**Tuesday**
**April 7, 2015**
**Gautier, Mississippi**

**BE IT REMEMBERED THAT A REGULAR MEETING of the Mayor and Members of the Council of the City of Gautier, Mississippi was held April 7, 2015 at 6:30 PM in the City Hall Municipal Building, 3330 Highway 90, Gautier, Mississippi.**

**Those present were Mayor Gordon Gollott, Council Members Mary Martin, Johnny Jones, Casey Vaughan, Rusty Anderson and Adam Colledge. Also present were Samantha Abell, City Manager; Tricia Thigpen, Deputy City Clerk; Josh Danos, City Attorney and other concerned citizens. Absent were Councilman Hurley Ray Guillotte and Cynthia Russell, City Clerk.**

---

# AGENDA
# CITY OF GAUTIER, MISSISSIPPI
# CITY HALL COUNCIL CHAMBERS
# April 7, 2015 @ 6:30 P.M.

**I. Call to Order**

**1 Prayer**

**2 Pledge of Allegiance**

**II. Agenda Order Approval**

**III. Announcements**

**1. Jackson County Household Waste Collection Day Saturday, April 25th 8:00 A.M. – 12:00 P.M. in the Singing River Mall Parking Lot.**

**IV. Presentation Agenda**

**1. February 2015 Financial Report, Teresa Montgomery, Finance Director.**

**V. Public Agenda**

**1. Agenda Comments**

**VI. Business Agenda**

**1. Order authorizing a Senior Community Service Employment Program Contract with Southern Mississippi Planning & Development District.**

**2. Order approving Volunteer Policy and Procedures Manual.**

**3. Order authorizing an agreement with Target Solutions for an online training and management platform for first responders.**

4. **Resolution declaring that a necessity exists for the removal of a 28" (in diameter) Protected Live Oak Tree at 1426 Valargo Court, Gautier.**

5. **Order authorizing the re-submission of a grant application to the K9sCOPs Foundation for a Police Department Service Dog.**

6. **Order approving Docket of Claims.**

**VII. Consent Agenda (All Consent Agenda Items approved in one motion)**

1. **Order authorizing donations for the 2015 Employee Appreciation Picnic.**

2. **Order approving Singing River Services Life Care Plus Program (EAP) Contract.**

3. **Order authorizing the closure from 11:00 A.m. – 1:00 P.M. Thursday, April 23rd for the 2015 Employee Appreciation Picnic.**
4. **Order authorizing the removal of a duty weapon from the Police Department Inventory.**

5. **Order approving Gautier Planning Commission Appointment.**

6. **Order approving Gautier Historic Preservation Commission Re-appointments.**

7. **Order approving minutes from Work Session held March 11, 2015 and Recessed Council Meeting held March 17, 2015.**

**STUDY AGENDA**

1. **Discuss Citizen Comments**

2. **Discuss Council Comments**

3. **Discuss City Manager Comments**

4. **Discuss City Clerk Comments**

5. **Discuss City Attorney Comments**

**Recess until April 21, 2015 @ 6:30 P.M.**
**www.gautier-ms.gov**

---

**Councilwoman Martin** made the motion to move Consent Item # 5 Approval of Gautier Planning Commission Appointment to Business Item #1 and approve the agenda order. **Councilman Vaughan** seconded the motion and the vote unanimously carried.

---

**Announcements**

1. Jackson County Household Waste Collection Day Saturday, April 25th 8:00 AM – 12:00 PM in the Singing River Mall Parking Lot.

# JACKSON COUNTY HOUSEHOLD HAZARDOUS WASTE COLLECTION DAY

## ACCEPTABLE ITEMS

Aerosols, All Purpose Cleaners, Ammonia, Anti-Freeze, Automobile Cleaners, Batteries, Brake Fluid, Charcoal Lighter Fluid, Chlorine Bleach, Detergents, Disinfectants, Drain Opener, Furniture Polish, Gasoline, Glass Cleaner, Herbicides, Insecticides, Mothballs, Motor Oil, Oven Cleaner, Paint, Paint Thinner, Pesticides, Pool Chemicals, Rodent Poisons, Rubber Cement, Rug & Upholstery Cleaner, Scouring Powder, Silver Polish, Snail & Slug Killers, Toilet Bowl Cleaner, Transmission Fluid, Tub & Tile Cleaner, Turpentine, Varnish, Water Seal, Wood Finish

**DO NOT BRING**

Explosive Materials, Radioactive Materials, PCB's, Medical Waste, Syringes, Waste from Business, Compressed Cylinders

A One Day **FREE**

Proper Disposal Turn-in Event

## SATURDAY, APRIL 25, 2015

## 8 A.M. - 12 NOON

Singing River Mall Parking Lot


## Put Toxic Waste In Its Place

**Household Hazardous Waste**

Unused or leftover portions of products containing toxic chemicals. Any product which is labeled **CAUTION, POISONOUS, TOXIC, FLAMMABLE** or **CORROSIVE** is considered a household hazardous waste.

**A Safe Substitute**

A safe alternative to a toxic product. Fact sheets are available to help you reduce the use of toxics and minimize health risks.

**Legal Transportation**

Leaving products in the original containers and making sure that the containers are sealed so that they will not leak. Transport containers in the trunk or in the back of the vehicle away from passengers.

**DO NOT TRANSPORT OVER 5 GALLONS OR 50 POUNDS AT ONE TIME.**

**Proper Disposal**

**Extremely Important**

It is dangerous and illegal to discard hazardous household materials in the trash or down the drain. Instead; use up the product as intended or take to a household hazardous waste event.

**For More Information Call 228-872-8340 or visit http://www.co.jackson.ms.us/departments/solid-waste/**

The collection event is a community service funded by the MS Department of Environmental Quality in cooperation with the Jackson County Board of Supervisors, Municipalities and the Jackson County Solid Waste Department.

**Presentation Agenda**

1. February 2015 Financial Report, Teresa Montgomery, Finance Director.

## February 2015 Ending Cash Balances

### GENERAL DEPOSITORY

| Fund Name | | Account # | Balance |
|---|---|---|---|
| General Fund | Depository Account | 001-000-001 | $2,540,023.56 |
| MS Development Loan Katrina | Depository Account | 007-000-001 | $1,410.45 |
| CDBG-Downtown Revitalization | Depository Account | 012-000-001 | |
| Transportation Enhancement | Depository Account | 013-000-001 | $15,017.53 |
| Allen Road Widening | Depository Account | 020-000-001 | $9,696.00 |
| MOHS PD Traffic Grant | Depository Account | 023-000-001 | ($4,944.49) |
| MOHS DUI Grant FY 2014 | Depository Account | 025-000-001 | ($131.56) |
| MOHS DUI Grant FY 2015 | Depository Account | 026-000-001 | ($16,633.91) |
| MDOT Safe Routes to School | Depository Account | 029-000-001 | $15,000.00 |
| MDAH School House Grant | Depository Account | 030-000-001 | ($18,063.75) |
| US DOJ Ballistic Vest Grant | Depository Account | 103-000-001 | ($1,008.00) |
| Martin Bluff Road Improvements | Depository Account | 128-000-001 | $238,358.64 |
| U S Justice Equitable Sharing | Depository Account | 157-000-001 | $168,770.24 |
| Fire Protection Fund | Depository Account | 160-000-001 | $157,985.88 |
| DMR-BP Oil Spill Grant | Depository Account | 165-000-001 | ($349.94) |
| MDOT-Youth Corp Program | Depository Account | 166-000-001 | |
| FF Grant:EMW-2013-FO-05516 | Depository Account | 167-000-001 | ($3,646.00) |
| Tidelands Grant | Depository Account | 171-000-001 | |
| Library Support Fund | Depository Account | 172-000-001 | ($4.49) |
| MSWFP Recreation Trails Grant | Depository Account | 175-000-001 | ($6,950.28) |
| Shepard State Park Fund | Depository Account | 176-000-001 | $49,431.51 |
| Solid Waste Fund | Depository Account | 404-000-001 | $154,628.30 |
| Solid Waste Grant | Depository Account | 405-000-001 | ($5,765.00) |
| EPA: Brownfields Assessment | Depository Account | 409-000-001 | |
| | | General Ledger Cash Balance | $3,292,824.69 |
| | | **General Depository Reconciled Cash Balance** | **$3,292,950.55** |

### ENTERPRISE FUND

| Fund Name | | Account # | Balance |
|---|---|---|---|
| Water & Sewer Utility | Enterprise Account-M&M | 400-000-001 | $223,690.17 |
| | Enterprise Account-Hancock | 400-000-002 | $1,179,414.75 |
| MDB Loan: Water Ion-X Project | Enterprise Account-Hancock | 421-000-002 | $1,817,477.97 |
| Hurricane Katrina (PW Bldg) | Enterprise Account-Hancock | 449-000-002 | ($138,560.35) |
| | | General Ledger Cash Balance | $3,082,022.54 |
| | | **Enterprise Reconciled Cash Balance** | **$3,079,196.79** |

FEBRUARY 2015
YEAR TO DATE TOTALS

| | General Fund (001) | BUDGET FY 2015 | FEB 2015 | Balance | 41.66% % to date |
|---|---|---|---|---|---|
| | General Fund Revenues | 9,023,671.00 | 4,919,012.58 | 4,104,658.42 | 54.5% |
| | Expenditures: | | | | |
| 001 | Legislative | 107,389.00 | 58,988.77 | 48,400.23 | 54.9% |
| 010 | City Court | 319,473.00 | 138,039.57 | 181,433.43 | 43.2% |
| 021 | City Manager | 172,781.00 | 69,678.92 | 103,102.08 | 40.3% |
| 022 | Human Resources | 135,331.00 | 55,558.31 | 79,772.69 | 41.0% |
| 030 | Elections | 0.00 | 0.00 | 0.00 | |
| 040 | City Clerk | 273,499.00 | 114,738.30 | 158,760.70 | 41.9% |
| 045 | Finance | 177,958.00 | 81,616.27 | 96,341.73 | 45.8% |
| 060 | City Attorney | 95,000.00 | 39,583.35 | 55,416.65 | 41.6% |
| 090 | Economic Dev - Planning | 635,283.00 | 243,830.74 | 391,452.26 | 38.3% |
| 092 | Building & General Expenses | 528,350.00 | 362,936.04 | 165,413.96 | 68.6% |
| 100 | Police | 3,192,645.00 | 1,384,591.35 | 1,808,053.65 | 43.3% |
| 161 | Fire | 2,259,280.00 | 852,082.68 | 1,407,197.32 | 37.7% |
| 170 | Recreation | 91,100.00 | 26,982.16 | 64,117.84 | 29.6% |
| 201 | PW: Streets | 177,000.00 | 73,929.71 | 103,070.29 | 41.7% |
| 205 | PW: Maintenance | 214,579.00 | 89,920.70 | 124,658.30 | 41.9% |
| 451 | Public Safety | 206,046.00 | 0.00 | 206,046.00 | |
| 900 | Interfund Transfers | 771,372.00 | 357,857.50 | 413,514.50 | 46.3% |
| | General Fund Expenditures | 9,357,086.00 | 3,950,334.37 | 5,406,751.63 | 42.2% |
| | *Total Operating Expenditures* | 8,169,388.00 | 3,463,921.99 | 4,705,466.01 | |
| | *Total Capital Outlay Expenditure* | 58,704.00 | 54,071.15 | 4,632.85 | |
| | *Total Debt Service* | 151,576.00 | 74,483.73 | 77,092.27 | |
| | *Total Transfers Out* | 771,372.00 | 357,857.50 | 413,514.50 | |
| | *Total Unappropriated* | 206,046.00 | 0.00 | 206,046.00 | |
| | *Check Total* | 9,357,086.00 | 3,950,334.37 | 5,406,751.63 | |
| | *Personnel* | 6,353,944.00 | 2,653,605.36 | 3,700,338.64 | |
| | *Supplies* | 464,134.00 | 131,197.20 | 332,936.80 | |
| | *Other Services* | 1,351,310.00 | 679,119.43 | 672,190.57 | |
| | *Capital Outlay* | 58,704.00 | 54,071.15 | 4,632.85 | |
| | *Debt Service* | 151,576.00 | 74,483.73 | 77,092.27 | |
| | *Interfund Transfers for DS* | 771,372.00 | 357,857.50 | 413,514.50 | |
| | *Unappropriated* | 206,046.00 | 0.00 | 206,046.00 | |
| | *Check Total* | 9,357,086.00 | 3,950,334.37 | 5,406,751.63 | |

**FEBRUARY 2015**

| *General Depository Special Funds* | BUDGET FY 2015 | As of February 2015 | Balance | *41.66% % to date* |
|---|---|---|---|---|
| **007 MS Dev 2.36M Katrina Bonds** | | | | |
| Revenues | 278,128.00 | 256,047.50 | 22,080.50 | *92.0%* |
| Expenditures | 279,228.00 | 256,047.50 | 23,180.50 | *91.6%* |
| **012 CDBG Downtown Revitalization** | | | | |
| Revenues | 10,000.00 | 10,000.00 | 0.00 | *100.0%* |
| **013 TE-Downtown Revitalization** | | | | |
| Revenues | 420,000.00 | | 420,000.00 | |
| Expenditures | 465,000.00 | 2,500.00 | 462,500.00 | *0.5%* |
| **020 Allen Road Widening** | | | | |
| Revenues | 1,056,980.00 | | 1,056,980.00 | |
| Expenditures | 1,018,349.00 | 12,673.00 | 1,005,676.00 | *1.20%* |
| **023 MOHS PD Traffic Grant** | | | | |
| Revenues | | | | |
| Expenditures | | 4,944.49 | (4,944.49) | |
| **025 MOHS DUI Grant FY2014** | | | | |
| Revenues | 23,260.24 | 21,048.56 | 2,211.68 | *90.4%* |
| Expenditures | 2,553.00 | 568.98 | 1,984.02 | *22.2%* |
| **026 MOHS DUI Grant GY2015** | | | | |
| Revenues | | | 0.00 | |
| Expenditures | | 16,633.91 | (16,633.91) | |
| **029 MDOT Safe Routes to School** | | | | |
| Revenues | 242,500.00 | | 242,500.00 | |
| Expenditures | 257,500.00 | | 257,500.00 | |
| **030 MDAH 2014 Community Heritage** | | | | |
| Revenues | 100,000.00 | | 100,000.00 | |
| Expenditures | 91,791.25 | 9,855.00 | 81,936.25 | *10.7%* |
| **031 MDAH:Certified Local Govt Grant** | | | | |
| Revenues | 4,000.00 | | 4,000.00 | |
| Expenditures | 4,000.00 | | 4,000.00 | |
| **103 US DOJ Ballistic Vest Grant** | | | | |
| Revenues | 3,771.46 | | 3,771.46 | |
| Expenditures | 4,779.46 | | 4,779.46 | |
| **128 Martin Bluff Road Project** | | | | |
| Expenditures | 20,000.00 | | 20,000.00 | |

| *General Depository Special Funds* | BUDGET FY 2015 | As of February 2015 | Balance | *41.66% % to date* |
|---|---|---|---|---|
| **130 $7M GO Bond - Capital Improvements** | | | | |
| Revenues | 490,119.00 | 102,888.77 | 387,230.23 | *20.9%* |
| Expenditures | 2,246,726.53 | 111,177.98 | 2,135,548.55 | *4.9%* |
| **157 US Justice Equitable Sharing** | | | | |
| Revenues | 0.00 | 14,600.00 | (14,600.00) | |
| Expenditures | 1,381.73 | 21,854.39 | (20,472.66) | |
| **160 Fire Protection Fund** | | | | |
| Revenues | 100,100.00 | | 100,100.00 | |
| Expenditures | 41,739.00 | 3,135.47 | 38,603.53 | *7.5%* |
| **166 MDOT Youth Corp Program** | | | | |
| Revenues | 35,000.00 | | 35,000.00 | |
| Expenditures | 35,000.00 | | 35,000.00 | |
| **167 FF Grant: EMW-2013-FO-05516** | | | | |
| Revenues | 52,500.00 | 21,594.00 | 30,906.00 | *41.1%* |
| Expenditures | 52,500.00 | 25,240.00 | 27,260.00 | *48.0%* |
| **171 Combined Tidelands Grant** | | | | |
| Revenues | 964,878.51 | 13,456.00 | 951,422.51 | *1.3%* |
| Expenditures | 964,878.51 | 13,456.00 | 951,422.51 | *1.3%* |
| **172 Library Support Fund** | | | | |
| Revenues | 111,409.00 | 77,675.96 | 33,733.04 | *69.7%* |
| Expenditures | 111,409.00 | 77,680.15 | 33,728.85 | *69.7%* |
| **175 MSWFP Recreation Trails Grant** | | | | |
| Revenues | 99,840.00 | | 99,840.00 | |
| Expenditures | 94,787.60 | 5,878.68 | 88,908.92 | *6.2%* |
| **176 Shepard State Park** | | | | |
| Revenues | 142,500.00 | 55,106.60 | 87,393.40 | *38.6%* |
| Expenditures | 150,498.00 | 36,785.59 | 113,712.41 | *24.4%* |
| **404 Solid Waste Fund** | | | | |
| Revenues | 1,240,000.00 | 538,312.65 | 701,687.35 | *43.4%* |
| Expenditures | 1,210,820.00 | 408,432.85 | 802,387.15 | *33.7%* |
| **405 Solid Waste Grant** | | | | |
| Revenues | 14,920.00 | 1,250.00 | 13,670.00 | *8.3%* |
| Expenditures | 14,405.00 | 625.00 | 13,780.00 | *4.3%* |
| **409 EPA: Brownfields Assessment** | | | | |
| Revenues | 400,000.00 | 1,481.02 | 398,518.98 | *0.3%* |
| Expenditures | 398,546.32 | 331.34 | 398,214.98 | *0.08%* |

## Enterprise Fund (400)

| | BUDGET FY 2015 | FEB 2015 | Balance | 41.66% |
|---|---|---|---|---|
| **Utility Fund Revenues** | 6,691,950.00 | 2,576,136.38 | 4,115,813.62 | 38.4% |
| Administration | 2,274,472.00 | 969,430.01 | 1,305,041.99 | 42.6% |
| Water & Sewer O & M | 2,594,930.00 | 867,792.03 | 1,727,137.97 | 33.4% |
| Debt Service | 2,336,359.00 | 1,030,505.77 | 1,305,853.23 | 44.1% |
| Transfers | 439,339.13 | 235,419.00 | 203,920.13 | 53.5% |
| **Utility Fund Expenditures** | 7,645,100.13 | 3,103,146.81 | 4,541,953.32 | 40.5% |
| *Total Operating Expenditures* | *4,709,402.00* | *1,748,051.04* | *2,961,350.96* | |
| *Total Capital Outlay Expenditure* | *160,000.00* | *89,171.00* | *70,829.00* | |
| *Total Debt Service* | *2,336,359.00* | *1,030,505.77* | *1,305,853.23* | |
| *Total Interfund Transfers* | *439,339.13* | *235,419.00* | *203,920.13* | |
| *Check Total* | *7,645,100.13* | *3,103,146.81* | *4,541,953.32* | |
| *Personnel* | *8,930.00* | *8,928.39* | *1.61* | |
| *Supplies* | *226,500.00* | *67,647.51* | *158,852.49* | |
| *Other Services* | *4,473,972.00* | *1,671,475.14* | *2,802,496.86* | |
| *Capital Outlay* | *160,000.00* | *89,171.00* | *70,829.00* | |
| *Debt Service* | *2,336,359.00* | *1,030,505.77* | *1,305,853.23* | |
| *Interfund Transfers* | *439,339.13* | *235,419.00* | *203,920.13* | |
| *Check Total* | *7,645,100.13* | *3,103,146.81* | *4,541,953.32* | |

### *Enterprise Special Funds*

| **421 MSB - Water Ionization Project** | BUDGET FY 2015 | FEB 2015 | Balance | 41.66% |
|---|---|---|---|---|
| Construction - Water | 2,860,576.54 | 1,043,098.57 | 1,817,477.97 | 36.4% |

| **449 Hurricane Katrina: Public Works** | BUDGET FY 2015 | FEB 2015 | Balance | 41.66% |
|---|---|---|---|---|
| Revenue | 118,788.14 | | 118,788.14 | |
| Building Improvements | 124,840.00 | 144,612.21 | (19,772.21) | 115.80% |

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 059-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the following appointment to the Gautier Planning Commission is hereby approved:

**Kay C. Jamison**

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilman Anderson**, seconded by **Councilwoman Martin** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

# CITY OF GAUTIER
# MEMORANDUM

**To:** Samantha Abell

**From:** Cindy Russell, City Clerk

**Date:** April 7, 2015

**Subject**: Appointment to City of Gautier Planning Commission

---

**REQUEST:**
The City Clerk Department requests that the Gautier City Council consider appointing Kay C. Jamison to the Planning Commission for the City of Gautier, effective immediately.

**BACKGROUND**:
Mrs. Jamison is a citizen of Gautier and is very active in various community activities ranging from Gautier Youth Cheerleading coach, Jackson County Voter manager to other charitable events.

**RECOMMENDATION**:
The City Clerk Department recommends that City Council appoint Kay C. Jamison to the City of Gautier Planning Commission.

**ATTACHMENTS**:
Application
Email
List of Planning Commission Appointments

## Cindy Russell

**From:** Tricia Thigpen <tthigpen@gautier-ms.gov>
**Sent:** Tuesday, March 24, 2015 9:28 AM
**To:** Cindy Russell
**Subject:** FW: Fwd: Volunteer Application

FYI

**From:** Chassity Bilbo [mailto:cbilbo@gautier-ms.gov]
**Sent:** Thursday, March 19, 2015 9:55 AM
**To:** tthigpen@gautier-ms.gov
**Subject:** FW: Fwd: Volunteer Application

Chassity Bilbo
Executive Assistant to the City Manager
City of Gautier
Phone: 228-497-8000 Ext. 306 |Cell: 228-219-7644
www.gautier-ms.gov

**From:** Samantha Abell [mailto:sabell@gautier-ms.gov]
**Sent:** Thursday, March 19, 2015 9:29 AM
**To:** 'john'; 'Rusty Anderson'
**Cc:** 'Gordon Gollott'; 'Casey Vaughan Ward 3'; cbilbo@gautier-ms.gov; 'Hurley Ray Guillotte'; 'Adam Colledge'; 'Gordon Gollott'; 'Mary Martin'; cnicholson@gautier-ms.gov
**Subject:** RE: Fwd: Volunteer Application

Thank you, councilman! The city clerk's office will prepare this item for approval at your next meeting. Consequently, Chandra and Wes will visit with Ms. Jamison for an in-depth discussion of the planning commission, efforts regarding the implementation of the comprehensive plan, and discussions regarding plans and the GPC's responsibilities. Ms. Jamison will receive copies of plans and related items. She will be sworn in at her first meeting, upon council approval. Congratulations on your selection. Her application reflects an active citizen. I know Chandra and her team with be excited.

Regards,
Sam

**From:** john [mailto:jfjones1@cableone.net]
**Sent:** Thursday, March 19, 2015 8:03 AM
**To:** Rusty Anderson; Samantha Abell
**Cc:** Gordon Gollott; Casey Vaughan Ward 3; cbilbo@gautier-ms.gov; Hurley Ray Guillotte; Adam Colledge; Gordon Gollott; Mary Martin; cnicholson@gautier-ms.gov
**Subject:** Re: Fwd: Volunteer Application

Great selection, Rusty.

**From:** Rusty Anderson
**Sent:** Thursday, March 19, 2015 7:52 AM

**To:** Samantha Abell
**Cc:** Gordon Gollott ; Casey Vaughan Ward 3 ; mailto:cbilbo@gautier-ms.gov ; Hurley Ray Guillotte ; Adam Colledge ; Johnny Jones ; Gordon Gollott ; Mary Martin ; mailto:cnicholson@gautier-ms.gov
**Subject:** Fwd: Volunteer Application

Sent from my iPad

Begin forwarded message:

> **From:** Rusty Anderson <bayoumoondog@me.com>
> **Date:** March 19, 2015 at 7:07:16 AM CDT
> **To:** Samantha Abell <sabell@gautier-ms.gov>
> **Subject: Fwd: Volunteer Application**
>
> I have made my selection for the planning commission position that was vacated by James Torrey . KayC lives in my ward in North Wood Hills and I've known her her entire life. KayC is and has attended some planning comm. meetings and she is ready to serve. I know KayC will be be a great addition to the PC, she's very energetic and interested in the future of our city.
> I apologize for taking this long to make an appointment to the Comm.
> Any questions, please feel free to call me.
> Samantha, please advise me on the next step.
> Rusty anderson
> Councilman Ward 4
>
> Sent from my iPad
>
> Begin forwarded message:
>
> > **From:** KayC a Jamison <jamison4@cableone.net>
> > **Date:** March 18, 2015 at 4:33:50 PM CDT
> > **To:** Rusty Anderson <bayoumoondog@me.com>
> > **Subject: Fwd: Volunteer Application**

# CITY OF GAUTIER

## BOARD AND COMMISSION CANDIDATE PROFILE FORM

### Contact Information

| | |
|---|---|
| Name | KAY C. JAMISON |
| Street Address | 4018 HILLANDALE DR. |
| City, St., Zip code | GAUTIER, MS 39553 |
| Home Phone | 228-623-6670 |
| Work Phone | 228-935-1231 |
| E-Mail Address | JAMISON4@CABLEONE.NET |
| Place of Employment | H.II- INGALLS Shipbuilding |

### Background Information

Position Applying for: PLANNING COMMISSION

Reason for interest in position: INTERESTED IN BECOMING ACTIVE IN MY COMMUNITY

Prior involvement with the City: YOUTH Cheerleading COACH, JACKSON COUNTY VOTER MANAGER

### Commission/Board or Committee

Please mark a (x) next to the following commission, committee or board that you wish to participate in. You will be notified which commission, committee or board that you've been chosen to serve on.

Recreation Advisory Committee X
Technical Review Committee
Planning Commission X
Historic Preservation Commission
Library Board
Municipal Election Commission

### Previous Volunteer Experience

Summarize your previous volunteer experience.

GAUTIER YOUTH Cheerleading, VARIOUS CHARITABLE EVENTS, INGALLS CHRISTENINGS

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|---|---|
| Name (printed) | KAY C. JAMISON |
| Signature | |
| Date | 1/15/15 |

### Our Policy

It is the policy of the City of Gautier to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

*OFFICE USE ONLY*

# City of Gautier

## PLANNING COMMISSION

(Meets First Thursday of Every Month @ 6:00 p.m.)

Gautier City Hall Council Chambers

---

Mr. Jimmy Green
1905 Tradewinds Drive
Gautier, MS 39553
228-497-1406 (H)
greenja1905@gmail.com
**Ward 1**
Appointed: January 15, 2013
Term Expires: At Will

Mrs. Sandra Walters
3813 Players Cove
Gautier, MS 39553
228-217-1686 (w) 228-214-208-5121 (C)
**Ward 1**
sandrasmithwalters@gmail.com
Appointed: October 15, 2013
Term Expires: At Will

Mr. Anthony L. York
2424 Northbrook Drive
Gautier, MS 39553
228-249-6773 (C)
visionpainting7@gmail.com
**Ward 2**
Appointed: September 2, 2014
Term Expires: At Will

Mr. Greg Spanier
1505 Oldfield Drive
Gautier, MS 39553
228-327-1817 (C)
**Ward 3**
gregspanier@cableone.net
Appointed: October 18, 2011
Term Expires: At Will

Mrs. Kay C. Jamison
4018 Hillandale Drive
Gautier, MS  39553
228-623-6670 (C)
Jamison4@cableone.net
Ward 4
Appointed: April 7, 2015
Term Expires: At Will

Mr. Larry Dailey (Vice Chairman)
2135 Kingslea Drive
Gautier, MS 39553
228-238-6675 (C)
larrydailey@cableone.net
**Ward 5**
Appointed: September 22, 2009
Term Expires: At Will

Mr. David Wooten (Chairman)
1819 Brookside Drive
Gautier, MS 39553
228-522-3041 (H) 228-327-5751 (C)
david.wooten@ngc.com
**Ward 5**
Appointed: December 02, 2008
Term Expires: At Will

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 060-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the contract with Southern Mississippi Planning & Development District to become a partner and host agency for the Senior Community Service Employment Program is hereby authorized.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin**, seconded by **Councilman Anderson** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

**To:** Samantha Abell, City Manager

**From:** Rachel Honea, Administrative Bookkeeper

**Through:** Jeremy Thames, Cultural Services Director

**Date:** March 30, 2015

**Subject**: Senior Community Service Employment Program Contracts for City of Gautier (Cultural Service Division)

---

## REQUEST:

The Cultural Services Department requests City Council authorization to enter into a contract with the Southern Mississippi Planning & Development District to become a partner & host agency for the Senior Community Service Employment Program.

## BACKGROUND:

The SCSEP is a financial Assistance/Job Training Program for older adults, in which participants provide community service up to 28 hours per week while training to increase skills and gain unsubsidized employment.

## DISCUSSION:

As a host Agency the City of Gautier's responsibilities will be to provide training, job-related orientation, designation of an individual to supervise the enrollee, materials and equipment and staff development opportunities.

## RECOMMENDATION:

The Cultural Services Department recommends that City Council authorize the acceptance of The SSAI SCSEP Host Agency Agreement as described above.

City Council may:

1. Authorize acceptance of the attached Host Agency Agreement, or
2. Authorize acceptance of the attached Host Agency Agreement with changes, or
3. Deny acceptance of the attached Host Agency Agreement.

## ATTACHMENT(S):

Senior Service America, Inc. (SSAI) Senior Community Service Employment Program (SCSEP) Host Agency Agreement.

SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT • 9229 HIGHWAY 49 • GULFPORT, MISSISSIPPI 39503 • (228) 868-2311 FAX (228) 868-2550

March 17, 2015

Ms. Samantha Abell, City Manager
City of Gautier
3330 Hwy. 90
Gautier, Mississippi 39553

Re: **Senior Community Service Employment Program Contracts**

Dear Ms. Abell:

Thank you for your interest in a possible partnership, serving as a Host Agency in the Senior Community Service Employment Program (SCSEP). The SCSEP is a Financial Assistance/Job Training program for older adults, in which participants provide community service up to 28 hours per week while training to increase skills and gain unsubsidized employment. The SCSEP is authorized by Title V of the Older Americans Act, and funded by the U.S. Department of Labor.

Today, I am enclosing two brochures, along with a set of federal and state contracts, which briefly describe the benefits of the SCSEP program. I am passionate about this program because it "gives" nothing by entitlement. Participants receive minimum wage for ONLY those hours that they actually work at their assignments. Their only benefit is Workers Compensation coverage, which protects the participant and the host agency. In my opinion, the SCSEP program is that "rarest of situations." It is a WIN-WIN-WIN situation for all involved. Participants who have been looking for employment, to the point of discouragement, find immediate financial relief along with vital training, and possible long term employment with their host agency. The Host Agency receives free labor that relieves their payroll and employee deficit; and, of course, we at SMPDD are paid to administer the program. If you have any questions, please don't hesitate to phone me to discuss establishing your agency as a SCSEP Host Agency.

Sincerely,

Janice Hale

Janice Hale, Program Manager
Southern Mississippi Planning and Development District
Phone: (228) 868-2311, ext. 1433
Fax: (228) 868-2550
Email: jhale@smpdd.com

the District

JAN HALE
SCSEP Program Manager
Area Agency on Aging
SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT
9229 HIGHWAY 49 • GULFPORT, MISSISSIPPI 39503
(228) 868-2311 • jhale@smpdd.com
www.smpdd.com

Enclosures: (2) Federally-Funded Contracts; (2) State of Mississippi-Funded Contracts;
(2) Community Service Assignment Descriptions

# SSAI SCSEP Host Agency Agreement

To comply with the requirements of the Senior Service America, Inc. (SSAI), Senior Community Service Employment Program (SCSEP), operated under Title V of the Older Americans Act, this Agreement is voluntarily entered into by
**The City of Gautier, Mississippi** , hereinafter referred to as the Host Agency, and
**Southern Mississippi Planning and Development District**, hereinafter referred to as the Sponsor Agency.

The Host Agency agrees to provide a safe and healthful work site for each participant, to provide the orientation and training necessary to perform assigned duties in accordance with a written community service assignment description, to provide additional training as opportunities occur, and, to the extent possible, treat each participant as a regular member of the Host Agency staff.

The Host Agency agrees to consider each participant for regular employment, either full-time or part-time, when vacancies occur in the Host Agency staff or when new positions are created. The Host Agency will also recommend suitable training for unsubsidized placement of the participant. A detailed training plan, which includes skills to be attained and timelines for achieving the goal, will be documented in the participant's Individual Employment Plan (IEP) and Community Service Assignment Description. The Community Service Assignment Description must specify the nature of the assignment, the hours each participant will train, specific duties and tasks to be performed.

The Host Agency understands that the length of time that a participant may remain in the same assignment will be determined in their IEP. The Host Agency understands that the Sponsor Agency may reassign any participant when that reassignment will increase the participant's opportunities for training or unsubsidized employment, or will otherwise serve the best interests of the participant.

While this agreement is in effect, the Host Agency agrees to not provide community service assignments for participants serving through another national Title V project sponsor.

The Host Agency agrees to abide by the hours and work schedules mutually agreed to for each participant and to provide: properly prepared time sheets (the supervisor will confirm that the participant worked the hours claimed on their time sheet, and will assure that both they and the participant sign the time sheet); periodic performance evaluations; and other required documents. The Host Agency agrees and understands that each participant will be required to attend periodic SCSEP meetings during regular working hours.

The Host Agency agrees that the community service assignments for any participant are to be similar to "in demand" or "growth industries" private sector jobs, such as health care; child day care; education; or green jobs. However, these assignments will not result in the displacement of currently employed workers; or in a reduction in non-overtime hours of work, wages, or benefits; will not impair any existing contract for service or result in the substitution of the wages of the participant for other funds in connection with work which otherwise would be performed; will not be a substitution for any existing federally-assisted job; and will not be a position which is the same as or substantially the same as that occupied by any other person who is on lay-off or absent due to labor disputes. Further, the Host Agency agrees that it will not discriminate against a participant on the grounds of race, color, age, religion, sex, national origin, age, or disability.

The Host Agency agrees to send a representative to a Host Agency supervisors' meeting. Host Agency supervisors' meetings will be held annually to acquaint all concerned with the SCSEP goals and objectives. The Host Agency agrees to participate in the DOL Customer Satisfaction Survey if solicited.

The Host Agency agrees to provide documentation of in-kind contributions. Further, it is understood by the Host Agency and the Sponsor Agency that any contribution, whether cash or in-kind, by the Host Agency is purely voluntary and is not a condition for the assignment of any participant.

The Host Agency certifies by this Agreement that it is a governmental agency or is a non-profit agency which is currently certified as a Section 501(c) (3) organization under the Internal Revenue Code. In addition, the Host Agency will provide its Federal Employer Identification Number (FEIN). Further, if the Host Agency is certified as a Section 501(c) (3) agency, a copy of that certification is attached or is on file with the Sponsor Agency and is still in effect. The Host Agency agrees to inform the Sponsor Agency immediately if the Section 501(c) (3) certification is revoked.

The Sponsor Agency agrees to recruit, enroll, and assign a participant to the Host Agency for the purpose of engaging in productive community service employment.

The Sponsor Agency agrees to be responsible for all administrative and fiscal controls of the SCSEP and for paying wages and providing fringe benefits to each participant. The Host Agency does not provide Workers' Compensation insurance for participants.

This Agreement may not be amended except upon written agreement between the parties.

**This Agreement is in effect from April 7, 2015 – June 30, 2015**

## Signed — Host Agency

Host Agency: **The City of Gautier, Mississippi**

Representative's Name: **Samantha Abell**

Representative's Signature: _____

Host Agency Title: **City Manager**

Host Agency Supervisor: _____

Address: **3330 Hwy. 90, Gautier, Mississippi 39553**

Phone: **(228) 497-8000 ext. 305** Fax: **(228) 497-8028**

**Email:** **sabell@gautier.ms.gov** **Date:** _____

## Signed — SCSEP Sponsor

SCSEP Sponsor: **Southern Mississippi Planning and Development District**

Representative's Name: **Janice Hale**

Representative's Signature: Janice Hale

Title: **SCSEP Program Manager**

Address: **9229 Hwy. 49, Gulfport, Mississippi 39503**

Phone: **(228) 868-2311** Fax: **(228) 868-2550**

Email: **jhale@smpdd.com** Date: April 7, 2015

## Definition of Host Agency Status

**(Check one)**

☒ This host agency is a government agency. **FEIN:** **64-0732369** (Required by USDOL).

☐ This host agency is a certified non-profit agency under Section 501(c) (3) of the United States Internal Revenue Code. **FEIN:** _____ (Required by USDOL).

___ 501(c) (3) documentation is attached.

___ 501(c) (3) documentation is already on file with the sponsor.

# Host Agency Responsibilities

It is the Host Agency's responsibility to:

Provide training so that enrollees can improve existing skills and acquire new ones.

Provide job-related orientation to the enrollees.

Designate an individual to supervise the enrollee.

Provide the materials and equipment necessary for enrollees to perform job duties. **However, Enrollees are never to be given the keys to a Host Agency office for the purpose of opening or closing said office to the Public. Enrollees may not operate Host Agency vehicles. Enrollees are not allowed to handle cash transactions without direct Agency supervision.**

Include enrollees in staff development opportunities.

**Give first consideration to employing enrollees when openings occur for which they are qualified or assist in facilitating entry into the competitive labor market.**

Keep the Project Director informed of the enrollees' progress and any work-related problems, and complete evaluations as required.

Verify and sign timesheets and assure that they are completed correctly and forwarded to the Project Director by noon of each turn-in date.

Assure that enrollees do not work more than the hours per week, authorized by the Senior AIDES Program.

Permit enrollees to attend training sessions and job interviews during work hours when needed.

Assure that enrollees do not displace or replace paid employees.

Provide a safe and hazard free working environment for the enrollee and report all accidents immediately to the Project Director.

STATE OF MISSISSIPPI
DEWEY PHILLIP BRYANT, GOVERNOR
DEPARTMENT OF EMPLOYMENT SECURITY
MARK HENRY
EXECUTIVE DIRECTOR

# SCSEP Host Agency Agreement

As part of the Senior Community Service Employment Program, operated under Title V of the Older Americans Act, this Agreement is voluntarily entered into by the:

**The City of Gautier, Mississippi**

a governmental agency or a non-profit agency designated under Section 501(c)(3) of the Internal Revenue Code, (hereinafter referred to as the Host Agency), and

**Southern Mississippi Planning and Development District**

Sponsor Agency.

The intent of this agreement is to furnish useful community service assignments for low-income mature workers who are 55 years of age or older, in order to increase their skills and assist transition to permanent employment.

The Host Agency agrees:

- To provide a safe and healthful environment, adequate orientation and training, additional training as needed to meet employment goals, and to treat each participant as a valued worker in the Host Agency.
- To assist the Sponsor agency in placing one or more participants per year in a job off of the program; and to consider participants for regular employment on its staff when vacancies occur or when new positions are created.
- To abide by mutually agreed to schedules, documented by properly prepared time sheets and periodic performance evaluations. Participants may be required to attend periodic meetings during regular working hours, and the Host Agency recognizes that they will be unavailable at the Host Agency during these times.
- To ensure that each participant's assignment does not displace currently employed or laid-off workers, replace others working in assisted programs, or reduce regular house work, wages or benefits.
- Not to discriminate against any participant because of race, color, religion, sex, national origin, or disability.
- To send a representative to a group meeting of host agency supervisors. Group meetings of host agency supervisor or designated representatives will be held annually to acquaint all concerned with the SCSEP goals and objectives.

- That no other national Title V SCSEP project sponsor will use this Host Agency site while this Agreement is in effect; and
- To inform the Sponsor Agency immediately if its Section 501(c)(3) certification is changed.

The Sponsor Agency Agrees:

- To recruit, enroll, assess and assign a SCSEP participant to the Host Agency for the purpose of engaging in a productive community service assignment with duties and tasks as specified in a written community service assignment description.
- To be responsible for all administrative and fiscal controls for the assignment and for paying wages and providing required fringe benefits to each participant.

The Sponsor Agency reserves the right to reassign any participant whenever reassignment will increase opportunities for training or unsubsidized employment, will serve the best interest of the participant, or will better support the goals and objectives of the SCSEP program.

This agreement may be amended by mutual agreement.

**This Agreement is in effect from: April 7, 2015 to June 30, 2015.**

SIGNED - HOST AGENCY

Name of Agency: **The City of Gautier, Mississippi**

Address: **3330 Highway 90, Gautier, Mississippi 39553**
(Please submit physical address to include street, city/town & ZIP)

Mailing Address if different from above: **P. O. Box 670, Gautier , Mississippi 39553**
(Include street and/**or P.O.** Box, city/town & ZIP)

Telephone Number: **(228) 497-8000 ext. 305** FAX Number: **(601) 497-8028**
(Including area code)

Federal Employer Identification Number: **64-0732369** **State: 1093-6128**

Representative's Name: **Samantha Abell** Title: **City Manager**

**Signature:** _____ **Date**: _____

Supervisor's Email address (if applicable): **sabell@gautier.ms.gov**

SIGNED - SCSEP PROJECT SPONSOR

Project Sponsor: **Southern Mississippi Planning and Development District**

Name & Title: **Janice Hale, Program Manager** **Phone: (228) 868-2311** **Fax: (228) 868-2550**

Signature: Janice Hale Date: April 7, 2015

Program Manager's Email Address: ***jhale@smpdd.com***

DEFINITION OF HOST AGENCY STATUS

X This host agency is a government agency. **FEIN: 64-0732369** **(Required by USDOL).**

**or**

____ This host agency is a certified non-profit agency under Section 501(c) (3) of the United States Internal Revenue Code. **FEIN:** _____ **(Required by USDOL).**

____ 501(c) (3) documentation is attached.

____ 501(c) (3) documentation is already on file with the sponsor.

# Host Agency Responsibilities

It is the Host Agency's responsibility to:

Provide training so that enrollees can improve existing skills and acquire new ones.

Provide job-related orientation to the enrollees.

Designate an individual to supervise the enrollee.

Provide the materials and equipment necessary for enrollees to perform job duties. **However, Enrollees are never to be given the keys to a Host Agency office for the purpose of opening or closing said office to the Public. Enrollees may not operate Host Agency vehicles. Enrollees are not allowed to handle cash transactions without direct Agency supervision.**

Include enrollees in staff development opportunities.

Give first consideration to employing enrollees when openings occur for which they are qualified or assist in facilitating entry into the competitive labor market.

Keep the Project Director informed of the enrollees' progress and any work-related problems, and complete evaluations as required.

Verify and sign timesheets and assure that they are completed correctly and forwarded to the Project Director.

Assure that enrollees do not work more than the twenty hours per week authorized by the Senior AIDES Program.

Permit enrollees to attend training sessions and job interviews during work hours when needed.

Assure that enrollees do not displace or replace paid employees.

Provide a safe and hazard free working environment for the enrollee and report all accidents immediately to the Project Director.

## Southern Mississippi Planning & Development District
## Senior Community Service Employment Program

# COMMUNITY SERVICE ASSIGNMENT (CSA) DESCRIPTION

**DATE:** _____

Check one: ☐ Original Assignment Date ☐ Revised Assignment Date

**CSA TITLE:** _____

(I.E. Clerical Assistant, Custodial Assistant, Nutrition Assistant)

**TRAINING OBJECTIVE FOR PARTICIPANT:** To learn the Host Agency policies and procedures, conducive to helping participants find permanent positions in their chosen field.

**RATE OF PAY:** $7.25/hr.

**HOST AGENCY:** City of Gautier

**CSA LOCATION:** City Manager's Office
3330 Hwy. 90
Gautier, Mississippi 39553

**OFFICE PHONE:** (228) 497-8000 **FAX:** (228) 497-8028

**NATURE OF SERVICES PROVIDED BY HOST AGENCY:** *(Please describe.)*

**NAME OF SUPERVISOR(S):** _____

**CSA WEEKLY SCHEDULE:** This schedule allows for 28 hrs./week with 30-minute or 1-hr. lunch breaks, as selected by the participant.

**PARTICIPANT DUTIES AND RESPONSIBILITIES:** *(Please describe in detail. Secretarial duties cannot be combined with kitchen or custodial-type duties.*

**CRITERIA FOR SELECTION** (*minimum skills needed for consideration of this assignment:*

**TRAINING TO BE PROVIDED:** Proper procedures in accomplishing all tasks, according to this host agency's policies and procedures.

**START DATE:** _____

**PARTICIPANT SIGNATURE:** _____

**FOR OFFICE USE ONLY:**

Does the overall CSA Description match the IEP Goals of the Participant? Yes X No _____

# Gain job skills and earn money while working for your community!

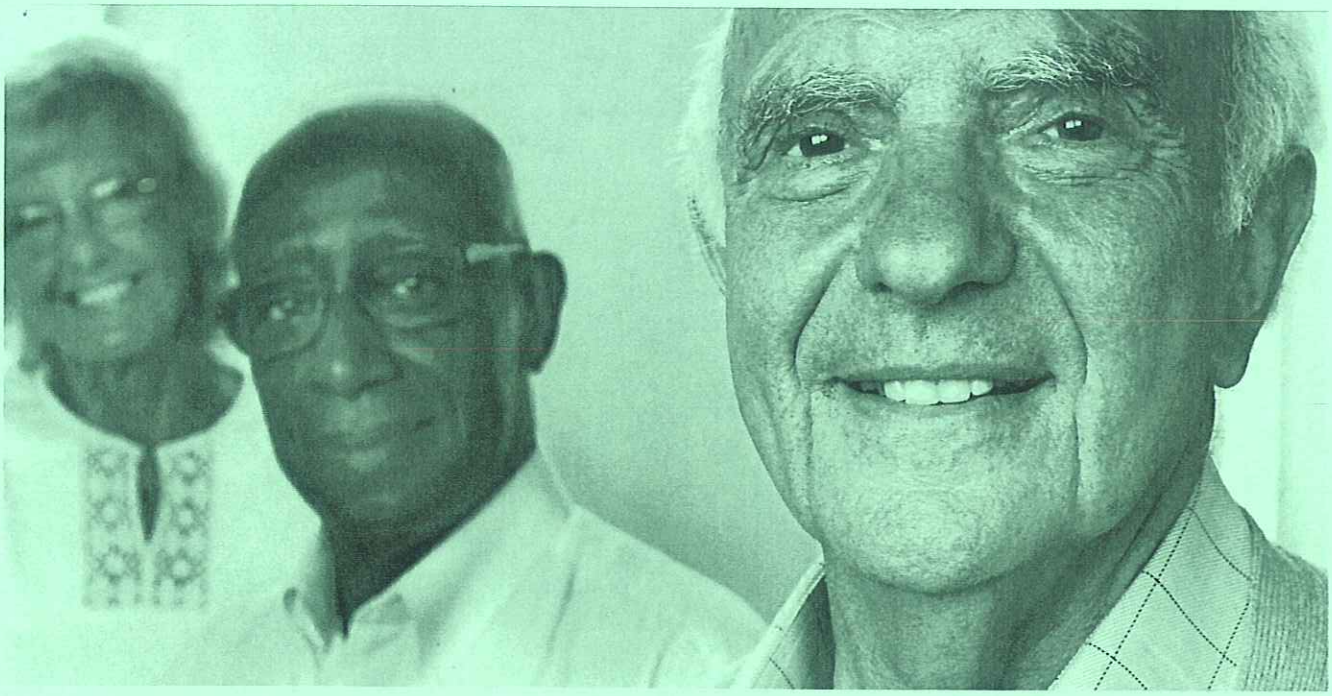
## Paid employment training is available to low-income seniors age 55 and older.

## Learn more by calling:
## (228) 868-2311

*Community Service Leading to Independence*

**Senior Community Service Employment Program**
**Southern Mississippi Planning and Development District**

**Senior Service America's Senior Community Service Employment Program (SCSEP) is funded by a grant from the U.S. Department of Labor Employment and Training Administration. SCSEP is an equal opportunity program. Auxiliary aides and services are available upon request to individuals with disabilities.**



# We pay them. You train them. They help you. Now, that's a good deal.

With budgets cut, programs curtailed, and staffs reduced, many community organizations could use some help.

That's where the Senior Community Senior Employment Program – SCSEP – comes in.

We match low-income seniors aged 55 and over with community organizations and public agencies, like yours. SCSEP pays them while you train them with the skills they need to help you.

For more information, contact us at the number below.

**SCSEP**
**SERVING SENIORS**
**WHO SERVE THE COMMUNITY**

The Senior Community Service Program (SCSEP) is funded by a grant from the U.S. Department of Labor Employment and Training Administration. SCSEP is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.

the District

Southern Mississippi Planning & Development District
Area Agency on Aging
9229 Highway 49
Gulfport, MS 39503

1-228-868-2311 www.smpdd.com

**ADULTS 55+, MINIMUM WAGE, 20 HOURS PER WEEK**

# Older Americans Work!

## Employ Older Workers

Older workers are the fastest-growing sector of the American workforce. Employers who leverage the skills, work ethic and maturity of this talent pool will reap big benefits.

the District

JAN HALE
SCSEP Project Director
Area Agency on Aging

SOUTHERN MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT
9229 HIGHWAY 49 • GULFPORT, MISSISSIPPI 39503
(228) 868-2311 • jhale@smpdd.com
www.smpdd.com

# Host Agency Responsibilities

It is the Host Agency's responsibility to:

Provide training so that enrollees can improve existing skills and acquire new ones.

Provide job-related orientation to the enrollees.

Designate an individual to supervise the enrollee.

Provide the materials and equipment necessary for enrollees to perform job duties. **However, Enrollees are never to be given the keys to a Host Agency office for the purpose of opening or closing said office to the Public. Enrollees may not operate Host Agency vehicles. Enrollees are not allowed to handle cash transactions without direct Agency supervision.**

Include enrollees in staff development opportunities.

Give first consideration to employing enrollees when openings occur for which they are qualified or assist in facilitating entry into the competitive labor market.

Keep the Project Director informed of the enrollees' progress and any work-related problems, and complete evaluations as required.

Verify and sign timesheets and assure that they are completed correctly and forwarded to the Project Director by noon of each turn-in date.

Assure that enrollees do not work more than the hours per week, authorized by the Senior AIDES Program.

Permit enrollees to attend training sessions and job interviews during work hours when needed.

Assure that enrollees do not displace or replace paid employees.

Provide a safe and hazard free working environment for the enrollee and report all accidents immediately to the Project Director.

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 061-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the Volunteer Policy and Procedures Manual is hereby approved.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilman Colledge**, seconded by **Councilwoman Martin** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

**To:** Samantha Abell, City Manager

**From:** Jason Pugh, Human Resources Director

**Date:** 04/01/15

**Subject:** Volunteer Policy and Procedures Manual

---

**REQUEST**

The Human Resources Department requests council approval of the attached Volunteer Policy and Procedures Manual.

**BACKGROUND:**

The City Manager has directed the Human Resources Director to develop a comprehensive volunteer program. Per statute, volunteer positions are administrative and are under the purview of the City Manager. However, the City Manager finds it is in the best interest of the organization to revise the employee policy handbook to include policies and procedures relating to the use of volunteers generally. The Human Resources Director has developed the attached policy manual, contained herein for council approval.

**DISCUSSION:**

The use of volunteers in city programs can be very beneficial to the City of Gautier. Volunteers have a wealth of knowledge and experience to offer and would be extremely valuable to the city in accomplishing our many goals. It is recommended that guidelines for the use of volunteers are put in place to oversee and assist the city in the proper and safe use of volunteers in our parks and programs. Under the umbrella of a standardized volunteer policy, the city can develop programs to implement the use of volunteers in many areas of need. Volunteers will be used to complement, but not replace city staff.

The attached policy and procedures manual gives guidance and direction in the use of volunteers.

**FINANCIAL IMPACT:**

Nominal (logo shirts, name tags, etc.)

**RECOMMENDATION:**

The City Manager recommends council approval of the attached Volunteer Policy and Procedures Manual

City Council may:

1) Approve the policy as presented; or
2) Approve the policy with changes; or
3) Reject the policy as presented

**ATTACHMENT(S):**
Volunteer Policy and Procedures Manual
Volunteer Release and Waiver of Liability Form

# Volunteer Policy and Procedures Manual

City of Gautier

4/7/2015
Approved by
Gautier City Council

**Volunteer Program Mission Statement**

The mission of the City of Gautier's Volunteer Policy and Procedures Manual is to provide guidelines for both City employees who supervise volunteers and volunteers who offer their talents, skills and time to foster stewardship of our city, parks, and programs.

## Section 1 – General Volunteer Policy

a. **Definition of a Volunteer**
A "volunteer" is anyone who, without monetary compensation, performs a task at the direction of, and on behalf of, the City of Gautier. Volunteers are viewed as a valuable resource to the City, its employees, and its residents. Volunteers are to be given meaningful assignments, are to be treated with respect by co-workers, are to be provided with effective supervision, are to be provided with an opportunity for appropriate involvement and participation, and are to be recognized for work done. A "volunteer" must be officially registered and/or enrolled by the City prior to performance of the assignment. Volunteers are not employees of the City of Gautier as defined by City policy, or state and federal legislation or regulation.

1. All Volunteers must complete a Volunteer Release of Liability Form with the Human Resources Department before any volunteer assignments.

b. **Purpose of Volunteer Policies**
The purpose of these policies is to provide overall guidance, structure and direction to city employees and volunteers throughout the volunteer process. These policies do not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. The City of Gautier reserves the right to modify, suspend, interpret, or cancel any of these policies at any time and to expect adherence to any changed policies.

c. **Scope of Volunteer Policies**
Unless specifically stated, these policies apply to all volunteers in all programs and projects undertaken on behalf of the City, and to all sites of operation.

d. **Employees as Volunteers**
The City of Gautier also accepts the services of city employees as volunteers under the following circumstances:

1. The volunteer service is provided totally without any coercive nature;
2. The volunteer services involve work which is outside the scope of normal employee duties; and
3. The volunteer services are provided outside of regularly scheduled working hours.

**e. Scope of Volunteer Involvement**

Volunteers may be utilized in many programs and activities for the City of Gautier within the volunteer's skill level. Volunteers shall not be utilized to displace any paid employees from their positions.

**f. Safety and Welfare of Volunteers**

Of paramount importance is the safety and welfare of volunteers. Accepted common standards of behavior will be outlined prior to the performance of volunteer assignments. In the event of injury, appropriate first aid is to be given, and the supervisor is to immediately complete a City of Gautier Personal Injury report and submit to the Human Resources Department. All minor volunteers are to be directly supervised by an adult, no exceptions. No power tools are to be used by volunteers under the age of eighteen (18). Prior to the enrollment of any volunteer, the supervisor shall establish an appropriate worksite. Volunteer worksites, training, and safety standards are subject to the same safety requirements as all City work sites and personnel.

**g. Screening of Volunteers**

Where volunteers are to be placed in direct contact with at-risk clients, such as those working with children under the age of eighteen (18), developmentally disabled persons, the frail, or the elderly, additional screening procedures will be instituted. These procedures may include driving records checks, reference checks, and direct background investigations, including criminal history. These checks will be filed and reviewed annually for those ongoing volunteers whose assignments require these types of checks. All volunteers to be placed with at-risk clients shall submit adequate information to allow the City to conduct these checks. Those who fail to submit the requested information will not be accepted for placement with these clients or for other volunteer assignments.

1. The City of Gautier will require background checks for any volunteer of the City who has the potential to work unsupervised with any minor, senior citizen or physically or mentally impaired person or group. "Unsupervised" shall be defined as working in any facility, park or open space where a City of Gautier paid employee is not actively present.

**h. Confidentiality**

Access to confidential records is restricted to designated City of Gautier staff. All City related business or program participant information overheard or entrusted to a volunteer needs to remain confidential. It is not to be talked about among other volunteers, participants, friends or family.

## Section 2 – Rights and Responsibilities

a. **Dress Code**
Volunteers shall dress appropriately for the conditions and performance of their duties. Volunteers are to be identified as such through wearing nametags or other methods provided by the City of Gautier.

b. **Conduct of Volunteers**
Volunteers are expected to conduct themselves appropriately while acting on behalf of the City of Gautier. All applicable city policies concerning ethics, conduct and behavior will apply to volunteers. Volunteers should not engage in any conduct that would bring discredit to the City of Gautier.

c. **Absenteeism**
If expecting to be absent from a scheduled duty, volunteers shall inform their supervisor as far in advance as possible so that alternative arrangements may be made.

d. **Termination of Volunteer Services**
The City of Gautier reserves the right to limit or adjust the hours of any volunteer in order to best achieve its public purpose and policy. No contract of employment or any other contractual rights are created by these policies. Participation in any volunteer assignment position of the City shall be open to any individual and no individual shall be discriminated against based upon race, color, religion, sex, national origin, age, disability, genetic information, veteran, or family status. Volunteer services may be terminated by the City or the Volunteer for any reason or no reason at any time, with or without notice.

e. **Insurance**
Volunteers will not be covered by the City of Gautier health insurance plan and will not be covered by Workers Compensation Insurance. Volunteers should have appropriate medical insurance and shall furnish proof of such insurance upon applying for a volunteer position.

## Section 3 – Recruitment and Training of Volunteers

a. **Professional Services**
Volunteers shall not perform professional services for which certification or licensing is required unless currently certified or licensed to do so. A copy of such certificate or license must be on file with the Human Resources Department.

b. **Orientation**
All volunteers will receive a general orientation specific to the nature and operation of the particular duties assigned. The City will provide adequate

instruction and, where necessary, training to ensure all workers perform a task properly and safely, and provide individual volunteers with adequate knowledge of City rules and regulations.

## Section 4 – Supervision of Volunteers

**a. Supervision of Volunteers**
Each volunteer must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor may be a city employee, a trained adult volunteer, or other designated person. This supervisor shall be responsible for day to day management and guidance of the work of the volunteer, and shall be available to the volunteer for consultation and assistance. An adult must supervise minors under the age of eighteen (18).

**b. The Volunteer as Volunteer Supervisor**
A volunteer may be assigned to act as a supervisor of other volunteers. The supervising volunteer will be under the direction of a city employee.

## Section 5 – Volunteer Support, Evaluation and Recognition

**a. Informal Recognition**
Thank you letters, emails and/or verbal thanks are to be given to all volunteers as appropriate. All staff and volunteers responsible for volunteer supervision are encouraged to undertake on-going methods of recognition of volunteer service on a regular basis throughout the year. These methods of informal recognition should range from a simple "thank you" to a concerted effort to include volunteers as participants in program decision-making and implementation.

**b. Request for Volunteer Feedback**
The Human Resources Department may, from time to time, seek feedback from its volunteers in an effort to improve its volunteer programs.

# City of Gautier

## Volunteer Release and Waiver of Liability Form

**Please read carefully. This is a legal document that affects your legal rights.**

I want to participate in volunteer activities for the City of Gautier, henceforth referred to as City. As a City Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

**Assumption of Risk.** I understand that my work for the City may include activities that are hazardous and/or physically strenuous, and I may be exposed to personal injury or damage to my property as a result of my activities, the activities of others, or the conditions under which my services are performed while participating in City volunteering. Though the City will provide me with support, supervision, training, and supplies to accomplish assigned tasks, I agree to the following:

**-I will follow all instructions provided by the City, its employees, or volunteer coordinators.**
**-I will only use equipment that I know how to operate and use safely.**
**-I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.**
**-I will take all reasonable precautions to avoid injury to myself and to others and to damage to property.**
**-Finally, I agree to assume the risk of injury or harm and release the City, its governing authority, management, employees, and other City volunteers from all liability for injury, illness, death, or property damage arising from my work as a Volunteer.**

**Waiver and Release.** I hereby release and forever discharge and agree to indemnify and hold harmless the City from any and all claims, liabilities, losses, damages, costs and expenses resulting from injury or death of any person or persons property damage or that may arise out of my work as a Volunteer. I understand that this release discharges the above entities from any liability that may result from my work whether caused by the negligence of the City.

**Medical Treatment.** I release and discharge the City from any claim that arises or may arise due to any first aid, medical treatment or service rendered to me.

**Insurance.** The City does not have responsibility for providing any health, medical, disability or workers compensation insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL INSURANCE. I also understand that if I drive my personal vehicle for City business while volunteering, I must have a valid driver's license and proof of auto insurance.

**Photographic Release.** I grant the City the right to use photographic images and video or audio recordings of me that are made by the City or others during my volunteer work for the City.

**Duration of Release.** My agreement to the terms in the Release and Waiver applies as long as I volunteer for the City.

**Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that this Release is governed by and will be interpreted according to the laws of the State of Mississippi. I understand that should any part of this Release be ruled invalid by a court, the other parts remain valid and continue to be in effect.

*I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.*

Name of Adult (Please print)

Street Address

City State Zip Code

Drivers License Number State Exp. Date

Signature Date

If signing for minor, their name

Phone Number

Email Address

Emergency Contact Phone Number

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 062-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the agreement with Target Solutions for an online training and management platform for first responders in the amount of $3,785.00 is hereby authorized.

**IT IS FURTHER ORDERED** that the program is for a 12 month period with over 250 hours of training for first responders.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin**, seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

**MAYOR**

**ATTEST:**

**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

**To:** Samantha Abell, City Manager

**From:** Robert Jones, Fire Chief

**Date:** March 31st, 2015

**Subject:** Authorization to accept Target Solutions

---

**REQUEST:**
City Council authorization is requested to accept an agreement with Target Solutions a developer and provider of an online training platform.

**BACKGROUND:**
Target Solutions provides an online web based training and management platform that consist of over 250 hours of training for first responders. Courses are based on the NFPA codes and standards, including NFPA 1001, NFPA 1021, and the NFPA 1500 series. Target Solutions also has training catalogs with over 1000 courses related to Risk Management, OSHA, Human Resources, and Sexual Harassment training. In addition to their provided training catalogs you have the capability to develop and upload your own training courses that can be administered online as well.

The benefit to the City of Gautier that Target Solutions will provide its Fire Department will be the ability to provide specific subject training in house to each of our members that will able them to maintain required continuing education hours for various certifications such as HAZMAT and EMT training. Also with a complete documented monthly training program the requirements that the Mississippi Rating Bureau also mandate will be met.

The agreement with Target Solutions will be for a period of 12 months with a total cost being $3785.00. This cost includes a one-time $1500.00 setup fee and an annual maintenance fee of $395.00 equating to approx. $108.00 per firefighter for the first year and $65.00 per firefighter each 12 month period thereafter.

**RECOMMENDATION:**
Based on the information provided, it is recommended that the Council approve to enter into an agreement with Target Solutions for the total amount of three thousand seven hundred eighty five dollars ($3785.00).

The City Council may:
1). Approve the Contract
2). Disapprove the Contract

*CONFIDENTIAL*

**TARGETSOLUTIONS**

*TargetSolutions*

10805 RANCHO BERNARDO ROAD, SUITE 200
SAN DIEGO, CA 92127-5703
877-944-6372 - TOLL FREE
858-592-6880 - DIRECT / 858-487-8762 - FAX

| TS Sales Contact: Rhianna Syvertsen |
|---|
| Email: rds@targetsolutions.com |
| Phone: 954-881-3121 |

| DATE of SUBMISSION | |
|---|---|
| 3/19/2015 | |
| **LICENSE TERMS:** | 12mos |

# Proposal To:

Gautier Fire Department
c/o Dep Chief Derek McCoy
2502 College Circle Gautier, MS 39553
dmccoy@gautier-ms.gov

**TargetSolutions Online Training Platform License** Customized Website, Administration Tools, and Applications

Online Training Platform includes Learning Management System with Assignment Scheduler, File Center, Calendar, Reports, Notifications, Forums and more. The Course Bundle includes our complete Course Catalog; NFPA/Fire/EVO, Driver Safety, OSHA and Compliance, HR and Employment Practices, and EMS Recertification.

| PLATFORM OPTIONS | UNIT PRICE PER USER | QUANTITY (# of Users) | TOTAL |
|---|---|---|---|
| **Online Training Platform** | $ 24.00 | 35 | $ 840.00 |
| **Course Bundle** | $ 30.00 | 35 | $ 1,050.00 |
| | | | |
| | | | |
| **Annual Maintenance Fee** | $ 395.00 | 1 | $ 395.00 |
| **One Time Set Up Fee** | $ 1,500.00 | 1 | $ 1,500.00 |
| | | | |
| | | | |
| | | | $ - |
| | | | $ - |
| **Optional Products and/or services:** | | | $ - |
| | | | |
| | | **TOTAL DUE** | **$ 3,785.00** |

**NOTES: This is an annual term for 35 personnel to receive the Online Training Platform with the Course Bundle.**

**By signing the Client agreement, you are 1) agreeing to the pricing and terms presented in this proposal; 2) agreeing you have read and accept the Client Agreement and License terms and; 3) agreeing you have read the TargetSolutions Platform System Requirements and Platform Solution Description documents listed in detail at the following url:**

http://www.targetsolutions.com/clients/client-resources/

*TargetSolutions, Inc. business proposal pricing is good for 30 days from Date of Submission listed above.*

TARGETSOLUTIONS

# Client Agreement

This Client Agreement (the "Agreement"), effected as of the date noted in the attached Schedule A (the "Effective Date"), is by and between TargetSolutions Learning, LLC. ("TSL"), a Delaware limited liability company, and the undersigned client ("Client"), and governs the purchase and ongoing use of the services described in this Agreement (the "Services").

1. Services. TSL shall provide the following services:

1.1. Access. TSL will provide Client a non-exclusive, non-transferable, revocable, limited license to remotely access and use the Services hereunder and, unless prohibited by law, will provide access to any person designated by Client ("Users").

1.2. Availability. TSL shall use commercially reasonable efforts to display its content and coursework for access and use by Client's Users twenty-four (24) hours a day, seven (7) days a week, subject to scheduled downtime for routine maintenance, emergency maintenance, system outages and other outages beyond TSL's control.

1.3. Help Desk. TSL will assist Users as needed on issues relating to usage via e-mail, and a toll free Help Desk five (5) days per week at scheduled hours.

2. Client's Obligations.

2.1. Compliance. Client shall be responsible for Users' compliance with this Agreement, and use commercially reasonable efforts to prevent unauthorized access to or use of the Services.

2.2. Identify Users. Client shall (i) provide a listing of its designated/enrolled Users; (ii) cause each of its Users to complete a profile; (iii) maintain user database by adding and removing Users as appropriate.

2.3. Future Functionality. Client agrees that its purchases hereunder are neither contingent on the delivery of any future functionality or features nor dependent on any public comments regarding future functionality or features.

3. Fees and Payments.

3.1. Fees. Client will pay for the Services in accordance with the fee schedule in Schedule A attached to this Agreement. Fees shall be increased by 2.5% per year for any renewal terms.

3.2. Payments. All fees due under this Agreement must be paid in United States dollars. Such charges will be made in advance, according to the frequency stated in Schedule A. TSL will invoice in advance, and such invoices are due net 30 days from the invoice date. All fees collected under this Agreement are fully earned when due and nonrefundable when paid.

3.3. Suspension of Service for Overdue Payments. Any fees unpaid for more than ten (10) days past the due date shall bear interest at 1.5% per month. With fifteen (15) days prior written notice, TSL shall have the right, in addition to all other rights and remedies to which TSL may be entitled, to suspend Client's Users' access to the Services until all overdue payments are paid in full.

4. Intellectual Property Rights.

4.1. Client acknowledges that TSL alone (and its licensors, where applicable) shall own all rights, title and interest in and to TSL's software, website or technology, the course content, and the Services provided by TSL, as well as any and all suggestions, ideas, enhancement requests, feedback, recommendations or other information provided by Client, and this Agreement does not convey to Client any rights of ownership to the same. The TSL name and logo are trademarks of TSL, and no right or license is granted to Client to use them.

4.2. Except as otherwise agreed in writing or to the extent necessary for Client to use the Services in accordance with this Agreement, Client shall not: (i) copy the course content in whole or in part; (ii) display, reproduce, create derivative works from, transmit, sell, distribute, rent, lease, sublicense, transfer or in any way exploit the course content in whole or in part; (iii) embed the course content into other products; (iv) use any trademarks, service marks, domain names, logos, or other identifiers of TSL or any of its third party suppliers; or (v) reverse engineer, decompile, disassemble, or access the source code of any TSL software.

4.3. Client hereby authorizes TSL to share any intellectual property owned by Client ("User Generated Content") that its Users upload to the Community Resources section of TSL's website with TSL's 3rd party customers and users that are unrelated to Client ("Other TSL Customers"); provided that TSL must provide notice to Client's users during the upload process that such User Generated Content will be shared with such Other TSL Customers.

5. Term.

The term of this Agreement shall commence on the Effective Date, and will remain in full force and effect for the term indicated in Schedule A ("Term"). Upon expiration of the Initial Term, this agreement shall automatically renew for successive one (1) year periods (each, a "Renewal Term"), unless notice is given by either party of its intent to terminate the Agreement, at least sixty (60) days prior to the scheduled termination date.

6. Mutual Warranties and Disclaimer.

6.1. Mutual Representations & Warranties. Each party represents and warrants that it has full authority to enter into this Agreement and to fully perform its obligations hereunder.

6.2. Disclaimer. EXCEPT AS EXPRESSLY PROVIDED HEREIN, NEITHER PARTY MAKES ANY WARRANTIES OF ANY KIND, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW.

7. Miscellaneous.

7.1. No Consequential Damages. To the extent permissible under Mississippi law, TSL shall not be liable to Client or its Users for special, incidental, indirect or consequential damages (including lost profits) arising out of or in connection with this Agreement.

7.2. Indemnification. TSL shall indemnify and hold Client harmless from any and all claims, damages, losses and expenses, including but not limited to reasonable attorney fees, arising out of or resulting from any third party claim that the Services or any component thereof infringes or violates any intellectual property right of any person.

7.3. Assignment. Neither party may assign or delegate its rights or obligations pursuant to this Agreement without the prior written consent of the other, provided that such consent shall not be unreasonably withheld. Notwithstanding the foregoing, TSL may freely assign or transfer any or all of its rights without Client consent to an affiliate, or in connection with a merger, acquisition, corporate reorganization, or sale of all or substantially all of its assets.

7.4. Force Majeure. TSL shall have no liability for any failure or delay in performing any of its obligations pursuant to this Agreement due to, or arising out of, any act not within its control, including, without limitation, acts of God, strikes, lockouts, war, riots, lightning, fire, storm, flood, explosion, interruption or delay in power supply, computer virus, governmental laws or regulations.

7.5. No Waiver. No waiver, amendment or modification of this Agreement shall be effective unless in writing and signed by the parties.

7.6. Severability. If any provision of this Agreement is found to be contrary to law by a court of competent jurisdiction, such provision shall be of no force or effect; but the remainder of this Agreement shall continue in full force and effect.

7.7. Entire Agreement. This Agreement and its exhibits represent the entire understanding and agreement between TSL and Client, and supersedes all other negotiations, proposals, understandings and representations (written or oral) made by and between TSL and Client.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last date set forth below.

[SIGNATURE PAGE IMMEDIATELY FOLLOWS]

TargetSolutions Learning, LLC

By: _____

Printed Name: _____

Title: _____

Date: _____

Client Name:

Address:

By: _____

Printed Name: _____

Title: _____

Date: _____

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**RESOLUTION NUMBER 012-2015**

**A Resolution Declaring That A Necessity Exists For The Removal of a 28" (in diameter) Protected Live Oak Tree at 1426 Valargo Court, Gautier Mississippi**

**WHEREAS**, Section 11.4.5 of the Unified Development Ordinance requires the City Council adopt a resolution finding a necessity for the removal of protected trees; and

**WHEREAS,** to determine whether a request warrants a finding of necessity, the Council shall consider the Comprehensive Plan, the intent of Section 11.4.5 of the Unified Development Ordinance to preserve protected trees, whether the continued preservation of the tree(s) places a significant hardship on the property owner, the continuation of the tree(s) threatens public safety and welfare, and whether all other options for preservation and/or relocation have been explored and found unsatisfactory; and

**WHEREAS**, Spencer Garrett, owner-occupant of said single-family residential property, must remove an 28" (in diameter) live oak in the rear yard of the property due to damage the tree is causing to private property improvements; and

**WHEREAS,** in accordance with Section 11.4.5 of the Unified Development Ordinance, owner-occupants of single-family residential homes are not required to prepare and implement a tree mitigation and preservation plan.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Gautier, Mississippi, that:

**Section 1**. Finding of Necessity. For the aforesaid reason, this Council hereby finds, determines and declares that a necessity exists with respect to the removal of a protected tree at 1426 Valargo Court, Gautier, MS 39533, which is a residential property.

**Section 2.** Effective Date. This Resolution shall be in full force and effect from and immediately upon its adoption.

Motion made by **Councilwoman Martin**, seconded by **Councilman Colledge** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

**DULY ADOPTED** this **7th** day of **April**, **2015** by the City Council of Gautier, Mississippi.

**ATTEST:**

_____
**Deputy City Clerk**
**Tricia Thigpen**

_____
**Mayor Gordon Gollott**

**CITY OF GAUTIER**
**MEMORANDUM**

| | |
|---|---|
| **To:** | Samantha Abell, City Manager |
| **From:** | Wesley Devers, City Planner |
| **Through:** | Chandra Nicholson, Director of Economic Development and Planning |
| **Date:** | March 20, 2015 |
| **Subject:** | A Resolution Declaring That A Necessity Exists For The Removal of a 28" (in diameter) Protected Live Oak Tree on Valargo Court, Gautier |

---

**REQUEST:**

Mr. Spencer Garrett requests approval to remove a protected Live Oak tree at 1426 Valargo Court.

**DISCUSSION:**

The applicant, Spencer Garrett, is requesting approval to remove a protected tree from 1426 Valargo Court, Gautier, MS 39533. The applicant's tree is encroaching into the swimming pool plumbing, concrete walkway and under the foundation of his home.

To determine whether a request warrants a finding of necessity, the Council shall consider the Comprehensive Plan, the intent of Unified Development Ordinance, Article XI to preserve protected trees, whether the continued preservation of the tree(s) places a significant hardship on the property owner, the continuation of the tree(s) threatens public safety and welfare, and whether all other options for preservation and/or relocation have been explored and found unsatisfactory

In accordance with Section 11.4.5 of the Unified Development Ordinance, owner-occupants of single-family residential homes are not required to prepare and implement a tree mitigation and preservation plan.

The City Council has the responsibility to determine the appropriateness of finding a necessity for the removal of a protected tree.

**RECOMMENDATIONS:**

The City Council may:

1. Approve the tree removal request; or
2. Deny the request.

**ATTACHMENTS;**

1. Resolution Finding of Necessity
2. Photos

**RESOLUTION _____**

**A Resolution Declaring That A Necessity Exists For The Removal of a 28" (in diameter) Protected Live Oak Tree at 1426 Valargo Court, Gautier Mississippi**

WHEREAS, Section 11.4.5 of the Unified Development Ordinance requires the City Council adopt a resolution finding a necessity for the removal of protected trees; and

WHEREAS, to determine whether a request warrants a finding of necessity, the Council shall consider the Comprehensive Plan, the intent of Section 11.4.5 of the Unified Development Ordinance to preserve protected trees, whether the continued preservation of the tree(s) places a significant hardship on the property owner, the continuation of the tree(s) threatens public safety and welfare, and whether all other options for preservation and/or relocation have been explored and found unsatisfactory; and

WHEREAS, Spencer Garrett, owner-occupant of said single-family residential property, must remove an 28" (in diameter) live oak in the rear yard of the property due to damage the tree is causing to private property improvements; and

WHEREAS, in accordance with Section 11.4.5 of the Unified Development Ordinance, owner-occupants of single-family residential homes are not required to prepare and implement a tree mitigation and preservation plan.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Gautier, Mississippi, that:

Section 1. Finding of Necessity. For the aforesaid reason, this Council hereby finds, determines and declares that a necessity exists with respect to the removal of a protected tree at 1426 Valargo Court, Gautier, MS 39533, which is a residential property.

Section 2. Effective Date. This Resolution shall be in full force and effect from and immediately upon its adoption.

DULY ADOPTED this _____ day of _____, by the City Council of Gautier, Mississippi.

ATTEST:

_____
City Clerk
Cynthia Russell

47 _____
48 Mayor Gordon Gollott

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 063-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the request to re-submit a grant application to the K9s4COPs Foundation for a Police Department service dog is hereby authorized.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilman Vaughan**, seconded by **Councilwoman Martin** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

**To:** Samantha Abell, City Manager

**From:** Dante Elbin, Chief of Police

**Date:** March 25, 2015

**Subject**: Request to re-submit a grant application to the K9s4COPs Foundation for a Police Department Service Dog

---

**REQUEST:**
The Gautier Police Department requests City Council authorization to re-submit a grant application to the non-profit K9s4COPs Foundation to add another police service dog to the department's K9 unit.

**BACKGROUND:**
K9s4COPs is a non-profit organization located in Houston, Texas and was founded in 2010. Their mission is to place exceptionally trained police service dogs with law enforcement agencies through a simple application process. Since gifting their first dog in 2011, the organization has replaced retiring K9s, added to existing K9 units, and helped start K9 units across the country. Awards are based on an organization's financial capability to care for the police service dog and the level of previous experience using this type of highly trained asset. Awards are announced quarterly at the organization's K9 Roll Call.

**DISCUSSION:**
The Gautier Police Department originally applied in July 2013 for a replacement for the service dog Rocko. Since that application has been on file with K9s4COPS for over eighteen months, the City must submit a new application in order to be considered for future rounds of gifting.

All recipient law enforcement agencies must certify that they will be responsible for the care and maintenance of the service dog. If the grant is awarded, travel will be required to select and pick up the service dog from the organization's preferred kennel. Quarterly statistics and photos must be sent to the funding organization along with annual health reports.

**RECOMMENDATION:**
The Police Department recommends that City Council authorize re-submission of a grant application to the K9s4COPs Foundation for a police service dog.

The City Council may:

1. Approve submission of a new grant application as presented; or
2. Disapprove submission of this grant application.

**ATTACHMENT(S):**
Email notification regarding grant application status
Letter of Support (blank)

From: K9s4COPs Info [mailto:info@k9s4cops.org]
Sent: Tuesday, March 24, 2015 10:41 AM
To: info@k9s4cops.org
Subject: K9s4COPs Application

Good morning,

K9s4COPs still has an application on file from your department, but since it was submitted over 18 months ago we wanted to check back to see if your department is still interested in receiving a grant. If not, please respond to the email letting us know so we can remove your application from the list. If your department would still like to apply for a K9, please submit a new application with up to date information. Attached is an application form along with a contact information sheet. Please contact me with any questions.

Kind regards,

Melanie Orth Boyd
Director of Operations
K9s4COPs
832-509-6965
www.K9s4COPs.org

# City of Gautier
Gautier, Mississippi



3330 Highway 90
Gautier, MS 39553
Phone: (228) 497-8000
Fax: (228) 497-8028
Email: gautier@gautier-ms.gov
Website: www.gautier-ms.gov

April 8, 2015

K9s4COPS
1210 West Clay St., Unit 9
Houston, TX 77019

To whom it may concern:

I am writing this letter to support my organization's grant application to receive a police service dog(s) from the K9s4COPS Foundation.

I certify that our organization's grant application has been presented to me and that I am satisfied the statements contained therein are true and correct.

Our organization can provide for the financial expenses of a police service dog(s) and has the equipment and experience necessary for the support and maintenance of our granted dog(s).

I give the proposed K9s4COPS grant application for a police service dog(s) my fullest support. I sign this letter as an authorized official with the authority to represent my organization and accept liability for all representations made herein.

Please contact me at (228) 497-8000 if I can be of any further assistance.

Very truly yours,

Samantha D. Abell
City Manager
City of Gautier, Mississippi

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 064-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that Docket of Claims is hereby approved, provided that all entries thereon are true, correct, properly entered and not fraudulent.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin** seconded by **Councilman Colledge** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

**MAYOR**

**ATTEST:**

**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | LAMEY ELECTRIC INC | 151310 | 04/07/2015 | 03/11/2015 | | | 5,868.78 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-201-576 | REPR 23 HWY90 STREETLIGHTS | | 12992 | 02/18/2015 | 150531 | | 5,868.78 |
| 001 | INFORMATION TECHNOLOGY SERVICE | 151320 | 04/07/2015 | 03/13/2015 | | | 224.00 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-640 | FEB 2015 | | 5229262 | 02/28/2015 | | | 224.00 |
| 001 | CABLE ONE | 151321 | 04/07/2015 | 03/13/2015 | | | 204.49 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-699 | MAR 2015:23421-102608-02-6 | | 03042015 | 03/11/2015 | | | 204.49 |
| 001 | DANCEL MULTIMEDIA | 151322 | 04/07/2015 | 03/13/2015 | | | 250.00 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-698 | MAR 2015 WEBSITE HOSTING | | 919 | 03/10/2015 | | | 250.00 |
| 001 | C SPIRE WIRELESS | 151328 | 04/07/2015 | 03/23/2015 | | | 557.83 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-605 | POLICE CELLS | | 0032680896 | 03/11/2015 | | | 557.83 |
| 001 | DELTA COMPUTER SYSTEMS INC | 151329 | 04/07/2015 | 03/23/2015 | | | 370.00 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-698 | ACCTG SOFTWARE MAINT | | MN108991 | 03/15/2015 | | | 260.00 |
| | 001-092-698 | VOTER REG SOFTWARE MAINT | | MN108991 | 03/15/2015 | | | 20.00 |
| | 001-092-698 | PRIV LIC SOFTWARE MAINT | | MN108992 | 03/15/2015 | | | 90.00 |
| 001 | GLOBALSTAR | 151330 | 04/07/2015 | 03/23/2015 | | | 53.13 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-605 | MONTHLY SERVICE | | 6324996 | 03/16/2015 | | | 53.13 |
| 001 | CABLE ONE | 151332 | 04/07/2015 | 03/23/2015 | | | 10.00 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-698 | APR 2015:23421-143558-01-6 | | 03132015 | 03/20/2015 | | | 10.00 |
| 001 | AT&T | 151375 | 04/07/2015 | 03/30/2015 | | | 57.71 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-605 | MONTHLY SERVICE | | 2284977070 | 03/14/2015 | | | 57.71 |
| 001 | AT&T | 151378 | 04/07/2015 | 03/30/2015 | | | 93.96 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-605 | MONTHLY SERVICE | | 2284972172 | 03/14/2015 | | | 93.96 |
| 001 | CABLE ONE | 151381 | 04/07/2015 | 03/30/2015 | | | 220.34 | _____ |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-699 | INSTALL:23421-102048-05-8 | | 03042015 | 03/11/2015 | | | 56.12 |
| | 001-100-699 | SERVICE:23421-102048-05-8 | | 03042015 | 03/11/2015 | | | 164.22 |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | AT&T | 151382 | 04/07/2015 | 03/30/2015 | | | 3,232.32 | _____ |
| | Account Number: 001-092-605 — Description: MONTHLY SERVICE — Invoice #: 2284978000 — Date: 03/14/2015 — P.O.: — Amount: 3,232.32 | | | | | | | |
| 001 | DPS CRIME LAB | 151383 | 04/07/2015 | 03/30/2015 | | | 50.00 | _____ |
| | Account Number: 001-100-699 — Description: ANALYTICAL FEES — Invoice #: 90017216 — Date: 03/02/2015 — P.O.: — Amount: 50.00 | | | | | | | |
| 001 | DIRECTV LLC | 151384 | 04/07/2015 | 03/30/2015 | | | 222.67 | _____ |
| | Account Number: 001-092-698 — Description: WEST STN: 2/13-3/12/15 — Invoice #: 2 5141984668 — Date: 03/05/2015 — P.O.: — Amount: 103.77 | | | | | | | |
| | Account Number: 001-092-698 — Description: WEST STN: 3/13-4/12/15 — Invoice #: 2 5362284388 — Date: 03/14/2015 — P.O.: — Amount: 118.90 | | | | | | | |
| 001 | FEDERAL EXPRESS | 151385 | 04/07/2015 | 03/30/2015 | | | 57.13 | _____ |
| | Account Number: 001-090-607 — Description: OVERNIGHT GRANT PKG — Invoice #: 295720472 — Date: 03/04/2015 — P.O.: — Amount: 23.08 | | | | | | | |
| | Account Number: 001-092-607 — Description: OVERNIGHT BOND PAYMENT — Invoice #: 295720472 — Date: 03/04/2015 — P.O.: — Amount: 34.05 | | | | | | | |
| 001 | GULF COAST COMMUNICATIONS & SECURITY | 151386 | 04/07/2015 | 03/30/2015 | | | 180.00 | _____ |
| | Account Number: 001-170-698 — Description: CITY PARK: 12/2014-12/2015 — Invoice #: 1235 — Date: 03/18/2015 — P.O.: — Amount: 180.00 | | | | | | | |
| 001 | JACKSON COUNTY ADULT DETENTION CENTER | 151387 | 04/07/2015 | 03/30/2015 | | | 18,742.48 | _____ |
| | Account Number: 001-010-696 — Description: FEB 2015 ADC CHGS — Invoice #: 02282015 — Date: 03/12/2015 — P.O.: — Amount: 18,690.00 | | | | | | | |
| | Account Number: 001-010-696 — Description: PHARMACY CHARGES — Invoice #: 02282015 — Date: 03/12/2015 — P.O.: — Amount: 52.48 | | | | | | | |
| 001 | CANDLEWOOD SUITES PEARL | 151388 | 04/07/2015 | 03/30/2015 | | | 415.00 | _____ |
| | Account Number: 001-100-681 — Description: 04/12-04/16/15 KEYES,K — Invoice #: 04122015 — Date: 03/23/2015 — P.O.: — Amount: 415.00 | | | | | | | |
| 001 | KEISHA KEYES | 151389 | 04/07/2015 | 03/30/2015 | | | 205.00 | _____ |
| | Account Number: 001-100-681 — Description: PER DIEM: TAC CERT CLASS — Invoice #: 04122015 — Date: 03/26/2015 — P.O.: — Amount: 205.00 | | | | | | | |
| 001 | OLDE MILL IMPRESSIONS | 151390 | 04/07/2015 | 03/30/2015 | | | 73.78 | _____ |
| | Account Number: 001-092-714 — Description: 4X8 PAVER (3) — Invoice #: 6095 — Date: 03/10/2015 — P.O.: — Amount: 58.50 | | | | | | | |
| | Account Number: 001-092-714 — Description: SHIPPING — Invoice #: 6095 — Date: 03/10/0215 — P.O.: — Amount: 15.28 | | | | | | | |
| 001 | RJ YOUNG | 151395 | 04/07/2015 | 03/30/2015 | | | 187.50 | _____ |
| | Account Number: 001-040-699 — Description: SERVICE: LANIER LP231CN — Invoice #: INV755294 — Date: 03/02/2015 — P.O.: — Amount: 187.50 | | | | | | | |
| 001 | LOWE'S HOME CENTER'S, INC. | 151401 | 04/07/2015 | 03/30/2015 | | | 1,058.56 | _____ |
| | Account Number: 001-170-639 — Description: RTN CRDT:BRACE — Invoice #: 917650 — Date: 02/25/2015 — P.O.: — Amount: -43.68 | | | | | | | |
| | Account Number: 001-170-639 — Description: RTN CRDT:CONCRETE SCREWS — Invoice #: 918470 — Date: 02/25/2015 — P.O.: — Amount: -10.95 | | | | | | | |
| | Account Number: 001-170-577 — Description: DRILL BIT(2),CONCRETE SCREWS — Invoice #: 910106 — Date: 02/25/2015 — P.O.: — Amount: 29.99 | | | | | | | |
| | Account Number: 001-170-639 — Description: ANCHORS(2) — Invoice #: 909441 — Date: 02/25/2015 — P.O.: — Amount: 17.12 | | | | | | | |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | LOWE'S HOME CENTER'S, INC. | 151401 | 04/07/2015 | 03/30/2015 | | | 1,058.56 | (CONTINUED) |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-170-639 | BRACE(16),DECK SCREWS | 914811 | 02/25/2015 | | 56.26 |
| 001-170-559 | DRILL BIT(2) | 910167 | 02/26/2015 | | 7.94 |
| 001-205-559 | SOCKET ADAPTER,THREADLOCKS | 902917 | 02/26/2015 | | 16.09 |
| 001-170-639 | ANCHORS(6) | 909742 | 02/26/2015 | | 5.52 |
| 001-201-559 | MESSAGE BOARD:SUPPLIES | 909057 | 02/27/2015 | | 23.93 |
| 001-170-559 | CARRIAGE BOLT | 902834 | 03/03/2015 | | 17.07 |
| 001-170-559 | CABINET HINGE | 902034 | 03/04/2015 | | 28.47 |
| 001-201-559 | SUPPLIES MOUNT SIGN | 902201 | 03/05/2015 | | 18.66 |
| 001-170-577 | REPAIRS:BUDDY DAVIS | 902309 | 03/06/2015 | | 159.68 |
| 001-161-559 | ELECT AIR COMPRESSOR | 915898 | 03/06/2015 | | 189.05 |
| 001-161-559 | RTN CRDT:ELEC AIR COMPRESSOR | 915897 | 03/06/2015 | | -189.05 |
| 001-170-639 | HYDRLC OIL,LINK,NAIL SINKER | 901203 | 03/10/2015 | | 28.61 |
| 001-205-559 | CAULK GUN | 902354 | 03/11/2015 | | 2.35 |
| 001-205-559 | DRILL BIT(2),METAL SCREWS | 902323 | 03/11/2015 | | 11.28 |
| 001-205-559 | GARBAGE BAGS | 902587 | 03/12/2015 | | 11.40 |
| 001-205-559 | SCREWS | 902521 | 03/12/2015 | | 6.25 |
| 001-161-559 | TIE DOWN,BATTERY,LOCK NUTS | 909768 | 03/12/2015 | | 81.92 |
| 001-205-559 | PAINT BRUSH,ROOF COATING | 902260 | 03/16/2015 | | 33.61 |
| 001-205-559 | WEED & GRASS KILLER | 902526 | 03/17/2015 | | 5.01 |
| 001-170-577 | REPAIRS:BUDDY DAVIS | 902719 | 03/18/2015 | | 115.49 |
| 001-201-576 | SUPPLIES:FENCE REPAIR(2) | 993887 | 03/18/2015 | | 276.99 |
| 001-170-559 | OFF SPRAY(2),TIE DOWN,PU TOOL | 909855 | 03/19/2015 | | 86.25 |
| 001-170-577 | FLOWERS(15):BUDDY DAVIS | 920910 | 03/20/2015 | | 33.15 |
| 001-205-559 | CABINET HINGE | 903614 | 03/24/2015 | | 12.00 |
| 001-170-559 | REV PARTIAL DISC NOT APPLD | 02252015 | 02/25/2015 | | 28.15 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount |
|---|---|---|---|---|---|---|---|
| 001 | SOUTHERN PEST CONTROL INC | 151405 | 04/07/2015 | 03/30/2015 | | | 333.30 |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-092-698 | CITY FACILITIES | 287318 | 03/13/2015 | | 333.30 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount |
|---|---|---|---|---|---|---|---|
| 001 | FUELMAN OF MS | 151407 | 04/07/2015 | 03/31/2015 | | | 2,723.21 |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-090-525 | UNL FUEL | NP43818311 | 03/16/2015 | | 30.35 |
| 001-092-525 | UNL FUEL | NP43818311 | 03/16/2015 | | 80.71 |
| 001-100-525 | UNL FUEL | NP43818311 | 03/16/2015 | | 1,983.50 |
| 001-161-525 | DSL FUEL | NP43818311 | 03/16/2015 | | 371.11 |
| 001-170-525 | UNL & DSL FUEL | NP43818311 | 03/16/2015 | | 180.88 |
| 001-205-525 | UNL & DSL FUEL | NP43818311 | 03/16/2015 | | 76.66 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount |
|---|---|---|---|---|---|---|---|
| 001 | FUELMAN OF MS | 151410 | 04/07/2015 | 03/31/2015 | | | 2,842.12 |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-100-525 | UNL FUEL | NP43865690 | 03/23/2015 | | 2,160.03 |
| 001-161-525 | UNL & DSL FUEL | NP43865690 | 03/23/2015 | | 361.73 |
| 001-170-525 | UNL & DSL FUEL | NP43865690 | 03/23/2015 | | 236.46 |
| 001-205-525 | UNL FUEL | NP43865690 | 03/23/2015 | | 83.90 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount |
|---|---|---|---|---|---|---|---|
| 001 | FUELMAN OF MS | 151411 | 04/07/2015 | 03/31/2015 | | | 3,160.63 |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-090-525 | UNL FUEL | NP43898487 | 03/30/2015 | | 32.67 |
| 001-100-525 | UNL FUEL | NP43898487 | 03/30/2015 | | 2,262.67 |
| 001-161-525 | UNL & DSL FUEL | NP43898487 | 03/30/2015 | | 582.29 |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | FUELMAN OF MS | 151411 | 04/07/2015 | 03/31/2015 | | | 3,160.63 | (CONTINUED) |

| Account Number | Description | | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|---|
| 001-170-525 | UNL & DSL FUEL | | NP43898487 | 03/30/2015 | | 149.17 |
| 001-205-525 | UNL & DSL FUEL | | NP43898487 | 03/30/2015 | | 133.83 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SINGING RIVER E.P.A. | 151412 | 04/07/2015 | 03/31/2015 | | | 653.07 | |

| Account Number | Description | | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|---|
| 001-161-631 | BROWN FD | 95237002 | 03132015 | 03/23/2015 | | 390.47 |
| 001-161-631 | MARTIN BLUFF FD | 58380001 | 03142015 | 03/24/2015 | | 203.99 |
| 001-201-629 | SIGNAL LIGHTS | 17546 | 03142015 | 03/24/2015 | | 35.11 |
| 001-092-631 | CITY LIMIT SIGN | 17546 | 03142015 | 03/24/2015 | | 23.50 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SINGING RIVER E.P.A. | 151415 | 04/07/2015 | 03/31/2015 | | | 9,391.26 | |

| Account Number | Description | | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|---|
| 001-201-633 | STREET LIGHTING | 10554 | 03162015 | 03/26/2015 | | 4,998.58 |
| 001-201-629 | SIGNAL LIGHTS | 10554 | 03162015 | 03/26/2015 | | 1,505.10 |
| 001-092-631 | CITY HALL | 10554 | 03162015 | 03/26/2015 | | 1,435.99 |
| 001-170-631 | FRAZIER PARK | 10554 | 03162015 | 03/26/2015 | | 48.94 |
| 001-170-631 | SENIOR BLDG | 10554 | 03162015 | 03/26/2015 | | 655.33 |
| 001-161-631 | CENTRAL FD | 10554 | 03162015 | 03/26/2015 | | 354.08 |
| 001-170-631 | CITY PARK | 10554 | 03162015 | 03/26/2015 | | 105.55 |
| 001-092-631 | PUBLIC WORKS | 10554 | 03162015 | 03/26/2015 | | 264.19 |
| 001-092-631 | HWY 90 SIGN | 10554 | 03162015 | 03/26/2015 | | 23.50 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SINGING RIVER E.P.A. | 151416 | 04/07/2015 | 03/31/2015 | | | 2,202.28 | |

| Account Number | Description | | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|---|
| 001-100-631 | POLICE STATION | 66298004 | 03162015 | 03/26/2015 | | 1,170.67 |
| 001-201-629 | SIGNAL LIGHT | 89113001 | 03162015 | 03/26/2015 | | 58.14 |
| 001-170-631 | CITY PARK RESTRMS | 89912001 | 03162015 | 03/26/2015 | | 382.66 |
| 001-201-633 | STREET LIGHTS | 90345002 | 03162015 | 03/26/2015 | | 358.29 |
| 001-092-631 | RECORDS BLDG | 90790001 | 03162015 | 03/26/2015 | | 136.17 |
| 001-092-631 | DIGITAL SIGN | 97127001 | 03162015 | 03/26/2015 | | 57.21 |
| 001-170-631 | FRAZIER RESTRMS | 98546001 | 03162015 | 03/26/2015 | | 39.14 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SINGING RIVER E.P.A. | 151417 | 04/07/2015 | 03/31/2015 | | | 1,003.07 | |

| Account Number | Description | | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|---|
| 001-201-633 | DOLPHIN ST | 94987002 | 03162015 | 03/26/2015 | | 128.35 |
| 001-201-633 | DOLPHIN ST | 94988002 | 03162015 | 03/26/2015 | | 145.12 |
| 001-201-633 | DOLPHIN ST | 94989002 | 03162015 | 03/26/2015 | | 153.02 |
| 001-201-633 | DOLPHIN ST | 94990002 | 03162015 | 03/26/2015 | | 576.58 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SINGING RIVER E.P.A. | 151420 | 04/07/2015 | 03/31/2015 | | | 1,415.91 | |

| Account Number | Description | | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|---|
| 001-161-631 | SOUTH FD | 76008001 | 03182015 | 03/27/2015 | | 255.11 |
| 001-170-631 | BACOT PARK | 10137 | 03182015 | 03/27/2015 | | 1,007.85 |
| 001-201-629 | SIGNAL LIGHTS | 10138 | 03182015 | 03/27/2015 | | 152.95 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | PITNEY BOWES PURCHASE POWER | 151423 | 04/07/2015 | 03/31/2015 | | | 625.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-092-607 | POSTAGE METER | 20060869 | 03/20/2015 | | 625.00 |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | PASCAGOULA UTILITIES | 151425 | 04/07/2015 | 03/31/2015 | | | 122.05 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-161-630 | CENTRAL FIRE STN | | 1648848 | 03/27/2015 | | 23.07 | |
| | 001-161-630 | SOUTH FIRE STN | | 1649031 | 03/27/2015 | | 98.98 | |
| 001 | IBM CORPORATION | 151426 | 04/07/2015 | 03/31/2015 | | | 816.40 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-040-730 | AS400 PMT MAY 2015 | | I3705G7 | 04/01/2015 | | 816.40 | |
| 001 | BLOSSMAN GAS, INC. | 151427 | 04/07/2015 | 03/31/2015 | | | 369.03 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-161-630 | PROPANE:NORTH STN | | 205177 | 02/05/2015 | | 173.73 | |
| | 001-161-630 | PROPANE:NORTH STN | | 205426 | 02/26/2015 | | 195.30 | |
| 001 | DEMENT PRINTING CO | 151430 | 04/07/2015 | 03/31/2015 | | | 655.31 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-010-620 | UNIFORM ARREST TICKETS | | 0144007001 | 03/17/2015 | 150557 | 624.75 | |
| | 001-010-620 | SHIPPING | | 0144007001 | 03/17/2015 | 150557 | 30.56 | |
| 001 | ACTION PRINTING CENTER INC | 151431 | 04/07/2015 | 03/31/2015 | | | 154.50 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-090-620 | 500 BUSINESS CARDS:NICHOLSON | | 85374 | 03/12/2015 | 150579 | 51.50 | |
| | 001-090-620 | 500 BUSINESS CARDS:CREEL,C | | 85374 | 03/12/2015 | 150579 | 51.50 | |
| | 001-090-620 | 500 BUSINESS CARDS:DEVERS,W | | 85374 | 03/12/2015 | 150579 | 51.50 | |
| 001 | INTERNATIONAL PERSONNEL MANAGEMENT ASSOC | 151433 | 04/07/2015 | 03/31/2015 | | | 654.99 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-022-660 | CS1-A ADMIN TEST | | 6091S5R3X5 | 02/18/2015 | 150553 | 185.90 | |
| | 001-022-660 | CS1-B ADMIN TEST | | 6091S5R3X5 | 02/18/2015 | 150553 | 378.84 | |
| | 001-022-660 | ADMINSTRATIVE FEE | | 6091S5R3X5 | 02/18/2015 | 150553 | 90.25 | |
| 001 | MS FIRE ACADEMY | 151434 | 04/07/2015 | 03/31/2015 | | | 201.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-161-681 | CC CPAT-E: GUTHRIE,S | | 22879 | 03/20/2015 | 150404 | 40.00 | |
| | 001-161-681 | CC CPAT-E: YATES,J | | 22879 | 03/20/2015 | 150404 | 40.00 | |
| | 001-161-681 | CC CPAT-E: LINTON,J | | 22879 | 03/20/2015 | 150404 | 40.00 | |
| | 001-161-681 | CC CPAT-E: ROBINSON,H | | 22879 | 03/20/2015 | 150404 | 40.00 | |
| | 001-161-681 | CFLS CODES/SYSTEMS: MCCOY,D | | 22936 | 03/28/2015 | 150521 | 41.00 | |
| 001 | NEWELL PAPER COMPANY | 151435 | 04/07/2015 | 03/31/2015 | | | 50.49 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-510 | 1 CS 96/2 PLY TISSUE | | 836987 | 03/12/2015 | 150611 | 29.61 | |
| | 001-092-510 | 1 CS 6/2 PLY JUMBO TISSUE | | 836987 | 03/12/2015 | 150611 | 20.88 | |
| 001 | GULF COAST BUSINESS SUPPLY CO. | 151436 | 04/07/2015 | 03/31/2015 | | | 319.80 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-040-500 | CS COPY PAPER (10) | | 103335 | 03/30/2015 | 150699 | 319.80 | |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SUNBELT FIRE INC | 151437 | 04/07/2015 | 03/31/2015 | | | 248.50 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-161-535 | #IT735-L GLOVES (2) | 89943 | 03/23/2015 | 150641 | 118.00 |
| 001-161-535 | #IT735-XL GLOVES (2) | 89943 | 03/23/2015 | 150641 | 118.00 |
| 001-161-535 | FREIGHT | 89943 | 03/23/2015 | 150641 | 12.50 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | CUSTOM PRODUCTS CORPORATION | 151438 | 04/07/2015 | 03/31/2015 | | | 1,903.55 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-201-576 | 30X30 STOP SIGN (10) | 260410 | 03/30/2015 | 150625 | 310.40 |
| 001-201-576 | 24X30 SPEED LIMIT 40 (5) | 260410 | 03/30/2015 | 150625 | 129.90 |
| 001-201-576 | 18X24 SPEED LIMIT 15 (5) | 260410 | 03/30/2015 | 150625 | 78.15 |
| 001-201-576 | 18X24 SPEED LIMIT 25 (5) | 260410 | 03/30/2015 | 150625 | 78.15 |
| 001-201-576 | 30X30 NO OUTLET SIGN | 260410 | 03/30/2015 | 150625 | 31.54 |
| 001-201-576 | STREET SIGNS (43) | 260410 | 03/30/2015 | 150625 | 1,201.42 |
| 001-201-576 | FREIGHT | 260410 | 03/30/2015 | 150625 | 73.99 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SOUTHERN PIPE & SUPPLY | 151439 | 04/07/2015 | 03/31/2015 | | | 502.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-170-635 | BRADLEY HAND DRYER (2) | 839681400 | 03/10/2015 | 150559 | 502.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | AIRGAS USA, LLC | 151440 | 04/07/2015 | 03/31/2015 | | | 272.68 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-161-639 | HYDRO TEST/REPR VALVES (2) | 9037037906 | 03/06/2015 | 150458 | 272.68 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | STAPLES CREDIT PLAN | 151441 | 04/07/2015 | 03/31/2015 | | | 70.11 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-100-500 | BROTHER DR360 DRUM CARTRIDGE | 3259725212 | 03/10/2015 | 150612 | 70.11 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | NAFECO, INC. (NORTH ALABAMA FIRE EQUIP.) | 151442 | 04/07/2015 | 03/31/2015 | | | 28.14 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-161-535 | 90081-BLK NECKTIE (5) | 775051 | 03/24/2015 | 150639 | 20.00 |
| 001-161-535 | SHIPPING | 775051 | 03/24/2015 | 150639 | 8.14 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SUN COAST/CLAY'S | 151443 | 04/07/2015 | 03/31/2015 | | | 109.64 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-161-500 | LASERJET PRINT CART HP 12A | 1077273-0 | 03/10/2015 | 150610 | 72.85 |
| 001-161-500 | BATTERY PENCIL SHARPENER | 1077273-0 | 03/10/2015 | 150610 | 11.32 |
| 001-161-500 | BRT1230 BLACK RIBBON | 1078757-0 | 03/25/2015 | 150644 | 13.49 |
| 001-161-500 | BRT3015 CORR TAPE | 1078757-0 | 03/25/2015 | 150644 | 11.98 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | OFFICE DEPOT, 1104 | 151444 | 04/07/2015 | 03/31/2015 | | | 159.99 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-040-500 | MONITOR: CITY CLERK | 759925751 | 03/11/2015 | 150616 | 159.99 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | VERNON W DOSTER MD | 151445 | 04/07/2015 | 03/31/2015 | | | 150.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-022-604 | DRUG SCREEN: REID, D | 16305 | 02/23/2015 | 150580 | 25.00 |
| 001-022-604 | PRE-EMP PHYSICAL: REID, D | 16305 | 02/23/2015 | 150580 | 50.00 |
| 001-022-604 | DRUG SCREEN: ANKERSON, S | 16231 | 02/16/2015 | 150556 | 25.00 |
| 001-022-604 | PRE-EMP PHYSICAL:ANKERSON, S | 16231 | 02/16/2015 | 150556 | 50.00 |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | PASCAGOULA TIRE & SERVICE | 151447 | 04/07/2015 | 03/31/2015 | | | 485.52 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-638 | SET FS FIREHAWK GTZ: #145 | | 62297 | 01/08/2015 | 150391 | 485.52 | |
| 001 | METRO CONCRETE | 151450 | 04/07/2015 | 03/31/2015 | | | 918.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-170-577 | 9 YDS 3000 PSI | | 322174 | 03/17/2015 | 150647 | 918.00 | |
| 001 | COMM-TECH SOLUTIONS INC | 151451 | 04/07/2015 | 03/31/2015 | | | 425.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-092-639 | MV EXT 318, PROGRAM CHGS | | 14983 | 03/20/2015 | 150629 | 165.00 | |
| | 001-100-639 | NO DIAL TONE 497-8005 | | 14981 | 03/20/2015 | 150630 | 97.50 | |
| | 001-100-639 | REPAIR BOOKING PHONE | | 14982 | 03/20/2015 | 150631 | 162.50 | |
| 001 | SECURE NETWORKS LLC | 151452 | 04/07/2015 | 03/31/2015 | | | 3,895.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-799 | DELL OPTIPLEX 7020 (CHIEF) | | 2347 | 03/16/2015 | 150587 | 1,116.00 | |
| | 001-100-799 | MS OFFICE HOME/BUSINESS 2013 | | 2347 | 03/16/2015 | 150587 | 250.00 | |
| | 001-100-799 | VIEW SONIC 24" LED MONITOR | | 2347 | 03/16/2015 | 150587 | 200.00 | |
| | 001-100-799 | SHIPPING CHARGES | | 2347 | 03/16/2015 | 150587 | 25.00 | |
| | 001-045-500 | DELL OPTIPLEX 3020 (A/P CLERK) | | 2346 | 03/16/2015 | 150588 | 623.00 | |
| | 001-045-500 | MS OFFICE HOME/BUSINESS 2013 | | 2346 | 03/16/2015 | 150588 | 250.00 | |
| | 001-045-500 | ADOBE ACROBAT XL STANDARD | | 2346 | 03/16/2015 | 150588 | 279.00 | |
| | 001-040-500 | DELL OPTIPLEX 3020 (DEP CLERK) | | 2363 | 03/25/2015 | 150613 | 623.00 | |
| | 001-040-500 | MS OFFICE HOME/BUSINESS 2013 | | 2363 | 03/25/2015 | 150613 | 250.00 | |
| | 001-040-500 | ADOBE ACROBAT XI STANDARD | | 2363 | 03/25/2015 | 150613 | 279.00 | |
| 001 | STAPLES BUSINESS ADVANTAGE DEPT ATL | 151453 | 04/07/2015 | 03/31/2015 | | | 738.53 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-040-500 | VOCAZO MESH MGRS CHAIR (2) | | 3259237078 | 03/04/2015 | 150597 | 187.44 | |
| | 001-040-500 | HP 950XL INK COMBP PK | | 3259237078 | 03/04/2015 | 150597 | 93.99 | |
| | 001-090-500 | RED "COPY" STAMP | | 3259695425 | 03/08/2015 | 150604 | 12.82 | |
| | 001-040-500 | PLASTIC FOLDER TABS (3) | | 3259695425 | 03/08/2015 | 150604 | 5.97 | |
| | 001-040-500 | BROTHER LC65 INK BK (3) | | 3259695425 | 03/08/2015 | 150604 | 84.12 | |
| | 001-040-500 | HANGING FILE FOLDERS (3) | | 3259838717 | 03/12/2015 | 150617 | 33.93 | |
| | 001-161-500 | BROTHER TZE-631 LABEL TAPE | | 3260350261 | 03/18/2015 | 150645 | 15.58 | |
| | 001-161-500 | BROTHER TZE-344 LABEL TAPE | | 3260350261 | 03/18/2015 | 150645 | 24.59 | |
| | 001-170-559 | CANON TONER 120 BK | | 3260350261 | 03/18/2015 | 150645 | 156.79 | |
| | 001-040-500 | LP 165 TONER CASSETTE (2) | | 3260350260 | 03/18/2015 | 150646 | 123.30 | |
| 001 | BERNEY OFFICE SOLUTIONS | 151456 | 04/07/2015 | 03/31/2015 | | | 141.99 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-699 | REPAIR PRINTER:AUGUILAR,S | | 45340 | 03/17/2015 | 150664 | 129.00 | |
| | 001-100-699 | FUEL SURCHARGE | | 45340 | 03/17/2015 | 150664 | 12.99 | |
| 001 | AFFORDABLE PAINT & BODY | 151457 | 04/07/2015 | 03/31/2015 | | | 3,360.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 001-100-638 | BIKE 1 REFINISH-APPLY DECALS | | 0260 | 03/12/2015 | 150122 | 475.00 | |
| | 001-100-638 | BIKE 2 REFINISH-APPLY DECALS | | 0260 | 03/12/2015 | 150122 | 475.00 | |
| | 001-100-638 | BIKE 3 REFINISH-APPLY DECALS | | 0260 | 03/12/2015 | 150122 | 475.00 | |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | AFFORDABLE PAINT & BODY | 151457 | 04/07/2015 | 03/31/2015 | | | 3,360.00 | (CONTINUED) |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-100-799 | REPLACE GRAPHICS: 9 UNITS | 0265 | 03/25/2015 | 150295 | 1,935.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | SETON | 151458 | 04/07/2015 | 03/31/2015 | | | 405.35 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-040-500 | TWO PART BAR CODE LABELS | 9327133795 | 03/14/2015 | 150634 | 373.40 |
| 001-040-500 | SHIPPING | 9327133795 | 03/14/2015 | 150634 | 31.95 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | REEVES CO. INC. | 151459 | 04/07/2015 | 03/31/2015 | | | 70.91 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-161-535 | YDLE-SERVICE ATTACHMENT (3) | 291307 | 03/11/2015 | 150606 | 35.85 |
| 001-161-535 | 69LE-CLUTCHBACK NAME PIN (3) | 291307 | 03/11/2015 | 150606 | 30.09 |
| 001-161-535 | SHIPPING | 291307 | 03/11/2015 | 150606 | 4.97 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | BAILEY LUMBER & SUPPLY CO. | 151461 | 04/07/2015 | 03/31/2015 | | | 531.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-100-799 | STEEL DOOR & FRAME:NORTH STN | 02633405 | 03/27/2015 | 150652 | 179.00 |
| 001-100-799 | STEEL DOOR PANEL:NORTH STN | 02633405 | 03/27/2015 | 150652 | 352.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 001 | RED RIVER SPECIALTIES, INC | 151464 | 04/07/2015 | 03/31/2015 | | | 100.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 001-170-577 | ALECTO 41S 2.5 GAL (5) | 501727 | 03/23/2015 | 150663 | 100.00 |

FUND TOTAL 1 Claims to Checks 61 Total 74,544.01 Manual Held Total 74,544.01

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 167 | OCCUPATIONAL HEALTH CENTER INC | 151391 | 04/07/2015 | 03/30/2015 | | | 550.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 167-161-604 | TWINRIX VACCINE: FREMIN,J | 03172015 | 03/17/2015 | | 125.00 |
| 167-161-604 | TWINRIX VACCINE: YATES,J | 03172015 | 03/17/2015 | | 125.00 |
| 167-161-604 | TWINRIX VACCINE: HERMES,T | 03242015 | 03/24/2015 | | 125.00 |
| 167-161-604 | STD VACCINES/TB TEST:HERMES | 03242015 | 03/24/2015 | | 175.00 |

FUND TOTAL 167 Claims to Checks 1 Total 550.00 Manual Held Total 550.00

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 172 | JACKSON-GEORGE REGIONAL LIBRARY | 151392 | 04/07/2015 | 03/30/2015 | | | 9,148.17 | _____ |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 172-350-650 | LIBRARY SUPPORT | MAR 2015 | 03/16/2015 | | 9,148.17 |

FUND TOTAL 172 Claims to Checks 1 Total 9,148.17 Manual Held Total 9,148.17

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 176 | AD2 INC | 151324 | 04/07/2015 | 03/19/2015 | | | 140.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-699 | HOST FEE MAR 2015 | | 2603 | 03/16/2015 | | 25.00 | |
| | 176-170-699 | SHOPPING CART FEE MAR 2015 | | 2603 | 03/16/2015 | | 115.00 | |
| 176 | AT&T | 151376 | 04/07/2015 | 03/30/2015 | | | 169.30 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-605 | MONTHLY SERVICE | | 2284972244 | 03/14/2014 | | 169.30 | |
| 176 | AT&T | 151377 | 04/07/2015 | 03/30/2015 | | | 210.01 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-605 | MAR 2015 DSL | | 2284970676 | 03/14/2015 | | 110.00 | |
| | 176-170-605 | MONTHLY SERVICE | | 2284970676 | 03/14/2015 | | 100.01 | |
| 176 | SECURE NETWORKS LLC | 151393 | 04/07/2015 | 03/30/2015 | | | 300.00 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-699 | ANNUAL FIREWALL MAINT | | 2353 | 03/17/2015 | | 300.00 | |
| 176 | GAUTIER FIRE FIGHTERS ASSOCIATION | 151394 | 04/07/2015 | 03/30/2015 | | | 7,923.02 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-513 | HAUNTED TRAILS EXPENSES | | 10312014 | 03/16/2015 | | 2,802.68 | |
| | 176-170-513 | HAUNTED TRAILS SALES | | 10312014 | 03/16/2015 | | 621.00 | |
| | 176-170-513 | HAUNTED TRAILS PROCEEDS (80%) | | 10312014 | 03/16/2015 | | 4,499.34 | |
| 176 | LOWE'S HOME CENTER'S, INC. | 151406 | 04/07/2015 | 03/30/2015 | | | 189.85 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-586 | SHEPARD:FENCE REPAIR | | 901852 | 02/25/2015 | | 120.80 | |
| | 176-170-559 | SPRAY PAINT(9),STENCIL | | 909273 | 03/06/2015 | | 53.08 | |
| | 176-170-586 | CONCRETE MIX | | 902860 | 03/23/2015 | | 3.64 | |
| | 176-170-586 | GATE HASP | | 910981 | 03/24/2015 | | 12.33 | |
| 176 | FUELMAN OF MS | 151408 | 04/07/2015 | 03/31/2015 | | | 83.03 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-525 | UNL FUEL | | NP43818311 | 03/16/2015 | | 83.03 | |
| 176 | FUELMAN OF MS | 151409 | 04/07/2015 | 03/31/2015 | | | 43.76 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-525 | UNL FUEL | | NP43865690 | 03/23/2015 | | 43.76 | |
| 176 | SINGING RIVER E.P.A. | 151421 | 04/07/2015 | 03/31/2015 | | | 2,848.09 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-631 | PARK FACILITIES 76854002 | | 03182015 | 03/27/2015 | | 2,261.36 | |
| | 176-170-631 | HOUSE 76855002 | | 03182015 | 03/27/2015 | | 586.73 | |
| 176 | ACTION PRINTING CENTER INC | 151432 | 04/07/2015 | 03/31/2015 | | | 29.25 | |
| | Account Number | Description | | Invoice # | Date | P.O. | Amount | |
| | 176-170-559 | 250 BUSINESS CARDS:THAMES,J | | 85375 | 03/12/2015 | 150585 | 29.25 | |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 176 | CUPIT SIGNS INC | 151455 | 04/07/2015 | 03/31/2015 | | | 194.85 | _____ |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 176-170-559 | 15 - 24X18 DS YARD SIGNS | 11244 | 03/11/2015 | 150586 | 194.85 |

FUND TOTAL 176 Claims to Checks 11 Total 12,131.16 Manual Held Total 12,131.16

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | CITY OF GAUTIER | 151323 | 04/07/2015 | 03/13/2015 | | | 43,427.11 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-680-821 | ST LNS #3 90/57 SWR | 03092015 | 03/09/2015 | | 7,877.45 |
| 400-680-822 | ST LNS #4 90/57 WTR | 03092015 | 03/09/2015 | | 10,948.67 |
| 400-680-822 | ST LNS #4 90/57 SWR | 03092015 | 03/09/2015 | | 9,019.22 |
| 400-680-823 | ST LNS #5 ALLEN RD | 03092015 | 03/09/2015 | | 2,149.95 |
| 400-680-824 | ST LNS #6 OLD SPAN TR | 03092015 | 03/09/2015 | | 3,765.83 |
| 400-680-825 | ST LNS #7 OLD SPAN TR | 03092015 | 03/09/2015 | | 9,665.99 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | JACKSON COUNTY UTILITY AUTHORITY | 151325 | 04/07/2015 | 03/19/2015 | | | 130,853.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-668 | APR 2015 TREATMENT CHARGES | 48943 | 04/01/2015 | | 135,277.00 |
| 400-651-668 | FY 2014 ACTUAL FLOW ADJ | 48943 | 04/01/2015 | | -4,424.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | AT&T | 151326 | 04/07/2015 | 03/19/2015 | | | 58.82 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-650-605 | MONTHLY SERVICE | 2284972276 | 03/06/2015 | | 58.82 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | DELTA COMPUTER SYSTEMS INC | 151331 | 04/07/2015 | 03/23/2015 | | | 340.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-650-698 | UTILITY SOFTWARE MAINT | MN108993 | 03/15/2015 | | 280.00 |
| 400-650-698 | WORK ORDER SOFTWARE MAINT | MN108993 | 03/15/2015 | | 60.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | CABLE ONE | 151333 | 04/07/2015 | 03/23/2015 | | | 78.69 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-698 | APR 2015:23421-132488-01-8 | 03202015 | 03/27/2015 | | 78.69 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | AT&T | 151379 | 04/07/2015 | 03/30/2015 | | | 83.60 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-650-605 | MONTHLY SERVICE | 2284975234 | 03/14/2015 | | 83.60 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | AT&T | 151380 | 04/07/2015 | 03/30/2015 | | | 68.60 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-650-605 | MONTHLY SERVICE | 2284974594 | 03/14/2015 | | 68.60 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | 2012 GUD BONDS DEBT SERVICE | 151396 | 04/07/2015 | 03/30/2015 | | | 116,708.33 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-680-816 | APR 2015 PRN PMT | 04012015 | 03/31/2015 | | 106,666.67 |
| 400-680-817 | APR 2015 PRN PMT | 04012015 | 04/31/2015 | | 10,041.66 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | ARISTA INFORMATION SYSTEMS INC | 151397 | 04/07/2015 | 03/30/2015 | | | 3,109.45 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-650-698 | FEB 2015 STATEMENTS | 18640 | 03/16/2015 | | 1,109.45 |
| 400-650-698 | FEB 2015 POSTAGE | 1425201503 | 03/16/2015 | | 2,000.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | BANCORPSOUTH EQUIPMENT FINANCE | 151398 | 04/07/2015 | 03/30/2015 | | | 143,724.87 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-680-831 | ENERGY SERVICES/WATER METERS | 567994 | 03/14/2015 | | 143,724.87 |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | GOODWYN, MILLS & CAWOOD INC | 151399 | 04/07/2015 | 03/30/2015 | | | 4,000.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-683 | DRAINAGE PH1 DESIGN (90%) | C MOB1400393 | 12/04/2014 | | 3,000.00 |
| 400-651-683 | DRAINAGE PH1 DESIGN (100%) | C MOB1400394 | 02/04/2015 | | 1,000.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | SINGING RIVER E.P.A. | 151413 | 04/07/2015 | 03/31/2015 | | | 2,163.56 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-631 | LIFT STATIONS 20649 | 03132015 | 03/23/2015 | | 858.36 |
| 400-651-631 | LIFT STATIONS 20779 | 03132015 | 03/23/2015 | | 117.68 |
| 400-651-631 | SCHOONER WELL 20688 | 03102015 | 03/19/2015 | | 878.87 |
| 400-651-631 | LIFT STATIONS 20688 | 03102015 | 03/19/2015 | | 156.95 |
| 400-651-631 | LIFT STNS 89627001 | 03142015 | 03/24/2015 | | 78.35 |
| 400-651-631 | LIFT STNS 89702001 | 03142015 | 03/24/2015 | | 73.35 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | SINGING RIVER E.P.A. | 151414 | 04/07/2015 | 03/31/2015 | | | 3,894.56 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-631 | LIFT STNS 17881 | 03142015 | 03/24/2015 | | 2,066.41 |
| 400-651-631 | WATER WELLS 17881 | 03142015 | 03/24/2015 | | 1,828.15 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | SINGING RIVER E.P.A. | 151419 | 04/07/2015 | 03/31/2015 | | | 7,770.25 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-631 | LIFT STATIONS 17882 | 03162015 | 03/26/2015 | | 2,502.08 |
| 400-651-631 | WATER WELLS 17882 | 03162015 | 03/26/2015 | | 3,565.39 |
| 400-651-631 | CITY HALL SOUTH 17882 | 03162015 | 03/26/2015 | | 1,702.78 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | SINGING RIVER E.P.A. | 151422 | 04/07/2015 | 03/31/2015 | | | 3,596.68 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-631 | LIFT STNS 17875 | 03182015 | 03/27/2015 | | 208.73 |
| 400-651-631 | LIFT STNS 17884 | 03182015 | 03/27/2015 | | 1,441.44 |
| 400-651-631 | LIFT STNS 17883 | 03182015 | 03/27/2015 | | 1,300.13 |
| 400-651-631 | WATER WELL 17883 | 03182015 | 03/27/2015 | | 646.38 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | IRBY'S ANSWERING SERVICE | 151424 | 04/07/2015 | 03/31/2015 | | | 432.95 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-650-698 | SERVICE 03/25/15-04/21/15 | 277-032515 | 03/25/2015 | | 432.95 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | C & M ELECTRIC MOTOR SERVICE, INC. | 151446 | 04/07/2015 | 03/31/2015 | | | 4,371.11 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-584 | CAPACITOR 590-708 125V (15) | 11616 | 03/09/2015 | 150622 | 202.50 |
| 400-651-581 | 75HP MOTOR RPM1800:MALL WELL | 11616 | 03/09/2015 | 150622 | 1,791.61 |
| 400-651-584 | 3HP SUB PUMP:LAKEWOOD WEST | 11617 | 03/11/2015 | 150626 | 1,087.40 |
| 400-651-584 | 15HP SUB PUMP:LAKEWOOD WEST | 11617 | 03/11/2015 | 150626 | 1,289.60 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | USA BLUEBOOK | 151448 | 04/07/2015 | 03/31/2015 | | | 46.27 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-583 | #27011 PROBE TIPS (2) | 590321 | 03/13/2015 | 150623 | 32.00 |
| 400-651-583 | FREIGHT | 590321 | 03/13/2015 | 150623 | 14.27 |

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | COAST CHLORINATOR & PUMP CO., INC. | 151449 | 04/07/2015 | 03/31/2015 | | | 1,370.50 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-581 | HYDRO VAC REGULATOR CL225PP | 62404 | 03/16/2015 | 150620 | 322.00 |
| 400-651-581 | BOTTOM METER BLOCK | 62404 | 03/16/2015 | 150620 | 46.00 |
| 400-651-581 | INLET ADAPTER/THREADED FILTER | 62404 | 03/16/2015 | 150620 | 70.50 |
| 400-651-581 | THREADED FILTER HOLDER/SAWS US | 62404 | 03/16/2015 | 150620 | 24.00 |
| 400-651-581 | 3/8X1/4 TUBE CONNECTORS HYDRO | 62404 | 03/16/2015 | 150620 | 54.00 |
| 400-651-581 | TUBING CONNECTOR 3/8X1/4 NPT | 62404 | 03/16/2015 | 150620 | 12.00 |
| 400-651-581 | PM KIT 200 SERIES REMOTE 50/10 | 62404 | 03/16/2015 | 150620 | 80.00 |
| 400-651-581 | PM KIT AUTO SWITCHOVER MODULE | 62404 | 03/16/2015 | 150620 | 222.00 |
| 400-651-581 | YOKE ASSY | 62404 | 03/16/2015 | 150620 | 200.00 |
| 400-651-581 | LABOR HYDRO VAC REGULATOR | 62404 | 03/16/2015 | 150620 | 140.00 |
| 400-651-581 | LABOR ADV REMOTE METER ASSY | 62404 | 03/16/2015 | 150620 | 100.00 |
| 400-651-581 | LABOR ADV AUTO SWITCHOVER MOD | 62404 | 03/16/2015 | 150620 | 100.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | STAPLES BUSINESS ADVANTAGE DEPT ATL | 151454 | 04/07/2015 | 03/31/2015 | | | 334.63 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-500 | HP 950XL INK COMBO (2) | 3259909385 | 03/13/2015 | 150627 | 69.34 |
| 400-651-500 | 2 PART WORK ORDER PAPER (2) | 3259909385 | 03/13/2015 | 150627 | 145.82 |
| 400-651-500 | LEXMARK RIBBON 3070166 (3) | 3259909385 | 03/13/2015 | 150627 | 52.17 |
| 400-651-500 | SENTINEL SHREDDER | 3259909385 | 03/13/2015 | 150627 | 59.99 |
| 400-651-500 | 12PK 8.5X11 NOTE PAD | 3259909385 | 03/13/2015 | 150627 | 4.32 |
| 400-651-500 | 12PK 5X8 NOTE PADS | 3259909385 | 03/13/2015 | 150627 | 2.99 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | ANDERSON'S AIR CONDITIONING | 151460 | 04/07/2015 | 03/31/2015 | | | 464.50 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-586 | REPL BLOWER MOTOR,CONTACTS | 0000010081 | 03/24/2015 | 150667 | 464.50 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | MCNEIL RHOADS LLC | 151462 | 04/07/2015 | 03/31/2015 | | | 8,125.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-581 | 25 MUELLER 452 BRONZE 1" METER | 82 | 01/06/2015 | 150389 | 8,125.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 400 | LYMAN WELL COMPANY | 151463 | 04/07/2015 | 03/31/2015 | | | 400.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 400-651-581 | RE-INSTALL MOTOR:MALL WELL | 17520 | 03/12/2015 | 150621 | 400.00 |

FUND TOTAL 400 Claims to Checks 23 Total 475,422.48 Manual Held Total 475,422.48

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 421 | GOODWYN, MILLS & CAWOOD INC | 151400 | 04/07/2015 | 03/30/2015 | | | 12,000.00 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 421-652-601 | CONSTRUCTION INSPECTION | C MOB1204114 | 02/02/2015 | | 6,000.00 |
| 421-652-601 | CONSTRUCTION INSPECTION | C MOB1204115 | 03/03/2015 | | 6,000.00 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 421 | THE CREEL COMPANY INC | 151402 | 04/07/2015 | 03/30/2015 | | | 442,952.20 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 421-652-780 | CONSTRUCTION 70.21% | 3 | 02/03/2015 | | 442,952.20 |

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 421 | THE CREEL COMPANY INC | 151403 | 04/07/2015 | 03/30/2015 | | | 317,678.14 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 421-652-780 | CONSTRUCTION 84.86% | 4 | 03/26/2015 | | 317,678.14 |

FUND TOTAL 421 Claims to Checks 3 Total 772,630.34 Manual Held Total 772,630.34

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

| Fund | Name of Claimant | Trans # | Release Date | Claim Date | Claim Number | Check Number | Claim Amount | Approved/Disapproved |
|---|---|---|---|---|---|---|---|---|
| 449 | MACHADO PATANO PLLC | 151404 | 04/07/2015 | 03/30/2015 | | | 955.31 | |

| Account Number | Description | Invoice # | Date | P.O. | Amount |
|---|---|---|---|---|---|
| 449-607-721 | ARCHITECT FEES: PW RENO | 6649 | 01/13/2015 | | 955.31 |

FUND TOTAL 449 Claims to Checks 1 Total 955.31 Manual Held Total 955.31

Docket of Claims
Release date from 04/07/2015 thru 04/07/2015

SUMMARY OF ALL FUNDS

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FUND 1 Claims | to | Checks | 61 Total | 74,544.01 | Manual | Held | Total | 74,544.01 |
| FUND 167 Claims | to | Checks | 1 Total | 550.00 | Manual | Held | Total | 550.00 |
| FUND 172 Claims | to | Checks | 1 Total | 9,148.17 | Manual | Held | Total | 9,148.17 |
| FUND 176 Claims | to | Checks | 11 Total | 12,131.16 | Manual | Held | Total | 12,131.16 |
| FUND 400 Claims | to | Checks | 23 Total | 475,422.48 | Manual | Held | Total | 475,422.48 |
| FUND 421 Claims | to | Checks | 3 Total | 772,630.34 | Manual | Held | Total | 772,630.34 |
| FUND 449 Claims | to | Checks | 1 Total | 955.31 | Manual | Held | Total | 955.31 |
| Total for all Funds | | Checks | 101 Total | 1,345,381.47 | Manual | Held | Total | 1,345,381.47 |

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 065-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that Consent Agenda Items 1-6 are hereby approved.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin** seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 066-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the following donations for the 2015 Employee Appreciation Picnic are hereby approved:

| | |
|---|---|
| American Legion Gautier/Vancleave Post 1992 | $500.00 |
| Coldwell Banker Smith Homes, Realtors | $500.00 |
| Keesler Federal Credit Union | $500.00 |

**IT IS FURTHER ORDERED** that these donations are in the best interest of the City of Gautier.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin** seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

AMERICAN LEGION 10/95
GAUTIER/VANCLEAVE POST 1992

968

85-136/653

DATE 3-6-15

PAY TO THE ORDER OF City of Gautier $ 500.00

Five Hundred + No/100 DOLLARS

Security Features Details on Back.

M&M MERCHANTS & MARINE BANK

PASCAGOULA/MOSS POINT/OCEAN SPRINGS
GAUTIER/ESCATAWPA/WADE/HURLEY
ST. MARTIN/LUCEDALE, MS
GAUTIER, MS 39553-0188

FOR Employee Appreciation Picnic - Donation

Will Whitt

MP

---

CASH ONLY IF ALL CHECK DOCK SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

12217

Coldwell Banker Smith Homes, Realtors

HANCOCK BANK
85-368/655

3/10/2015

PAY TO THE ORDER OF City of Gautier $ **500.00

Five Hundred and 00/100********** DOLLARS

PROTECTED AGAINST FRAUD

CITY OF GAUTIER
P.O. Box 670
Gautier MS 39553

Debra Johnson

MP

MEMO



---

NOTICE TO CASHIER: BE SURE WATERMARK IS ON REVERSE SIDE BEFORE CASHING

KEESLER FEDERAL CREDIT UNION

85-7758/2655

CHECK # 02-0101171397

DATE 03/10/15

$500.00

PAY ** Five Hundred and 00/100 DOLLARS **

NOT VALID IF 90 DAYS AFTER ISSUE

TWO SIGNATURES REQUIRED IF OVER $25,000

PAY TO THE ORDER OF CITY OF GAUTIER
PO BOX 670
GAUTIER MS 39553-0670

Authorized Signature

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 067-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the renewal of the contract with Singing River Services for the Employee Assistance Program or Life Care Plus program for the period of April 15, 2015 thru April 15, 2016 is hereby approved.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin**, seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

**MAYOR**

**ATTEST:**

**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

**To:** Samantha Abell, City Manager

**From:** Jason Pugh, Human Resources Director

**Date:** March 30, 2015

**Subject:** Singing River Services – Life Care Plus Program (EAP) Contract

---

**REQUEST:**
The Human Resources Department requests City Council approval to renew the contract between Singing River Services and City of Gautier for the Employee Assistance Program or Life Care Plus Program for the contract period of April 15, 2015 thru April 15, 2016.

**BACKGROUND:**
The Employee Assistance Program was first approved on April 6, 2004 by the City Council and has been part of the City of Gautier's Wellness Benefit Program for employees and their families since. The City of Gautier has adopted a policy to provide these services to our employees as part of our benefit package and renews this contact annually.

**DISCUSSION:**
The Life Care Plus Program (EAP) essentially provides our employees and/or their families with short-term counseling services for a variety of life issues. This program is designed to assist us in managing and resolving employee problems such as:

- Poor Job Performance
- Absenteeism
- On-the-job accidents
- Employee/Employer Relations
- Presenteeism
- Psychological Evaluations (Fitness for Duty)
- 24/7 Emergency Crisis Services
- Substance Abuse/Chemical Dependency
- Mental Health Treatment
- Face-to-Face Counseling Sessions (6 sessions)

**FINANCIAL IMPACT:**
The contract renewal cost is $3,000 and is currently budgeted for fiscal year 2015.

**RECOMMENDATION:**
The Human Resources Department recommends that the City Council approve the attached contract renewal for the Life Care Plus Program or EAP contract with Singing River Services.

**ATTACHMENT(S):**
EAP Contract for 2015 – 2016
City Policy (Employee Assistance Program)

PROPOSAL

FOR

LIFE CARE PLUS SERVICES

**THIS AGREEMENT**, made the _____ day of _____between Singing River Mental Health/Mental Retardation services, Region XIV, A.K.A. Singing River Services (the provider), and the CITY OF GAUTIER, (the Subscriber).

RECITALS

**WHEREAS**, SINGING RIVER SERVICES is a provider of mental health services for Region XIV whose general objective is to identify, assess, and treat mental health problems.

**WHEREAS**, the Provider has main facilities at 3407 Shamrock Court, Gautier, Mississippi 39553, as well as branch offices covering Jackson and George Counties.

**WHEREAS**, for the convenience and appearance of improved confidentiality for beneficiaries, the Provider will contract Assessment and Counseling Services during evening hours by appointment.

**WHEREAS**, the Provider recognizes the need to assist employers such as "the Subscriber" in managing and resolving employee problems such as poor job performance, absenteeism, employee/employer relations, health insurance abuse, and on-the-job accidents.

**WHEREAS**, the Provider has developed an employer/employee benefit program (the "Life Care Plus Program" or "EAP") designed to identify and provide counseling for employees and dependents who have personal problems that may contribute to unacceptable job performance.

**WHEREAS**, the Subscriber employs approximately _____ employees as of the date of this agreement and the Subscriber wants to utilize the Life Care Plus Program.

**WHEREAS**, the Subscriber's intention is to make available to its employees, their dependents and/or family members (collectively "Beneficiaries") who are participating in, or, who are eligible to participate in the Subscriber's self-funded Life Care Plus Program, a range of substance abuse/chemical dependency and mental health treatment services.

**NOW THEREFORE**, in consideration of the mutual covenants contained herein and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

I. PROVIDER'S OBLIGATION:

The PROVIDER will use its best efforts to provide the following services ("EAP Services") from April 15, 2015 to April 15, 2016 (the "Contract Period") for beneficiaries.

A. General Program Development Services:

1. Emergency Crisis Services: The Provider agrees to provide an "emergency help line" telephone consultation service operated twenty-four (24) hours per day and seven (7) days per week. Normal EAP counseling hours are 8:00 a.m. – 5:00 p.m., Monday through Friday.

2. Arranging for Services: The Provider agrees to provide EAP counselor for face-to-face confidential emergency consultation with the Beneficiary within twenty-four (24) hours over the weekdays or forty-eight (48) hours over the weekend, if requested by the Beneficiary; the Provider agrees that Beneficiaries can reach an EAP counselor by making a phone call to Singing River Services from 8:00 a.m. to 5:00 p.m. Monday through Friday for an appointment. Telephone referrals will be made in severe crisis to the emergency room and support groups, etc., so that the recovery process can commence.

3. Extent of Services and Exclusions: Each beneficiary may have access to all mental health services available through the contractor at no out-of-pocket expense and at no charge to the Subscriber's insurance program subject to the following limitations:

   a. Services normally provided by the Provider are covered. Service needs that are not normally provided at any of the Singing River Services facilities are not covered (i.e., hospitalization).

   b. A legal DUI assessment fee of $100.00 will be charged to the Beneficiary arrested for DUI offense and who seeks counseling by referral to Singing River Services.

   c. Receipt of funds pursuant to this agreement does not preclude the provider from charging other third parties covering beneficiaries for services. This includes Medicaid and insurance covering primarily other family members and special grant funds. In such

event, funds received pursuant to this agreement will be used to pay co-payments, if any.

d. Room and board will be provided at The Stevens Center only. A Deductible of $250.00 will be charged to the beneficiary participating in the Stevens Center Residential treatment. The balance is covered by this contract.

e. A deductible of $100.00 will be charged to the beneficiary participating in the Phoenix Intensive Outpatient Alcohol and Drug Program. The balance will be covered by the contract.

f. Clinical visits are not to exceed six (6) visits per client.

4. Liaison Services: Provider agrees to provide an EAP coordinator to serve as a Liaison between the Subscriber and the Provider, to plan and help implement wellness and prevention programming, to encourage employee participation of the EAP, and to gain the recognition of problems which may later impede their work performance.

B. Problem Assessment, Case Management, and Referral Services:

1. The EAP coordinator (or a member of Provider's Staff) agrees to refer Subscriber's employees and/or their dependents to an appropriate competent professional treatment program with Singing River Services at no cost or, if necessary, to an outside resource at the expense of the beneficiary for services not covered by this agreement. Such referrals and general assessments shall include the beneficiaries' problem list, social summary, assessment of mental status, tentative diagnosis, and recommended treatment.

2. The Provider agrees to supply the Subscriber's supervisors with a Supervisory guide for making referrals to the EAP. The EAP counselor will assist the employee in formulating an assistance plan, will identify appropriate therapeutic resources, and will document employee progress therein.

3. The Provider agrees to arrange, as appropriate and as needed, ongoing consultation with Subscriber regarding special handling or re-integration of employees after treatment.

4. The Provider will suggest that any employee seeking counseling regarding

job or employer dissatisfaction to contact the Subscriber's Human Resources Director or designee. However, the EAP counselor will counsel with any employee regarding the employee's attitudes or feelings as relates to job satisfaction.

5. The Provider, at its discretion, may discontinue treatment services for beneficiaries who seek such referrals on a continuous basis for the same problems without utilizing recommended solutions or who violate program rules.

C. Reporting Services:

1. The Provider agrees to furnish to any Subscriber's supervisor, who so requests, a periodic participation report for beneficiaries who have sought EAP counseling or treatment upon referral from said supervisor; said beneficiary must give written consent for such reporting to be shared with the supervisor.

2. Quarterly reports regarding employee usage will be submitted to _____.

II. SUBSCRIBER'S OBLIGATIONS:

The Subscriber will cooperate fully with the Provider so as to allow the Provider to Discharge its obligations and provide the services described herein. Additionally, the Subscriber agrees:

A. Commitments:

1. To issue a policy directive announcing the availability of EAP services to its employees and shall allow on-the-job time for training sessions for supervisors as well as orientation programs for non-supervisory employees which sessions will be made available by the Provider. The Subscriber will assist in disseminating promotional and educational materials designed to encourage utilization.

2. To pay the Provider $3000.00 per year, in consideration of the Life Care Plus services performed by the Provider for the duration of the contract period. The agreement shall be extended automatically under the same terms unless either party shall notify the other party in writing at least thirty (30) days prior to the end of the initial term or any renewal terms that alterations or termination is desired. Fee rates remain the same until the anniversary date and may be renegotiated before continuance of EAP and counseling services and initiation of a new contact.

3. To submit to the Provider on fifth (5th) day of the first month an initial list of employees qualifying for EAP services and updating said list monthly. Payment will be made at the execution of the contract.

B. Miscellaneous:

1. Licensure: The Provider represents and warrants that it is duly licensed and certified to provide covered services in Mississippi, where covered services to beneficiaries are rendered and shall maintain such standing while an agreement is in effect.

2. Professional Liability Insurance Coverage: The Provider, at its sole cost and expense, shall provide and maintain such policies of general liability and professional liability insurance, other insurance as shall be necessary to insure the Provider and its personnel and agents against any claims for damages arising by reason of personal injuries or death occasions, directly or indirectly in connection with the performance of any service provided hereunder.

3. Confidentiality of Records: Both the Subscriber and Provider agree that mental health and substance abuse records of beneficiaries shall be treated as confidential so as to comply with all federal and state laws and regulations regarding the confidentiality of patient records. Provider reserves the right to use the information without disclosing the identity of the beneficiaries for reporting purposes.

4. Termination for Cause: The Agreement may be terminated for cause under the following conditions:

   a. Upon default by the Subscriber in payment of compensation in accordance with the Agreement. The Provider may terminate the Agreement thirty (30) days after the Provider has given written notice to the Subscriber of such default.

   b. Upon material breach of the Agreement by either party, the non-breaching party may terminate the Agreement after thirty (30) days written notice to the breaching party, specifying the facts and circumstances of the breach.

   c. If any legal action or other proceeding is brought for the enforcement of the Agreement, or because of an alleged dispute, breach, default, or misrepresentation in connection with any provisions of the Agreement, recovery shall be limited to any and all damages available under Mississippi law to the extent proven in a Court of law.

5. Hold Harmless: The Provider shall hold harmless and indemnify the Subscriber from any claims, losses, damages, judgements, liabilities, costs expenses or obligations, including but not limited to attorney fees and expenses arising out of or resulting from the Provider's gross negligence or willful misconduct in its provisions of mental health and substance abuse services to beneficiaries.

6. Nothing in this agreement shall limit the responsibility of either party to fully comply with medical confidentiality requirements under any applicable state of federal law, including but not limited to HIPAA.

IN WITNESS WHEREOF, the parties have entered in to this agreement on the_____ day of _____, 2015.

SINGING RIVER SERVICES
Tax ID Number 64-0650708

BY: _____
Sherman F. Blackwell, II
Executive Director

CITY OF GAUTIER:

BY: _____
City Manager's Signature

## SECTION 32. Retirement System.

Eligible employees who select City employment as a career can look forward to retirement benefits through the State retirement system. Participation in the retirement system is mandatory for all full-time employees and part-time employees working no less than twenty (20) hours per week. You must contribute a portion of your salary and the City also will contribute to the retirement system on your behalf. These benefits, plus those from Social Security, are designed to provide a measure of security at retirement. If you should quit your job with the City before you retire, the money you paid into the system, plus interest, will be refunded to you when you submit proper forms to the State retirement system. However, contributions can be left in the system under certain circumstances. For further information, please contact the Personnel Generalist.

## SECTION 33. Employee Assistance Program (EAP)

This is an employer/employee benefit program designed to identify and provide counseling for employees and dependents that have personal problems that may contribute to unacceptable job performance, absenteeism, employee/employer relations, and on-the-job accidents. A range of substance abuse/chemical dependency and mental health treatment services are also offered. Any employee who is interested in any services provided by Singing River Services under the EAP contract; must contact the Personnel Generalist for more information.

## SECTION 34. Tuition Reimbursement.

All regular full time City employees with one (1) year tenure are eligible for tuition reimbursement. An eligible employee may apply for and receive reimbursement for no more than four (4) courses per year. Only courses directly related to the employee's job or a job to which the employee may reasonably aspire are eligible for this program. The City Manager has final say as to whether courses are eligible for reimbursement and granting class attendance during business hours.

Employees may request annual leave to attend classes, but the City makes no promises to grant such requests.

Only tuition will be eligible for reimbursement. Reimbursement will not be made for any course when the employee is receiving scholarship money or tuition benefits.

Tuition will be reimbursed as follows:

| | |
|---|---|
| Grade of "A" | 100% |
| Grade of "B" | 75% |
| Grade of "C" | 50% |
| Grades < "C" | 0% |

To apply for this program, the employee must submit a request form with course information prior to enrollment date. Request forms may be obtained from the Personnel Generalist. All course work must be pre-approved by the City Manager and be job-related and beneficial to the City of Gautier to be eligible for participation in the program. A copy of course schedule must be submitted to personnel upon enrollment. Upon successful completion of a course, the employee must provide an

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 068-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the closing of City Hall from 11:00 A.M. – 1:00 P.M. Thursday, April 23rd for the 2015 Employee Appreciation Picnic is hereby authorized.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin**, seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

**MAYOR**

**ATTEST:**

**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 069-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the a Glock, Model 23, 40 caliber automatic pistol, serial number PVR640 is hereby authorized to be removed from Police Department Inventory.

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin**, seconded by **Council Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

**To:** Samantha Abell, City Manager

**From:** Cindy Steen, Purchasing Agent

**Through:** Cindy Russell, City Clerk

**Date:** March 27, 2015

**Subject:** Remove Duty Weapon from Police Inventory

---

**REQUEST:**
City Council authorization is requested for the City of Gautier to remove from inventory a Glock, Model 23, 40 caliber automatic pistol serial number PVR640.

**BACKGROUND:**
City Council approved the selling of this pistol to Walt Konrad upon his retirement (Order Number 038-2015) in accordance with Mississippi State law (45-9-131).

**RECOMMENDATION:**
Based on the request from Captain Danny Selover, City staff recommends that City Council authorize removing this item from the City of Gautier Police Department inventory.

**ATTACHMENT(S):**
Email form Captain Danny Selover.

## Cindy Steen

**From:** Danny Selover <dselover@gautier-ms.gov>
**Sent:** Wednesday, March 25, 2015 12:39 PM
**To:** crussell@gautier-ms.gov; csteen@gautier-ms.gov
**Cc:** delbin@gautier-ms.gov; saguilar@gautier-ms.gov
**Subject:** Walt Konrads duty weapon

Cindy,
As you know Council approved the selling of Retired officer Walt Konrad duty weapon to him. Walt came in a short time ago and took possession of the weapon for $1.00. I had Keisha Keys issue Walt a receipt for this purchase. Will you please remove this weapon off the Police Departments inventory.

Glock model 23 40 cal. automatic pistol
Serial number PVR640
City Asset/inventory number 1301

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 070-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the following re-appointments to the Gautier Historic Preservation Commission are hereby approved:

**Bill Bray, Chairman**
**Vivian Dailey**
**Leonard Fuller**

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin**, seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

_____
**MAYOR**

**ATTEST:**

_____
**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**CITY OF GAUTIER**
**MEMORANDUM**

| | |
|---|---|
| **To:** | Samantha Abell, City Manager |
| **From:** | Patty Huffman, Grants & Projects Manager |
| **Through:** | Chandra Nicholson, Director of Economic Development and Planning Dept. |
| **Date:** | March 20, 2015 |
| **Subject:** | Gautier Historic Preservation Commission Re-appointments |

**REQUEST:**
The Economic Development and Planning Department requests City Council approval of the re-appointment of three incumbents who are willing to be re-appointed to the Historic Preservation Commission.

**BACKGROUND:**
"The city is authorized to establish a preservation commission to preserve, promote, and develop the city's historical resources and to advise the city on the designation of historic districts, landmarks, and landmark sites and perform such other functions as may be provided by law. All members of the commission are appointed by the city and shall serve at the will and pleasure of the city and shall serve staggered terms. The commission shall consist of 9 members residing in the City of Gautier.

All members of the commission shall serve for terms of 3 years and shall be eligible for reappointment. All commission members shall have a demonstrated knowledge of or interest, competence, or expertise in historic preservation. To the extent available in the community, the city shall appoint professional members from the primary historic preservation-related disciplines such as urban planning, American studies, American civilization, cultural geography, cultural anthropology, interior design, law, and related fields."

**DISCUSSION:**
Currently, three members of the Historic Preservation Commission whose staggered terms are expiring are willing to be re-appointed. These members include current Historic Preservation Commission Chair, Bill Bray, Vivian Dailey, and Leonard Fuller.

**RECOMMENDATION**:
The Economic Development and Planning Department staff recommends that City Council approve the three re-appointments as proposed based on the qualifications and experience of these individuals.

City Council may:

1) Approve the list of re-appointments to the Historic Preservation Commission as presented; or
2) Disapprove one or more of the proposed re-appointments.

**ATTACHMENT:**
List of potential Historic Preservation Commission appointments

# City of Gautier
## HISTORIC PRESERVATION COMMISSION
Meets 2nd Thursday @ 9:30 a.m. at the Gautier Public Library
(January, March, May, July, September and November)

| Name and Contact Info.: | Term Expiration: (Staggered 3 year terms) | Proposed Term Expiration |
|---|---|---|
| **1) Bill Bray, Chairman**<br>(appointed Jan. 14, 2014- completing Teresa Jackson's term)<br>2005 Heron Lane<br>Gautier, MS 39553<br>(228) 522-6268, (228) 623-5304 (cell)<br>wgbray@bellsouth.net | **01-05-15** | **01-05-18** |
| **2) Leonard Fuller, Vice-Chairman**<br>3008-B Oak Street<br>Gautier, MS 39553<br>(228) 497-6520<br>nitafuller@cableone.net | **01-05-15** | **01-05-18** |
| **3) Vivian Daily**<br>2135 Kingslea<br>Gautier, MS 39553<br>(228) 238-6674<br>vdailey@cableone.net | **01-05-15** | **01-05-18** |
| **4) Mary Elsie Hubley, Secretary**<br>2405 Orrell St.<br>Gautier, MS 39553<br>(228) 497-6495<br>mehubley@cableone.net | **01-05-16** | |
| **5) Ray Brown**<br>1225 Stanfield Point Road<br>Gautier, MS 39553<br>(228) 497-4697, cell: (228) 327-4483<br>superReb@cableone.net | **01-05-16** | |
| **6) Henry Enrico (Rico) Borrazzo**<br>(completing James Henry LeBatard's term)<br>3708 Shamrock Court<br>Gautier, MS 39553<br>(228) 623-7835<br>jricob@aol.com | **01-05-16** | |
| **7) Gaynell Atkinson**<br>3017 Jacks Rd.<br>Gautier, MS 39553<br>(228) 497-4675, cell (228) 990-5708<br>auntgay@gmail.com | **01-05-17** | |
| **8) Mike Martin**<br>(appointed Oct. 15, 2013, completing Jack Womack's term)<br>mtmartinsr@yahoo.com<br>(228) 219-1304 | **01-05-17** | |
| **9) Gwen Parker**<br>(completing Sue McCanlis' term)<br>3509 Hoyt St.<br>Gautier, MS 39553<br>(228) 762-0119 ext. 5310<br>Gwen_Wells@live.com | **01-05-17** | |

There came for consideration of the Mayor and Members of the Council of the City of Gautier, Mississippi, the following:

**ORDER NUMBER 071-2015**

**IT IS HEREBY ORDERED** by the Mayor and Members of the Council of the City of Gautier, Mississippi, that the minutes from Work Session held March 11, 2015 and Recessed Council Meeting held March 17, 2015 are hereby approved**.**

**IT IS FURTHER ORDERED** that the City Manager or City Clerk is authorized to execute any and all documents necessary.

Motion was made by **Councilwoman Martin** seconded by **Councilman Vaughan** and the following vote was recorded:

**AYES:** **Gordon Gollott**
**Mary Martin**
**Johnny Jones**
**Casey Vaughan**
**Rusty Anderson**
**Adam Colledge**

**NAYS:** **None**

**ABSENT:** **Hurley Ray Guillotte**

**MAYOR**

**ATTEST:**

**DEPUTY CITY CLERK**

**Passed and Adopted** by Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 7, 2015.

**Councilwoman Martin** made the motion to recess the meeting until April 21, 2015 at 6:30 PM. **Councilman Vaughan** seconded the motion and the vote unanimously carried.

**APPROVED BY:**

_____

**MAYOR**

**ATTEST:**

_____

**DEPUTY CITY CLERK**

Submitted for approval by the Mayor and Members of the Council of the City of Gautier, Mississippi, at the meeting of April 21, 2015.