street<br>Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail <a href="mailto:Gfuller@opelika-al.gov">Gfuller@opelika-al.gov</a><br><br>Signature _____ Date: _____                                                                                                         |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>2. Implementing Agency</b><br>Name City of Opelika<br>Phone # 334-705-5150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5. Financial Officer</b><br>Name Cynthia Boyd - Controller<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5181<br>Fax #<br>E-Mail <a href="mailto:CBoyd@opelika-al.gov">CBoyd@opelika-al.gov</a><br><br>Signature _____ Date: _____                                                                                                                                                              |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>4. Regional Director</b><br>Name Terry J. Henderson<br>Address 700 Fox Trail<br>Opelika, AL 36801<br>Phone # 334-705-5455<br>Fax #<br>E-Mail <a href="mailto:terryhenderson.eahso@gmail.com">terryhenderson.eahso@gmail.com</a><br><br>Signature _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>7. Program Under Which Application is Made</b><br>(Include Purpose Areas addressed if applicable)<br><br><p align="center">NHTSA Section 402 Funds - FAST Act</p>                                                                                                                                                                                                                                                             |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>6. Type of Application</b><br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Continuation of Previous Grant<br>Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>8b. Project Ending Date (estimated)</b><br><br><p align="center">9/30/2019</p>                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>8a. Project Start Date</b><br><br><p align="center">10/1/2018</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>10a. Grant Funds Requested</b></td> <td style="width:30%; text-align: right;">\$ 182,087.98</td> </tr> <tr> <td><b>10b. In-Kind Match Provided</b></td> <td style="text-align: right;">\$ 60,695.99</td> </tr> <tr> <td><b>10c. In-Kind Match Required</b></td> <td style="text-align: right;">\$ 60,695.99</td> </tr> </table> | <b>10a. Grant Funds Requested</b>                      | \$ 182,087.98                                         | <b>10b. In-Kind Match Provided</b>                     | \$ 60,695.99                                         | <b>10c. In-Kind Match Required</b>                     | \$ 60,695.99                                        |                                                  |                                                       |                                             |
| <b>10a. Grant Funds Requested</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ 182,087.98                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>10b. In-Kind Match Provided</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 60,695.99                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>10c. In-Kind Match Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 60,695.99                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>9. Name of the Project:</b> (Brief Descriptive Title)<br><br>Community Traffic Safety Program Administration Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>12. DUNS Number:</b><br><p align="center">831542035</p>                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>11. Will other federal support be available for any part of this project?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>(If yes, identify and explain on Page 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>13. Sam.gov Registration Expiration Date:</b><br><p align="center">5/23/2018</p>                                                                                                                                                                                                                                                                                                                                              |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>14. Congressional Districts Served:</b> <p align="center">One Served (3rd)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>15. Organization Type (Check one which applies)</b><br><table style="width:100%;"> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Public College or University</td> <td><input type="checkbox"/> Private Not-for-Profit Agency</td> </tr> <tr> <td><input checked="" type="checkbox"/> Local Government</td> <td><input type="checkbox"/> Private College or University</td> <td><input type="checkbox"/> Private For-Profit Company</td> </tr> <tr> <td><input type="checkbox"/> Other Government Entity</td> <td><input type="checkbox"/> Public Not-for-Profit Agency</td> <td><input type="checkbox"/> Private Individual</td> </tr> </table>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> State Agency                  | <input type="checkbox"/> Public College or University | <input type="checkbox"/> Private Not-for-Profit Agency | <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company | <input type="checkbox"/> Other Government Entity | <input type="checkbox"/> Public Not-for-Profit Agency | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> State Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Public College or University                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Private Not-for-Profit Agency |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input checked="" type="checkbox"/> Local Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Private College or University                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Private For-Profit Company    |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input type="checkbox"/> Other Government Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Public Not-for-Profit Agency                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Private Individual            |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>16. Project Summary: (Suitable for a news release pertaining to this project)</b><br>The East Central Alabama Traffic Safety Office at The City of Opelika, Alabama is is requesting funding necessary to support operations of the Community Highway Safety Office for the (18) counties in the East Central Region of the State of Alabama. The staff of the Highway Safety Office will award funding to approved agencies for enforcement within the East Central region. These agencies will receive awards to provide enforcement such as checkpoints, line, or saturation patrols within their jurisdictions. Enforcement will be at "Hotspot" locations as identified by the University of Alabama CAPS division. The East Central Alabama HighwayTraffic Safety Office will also work closely with the media for educational purposes. Funding for this grant will begin October 1, 2018 and end September 30, 2019. |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |

Attachment: Exhibit A\_ (068-18 : Adecca Grant Applications)

**Alabama Department of Economic and Community Affairs****Law Enforcement and Traffic Safety Division**

401 Adams Avenue

P.O. Box 5690

Montgomery, AL 36103-5690

Revised 6/05/2014

Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

**1. Applicant**

Name City of Opelika  
 Address Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5150  
 Fax # 334-705-5153  
 E-Mail

**3. Authorizing Official**

Name Mr. Gary Fuller  
 Title Mayor  
 Address 204 South Seventh Street  
 Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5150  
 Fax # 334-705-5153  
 E-Mail [gfuller@ci.opelika.al.us](mailto:gfuller@ci.opelika.al.us)

**2. Implementing Agency**

Name City of Opelika  
 Phone # 334-705-5150

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**4. Regional Director**

Name Terry J. Henderson  
 Address 700 Fox Trail  
 Opelika, AL 36803  
 Phone # 334-705-5455  
 Fax #  
 E-Mail [terryhenderson.eahso@gmail.com](mailto:terryhenderson.eahso@gmail.com)

**5. Financial Officer**

Name Cynthia Boyd - Controller  
 Address Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5181  
 Fax # 334-705-5153  
 E-Mail [CBoyd@opelika-al.gov](mailto:CBoyd@opelika-al.gov)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**6. Type of Application**

- ☐ Original  
☒ Continuation of Previous Grant

Number: \_\_\_\_\_

**7. Program Under Which Application is Made**  
(Include Purpose Areas addressed if applicable)

NHTSA Section 402 Funds - MAP-21

**8a. Project Start Date**

10/01/18

**8b. Project Ending Date (estimated)**

09/30/19

**9. Name of the Project: (Brief Descriptive Title)**

402 Selective Traffic Enforcement

**10a. Grant Funds Requested**

\$ 330,000.00

**10b. In-Kind Match Provided**

\$ -

**10c. In-Kind Match Required**

\$ -

**11. Will other federal support be available for any part of this project?** ☐ Yes ☒ No

(If yes, identify and explain on Page 3)

**12. DUNS Number:**

831542035

**13. Sam.gov Registration Expiration Date:**

5/23/2018

**14. Congressional Districts Served:**

One Served (3rd)

**15. Organization Type (Check one which applies)**

- |                                                      |                                                        |                                                        |
|------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> State Agency                | <input type="checkbox"/> Public College or University  | <input type="checkbox"/> Private Not-for-Profit Agency |
| <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company    |
| <input type="checkbox"/> Other Government Entity     | <input type="checkbox"/> Public Not-for-Profit Agency  | <input type="checkbox"/> Private Individual            |

**16. Project Summary: (Suitable for a news release pertaining to this project)**

The East Central Alabama Highway Safety Office at The City of Opelika is requesting funding for traffic enforcement within the (18) counties in the East Central Region of Alabama. This funding is made possible through our partnership with NHTSA and ADECA. Funding for this grant will focus on data-driven hotspot locations determined by the CAPS division at the University of Alabama. Agencies will receive funding for the total of 153 hotspot locations. This grant is for enforcement, which is above and beyond traffic enforcement provided by agencies in their day-to-day traffic operations. The total enforcement for this grant will provide is \$330,000.00 for the fiscal year beginning October 1, 2018 and ending September 30, 2019.

Attachment: Exhibit B. (068-18 : Adecca Grant Applications)

**Alabama Department of Economic and Community Affairs**  
**Law Enforcement and Traffic Safety Division**  
 401 Adams Avenue  
 P.O. Box 5690  
 Montgomery, AL 36103-5690

Revised 6/05/2014

Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <b>1. Applicant</b><br>Name City of Opelika<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        | <b>3. Authorizing Official</b><br>Name Mr. Gary Fuller<br>Title Mayor<br>Address 204 South Seventh Street<br>Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail <a href="mailto:gfuller@ci.opelika.al.us">gfuller@ci.opelika.al.us</a><br>Signature _____ Date: _____ |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>2. Implementing Agency</b><br>Name City of Opelika<br>Phone # 334-705-5150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>4. Regional Director</b><br>Name Terry J. Henderson<br>Address 700 Fox Trail<br>Opelika, AL 36803<br>Phone # 334-705-5455<br>Fax #<br>E-Mail <a href="mailto:terryhenderson.eahso@gmail.com">terryhenderson.eahso@gmail.com</a><br>Signature _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        | <b>5. Financial Officer</b><br>Name Cynthia Boyd - Controller<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5181<br>Fax # 334-705-5153<br>E-Mail <a href="mailto:CBoyd@opelika-al.gov">CBoyd@opelika-al.gov</a><br>Signature _____ Date: _____                                             |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>6. Type of Application</b><br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Continuation of Previous Grant<br>Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | <b>7. Program Under Which Application is Made</b><br>(Include Purpose Areas addressed if applicable)<br>NHTSA Section 402 Funds - FAST Act                                                                                                                                                                               |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>8a. Project Start Date</b><br>10/01/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | <b>8b. Project Ending Date (estimated)</b><br>09/30/19                                                                                                                                                                                                                                                                   |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>9. Name of the Project:</b> (Brief Descriptive Title)<br>402 Selective Traffic Enforcement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        | <table border="1"> <tr> <td><b>10a. Grant Funds Requested</b></td> <td>\$ 330,000.00</td> </tr> <tr> <td><b>10b. In-Kind Match Provided</b></td> <td>\$ -</td> </tr> <tr> <td><b>10c. In-Kind Match Required</b></td> <td>\$ -</td> </tr> </table>                                                                       |  | <b>10a. Grant Funds Requested</b>     | \$ 330,000.00                                         | <b>10b. In-Kind Match Provided</b>                     | \$ -                                                 | <b>10c. In-Kind Match Required</b>                     | \$ -                                                |                                                  |                                                       |                                             |
| <b>10a. Grant Funds Requested</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ 330,000.00                                          |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>10b. In-Kind Match Provided</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ -                                                   |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>10c. In-Kind Match Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ -                                                   |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>11. Will other federal support be available for any part of this project?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If yes, identify and explain on Page 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        | <b>12. DUNS Number:</b><br>831542035                                                                                                                                                                                                                                                                                     |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | <b>13. Sam.gov Registration Expiration Date:</b><br>5/23/2018                                                                                                                                                                                                                                                            |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>14. Congressional Districts Served:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | One Served (3rd)                                                                                                                                                                                                                                                                                                         |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>15. Organization Type (Check one which applies)</b><br><table border="0"> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Public College or University</td> <td><input type="checkbox"/> Private Not-for-Profit Agency</td> </tr> <tr> <td><input checked="" type="checkbox"/> Local Government</td> <td><input type="checkbox"/> Private College or University</td> <td><input type="checkbox"/> Private For-Profit Company</td> </tr> <tr> <td><input type="checkbox"/> Other Government Entity</td> <td><input type="checkbox"/> Public Not-for-Profit Agency</td> <td><input type="checkbox"/> Private Individual</td> </tr> </table>                                                                                                                                                                           |                                                        |                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> State Agency | <input type="checkbox"/> Public College or University | <input type="checkbox"/> Private Not-for-Profit Agency | <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company | <input type="checkbox"/> Other Government Entity | <input type="checkbox"/> Public Not-for-Profit Agency | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> State Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Public College or University  | <input type="checkbox"/> Private Not-for-Profit Agency                                                                                                                                                                                                                                                                   |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input checked="" type="checkbox"/> Local Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company                                                                                                                                                                                                                                                                      |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input type="checkbox"/> Other Government Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Public Not-for-Profit Agency  | <input type="checkbox"/> Private Individual                                                                                                                                                                                                                                                                              |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>16. Project Summary: (Suitable for a news release pertaining to this project)</b><br>The East Central Alabama Highway Safety Office at The City of Opelika is requesting funding for traffic enforcement within the (18) counties in the East Central Region of Alabama. This funding is made possible through our partnership with NHTSA and ADECA. Funding for this grant will focus on data-driven hotspot locations determined by the CAPS division at the University of Alabama. Agencies will receive funding for the total of 153 hotspot locations. This grant is for enforcement, which is above and beyond traffic enforcement provided by agencies in their day-to-day traffic operations. The total enforcement for this grant will provide is \$330,000.00 for the fiscal year beginning October 1, 2018 and ending September 30, 2019. |                                                        |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |

Attachment: Exhibit C (068-18 : Adecca Grant Applications)

**Alabama Department of Economic and Community Affairs**  
**Law Enforcement and Traffic Safety Division**  
 401 Adams Avenue  
 P.O. Box 5690  
 Montgomery, AL 36103-5690

Revised 6/05/2014

Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

**1. Applicant**

Name City of Opelika  
 Address Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5150  
 Fax # 334-705-5153  
 E-Mail

**3. Authorizing Official**

Name Mr. Gary Fuller  
 Title Mayor  
 Address 204 South Seventh Street  
 Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5150  
 Fax # 334-705-5153  
 E-Mail [gfuller@ci.opelika.al.us](mailto:gfuller@ci.opelika.al.us)

**2. Implementing Agency**

Name City of Opelika  
 Phone # 334-705-5150

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**4. Regional Director**

Name Terry J. Henderson  
 Address 700 Fox Trail  
 Opelika, AL 36803  
 Phone # 334-705-5455  
 Fax #  
 E-Mail [terryhenderson.eahso@gmail.com](mailto:terryhenderson.eahso@gmail.com)

**5. Financial Officer**

Name Cynthia Boyd - Controller  
 Address Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5182  
 Fax #  
 E-Mail [CBoyd@opelika-al.gov](mailto:CBoyd@opelika-al.gov)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**6. Type of Application**

- ☐ Original  
☒ Continuation of Previous Grant

Number: \_\_\_\_\_

**7. Program Under Which Application is Made**  
(Include Purpose Areas addressed if applicable)

NHTSA 405d - MAP-21

**8a. Project Start Date**

10/1/2018

**8b. Project Ending Date (estimated)**

9/30/2019

**9. Name of the Project:** (Brief Descriptive Title)

Impaired Driving Hot Spot Sustained Enforcement

**10a. Grant Funds Requested**

\$ 103,500.00

**10b. In-Kind Match Provided**

\$ -

**10c. In-Kind Match Required**

\$ -

**11. Will other federal support be available for any part of this project?** ☐ Yes ☒ No

(If yes, identify and explain on Page 3)

**12. DUNS Number:**

831542035

**13. Sam.gov Registration Expiration Date:**

5/23/2018

**14. Congressional Districts Served:**

One served (3rd)

**15. Organization Type (Check one which applies)**

- |                                                      |                                                        |                                                        |
|------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> State Agency                | <input type="checkbox"/> Public College or University  | <input type="checkbox"/> Private Not-for-Profit Agency |
| <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company    |
| <input type="checkbox"/> Other Government Entity     | <input type="checkbox"/> Public Not-for-Profit Agency  | <input type="checkbox"/> Private Individual            |

**16. Project Summary: (Suitable for a news release pertaining to this project)**

The East Central Alabama Highway Safety Office at The City of Opelika is requesting funding for enforcement within the (18) county East Central region of Alabama. This grant will be used for enforcement at the 363 Impaired Driving Hotspots as identified by the CAPS Research and Development Program at the University of Alabama. Agencies will receive funding for enforcement at the above referenced 363 Impaired Driving Hotspot locations. Participating agencies will receive agreements to do checkpoints, line, and/or saturation patrols within their jurisdiction, with special emphasis at the hotspot locations. This grant is for enforcement, which is above and beyond enforcement provided by the agencies in their day-to-day traffic operations. The total enforcement this grant will provide is \$103,500.00 during the fiscal year beginning October 1, 2018 and ending September 30, 2019.

Attachment: Exhibit D (068-18 : Adecca Grant Applications)

**Alabama Department of Economic and Community Affairs**  
**Law Enforcement and Traffic Safety Division**  
 401 Adams Avenue  
 P.O. Box 5690  
 Montgomery, AL 36103-5690

Revised 6/05/2014

Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

**1. Applicant**

Name City of Opelika  
 Address Post Office Box 390  
 Opelika, AL 36803-0390  
 Phone # 334-705-5150  
 Fax # 334-705-5153  
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**3. Authorizing Official**

Name Mr. Gary Fuller  
 Title Mayor  
 Address 204 South Seventh Street  
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 E-Mail [gfuller@ci.opelika.al.us](mailto:gfuller@ci.opelika.al.us)

**2. Implementing Agency**

Name City of Opelika  
 Phone # 334-705-5150

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**4. Regional Director**

Name Terry J. Henderson  
 Address 700 Fox Trail  
 Opelika, AL 36803  
 Phone # 334-705-5455  
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 E-Mail [CBoyd@opelika-al.gov](mailto:CBoyd@opelika-al.gov)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**6. Type of Application**

- ☐ Original  
☒ Continuation of Previous Grant

Number: \_\_\_\_\_

**7. Program Under Which Application is Made**  
(Include Purpose Areas addressed if applicable)

NHTSA 405d - FAST Act

**8a. Project Start Date**

10/1/2018

**8b. Project Ending Date (estimated)**

9/30/2019

**9. Name of the Project: (Brief Descriptive Title)**

Impaired Driving Hot Spot Sustained Enforcement

**10a. Grant Funds Requested**

\$ 238,000.00

**10b. In-Kind Match Provided**

\$ -

**10c. In-Kind Match Required**

\$ -

**11. Will other federal support be available for any part of this project?** ☐ Yes ☒ No

(If yes, identify and explain on Page 3)

**12. DUNS Number:**

831542035

**13. Sam.gov Registration Expiration Date:**

5/23/2018

**14. Congressional Districts Served:**

One served (3rd)

**15. Organization Type (Check one which applies)**

- |                                                      |                                                        |                                                        |
|------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> State Agency                | <input type="checkbox"/> Public College or University  | <input type="checkbox"/> Private Not-for-Profit Agency |
| <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company    |
| <input type="checkbox"/> Other Government Entity     | <input type="checkbox"/> Public Not-for-Profit Agency  | <input type="checkbox"/> Private Individual            |

**16. Project Summary: (Suitable for a news release pertaining to this project)**

The East Central Alabama Highway Safety Office at The City of Opelika is requesting funding for enforcement within the (18) county East Central region of Alabama. This grant will be used for enforcement at the 363 Impaired Driving Hotspots as identified by the CAPS Research and Development Program at the University of Alabama. Agencies will receive funding for enforcement at the above referenced 363 Impaired Driving Hotspot locations. Participating agencies will receive agreements to do checkpoints, line, and/or saturation patrols within their jurisdiction, with special emphasis at the hotspot locations. This grant is for enforcement, which is above and beyond enforcement provided by the agencies in their day-to-day traffic operations. The total enforcement this grant will provide is \$238,000.00 during the fiscal year beginning October 1, 2018 and ending September 30, 2019.

Attachment: Exhibit E (068-18 : Adecca Grant Applications)



**Alabama Department of Economic and Community Affairs**  
**Law Enforcement and Traffic Safety Division**  
 401 Adams Avenue  
 P.O. Box 5690  
 Montgomery, AL 36103-5690

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Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <b>1. Applicant</b><br>Name City of Opelika<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        | <b>3. Authorizing Official</b><br>Name Mr. Gary Fuller<br>Title Mayor<br>Address 204 South Seventh Street<br>Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail <a href="mailto:gfuller@ci.opelika.al.us">gfuller@ci.opelika.al.us</a><br>Signature _____ Date: _____ |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>2. Implementing Agency</b><br>Name City of Opelika<br>Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | <b>5. Financial Officer</b><br>Name Cynthia Boyd - Controller<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5181<br>Fax # 334-705-5153<br>E-Mail <a href="mailto:CBoyd@opelika-al.gov">CBoyd@opelika-al.gov</a><br>Signature _____ Date: _____                                             |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>4. Regional Director</b><br>Name Terry J. Henderson<br>Address 700 Fox Trail<br>Opelika, AL 36803<br>Phone # 334-705-5455<br>Fax #<br>E-Mail <a href="mailto:terryhenderson.eahso@gmail.com">terryhenderson.eahso@gmail.com</a><br>Signature _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | <b>7. Program Under Which Application is Made</b><br>(Include Purpose Areas addressed if applicable)<br><p align="center">NHTSA Section 405b - FAST Act</p>                                                                                                                                                              |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>6. Type of Application</b><br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Continuation of Previous Grant<br>Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        | <b>8b. Project Ending Date (estimated)</b><br><p align="center">6/2/2019</p>                                                                                                                                                                                                                                             |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>8a. Project Start Date</b><br><p align="center">5/22/2019</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | <b>10a. Grant Funds Requested</b> \$ 60,000.00<br><b>10b. In-Kind Match Provided</b> \$ -<br><b>10c. In-Kind Match Required</b> \$ -                                                                                                                                                                                     |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>9. Name of the Project: (Brief Descriptive Title)</b><br><p align="center">2019 Click It or Ticket Law Enforcement Campaign</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        | <b>12. DUNS Number:</b><br><p align="center">831542035</p>                                                                                                                                                                                                                                                               |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>11. Will other federal support be available for any part of this project?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If yes, identify and explain on Page 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | <b>13. Sam.gov Registration Expiration Date:</b><br><p align="center">5/23/2018</p>                                                                                                                                                                                                                                      |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>14. Congressional Districts Served:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | One Served (3rd)                                                                                                                                                                                                                                                                                                         |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>15. Organization Type (Check one which applies)</b><br><table border="0"> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Public College or University</td> <td><input type="checkbox"/> Private Not-for-Profit Agency</td> </tr> <tr> <td><input checked="" type="checkbox"/> Local Government</td> <td><input type="checkbox"/> Private College or University</td> <td><input type="checkbox"/> Private For-Profit Company</td> </tr> <tr> <td><input type="checkbox"/> Other Government Entity</td> <td><input type="checkbox"/> Public Not-for-Profit Agency</td> <td><input type="checkbox"/> Private Individual</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> State Agency | <input type="checkbox"/> Public College or University | <input type="checkbox"/> Private Not-for-Profit Agency | <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company | <input type="checkbox"/> Other Government Entity | <input type="checkbox"/> Public Not-for-Profit Agency | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> State Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Public College or University  | <input type="checkbox"/> Private Not-for-Profit Agency                                                                                                                                                                                                                                                                   |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input checked="" type="checkbox"/> Local Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company                                                                                                                                                                                                                                                                      |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input type="checkbox"/> Other Government Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Public Not-for-Profit Agency  | <input type="checkbox"/> Private Individual                                                                                                                                                                                                                                                                              |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>16. Project Summary: (Suitable for a news release pertaining to this project)</b><br>The East Central Alabama Highway Safety Office at The City of Opelika is requesting funding for enforcement within the (18) county East Central region of Alabama. This funding is made possible through our partnership with NHTSA and ADECA. This grant will provide funding for law enforcement agencies to conduct checkpoints, line, and/or saturation patrols within their jurisdiction, with special emphasis on educating the public on the importance of wearing seatbelts and child restraints. It is proven that wearing seatbelts and child restraints help prevent serious injury and/or death during a traffic crash. This grant is for enforcement, which is above and beyond enforcement provided by the agencies in their day-to-day traffic operations. The total enforcement for this grant will provide is \$60,000.00 during the high visibility campaign will be conducted from May 20, 2019 through June 2, 2019. These dates are in conjunction with the National Click It or Ticket Campaign. |                                                        |                                                                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |

Attachment: Exhibit F (068-18 : Adecca Grant Applications)

**Alabama Department of Economic and Community Affairs**  
**Law Enforcement and Traffic Safety Division**  
 401 Adams Avenue  
 P.O. Box 5690  
 Montgomery, AL 36103-5690

Revised 6/05/2014

Cover Page

**Application is hereby made for a grant under the program described in item 7 below in the amount and for the purpose set forth in this application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                                                                                                                                                                                                                                                                           |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <b>1. Applicant</b><br>Name City of Opelika<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        | <b>3. Authorizing Official</b><br>Name Mr. Gary Fuller<br>Title Mayor<br>Address 204 South Seventh Street<br>Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5153<br>E-Mail <a href="mailto:gfuller@ci.opelika.al.us">gfuller@ci.opelika.al.us</a> |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>2. Implementing Agency</b><br>Name City of Opelika<br>Phone # 334-705-5150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        | Signature _____ Date: _____                                                                                                                                                                                                                                                               |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>4. Regional Director</b><br>Name Terry J. Henderson<br>Address 700 Fox Trail<br>Opelika, AL 36803<br>Phone # 334-705-5455<br>Fax #<br>E-Mail <a href="mailto:terryhenderson.eahso@gmail.com">terryhenderson.eahso@gmail.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <b>5. Financial Officer</b><br>Name Cynthia Boyd - Controller<br>Address Post Office Box 390<br>Opelika, AL 36803-0390<br>Phone # 334-705-5150<br>Fax # 334-705-5182<br>E-Mail <a href="mailto:CBoyd@opelika-al.gov">CBoyd@opelika-al.gov</a>                                             |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| Signature _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        | Signature _____ Date: _____                                                                                                                                                                                                                                                               |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>6. Type of Application</b><br><input type="checkbox"/> Original<br><input checked="" type="checkbox"/> Continuation of Previous Grant<br>Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | <b>7. Program Under Which Application is Made</b><br>(Include Purpose Areas addressed if applicable)<br><br>NHTSA Section 405d - FAST Act                                                                                                                                                 |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>8a. Project Start Date</b><br><br>8/16/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        | <b>8b. Project Ending Date (estimated)</b><br><br>9/2/2019                                                                                                                                                                                                                                |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>9. Name of the Project: (Brief Descriptive Title)</b><br><br>2019 Drive Sober or Get Pulled Over Campaign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        | <table border="1"> <tr> <td><b>10a. Grant Funds Requested</b></td> <td>\$</td> <td>46,000.00</td> </tr> <tr> <td><b>10b. In-Kind Match Provided</b></td> <td>\$</td> <td>-</td> </tr> <tr> <td><b>10c. In-Kind Match Required</b></td> <td>\$</td> <td>-</td> </tr> </table>              |  | <b>10a. Grant Funds Requested</b>     | \$                                                    | 46,000.00                                              | <b>10b. In-Kind Match Provided</b>                   | \$                                                     | -                                                   | <b>10c. In-Kind Match Required</b>               | \$                                                    | -                                           |
| <b>10a. Grant Funds Requested</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                                                     | 46,000.00                                                                                                                                                                                                                                                                                 |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>10b. In-Kind Match Provided</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                                                     | -                                                                                                                                                                                                                                                                                         |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>10c. In-Kind Match Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                                                     | -                                                                                                                                                                                                                                                                                         |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>11. Will other federal support be available for any part of this project?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If yes, identify and explain on Page 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        | <b>12. DUNS Number:</b><br>831542035                                                                                                                                                                                                                                                      |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | <b>13. Sam.gov Registration Expiration Date:</b><br>5/23/2018                                                                                                                                                                                                                             |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>14. Congressional Districts Served:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | One served (3rd)                                                                                                                                                                                                                                                                          |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>15. Organization Type (Check one which applies)</b><br><table border="0"> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Public College or University</td> <td><input type="checkbox"/> Private Not-for-Profit Agency</td> </tr> <tr> <td><input checked="" type="checkbox"/> Local Government</td> <td><input type="checkbox"/> Private College or University</td> <td><input type="checkbox"/> Private For-Profit Company</td> </tr> <tr> <td><input type="checkbox"/> Other Government Entity</td> <td><input type="checkbox"/> Public Not-for-Profit Agency</td> <td><input type="checkbox"/> Private Individual</td> </tr> </table>                                                                                                                                                                                                           |                                                        |                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> State Agency | <input type="checkbox"/> Public College or University | <input type="checkbox"/> Private Not-for-Profit Agency | <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company | <input type="checkbox"/> Other Government Entity | <input type="checkbox"/> Public Not-for-Profit Agency | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> State Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Public College or University  | <input type="checkbox"/> Private Not-for-Profit Agency                                                                                                                                                                                                                                    |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input checked="" type="checkbox"/> Local Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Private College or University | <input type="checkbox"/> Private For-Profit Company                                                                                                                                                                                                                                       |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <input type="checkbox"/> Other Government Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Public Not-for-Profit Agency  | <input type="checkbox"/> Private Individual                                                                                                                                                                                                                                               |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |
| <b>16. Project Summary: (Suitable for a news release pertaining to this project)</b><br>The East Central Alabama Highway Safety Office at The City of Opelika is requesting funding for enforcement within the (18) county East Central region of Alabama. This grant will be used for enforcement at determined areas of concern within the East Cenral region. Agencies will receive agreements to do checkpoints, line, and/or saturation patrols within their jurisdiction, with special emphasis on impaired driving concerns. This grant is for enforcement, which is above and beyond enforcement provided by the agencies in their day-to-day traffic operations. The total overtime enforcement this grant will provide is \$46,000.00 during the blitz period from 8/16/2019 through 9/2/2019. These dates are in designed to transpire through the Labor Day holiday period. |                                                        |                                                                                                                                                                                                                                                                                           |  |                                       |                                                       |                                                        |                                                      |                                                        |                                                     |                                                  |                                                       |                                             |

Attachment: Exhibit G (068-18 : Adecca Grant Applications)

RESOLUTION NO. 069-18

Website Policies Approval

RESOLUTION NO. \_\_\_\_\_

**RESOLUTION APPROVING WEBSITE POLICIES**

**WHEREAS**, the City of Opelika, Alabama (the “City”) operates and maintains a website to provide public access to City information via the Internet; and

**WHEREAS**, the City’s web services and the content of its web servers and databases are updated on a continual basis; and

**WHEREAS**, proposed website policies have been prepared and submitted to the City Council for approval and the City Council has determined that it is now in the best interest of the City and its citizens to approve said policies.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Opelika, Alabama (the “City”), as follows:

1. That the proposed website policies, a copy of which is attached hereto as Exhibit “A”, be and the same is hereby approved, authorized, ratified and confirmed.
2. That the City Council hereby approves and adopts the attached website policies and authorizes the Mayor and Community Relations Officer to implement said policies.
3. That this Resolution shall take effect upon its passage and adoption by the City Council.

**ADOPTED AND APPROVED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.



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PRESIDENT PRO-TEM OF THE  
CITY COUNCIL OF THE CITY OF OPELIKA

ATTEST:

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CITY CLERK

## **CITY OF OPELIKA WEBSITE POLICIES**

### **General:**

The City of Opelika's web page is not an official statement of City policy, law, practice, services or procedure, and should not be construed as such. It is intended only to give general information about the City.

Although we try to post only accurate information, we cannot guarantee that the information that we make available is always correct or current. The City of Opelika does not warrant or make any representation as to the quality, content, accuracy or completeness of the information, text, graphics, links and other items contained in this website. Consequently, no one should rely upon any information contained herein, nor make any decisions or take any action based on such information.

Communications made through this site's email and messaging system is for convenience only, and shall not be deemed to constitute legal notice to the City of Opelika or its officers, agents, agencies, employees or representatives with respect to any existing or potential claim or cause of action or for any other purpose. Email communications are not secure and should never be used to transmit private, confidential or privileged information. Email messages can be accidentally or intentionally diverted, intercepted, lost or deleted without being read by the intended recipient, and consequently important communications should be made through more conventional means.

### **Terms of Use:**

#### **General Terms of the Agreement:**

Your access to and/or use of the City of Opelika website is subject to the following terms and conditions, as well as all applicable laws. Your access to the Site is in consideration for your agreement to these Terms and Conditions of Use whether you are a registered user or not. By accessing, browsing and using the Site, you accept, without limitation or qualification, these Terms and Conditions of Use. There are sections of the City of Opelika's website that connect you to websites outside of the control of the City of Opelika. These Terms and Conditions apply only to those areas that are registered under the City of Opelika name and its agencies.

#### **Modification of the Agreement:**

The City of Opelika maintains the right to modify these Terms and Conditions of Use without notice. However, at the discretion of the City of Opelika, the City of Opelika may do so by posting notice of such modifications on this page. Any modification is effective immediately upon posting the modification unless otherwise stated. Your continued use of the Site following

the posting of any such modification signifies your acceptance of such modification. You should periodically review this page to review the current Terms and Conditions of Use.

### **Conduct:**

You agree to access and use the Site only for lawful uses. You are solely responsible for the knowledge of and adherence to any all laws, statutes, rules and regulations pertaining to your use of the Site. By accessing the Site, you agree that you will not:

- Use the Site to commit a criminal offense or to encourage others to conduct that which would constitute a criminal offense or give rise to a civil liability;
- Post or transmit any unlawful, threatening, libelous, harassing, defamatory, vulgar, obscene, pornographic, profane, or otherwise objectionable content;
- Use the Site to impersonate other parties or entities;
- Use the Site to upload any content that contains a software virus, “Trojan Horse” or any other computer code, files or programs that may alter, damage or interrupt the functionality of the Site or the hardware or software of any other person who accesses the Site;
- Upload, post, email or otherwise transmit any materials that you do not have a right to transmit under any law or contractual relationship;
- Alter, damage or delete any content posted on the Site;
- Disrupt the normal flow of communication in any way;
- Claim a relationship with or speak for any business, association or other organization for which you are not authorized to claim such a relationship;
- Post or transmit any unsolicited advertising, promotional materials or other forms of solicitation;
- Post any material that infringes or violates the intellectual property rights of another; or
- Collect or store personal information about others.

### **Termination of Use:**

The City of Opelika may, in its sole discretion, terminate or suspend your access and use of this Site without notice and for any reason, including for violation of these Terms and Conditions of Use or for other conduct for which the City of Opelika, at its sole discretion, believes is harmful or unlawful to others. In the event of termination, you are no longer authorized to access the Site, and the City of Opelika will use whatever means necessary to enforce this termination.

### **Contact Us:**

If you have any questions or concerns about the City of Opelika’s online policy for this Site or its implementation or if you find incorrect information or to seek permissions that fall outside of the guidelines above, you can contact the Community Relations Officer.

<mailto:LKrehling@opelika-al.gov>

**Disclosure Policy:**

The following Disclosure Policy explains the City of Opelika's policy regarding any information you may acquire when visiting the City of Opelika's official website. By using the City's Site, you agree, without limitation or qualification, to be bound by this Disclosure Policy or any other policy or data collection policy applicable to any individual City website.

1. The City's web servers are maintained to provide public access to City information via the Internet. The City's web services and the content of its web servers and databases are updated on a continual basis. While the City attempts to keep its web information accurate and timely, the City neither warrants nor makes any representations or endorsements as to the quality, content, accuracy or completeness of the information, text, graphics, hyperlinks and other items contained on this server or any other server. Site materials have been compiled from a variety of sources and are subject to change without notice. Information contained on the City's website is intended for non-commercial use. Individuals accessing this information for any secondary purpose, including commercial purposes, are responsible for respecting all copyright, privacy and other rights that may be related to the materials presented.
2. The City does not warrant that the functions contained in the materials will be uninterrupted or error-free, or that defects will be promptly corrected.
3. All service marks and trademarks mentioned herein are the property of their respective owners. The City retains copyright on all text, graphic images and other content.
4. Some of the hyperlinks on this and subsequent pages may lead to resources outside the City. The presence of these hyperlinks shall not be construed as an endorsement by the City of these sites or their content. The City is not responsible for the content or the privacy policies of any such external hyperlink.
5. Communications made through email and messaging systems shall in no way be deemed to constitute legal notice to the City or any of its agencies, officers, employees, agents or representatives, with respect to any existing or potential claim or cause of action against the City or any of its agencies, officers, employees, agents or representatives, where notice to the City is required by any federal, state or local laws, rules or regulations.
6. The City of Opelika is committed to compliance with the Americans With Disabilities Act (ADA). Reasonable accommodations, including equal access to communications, will be provided upon request. Requests for reasonable accommodations, with regard to equal access to communications, should be directed to the City's ADA Compliance Officer at 334-705-5130 between 8:00 a.m. to 12:00 noon and 1:00 p.m. to 5:00 p.m. Monday through Friday.
7. The City is neither responsible nor liable for any viruses or other contamination of your system, nor for any delays, inaccuracies, errors or omissions arising out of your use of the Site

or with respect to the material contained on the Site, including without limitation, any material posted on the Site. This Site and all the materials contained on it are distributed and transmitted “as is” without warranties of any kind, either express or implied, including but not limited to, warranties of title or implied warranties or merchantability or fitness for any particular purpose. The City is not responsible for any special, indirect, incidental or consequential damages that may arise from the use of or the inability to use the Site and/or the materials contained on the Site whether the materials contained on the Site are provided by the City or a third party.

8. The City employs industry-standard methods to monitor network traffic to identify unauthorized attempts to upload or change information or otherwise cause damage. The City uses reasonable precautions to keep the personal information disclosed to the City secure.

### **Privacy Policy:**

#### Types of Information We Collect:

The information we gather is either information (for example, your name and address) that you voluntarily supply when you register or initiate transactions, or information gathered on usage patterns and preferences as visitors navigate the web site, use our services such as e-mail, or read our e-mail newsletters.

#### Cookies:

To help make our web site more responsive to the needs of our visitors, we use a standard feature of browser software, called a “cookie”, to assign each visitor an unique, random number that resides on your computer. The cookie does not identify the visitor, just the computer that a visitor uses to access our site. Unless you voluntarily identify yourself, we won't know who you are, even if we assign a cookie to your computer as the only personal information a cookie can contain is information you supply. A cookie cannot read unrelated data off your computer. We use cookies to help us deliver a better, more personalized service. For example, we use cookies to track the pages and services on our web site visited by our users. We can build a better web site if we know which pages and features our users are visiting and how often.

#### Browser Level Information and IP Addresses:

Our web server automatically collects limited information about your computer configuration when you visit our web site, including the type of browser you use, the operating system you are running, the resolution of your computer monitor, the web site that referred you, and your IP address. Your IP address is a number that is used by computers connected to the Internet to identify your computer so that data such as the web pages you want to view can be transmitted to you. We use IP address information for systems administration and trouble-shooting purposes.

#### Other Disclosures:

We may occasionally release information about our visitors when release is appropriate to comply with law, to protect the rights, property or safety of visitors to our sites, the public, our customers, or our government and its employees, agents, partners and affiliates.

Please keep in mind that our communities are public spaces, so don't post anything that you don't want the world to see. Credit card numbers, product keys, and other confidential information, including anything covered under a non-disclosure agreement (NDA), should not be posted to any blogs, discussions, or other public areas.

#### **Copyright:**

Many of the website service areas provide proprietary data, information and images that are copyrighted and protected by law. Prior to use of this copyrighted material, written permission must be obtained from the owner of the copyright.

#### **Trademark:**

The City of Opelika is the owner of its trademark logos throughout the website, and these trademarks are protected by law. Trademarks may not be reproduced without the prior written permission of the City of Opelika.

#### **File Integrity:**

The City of Opelika is not liable for downloaded files. The download, maintenance and use of these files are the responsibility of the website visitor. Occasionally, website files are deleted or moved or archived. Replacement of the file(s) is the responsibility of the visitor.

Administrators of websites, outside the City's website, are encouraged to occasionally to check links to the City's website to make sure the links are active.

While the City of Opelika strives for accurate information, occasionally information may be reported that is inaccurate. The City is not liable for inaccurate or incomplete information filed or used by the visitor to the City's website.

#### **Contact Us:**

If you find inaccurate information or seek permissions that fall outside the guidelines above, you can contact the Community Relations Officer by email or call 334-705-5136.